ESRD NETWORK 2021 ANNUAL REPORT

Health Services Advisory Group (HSAG): End Stage Renal Disease (ESRD) Network 13

Contents

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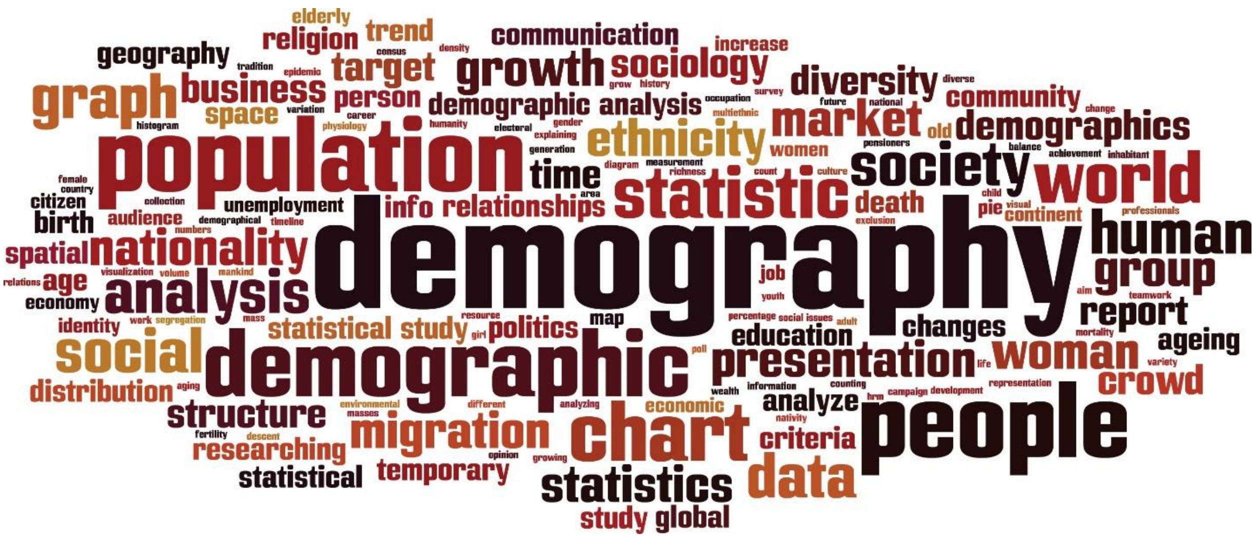
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ESRD DEMOGRAPHIC DATA

ESRD Network 13

As part of the Health Services Advisory Group (HSAG) team, Network 13 works with patients, providers, and stakeholders in the states of Arkansas, Louisiana, and Oklahoma to promote the highest quality healthcare, improve patterns of healthcare delivery, and protect Medicare rights for the End Stage Renal Disease (ESRD) patients in its service area. HSAG has held the Network 13 contract since 2013.

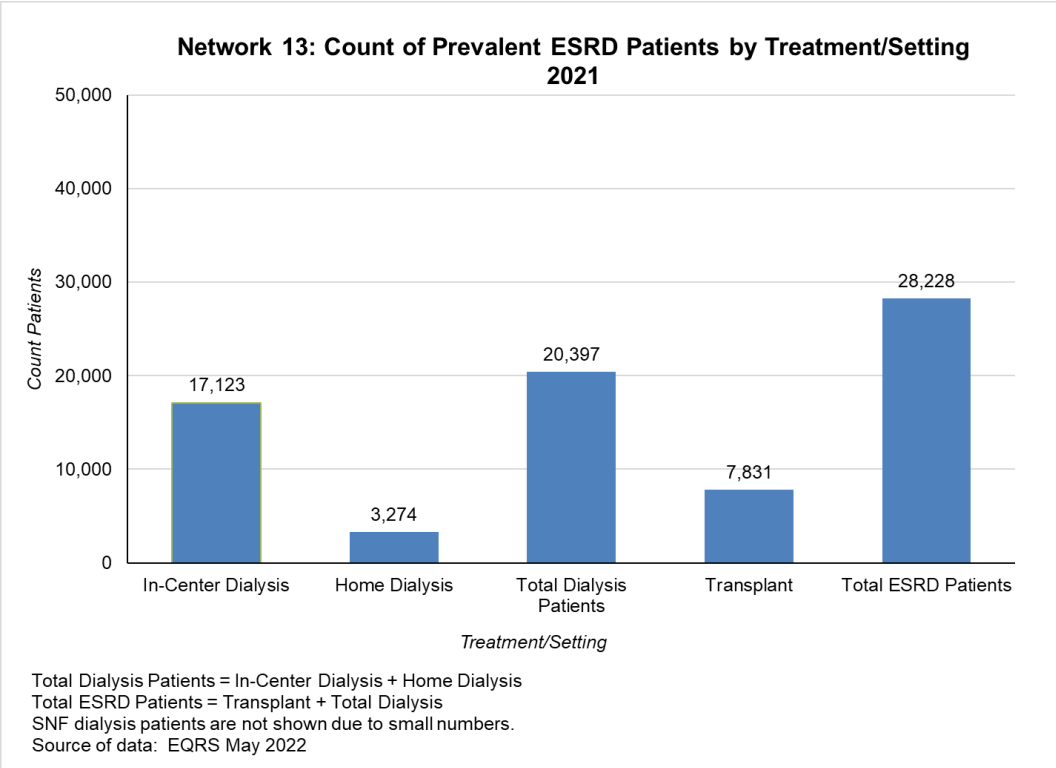
Geography and General Population

The Network 13 service area encompasses three states with a contiguous landmass that covers approximately 165,000 square miles and includes swamp, coastal marshes, barrier islands, river valleys, forests, sub-tropical forests, lakes, bayous, arid plains, and mountains. The US Census Bureau estimates that as of July 1, 2021, the Network 13 service area had a combined estimated general population of 11,636,577.

ESRD Population

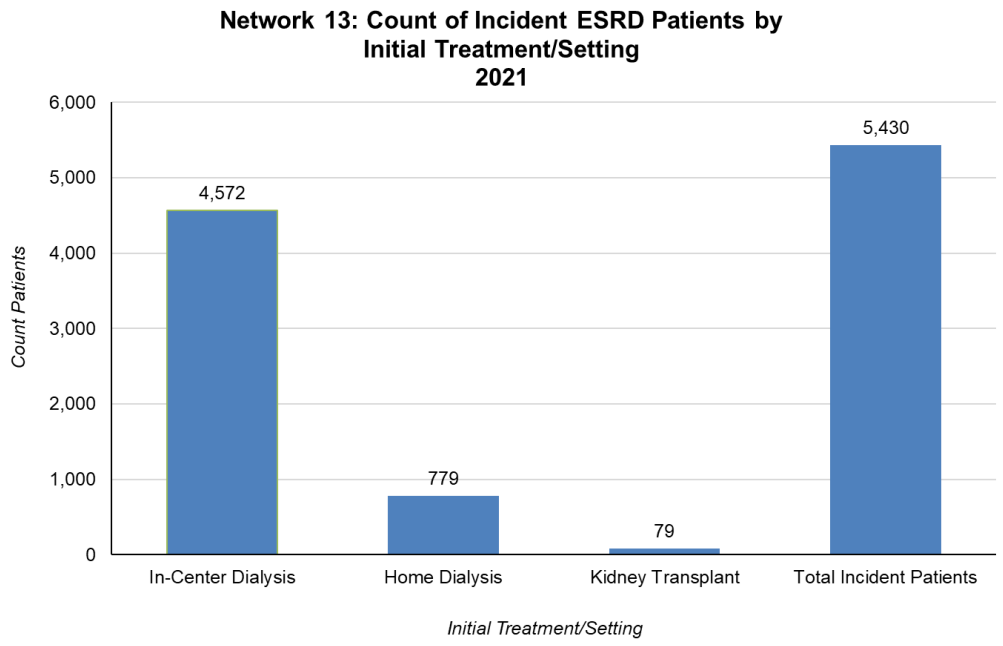
As of December 31, 2021, there were 20,397 dialysis patients and 7,831 transplant patients, for a total of 28,228 patients with ESRD in the Network 13 service area. (See Chart A) The Network saw a total of 5,430 individuals newly diagnosed with ESRD in 2021. (See Chart B) Of these patients, 14.3% (779) were home patients and 1.4% (79) received a transplant. As of December 31, 2021, Network 13 comprised 3.9% of the total national prevalent dialysis patient population and 4.1% of the national incident patient population (see Charts C and D).

Chart A: Count of Prevalent ESRD Patients by Treatment/Setting 2021



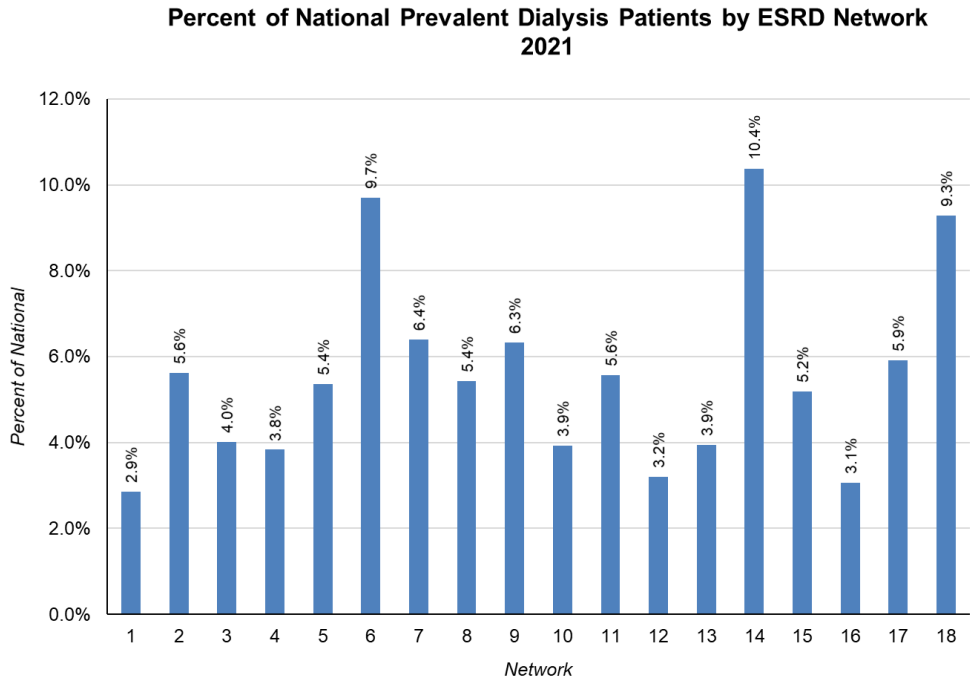
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2022

Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2021



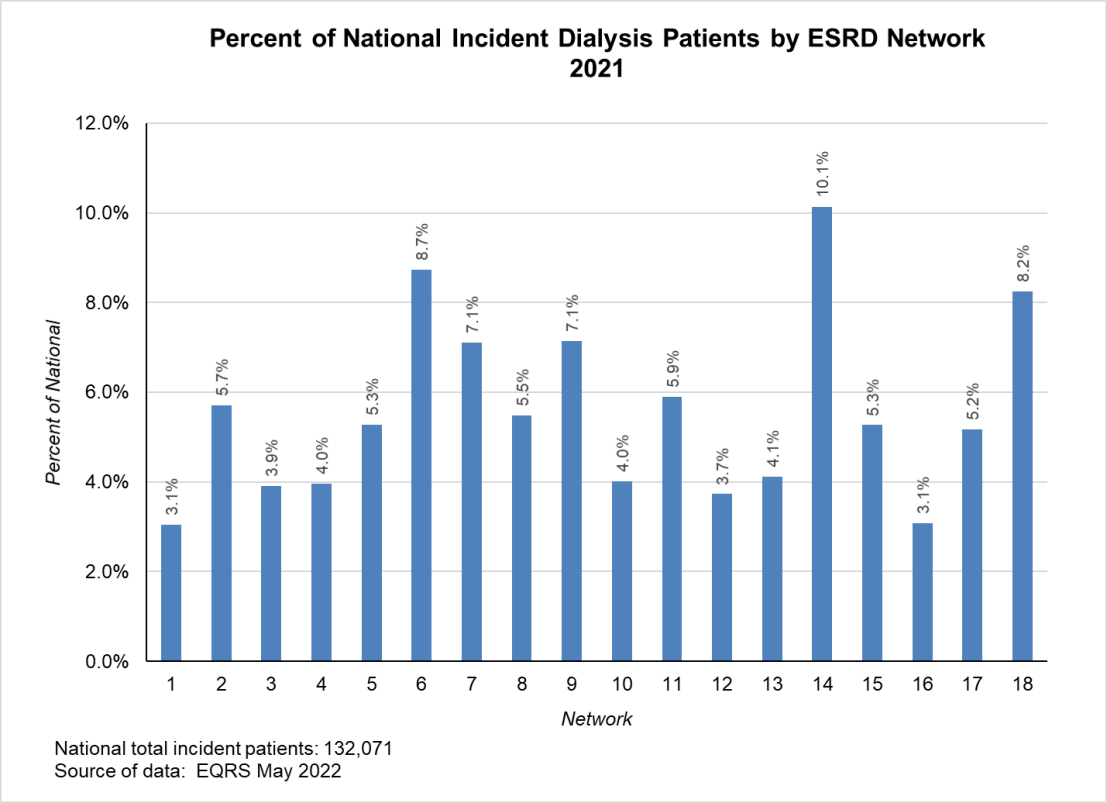
Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2022

Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2021



National total dialysis patients: 516,929
Source of data: EQRS May 2022

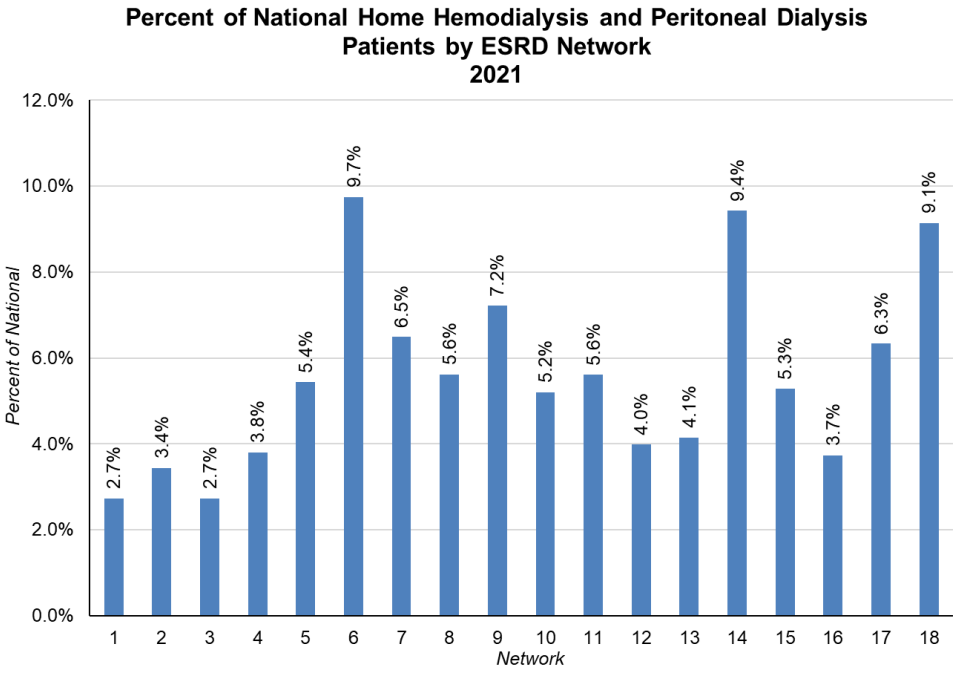
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2021



Dialysis Treatment Options

As of December 31, 2021, 83.9% of dialysis patients in Network 13 were receiving in-center hemodialysis (ICHD) treatments and 16.0% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD). (See Chart A). This is a 0.5-point increase in patients using home dialysis from 2020. Nationally, the Network comprised 4.1% of all HHD, CCPD, and CAPD patients. (See Chart E)

Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2021

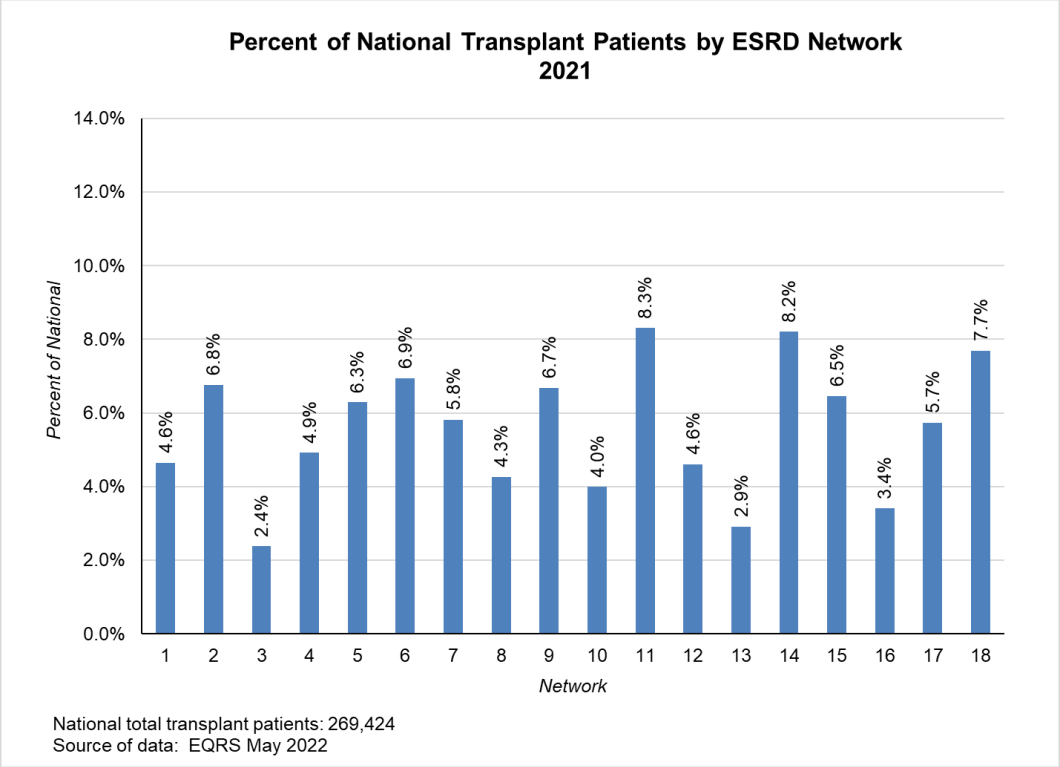


National total home hemodialysis and peritoneal dialysis patients: 79,071
Source of data: EQRS May 2022

Transplant

During 2021, transplants were completed by nine transplant centers in the Network 13 service area. As of December 31, 2021, there were 269,424 transplant patients nationally, of which 2.9% were in Network 13. (See Chart F)

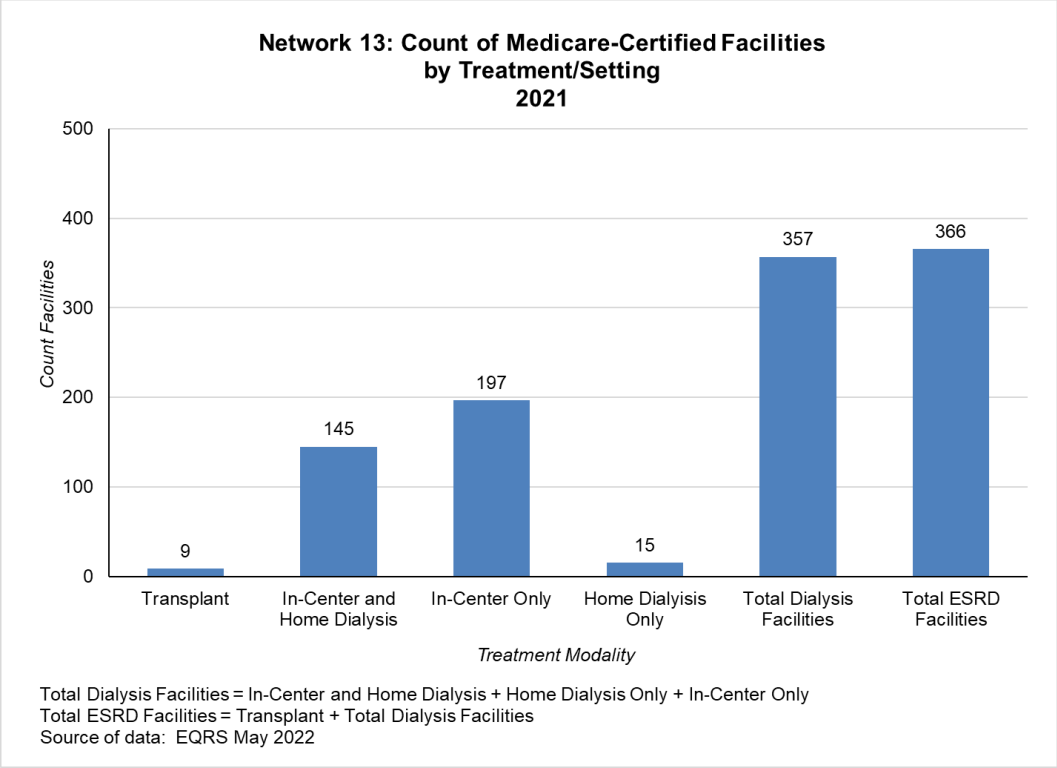
Chart F: Percent of National Transplant Patients by ESRD Network 2021



ESRD Facilities

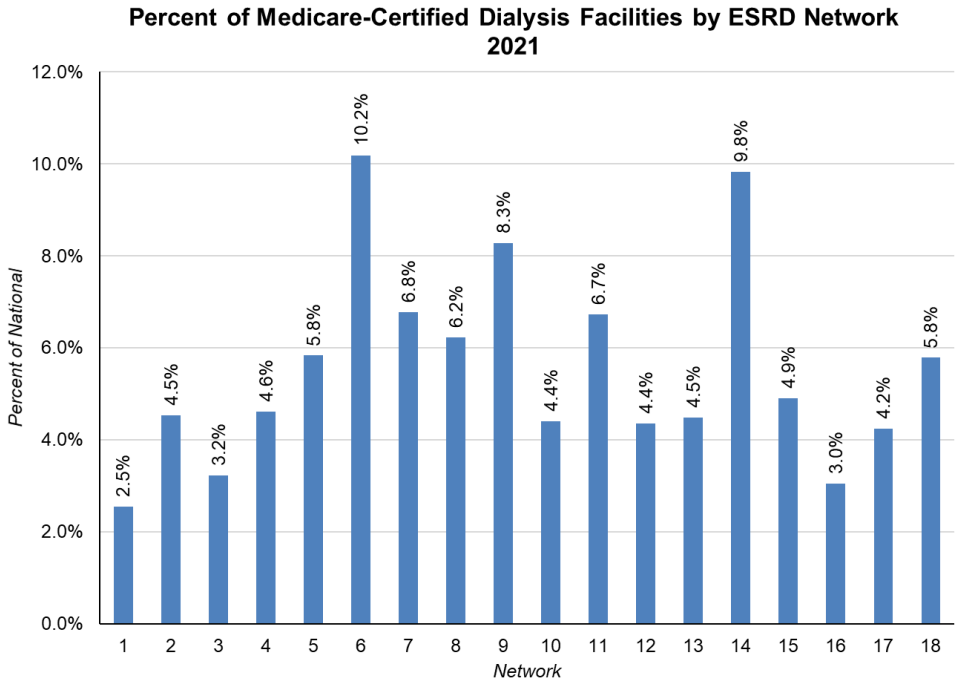
As of December 2021, Network 13's service area included a total of 366 ESRD facilities, including 357 dialysis facilities and nine transplant facilities (See Chart G). The majority of Network 13's dialysis facilities were owned by two large dialysis organizations (LDOs): DaVita Kidney Care (DVA) and Fresenius Kidney Care (FMC). These two corporations owned and/or operated 79.6% of the 357 dialysis facilities as of the end of 2021. Nationally, Network 13 comprised 4.5% of all dialysis facilities (See Chart H) and 4.0% of all transplant facilities (see Chart I).

Chart G: Count of Medicare-Certified Facilities by Treatment/Setting 2021



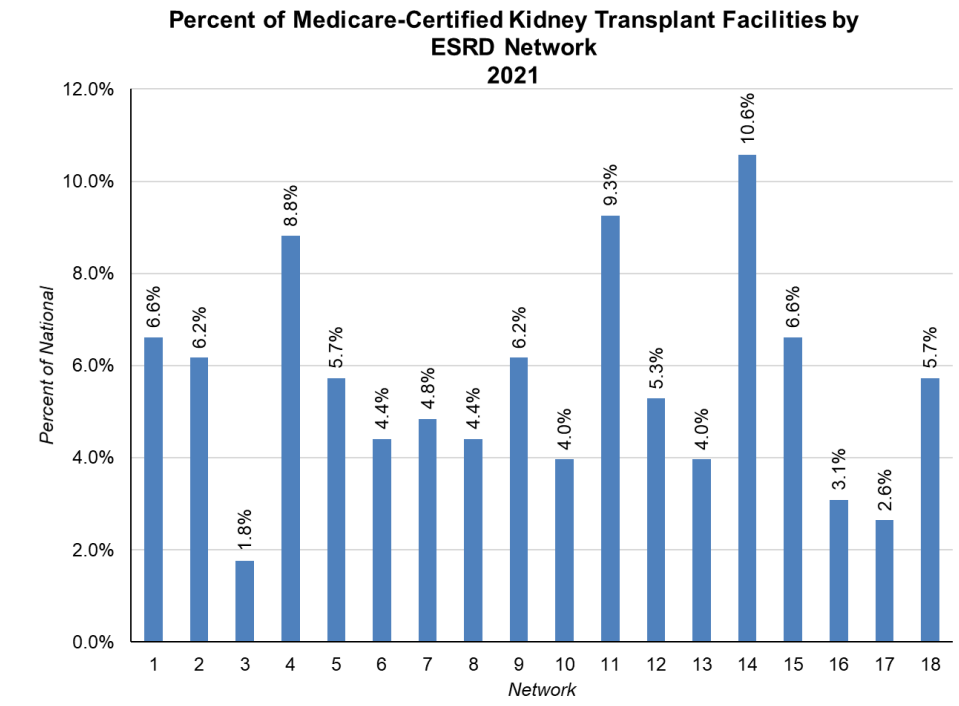
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2022

Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2021



National total ESRD Medicare-certified dialysis facilities: 7,969
Source of data: EQRS May 2022

Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2021



National total ESRD Medicare-certified kidney transplant facilities: 227
Source of data: EQRS May 2022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ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. Immediate advocacy grievances are addressed by the Network contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances are addressed through records review and the grievant receives an outcome letter. According to Chart J below, from January-May 2021, 19% of contacts to the Network were for grievances, including 15% for immediate advocacy and 14% for clinical area of concern. From June 2021-April 2022, 25% of contacts to the Network were related to grievances, including 15% for Immediate Advocacy, 4% for General Grievances and 6% for Clinical Area of Concern.

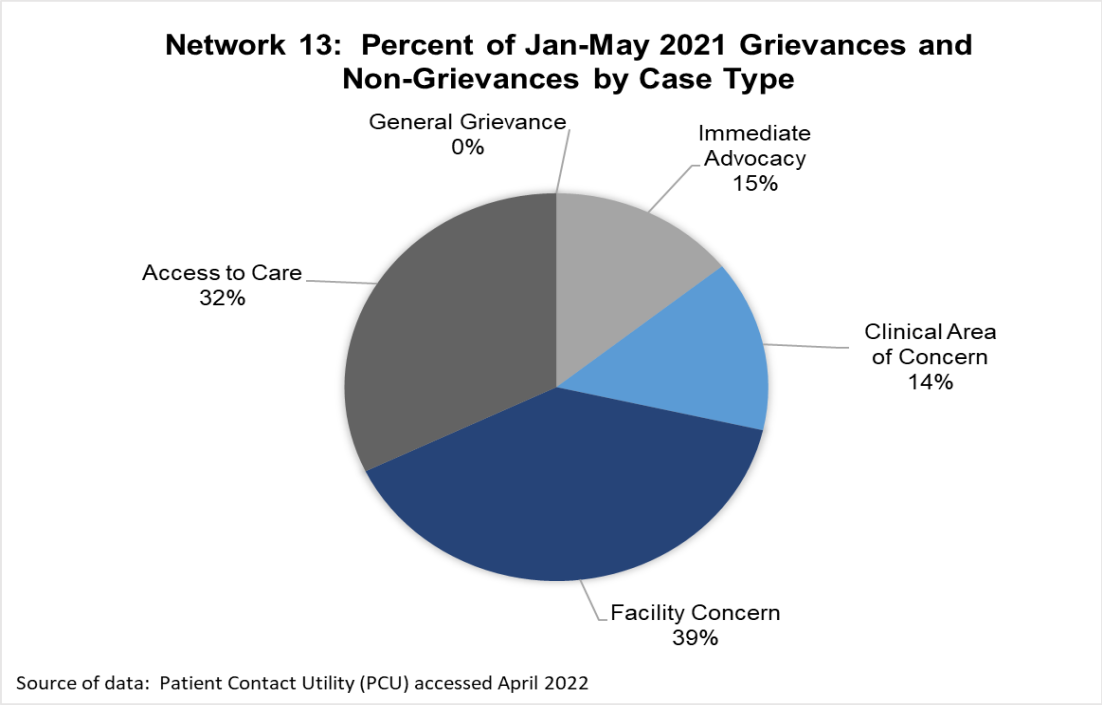
Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 39% of all contacts to the Network for January 2021-May 2021 and 30% of all contacts for June 2021-April 2022. Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

Access-to-Care Issues

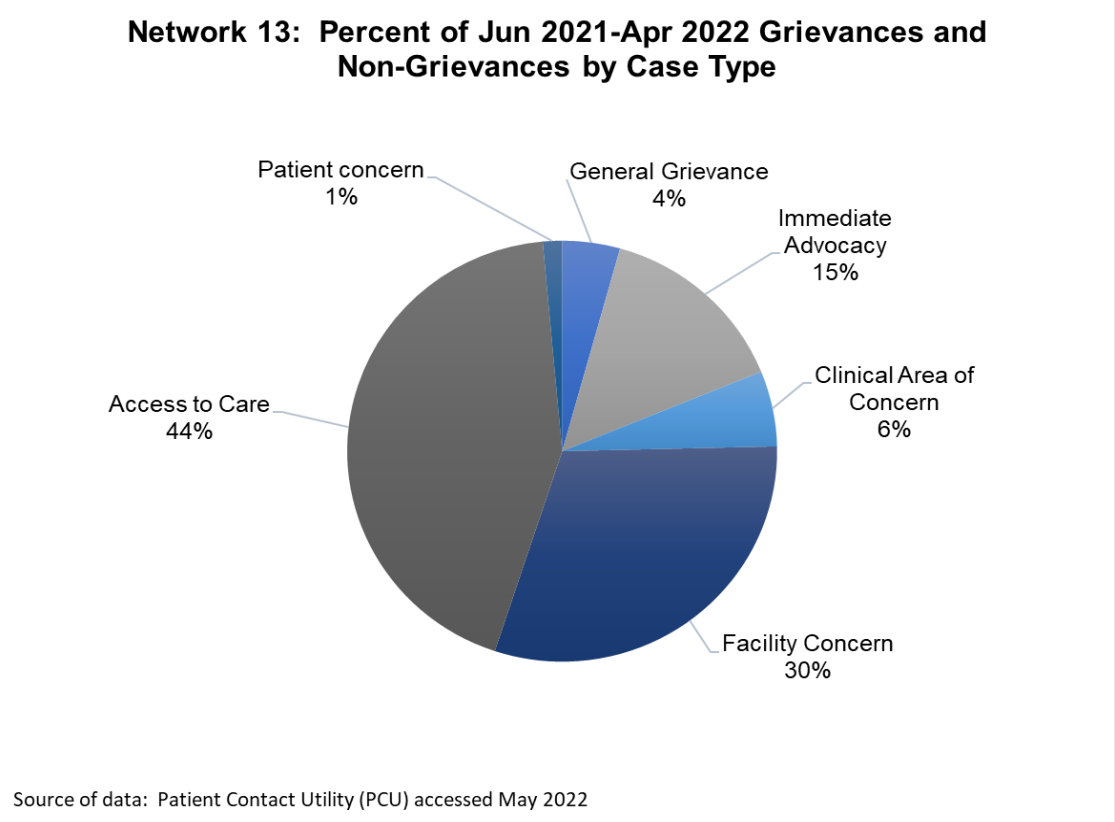
The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. Access-to-care issues accounted for 32% of contacts to the Network from January-May 2021 and 44% of contacts for June 2021-April 2022.

Chart J: Network 13: Percent of Grievances and Non-Grievances by Case Type January-May 2021



Source of data: Patient Contact Utility (PCU) accessed April 2022

Chart K: Network 13: Percent of Grievances and Non-Grievances by Case Type June 2021-April 2022

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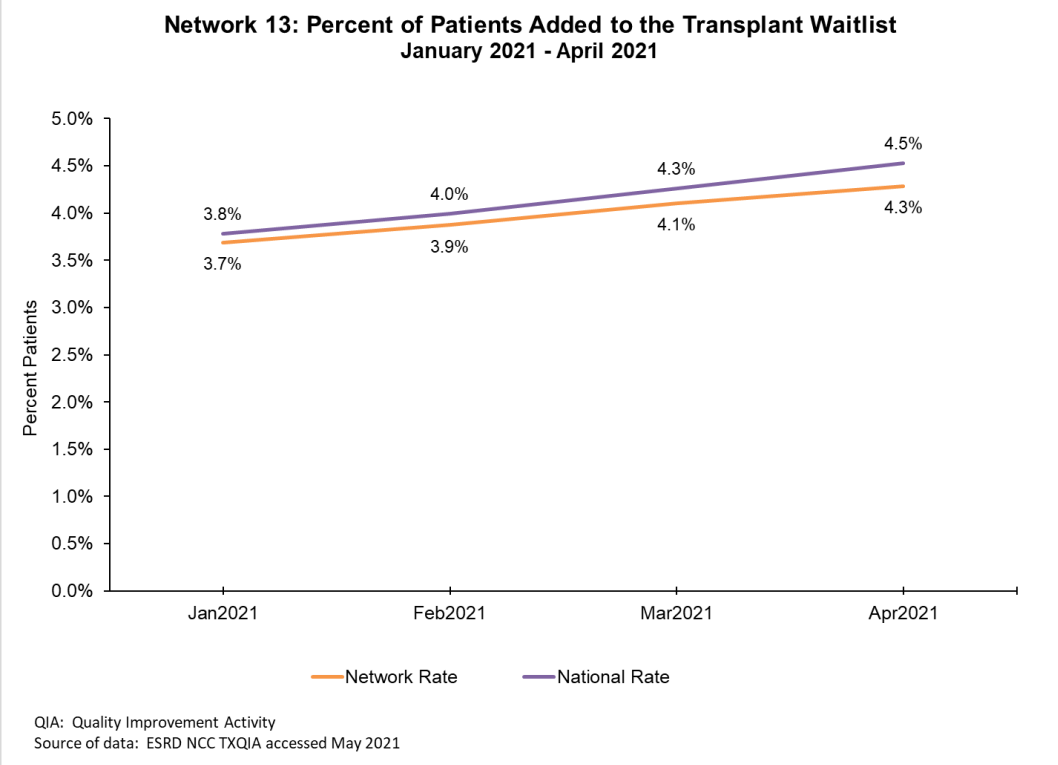
ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist QIA January-May 2021

The Transplant Waitlist QIA implemented January-May 2021 aimed to improve the transplant waitlist rate across all facilities in the Network service area. The Network increased the percentage of patients added to the waitlist from 3.7% in January 2021 to 4.3% in April 2021 (See Chart L). Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this QIA but was not evaluated on results through May 2021. During the new contract for June 2021-April 2022, the Network focused on quality improvement goals.

Chart L: Network 13 Percent of Patients Added to the Transplant Waitlist January-April 2021



QIA: Quality Improvement Activity
Source of data: ESRD NCC TXQIA accessed May 2021

Transplant QIA June 2021-April 2022

Goal and Outcomes

The Transplant QIA implemented June 2021-April 2022 included two goals:

- Achieve a 2% increase in the number of patients added to a kidney transplant waiting list by April 2022, using calendar year 2020 as a baseline.
- Achieve a 2% increase in the number of patients receiving a kidney transplant by April 2022, using calendar year 2020 as a baseline.

By April 2022, the number of patients added to a transplant waitlist was 844, which was 92.7% of the goal (See Chart M). The number of patients receiving a transplant was 592, an 98.0% achievement toward the total goal of 604 (See Chart N).

Barriers

Barriers to meeting the QIA goals included:

- Many patients could not meet the physical of psychosocial criteria to complete the evaluation process.
- Lack of communication between the dialysis facilities and transplant centers.
- Long waiting lists for patients to receive transplant education classes and/or evaluations.
- Lack of facility staff to implement new interventions and hold educational Lobby Days due to the COVID-19 pandemic.

Interventions

Interventions implemented included:

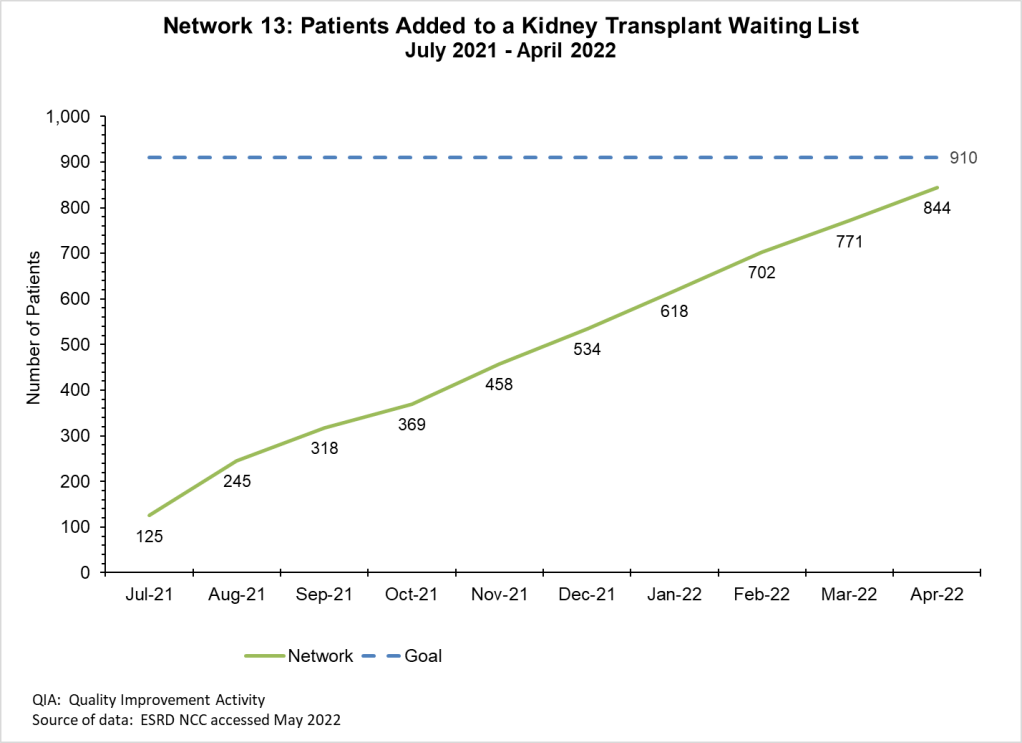
- Developing a communication system between facilities and the transplant centers for referrals, appointments, and updates.
- Tracking and documenting each patient's referral, evaluation, and movement through the steps to being added to the transplant waitlist.
- Supporting facilities by providing technical assistance and educational materials they could use when staff was available. Examples of resources include:
    - ESRD NCC Transplant Change Package
    - Kidney Transplant Hub resources for patients

Best Practices

Best practices identified from the QIA included:

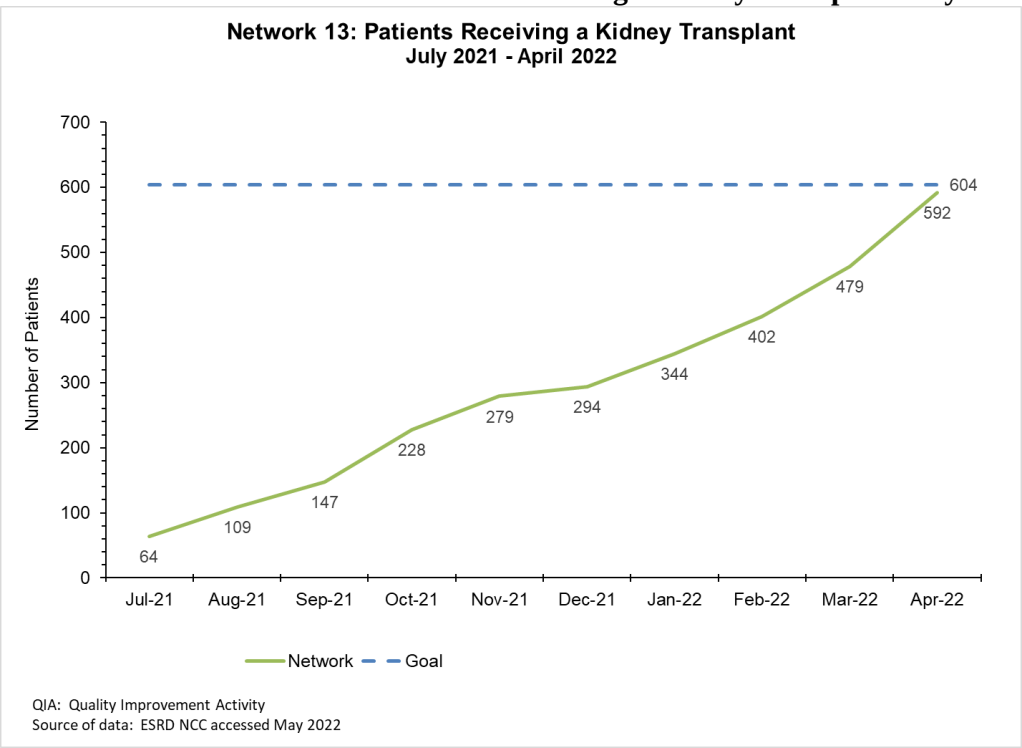
- Educating patients and dialysis staff to create a pro transplant culture at the facility.
- Establishing communication processes with transplant coordinators to discuss patient referrals, evaluation support, and waitlisting.
- Involving the entire team in educating and supporting patients during their transplant evaluations, waitlisting and after waitlisting.
- Introducing transplanted patients to current dialysis patients to motivate patients to get evaluated and listed for transplant.

Chart M: Network 13 Count of Patients Added to the Transplant Waiting List July 2021-April 2022



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Chart N: Network 13 Count of Patients Receiving a Kidney Transplant July 2021-April 2022

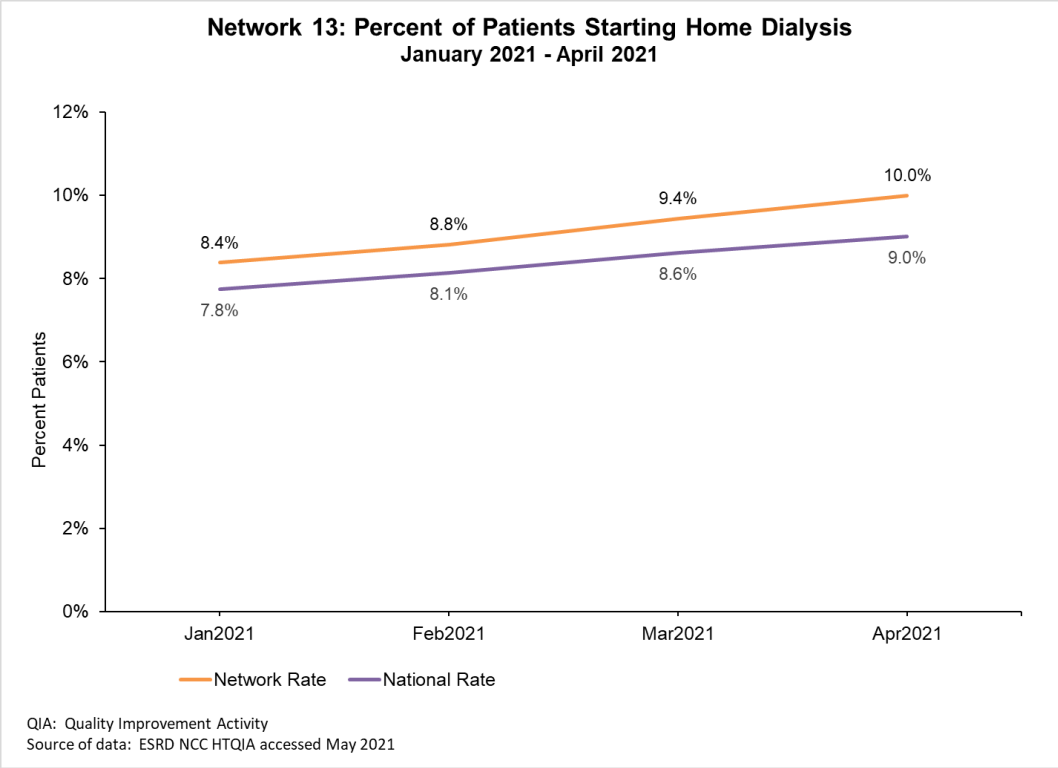


QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Home Therapy QIA January-May 2021

From January-May 2021, the Network conducted a QIA to support the CMS goal of increasing the rates of patients dialyzing at home. As a result, the percent of patients transitioning to home dialysis increased from 8.4% in January to 10.0% in April 2021 (See Chart O). Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked towards the goal of this QIA but was not evaluated on results through May 2021. During the new contract for June 2021-April 2022, the Networks focused on quality improvement goals.

Chart O: Network 13 Percent of Patients Starting Home Dialysis January-April 2021



QIA: Quality Improvement Activity
Source of data: ESRD NCC HTQIA accessed May 2021

Home Therapy QIA June 2021-April 2022

Goals and Outcomes

The Home Therapy QIA implemented June 2021-April 2022 included two goals:

- Achieve a 10% increase in the number of incident patients that start dialysis using a home modality by 10% by April 2022, using calendar year 2020 as a baseline.
- Achieve a 2% increase in the number of prevalent patients that move to a home modality by April 2022, using calendar year 2020 as a baseline.

By April 2022, the Network achieved 88.4% of the goal for incident patients starting on home dialysis and 91.8% of the goal for moving prevalent patients to a home modality (See Charts P and Q).

Barriers

Barriers to meeting QIA goals included:

- Patient lack of interest in changing modalities.
- In-center facility staff shortages to refer patients to home dialysis and home training nurse shortages.
- Some physicians are not comfortable with home dialysis, nor are they willing to provide early education to patients and offer patients the option to start dialysis on a home modality.
- Lack of facility staff education about home dialysis in order to develop a "home dialysis" culture at the facility.

Interventions

The following interventions were implemented over the course of the QIA:

- Promoting communication between physicians, and in-center and home dialysis program staff to establish early education of patients regarding home modalities.
- Providing early educational patient resources to physicians, hospitals and acute dialysis programs.
- Collaborating with a home dialysis program to provide telehealth education to patients and family regarding home dialysis.
- Connecting interested patients with peer mentors or virtual patient support groups.
- Using the Home Change Package as a resource to overcome barriers and create new action plans.
- Tracking and reviewing facility progress towards achieving the QIA goals with the interdisciplinary team (IDT) and medical director during the facility's monthly Quality Assessment and Performance Improvement (QAPI) meeting using the Network's *QAPI QIA Monitoring Form*.

Best Practices

Best practices identified through the QIA include:

- Using the Home Change Package interventions to mitigate facility barriers to home dialysis.
- Including an "All Team" approach to creating a process to educate staff and then patients and discuss progress during the monthly QAPI meetings.
- Implementing a tracker to monitor patients through the steps to home training.

- Identifying an in-center Home Champion to educate patients and bridge the transition for patients to the home program.
- Providing additional patient and staff education.
- Using the ESRD NCC Peer Mentoring Resources for recruiting and training a patient peer mentor to discuss home dialysis with interested patients.

Chart P: Network 13: Incident Patients Starting Dialysis Using a Home Modality July 2021-April 2022

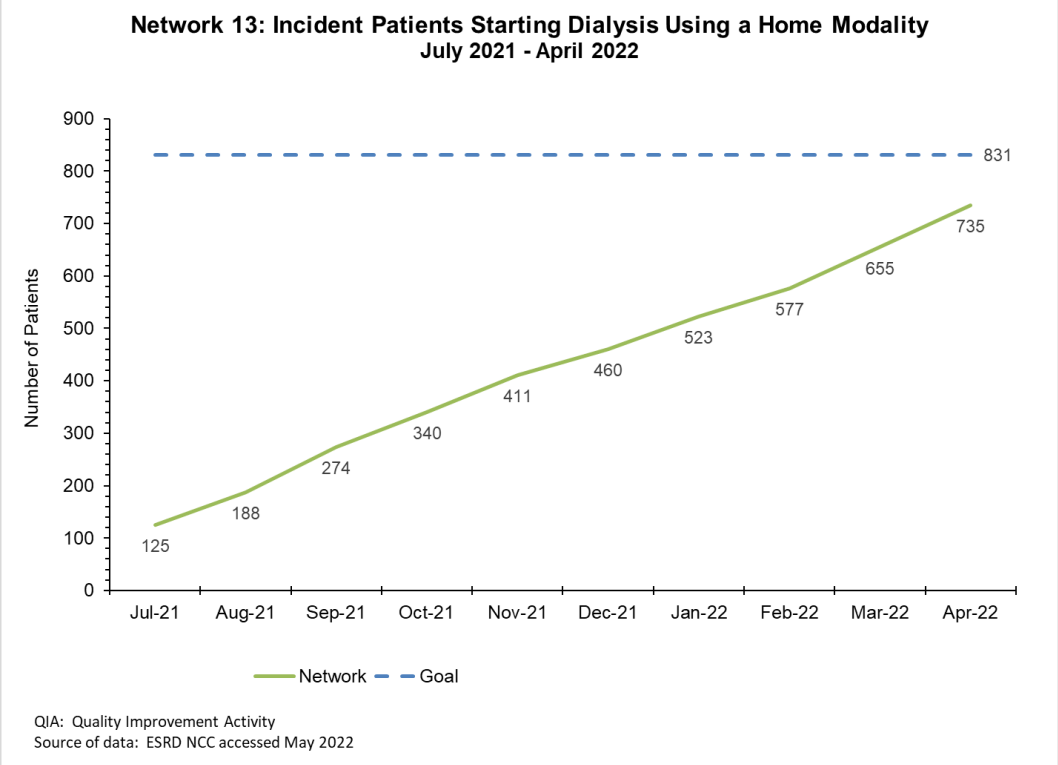
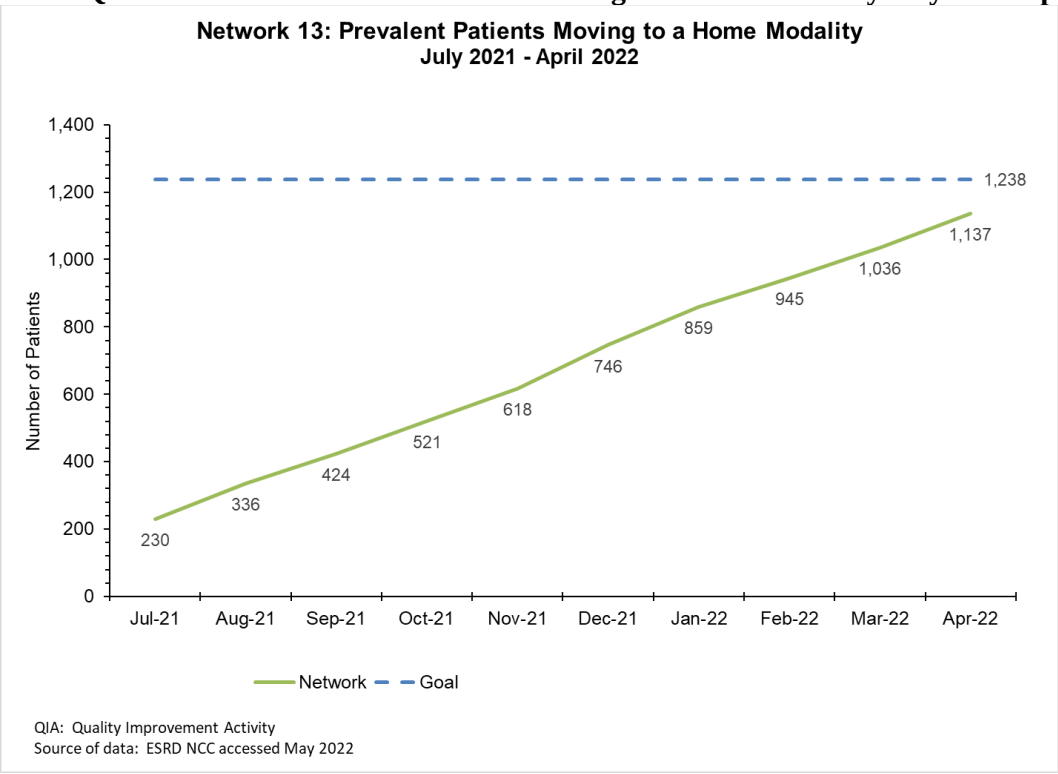


Chart Q: Network 13: Prevalent Patients Moving to a Home Modality July 2021-April 2022



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Telemedicine QIA June 2021-April 2022

Goals and Outcomes

The goal of the Telemedicine QIA was to increase the number of rural patients using telemedicine to engage in home dialysis by 2% by April 2022. The baseline number of patients using telemedicine during 2020 was 498 and a goal count of 503 patients was established. The Network achieved 89.1% of the QIA goal with 448 patients using telemedicine by April 2022. (See Chart R)

Barriers

Barriers for the QIA included:

- Lack of patient confidence in participating in telemedicine.
- Physician preference for in-person monthly visits.
- Lack of reporting of patient telemedicine visits by facilities in EQRS.

Interventions

The following interventions were implemented over the course of the QIA:

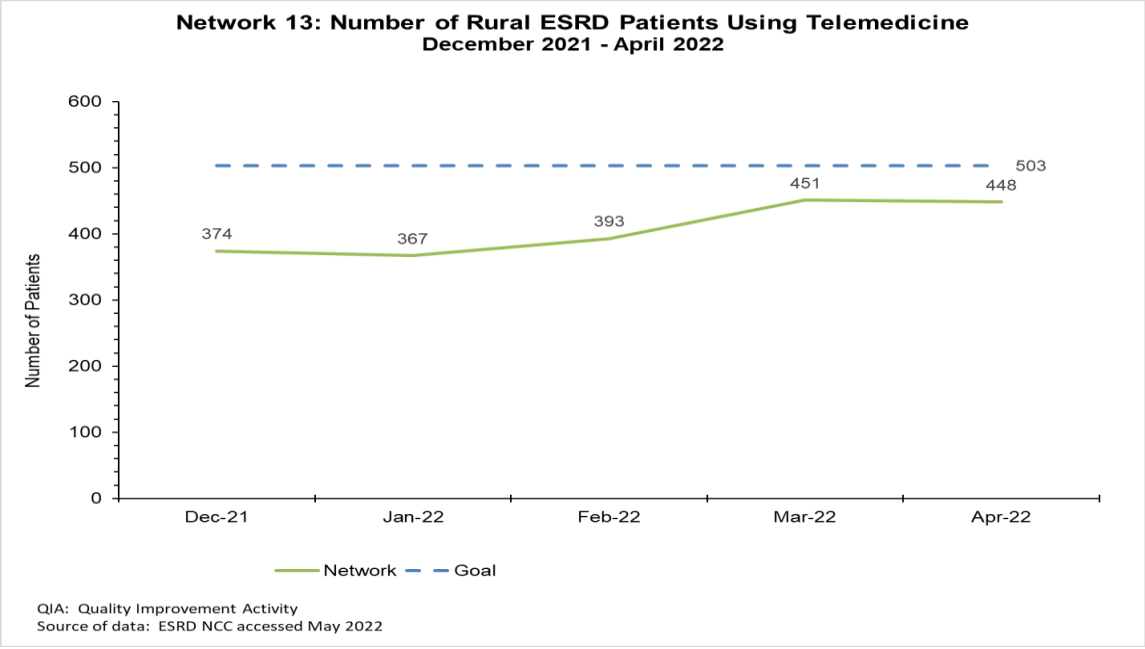
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information regarding to all facilities regarding how to report telemedicine visits in EQRS.

Best Practices

Best practices identified through the QIA include:

- Educating all patients regarding the option to use telemedicine.
- Exploring and addressing barriers to using telemedicine with patients (e.g., no access to broadband, language barriers).

Chart R: Network 13: Number of Rural ESRD Patients Using Telemedicine December 2021-April 2022



Improving Transitions of Care QIA June 2021-April 2022 [Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions and Emergency Department (ED) Visits QIA]

Goals and Outcomes

The Network's Transitions of Care QIA focused on reducing the following by 2% by April 2022:

- ESRD-related Inpatient Admissions
- ESRD-related 30-Day Unplanned Readmissions
- ESRD-related ED Visits

The Network remained under the upper limit rate set for all three areas of the QIA (See Charts S, T, U). This demonstrated a relative decrease of 15.8% for inpatient admissions, a relative decrease of 9.84% for 30-day readmissions and a relative decrease of 15.18% for ED visits.

Barriers

Barriers to achieving the QIA goals included:

- Dialysis facility staffing shortages.
- Patient and staff educational needs.
- Patient treatment nonadherence.

Interventions

Interventions for the QIA included:

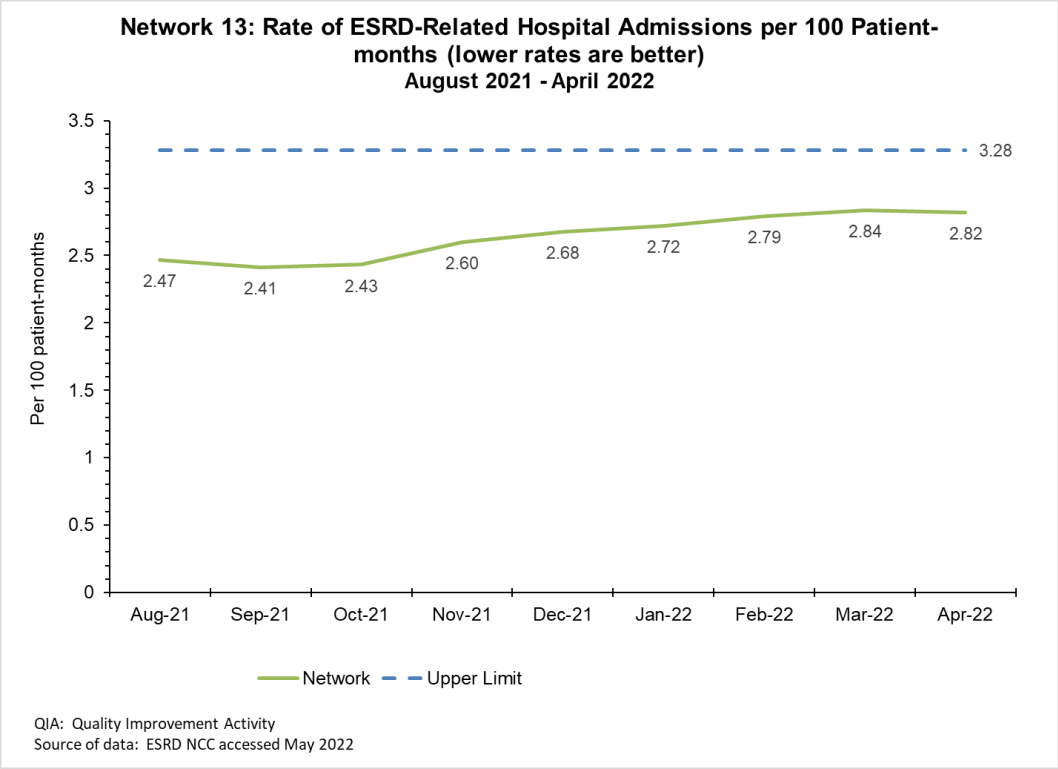
- Conducting a facility level root cause analysis (RCA) and developing an action plan.
- Discussing the QIA, RCA, action plan, interventions and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.

Best Practices

Best practices identified throughout the QIA by facilities include:

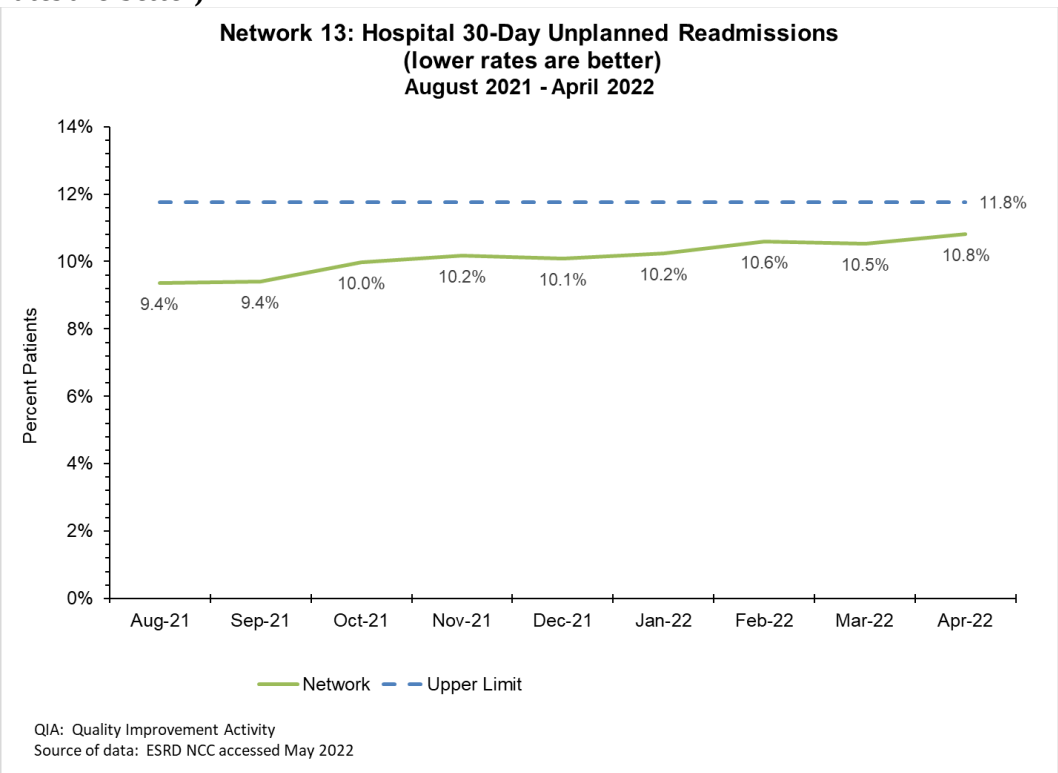
- Using a team approach to patient education, tracking of events and implementing interventions.
- Completing a post-hospitalizations checklist for each patient returning to the facility.
- Focusing on patient dry weight management, including performing regular dry weight reviews, scheduling patients for additional treatments, providing enhanced patient education and training staff on proper weighing of patients.
- Addressing patients in need of a primary care provider.
- Case managing high utilizers of hospital services.

Chart S: Network 13: Rate of ESRD-Related Hospital Admissions per 100 patient-months August 2021-April 2022 (Lower rates are better)



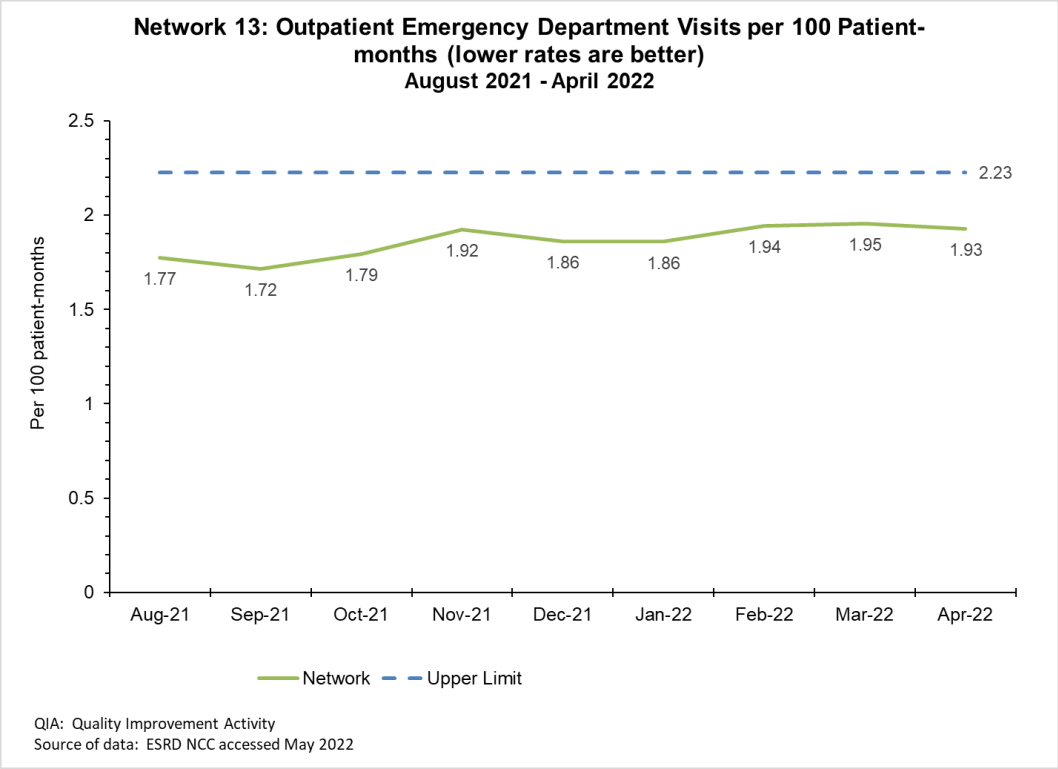
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Chart T: Network 13: Hospital 30-Day Unplanned Readmissions August 2021-April 2022 (Lower rates are better)



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Chart U: Network 13: Outpatient Emergency Department Visits per 100 patient-months August 2021-April 2022 (Lower rates are better)



Reducing COVID-19 Related Hospitalizations June 2021-April 2022

Goals and Outcomes

From June 2021-April 2022, the Network focused on reducing COVID-19 hospitalizations by 25% from the baseline. The Networks upper limit for the QIA goal was set as 1,250 admissions. The Network remained under the limit and only experienced 978 admissions during the QIA, which was still a relative decrease of 41.3% from baseline (See Chart V).

Barriers

Barriers to achieving the QIA goal included:

- Dialysis facility staffing shortages in COVID-19 cohort facilities.
- Transportation to COVID-19 cohort facilities.
- COVID-19 surges impacting multiple hospitals, dialysis facilities and patients at one time.
- Availability of outpatient interventions for patients at higher risk for complications related to COVID-19.
- Vaccination hesitancy.

Interventions

Interventions for the QIA included:

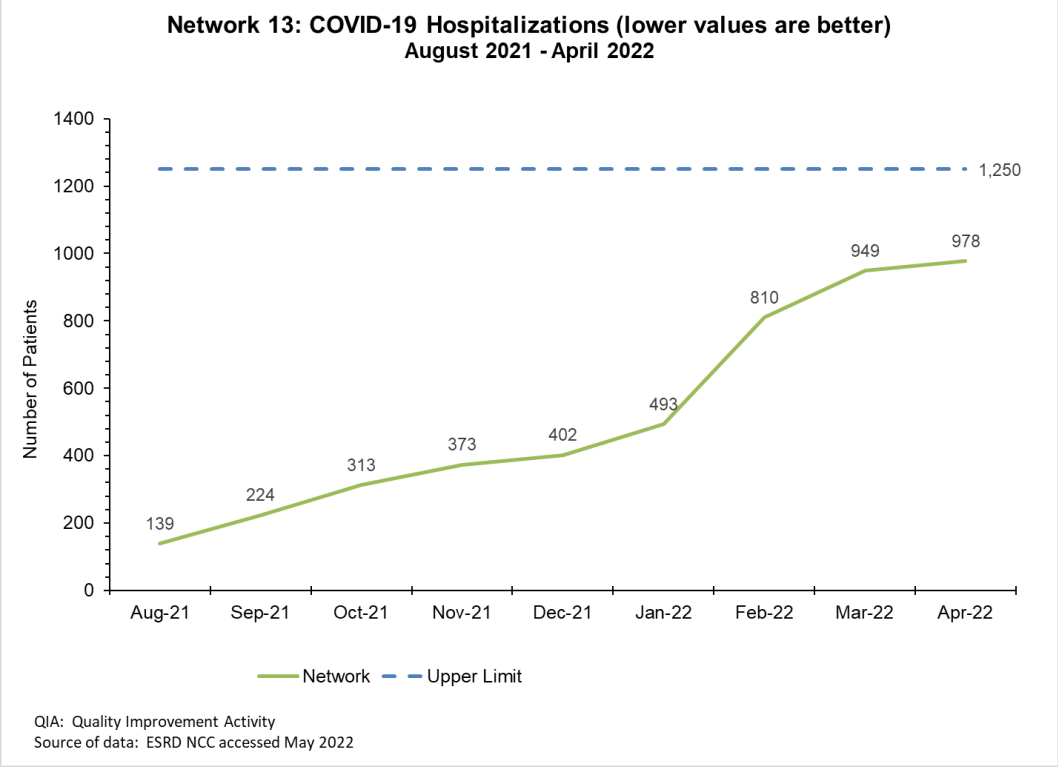
- Reviewing available data to identify facilities with increases in cases and providing focused technical assistance to address barriers.
- Sharing patient and staff educational resources and tools.
- Discussing response plans and interventions for implementation with dialysis facility corporate leadership.
- Distributing information and availability regarding outpatient interventions for patients at high risk for complications related to COVID-19 with all facilities.

Best Practices

Best practices identified by facilities include:

- Educating patients and staff on identifying and communicating exposure and symptoms for COVID-19.
- Implementing consistent screening processes for patients and staff.
- Establishing cohort facilities and shifts.
- Engaging community partners to address transportation needs.
- Tracking and monitoring patient and staff status and quarantining needs.
- Sharing staff among multiple facilities or rotating staff who work in cohort facilities.
- Re-engaging patients and staff regarding vaccinations and boosters.

Chart V: Network 13: COVID-19 Hospitalizations August 2021-April 2022 (Lower rates are better)



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

COVID-19 Vaccinations for Patients and Staff QIA June 2021-April 2022

Goals and Outcomes

The QIA focused on the following goals:

- Achieve a COVID-19 patient vaccination rate of 80% by April 2022.
- Achieve a COVID-19 patient booster vaccination rate of 80% by April 2022.
- Achieve a COVID-19 staff vaccination rate of 100% by April 2022.
- Achieve a COVID-19 staff booster vaccination rate of 100% by April 2022.

The Network provided resources and best practices to all facilities and used available data to identify low performers for focused technical assistance. By April 2022, the Network achieved a COVID-19 patient vaccination rate of 74.9% and a patient booster vaccination rate of 52.5% (See Charts W and X). For COVID-19 staff vaccinations, a rate of 79.2% was achieved with a booster rate of 17.9% (See Charts Y and Z).

Barriers

Barriers to achieving the QIA goals include:

- Patient and staff hesitancy and refusal based on religious and/or personal beliefs.
- Tracking vaccinations received by patients and staff outside the facility.
- Facilities lacked COVID-19 vaccine availability or decreased the frequency that the vaccinations were offered over time.
- Medically ineligible patients and staff.
- Concerns about possible, unknown, long-term side effects from the COVID-19 vaccines.
- Transportation barriers for patients or staff that needed to travel to receive initial and/or booster COVID-19 vaccines.
- Trust barriers caused by the everchanging scientific-based information provided to the public for the different COVID-19 vaccines.
- Data reporting issues.

Interventions

Interventions for the QIA include:

- Engaging facilities to complete an RCA and action plan related to improving COVID-19 vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities and those identified as having an increase in new COVID-19 cases.
- Assisting facilities with obtaining access to the National Healthcare Safety Network (NHSN) and reporting of vaccinations.
- Distributing information regarding vaccine availability outside of the facility.
- Disseminating community coalition resources such as Motivational Interviewing techniques and best practices.

Best Practices

Best practices identified through the QIA include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering COVID-19 vaccines to patients and staff who previously refused or were initially hesitant.
- Tracking and reporting patients who received the vaccinations internally and externally.
- Utilizing Network provided resources and tools for educating patients and staff.
- Engaging non-enrolled and newly certified facilities to assist them with getting access to NHSN.
- Using Motivational Interviewing techniques when discussing vaccinations with patients and staff.

Chart W: Network 13: COVID-19 Vaccinations Rate (Dialysis Patients) July 2021-April 2022

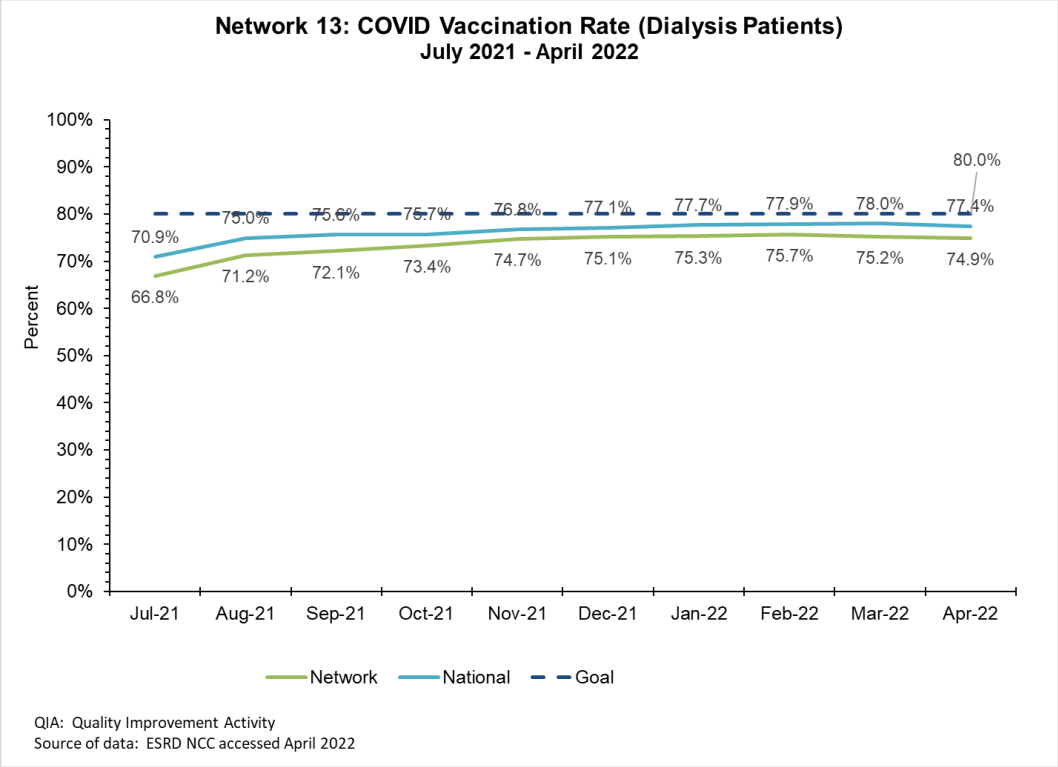


Chart X: Network 13: Percent of Fully Vaccinated Dialysis Patients Receiving COVID Vaccination Booster December 2021-April 2022

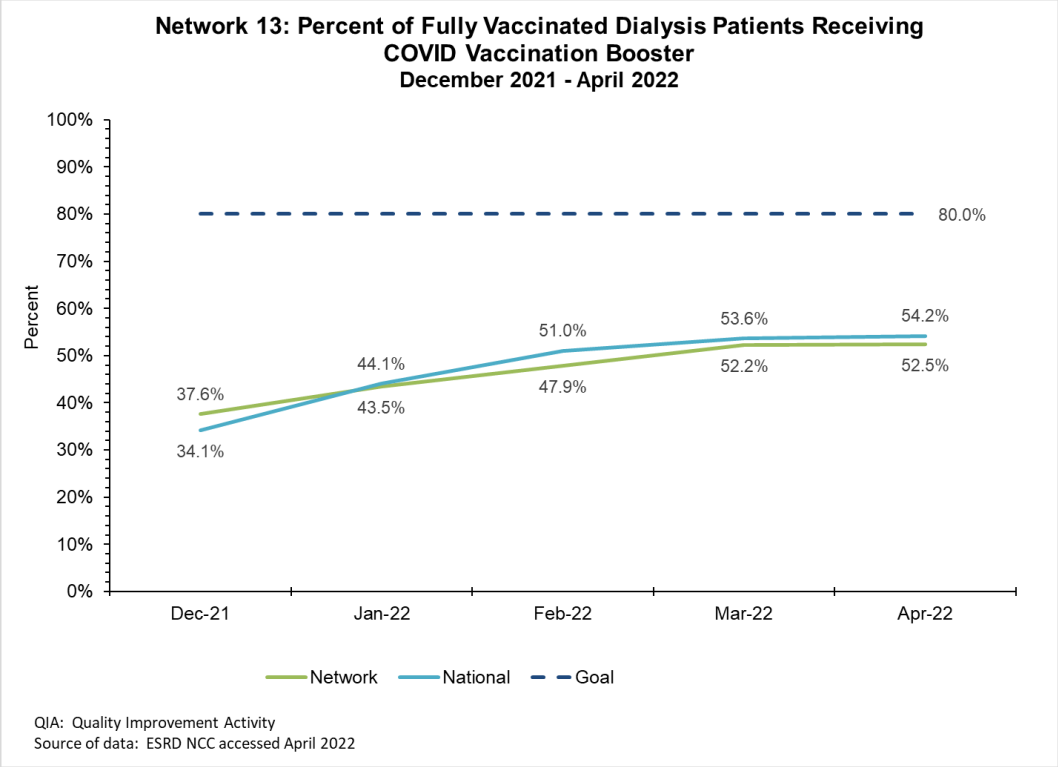


Chart Y: Network 13: COVID Vaccination Rate Dialysis Facility Staff July 2021-April 2022

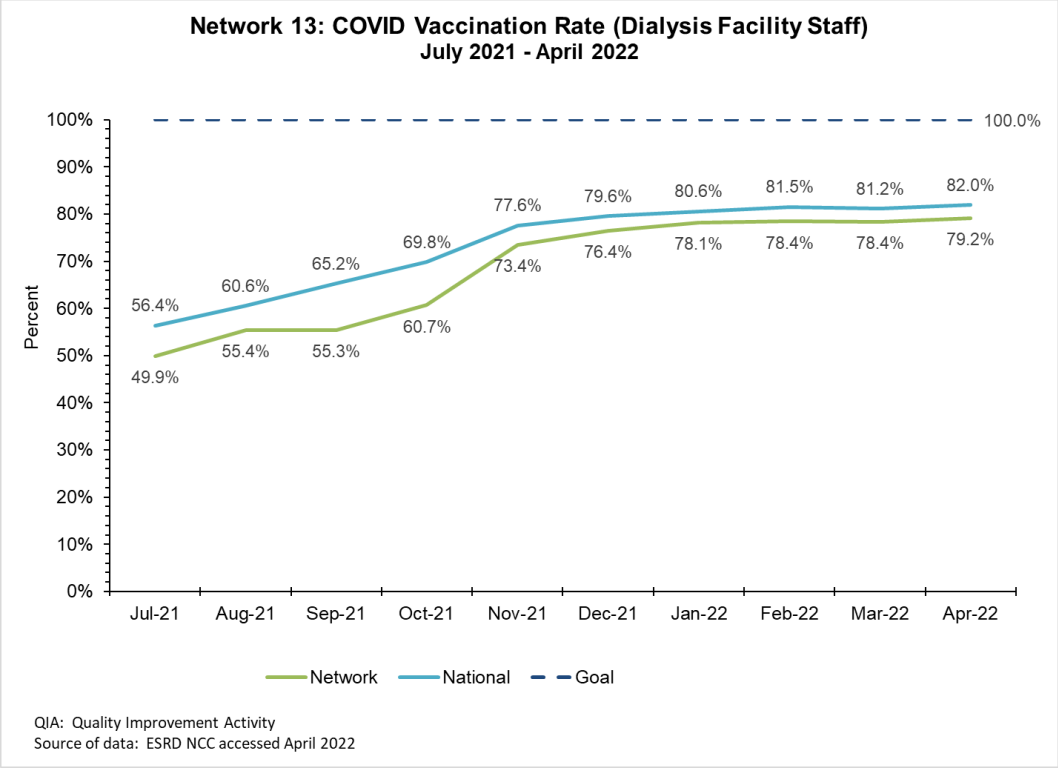
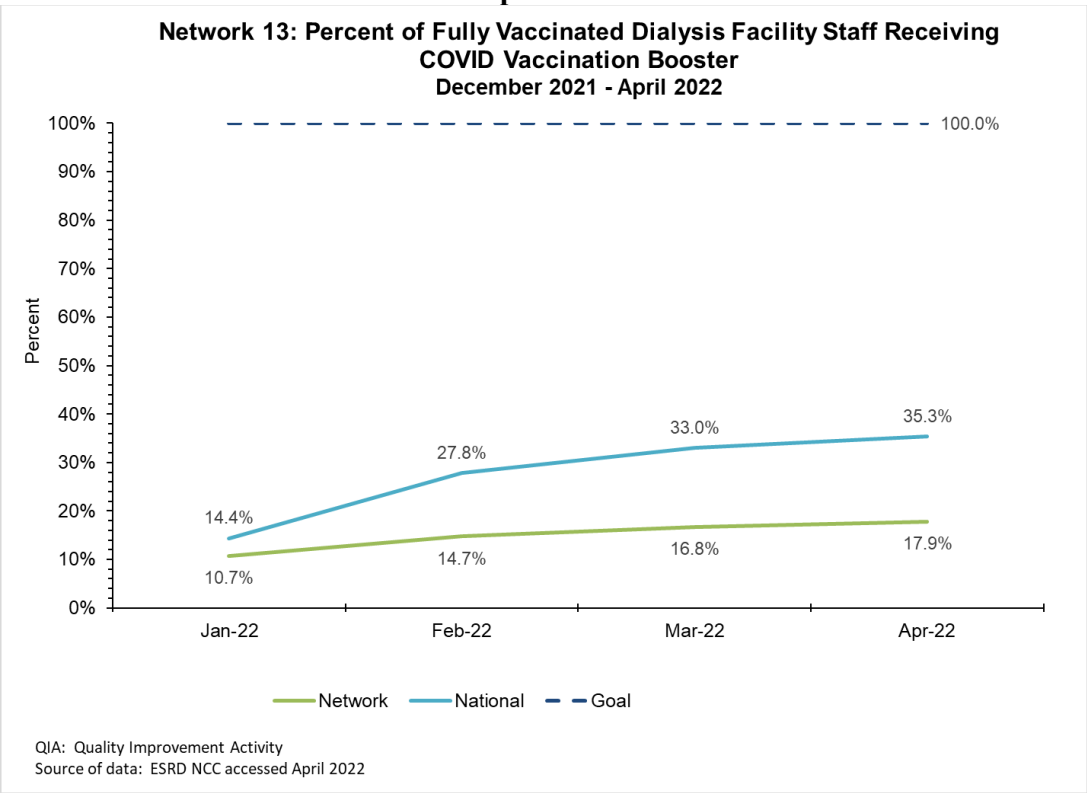


Chart Z: Network 13: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID Vaccinations Booster December 2021-April 2022



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2022

Influenza Vaccination QIA June 2021-April 2022

Goals and Outcomes

The two primary goals of the QIA were to:

- Achieve a minimum of 85% of ESRD patients receiving an influenza vaccination by April 2022.
- Achieve a minimum of 90% of ESRD facility staff receiving an influenza vaccination by April 2022.

The Network provided resources and best practices to all facilities and used available data to identify low performers for focused technical assistance. By April 2022, 81.0% of patients received an influenza vaccination, which is 95.3% towards the QIA goal (See Chart AA). Reporting of staff vaccinations was limited reflecting 38.1% of staff vaccinated for influenza by April 2022 (See Chart BB).

Barriers

Barriers to achieving the QIA goals included:

- Tracking patients and staff who received the influenza vaccine externally from the dialysis facility.
- Delays with vaccine availability due to the COVID-19 pandemic causing facilities to start administering the vaccine later in the year.
- Patient and staff hesitancy and refusal due to personal, religious, or political beliefs.
- Data reporting challenges including non-enrolled or newly certified facilities not reporting, or facilities not having appropriate staff to report consistently.

Interventions

Interventions for the QIA included:

- Engaging facilities to complete an RCA and action plan related to increasing influenza vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities.
- Assisting facilities with obtaining access to EQRS and NHSN and providing instructions for reporting vaccinations.
- Disseminating community coalition resources such as Motivational Interviewing techniques and best practices.

Best Practices

Best practices identified through the QIA include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Tracking and reporting patient and staff vaccinations received internally and externally.
- Utilizing Network provided resources and tools for educating patients and staff.

- Engaging non-enrolled and newly certified facilities to assist them with getting access to EQRS and NHSN.
- Using Motivational Interviewing techniques when discussing vaccinations with patients and staff.

Chart AA: Network 13: Percent of Patients Receiving an Influenza Vaccination July 2021-April 2022

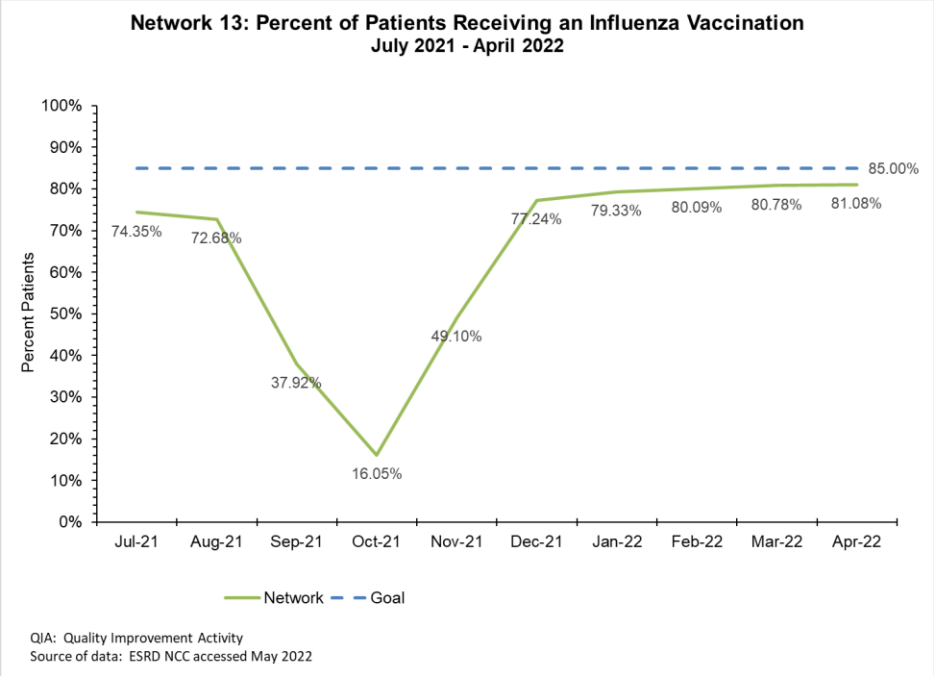
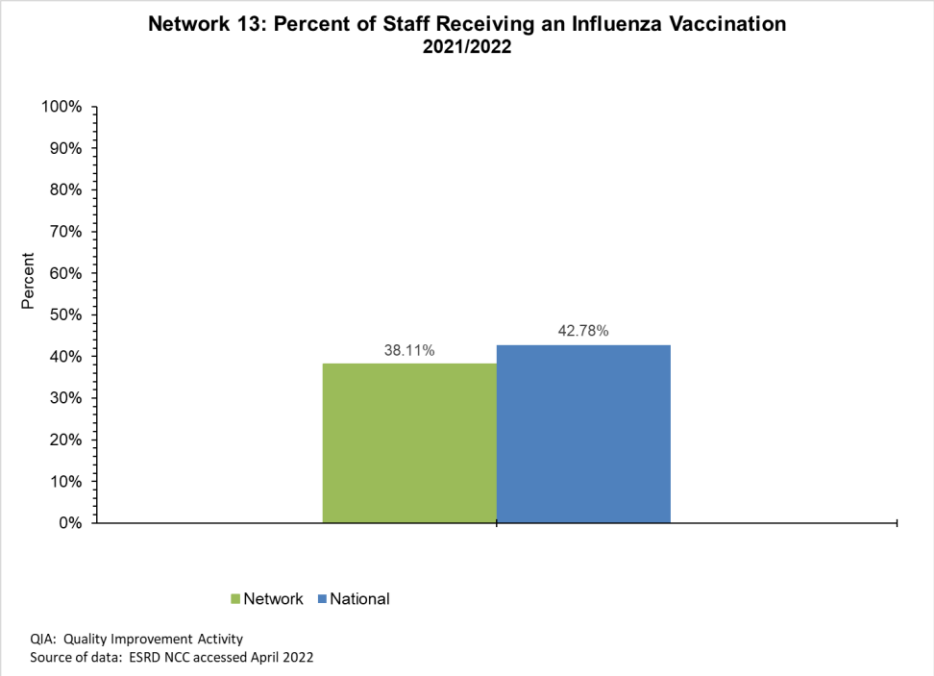


Chart BB: Network 13: Percent of Staff Receiving an Influenza Vaccination 2021-2022



Pneumococcal Vaccination QIA June-April 2022

Goals and Outcomes

The primary goals of the QIA were to:

- Achieve a 10% increase in ESRD patients receiving a Pneumococcal Conjugate vaccination 13 (PCV13) by April 2022.
- Achieve a minimum of 87% of ESRD patients receiving a Pneumococcal Polysaccharide 23 (PPSV 23) vaccination by April 2022.
- Achieve an increase of 10% of ESRD patients receiving PPSV 23 booster vaccination by April 2022.
- Achieve a minimum of 80% of ESRD patients over the age of 65 receiving a PPSV 23 vaccination by April 2022.

The QIA aimed to assist dialysis facilities by providing focused technical assistance, educational opportunities and best practices identified from community coalitions to improve patient care. By April 2022 the Network achieved 94.9% of the PCV13 goal, with 11,112 patients vaccinated (See Chart CC). Due to limited data availability for PPV23 vaccinations, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

Barriers

Barriers to achieving the QIA goals included:

- Patient hesitancy and refusal due to personal beliefs.
- Lack of consistent tracking and reporting of patient vaccinations in EQRS.
- Lack of vaccinations available in facilities.

Interventions

Interventions for the QIA included:

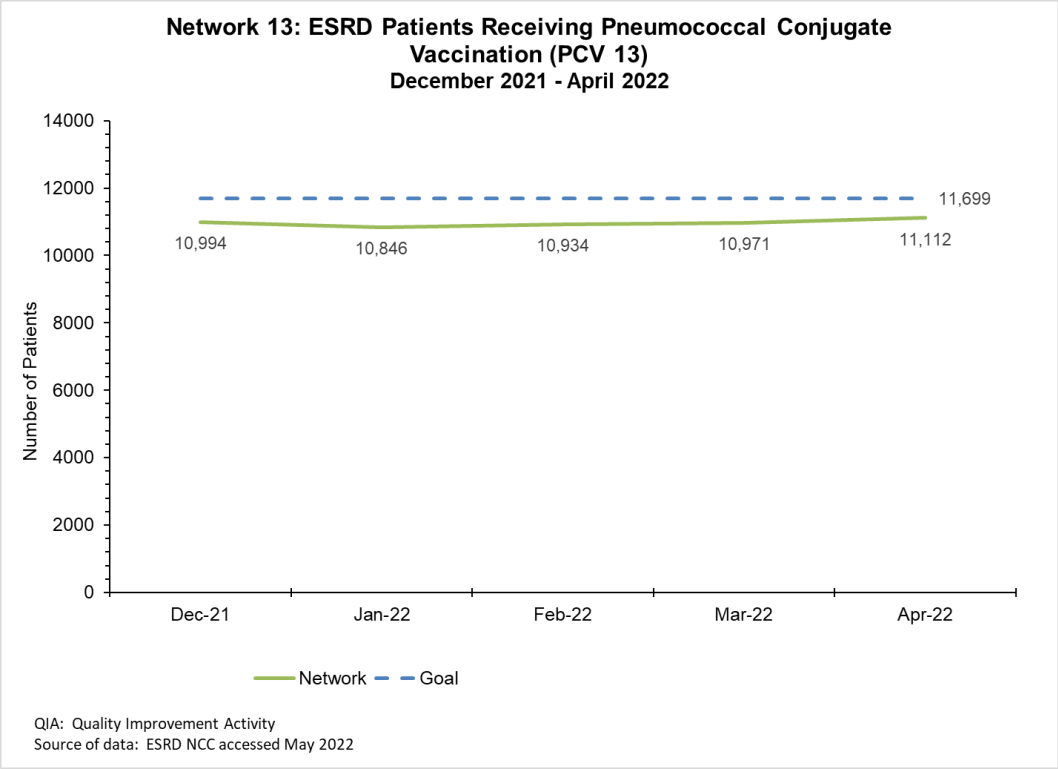
- Engaging facilities to complete an RCA and action plan related to increasing pneumococcal vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities.
- Assisting facilities with obtaining access to EQRS and providing instructions for reporting vaccinations.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.

Chart CC: Network 13: ESRD Patients Receiving Pneumococcal Conjugate Vaccination (PCV 13) December 2021-April 2022



Improving Nursing Home Care QIA June-April 2022

Goals and Outcomes

The Improving Nursing Home Care QIA goals included the following for patients receiving dialysis in a Nursing Home (NH):

- Achieving a 1.36% relative decrease in the rate of catheter infections by April 2022.
- Achieving a 0.64% relative decrease in the rate of peritoneal catheter infections by April 2022.
- Achieving a 0.64% relative decrease in the rate of blood transfusions by April 2022.

The Network met the goals for the QIA with a 100% relative reduction in catheter infections and a 13.1% relative reduction in blood transfusions (See Charts DD and EE). There were no patients identified as receiving peritoneal dialysis in a NH during the contract year.

Barriers

Barriers to achieving the QIA goals included:

- NH patients have complex comorbidities that require extensive medical care.
- NH staff availability and education.
- Communication barriers between dialysis and NH staff.

Interventions

Interventions for the QIA included:

- Conducting a facility level RCA and action plan.
- Discussing the QIA, RCA, action plan, interventions and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.
- Reporting barriers, interventions and successes to the Network.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Using a team approach to patient education, tracking of events and implementing interventions.
- Conducting regular care planning and QAPI meetings with NH staff.
- Reviewing the QIA and goals with NH staff and dialysis NH medical directors.
- Engaging hospitals to address a patient's anemia prior to discharge.
- Reviewing a patient's medical records prior to admission to the NH and dialysis program.

Chart DD: Network 13: Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes February 2022-April 2022 (Lower values are better)

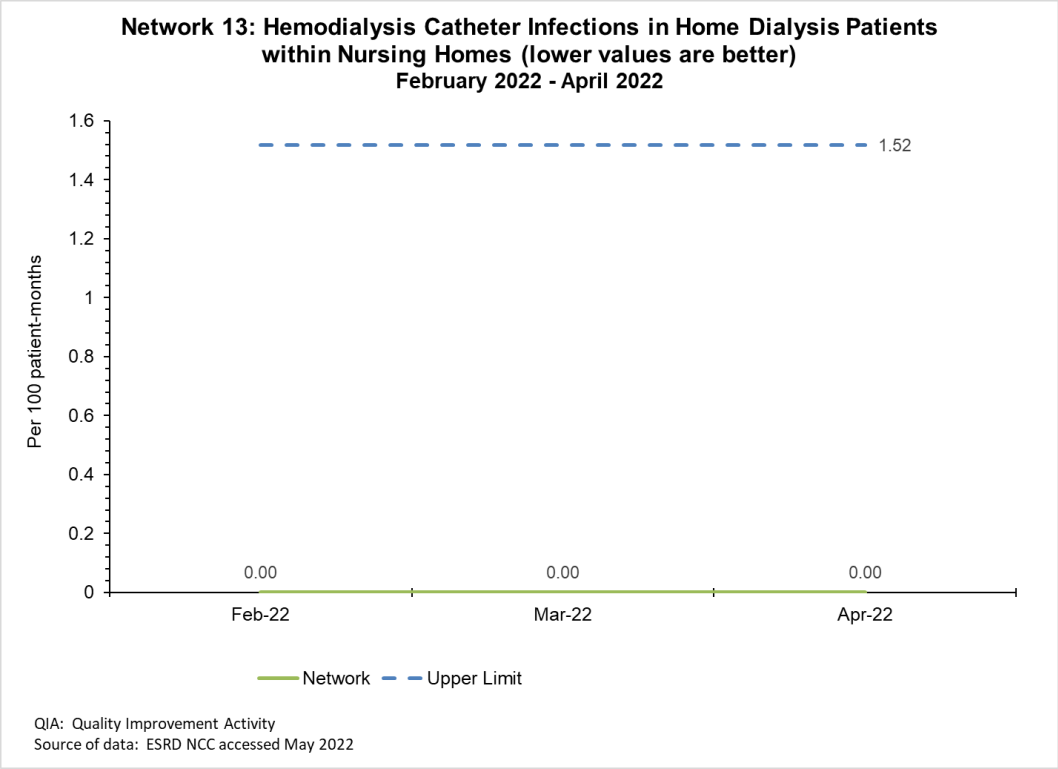


Chart EE: Network 13: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a Nursing Home February 2022-April 2022 (lover values are better)

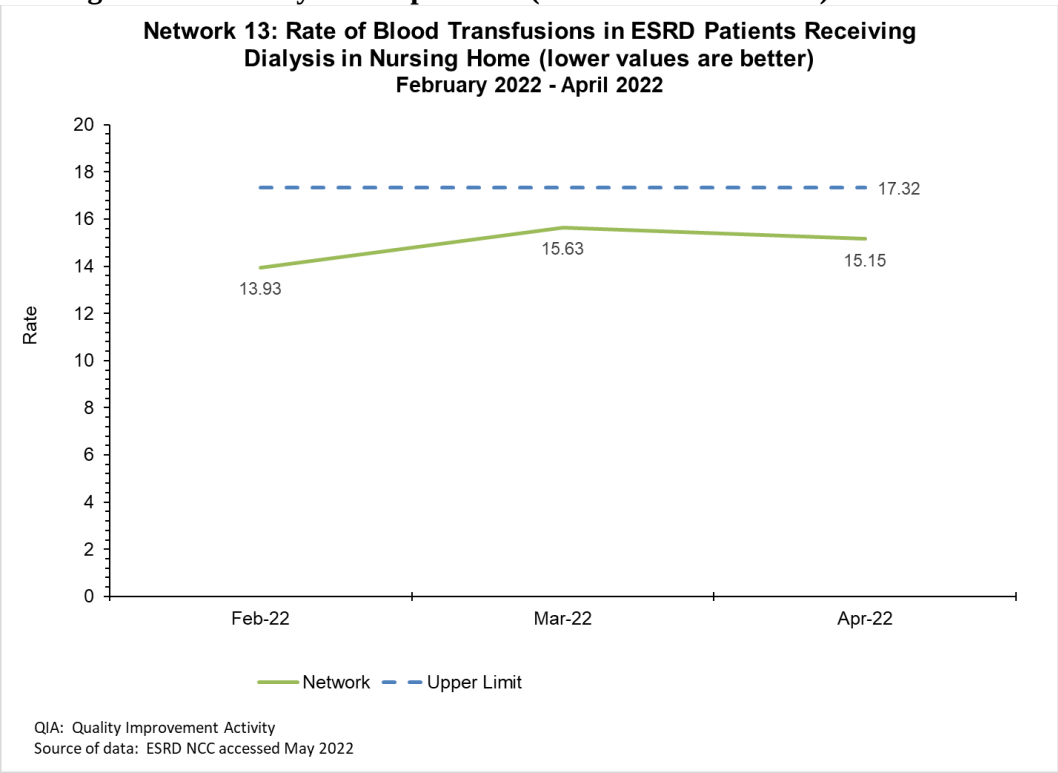
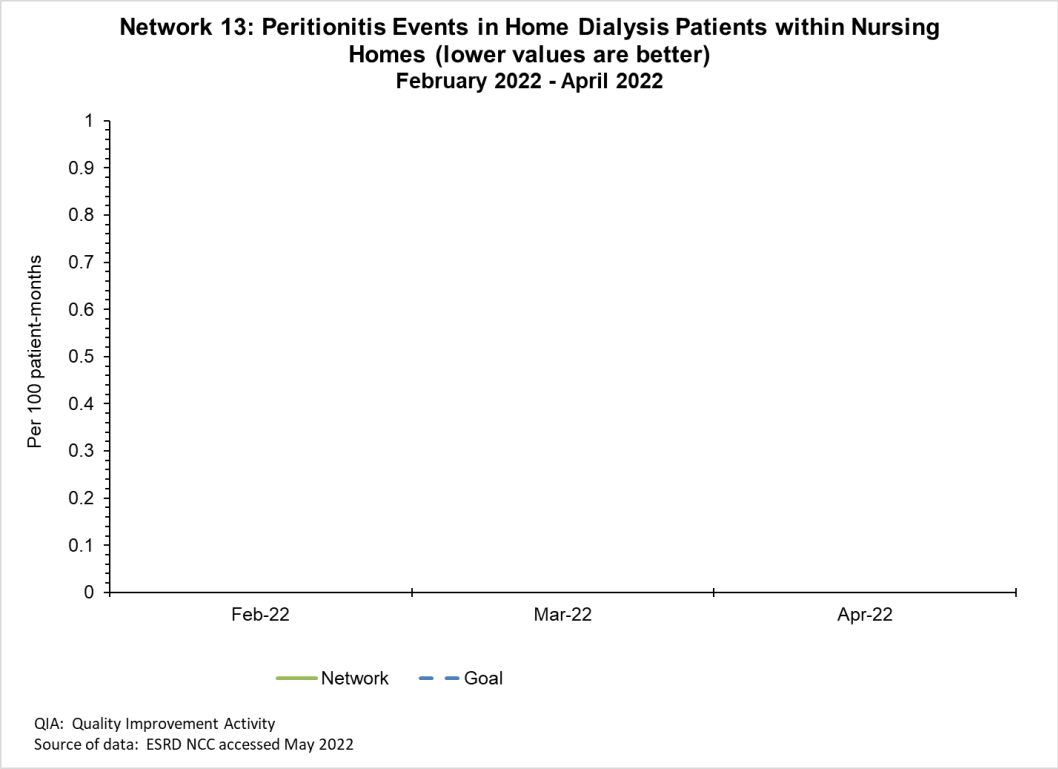


Chart FF: Network 13: Peritonitis Events in Home Dialysis Patients within Nursing Homes February 2022-April 2022 (lover values are better)



Data Quality QIA (Admissions, CMS Form 2728, CMS Form 2746) June 2021-April 2022

Goals and Outcomes

The Network's Data Quality QIA focused on improving the timeliness of submission in EQRS for the following by 2% by April 2022:

- Patient admissions data entered within five business days.
- CMS-2728 forms submitted within 45 business days.
- CMS-2746 forms submitted within 14 days of the date of death.

The QIA aimed to assist dialysis facilities by providing focused technical assistance, educational resources and feedback reports to improve data and forms submissions. The Network provided resources to all facilities via monthly emails and worked with a group of lower performing facilities on more intensive interventions.

By April 2022, the Network achieved 93.8% of the goal for admissions, 90.4% of the goal for 2728 forms and 90.4% of the goal for 2746 forms entered.

Barriers

Barriers to achieving the QIA goals include:

- Lack of dialysis facility staff time to follow up on information needed or to enter data in EQRS timely.
- Difficulty obtaining needed medical records and/or patient and physician signatures to complete forms.

Interventions

Interventions for the QIA include:

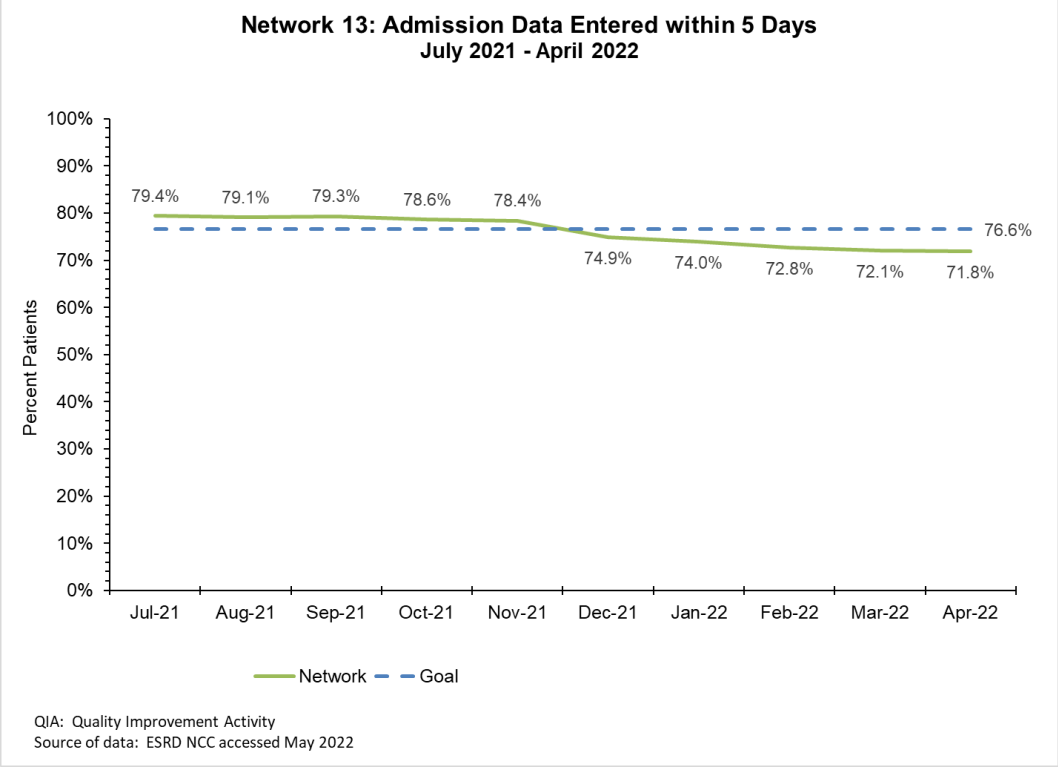
- Discussing timeliness of admissions and forms when facilities contacted the Network for technical assistance with other issues.
- Supplementing technical assistance with electronic resources (e.g., EQRS Data Management Guidelines).
- Recommending facilities focus on a key barrier for one form (e.g., physician signatures for 2728) at a time, implement an intervention (e.g., using a team approach), and test that strategy over 1-2 months.
- Focusing on identifying and completing specific forms that are coming due.
- Distributing facility-specific data reports for review, comparison, and benchmarking with internal data during QAPI meetings.

Best Practices

Best practices identified throughout the QIA by facilities include:

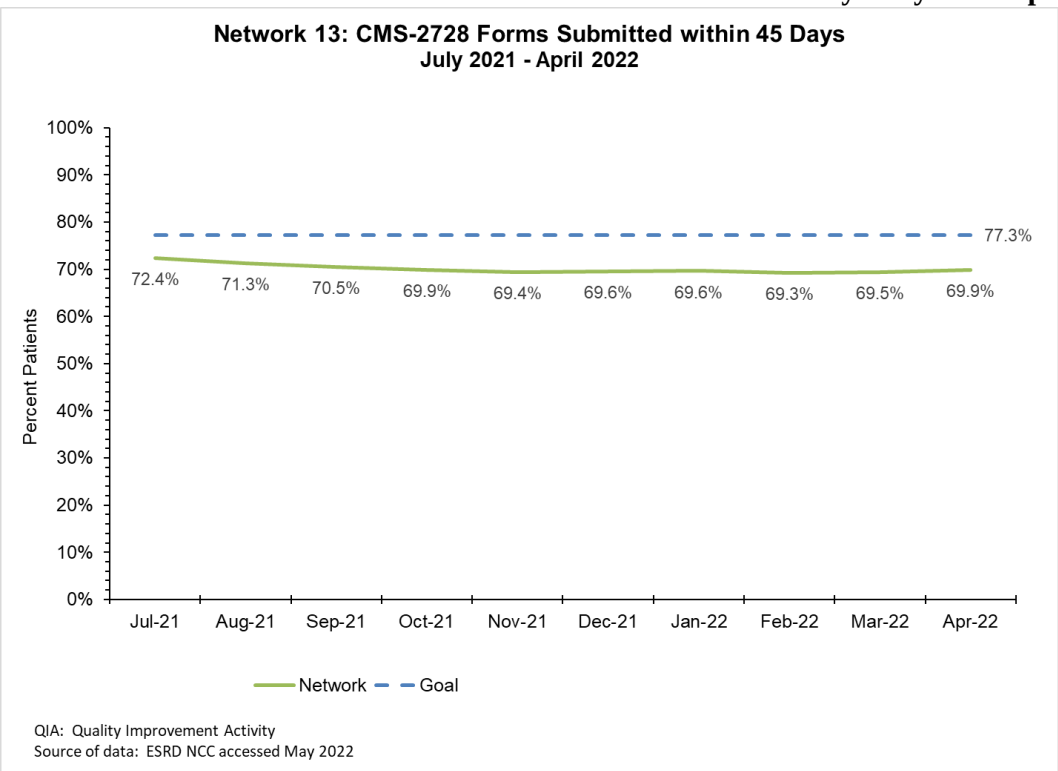
- Using a team approach to addressing areas of improvement.
- Having a tracking system in place for all forms and admissions
- Communicating with hospital discharge planners.
- Ensuring multiple facility staff have access to EQRS.

Chart GG: Network 13: Admission Data Entered within 5 Days July 2021-April 2022



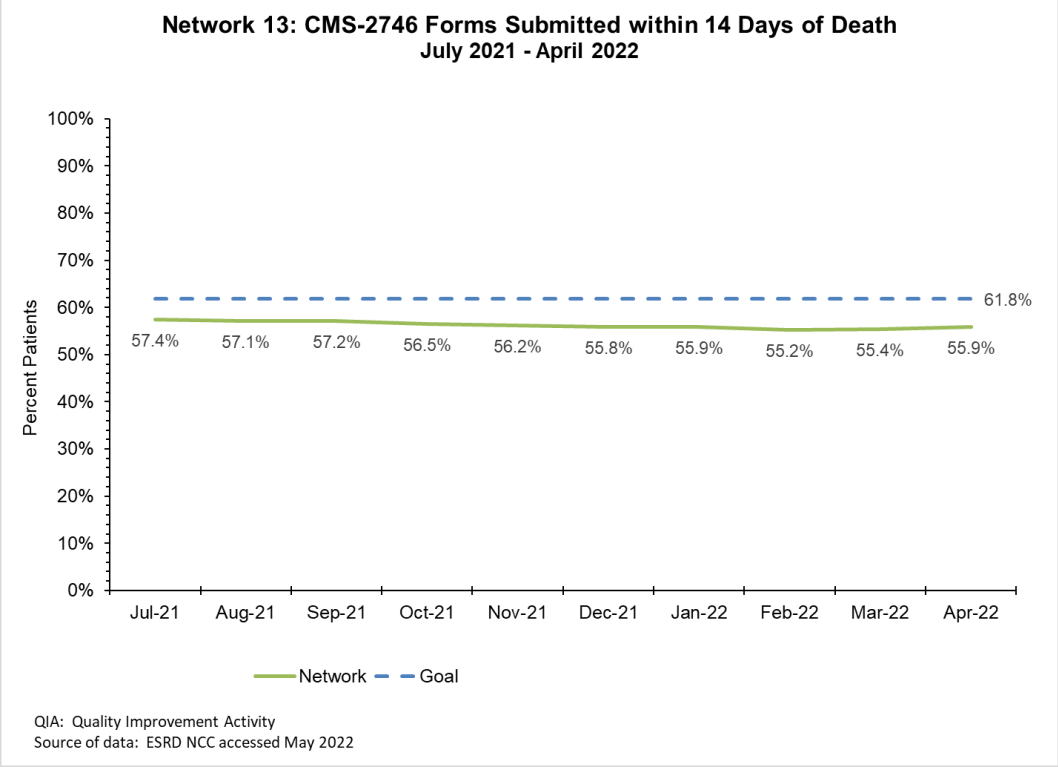
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Chart HH: Network 13: CMS-2728 Forms Submitted within 45 Days July 2021-April 2022



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Chart II: Network 13: CMS-2746 Forms Submitted within 14 Days of Death July 2021-April 2022



Depression QIA June-April 2022

Goals and Outcomes

The QIA goals include:

- Achieving a 15% increase in the percentage of patients accurately identified as having depression through QIP.
- Achieving a 10% increase in the percentage of patients identified as having depression through QIP, who are treated by a mental health professional.

Due contract goal adjustments, the Network worked towards the goals of this QIA but was not evaluated on results through April 2022.

Barriers

Barriers identified by facilities include:

- Patients from certain cultural backgrounds can be reluctant to share mental health issues with individuals perceived to be "outside" their cultures.
- Lack of access to mental health providers, due to limited providers in certain locations or insurance coverage limits which providers can be used.
- Lack of patient motivation to pursue mental health support, due to already having to contend with the demands of dialysis treatment.

Interventions

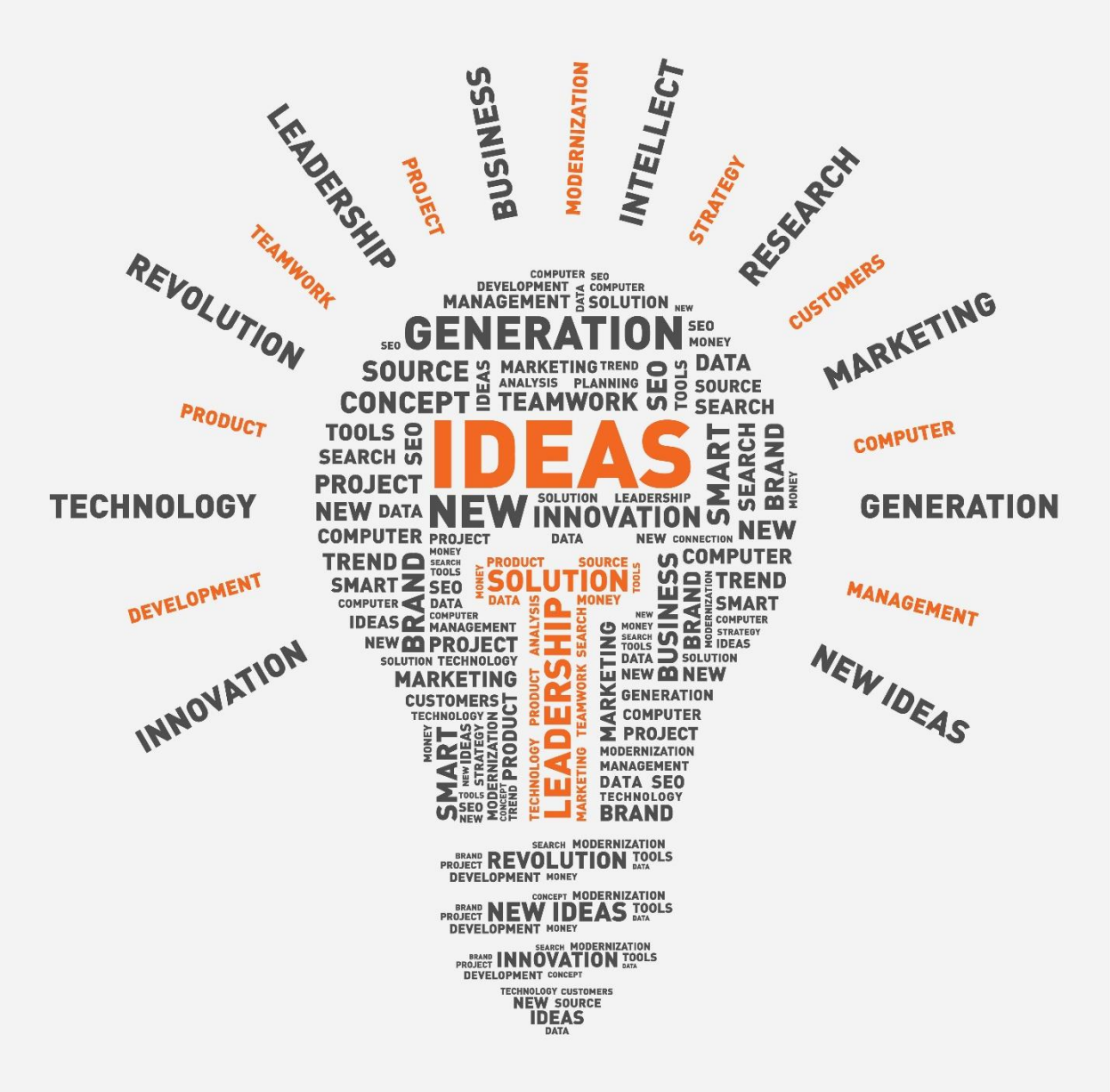
Interventions for the QIA include:

- Conducting an environmental scan to assess how dialysis providers were providing depression screenings, what education was being provided, and what needs they had to provide mental health services in the dialysis facility.
- Disseminating educational materials to dialysis facilities via email and during technical assistance calls that could use when conducting screening and talking with patients. Examples include:
    - American Hospital Association's (AHA) *People Matter, Words Matter* materials.
    - *Self-Management for Depression Zone Tool.*

Best Practices

Best practices identified through the QIA include:

- Expanding the concept of "mental health provider" as many patients seek mental health support or treatment outside of the traditional office setting, such as through their faith community or from a community elder.
- Normalize seeking mental health support for patients by using mental health positive language, and related resources, as part of an overall strategy to increase patient comfort with discussing mental health issues.
- Providing context for mental health issues for patients by using easy to understand education that helps link emotional feelings to the concept of mental health.


LEADERSHIP
PROJECT
BUSINESS
MODERNIZATION
INTELLECT
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RESEARCH
TEAMWORK
REVOLUTION
CUSTOMERS
MARKETING
PRODUCT
COMPUTER
TECHNOLOGY
GENERATION
DEVELOPMENT
MANAGEMENT
INNOVATION
NEW IDEAS
IDEAS
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INNOVATION

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

Section 1881(c) of the Social Security Act states that the ESRD Network can recommend to CMS the imposition of a sanction when an ESRD provider is not cooperating in achieving Network goals. The Federal Regulations that implement this statute are found in 42 CFR §405.2181. The Network maintained a cooperative and collaborative partnership with ESRD providers in all activities in 2021. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2021, the Network did not identify any facilities that warranted a recommendation for sanctions.

Recommendations to CMS for Additional Services or Facilities

The Network did not make any recommendations to CMS for additional facilities in its service area in 2021.


first
infrastructure
contingency
environment
aid
continuity
public safety
ambulance
training
communications
earthquake
damage
critical
management
patient
mitigation
injury
preparedness
healthcare
plan
safety
fire
agency
planning
warning
survival
team
medical
service
help
danger
disaster
supplies
emergency room
urgent
protection
safe
jeopardy
resilience
kit
evacuation
stretcher
paramedic
business
alarm
medic
emergency
incident
equipment
disease
urgency
threat
natural disaster
information
property
natural
crisis
recovery
nurse
health
doctor
government
situation
environmental
risk management
public
response
rescue
hospital
security
room
intervention
life
accident
risk
operations
medicine
education
loss
system

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

During 2021, the Network continued to use its agile structure and emergency preparedness experience to adjust to the needs of patients and facilities during the COVID-19 pandemic. The Network's pandemic response included an all-team approach and routine assessment of needs and distribution of current information, resources, and data-targeted technical assistance.

Technical Assistance

The Network reviewed weekly KCER COVID-19 facility data and the COVID-19 Dashboard and identified facilities to target for data-driven technical assistance calls from January 1–December 31, 2021. Technical assistance included screening procedure guidance, CDC disinfection and infection prevention guidance, patient and staff educational materials on hand washing, hand sanitizer, mask wearing, social distancing, and coping with stress and COVID-19 vaccination planning, tracking, and reporting.

Collaboration Activities

The Network maintained communication with various partners during the pandemic. The Network connected dialysis facilities with department of health (DOH) offices, healthcare coalitions (HCC) and county emergency operations centers (EOCs) for training and personal protective equipment (PPE) needs. State- and county-level information obtained through collaboration with the state and county DOH offices and HCCs was shared with dialysis facilities.

The Network collaborated with State Survey Agency (SA) leadership regarding complaint investigations and patient placement issues related to COVID-19. COVID-19 questions related to cohorting of patients or patients refusing to wear masks were also discussed with the SA. The Network also continued to participate on KCER COVID-19 status calls and national agency information shared by KCER was distributed to facilities.

Data Collection and Reporting Activities

The Network continued to support all facilities with reporting to NHSN and disseminated NHSN enrollment instructions and information regarding the NHSN COVID-19 dialysis reporting module to all facilities in the Network service area. The Network identified facilities currently not enrolled in NHSN and provided step-by-step instructions for NHSN enrollment and individualized technical assistance via phone and email to ensure all facilities were able to enter data. Facility-level reports available from NHSN were submitted to KCER weekly.

Patient and Facility Education

The Network continued to provide support and technical assistance to all facilities regarding plans for treating patients who tested positive for COVID-19. Updated guidance and resources from credible sources were disseminated via email and were shared during technical assistance calls to facilities. Updated patient educational resources regarding preventing COVID-19 transmission and COVID-19 vaccinations were also shared with facilities.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

ESRD Network 13 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. To ensure this support is provided, the Network:

- Conducts a risk assessment and submits an emergency plan annually to CMS.
- Provides education and technical assistance to dialysis facilities and patients related to emergency preparedness, including hurricane readiness.
- Monitors and tracks the open and closed status of facilities and the location of patients during the response to an emergency event.
- Works closely with KCER and other stakeholders to ensure patients have access to dialysis before and after an emergency event.

August 2021

- ### Hurricane Ida

  Hurricane Ida made landfall near Port Fourchon, Louisiana on August 29, 2021 as a category 4 storm. Ida then moved inland, bringing catastrophic winds, heavy rainfall, and tornadoes, along with flash and urban flooding plus life-threatening storm surge along the coasts of Louisiana, Mississippi, and Alabama. The storm devastated Louisiana's power grids, knocking out electricity to more than one million customers, including all of New Orleans.

  The Network issued a Tropical Storm Alert to all facilities in Louisiana on August 27, 2021 and activated its emergency management team and 1-800 patient hotline prior to the storm making landfall. The Network assisted with the placement of patients in facilities inside and out of Louisiana, collected the open/closed status of facilities and provided ESSR reports produced by KCER to other stakeholder organizations including the Louisiana Department of Health and Regional and Parish Emergency Operation Centers (EOCs).

  Network support activities continued until all patients were accounted for and all of the dialysis facilities in the affected area determined they would be closed long-term for reconstruction or were reopened. The Network participated in the KCER After Action Report (AAR) and hotwash call related to the ESRD community's response to the event.

ACRONYM LIST APPENDIX

This appendix contains an acronym list created by the KPAC (Kidney Patient Advisory Council) of the National Forum of ESRD Networks. You can access the acronym list on The National Forum of ESRD Networks website. We are grateful to the KPAC for creating this list of acronyms to assist patients and stakeholders in the readability of this annual report. We appreciate the collaboration of the National Forum of ESRD Networks especially the KPAC.