

ESRD NETWORK 2022 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 7 Task
Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.

ESRD Network 07

Contents

ESRD DEMOGRAPHIC DATA.....	5
ESRD Network 7.....	5
Geography and General Population	5
ESRD Population	5
Dialysis Treatment Options.....	7
Transplant	9
ESRD Facilities.....	10
ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA	13
Grievances	13
Facility Concerns	13
Access-to-Care Issues.....	13
Transplant Waitlist & Transplanted QIA May 2022-April 2023	16
Goal and Outcomes	16
Barriers.....	16
Interventions	16
Best Practices	16
Home Therapy QIA May 2022-April 2023.....	19
Goals and Outcomes	19
Barriers.....	19
Interventions	19
Best Practices	19
Telemedicine QIA May 2022-April 2023	22
Goals and Outcomes	22
Barriers.....	22
Interventions	22
Best Practices	22
Improving Transitions of Care QIA May 2022-April 2023 [Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions, and Emergency Department (ED) Visits QIA]	24
Goals and Outcomes	24
Barriers.....	24
Interventions	24
Best Practices	25
Reducing COVID-19 Related Hospitalizations May 2022-April 2023.....	27
Goals and Outcomes	27

Barriers	27
Interventions	27
Best Practices	27
COVID-19 Vaccinations for Patients and Staff QIA May 2022-April 2023	29
Goals and Outcomes	29
Barriers	29
Interventions	29
Best Practices	30
Influenza Vaccination QIA May 2022-April 2023	33
Goals and Outcomes	33
Barriers	33
Interventions	33
Best Practices	33
Pneumococcal Vaccinations (PCV13 & PPSV23) QIA May 2022 – April 2023	35
Goals and Outcomes	35
Barriers	35
Interventions	35
Best Practices	35
Improving Nursing Home Care QIA May 2022-April 2023.....	38
Goals and Outcomes	38
Barriers	38
Interventions	38
Best Practices	38
Data Quality QIA (Admissions, CMS Form 2728, CMS Form 2746) May 2022-April 2023...41	
Goals and Outcomes	41
Barriers	41
Interventions	41
Best Practices	41
Depression QIA May 2022-April 2023	44
Goals and Outcomes	44
Barriers	44
Interventions	44
Best Practices	45
ESRD NETWORK RECOMMENDATIONS.....	47
Recommendations for Sanction	47

Recommendations to CMS for Additional Services or Facilities.....47
ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION49
ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION50
ACRONYM LIST APPENDIX.....52

This material was prepared by HSAG: ESRD Network 7, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number FL-ESRD-7N3SSM-06182023-01

ESRD DEMOGRAPHIC DATA

ESRD Network 7

As part of the Health Services Advisory Group (HSAG) team, Network 7 works with patients, dialysis facilities, and transplant centers in the state of Florida to improve the quality of care and quality of life for patients with end Stage Renal Disease (ESRD). HSAG has held the Network 7 contract for 19 years.

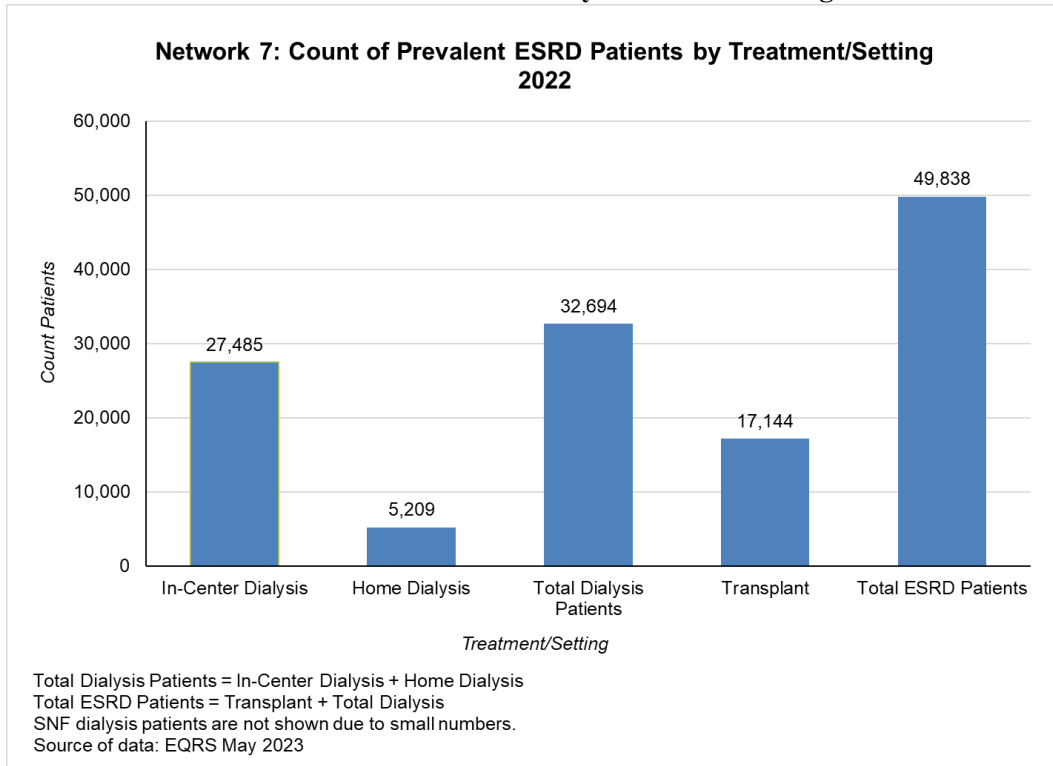
Geography and General Population

The state of Florida covers 53,625 square miles and is bordered by Alabama, Georgia, the Gulf of Mexico, and the Atlantic Ocean. According to the most recently available information from the U.S. Census Bureau, Florida’s population was estimated at 22,244,823 in 2022¹. This represented a 3.3% increase from the 2020 population estimate. The state of Florida ranks as the third largest in population in the nation.

ESRD Population

As of December 31, 2022, there were 32,694 dialysis patients and 17,144 transplant patients, for a total of 49,838 patients with ESRD in the Network 7 service area. (See Chart A) The Network saw a total of 8,793 individuals newly diagnosed with ESRD in 2022. (See Chart B) Of these patients, 1,363 were home patients and 287 received a transplant. As of December 31, 2022, Network 7 comprised 6.4% of the total national prevalent dialysis patient population and 6.9% 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/fl>

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

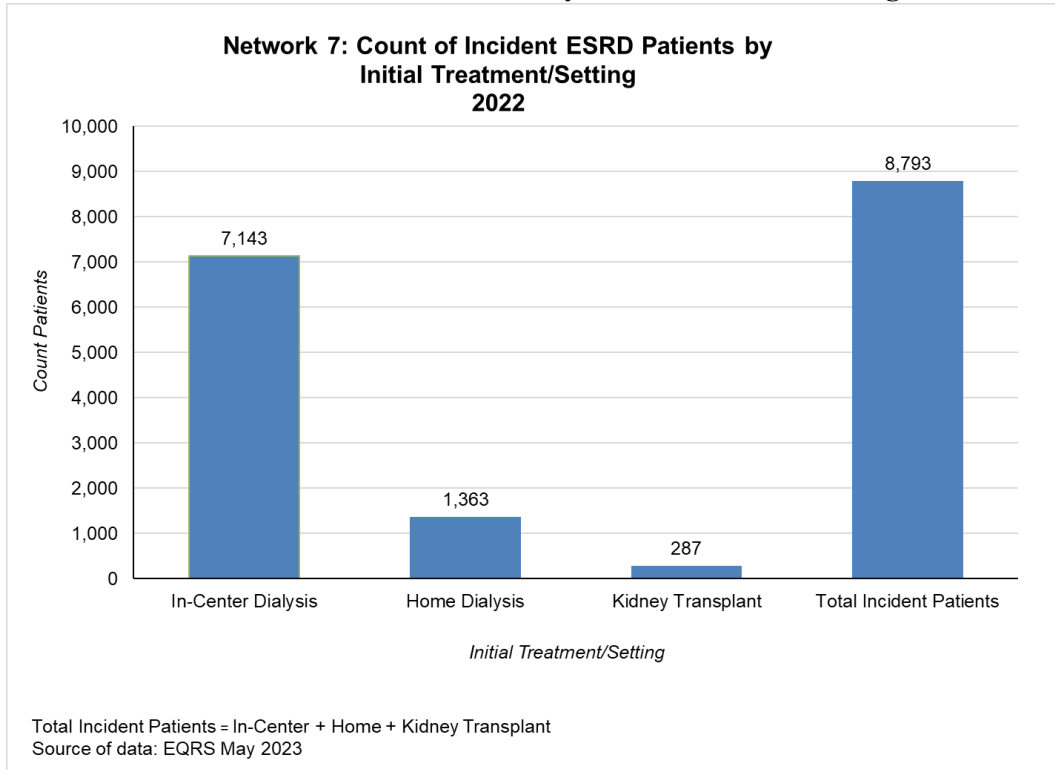


Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2022

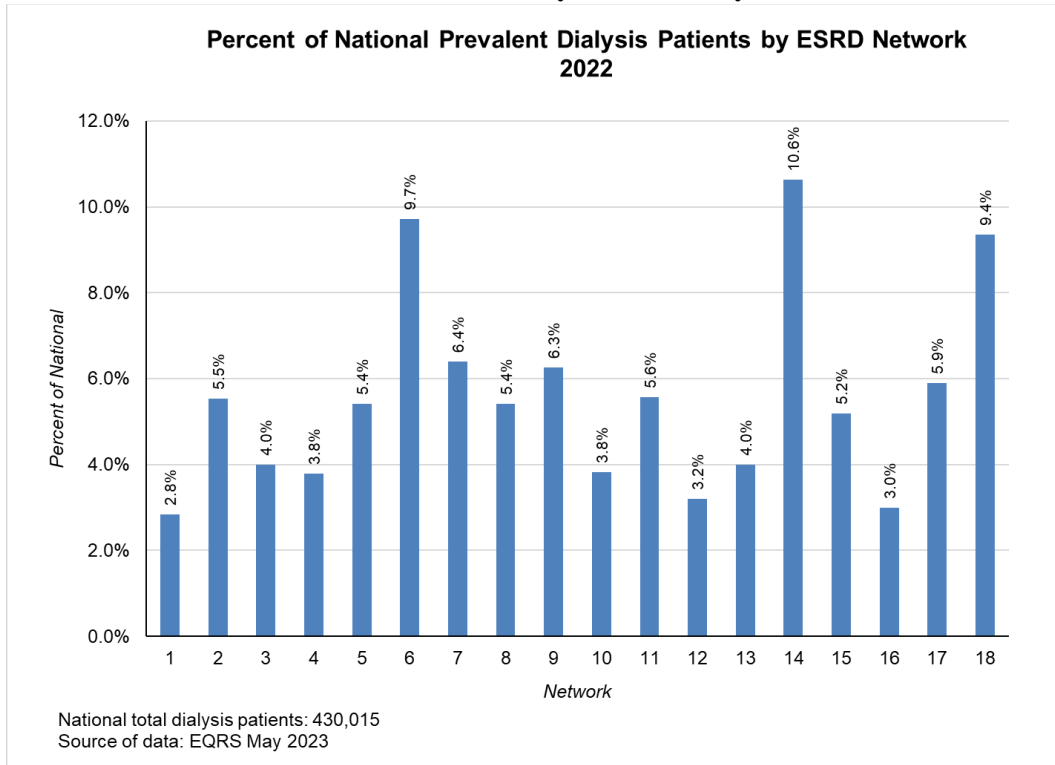
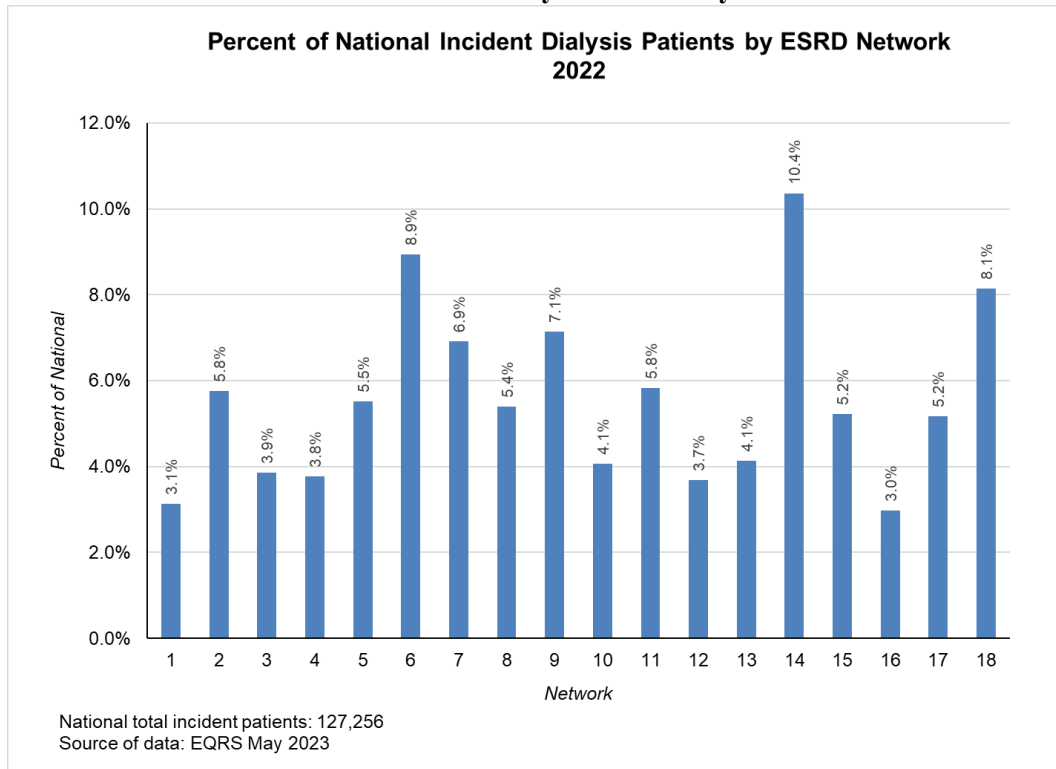


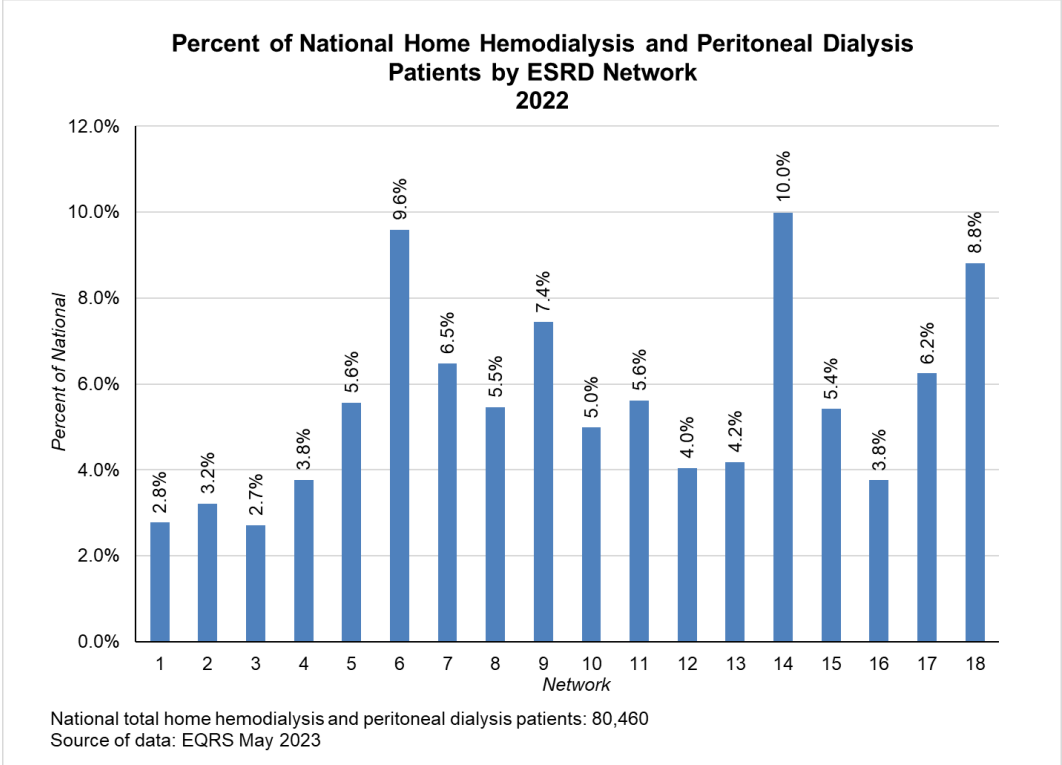
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2022



Dialysis Treatment Options

As of December 31, 2022, 84.0% of Florida’s dialysis patients were receiving in-center hemodialysis (ICHD) treatments and 15.9% 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 0.4-point increase in patients using home dialysis from 2021. Nationally, the Network comprised 6.5% of all HHD, CCPD, and CAPD patients. (See Chart E)

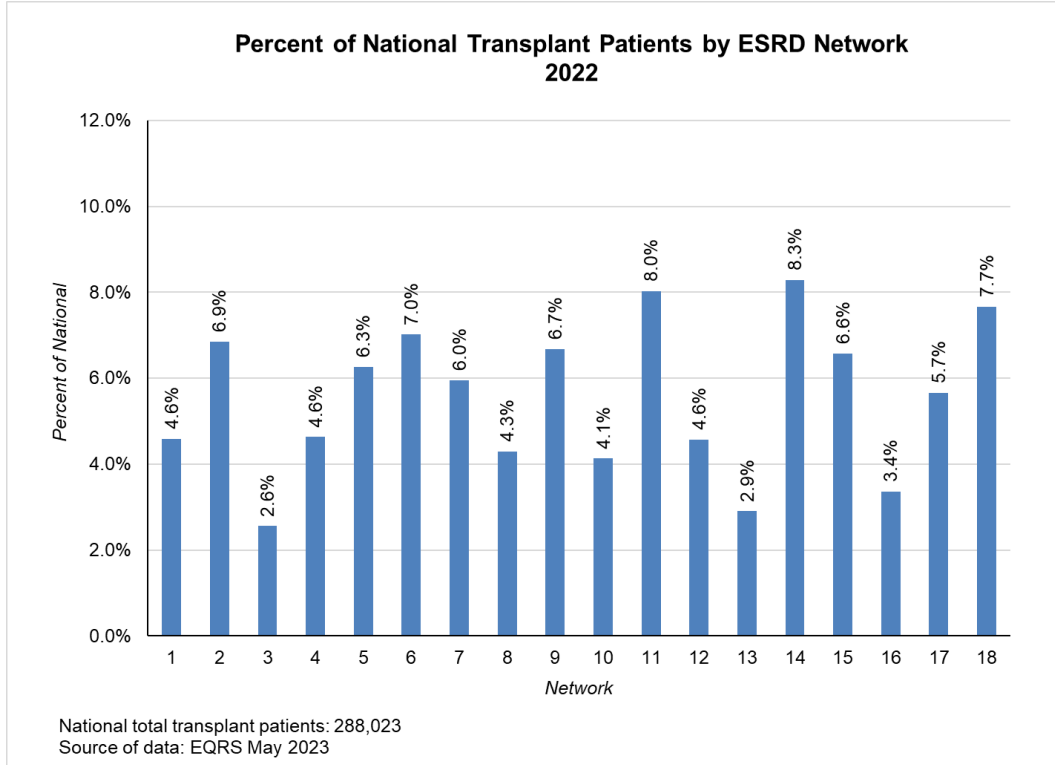
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2022



Transplant

During 2022, transplants were completed by eleven transplant centers in the state of Florida. As of December 31, 2022, there were 288,023 transplant patients nationally, of which 6% were in Network 7. (See Chart F)

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



ESRD Facilities

As of December 2022, Network 7's service area included a total of 559 ESRD facilities, including 548 dialysis facilities and eleven transplant facilities. (See Chart G) The majority of Florida'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 72.1% of Florida's 548 dialysis facilities as of the end of 2022. Nationally, Network 7 comprised 6.9% of all dialysis facilities (See Chart H) and 4.8% of all transplant facilities. (See Chart I)

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

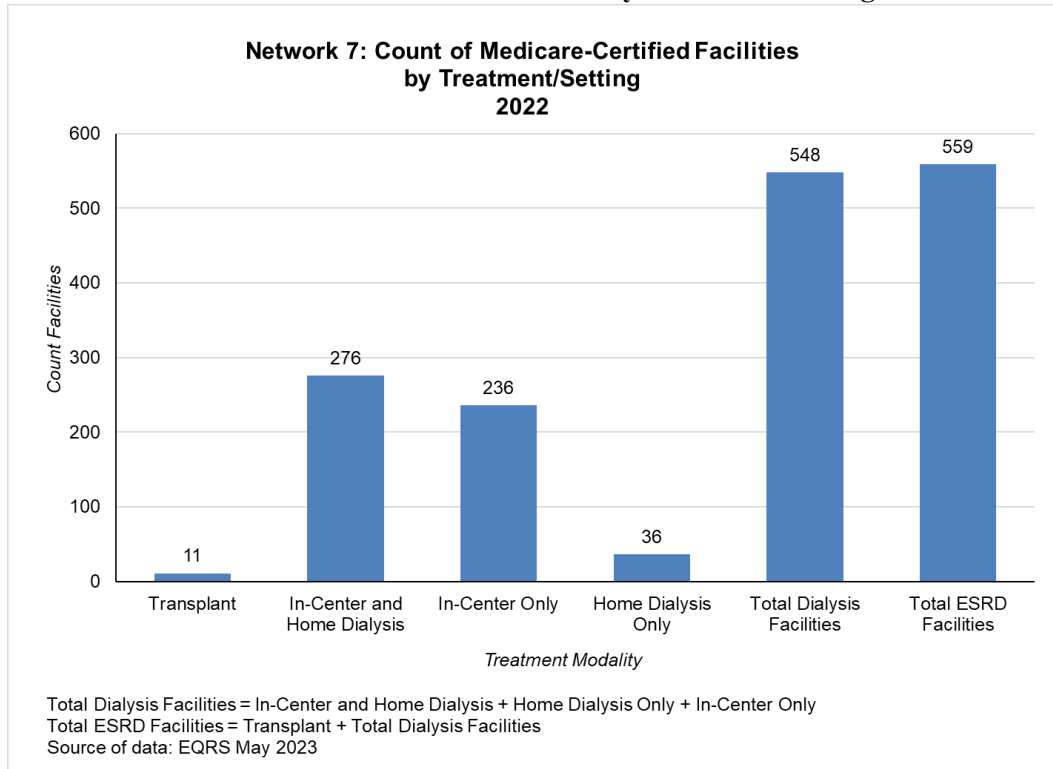


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2022

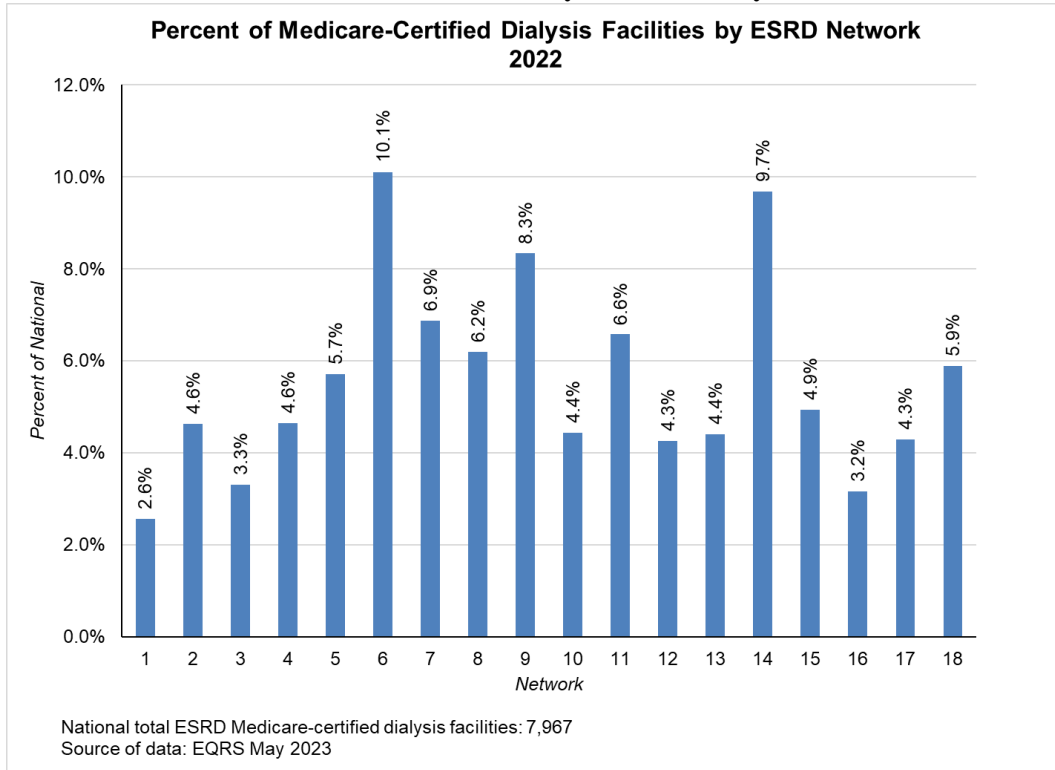
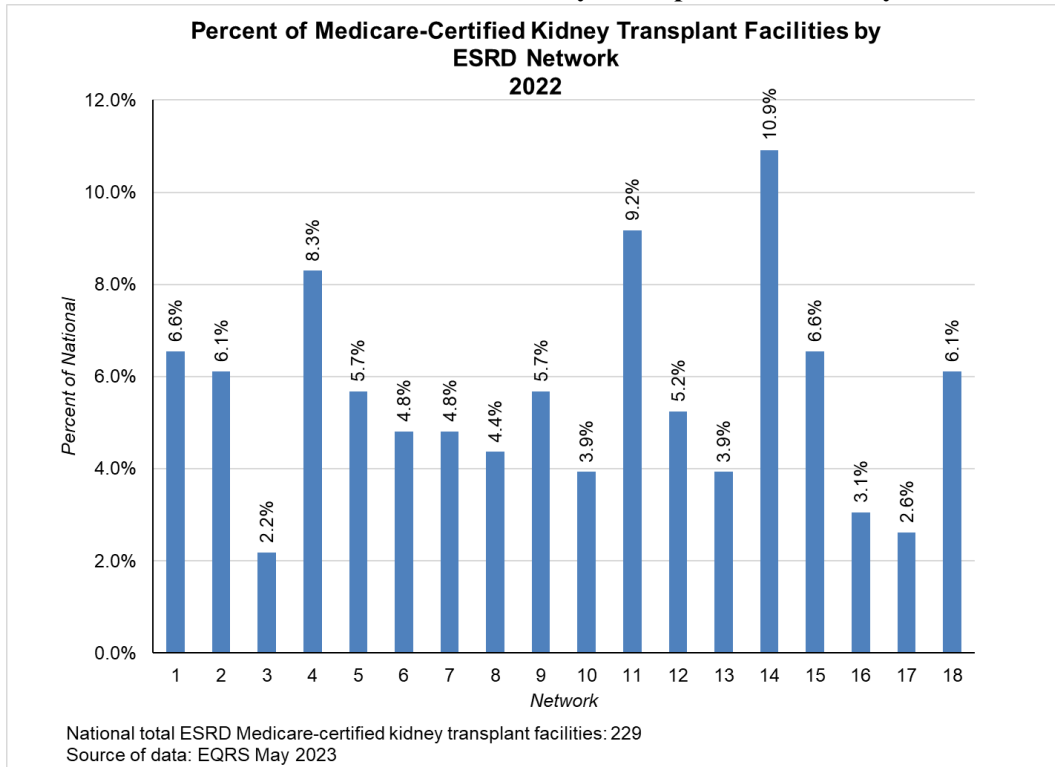


Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2022



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, 17% of contacts to the Network were for grievances, including 8% for immediate advocacy, 6% for clinical area of concern, and 3% for general grievances.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 46% of all contacts to the Network for May 2022-April 2023. (See Chart J) Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

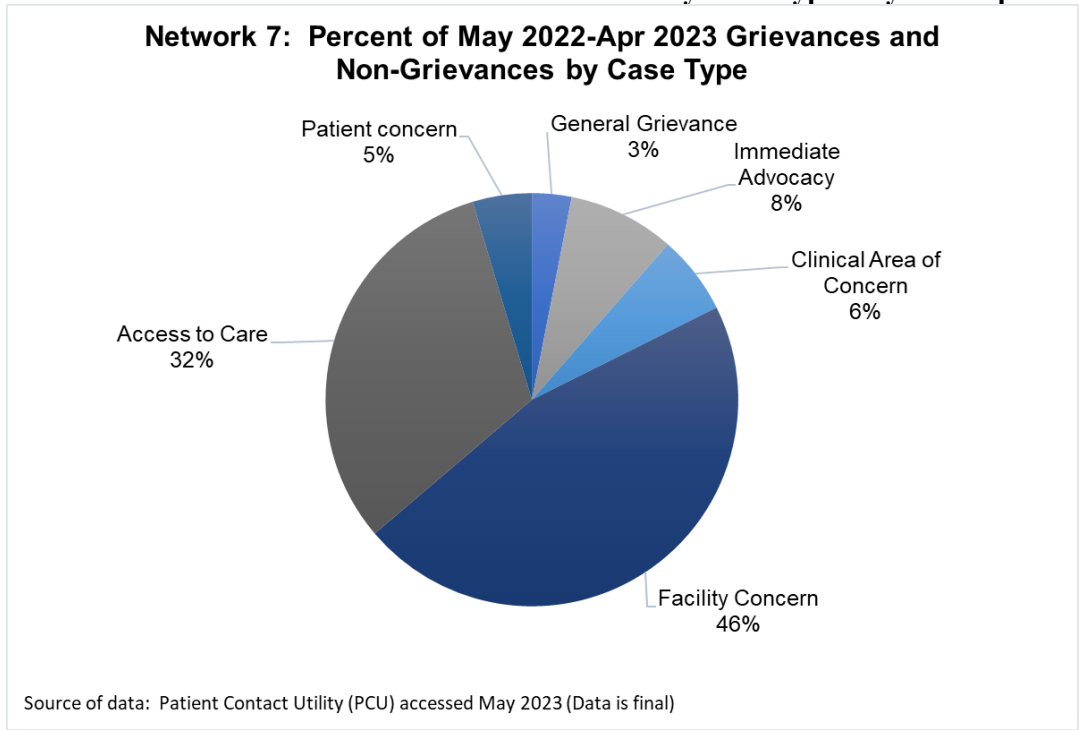
Patient Concerns

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. (See Chart J)

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 May 2022-April 2023. (See Chart J)

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 2,193, which exceeded the goal by 1,481%. (See Chart K) The number of patients receiving a transplant was 1,424, which exceeded the goal of 1,299. (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.
- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.
- Long waits for rescheduled appointments impacting patients' ability to complete the evaluation in the time allowed by the transplant centers.
- Facility staffing limitations with implementing new interventions due to the COVID-19 pandemic.

Interventions

Interventions implemented included:

- Building a workable, structured communication process with the transplant centers to facilitate ongoing communication for referrals, telehealth appointments, information on support groups and status updates.
- Tracking and documenting each patient's referral, evaluation, and progress through the process being added to the transplant waitlist.
- Utilizing a Network-developed QAPI tracking and reporting form to lead discussion of transplant and progress toward waitlisting and transplant goals in facility monthly QAPI meetings.
- 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:

- Developing relationships with transplant coordinators to effectively communicate patient status updates consistently and to collaboratively provide the patient with support to increase the opportunity for 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.
- Providing staff education/in-services on the importance of transplant and motivational interviewing to encourage patients to consider transplant and complete the evaluation.
- Asking patients how staff can best assist them with the referral and evaluation process to decrease frustration, provide emotional support and relieve stressors.

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

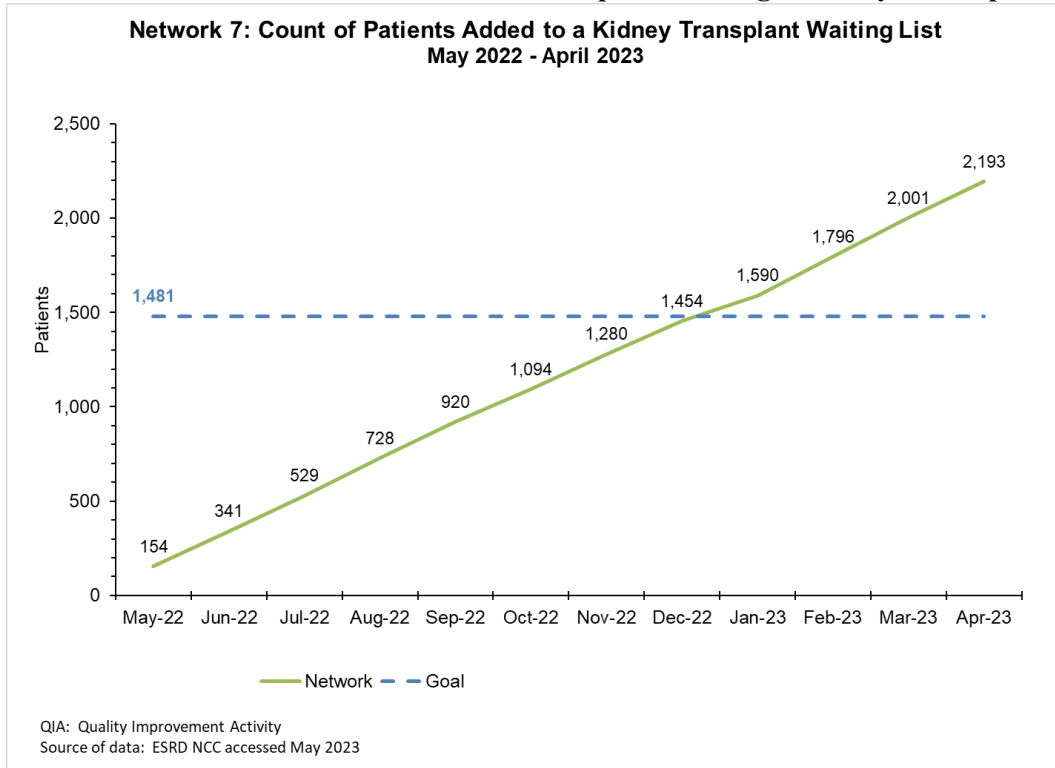
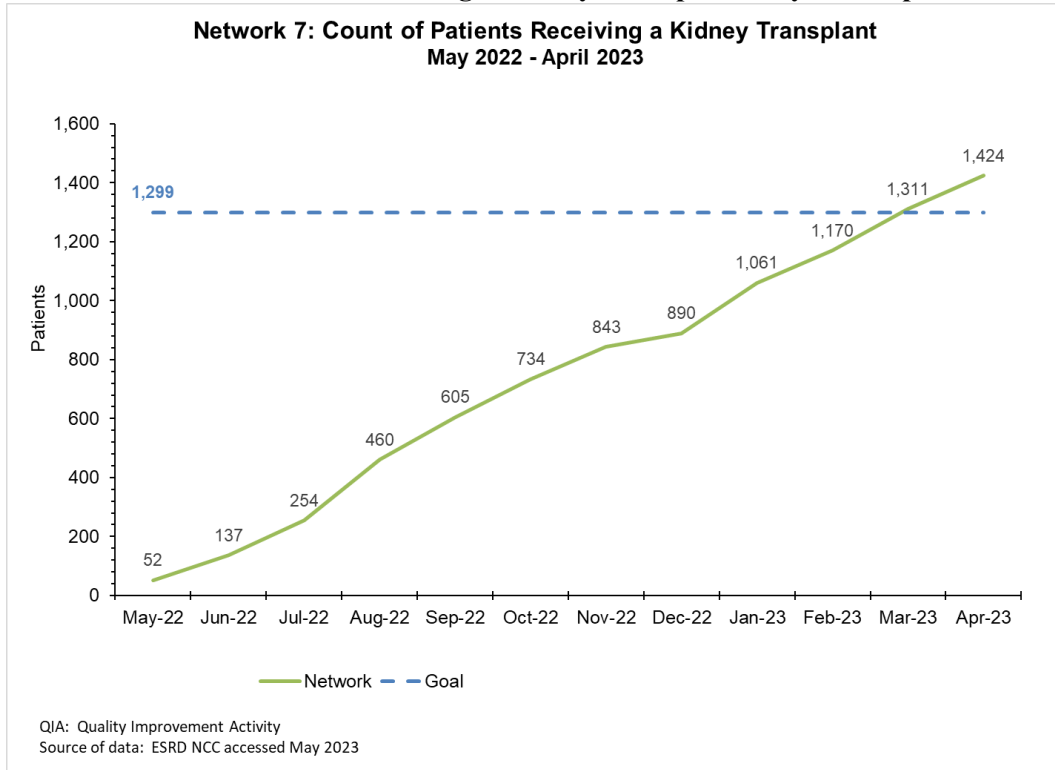


Chart L: Count of Patients Receiving a Kidney Transplant May 2022-April 2023



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 100.3% of the goal for incident patients starting on home dialysis and 109.2% 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:

- 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 families 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.
- Increasing 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)

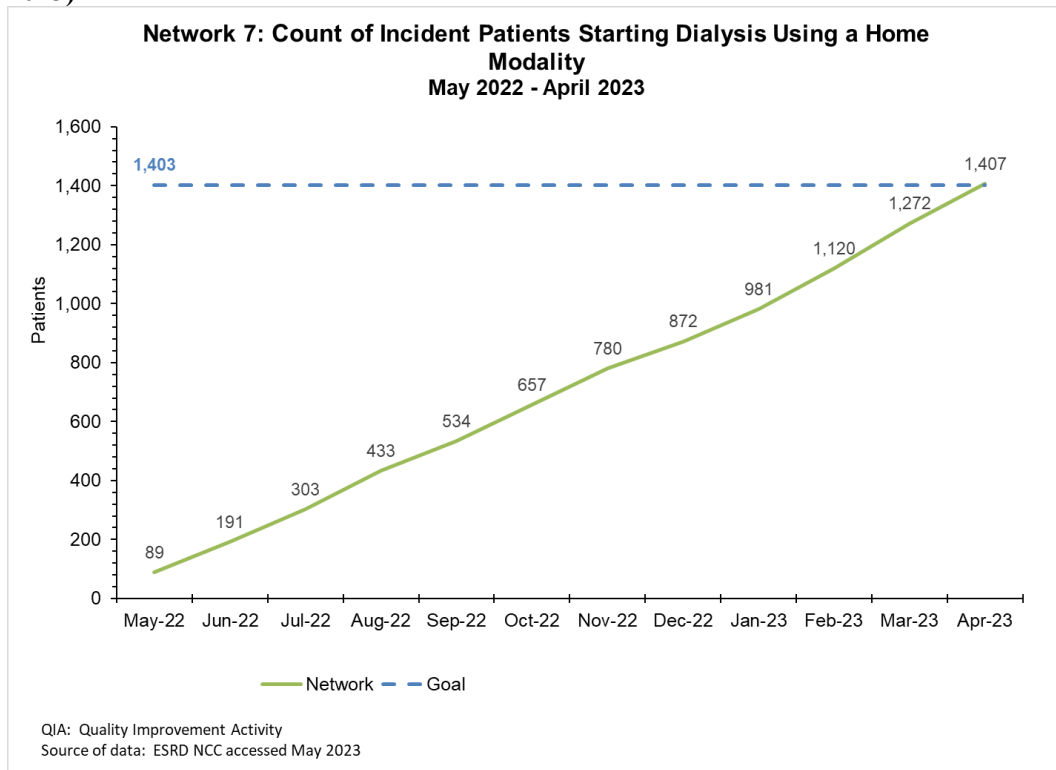
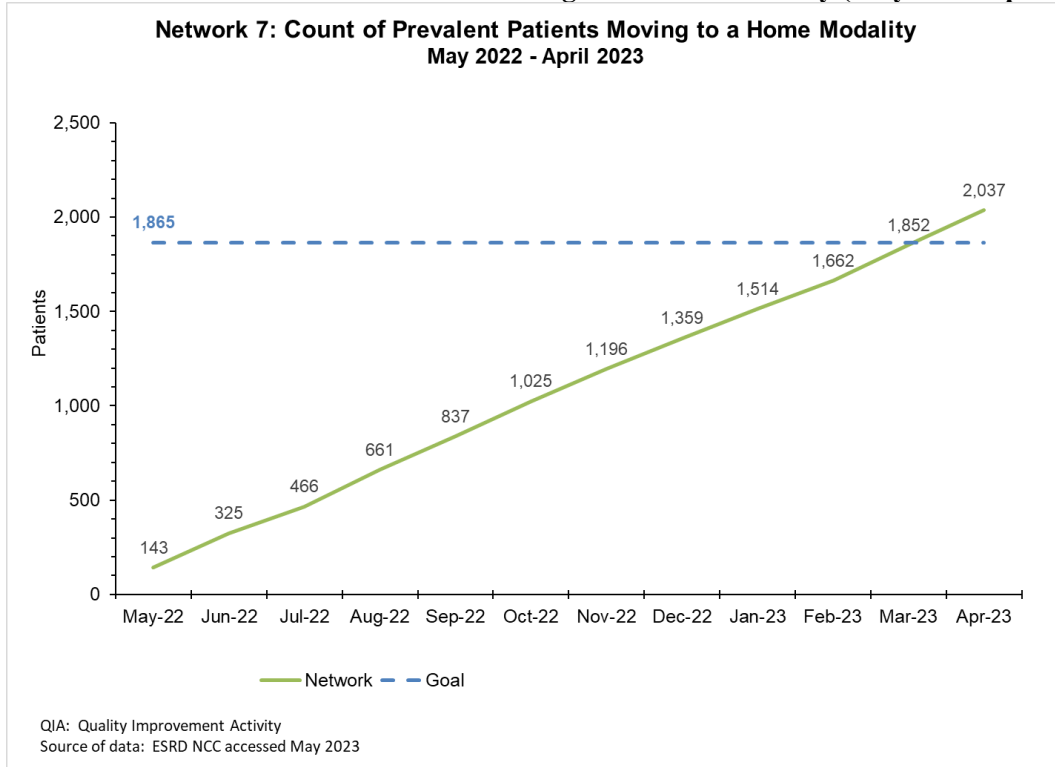


Chart N: Count of Prevalent Patients Moving to a Home Modality (May 2022-April 2023)



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 modality by 5% by April 2023. The baseline number of patients using telemedicine during 2020 was 91 and a goal count of 95 patients was established. The QIA goal was achieved with 211 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:

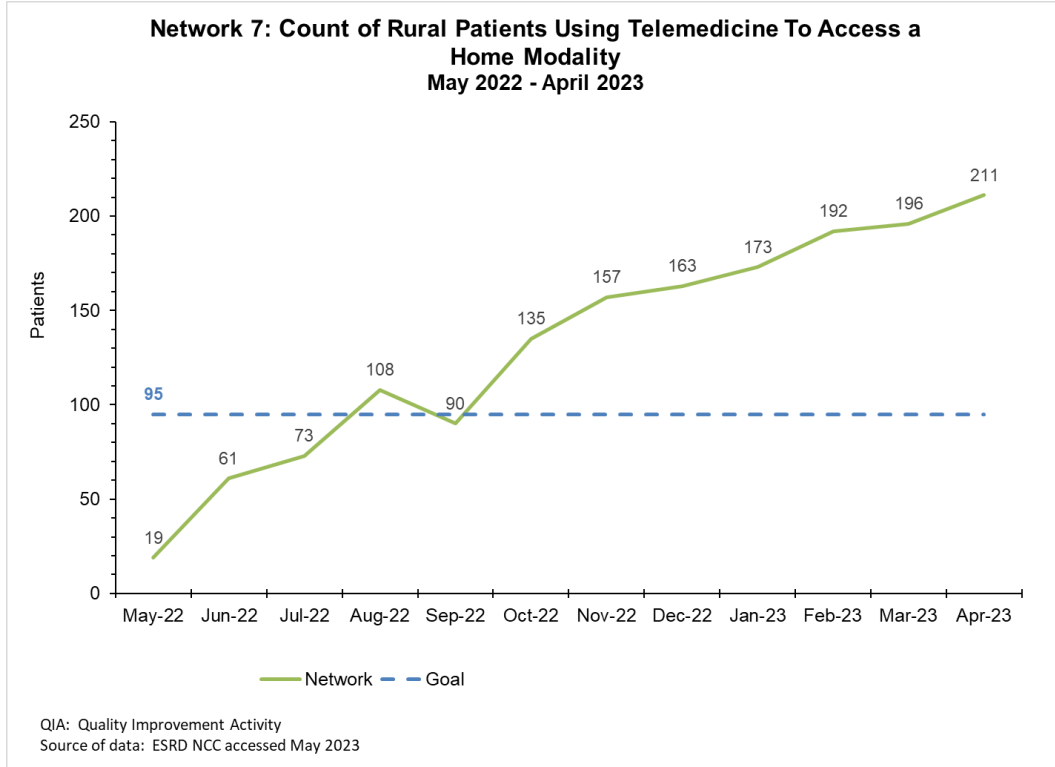
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information to all facilities regarding how to report telemedicine visits in EQRS, including a step by step guide to reporting.
- Reminding staff about the 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 remain under the upper limit rate set for the 30-day readmission metric and achieved a relative decrease of 10.07%. The Network did not remain under the upper limit rate set for inpatient admissions or ED visits but demonstrated a relative decrease of .86% and .92% respectively. (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

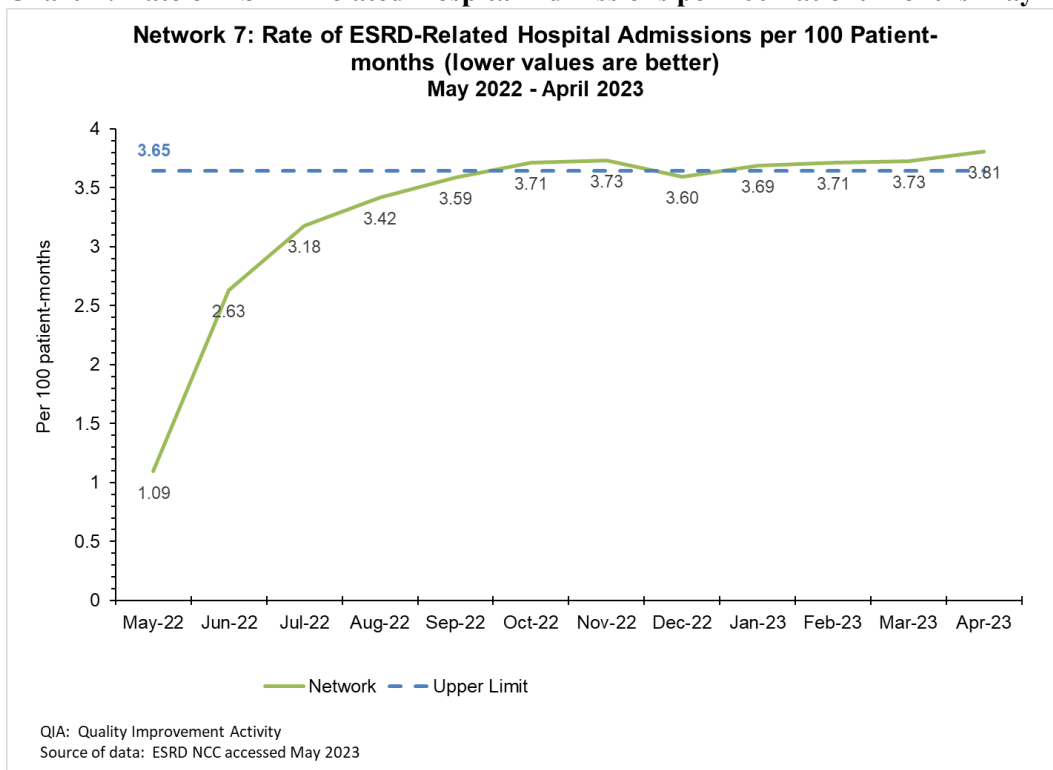


Chart Q: Percent of Hospital 30-Day Unplanned Readmissions May 2022-April 2023

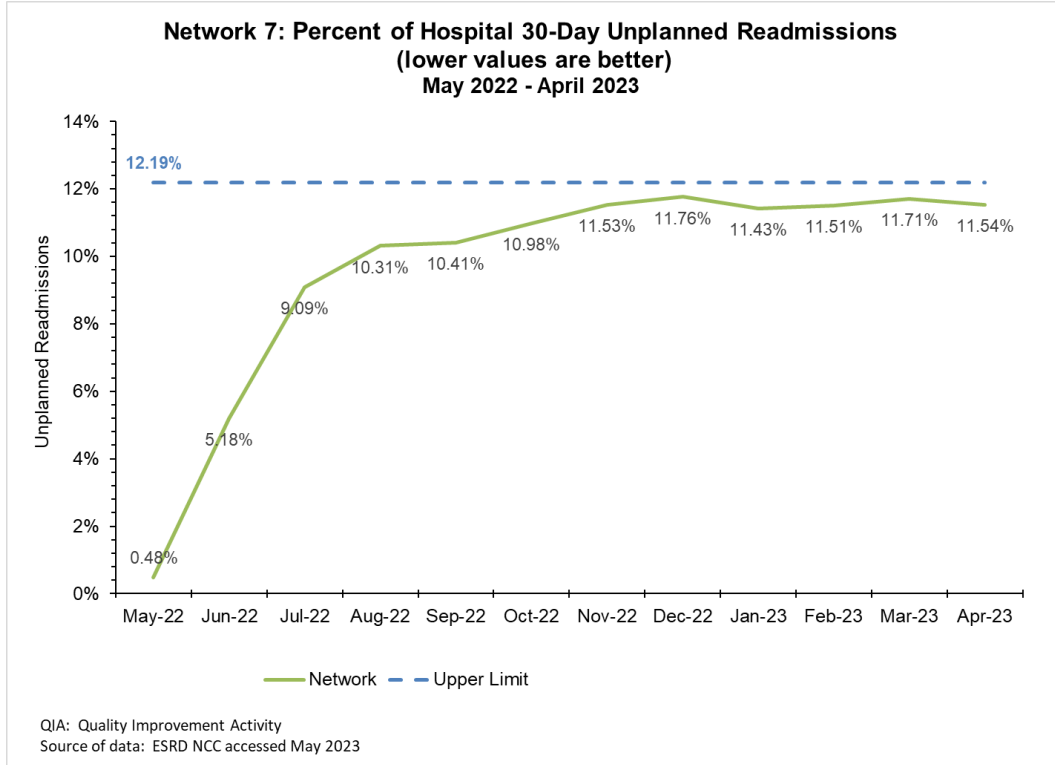
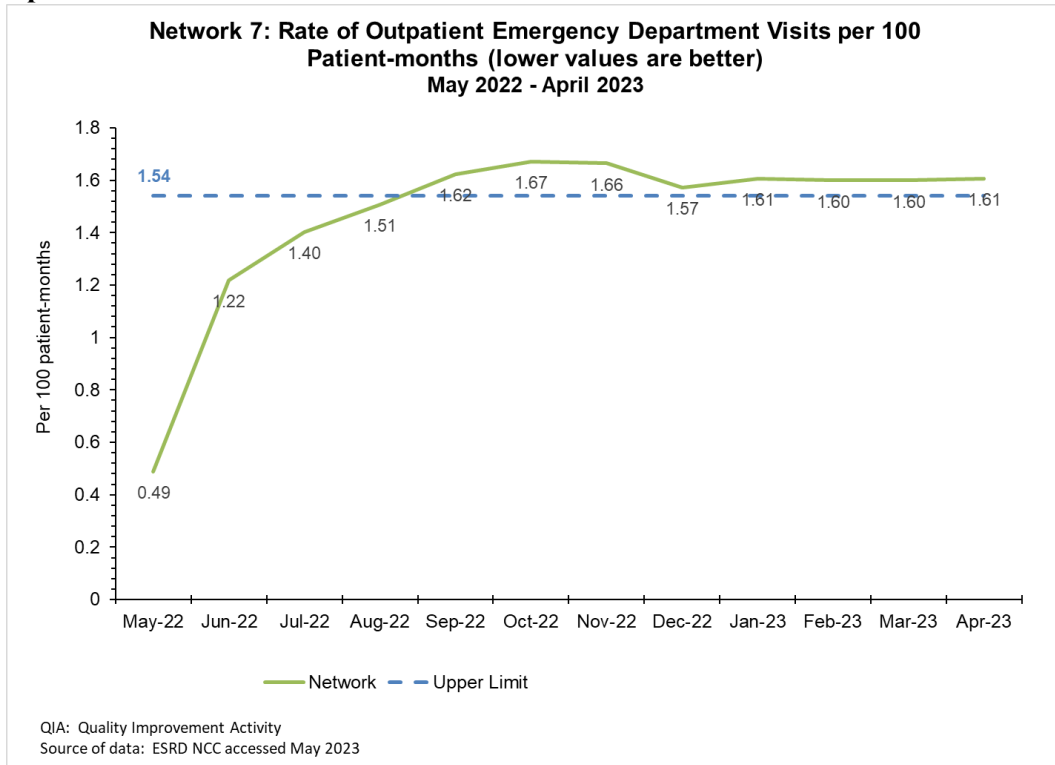


Chart R: Rate of Outpatient Emergency Department Visits per 100 Patient-months May 2022-April 2023



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 1,882 admissions. The Network remained under the upper limit of 1,463 admissions during the QIA. This is a relative decrease of 41.69% 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:

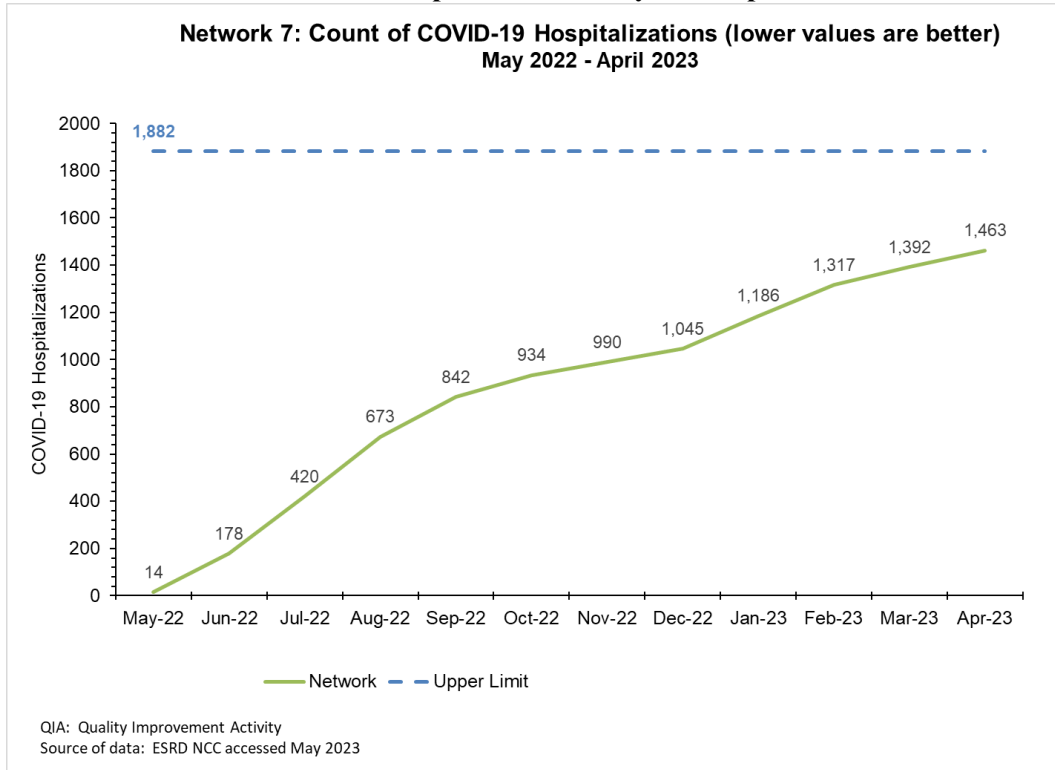
- Reviewing available data to identify facilities with increases in cases and providing focused technical assistance to address barriers.
- Sharing patient and staff educational resources and tools.
- Discussing response plans and interventions for implementation with dialysis facility corporate leadership.
- 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 61.2% and a patient booster vaccination rate of 55.0% (See Charts T and U). For COVID-19 staff vaccinations, a rate of 79.4% was achieved with a booster rate of 29.5%. (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

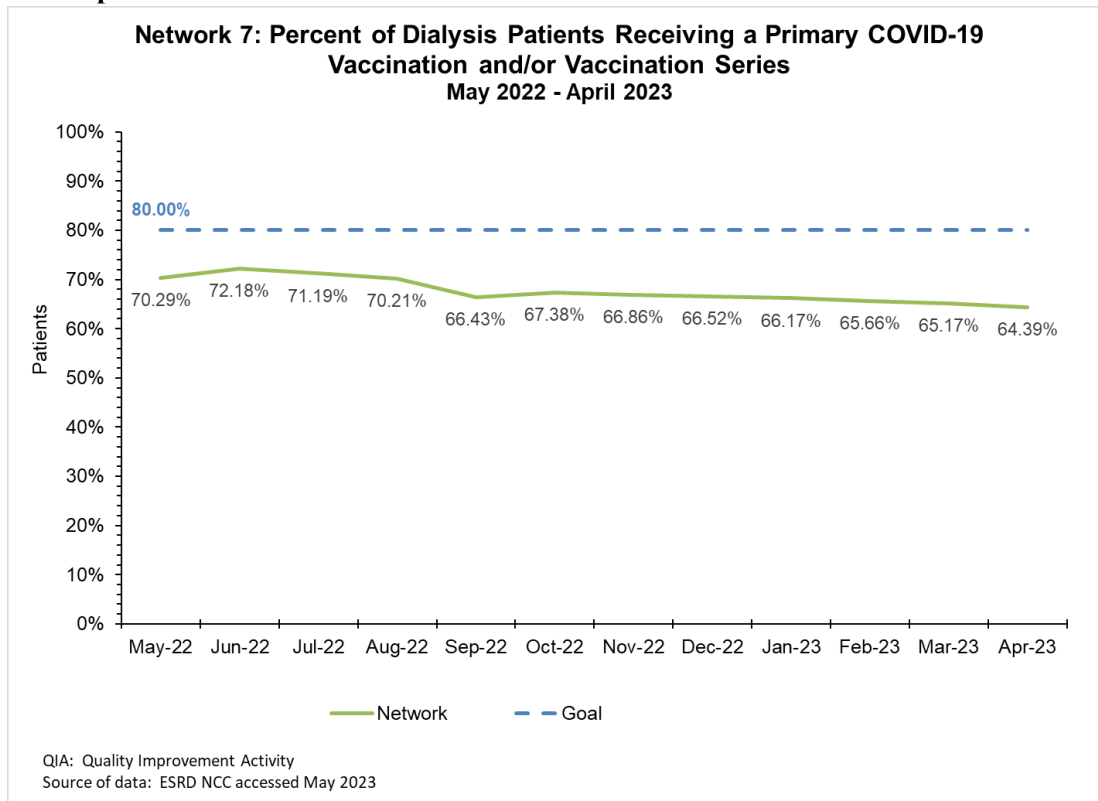


Chart U: Percent of Fully Vaccinated Dialysis Patients Receiving COVID-19 Vaccination Booster May 2022-April 2023

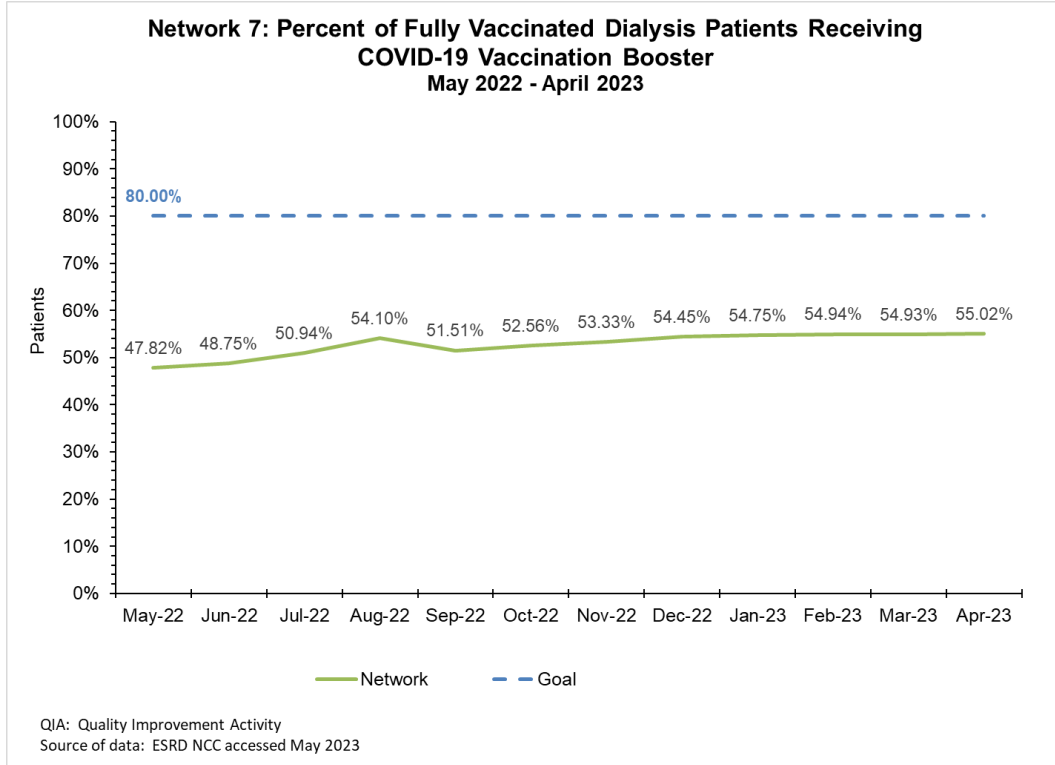


Chart V: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination Series May 2022-April 2023

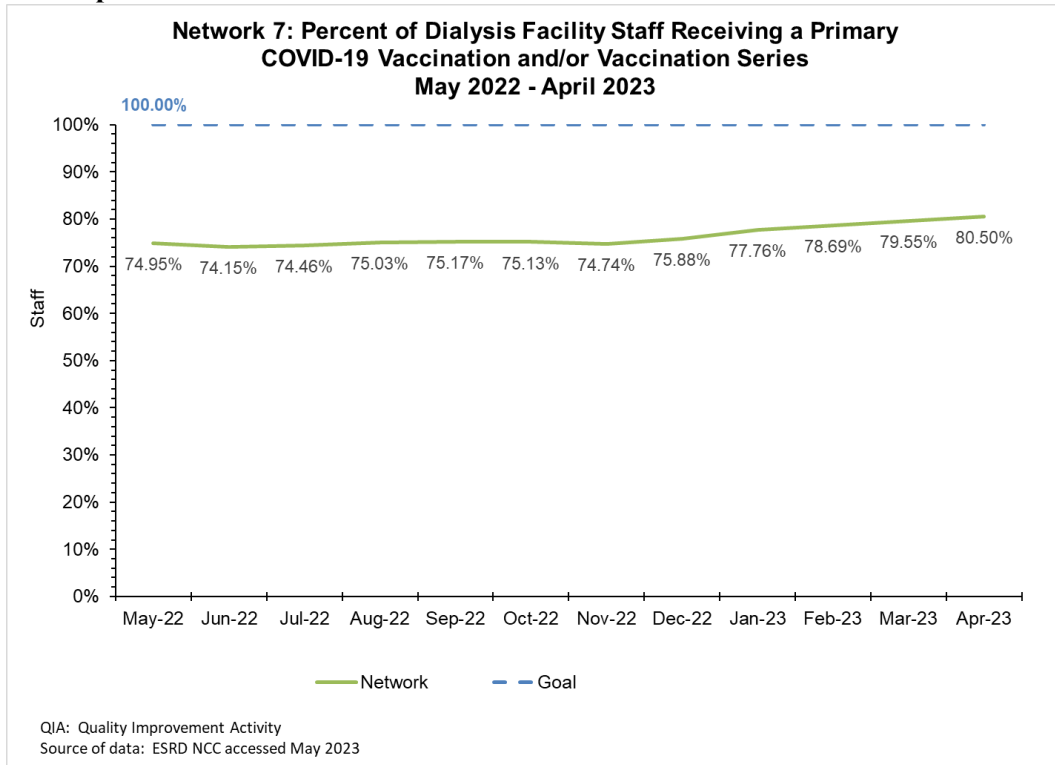
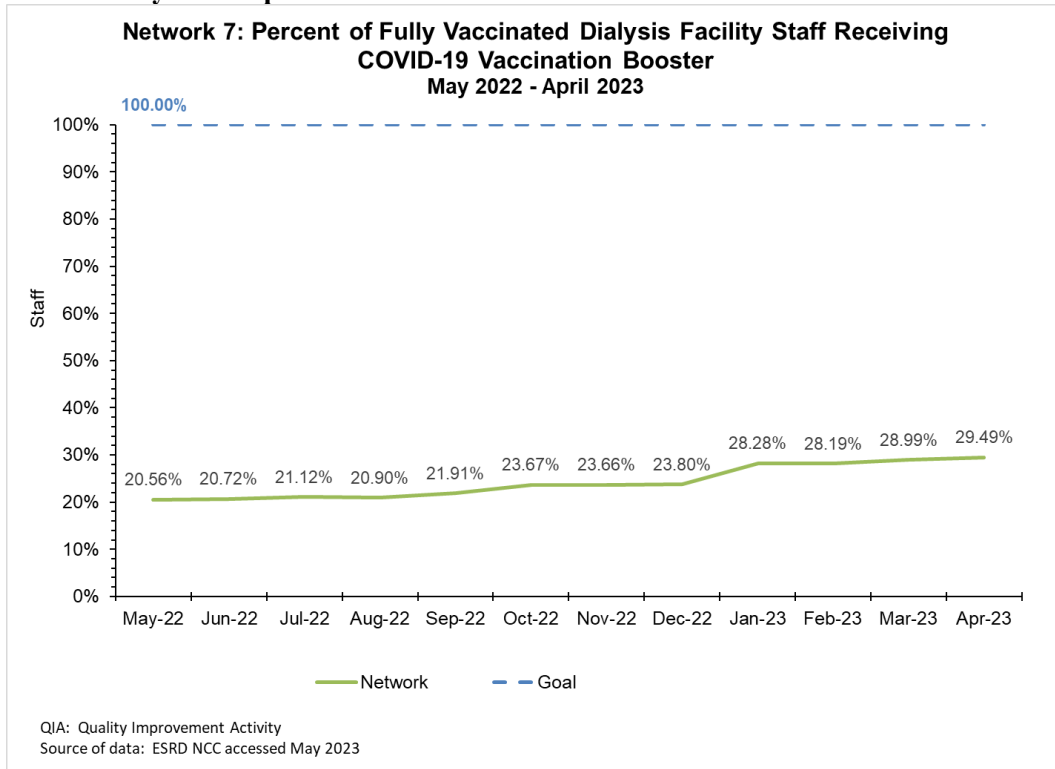


Chart W: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID-19 Vaccination Booster May 2022-April 2023



Influenza Vaccination QIA May 2022-April 2023

Goals and Outcomes

The two 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, 70.5% of patients received an influenza vaccination. Reporting of staff vaccinations was limited reflecting 29.9% 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 facility and EQRS batching delays, 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

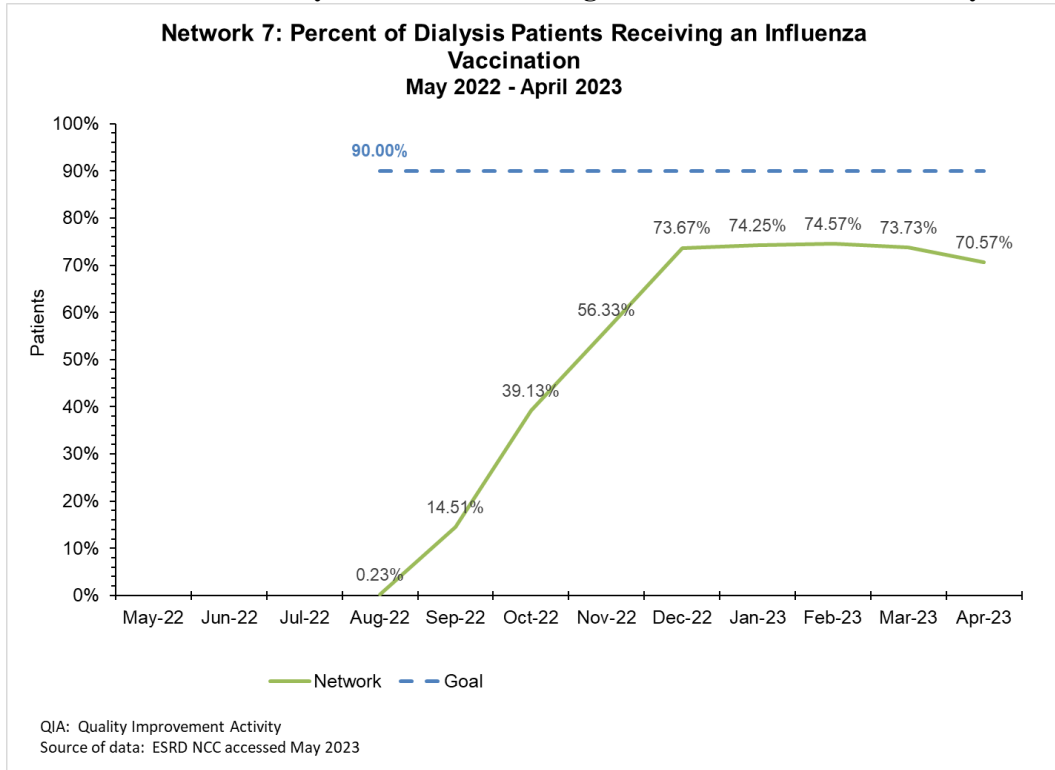
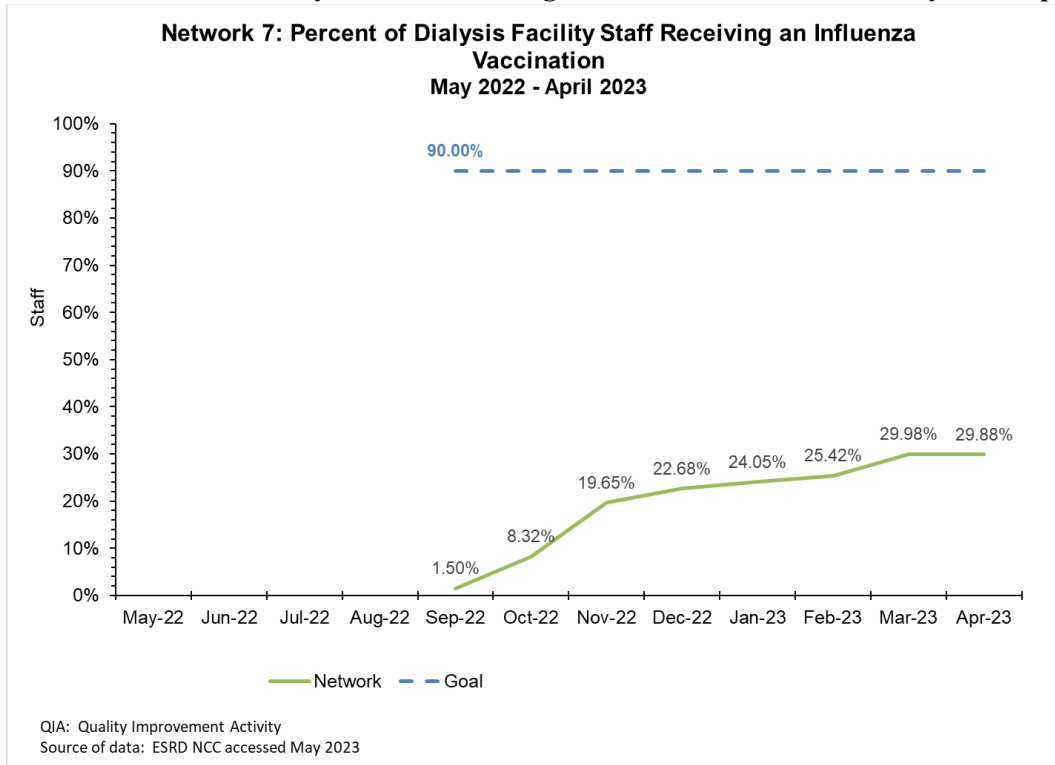


Chart Y: Percent of Dialysis Staff Receiving an Influenza Vaccination May 2022-April 2023



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 94.4% of the PCV13 goal, with 12,252 patients being vaccinated. (See Chart Z) The Network achieved 69.2% of patients receiving a PPSV 23, 67.6% of patients receiving a PPSV 23 booster vaccination, and 64.0% of patients over the age of 65 receiving a PPSV 23 vaccination 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 community coalition recommended educational resources from reputable sources that facilities could use to educate patients during vaccination conversations.
- Assisting facilities with obtaining access to EQRS and providing instructions for reporting vaccinations.
- Providing technical assistance to individual facilities that were experiencing barriers to reporting vaccinations in EQRS or were low performers.
- Promoting the *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.
- Utilizing change ideas from the *Vaccination Change Package* in facility action plans.

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

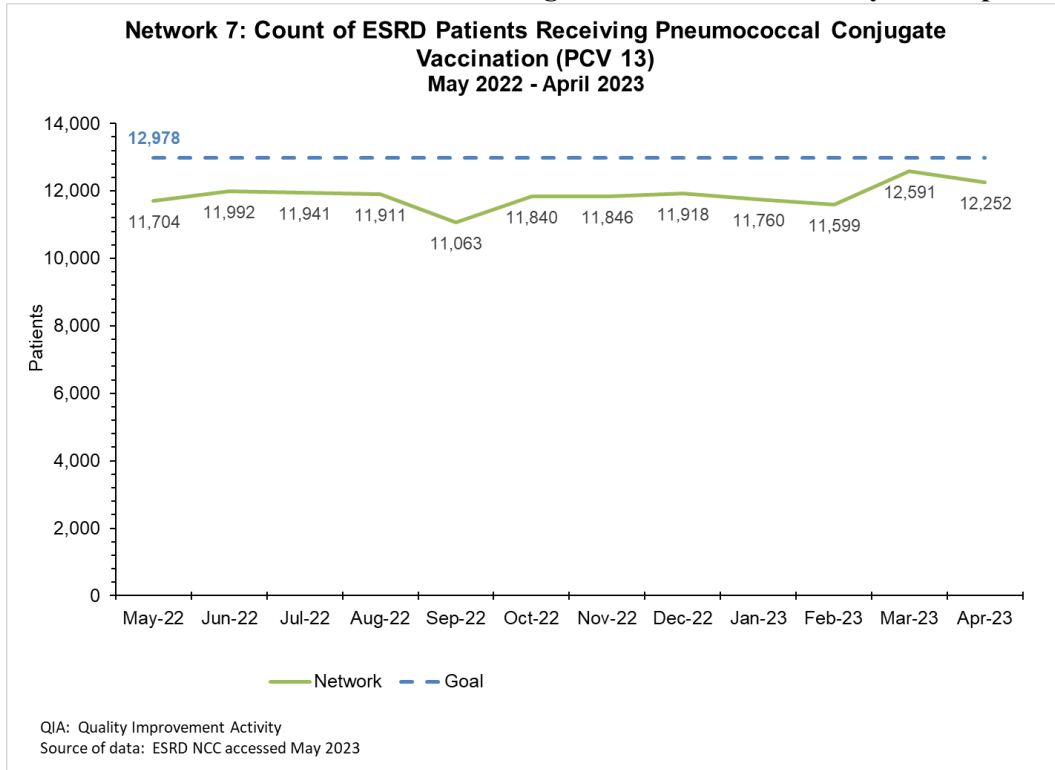


Chart AA: Percent of ESRD Patients Receiving an Initial PPSV 23 May 2022-April 2023

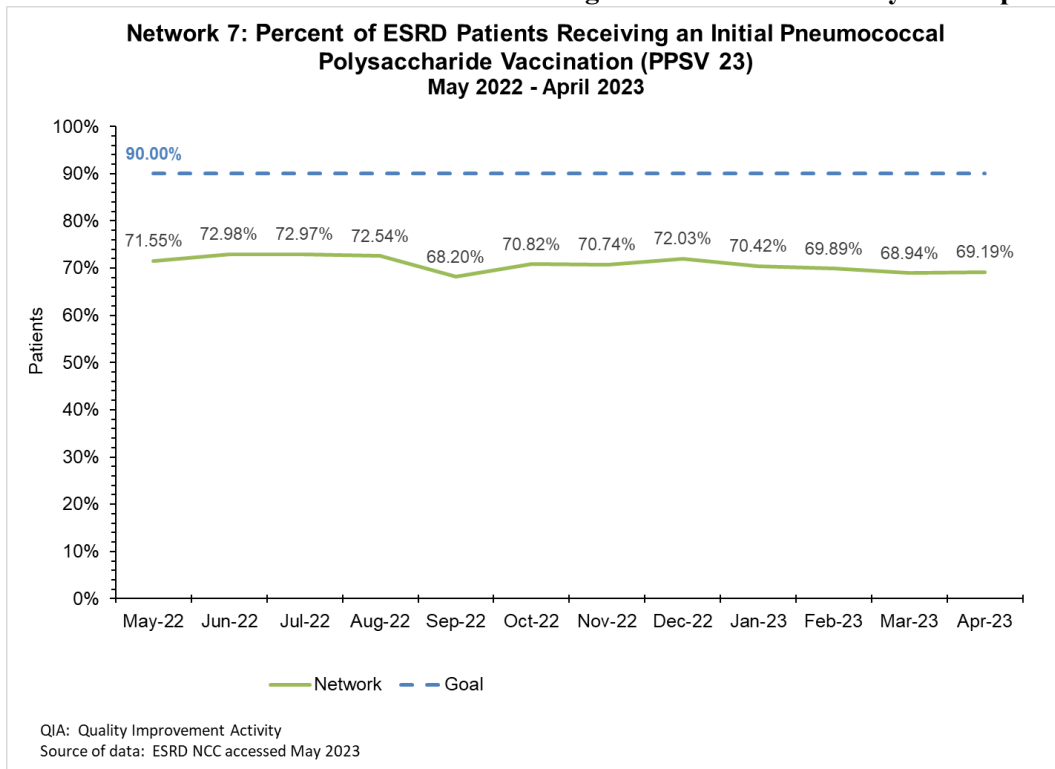


Chart BB: Percent of ESRD Patients Receiving a Booster PPSV 23 Vaccination May 2022-April 2023

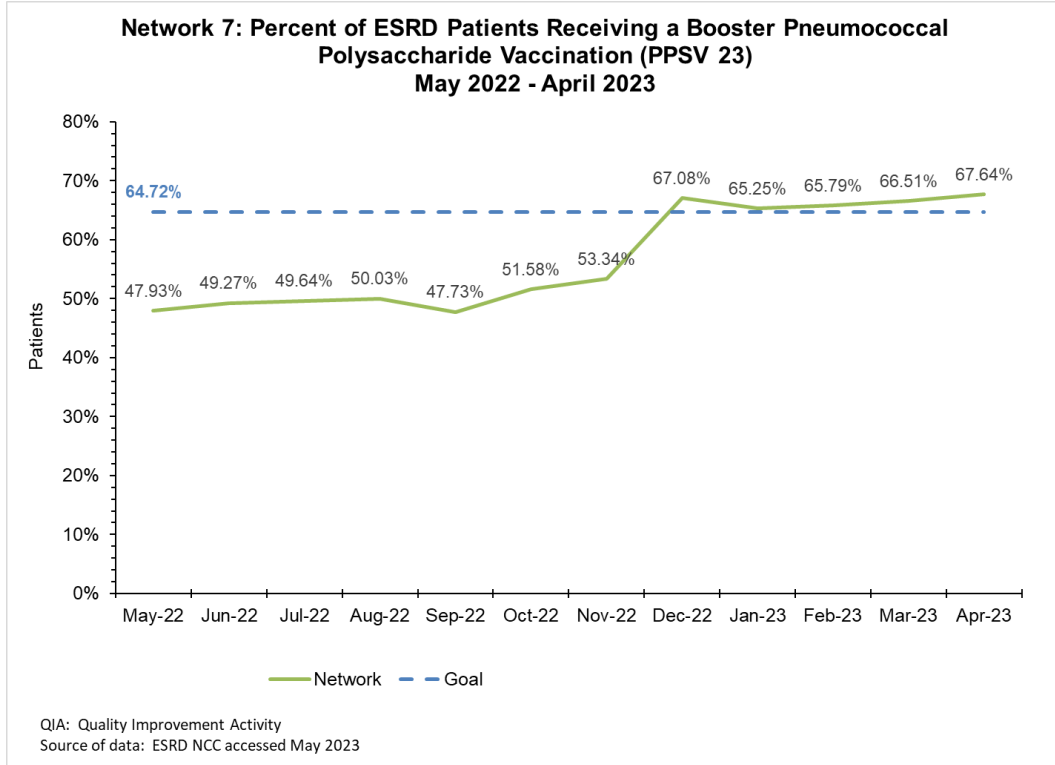
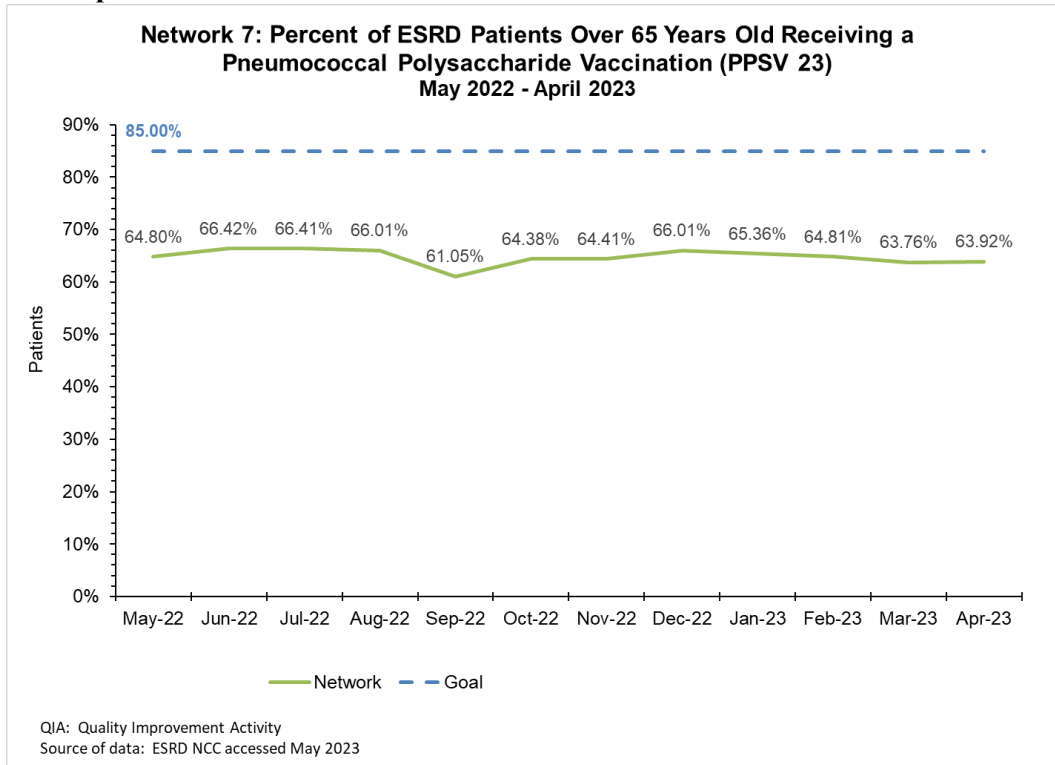


Chart CC: Percent of ESRD Patients Over 65 Years Old Receiving a PPSV 23 Vaccination May 2022-April 2023



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's upper limit for the QIA goal for catheter infections was set at 1.15% and the Network did not meet this goal due to achieving a final rate of 1.47%. The Network's upper limit for the QIA goal for blood transfusions was set at 10.99% and the Network did meet this goal due to achieving a final rate of 8.0%. (See Charts DD and EE) There were no patients identified as receiving peritoneal dialysis in a NH during the contract year. (See Chart FF)

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

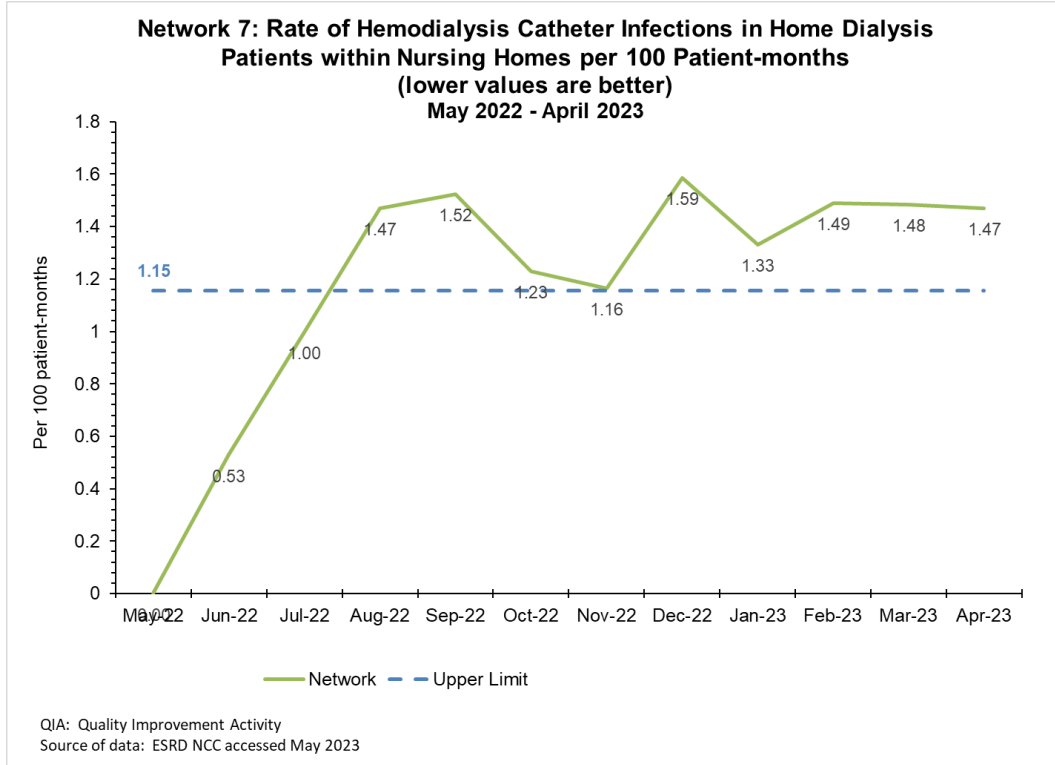
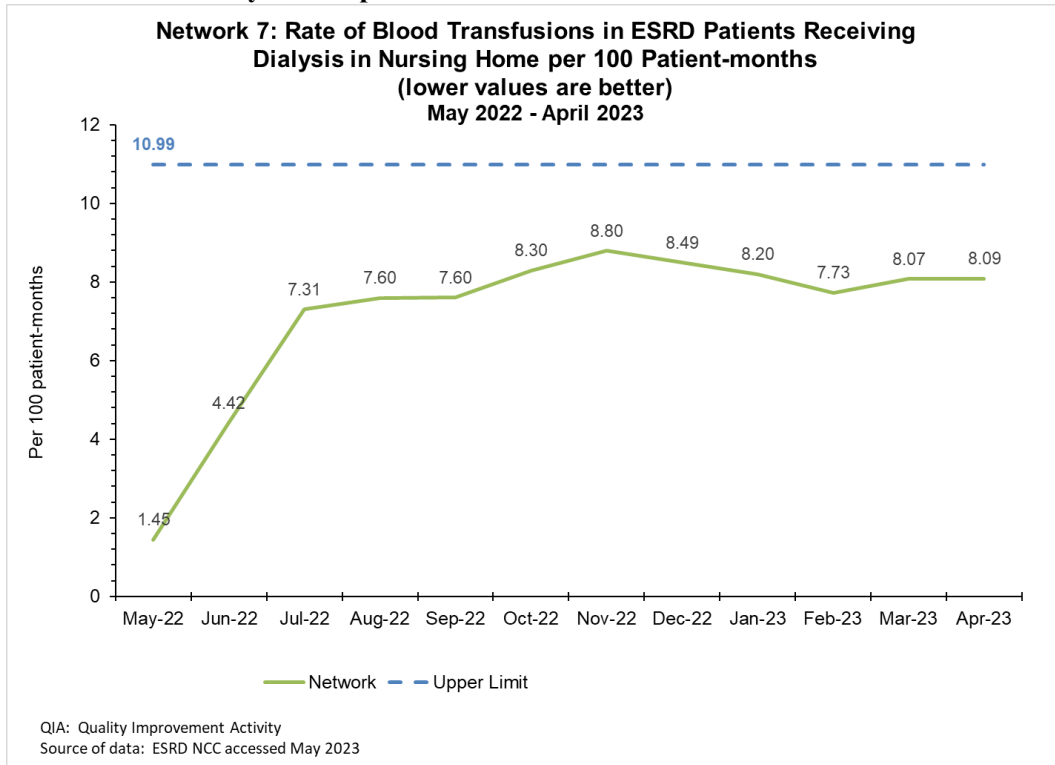
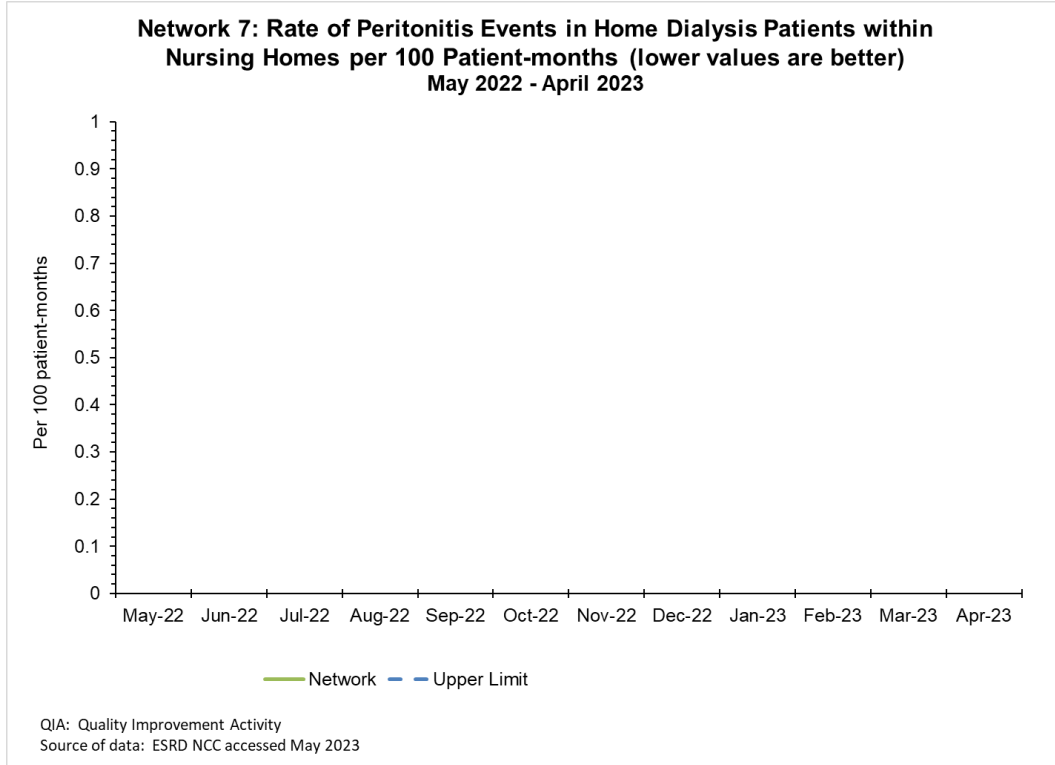


Chart EE: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a NH per 100 Patient-months May 2022-April 2023



**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 65.7% of admissions, 73.4% of 2728 forms, and 53.5% 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

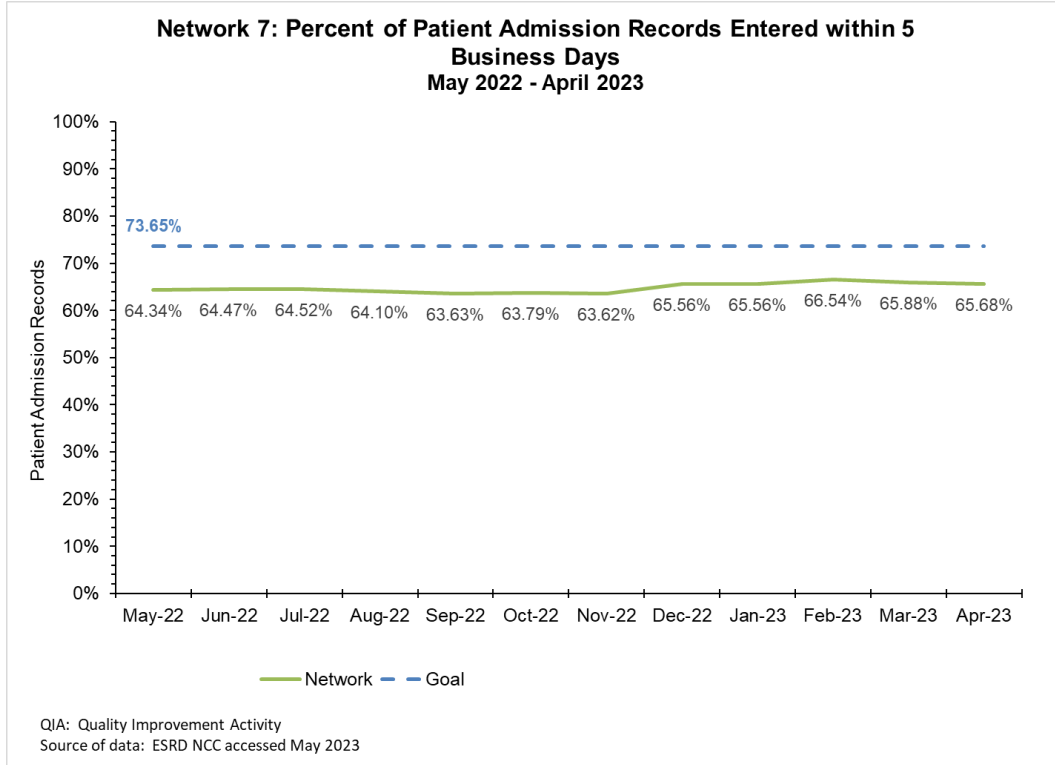


Chart HH: Percent of CMS-2728 Forms Submitted within 45 Days May 2022-April 2023

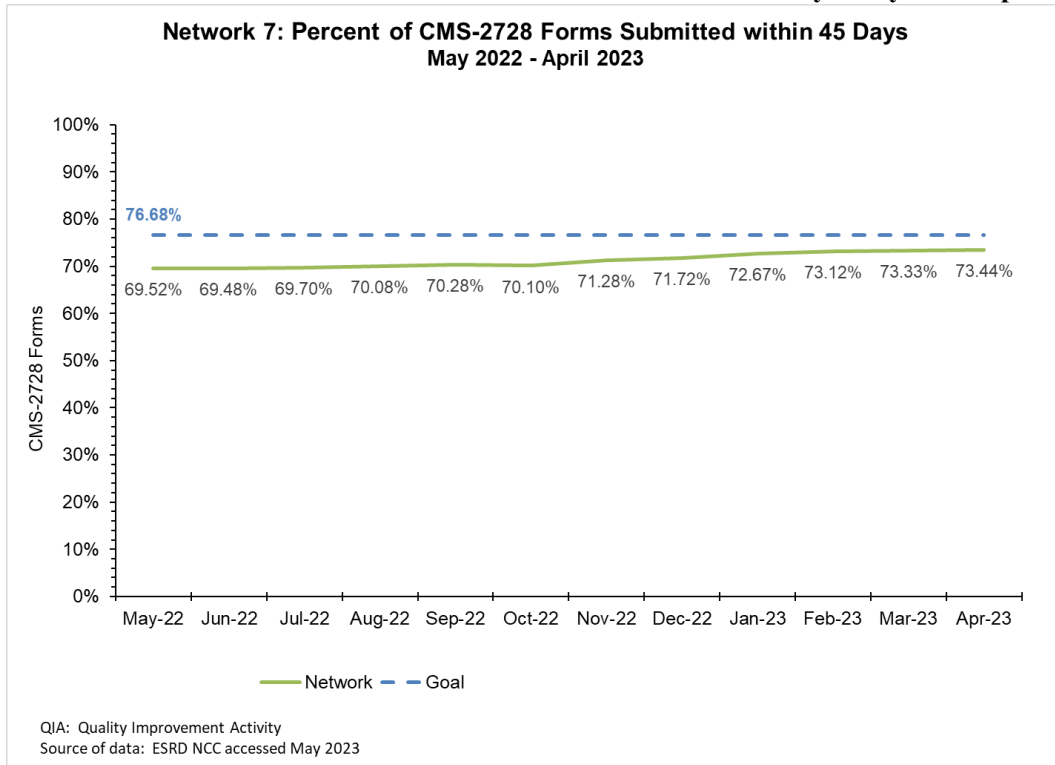
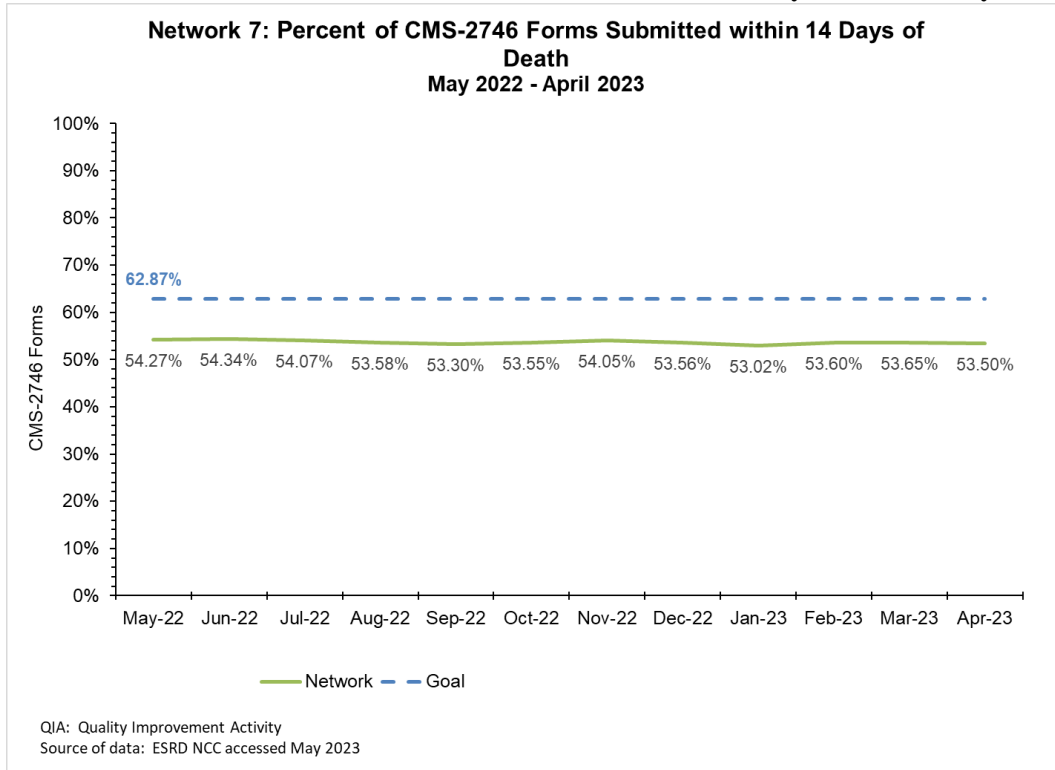


Chart II: Percent of CMS-2746 Forms Submitted within 14 Days of Death May 2022-April 2023



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 18.2% 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*](#)

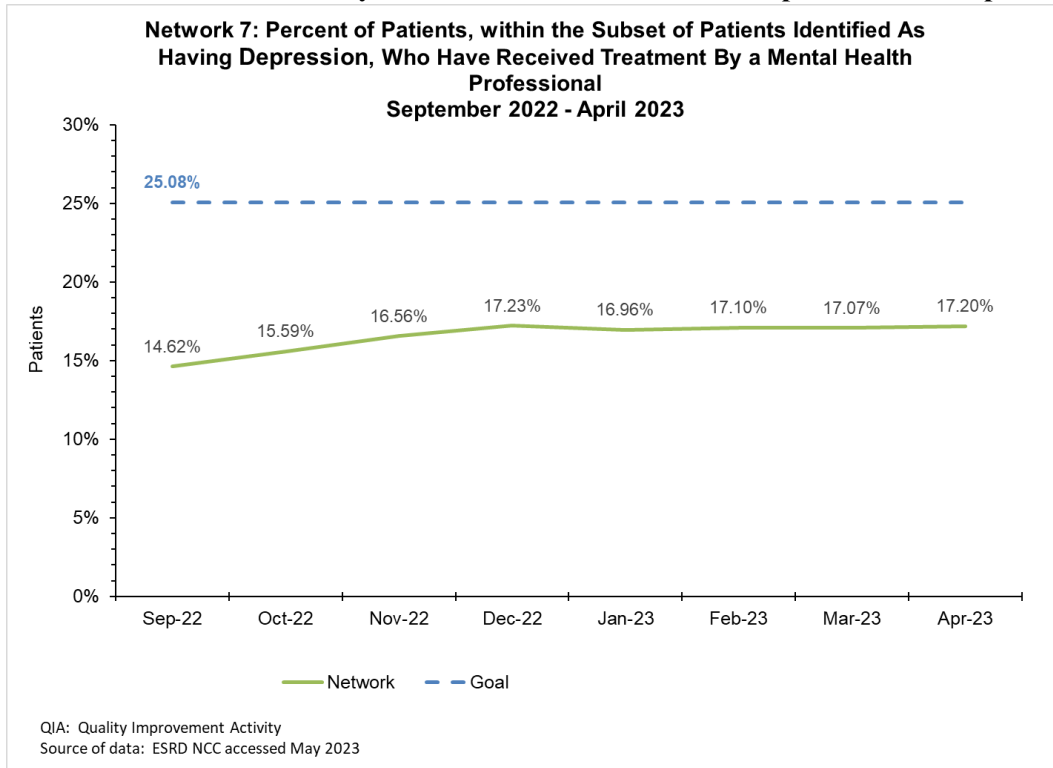
- Providing education and technical assistance to dialysis facilities to improve the rates and accuracy of reported depression screenings for the QIP and the QIA.

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 7 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.

September 2023

- **Hurricane Ian**

Hurricane Ian formed in the Caribbean Sea on September 26, 2022, as it approached Cuba. It became a category 5 hurricane with 160 mph winds and then made landfall on Florida's west coast, in the Fort Myers area, on September 28, 2022, as a category 4 hurricane. The storm then moved across Florida leaving over 20 inches of rain and causing major flooding in some areas of southwest and central Florida.

Prior to the storms approach of Florida, the Network distributed multiple weather alerts to facilities in the affected areas and tracked and monitored the planned closing schedules of facilities along the west coast of Florida. The Network contacted independent facilities and corporate leadership for small, medium and large dialysis organizations to confirm contact information that could be used post storm. The Network was also in contact with various Healthcare Coalitions (HCCs) for pre-storm planning.

After the storm left Florida, the Network collected the number of missing patients and the open/closed status from all facilities in the impacted areas and provided reporting to KCER, CMS, and The Florida Agency for Healthcare Administration (AHCA, Florida's State Survey Agency). It engaged in KCER calls and met with the Florida Department of Health to discuss mobile dialysis options for hospitals that were without water in the impacted areas. The Network also accessed Florida's Emergency Patient Look-Up System (E-PLUS) to obtain hospital visit information for patients that could not be located after the storm.

Multiple facilities were closed for various timeframes due to power and water outages and/or flooding. Network response activities included remaining in contact with the facilities in the affected area to assess and track operational status and identify and address patient access-to-care issues. The Network also received and addressed patient and stakeholder calls related to patients who needed to be evacuated from barrier islands, were located in shelters or had to evacuate to other areas of the state and were in need of dialysis treatments. All facilities were open and operational and all patients were accounted for on October 12, 2022.

November 2022

- **Hurricane Nicole**

Hurricane Nicole formed as tropical storm in the Atlantic on November 7, 2022, and became a hurricane on November 9, 2022, after making landfall in the Bahamas. It made landfall along the Florida's east coast near Vero Beach on November 10, 2022, and brought heavy rainfall, hurricane force winds and high surf. The Network was activated to monitor and track the storm's predicted landfall and issued Tropical Storm/Severe Weather Alerts to Florida dialysis facilities on November 7, 2022, and November 8, 2022. The Network collected planned closure information from facilities and monitored the storm until all Florida facilities were clear from the path. All facilities re-opened, after the storm passed, without incident.

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.