

EQRS New User Training Resolve Accretions



End Stage Renal Disease Quality Reporting System



EQRS New User Training-Revised December 2024

Today's Trainer

ESRD Quality Program Support (QPS)



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Resolve Accretions



What is an Accretion?

- Accretion:
 - An ESRD patient was identified in another CMS database that appears to be associated with your facility but is not currently admitted to your facility in EQRS.
 - Due within 15 days of notification.



What Does Each Action Do?

- You can take the following actions on accretions:
 - ACCEPT You agree with the external source and will admit the patient to your facility in EQRS.
 - INVESTIGATE This informs other users that the accretion is "under investigation" by you.
 - ESCALATE TO NETWORK The patient is unknown to your facility. This
 option escalates the accretion to your network so they can investigate it.

Click Patients





Click Action List

| EQRS Pati | ent Registry | Change organization 🗸 | Dashboard | Facilities 🛩 | Patients 🔺 | Reports 🗸 |
|---------------------|------------------|---------------------------------------|--------------------------------|--------------|------------------------------------|--------------------------|
| MANAGE ACCESS | My acc | 955 | | | Search Patients | 5 |
| My access | iviy acc | 633 | | | Admit a Patient | |
| Request access | Click each appli | cation to view your approved roles an | d the organizations you have a | ccess to. | Manage Clinica | I |
| Pending requests | | | | | Clinical Depress | sion |
| | Pa | atient Registry | | | Social Drivers o (SDOH) Patient | of Health t Screening |
| PROFILE | | View access | | | Action List | alm |
| Profile information | | | | | | \bigcirc |



Select Filter Actions

Select Action Status and click Filter.

| lter Actions | | |
|---------------------|---------------|--|
| tion Type * | | |
| Accretion | ~ | |
| tion Status * | Assigned To * | |
| New | | |
| Under Investigation | | |
| Escalated | | |
| Reassigned | | |
| | | |

Click Accretion Link

Click the **Accretion link** in the Action Type section.

| Action List | | | | ^ |
|---|-----------|---------------|----------------|---|
| Below is a list of accretions that match your filters. You may adjust your filters as much as you need. | | | | |
| Action Type | ¢ | Assigned To 🗢 | Days Open 🗢 | |
| Accretion: Incredible Hulk SSN: XXX-XX-0001 | | ABC DIALYSIS | 8 | |
| Accretion: Iron Man SSN: XXX-XX-1234 | | ABC DIALYSIS | 8 | |
| | Page Size | | | |
| Showing 1 to 2 of 2 results | 10 🗸 | | ≪Prev 1 Next ▶ | |



View Accretion

Cancel

Submit

Click the accordion to view accretion information.

| liew Accretion | C Help |
|---|---|
| Accretion Details | ~ |
| Key Patient Information | Â |
| First Name: Incredible | 210 |
| Last Name: Hulk | |
| Gender: Male | |
| Date of Birth: 11/21/1942 | |
| State: | |
| Zip Code: 34655 | |
| Social Security Number: XXX-XX-0001 Medicare Claim Number: Medicare Beneficiary Identifier: | |
| Facility & Treatment Information | ~ |
| Comment History | ~ |
| Accretion Actions | ^ |
| Assign Action Status * | |
| ~ | |
| | |
| Cancel Submit | EQRS New User Training-Revised December 202 |



Accretion Accepted

Select Accept under the Assign Action Status to accept accretion.

| EQRS | Dashboard Facilities 🗸 Patients 💙 Reports | |
|-----------------|---|---|
| View | View Accretion | |
| Accre | etion Details | ~ |
| Key P | Patient Information | ~ |
| Facilit | ity & Treatment Information | ~ |
| Comn | ment History | ~ |
| Accre | etion Actions | ^ |
| Assign Acce; | n Action Status * pt Cancel Submit | |

Click Submit

| EQRS Dashboard Facilities 🗸 Patients 🗸 Rep | orts |
|--|--------|
| View Accretion | 🕜 Help |
| Accretion Details | ~ |
| Key Patient Information | ~ |
| Facility & Treatment Information | ~ |
| Comment History | ~ |
| Accretion Actions | ^ |
| Assign Action Status * | |
| Accept 🗸 | |
| | |
| Cancel Submit | |
| | |

100

Accretion: Admit Patient

Complete the patient admission process.

| Accretion | under investigatio | n | | |
|---------------------------------------|--|--|----------------|------------|
| Admit P | atient | | | 🕑 Help 🔻 |
| Complete the sec indicates require | tions below to admit a p ed fields. | atient in EQRS. | | Expand All |
| Patient Informa | ation | | | / |
| Patient's first | name * | | Middle initial | |
| Incredible | e | | | |
| Patient's last name * | | Suffix | | |
| Hulk | | | | ~ |
| Date of birth * | | Sex Assigned at Birth, on Your Original Birth Certificate * | | |
| 11 | 21 | 1942 | Male | ~ |
| How do you cur | rrently describe yoursel | f? | | |
| | | ~ | | |
| Social Security | y Number * | | | |
| xxxxx0001 | | | □ N/A | |
| Medicare Bene | eficiary Identifier * | | | |
| AB1C2D3E | EFG | | □ N/A | |

