



Kidney Community
Emergency Response

End Stage Renal Disease Quality Reporting System (EQRS) Emergency Module New Incident Form

Instructions

1. End Stage Renal Disease (ESRD) Networks should use this form to notify Kidney Community Emergency Response (KCER) of any emergency or disaster incident that will require activation of the EQRS Emergency Module.
2. Email the completed form to:
 - KCERinfo@hsag.com
 - klenoir@hsag.com
 - yvichot@hsag.com

Incident Details

Start Date: _____ Incident Name: _____

Emergency Type: _____

Current Level of Network Activation: _____

Facilities Impacted

Facilities can be added at the Network, state, county, ZIP code, or individual facility levels. Please provide a list of the facilities that will be required to report for the incident, (i.e. Network[s], state[s], county[ies], ZIP code[s], or individual facility CCN[s]).

Fill out one category only.

Network(s)	State(s)	County(ies)	ZIP Code(s)	Individual Facility CCN(s)

CCN = The Centers for Medicare & Medicaid Services Certification Number

Additional Details or Information

Network Submitting Form: _____ Network Staff Name: _____

Email Address: _____ Phone Number: _____