

ESRD NETWORK 2022 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 18
Task Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.

ESRD Network 18

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ESRD DEMOGRAPHIC DATA

ESRD Network 18

As part of the Health Services Advisory Group (HSAG) team, Network 18 works with patients, dialysis facilities and transplant centers in thirteen counties in Southern California to improve the quality of care and quality of life for ESRD patients. HSAG has held the Network 18 contract since June of 2021.

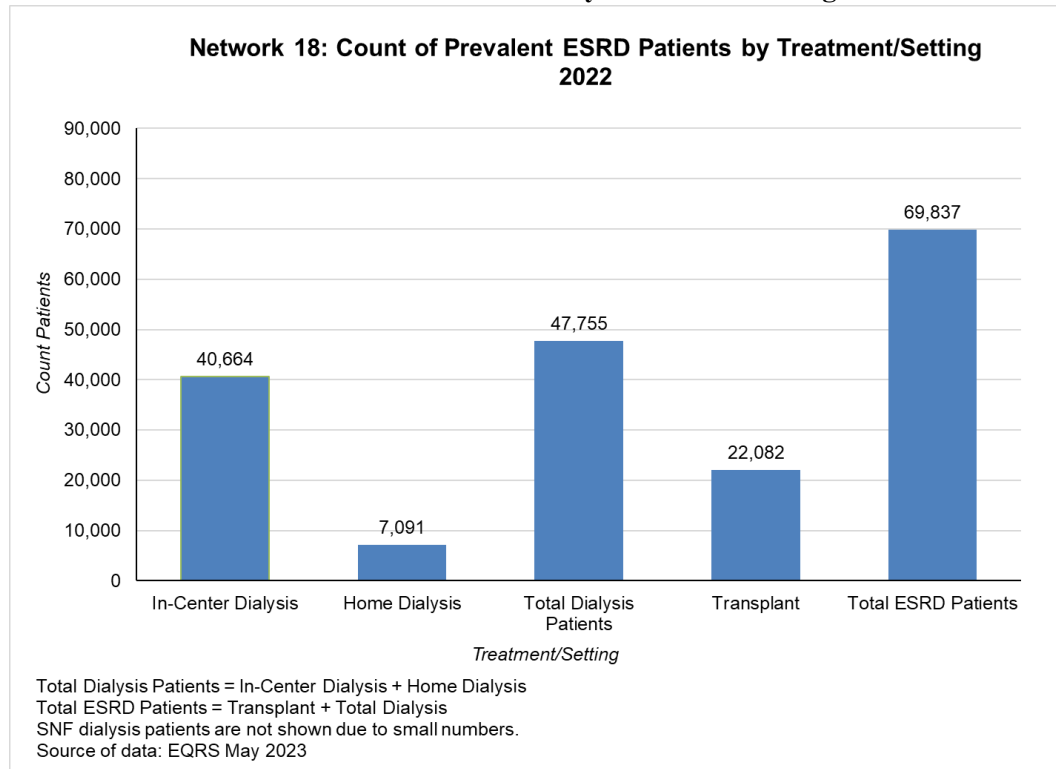
Geography and General Population

Network 18 has a combined estimated general population of 24.1 million according to the U.S. Census estimates as of July 2022¹. The service area is very diverse with rural farming areas and sparsely populated remote desert and mountain areas, as well as densely populated cities.

ESRD Population

As of December 31, 2022, there were 47,755 dialysis patients and 2,082 transplant patients, for a total of 69,837 patients with ESRD in the Network 18 service area. (See Chart A) The Network saw a total of 10,365 individuals newly diagnosed with ESRD in 2022. (See Chart B) Of these patients, 14.5% (1,510) were home patients and 2.0% (217) received a transplant. As of December 31, 2022, Network 18 comprised 9.4% of the total national prevalent dialysis patient population and 8.1% of the national incident patient population. (see Charts C and D)

Chart A: Count of Prevalent ESRD Patients by Treatment/Setting 2022



¹ <https://www.census.gov/quickfacts/>

Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2022

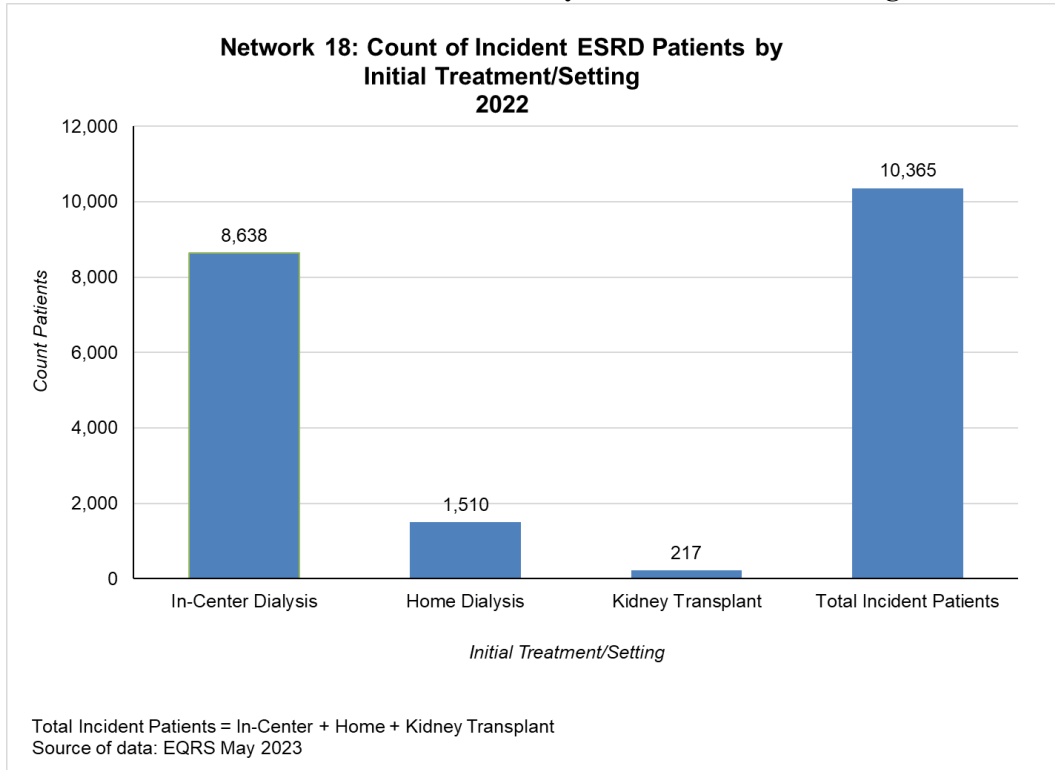


Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2022

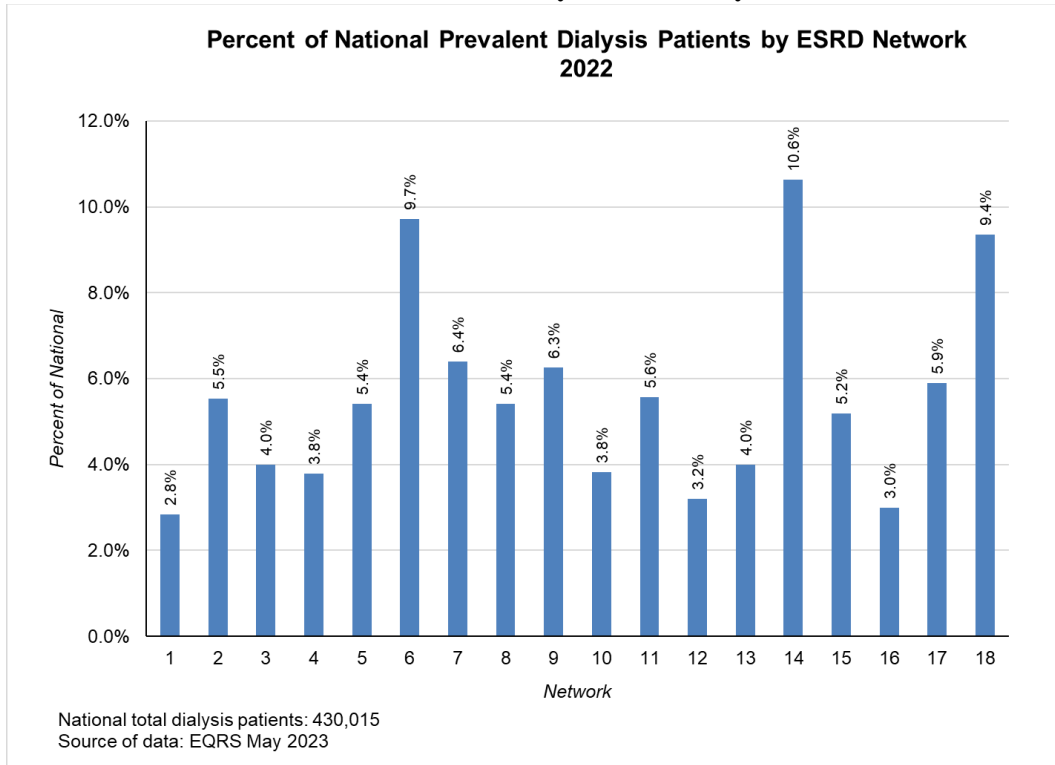
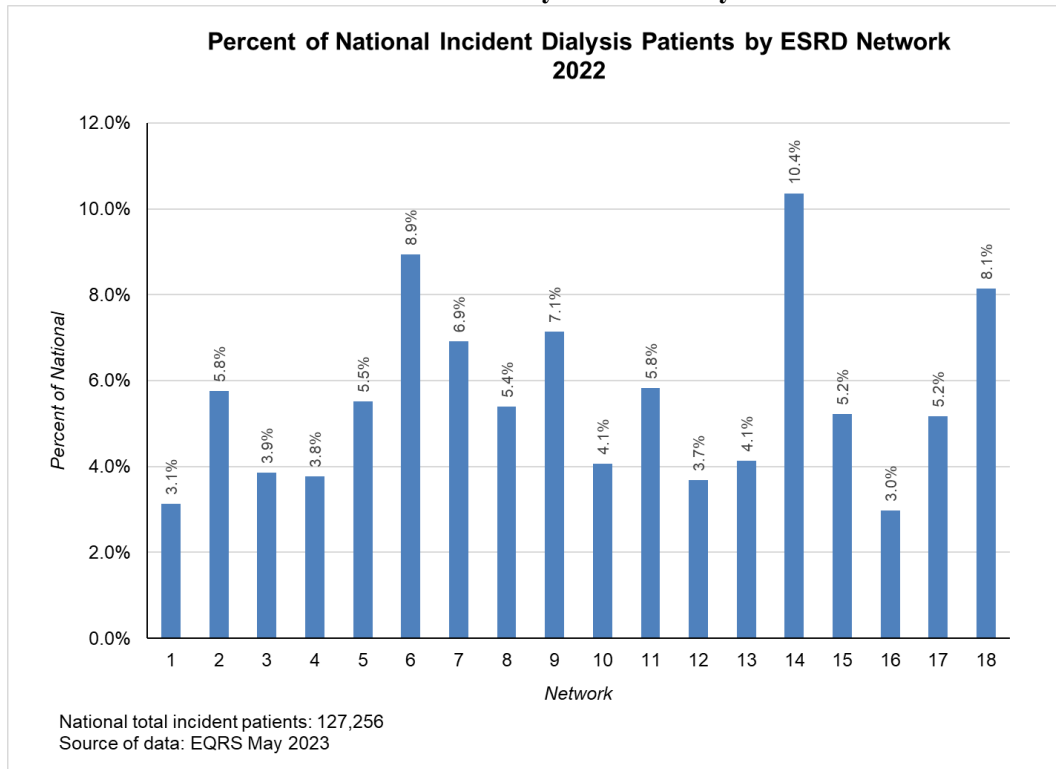


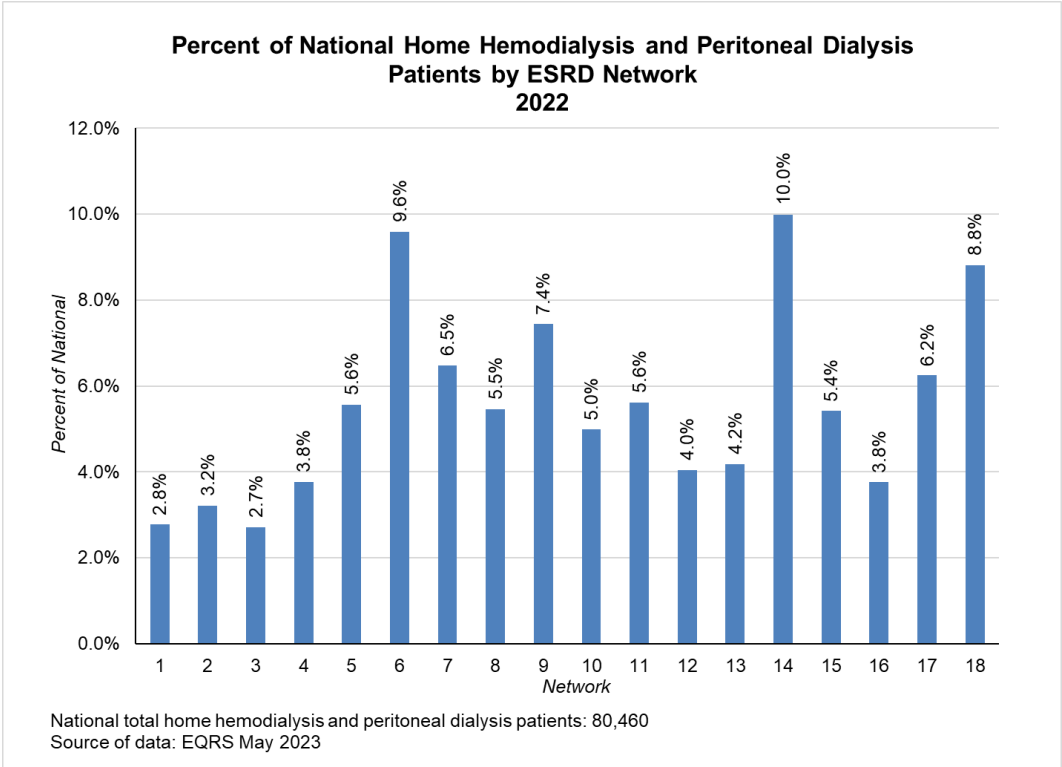
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2022



Dialysis Treatment Options

As of December 31, 2022, 85.1% of dialysis patients in Network 18 were receiving in-center hemodialysis (ICHD) treatments and 14.8% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD). (See Chart A) Nationally, the Network comprised 8.8% of all HHD, CCPD, and CAPD patients. (See Chart E)

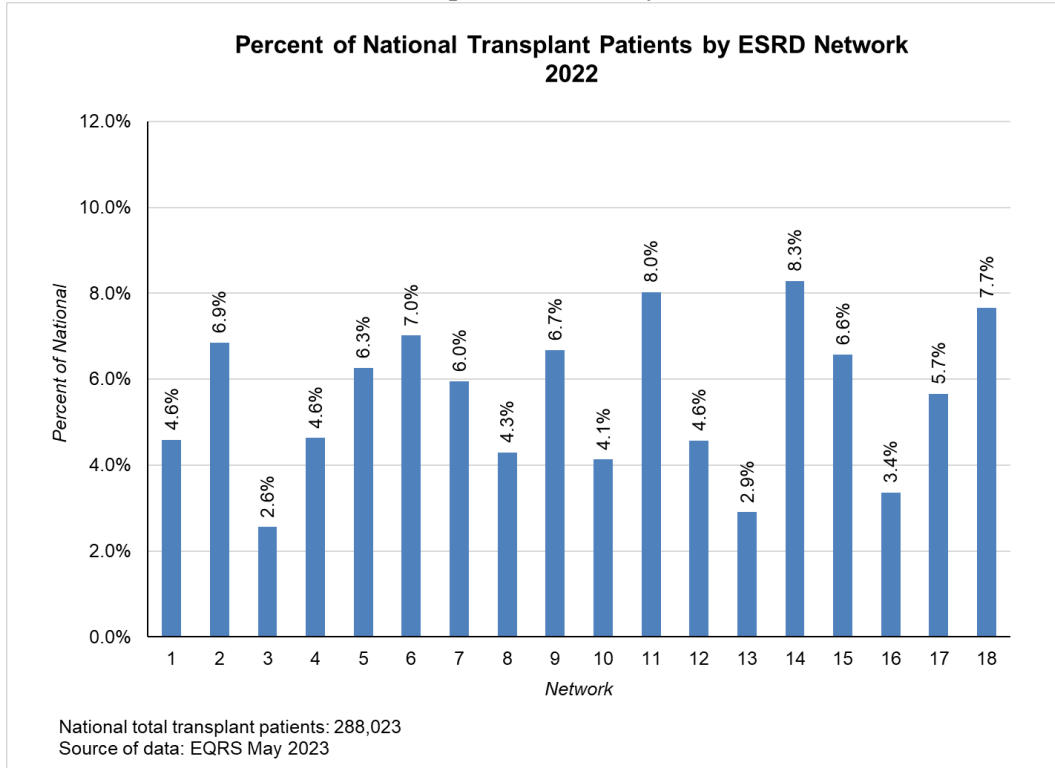
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2022



Transplant

During 2022, transplants were completed by 14 transplant centers in the Network 18 service area. As of December 31, 2022, there were 288,023 transplant patients nationally, of which 7.7% were in Network 18. (See Chart F)

Chart F: Percent of National Transplant Patients by ESRD Network 2022



ESRD Facilities

As of December 2022, Network 18's service area included a total of 483 ESRD facilities, including 469 dialysis facilities and 14 transplant facilities. (See Chart G) Nationally, Network 18 comprised 5.9% of all dialysis facilities (See Chart H) and 6.1% of all transplant facilities. (see Chart I)

Chart G: Count of Medicare-Certified Facilities by Treatment/Setting 2022

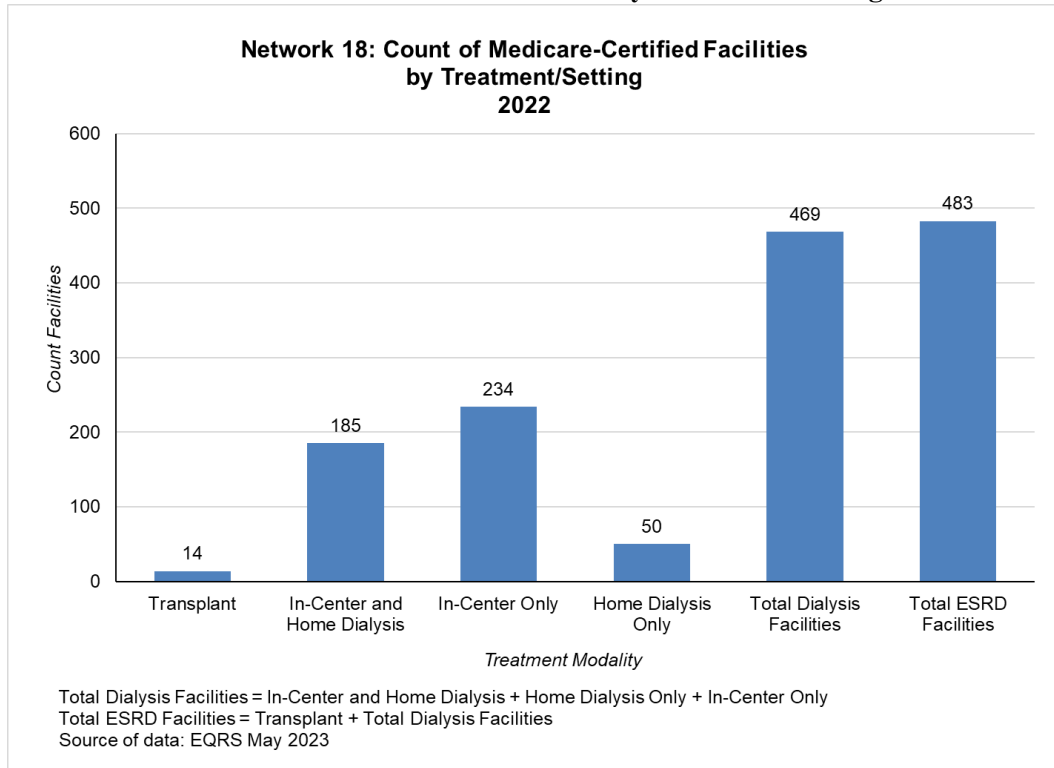


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2022

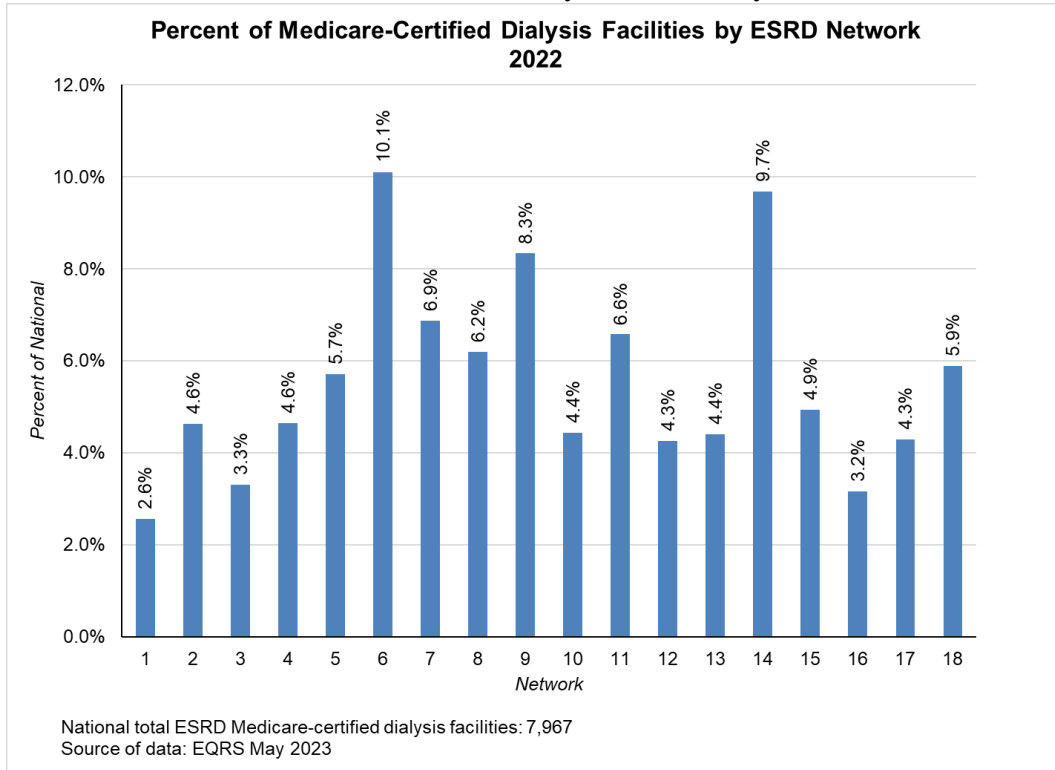
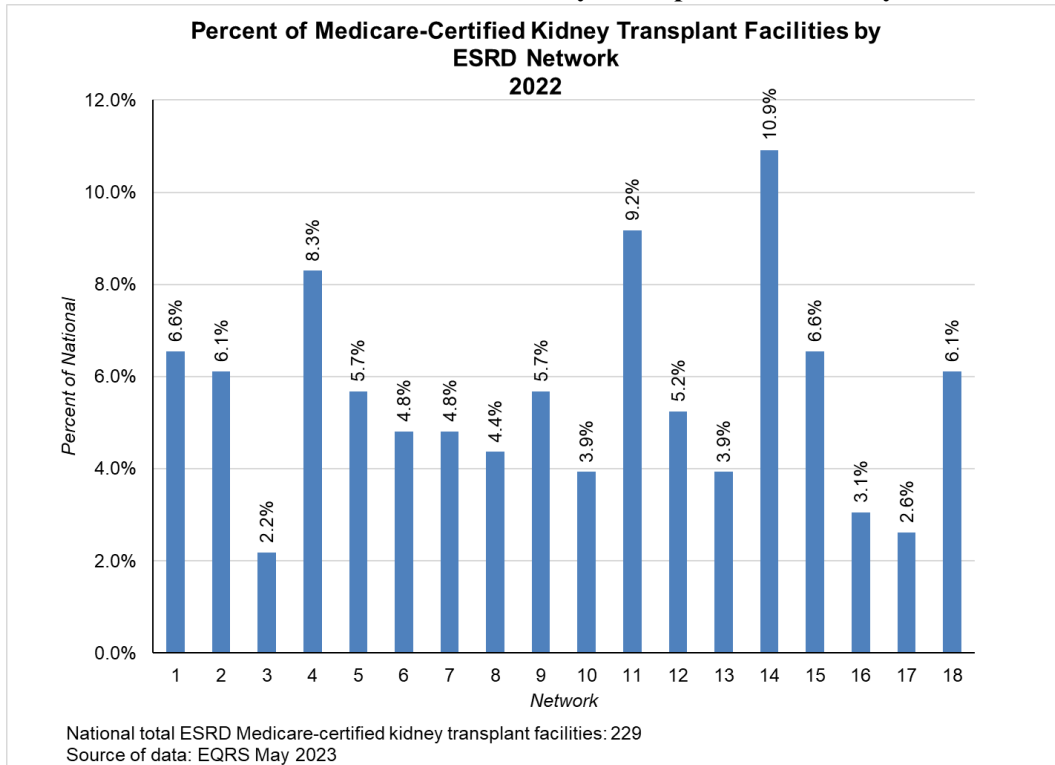


Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2022



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 include more complex clinical related grievances and are addressed through records review. According to Chart J below, from May 2022- April 2023, 7% of contacts to the Network were for grievances, including 4% for immediate advocacy, 2% for clinical area of concern, and 1% for general grievances.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 62% of all contacts to the Network for May 2022-April 2023. Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

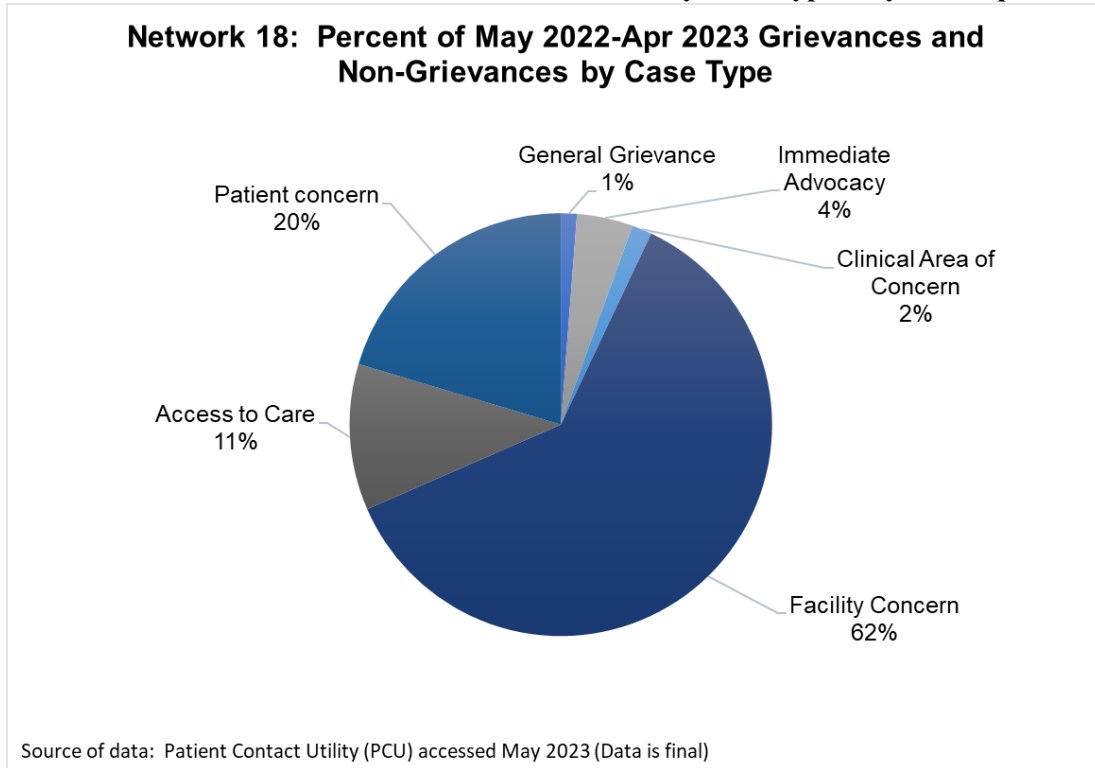
Patient Concerns

Patient concerns are general concerns or questions that patients contact the Network to discuss but are not formal complaints they want the Network to address with a facility. Patient concerns accounted for 5% of contacts to the Network from May 2022-April 2023.

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 11% of contacts to the Network from May 2022- April 2023.

Chart J: Percent of Grievances and Non-Grievances by Case Type May 2022-April 2023



ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist & Transplanted QIA May 2022-April 2023 Goal and Outcomes

The Transplant QIA implemented May 2022-April 2023 included two goals:

- Achieve a 5% increase in the number of patients added to a kidney transplant waiting list by April 2023, using calendar year 2020 as a baseline.
- Achieve a 6% increase in the number of patients receiving a kidney transplant by April 2023, using calendar year 2020 as a baseline.

By April 2023, the number of patients added to a transplant waitlist was 2,467, which exceeded the goal of 1,933 by 24%. (See Chart K) The number of patients receiving a transplant was 1,698, which exceeded the total goal of 1,495 by 13.6%. (See Chart L)

Barriers

Barriers to meeting the QIA goals included:

- Lack of a structured communication process between the dialysis facilities and transplant centers to readily track and expedite the flow of information.
- Long waits for scheduled appointments needed to complete the evaluation process.
- Multiple transplant centers with wide variety of referral processes and eligibility criteria leading to confusion for dialysis facility staff and patients.
- Facility and transplant center staff limitations with implementing new interventions due to the COVID-19 pandemic.
- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.

Interventions

Interventions implemented included:

- Engaging transplant centers on clarifying their waitlist and referral processes.
- Tracking and documenting each patient's referral, evaluation, and movement through the steps to being added to the transplant waitlist.
- Utilizing Network developed tracking forms that involve IDT feedback during QAPI meetings to review barriers, set facility goals and track progress
- Engage and involve LDO leadership to encourage facility participation and facilitate spread of best practice
- Providing the following resources for facilities to use for on-going education of staff and patients related to transplant:
 - [ESRD NCC](#) Transplant Change Package
 - [Kidney Transplant Hub](#) resources for patients

Best Practices

Best practices identified from the QIA included:

- Procuring relationships with transplant coordinators to effectively communicate and collaborate regarding patient referrals, evaluation support, and waitlisting.
- Involving the entire team in educating and supporting patients during their transplant journey to manage issues and provide encouragement during the long process of waitlisting and staying prepared for transplant.
- Provide case management to assist patients with their specific barriers and collaborate with transplant center staff for mitigation strategies
- Provide patients with support to know who their transplant center coordinator is and how to contact them
- Facilitating engagement between transplant mentors and patients to increase patient interest in transplant and motivate patients to follow through with the process of referral and evaluation.

Chart K: Count of Patients Added to the Transplant Waiting List May 2022-April 2023

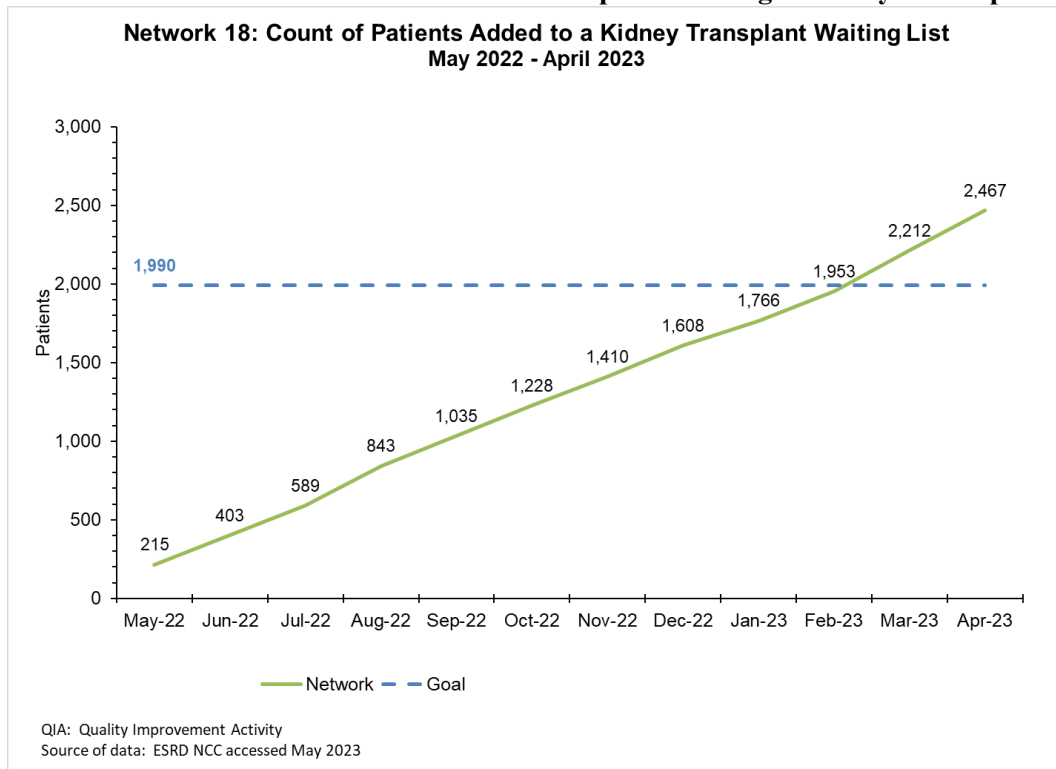
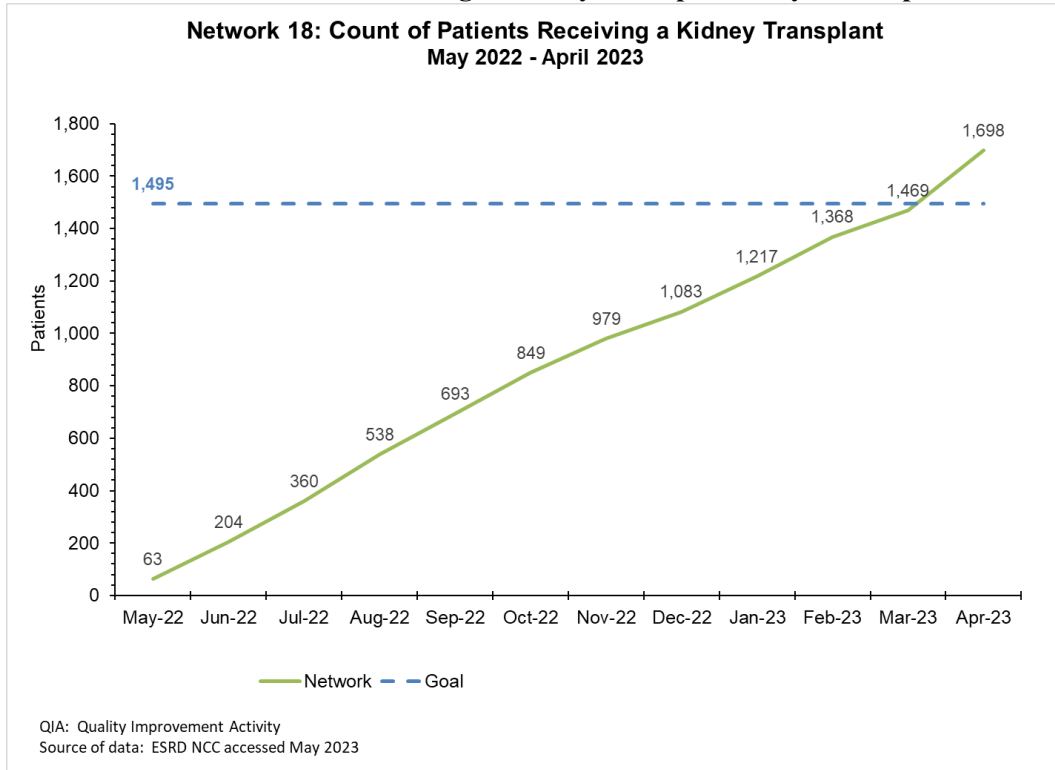


Chart L: Count of Patients Receiving a Kidney Transplant May 2022-April 2023



Home Therapy QIA May 2022-April 2023

Goals and Outcomes

The Home Therapy QIA that was implemented May 2022-April 2023 included two goals:

- Achieve a 20% increase from the 2020 baseline in the number of incident ESRD patients that start dialysis using a home modality by April 2023.
- Achieve a 6% increase from the 2020 baseline in the number of prevalent ESRD patients that move to a home modality by April 2023.

By April 2023, the Network achieved 71.0% of the goal for incident patients starting on home dialysis and 94.2% of the goal for moving prevalent patients to a home modality. (See Charts M and N)

Barriers

Barriers to meeting QIA goals included:

- Pandemic related staffing shortages at dialysis facilities.
- Patients having to be referred to another facility and long wait times to train due to the lack of home nurses.
- Lack of physicians advocating for home dialysis, providing early education to patients, and offering patients the option to start dialysis on a home modality.
- Lack of education provided to in-center dialysis staff about home dialysis in order to develop a “home dialysis” culture at the facility.
- Home dialysis staff’s inability to host educational Lobby Days due to the COVID-19 pandemic.
- Patient resistance to changing modalities.

Interventions

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

- Collaborating with corporate leadership to engage a cohort of facilities in one Large Dialysis Organizations (LDO) for the QIA, per community coalition recommendations.
- Promoting communication between physicians, and in-center and home dialysis program staff to establish early education of patients regarding home modalities.
- Providing patient educational resources for use by physicians in their offices, hospitals and acute dialysis programs.
- Collaborating with a home dialysis program to provide in-person or 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.
- Implementing an “All Team” approach by creating a process to educate staff so they can talk with patients and discussing progress during the monthly QAPI meetings.
- Identifying an in-center Home Champion to educate patients and bridge the transition for patients to the home program.
- Ensuring collaboration between the in-center dialysis facilities and home programs for continuity of patient education and care.
- Collaboration between home program staff and Nephrologists to assist with providing early education to office patients.
- Educating patients and staff using the ESRD NCC patient booklet, *Uncovering Myths About Home Dialysis: Myth vs. Reality* and the patient videos for peer to peer messaging found on the [Home Dialysis Central website](#).
- Sharing resources and information with physicians to encourage early patient referrals to home dialysis.
- Using the [ESRD NCC Peer Mentoring Resources](#) for recruiting and training a patient peer mentor to discuss home dialysis with interested patients.

Chart M: Count of Incident Patients Starting Dialysis Using a Home Modality (May 2022-April 2023)

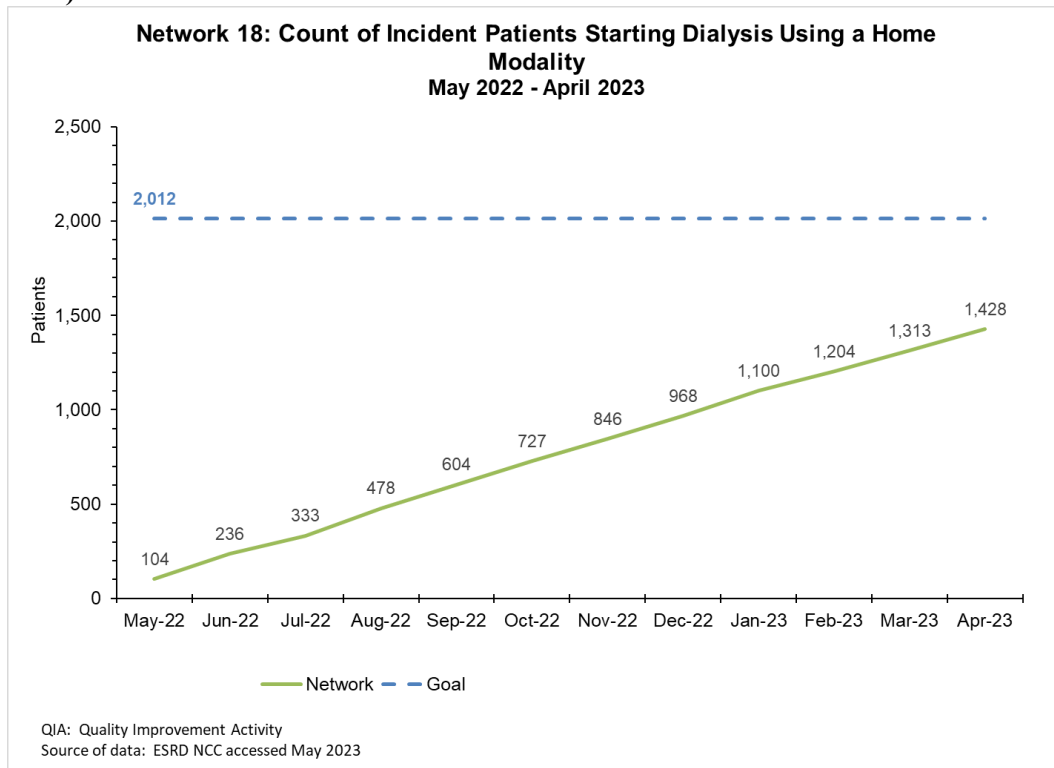
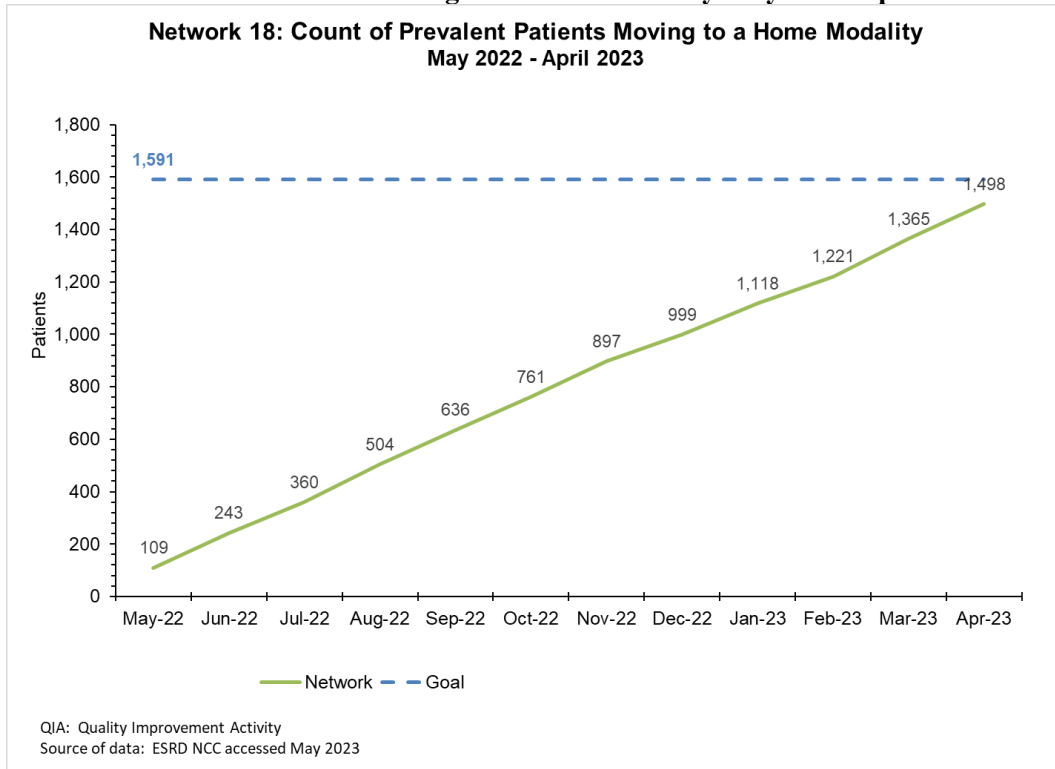


Chart N: Prevalent Patients Moving to a Home Modality May 2022-April 2023



Telemedicine QIA May 2022-April 2023

Goals and Outcomes

The goal of the Telemedicine QIA was to increase the number of rural ESRD patients using telemedicine to access a home dialysis by 5% by April 2023. The Network achieved 100% of the QIA goal with two patients using telemedicine by April 2023. (See Chart O)

Barriers

Barriers for the QIA included:

- Staff not tracking monthly telehealth visits with home dialysis patients.
- Lack of reporting of patient telemedicine visits by facilities in EQRS.

Interventions

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

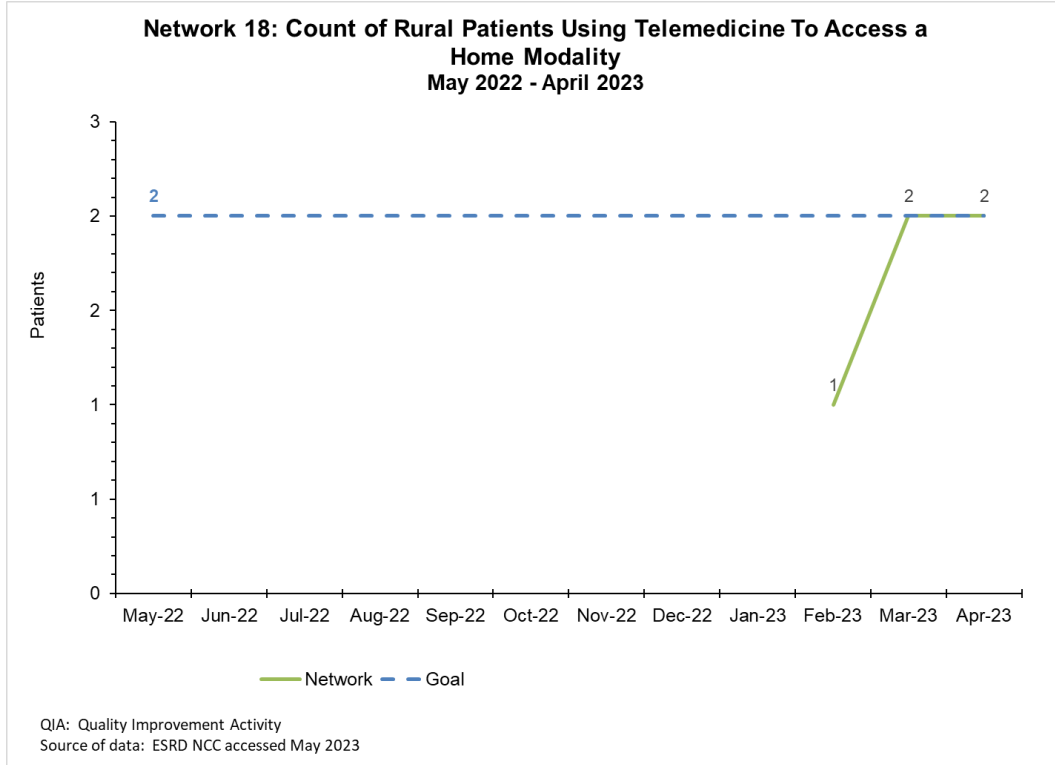
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information to all facilities regarding how to report telemedicine visits in EQRS, including a step by step guide to reporting.
- Reminding staff about the definition of telehealth as it relates to the QIA and tracking monthly activities.

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).
- Using the Telehealth Tip Sheet created by the Network with FAQ's for documenting monthly visits.

Chart O: Count of Rural Patients Using Telemedicine to Access a Home Modality May 2022-April 2023



Improving Transitions of Care QIA May 2022-April 2023 [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 5% by April 2023:

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

The Network did not remain under the upper limit rate set for inpatient admissions, 30-day unplanned readmissions, or ED visits. (See Charts P, Q, R)

Barriers

Barriers to achieving the QIA goals included:

- Dialysis facility staffing shortages preventing patients' from being able to get extra dialysis treatments if they have fluid challenges.
- New dialysis facility staff being unfamiliar with a patient's baseline status, symptomology, and past medical history.
- Patient belief that going to the hospital is the most effective way to get treatment for conditions that could be addressed as an outpatient.
- Patient and staff educational needs regarding:
 - The benefits of patients remaining out of the hospital.
 - Comorbid condition follow-up.
 - Patients who use the hospital emergency room for routine dialysis care and do not communicate with dialysis facility staff about care goals.
 - Utilizing outpatient providers when available and appropriate.
- Patient treatment nonadherence with frequent reports of patient refusal to dialogue about plan of care to adjust or alter dialysis plan.

Interventions

Dialysis facility interventions for the QIA included:

- Conducting a facility specific root cause analysis (RCA) and developing an action plan to address the biggest area of opportunity related to unplanned hospital use.
- Reviewing available data to identify trends and opportunities for improvement related to the reasons for hospitalizations.
- 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.
- Addressing nonadherent patients with open communication and motivational interviewing.

- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.

Best Practices

Best practices identified by QIA 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.
- Communicating with hospital discharge planners.
- 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.
- Providing case management to patients who are high utilizers of hospital services.

Chart P: Rate of ESRD-Related Hospital Admissions per 100 Patient-months May 2022-April 2023

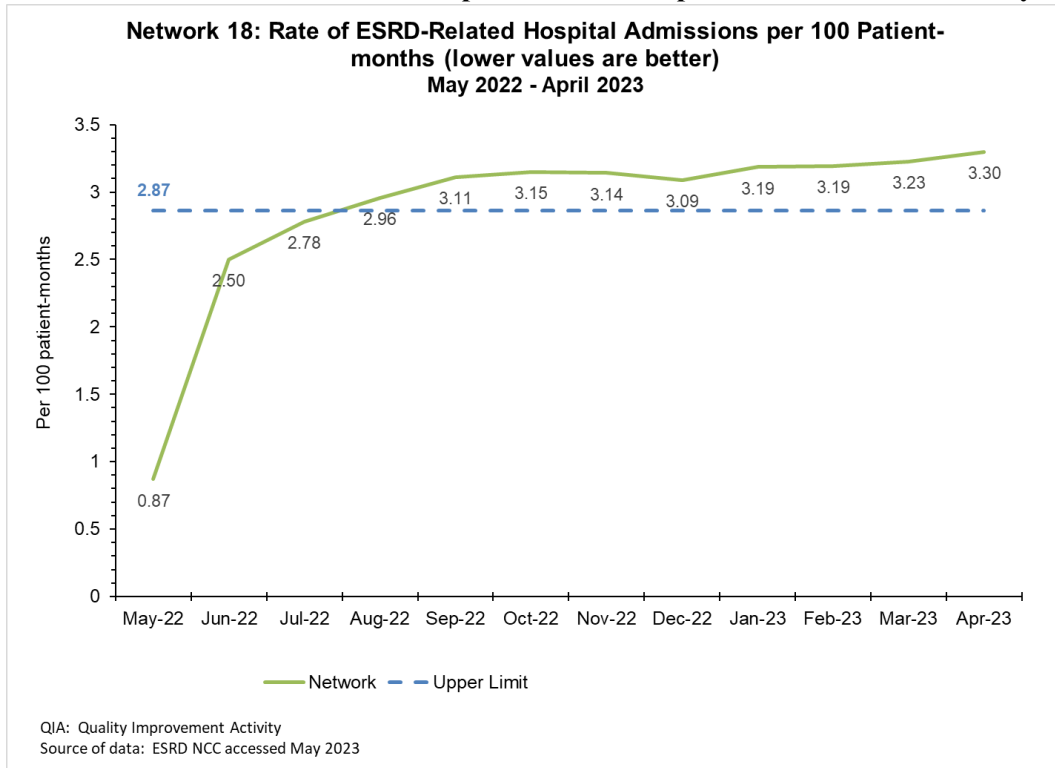


Chart Q: Percent of Hospital 30-Day Unplanned Readmissions May 2022-April 2023

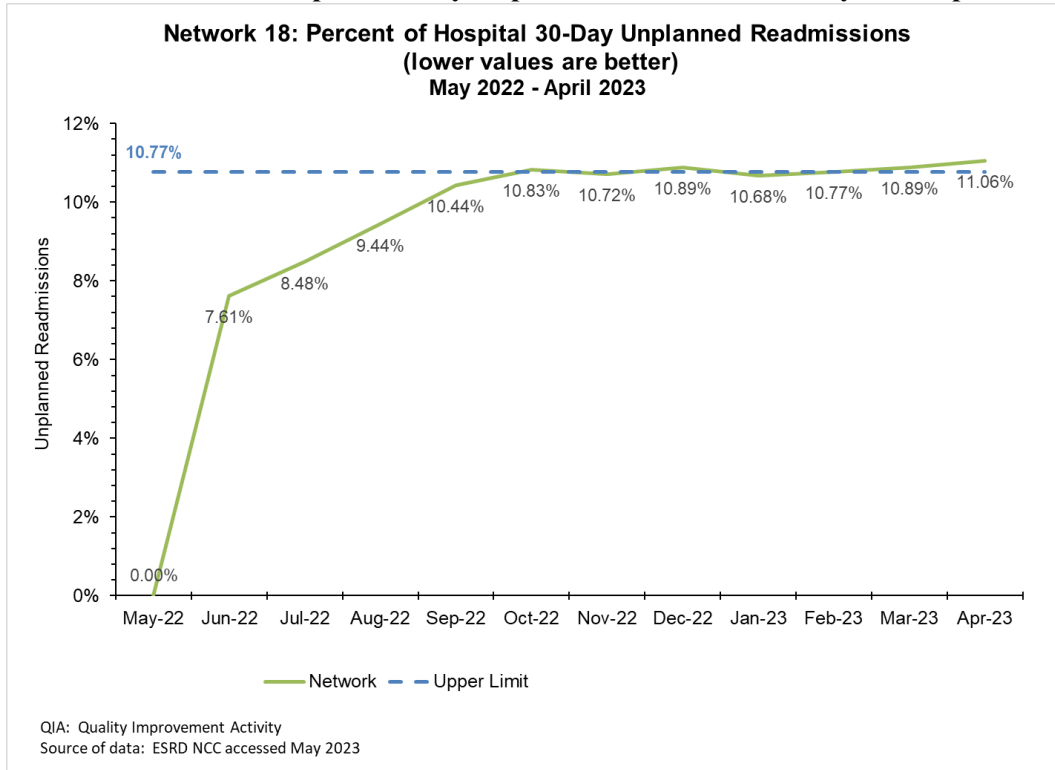
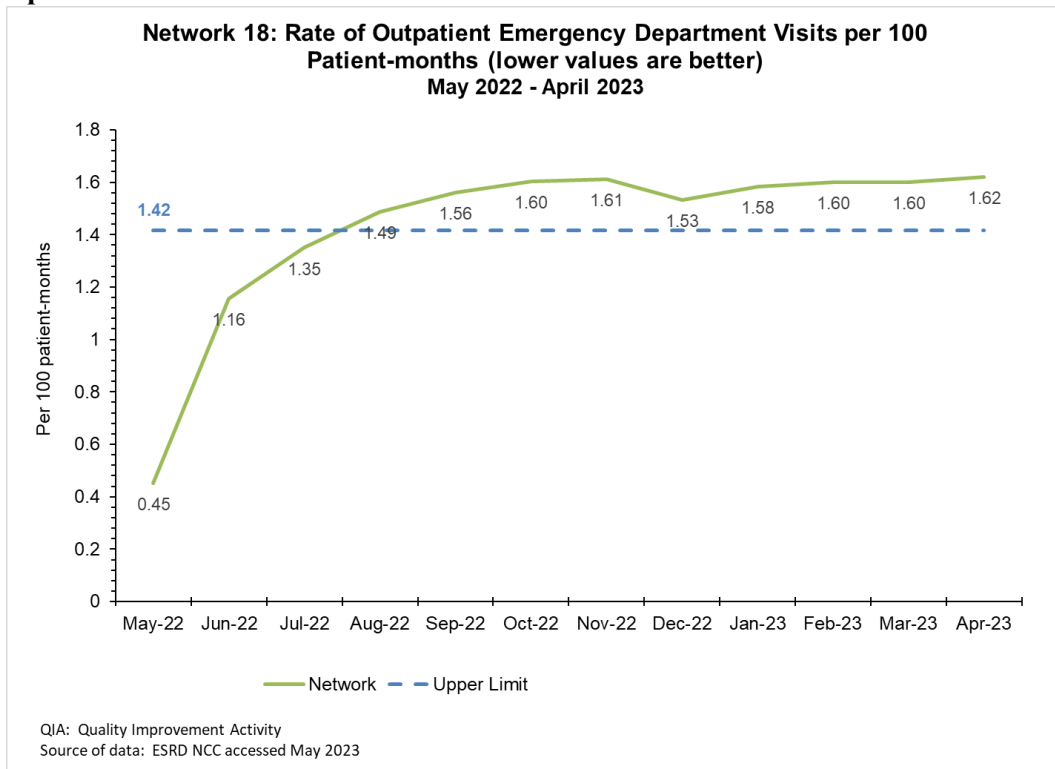


Chart R: Rate of Outpatient Emergency Department Visits per 100 Patient-months May 2022-April 2023



Reducing COVID-19 Related Hospitalizations May 2022-April 2023

Goals and Outcomes

From May 2022 to April 2023, the Network focused on reducing COVID-19 hospitalizations by 25% from the baseline. The Networks upper limit for the QIA goal was set as 2,625 admissions. The Network remained under the limit and only experienced 1,591 admissions during the QIA, which was a relative decrease of 54.54% from baseline. (See Chart S)

Barriers

Barriers to achieving the QIA goal included:

- Dialysis facility staffing shortages in COVID-19 cohort facilities.
- Availability of outpatient interventions for patients at higher risk for complications related to COVID-19.
- Vaccination hesitancy.
- Patients, facility staff and the general public returning to not wearing masks and not practicing social distancing.

Interventions

Interventions for the QIA included:

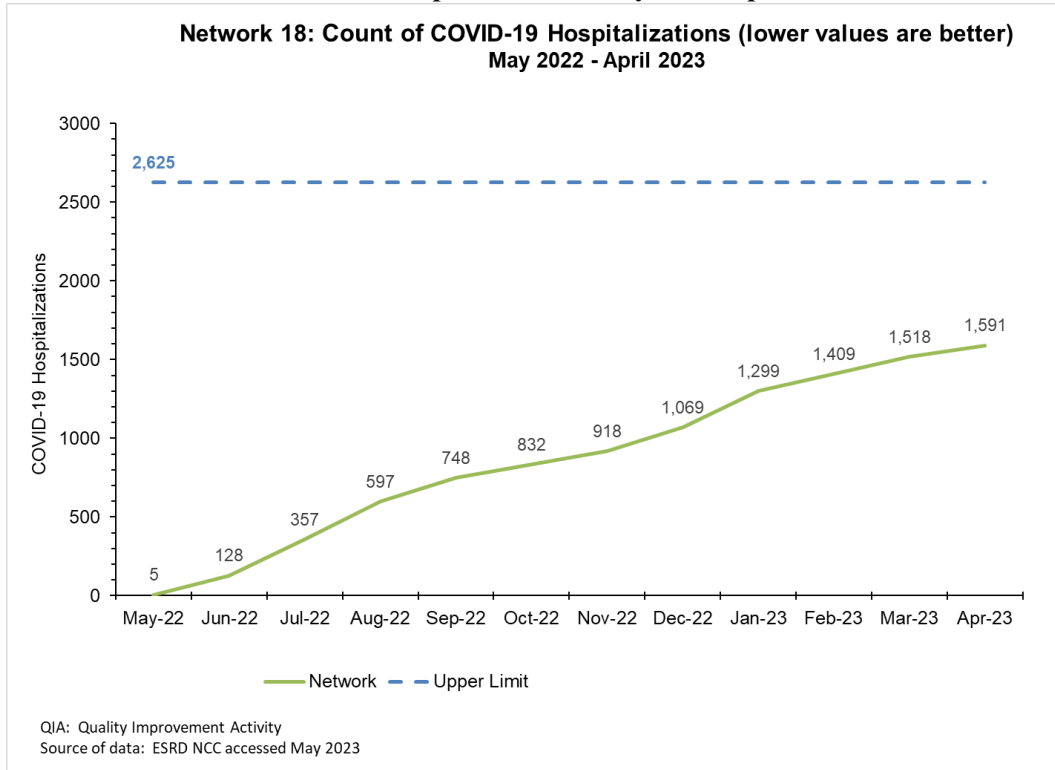
- Reviewing available data to identify facilities with increases in cases and providing focused technical assistance to address barriers.
- Sharing patient and staff educational resources and tools.
- Discussing response plans and interventions for implementation with dialysis facility corporate leadership.
- Promoting the *Vaccination Change Package*.

Best Practices

Best practices identified throughout the QIA by facilities included:

- 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.
- Using motivational interviewing strategies provided by the Network with patients and staff that are hesitant to be vaccinated.
- Utilizing the *Vaccination Change Package*.
- Improving processes for tracking which patients received the COVID-19 vaccination in the facility or elsewhere.
- Re-engaging patients and staff regarding vaccinations and boosters.

Chart S: Count of COVID-19 Hospitalizations May 2022-April 2023



COVID-19 Vaccinations for Patients and Staff QIA May 2022-April 2023

Goals and Outcomes

The QIA focused on the following goals:

- Achieve a COVID-19 patient vaccination rate of 80% by April 2023.
- Achieve a COVID-19 patient booster vaccination rate of 80% by April 2023.
- Achieve a COVID-19 staff vaccination rate of 100% by April 2023.
- Achieve a COVID-19 staff booster vaccination rate of 100% by April 2023.

The Network provided resources and best practices to all facilities and used available data to identify low performers for focused technical assistance. By April 2023, the Network achieved a COVID-19 patient vaccination rate of 75.34% and a patient booster vaccination rate of 73.97% (See Charts T and U). For COVID-19 staff vaccinations, a rate of 92.87% was achieved with a booster rate of 86.97%. (See Charts V and W)

Barriers

Barriers to achieving the QIA goals include:

- Tracking vaccinations received by patients and staff outside the facility.
- Facilities decreased the frequency that vaccinations were offered over time.
- Patient and staff hesitancy and refusal based on religious and/or personal beliefs.
- 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 vaccines.
- Trust barriers caused by the everchanging scientific-based information provided to the public for the different COVID-19 vaccines.
- Data reporting issues.
- Staffing shortages.

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.
- Implementing the *Vaccination Change Package*.

Best Practices

Best practices identified from 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.
- Identifying change ideas for the facility’s action plan from the *Vaccination Change Package*.

Chart T: Percent of Dialysis Patients Receiving a Primary COVID-19 Vaccination Series May 2022-April 2023

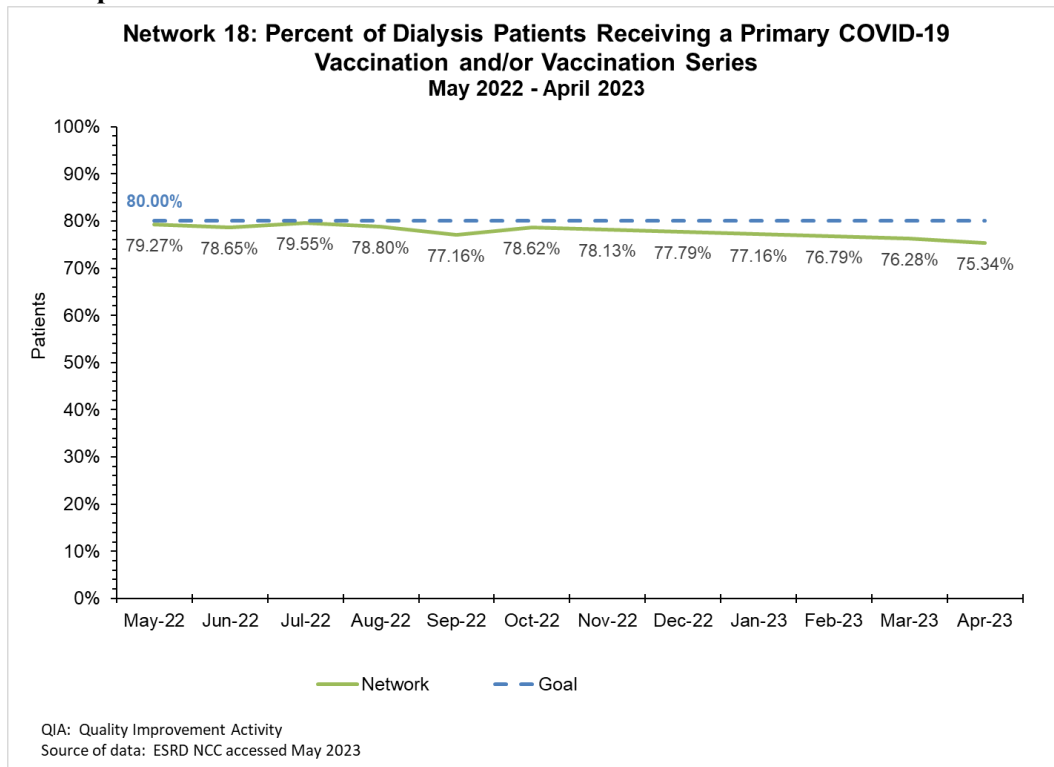


Chart U: Percent of Fully Vaccinated Dialysis Patients Receiving COVID Vaccination Booster May 2022-April 2023

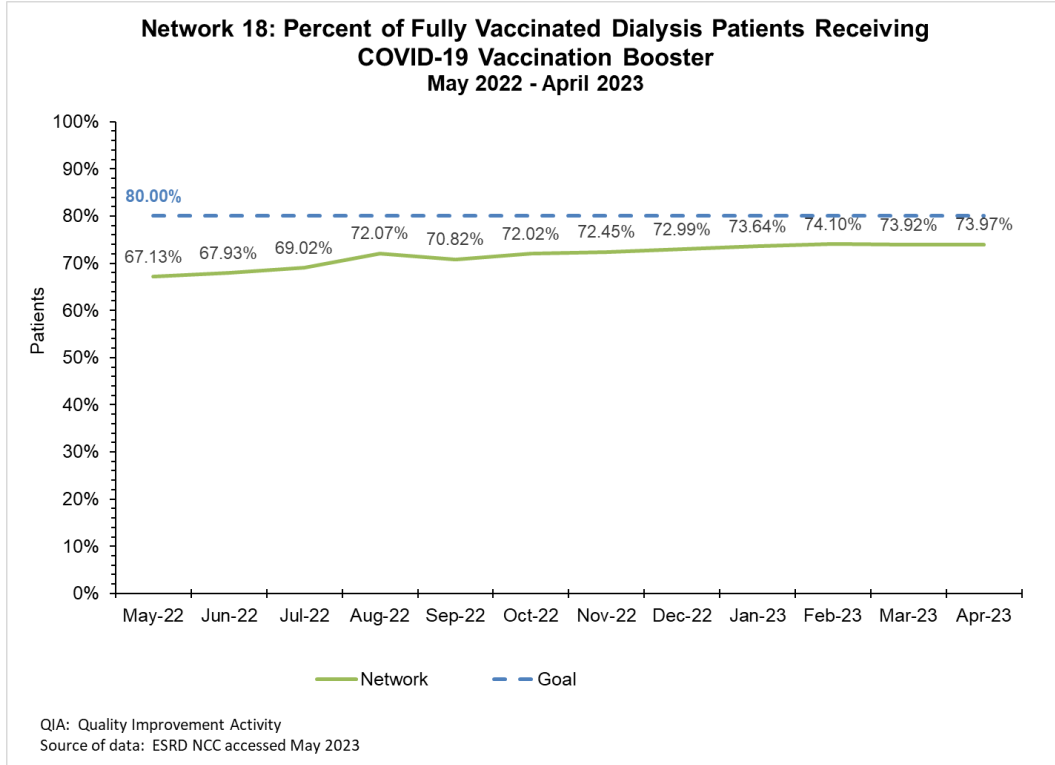


Chart V: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination Series May 2022-April 2023

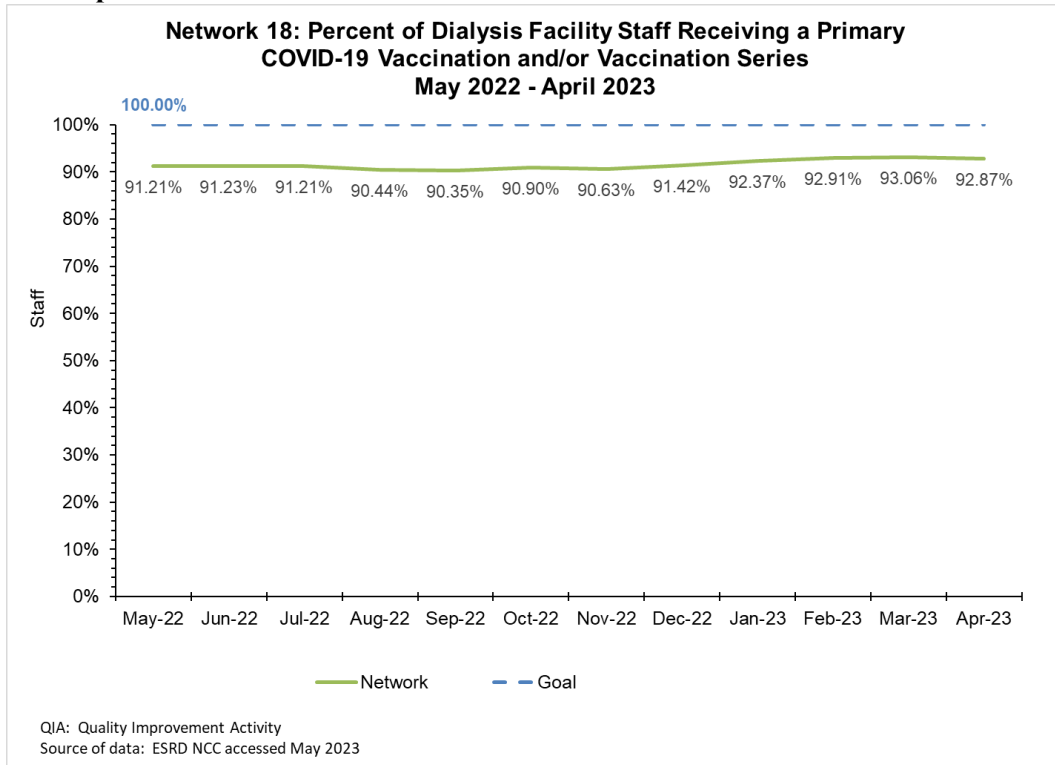
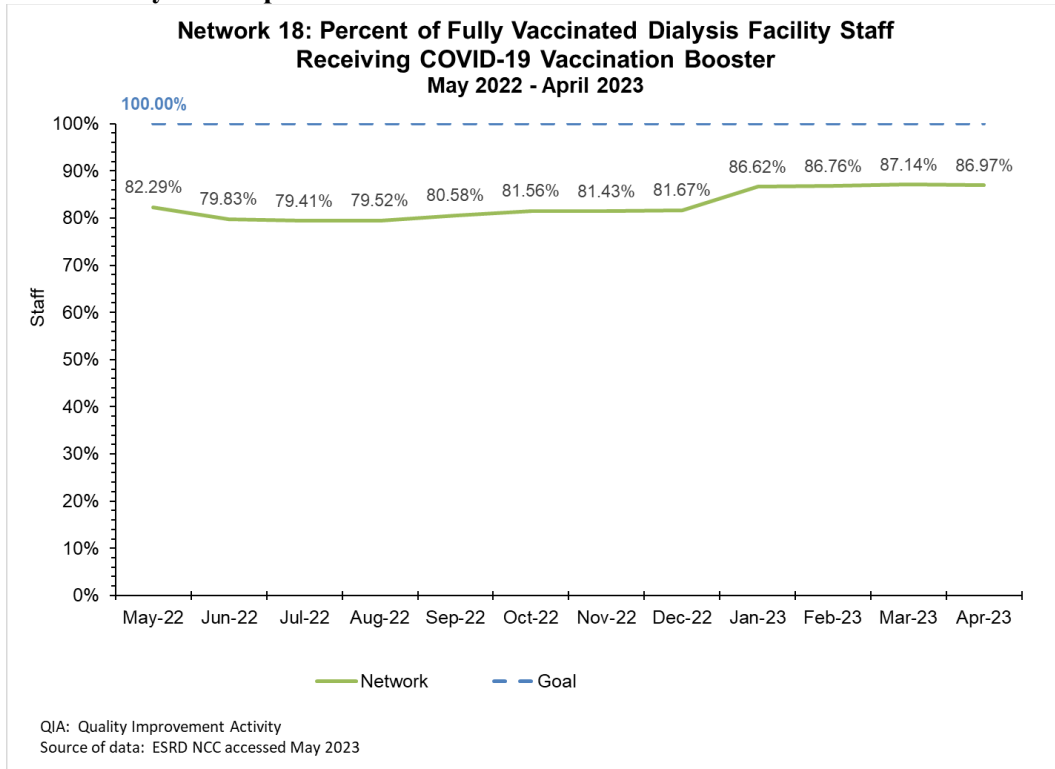


Chart W: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID Vaccinations Booster May 2022-April 2023



Influenza Vaccination QIA May 2022-April 2023

Goals and Outcomes

The two primary goals of the QIA were to:

- Achieve a patient influenza vaccination rate of 90% by April 2023.
- Achieve a facility staff influenza vaccination rate of 90% by April 2023.

By April 2023, 77.75% of patients received an influenza vaccination. Reporting of staff vaccinations was limited and reflected 38.78% of staff vaccinated for influenza by April 2023. (See Charts X and Y)

Barriers

Barriers to achieving the QIA goals included:

- Tracking patients and staff who received the influenza vaccine externally from the dialysis facility.
- Patient and staff hesitancy and refusal due to personal, religious, or political beliefs.
- Data reporting challenges including changes to facility batching processes, 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 manual reporting and collaborating with corporate dialysis leadership to improve batch reporting of vaccinations in EQRS.
- Promoting use of the *Vaccination Change Package*.

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 facilities to assist them with instructions for entering vaccinations in EQRS.
- Using change ideas from the *Vaccination Change Package* for the facility action plan.

Chart X: Percent of Dialysis Patients Receiving an Influenza Vaccination May 2022-April 2023

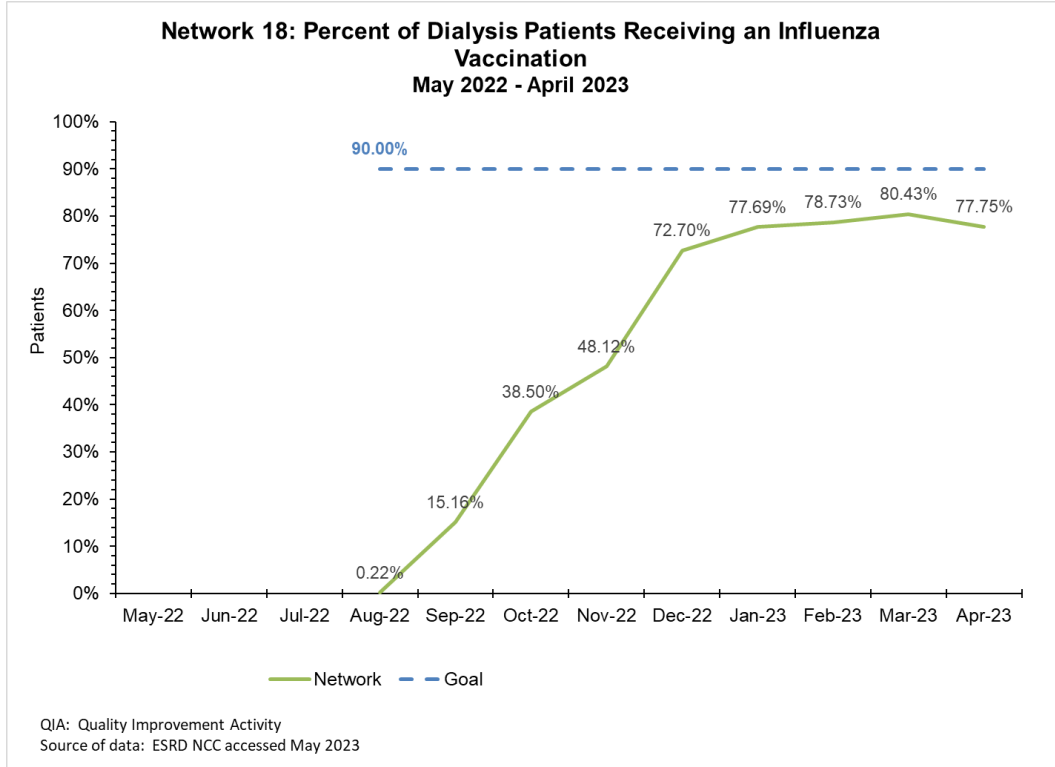
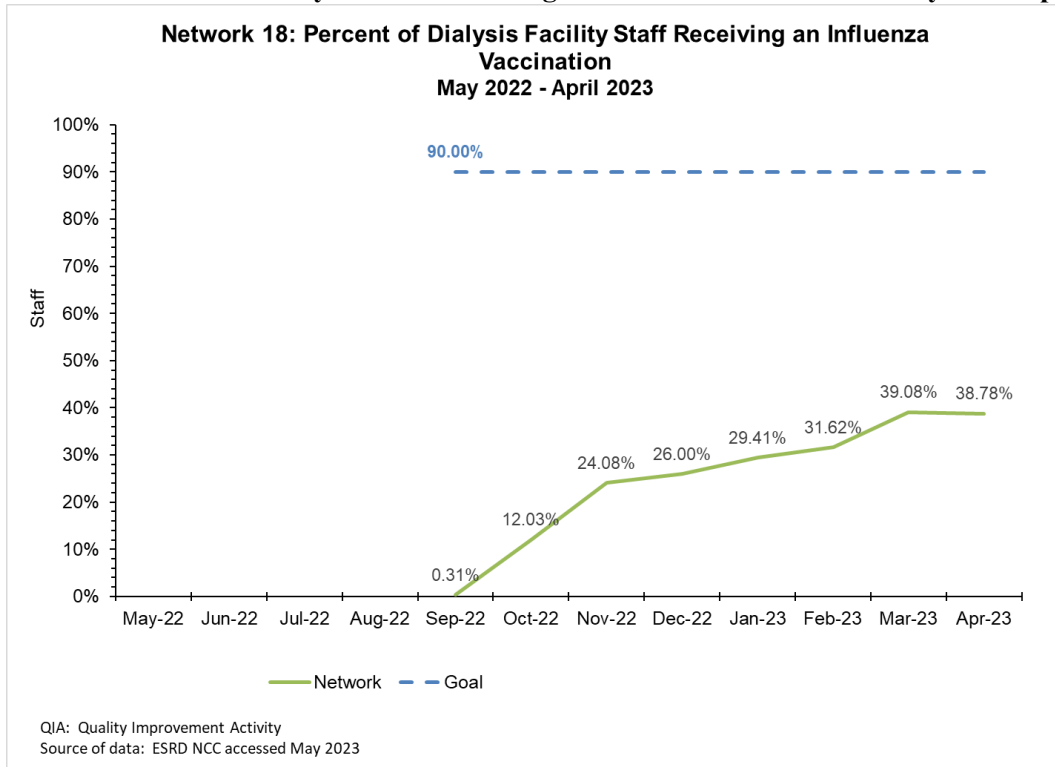


Chart Y: Percent of Dialysis Staff Receiving an Influenza Vaccination May 2022-April 2023



Pneumococcal Vaccinations (PCV13 & PPSV23) QIA May 2022 – April 2023

Goals and Outcomes

The goals of the QIA included:

- Achieving a 10% increase in ESRD patients receiving a Pneumococcal Conjugate vaccination 13 (PCV13) by April 2023.
- Achieving 90% of ESRD patients receiving a Pneumococcal Polysaccharide 23 (PPSV 23) vaccination by April 2023.
- Achieving a 10% increase in ESRD patients receiving a PPSV 23 booster vaccination by April 2023.
- Achieving 85% of ESRD patients over the age of 65 receiving a PPSV 23 vaccination by April 2023.

By April 2023 the Network achieved 103.4% of the PCV13 goal, with 23,064 patients being vaccinated (See Chart Z). The Network achieved 79.3% of patients receiving an initial PPSV 23, 71.65% of patients receiving a PPSV 23 booster vaccination, and 72.03% of patients, over the age of 65, receiving a PPSV 23 by April 2023. (See Charts AA, BB, CC)

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.
- Facilities reported they were no longer using PCV13/PPSV23 and converting to Prevnar 20 or 15.

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. TA calls to individual facilities that were experiencing reporting barriers and or were low performers.
- Sharing the Network provided Vaccination Change Package.

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.
- Utilization of the Network provided Vaccination Change Package.

Chart Z: Count of ESRD Patients Receiving PCV 13 Vaccination May 2022-April 2023

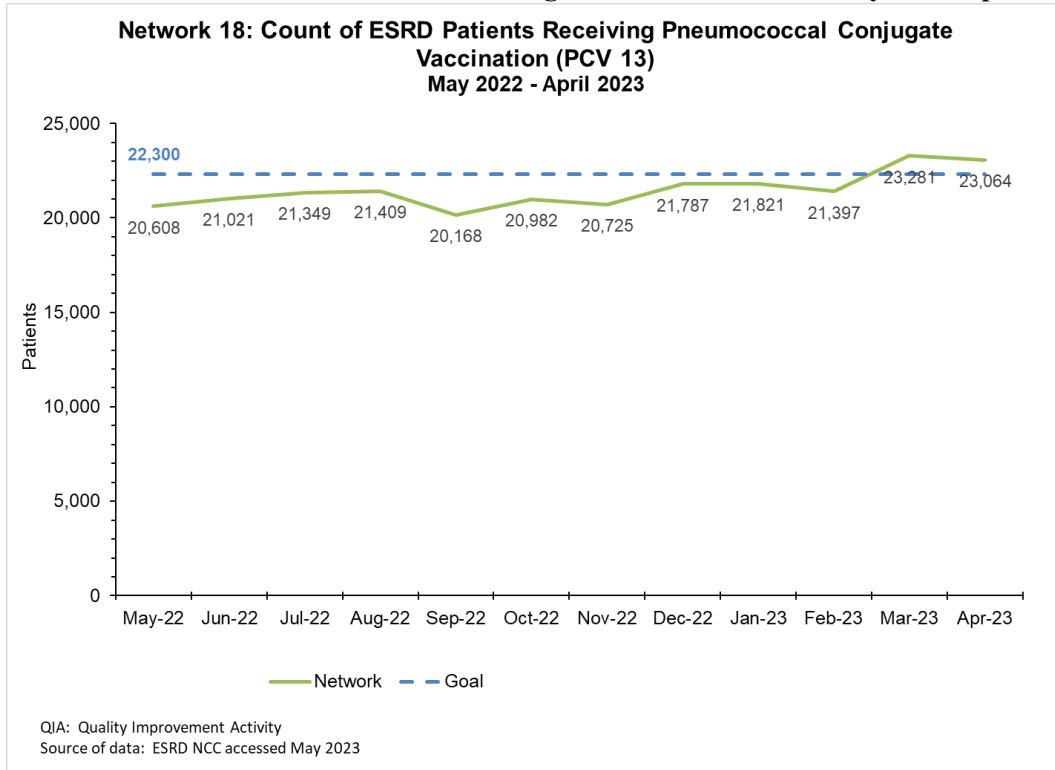


Chart AA: Percent of ESRD Patients Receiving an Initial PPSV 23 May 2022-April 2023

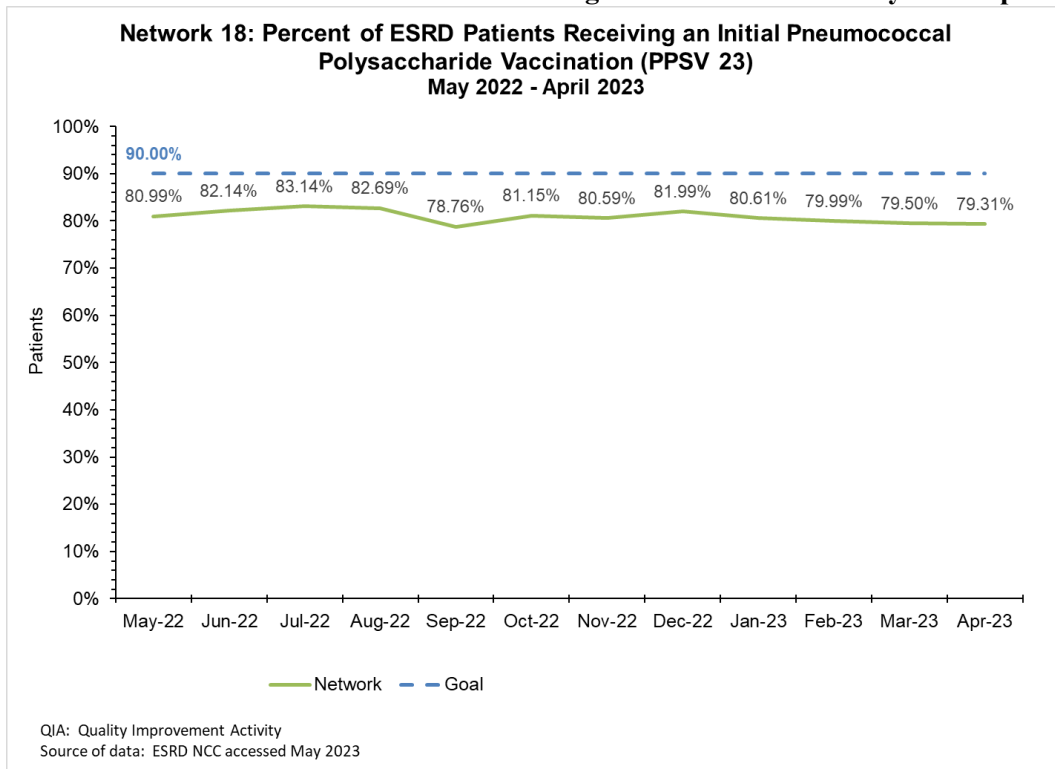


Chart BB: Percent of ESRD Patients Receiving a Booster PPSV 23 Vaccination May 2022-April 2023

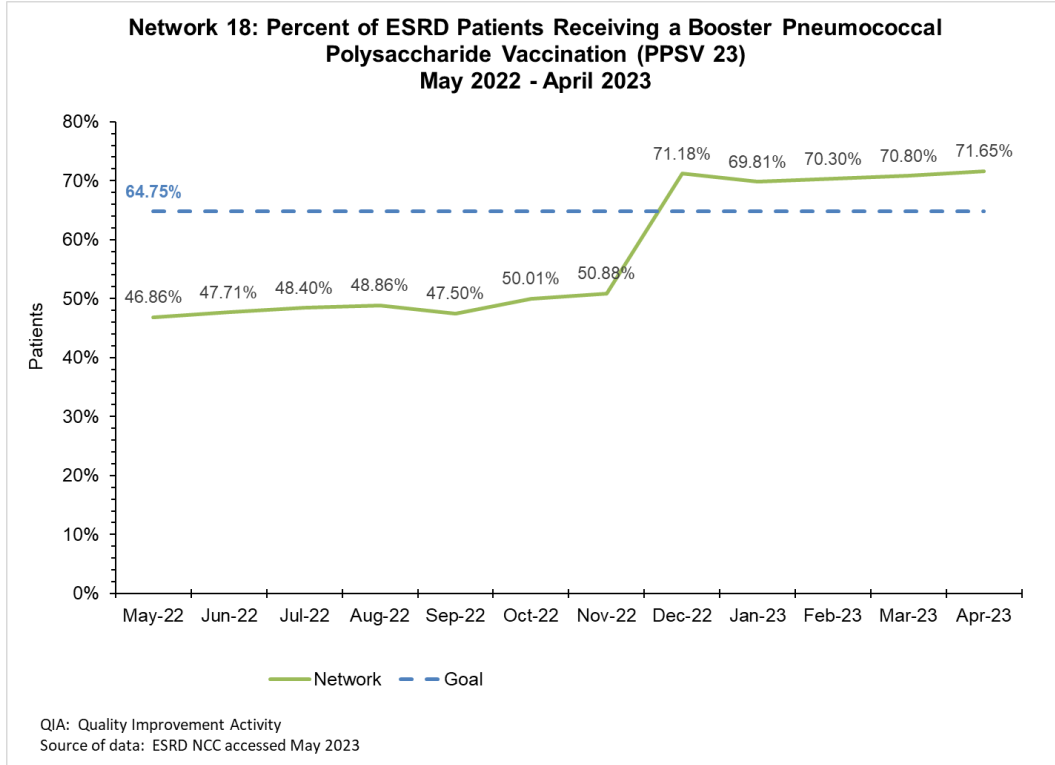
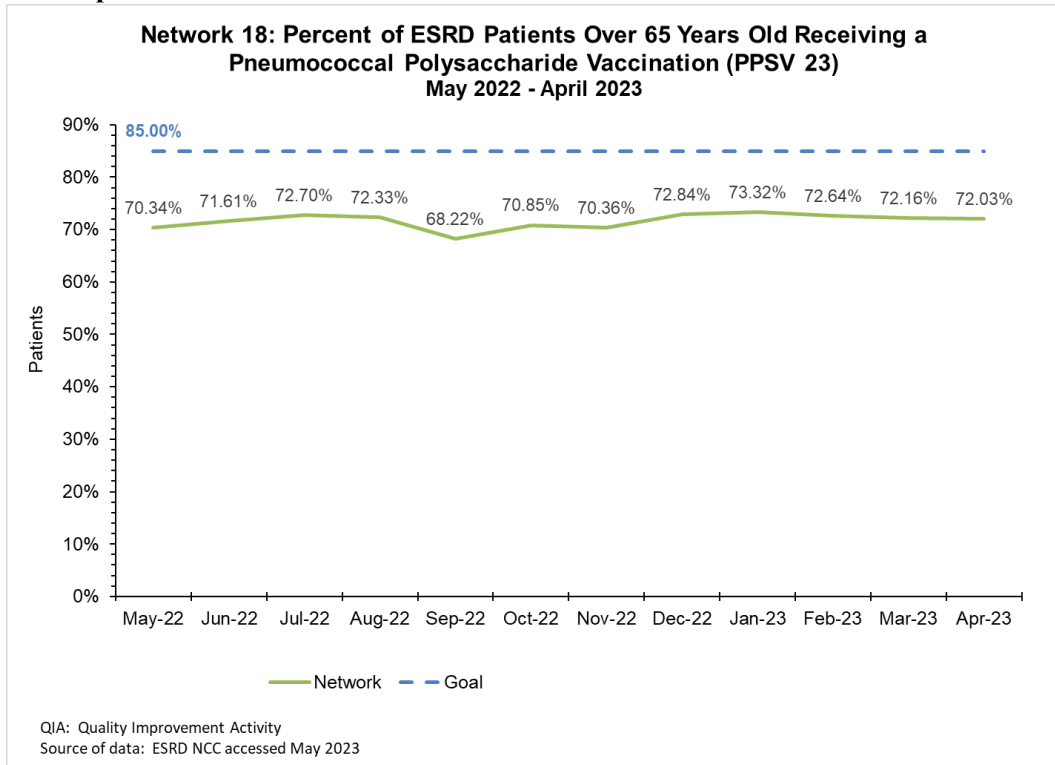


Chart CC: Percent of ESRD Patients Over 65 Years Old Receiving a PPSV 23 Vaccination May 2022-April 2023



Improving Nursing Home Care QIA May 2022-April 2023

Goals and Outcomes

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

- Achieving a 6% relative decrease in the rate of catheter infections by April 2023.
- Achieving a 3% relative decrease in the rate of peritoneal catheter infections by April 2023.
- Achieving a 3% relative decrease in the rate of blood transfusions by April 2023.

The Network was above the upper limit and did not meet the goal for the catheter infection metric with a rate of 1.57%, however the Network met the goal for blood transfusions with a rate of 13.31% (See Charts DD and EE). There were no patients identified as receiving peritoneal dialysis in a NH in Network 18 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: Rate of Hemodialysis Catheter Infections in Home Dialysis Patients within NHs per 100 Patient-months May 2022-April 2023

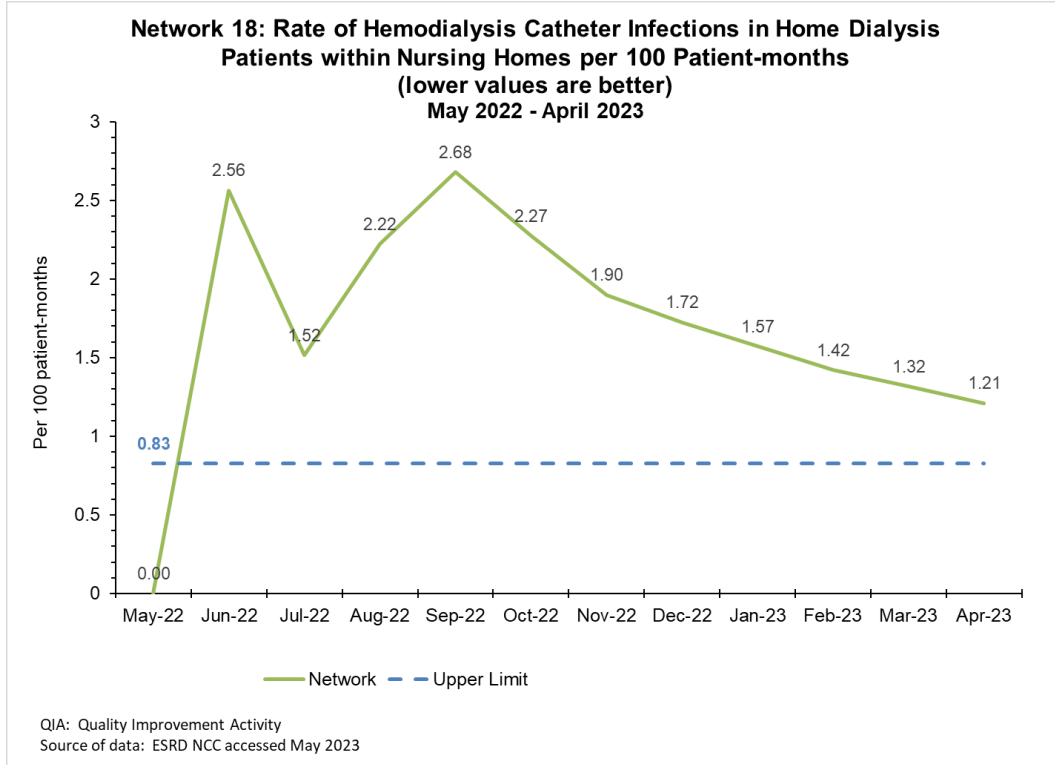
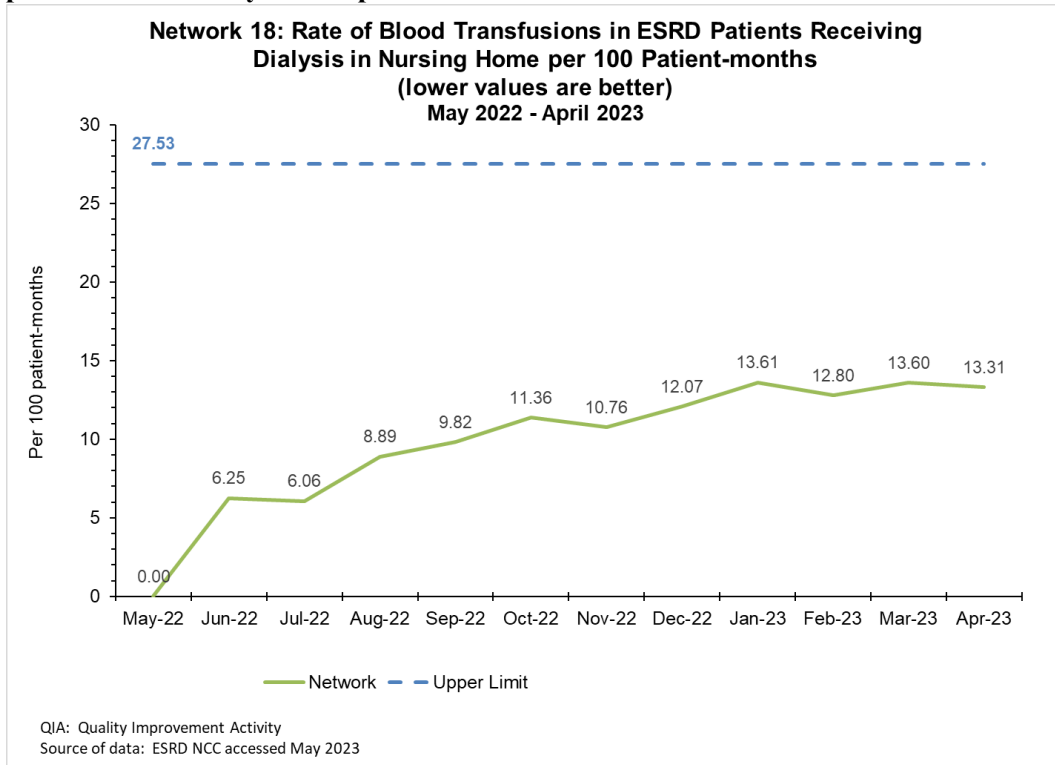
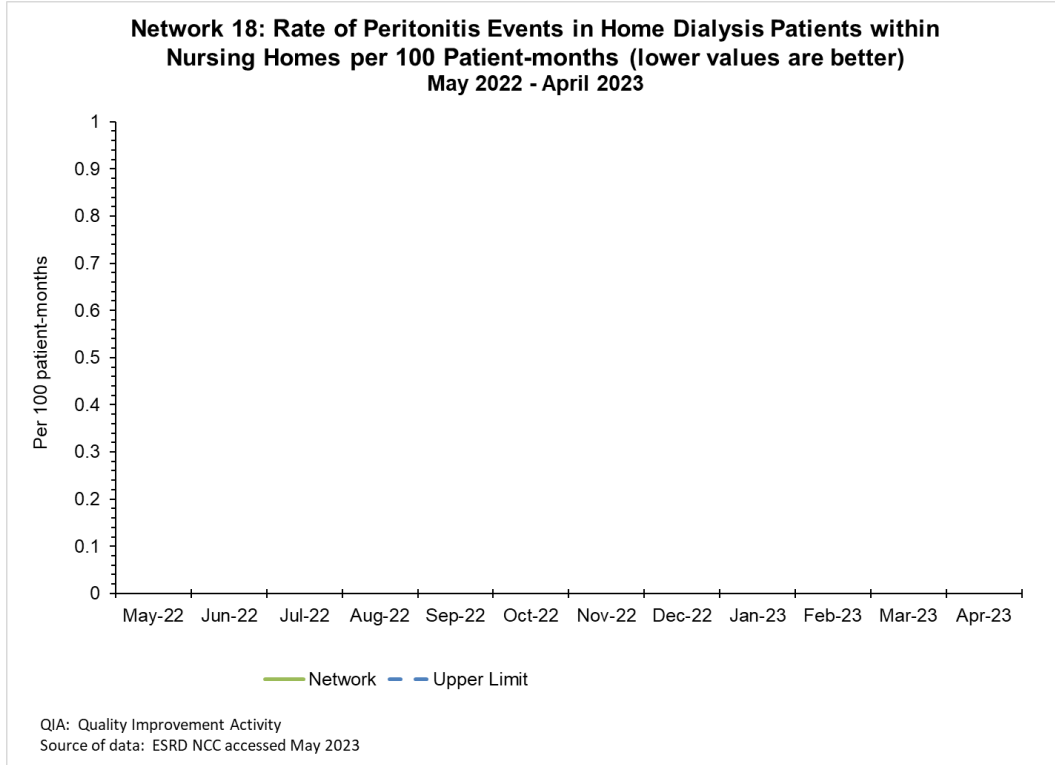


Chart EE: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a NH per 100 patient-months May 2022-April 2023



**Chart FF: Rate of Peritonitis Events in Home Dialysis Patients within NHs per 100 Patient-months
May 2022-April 2023**



Data Quality QIA May 2022-April 2023

Goals and Outcomes

The QIA goals included:

- Achieving a 5% increase in patient admissions entered within five business days.
- Achieving a 4% increase in CMS-2728 forms submitted within 45 business days.
- Achieving a 5% increase in CMS-2746 forms submitted within 14 days of the date of death.

By April 2023, the Network achieved 88.6% of the goal for admissions, 89.7% of the goal for 2728 forms and 84.9% of 2746 forms, submitted in EQRS timely. (See Charts GG, HH, II)

Barriers

Barriers to achieving the QIA goals include:

- Lack of dialysis facility staff time to follow up on information needed or to enter admissions or forms in EQRS timely.
- Difficulty obtaining needed medical records and/or patient and physician signatures to complete forms.
- Lack of dialysis facility staff knowledge of submission time requirements and/or consistent facility processes to submit admissions or forms timely.

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 interventions to address one key barrier for one form (e.g., physician signatures for 2728) at a time.
- 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 and ensuring multiple facility staff have access to EQRS.
- Having a tracking system in place for all forms and admissions.
- Communicating with hospital discharge planners to obtain information needed for forms.

Chart GG: Percent of Patient Admission records Entered within 5 Business Days May 2022-April 2023

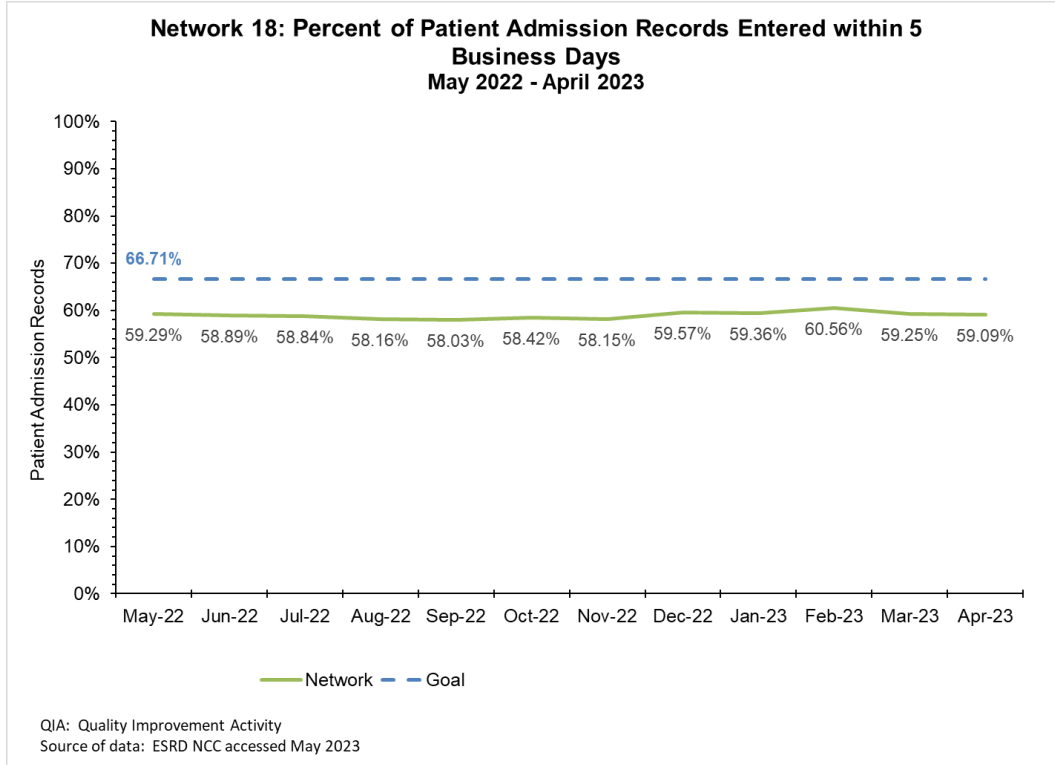


Chart HH: Percent of CMS-2728 Forms Submitted within 45 Days May 2022-April 2023

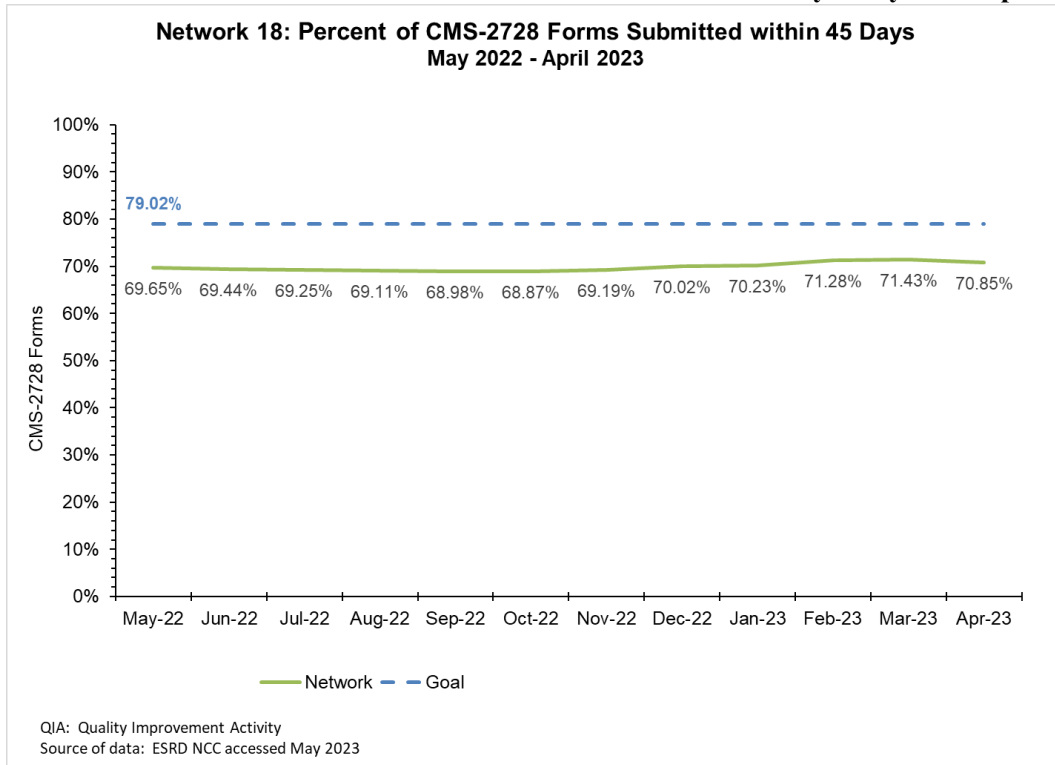
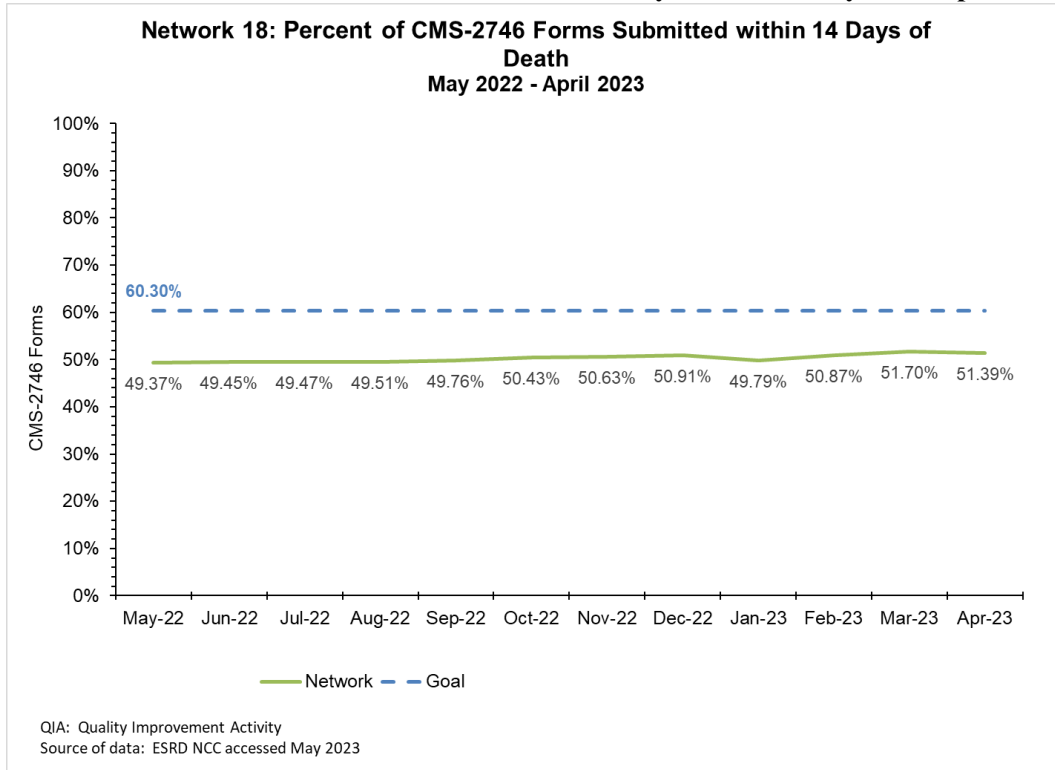


Chart II: CMS-2746 Forms Submitted within 14 Days of Death May 2022-April 2023



Depression QIA May 2022-April 2023

Goals and Outcomes

The QIA goals included:

- Achieving a 15% increase in the percentage of patients accurately identified as having depression through QIP.
- Achieving a 6% increase in the percentage of patients who screened positive for depression through QIP, who are treated by a mental health professional.

Due to contract adjustments, the goal for accurately identifying patients with depression was not evaluated during May 2022-April 2023. By April 2023, the Network achieved a rate of 14.47% of patients, who screened as depressed through the QIP, receiving treatment by a mental health professional. (See Chart JJ)

Barriers

Barriers identified by facilities include:

- Patients' level of comfort with pursuing assistance for mental health related issues based on stigma or hope that the condition will improve or resolve without treatment.
- 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.
 - Insurance coverage limitations regarding which providers can be used.
 - Transportation barriers
 - Limited access to or trust for the internet or limited technological proficiency to use telehealth options.
- Lack of patient motivation to pursue mental health support, due to already having to contend with the demands of dialysis treatment and other medical appointments.

Interventions

Interventions for the QIA include:

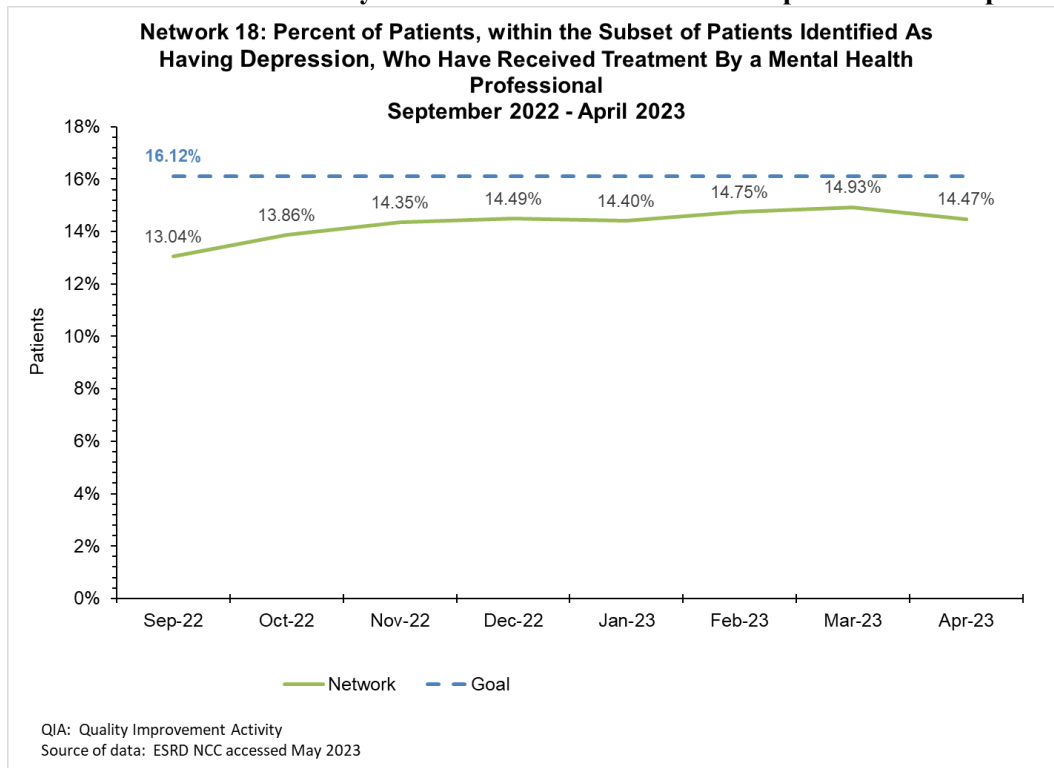
- Conducting an environmental scan to assess how dialysis providers were providing and reporting depression screenings, what education was being provided, and how facilities were providing referrals for mental health services.
- Disseminating educational materials to dialysis facilities via email and during technical assistance calls that could be used when conducting screenings and talking with patients. Examples include:
 - American Hospital Association's (AHA) [*People Matter, Words Matter*](#) materials.
 - [*Self-Management for Depression Zone Tool*](#).
 - [*Discussing Depression with Your Care Team*](#)
- Providing education and technical assistance to dialysis facilities to improve the rates and accuracy of reported depression screenings for the QIP and the QIA.

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.
- Normalizing the seeking of mental health support for patients by using positive mental health 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 education that is easy to understand and helps link emotional feelings and non-traditional symptoms (i.e., difficulty making decisions) to the concept of mental health.

Chart JJ: Percent of Patients, within the Subset of Patients Identified As Having Depression, Who Have Received Treatment By a Mental Health Professional September 2022-April 2023



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 2022. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2022, 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 2022.

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

During 2022, 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 contacted facilities for data-driven technical assistance. 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 18 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.

Below are the emergency events Network 18 responded to during 2022.

September 2022

- **Extreme Heat Alerts**

Southern California experienced an excessive heat emergency from August 31, 2022 – September 2022. The Network distributed California Department of Public Health (CDPH) advisories and reminded facilities to implement recommended precautionary measures to help keep patients comfortable during extremely hot weather. The Network advised facilities to have contingency plans in place to deal with the loss of air conditioning and reminded them to report, to the Network, extreme heat conditions that compromise patient health and safety or that impact operations. The Network reminded facilities about the importance of partnering with their local Healthcare Coalitions (HCCs) and provided extreme heat related resources from KCER, National Kidney Foundation, CDC, ASPR, and the National Weather Service.

- **Fairview Fire**

The Fairview fire, located in Riverside county, CA began on September 5, 2022, and burned over 700 acres of state and private land around Hemet, CA. The Network contacted the two dialysis facilities that were located nearby for facility and patient status reporting. One facility lost phone service and had two staff members that had to evacuate. No other impacts were experienced.

ACRONYM LIST APPENDIX

This appendix contains an [acronym list](#) created by the KPAC (Kidney Patient Advisory Council) of the National Forum of ESRD Networks. 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.