



EQRS Monthly Reminders

How many admissions did you have this month?	_____	
Did you admit them in EQRS within 5 days?	_____	_____
	Yes	No
How many of your admissions were New to ESRD patients?	_____	
Did you begin 2728 forms for these patients?	_____	_____
	Yes	No
How many patients passed away this month?	_____	
Did you begin 2746 forms for these patients?	_____	_____
	Yes	No
How many patients had a change in address this month?	_____	
Did you update the patient record in EQRS?	_____	_____
	Yes	No
How many patients had a change in modality this month?	_____	
Did you ADD a treatment in his/her patient record in EQRS?	_____	_____
	Yes	No
Did you run a Patient Roster Report this month and verify that all of your current patients are listed?	_____	_____
	Yes	No
Did you address items on the Accretion List within 15 days of notification?	_____	_____
	Yes	No
Did you have any changes in staff?	_____	_____
	Yes	No
Did you update the personnel records in EQRS and notify your NW?	_____	_____
	Yes	No
Did you enter/verify your clinical data including lab and vascular access data?	_____	_____
	Yes	No