

ESRD NETWORK 2020 ANNUAL REPORT

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

Table of Contents

ESRD DEMOGRAPHIC DATA.....	5
Geography and General Population	5
ESRD Population.....	5
Dialysis Treatment Options.....	7
Transplant.....	8
ESRD Facilities.....	9
ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA.....	13
Improving the Grievance and Access-to-Care Processes.....	13
Goals and Outcomes	13
Barriers.....	14
Interventions.....	14
Best Practices/Sustainability.....	15
ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA	17
Long-Term Catheter (LTC) Quality Improvement Activity (QIA).....	17
Goals and Outcomes	17
Barriers.....	17
Interventions.....	18
Best Practices/Sustainability.....	18
Blood-Stream Infection (BSI) Quality Improvement Activity.....	19
Goals and Outcomes	19
Barriers.....	21
Interventions.....	21
Best Practices/Sustainability.....	22
Transplant Waitlist Quality Improvement Activity	23
Goals and Outcomes	23
Chart P: Percent of Patients Added to the Transplant Waitlist (January–September 2020).....	23
Barriers.....	23
Interventions.....	24
Best Practices/Sustainability.....	24
Home Therapy Quality Improvement Activity	25
Goals and Outcomes	25
Interventions.....	26

Best Practices/Sustainability	26
Population Health Focus Pilot Project Quality Improvement Activity (PHFPQ)	28
Goals and Outcomes	28
Interventions	29
Best Practices/Sustainability	30
ESRD NETWORK RECOMMENDATIONS	32
Recommendations for Sanction	32
Recommendations to CMS For Additional Services or Facilities	32
ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION	34
ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION	36
ACRONYM LIST APPENDIX	37

This material was prepared by HSAG: ESRD Network 13, 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 OK-ESRD-13N1SS-06292021-01

ESRD DEMOGRAPHIC DATA

ESRD Network 13

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

Geography and General Population

The Network 13 service area encompasses three states with a contiguous landmass that covers approximately 165,000 square miles and includes swamp, coastal marshes, barrier islands, river valleys, forests, sub-tropical forests, lakes, bayous, arid plains, and mountains. The US Census Bureau estimates that as of July 1, 2019, the Network 13 service area had a combined estimated general population of 11,635,569.

ESRD Population

Network 13 worked in collaboration with the renal community and other key stakeholders to improve the quality of care and quality of life for 27,657 ESRD patients in 2020 based on data collected from CROWNWeb in the Network 13 service area (see Chart A). In 2020, 5,019 individuals were newly diagnosed with ESRD (see Chart B). As of December 31, 2020, Network 13 comprised 4.34% of the total national prevalent dialysis patient population and 4.39% of the national incident patient population (see Charts C and D).

Chart A: Count of Prevalent ESRD Patients by Treatment/Setting (2020)

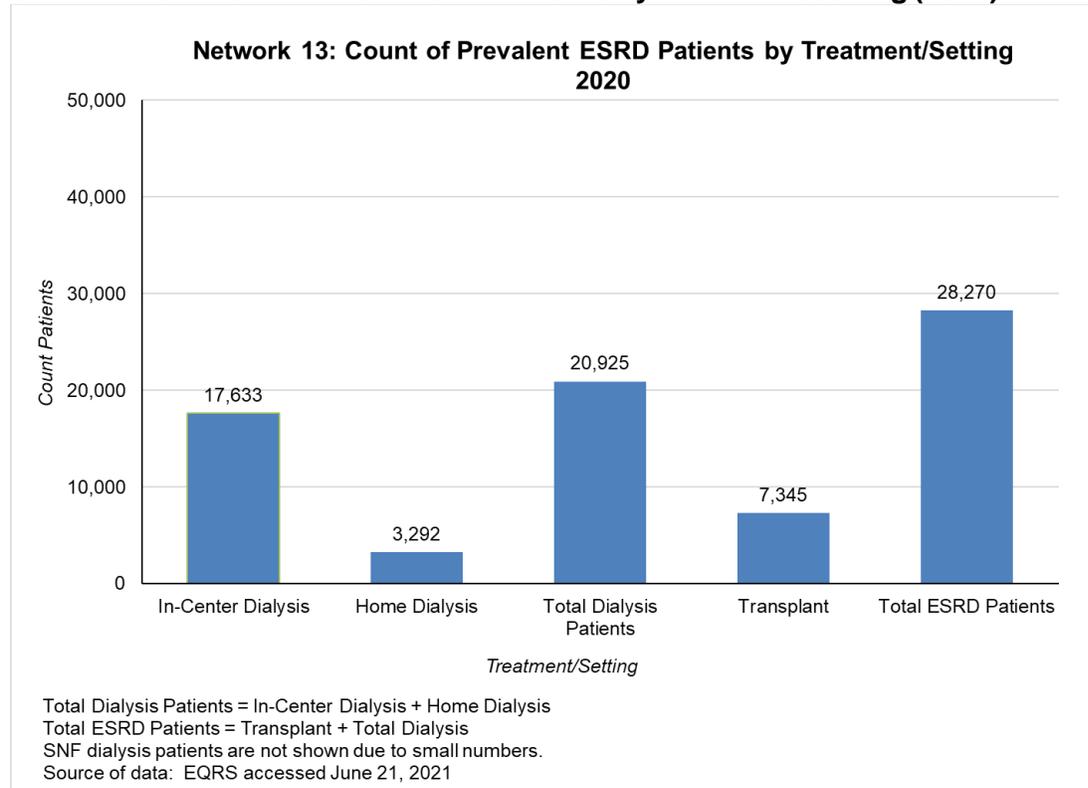


Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting (2020)

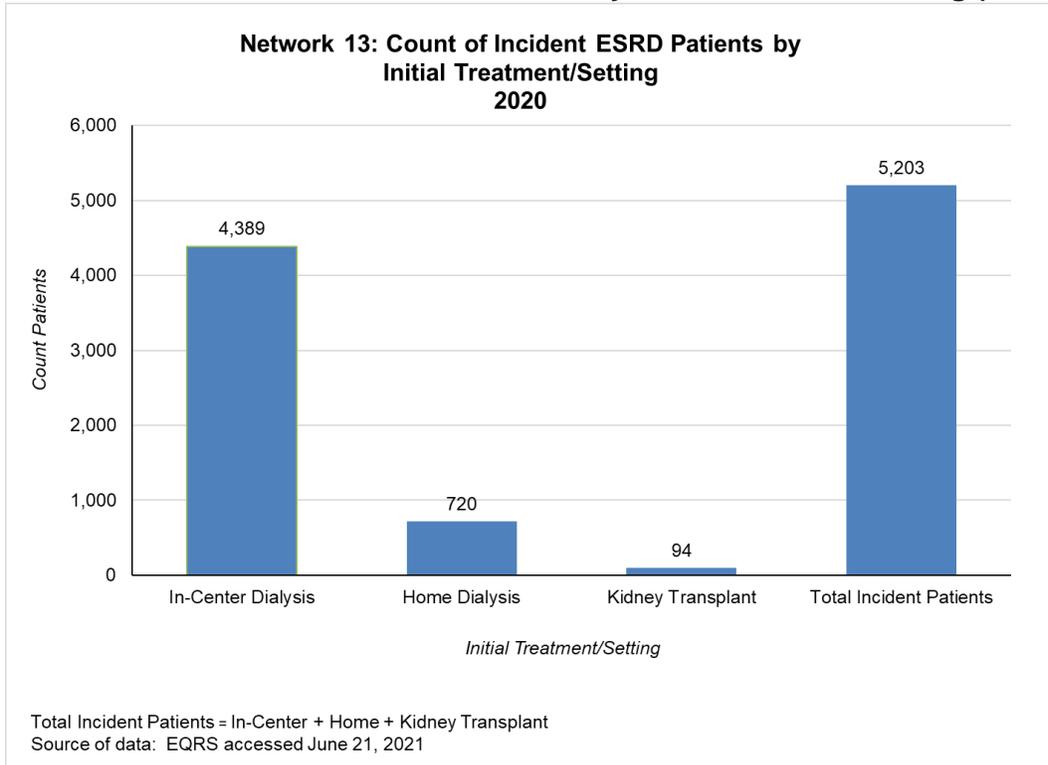


Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network (2020)

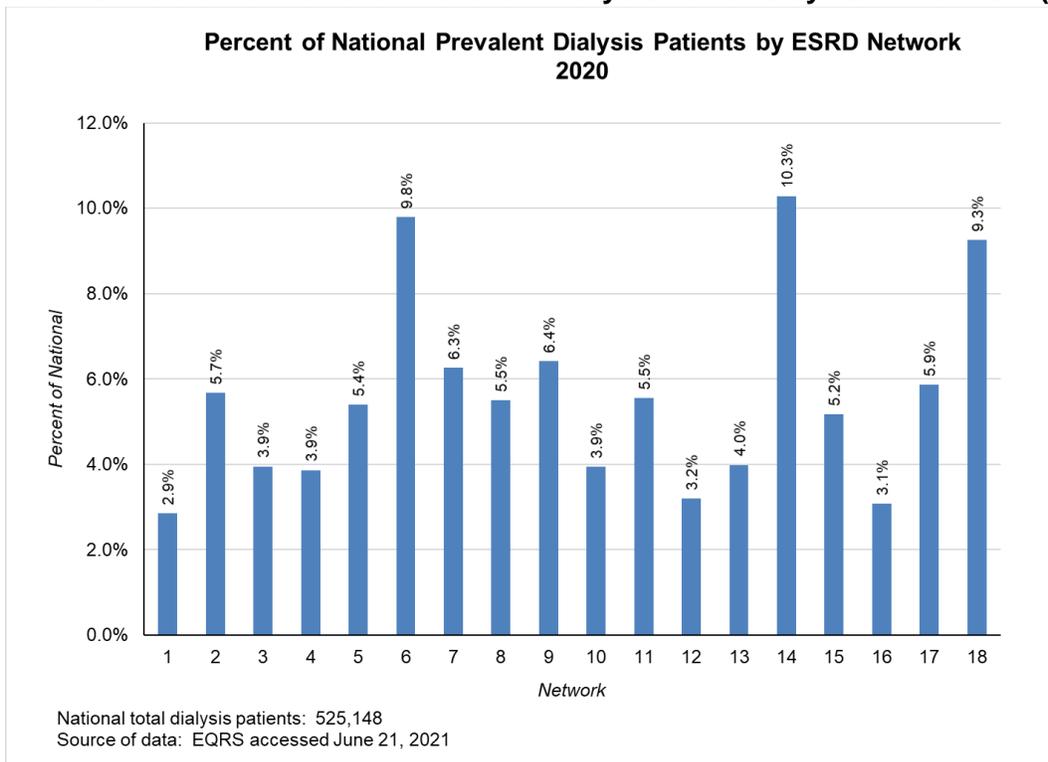
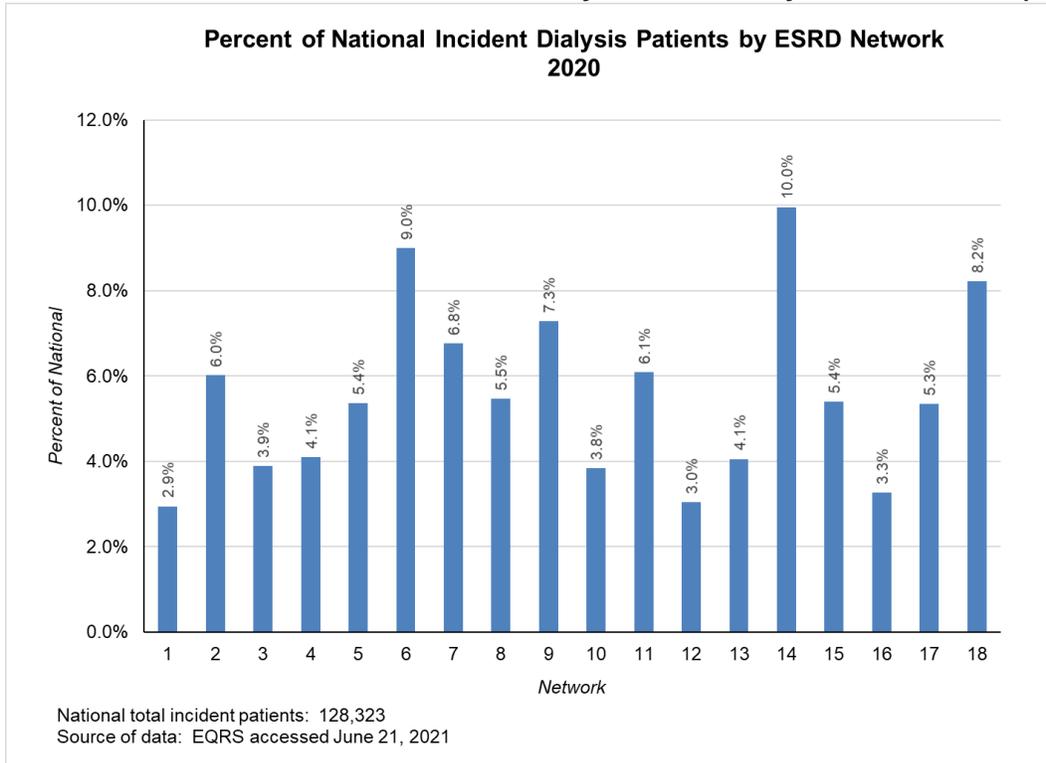


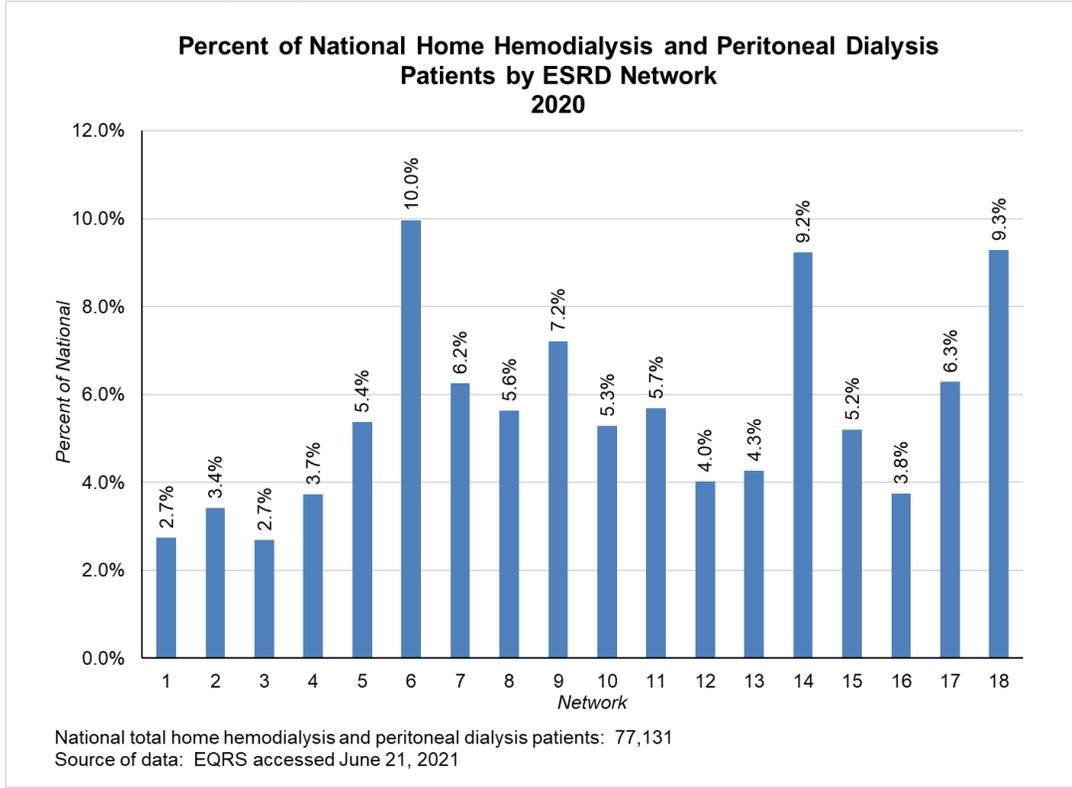
Chart D: Percent of National Incident Dialysis Patients by ESRD Network (2020)



Dialysis Treatment Options

As of December 31, 2020, 84.6% of Network 13’s dialysis patients were receiving in-center hemodialysis (ICHD) treatments and 15.4% 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, Network 13 comprised 6.5% of all HHD, CCPD, and CAPD patients (see Chart E).

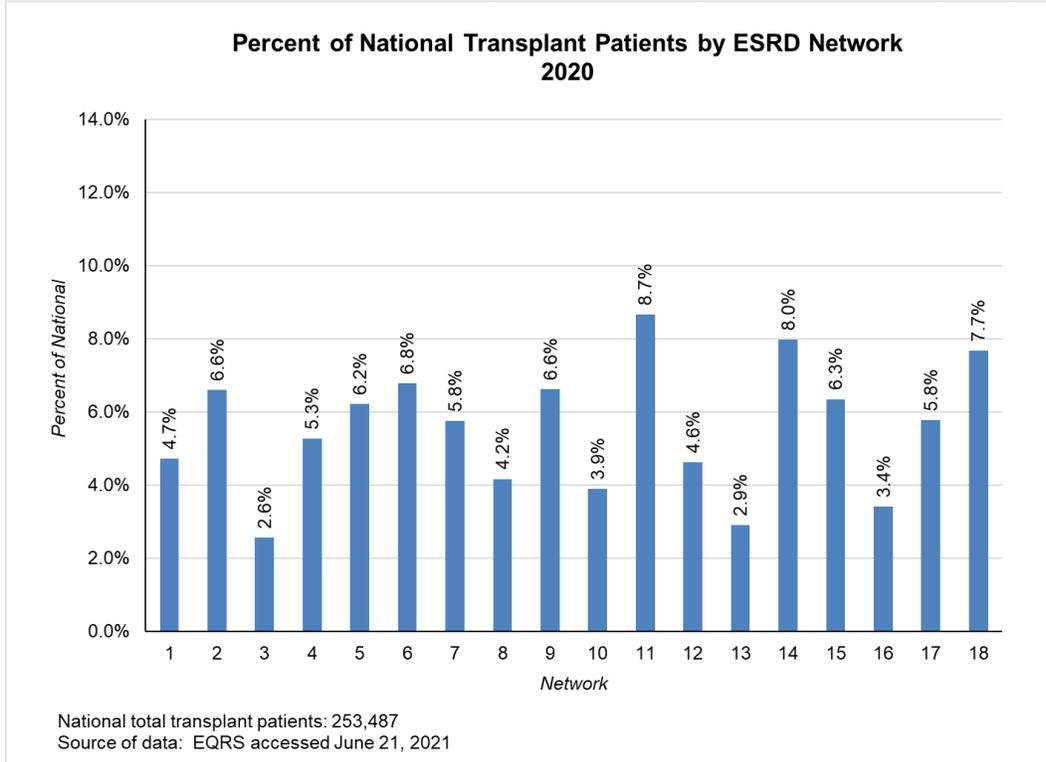
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network (2020)



Transplant

During 2020, transplants were completed by ten transplant centers in the Network 13 service area. As of December 31, 2020, there were 233,527 transplant patients nationally, of which 2.98% were in Network 13 (see Chart F).

Chart F: Percent of National Transplant Patients by ESRD Network (2020)



ESRD Facilities

According to CROWNWeb data, and as of December 31, 2020, Network 13 had 20,310 ESRD patients on dialysis receiving treatment across 341 Medicare-certified dialysis facilities (see Chart G). Nationally, Network 13 comprised 4.8% of all dialysis facilities (see Chart H) and 4.5% of all transplant facilities (see Chart I).

Chart G: Network13: Count of Medicare-Certified Facilities by Treatment/Setting (2020)

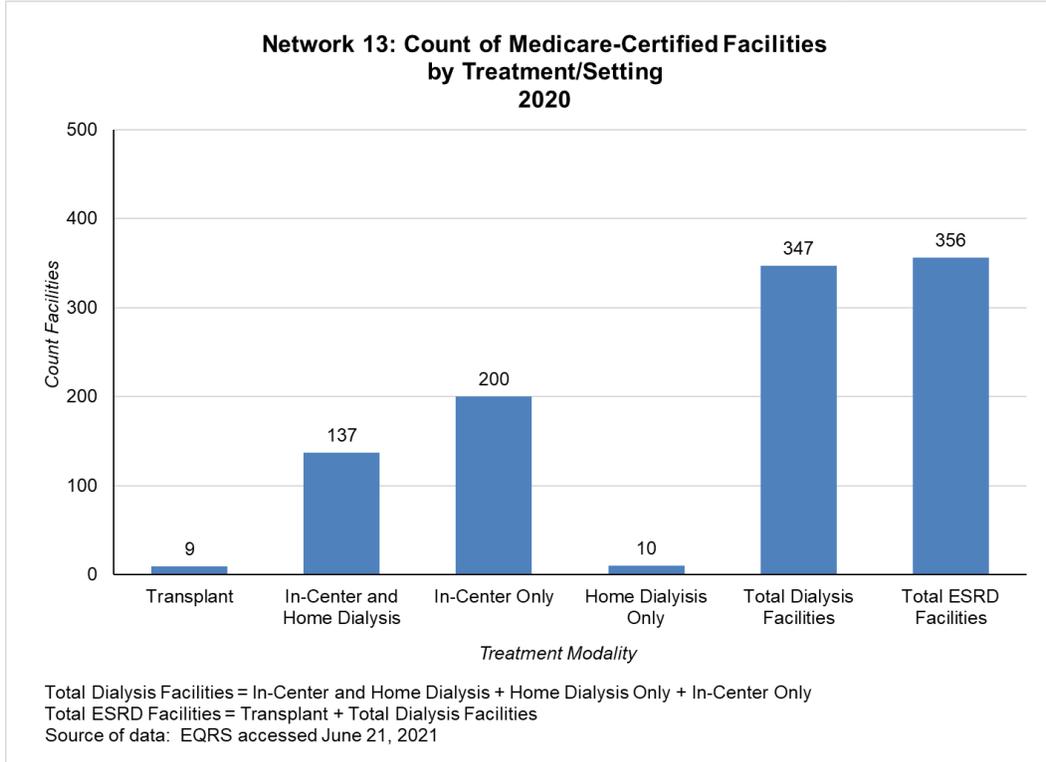


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network (2020)

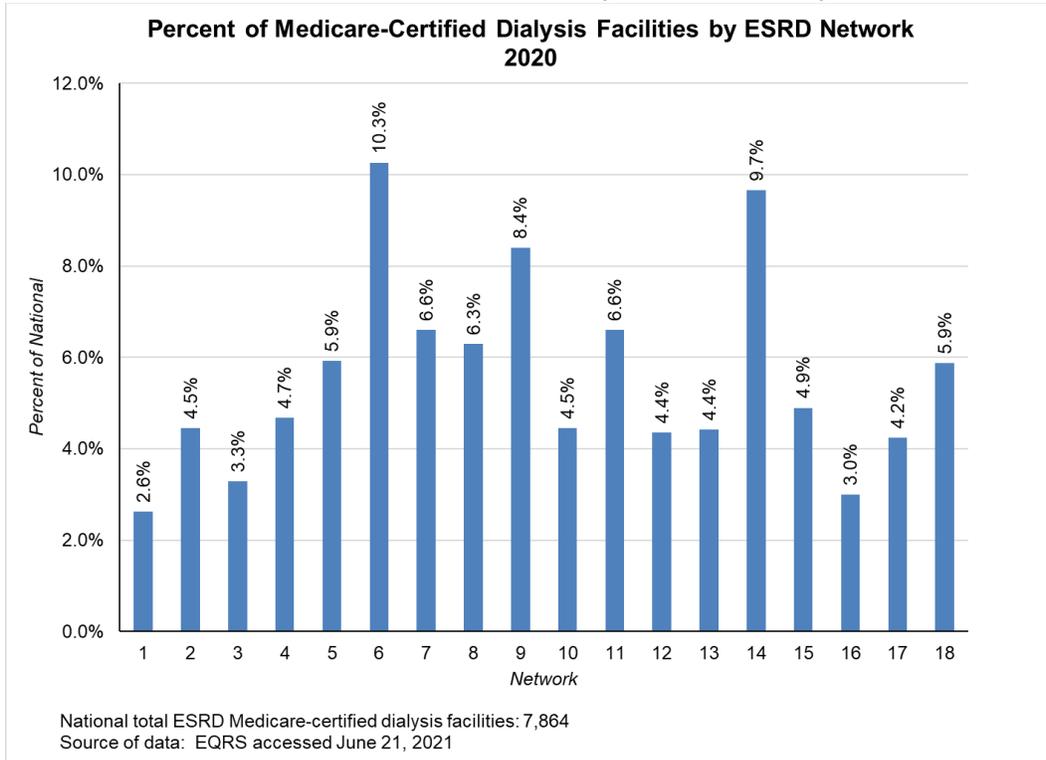
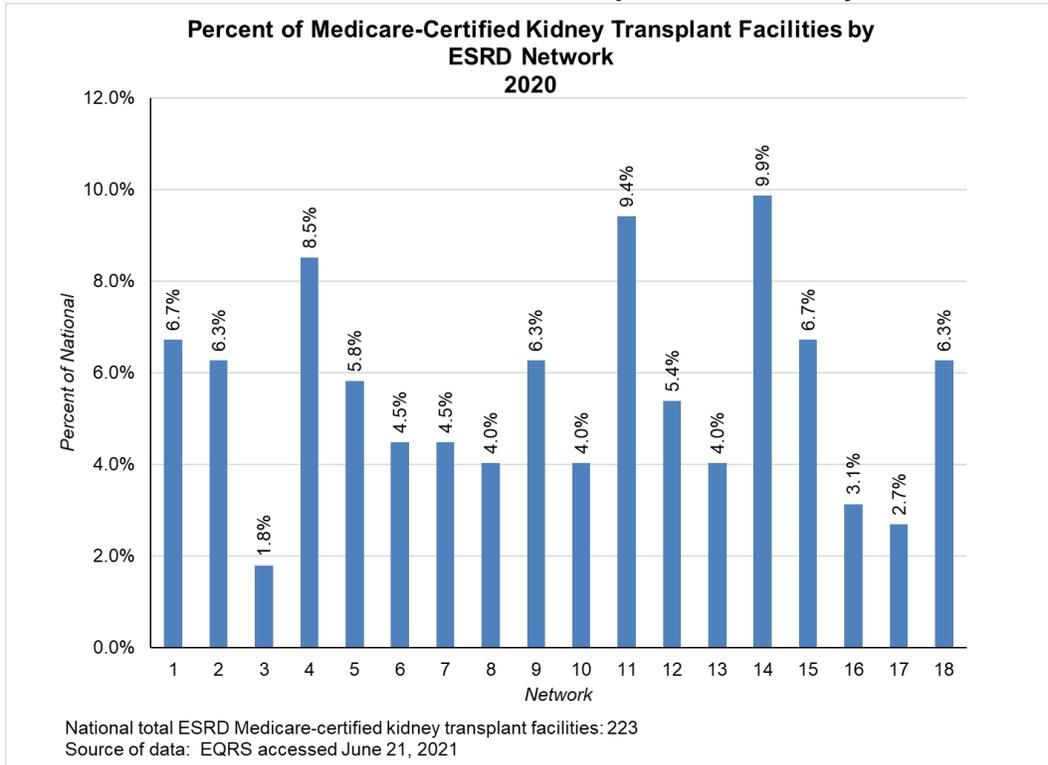


Chart I: Percent of Medicare-Certified Transplant Facilities by ESRD Network (2020)



ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

Improving the Grievance and Access-to-Care Processes

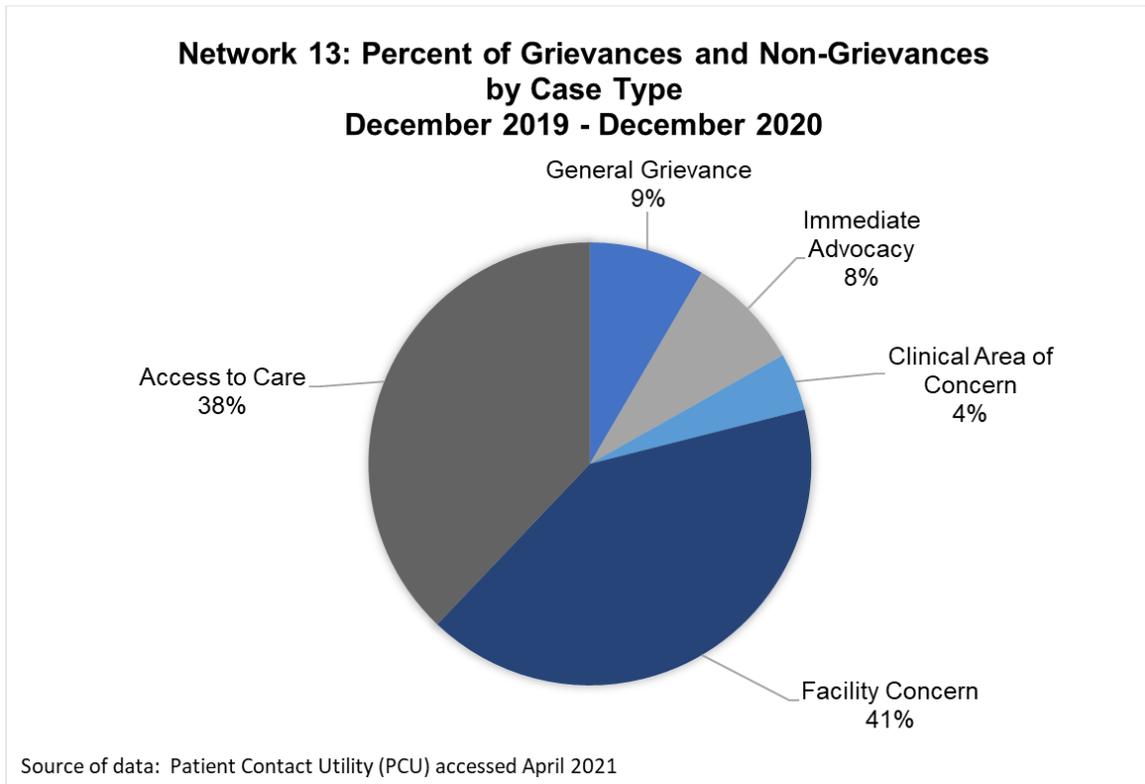
In April and October 2020, Network 13 conducted focused audits to gauge internal and external issues in the areas of grievances and access to care. Additionally, Network 13 sought to improve its grievance satisfaction scores toward meeting national satisfaction expectations. All quality improvement (QI) activities were carried out with input from patient subject matter experts (SMEs).

Goals and Outcomes

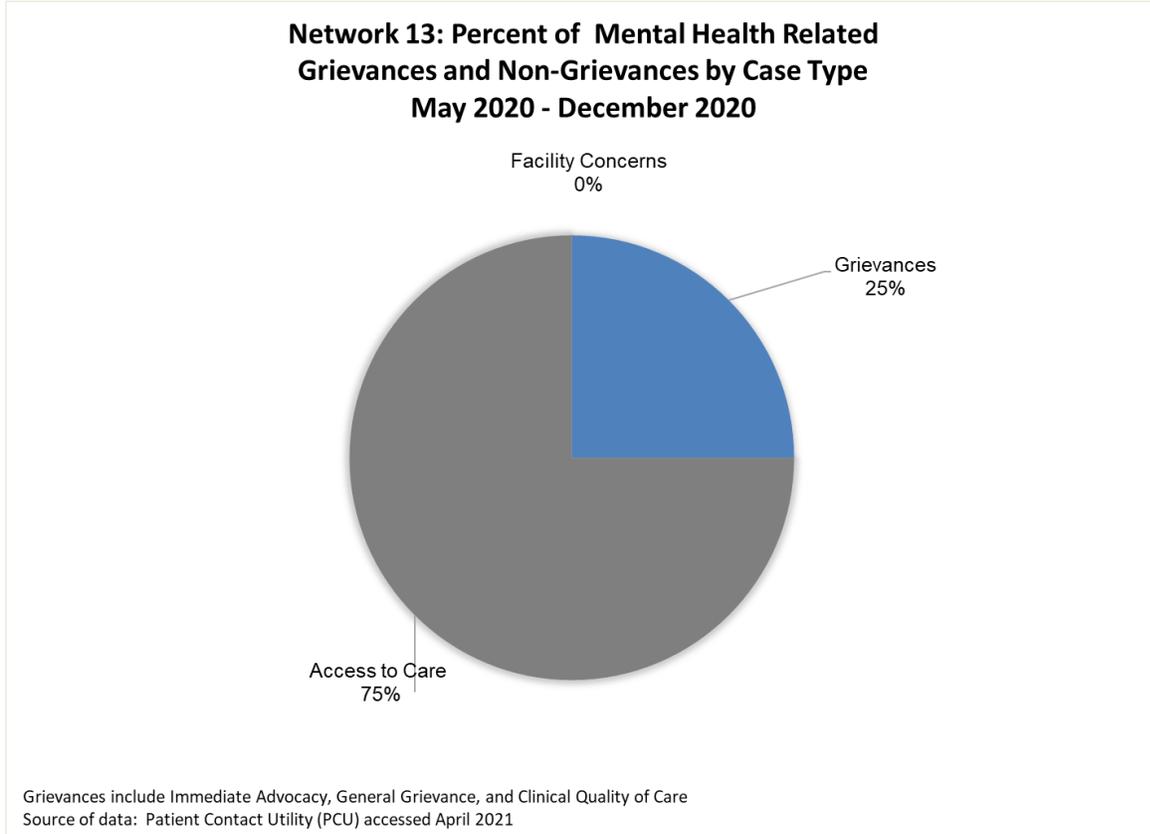
The 2020 goals continued to be to decrease the number of grievance and access-to-care cases, while raising Network 13’s performance for the national grievance satisfaction survey outcomes to the Centers for Medicare & Medicaid Services (CMS) expectation of 80% overall patient satisfaction.

Grievance cases included immediate advocacy (IA), general grievance (GG) and Quality of Care (QoC) with access to care cases indicating involuntary discharges (IVDs), involuntary transfers (IVTs) and Failure-to-Place (F2P) events. From December 2019 – December 2020, 21% of cases received by Network 13 were grievances (IA, GG, QoC) and 38% were access to care cases (IVD, IVT, F2P) (see Chart J). Of the mental health-related issues identified, 75% were related to access-to-care and 25% were related to grievance cases (see Chart K).

Chart J: Percent of Grievance and Non-Grievances by Case Type December 2019-December 2020



**Chart K: Percent of Mental Health Related Grievances and Non-Grievances by Case Type
May 2020-December 2020**



Barriers

Network 13 continuously assessed cases for barriers that might impact the outcome or grievant satisfaction with the outcome. Ongoing barriers to improving patient grievance satisfaction scores included:

- Lack of consistent communication between patients and facility staff related to grievances.
- Staff turnover among the clinicians who generally handle grievances, such as social workers and nurse managers, which led to knowledge deficits and inconsistencies in practice.

Interventions

The interventions were designed to assist facilities with using a grievance process to efficiently handle patient concerns related to environmental, interpersonal, and operational issues. Focused-area interventions included:

- General grievance education for both providers and patients, including:
 - Provision of state-specific grievance posters with Network 13 and State Survey Agency (SA) contact information to all existing and new dialysis providers.
 - Information was posted in patient waiting areas and verified by onsite visits.
 - Provision of guidance highlighting definitions and responsibilities regarding grievances.

- Additional resources were distributed for ESRD providers.
- Utilization of the Forum of ESRD Networks' *Grievance Toolkit: Fostering Communication & Improving Quality*.

Network 13 completed a root cause analysis (RCA) and a Plan-Do-Study-Act (PDSA) plan to identify any new issues and strategies. Efforts continued to enhance the Network's grievance satisfaction scores through 2020. Highlights from the PDSA cycle included:

- Plan: Network 13 determined that sending follow-up notecards to check in with grievants 15 days after case closed was effective in letting grievants know that they had support, even after their issues had been resolved.
- Do: Network 13 sent the Forum of ESRD Networks' Grievance Toolkit with the grievance acknowledgment letter instead of the case closure letter based on previous interactions that proved that sending the toolkit at the beginning of the grievance helped the grievant better navigate the grievance process.
- Study: The 2020 grievance satisfaction survey reflected a passing score of 80.0 in 2020.
- Act: A critical component of Network 13's customer service included ongoing education of patients who file a grievance regarding Network 13's ability to assist in resolution of the case.

Best Practices/Sustainability

- Ongoing education regarding consistent practices, processes, and protocols.
- Use of sustainability worksheets to address grievances in a proactive versus reactive manner.
- Previous best practices, such as reviewing final outcomes and steps taken to resolve issues with the patient before officially closing cases, have resulted in improved satisfaction scores.
- Provision of the Forum of ESRD Networks' Grievance Toolkit as a guide to assist patients to navigate the grievance process while working with Network staff.
- Increasing communication by frequently contacting the patient/family member who opened the case to provide weekly updates (i.e. waiting on documents from the facility or working on a training with staff), which demonstrated Network empathy and diligence on their behalf.

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

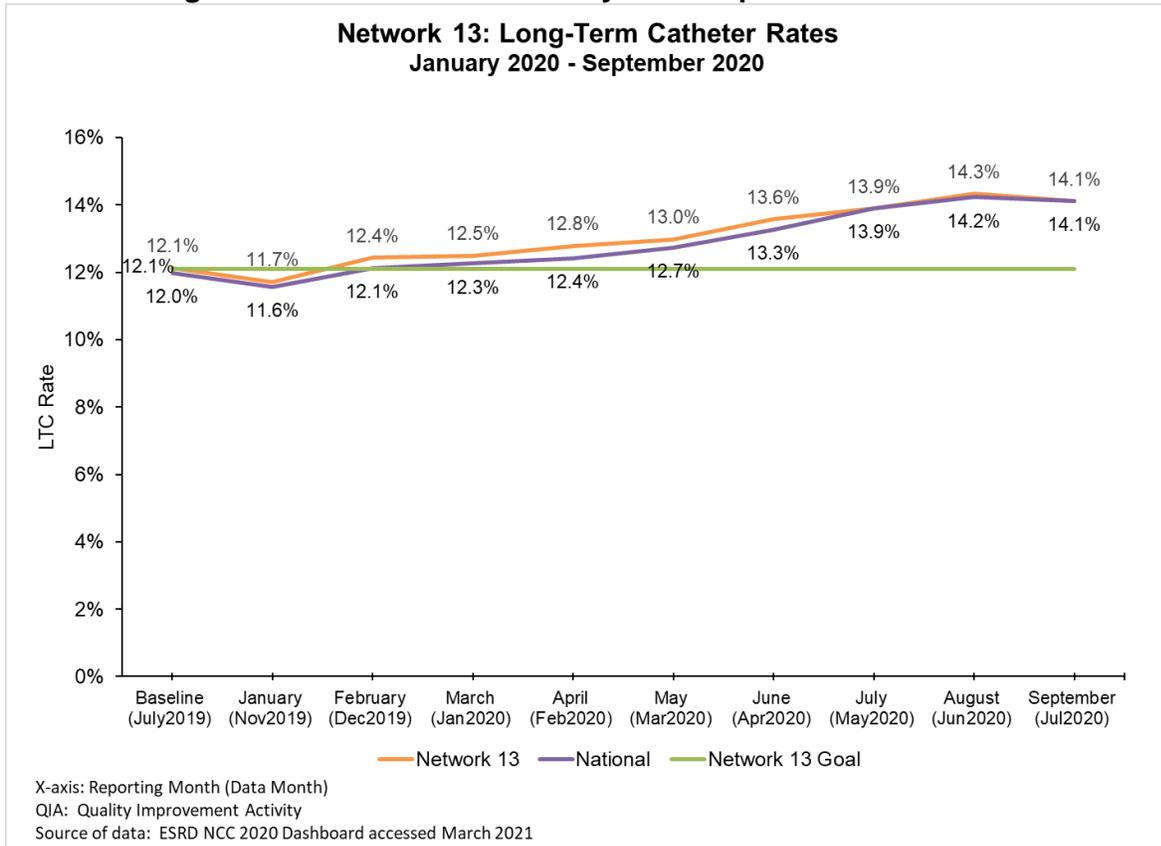
Long-Term Catheter (LTC) Quality Improvement Activity (QIA)

During 2020, Network 13 conducted a Network-wide QIA to reduce LTC use (catheter in use for 90 days or longer), as well as enhanced interventions within a specific cohort of 41 facilities with LTC rates greater than 15.0%. This cohort had a baseline patient census of 446 dialysis patients.

Goals and Outcomes

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, Network 13 worked toward the goals of this quality improvement activity but was not evaluated on results. The Network-wide activity’s goal was to demonstrate a 0.25% decrease in the percent of patients with LTCs from the baseline using the Achievable Benchmark of Care model. The objective for the focus facility cohort was to reduce LTCs by an aggregate of 2.0% below the baseline. While Network 13 was unable to reduce the overall LTC rate by 0.25% (see Chart L), our facility cohort achieved a 2.1% reduction in LTCs from a baseline of 20.3% to 18.2%.

Chart L: Long-Term Catheter Rates January 2020-September 2020



Barriers

The following barriers were identified based on facility RCA results, as well as COVID-19 clinical considerations:

- Patient refusal for permanent access placement due to multiple failed surgeries and needle fears.

- Surgeon/surgery issues, including long wait times, limited availability, and cancelled surgeries.
- High number of incident (new) catheter-only admissions with difficulty getting the LTCs removed within 90 days.
- Permanent access creation on hold by surgeons due to COVID crisis.

Interventions

Facility-specific interventions included:

- Initiating an RCA and developing an action plan to decrease LTCs based on findings.
- Attending and participating in the Network 13 vascular access education activity, *Strategies to Reduce Catheter Use*.
- Providing patient education through vascular access bulletin boards, and other resources, such as catheter complication puzzles developed in collaboration with the Patient Advisory Committee (PAC), and *Fistula First* materials that provided information on permanent vascular access types.

Best Practices/Sustainability

Best practices and sustainability plans identified by QIA facilities included:

- Using benchmarking and tracking of facility-specific monthly progress in Quality Assessment and Performance Improvement (QAPI) meetings.
- Changing to Chlorhexidine for access and catheter site and hub cleaning.
- Obtaining referrals to surgeons as soon as possible.
- Adopting best practices and tools identified during the QIA and LAN calls.
- Reporting outcomes of the pre-education checklist and patient poll activity to facilities for targeted education for permanent access.

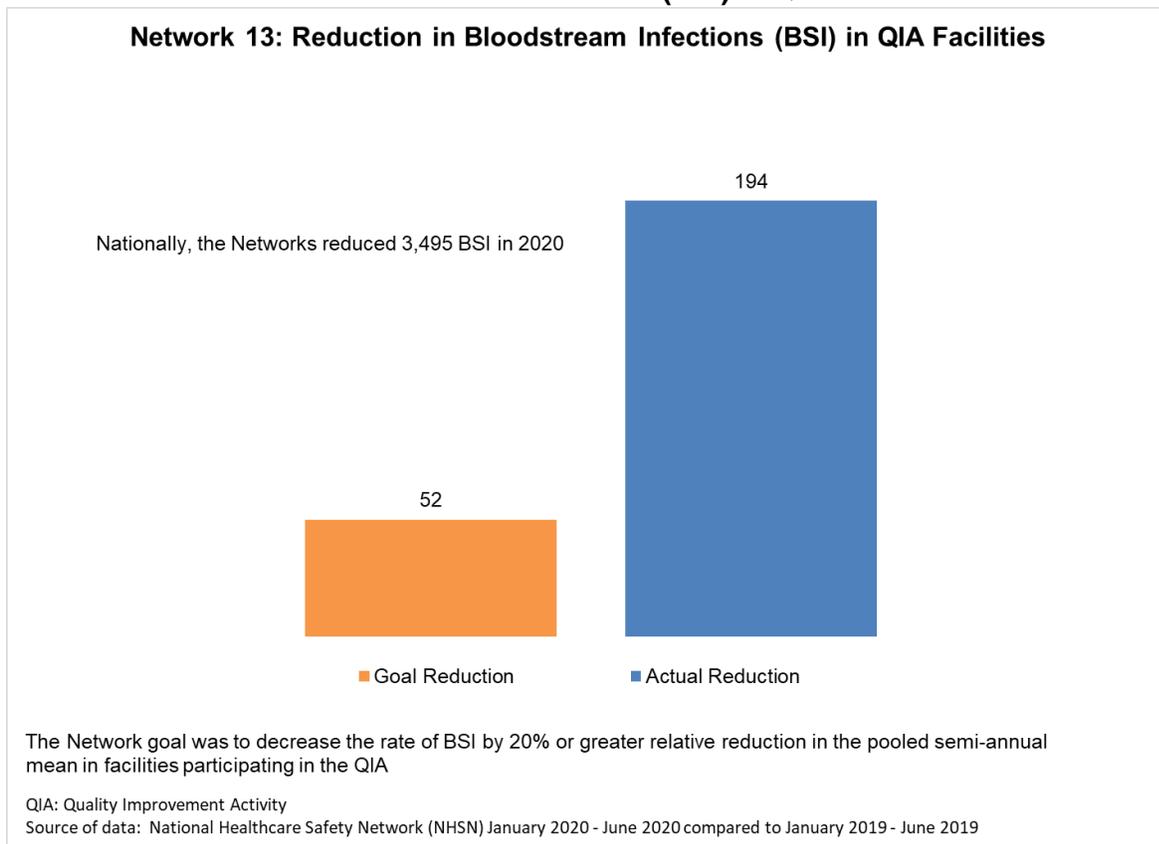
Blood-Stream Infection (BSI) QIA

In 2020, Network 13 conducted a QIA to reduce BSIs by improving infection control practices. The QIA was designed to support the National Action Plan to Prevent Healthcare-Associated Infections (HAIs) and the Centers for Disease Control and Prevention (CDC) Core Interventions for Dialysis Bloodstream Infection Prevention. The QIA included 65 facilities and impacted approximately 4,365 patients.

Goals and Outcomes

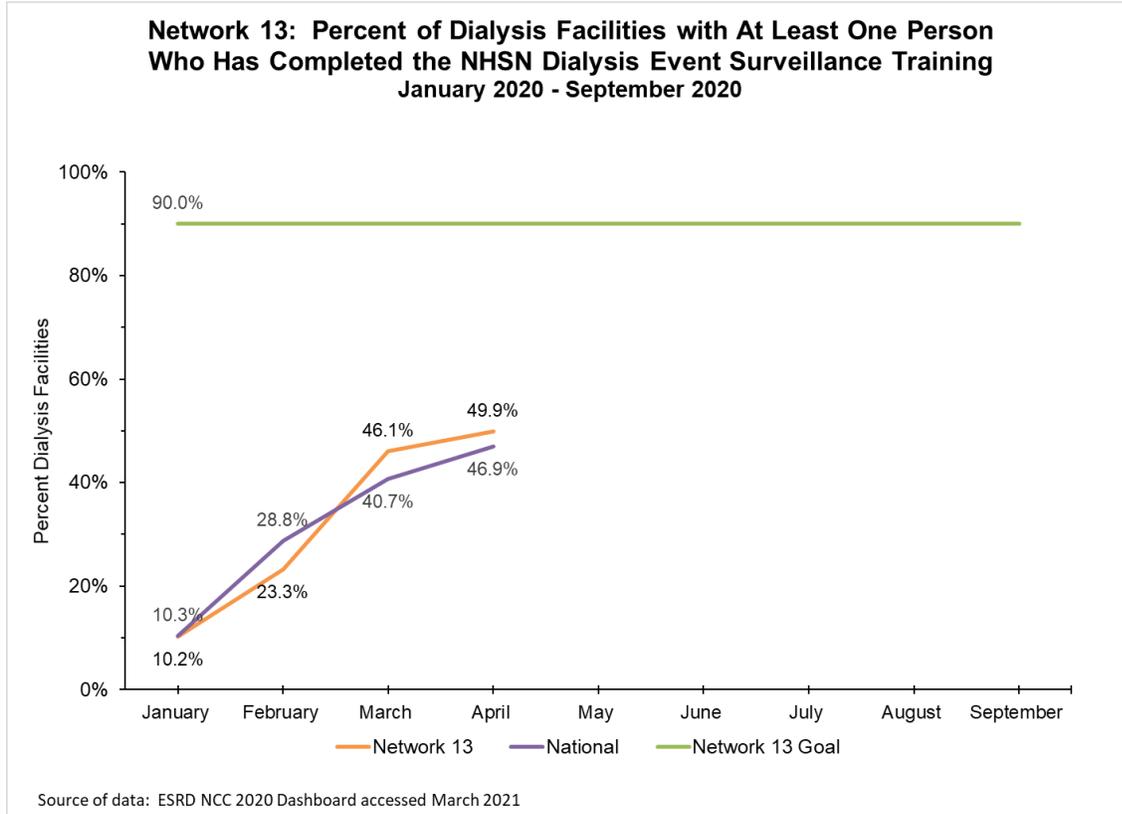
Network 13 used the National Healthcare Safety Network (NHSN) BSI pooled mean (average) rate per 100 patient-months to target facilities for the QIA. The goal was to demonstrate a 20.0% or greater relative reduction in pooled mean BSI rate. By QIA completion, the aggregate BSI rate decreased from 1.30 BSIs per 100 patient-months to 0.35, to exceed established goals of reduction and prevention (see Chart M).

Chart M: Reduction in Bloodstream Infections (BSI) in QIA Facilities.



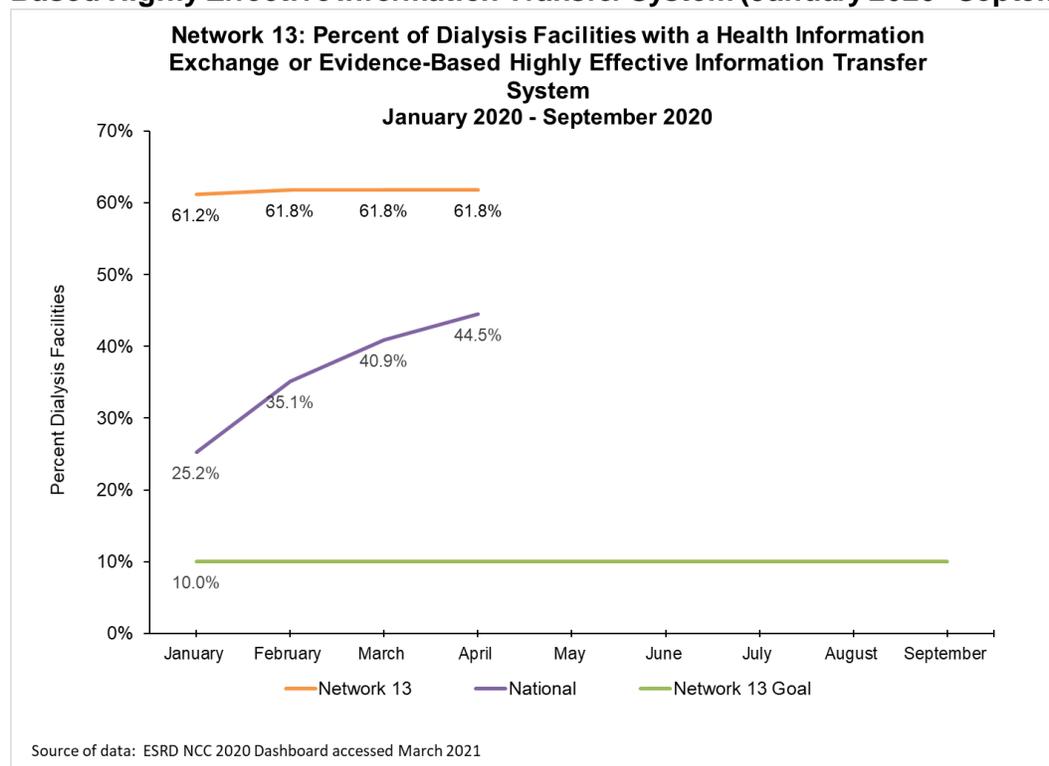
Network 13 was also tasked with having at least one staff member trained on the NHSN Dialysis Event Surveillance requirements. Chart N below demonstrates that 49.9% of facilities had a staff member complete the training by April 2020. Additional internal tracking, which is not included in the graph, reflected an achievement of 90.1% of facilities completing the training by July 2020 and 93.0% completing the training by September 2020.

Chart N: Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training (January 2020 – September 2020)



An additional BSI activity was to work with facilities to increase utilization of Health Information Exchanges (HIEs) or evidence-based highly effective information transfer systems to facilitate communication issues on BSI information. Network 13 exceeded the goal for this activity with 61.8% of facilities having an HIE (see Chart O).

Chart O: Percent of BSI QIA Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System (January 2020–September 2020)



Barriers

The COVID-19 pandemic facilitated the implementation of heightened infectious disease protocols, which appeared to minimize barriers related to BSIs. The barriers identified were related to lack of consistent implementation of infectious disease protocols, including COVID-19 screening, hand-hygiene practices, use of masks, and staff monitoring and/or adhering to protocols.

Interventions

Interventions implemented during the QIA included:

- Initiating an RCA and developing an action plan to decrease BSIs.
- Providing facility education on the CDC’s BSI Dialysis Collaborative Core interventions, tools, and resources, annual CDC/NHSN Dialysis Event training, and use of HIEs for sharing blood culture results across healthcare settings (i.e., acute dialysis units, hospitals).
- Completing monthly performance audits, inclusive of practice issues specific to hand hygiene, connecting and disconnecting catheters, and cannulation of fistulas or grafts, as possible.
- Promoting infection prevention with activities, such as Lobby Days, hand hygiene bulletin boards, and the 5-Diamond Patient Safety Program Infection Prevention Module.
- Requiring QIA facilities to attend the ESRD National Coordinating Center (NCC) BSI LANs, identifying and implementing interventions learned during the LAN sessions, and reporting on identified/implemented interventions as part of the monthly RCA and PDSA cycles.

- Conducting outreach, such as creating a hand hygiene bulletin board, and posting the CDC's *Days Since Last Bloodstream Infection* poster.
- Assessing and encouraging patient/family engagement and sharing of the patients' perspective on infection control processes by recruiting Network Patient Representatives (NPRs).
- Assisting facilities with enrollment and use of the NHSN for training regarding dialysis-event reporting for internal, comparative reporting QI purposes.

Best Practices/Sustainability

Best practices identified by QIA facilities included:

- Using the CDC *Days Since Last Infection Poster* as a visual to depict progression over time related to BSIs.
- Using the CDC handout, *Conversation Starter to Prevent Infections in Dialysis Patients*.
- Completing and sending the *Dialysis Center Report* to the hospital infection preventionist or the acute dialysis unit when a patient is admitted to hospital to ensure continuity of care for the patient between settings.
- Obtaining medical records via fax and communicating with wound care facilities and physicians to improve the overall care of patients.
- Reviewing medical records post-discharge on any hospitalized patients to ensure that there are no positive blood cultures (PBCs) or BSIs that occurred during hospitalization.
- Receiving discharge papers and lab results from hospitals, follow-up calls from physicians regarding infections, and information regarding antibiotics the patients was on upon discharge from the hospital.

Transplant Waitlist (QIA)

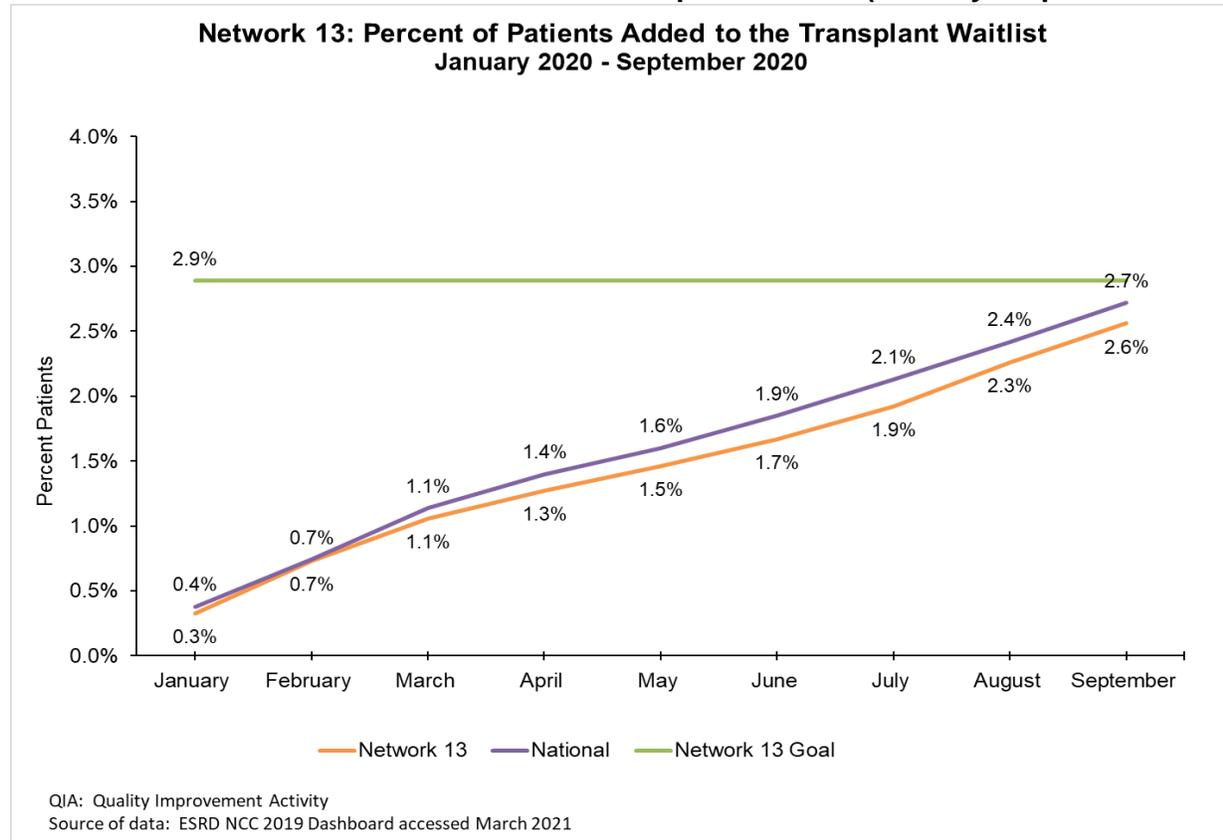
In 2020, Network 13 continued a QIA to increase the number of adult dialysis patients on a transplant waitlist. Network 13 aimed to improve the transplant waitlist rate across all facilities in its service area, while implementing enhanced quality improvement efforts in 95 facilities, impacting 7,528 patients.

Goals and Outcomes

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, Network 13 worked toward the goals of this QIA, but was not evaluated on results. Network 13 continued to collaborate with patients, facilities, and stakeholders to implement interventions to meet the goals of the QIA.

The QIA goal was to increase the percentage of patients added to a transplant waitlist by 1.25% using the Achievable Benchmark of Care (ABC) from January to September of 2020. Network 13 facilitated communications with the participating dialysis facilities and transplant centers in the service area and encouraged relationship building and collaboration between all stakeholders, including ESRD providers and patients. Consistent improvement was documented throughout the project period and resulted in a final waitlist rate of 2.6%, which was 88.5% of the CMS goal. This achievement resulted in 642 new patients being added to the transplant waitlist (see Chart P).

Chart P: Percent of Patients Added to the Transplant Waitlist (January–September 2020)



Barriers

Barriers to achieving QIA success identified by the facilities included:

- Inconsistent communication between dialysis units and transplant centers.

- Knowledge deficits on transplant modality and referral process for both dialysis staff and patients.

Interventions

Network 13 addressed the barriers by implementing the following activities:

- Establishment and enhancement of relationships with transplant personnel to facilitate flow of information and education for patients and staff regarding transplantation.
- Providing patient and staff focused educational resources to address knowledge deficits and clarify the referral process.
- Incorporation of interventions and outcomes into monthly facility QAPI meetings.

Best Practices/Sustainability

Best practices identified from the QIA included:

- Utilizing Non-Interest Form to identify knowledge gaps and support needs for patients who are labeled as not interested in transplant.
- Developing a relationship with staff at the transplant centers for patient referrals.
- Requesting monthly status updates of referred patients from the transplant centers.
- Providing transplant center staff with monthly or quarterly status updates on patients who have been referred to their center (i.e., provide information on health status, hospitalizations, transfusions, change in modality).
- Utilizing a communication tool (either facility or Network-developed) for consistent two-way communication.
- Providing information and encouraging referral to vocational rehabilitation for patients pursuing transplant who are not employed.
- Using a transplant liaison to talk to patients about transplant.
- Implementing a Transplant Support Group, including previous dialysis patients who have been transplanted to share their stories and encouragement.
- Educating patients on being listed at multiple transplant centers.
- Engaging family members when educating patients about transplant.

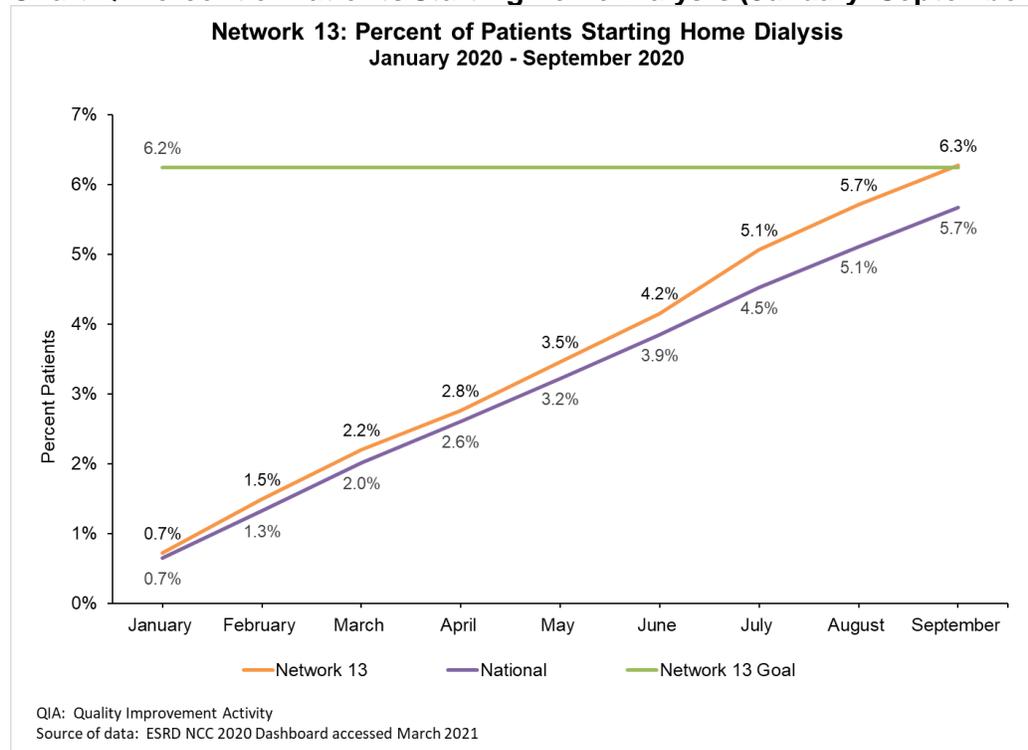
Home Therapy Quality Improvement Activity

Network 13 worked with facilities in its service area to increase the number of ESRD patients dialyzing at home. Ninety-five facilities were identified for a focused cohort which impacted approximately 5,114 patients. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, Network 13 worked toward the goals of this quality improvement activity but was not evaluated on results.

Goals and Outcomes

The baseline home dialysis rate for this QIA was zero percent (0.0%) with a goal to achieve a two-percentage point increase (i.e., add 396 patients to a home dialysis modality) by September 30, 2020. By the end of the QIA, the cohort group had exceeded the CMS goal, and increased the number of patients on home therapies by 426 individuals, which was a 107.6% increase. Overall improvement for Network 13 exceeded both the Network goal and national performance for home dialysis training (see Chart Q).

Chart Q: Percent of Patients Starting Home Dialysis (January–September 2020)



Barriers

The following barriers were identified based on facility RCA results:

- Patient choice.
 - Lack of interest.
 - Patients' socialization needs are met through in-center hemodialysis.
 - Patients want a professional to perform dialysis.
- No partner and/or lack of space for supplies.
- Patients do not feel they can do it on their own, and are fearful, anxious, nervous, and hesitant.

- Education level/cognitive skills.
- Lack of family support.
- Patients don't want their families to see their treatment.
- Co-morbidities.

Interventions

Facility interventions for the QIA included:

- Initiating an RCA and developing an action plan to incorporate the top two issues identified as focus areas for improvement.
- Attending ESRD NCC Home Dialysis LAN events and implementing activities.
- Promoting home therapies with activities such as lobby day events, Discover Home Therapies bulletin boards, and the 5-Diamond Patient Safety Program Home Dialysis Therapy Module.
- Conducting monthly PDSA cycles.
- Using the 7 Steps Reporting Tool to home therapy training.
- Promoting communication between in-center dialysis facilities, home dialysis facilities, hospitals, nephrologists, and other healthcare providers to improve the rate of patients on home dialysis.
- Providing patient education, such as NCC home hemodialysis (HHD) and peritoneal dialysis (PD) flyers, and educational puzzles on home modalities.
- Providing the Patient Home Dialysis Knowledge Checklist to patients at the baseline and completion of activity to gauge increased knowledge of home therapies.

Best Practices/Sustainability

Best practices identified by QIA facilities included:

- Having “do-you-feel-better” conversations.
- Encouraging nephrologists to review the list of patients interested in home dialysis and conducting a “visit” with the patients to explain the procedure.
- Keeping an open mind regarding candidates for home therapies.
- Providing education on home modalities to dispel myths.
- Using the Forum of ESRD Networks' Home Dialysis Toolkit.
- Using the NCC Patient Toolkit for Treatment Choices.
- Creating Home Therapies bulletin boards.
- Scheduling of Lobby Days on a quarterly basis with visual aids.
- Talking with non-adherent patients to consider transition to home.
- Using mydialysischoice.org with patients considering PD.
- Providing patient-to-patient education.

- Engaging families and patient support systems in patient education sessions.
- Inviting outside guest speakers to discuss the flexibility of home dialysis.
- Involving home dialysis patients in Lobby Days, including answering questions and providing peer support.
- Arranging a tour of home programs to give patients an idea of what it would be like to do PD.

Population Health Focus Pilot Project QIA (PHFPQ)

In 2020, Network 13 conducted a QIA on supporting gainful employment of ESRD patients. Thirty-four facilities with a total of 1,103 eligible patients (based on age, unemployment status—as documented in CROWNWeb) were chosen to participate in the QIA.

Goals and Outcomes

The three goals for this QIA included:

- Increase referrals to Vocational Rehabilitation (VR) and/or Employment Network (EN) services by a 50% relative improvement from baseline.
- Ensure that at least 1% of the denominator patients are receiving VR and/or EN services.
- Ensure that a minimum of 10 patients between the ages of 55-64 are referred to VR and/or EN services.

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, Network 13 worked toward the goals of this quality improvement activity but was not evaluated on results. The screening and referral of patients remained consistent, with 26.40% of patients being referred for VR and/or EN services (see Chart R). However, the rate of patients receiving services was only .58% by September 2020 (see Chart S). This was likely due to challenges from the COVID-19 pandemic related to social distancing requirements, patient fears of being exposed to COVID-19, and limited availability of VR and EN services.

Chart R: Percent of Eligible Patients Referred to an Employment Network or a Vocational Rehabilitation Agency (February – September 2020)

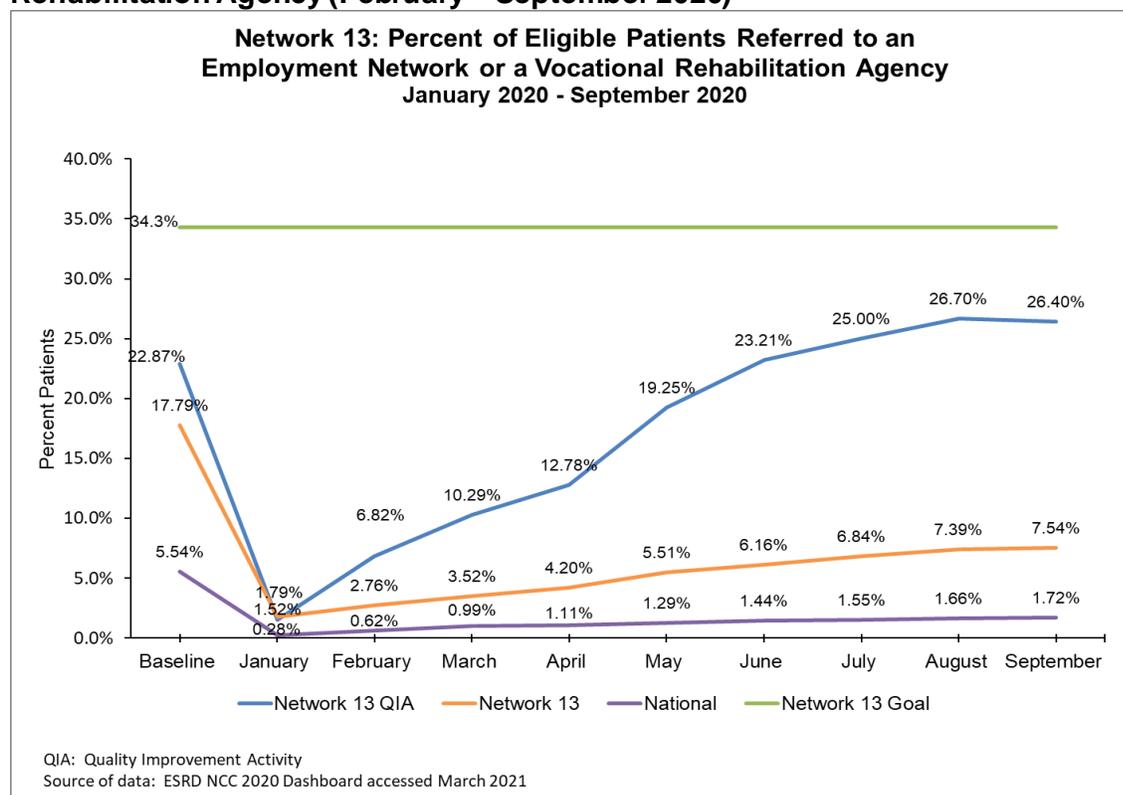
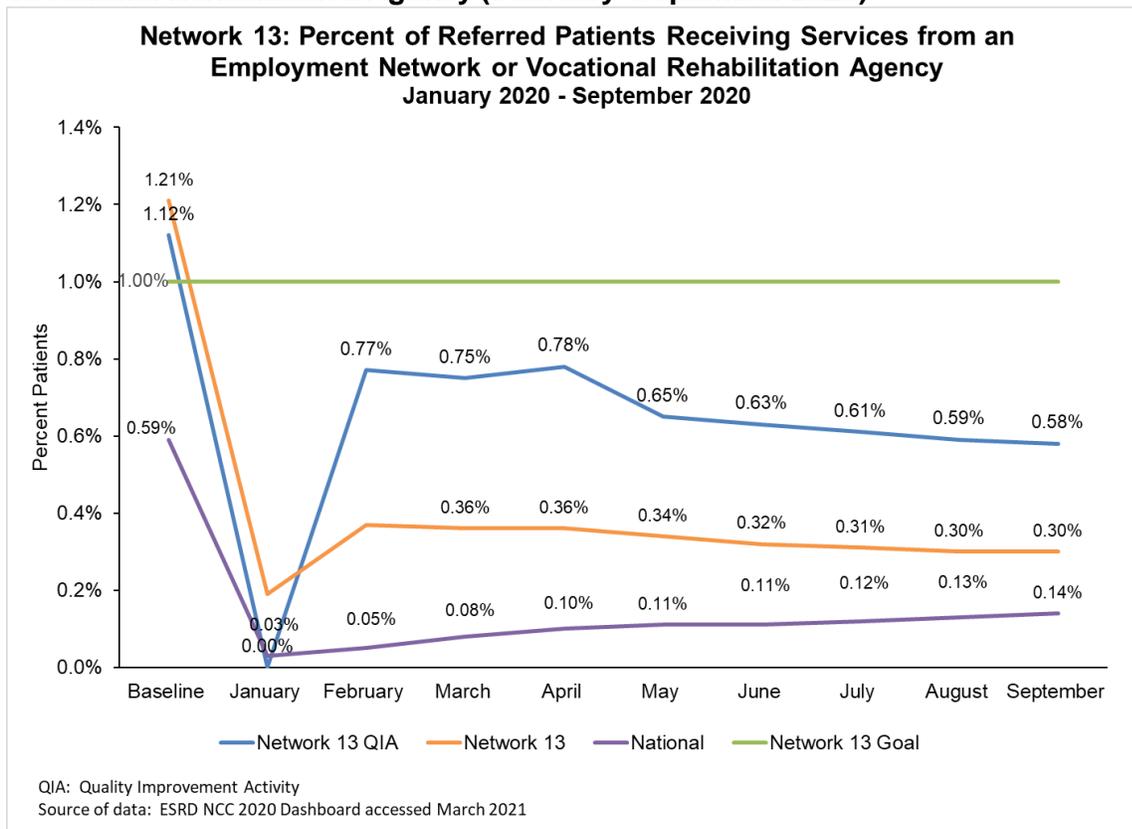


Chart S: Percent of Referred Patients Receiving from an Employment Network or a Vocational Rehabilitation Agency (February–September 2020)



Barriers

The following barriers were identified based on facility RCA results, as well as through challenges brought forth by the pandemic:

- Lack of available job opportunities, especially in rural areas.
- Social isolation.
- Lack of virtual job options.
- Unclear documentation and reporting processes for referral of eligible patients to VR/EN services.
- Facility lack of knowledge of services available for patients through VR/EN services.

Interventions

Pre-pandemic facility interventions for the QIA included:

- Initiating an RCA and developing an action plan to incorporate the top three issues identified as focus areas for improvement.
- Developing or reviewing the procedure for screening and referral of patients ages 18 through 54 to VR and /or EN services.

- Reviewing the list of patients (ages 18 through 54) to validate current screening and updating VR status in CROWNWeb.
- Contacting VR agencies to establish contact, familiarizing staff with available services, and confirming referral processes.
- Developing or updating the process for referral, assistance for patients with referral, and follow-up steps with patients' post-referral.
- Tracking screening and referrals for monthly QAPI meetings.

Best Practices/Sustainability

Best practices identified by QIA facilities included:

- Creating an atmosphere of enthusiasm regarding VR.
- Reviewing internal processes for screening and referring of eligible interested patients.
- Contacting the state and/or local VR agency to establish communications and clarifying the referral processes.
- Sharing patient inspirational stories within the facility, on the Ticket to Work website, and with peer mentoring opportunities.
- Providing information and encouraging referrals to VR and/or EN services for patients pursuing transplant who are not employed.

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

Network 13 maintained a cooperative and collaborative partnership with ESRD providers in all activities in 2020. Network 13 regularly interacted with facilities regarding QIAs and projects, quality-of-care issues, patient grievances, data reporting, and the provision of technical assistance/education. In 2020, Network 13 did not identify any facilities in its service area that consistently failed to cooperate with Network goals.

Recommendations to CMS For Additional Services or Facilities

There is currently no Certificate-of-Need requirement for ESRD facilities in the Network 13's service area. The consensus of our boards and committees is that the competitive market, by its nature, analyzes and identifies areas of need. We share available aggregate data with the State Survey Agency (SA) offices and the CMS Region VI office in Dallas, as requested, for use in conjunction with other factors in their determining prioritization of certification surveys. As generally requested, the information provided to the Regional Office includes the number of patients in a given geographic area, as well as facility-related information, including services provided (e.g., modalities offered), number of stations, number of shifts, and patient capacity in the immediate geographic area based on number of shifts and stations at other facilities. For these reasons, Network 13 did not make any recommendations to CMS for additional facilities in its service area.

In 2020, Network 13 did not make recommendations to CMS for additional facilities in its service area. The special areas of need that Network 13 believes could be addressed include:

- The number of challenging or disruptive patients, many of whom have been involuntarily discharged from chronic facilities and are without access to another chronic facility.
- Dialysis patients with physical conditions (e.g., ventilator-dependent, morbidly obese, antibiotic-resistant infections, etc.), which require services that typical chronic facilities for the general dialysis population are unable to provide.
 - The implementation of a “unique needs” dialysis facility could allow for higher staff-to-patient ratios and/or employ clinicians with specialized training to enable intensive, individualized services to patients with complex, clinical challenges, and/or histories of aggression, mental illness, or substance abuse.

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

Public Health Emergency COVID-19 Activities

Network 13 became aware of COVID-19 concerns in February 2020 through our interactions with state-specific healthcare-associated infection (HAI) coordinators and emergency preparedness healthcare coalition (HCC) contacts, as well as through monitoring of national news. Additionally, during the Kidney Community Emergency Response (KCER) Summit held in conjunction with the CMS Quality Conference in February 2020, the CDC provided an update on COVID-19 to the ESRD Networks and participating renal stakeholders.

Communications

To ensure appropriate credible communication to patients and ESRD providers in Network 13, staff monitored email, listservs, websites, and social media daily, at a minimum, for new or revised COVID-19 information and guidance. Materials identified were reviewed to ensure credibility of sources (e.g., CMS, CDC, ESRD NCC) and gauge applicability to the Network's service area.

- Facility-Specific Communication – Emails with significant action steps and related attachments were sent to facility management, clinic leads, and/or medical directors; materials were posted to the website; experts presented during webinars; and key messages were shared via social media.
- Patient-Specific Communication – Educational handouts for patients were emailed to facility social workers for distribution to all patients, emailed to the NPRs (i.e., group of more than 200 patients that assist with Network 13 communications at the facility level) for patient-to-patient sharing, shared via Quickinars presented by patients and experts, and posted to the website, social media, and the ESRD Network Patient Mobile Tool.
- Email bounce-backs were rapidly addressed and updated to ensure patients and providers can receive all communications.
- HSAG's four ESRD Network Organizations (Networks 7, 13, 15, and 17) worked collaboratively as a group with other ESRD Networks and other ESRD contractors (e.g., KCER, ESRD NCC) to utilize credible materials already developed, reduce duplication of effort for creation of new materials, and ensure consistent messaging across the ESRD Program.

Outreach and Education

HSAG Networks, including Network 13, disseminated a significant number of resources to dialysis facilities related to COVID-19. The following includes information and guidance provided. Some materials were made available in more than one instance (e.g., 1:1 technical assistance virtual visit, webinars) to reinforce recommendations and strategies to prevent the spread of COVID-19.

Telemedicine and telehealth

- Links from credible sources: CDC, ESRD NCC, Department of Health and Human Services (HHS), American Society of Nephrology (ASN), Dialysis Patient Citizens (DPC), American Association of Kidney Patients (AAKP) for telehealth.
- Webinar invitations for patients, dialysis/transplant staff, medical directors, and nephrologists.
- Guidance information from American Society of Nephrology (ASN) and CDC.

- Educational resources from Network 13, ESRD NCC, CDC, ASN, and DPC.
- Utilizing telemedicine for home dialysis

Information for Screening and Management of COVID-19

- CDC Interim Guidelines, link to ASN webinar on payment issues, Food and Drug Administration (FDA) emergency use guidance for reusing N-95 respirators, and an attachment of the ASN COVID-19 symptoms.
- Email from Network 13 with the document *ESRD Provider Resources: COVID-19* to all dialysis and transplant facilities, which provided the links to the CDC and the ASN guidance for screening and management of COVID-19.

Other significant guidance for COVID-19

- Obtaining personal protective equipment -- facilities with needs for personal protective equipment (PPE) were provided with contact information and website links for local (e.g., county, parish) state and national resources.
- Space for isolation/quarantine purposes -- dialysis providers created cohort facilities and cohort shifts were provided with recommendations and resources (e.g., CMS Checklist for Dialysis Facilities in COVID-19 Hotspots) to address needs for cohorting patients.
- Transportation to and from dialysis facilities -- dialysis facility staff were provided with information for patients regarding safety during transportation, including *Patient Safety Tips for Dialysis Transportation during the COVID-19 Outbreak* (ESRD NCC) in English and Spanish.
- Mental health for patients and facility staff – Network 13 staff collaborated with the ESRD NCC to develop and distribute a Mental Health Toolkit, and provided Communication Strategies During a Pandemic from the Coalition for Supportive Care of Kidney Patients and a Coping Calendar with suggestions for self-care during the pandemic from the Action for Happiness organization.
- Transplant Medications –Network 13 created a Transplant Medication Resource List with input from transplant centers’ social workers for transplant patients in need of assistance with medications due to COVID-19 (e.g., loss of job and medical insurance).

Data-Drive Technical Assistance

HSAG conducted data-driven technical assistance for dialysis facilities to support mitigation of the outbreak and identify effective practices that could be spread across the Network 13 service area and nationally. Findings reinforced the importance of implementing CDC and CMS guidance and actively collaborating with dialysis facilities and corporations, patients and families, local, state, and federal agencies, and other stakeholders. Additional effective practices identified, included:

- Use of cohort facilities or cohort shifts.
- Pandemic planning as part of disaster preparedness plans.
- Enhanced screening of all individuals entering the dialysis facility.
- Enhanced communication and coordination of dialysis for nursing home patients.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

Network Emergency Preparedness

Network 13 made available its annual Emergency Preparedness training for dialysis and transplant providers on June 4, 2020. The training objectives were to:

- Explain emergency preparedness regulations and requirements.
- Formulate readiness steps and training for ESRD providers regarding emergency situations.
- Describe practical applications of emergency preparedness planning for the dialysis and transplant providers.

During 2020, several significant weather-related events required Network 13 intervention and assistance for impacts affecting ESRD providers and patients.

Severe Weather/Tornadoes/Flooding—Entire Service Area

During spring 2020, severe weather brought tornadoes and flash flooding issues throughout the service area. Network 13 interacted with state-specific emergency operations personnel to monitor facility operations with the potential for impacts. Interactions occurred regarding transportation issues for patients and staff, as some roads were impassible due to flooding. Facilities were proactive, monitoring their water supplies and water quality, providing patient education regarding fluids/diets, and rescheduling treatments based on local conditions. No dialysis unit operations were affected long-term.

Tropical Storm (TS) Cristobal - Louisiana

TS Cristobal impacted Louisiana in mid-July 2020. There were 189 dialysis facilities within the projected storm track that proactively prepared for weather-related events, such as heavy rain and tropical storm conditions. Facilities in the immediate TS path in southeastern Louisiana (n = 50) opened early where possible, allowing them to close early and prior to the storm's arrival. Facilities applied their emergency preparedness plans for both patients and staff. Network 13 interacted and facilitated activities with the Louisiana emergency operations center for the four-day duration of the event.

Hurricanes Marco / Laura / Zeta - Louisiana

Louisiana was impacted by Hurricanes Marco and Laura in late August and by Hurricane Zeta in October 2020. There were 189 dialysis facilities across Louisiana within the projected storms impact area that proactively prepared for weather-related events, such as heavy rain and hurricane/tropical storm conditions. Facilities in the immediate storm paths opened early where possible, allowing them to close early and prior to the various storms' arrival. Facilities applied their emergency preparedness plans for both patients and staff. Network 13 interacted and facilitated activities with the Louisiana Emergency Operations Center for the duration of the weather-related events.

Ice Storm - Oklahoma

An ice storm impacted Oklahoma in late October 2020. There were 88 dialysis facilities within the storm track, that proactively prepared for weather-related events, such as ice and extreme cold conditions. Facilities in the storm zone opened early where possible, allowing them to close early and prior to the storm's arrival. Facilities applied their emergency preparedness plans for both patients and staff. Network 13 interacted and facilitated activities with the Oklahoma emergency operations center for the 10-day aftermath of the event.

ACRONYMLIST 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.

Acronym	Definition
BSI	Blood Stream Infection
CDC	Centers for Disease Control and Prevention
CDHE	Colorado Department of Health and Environment
CMS	Centers for Medicare & Medicaid Services
ESRD	End Stage Renal Disease
FDA	Food and Drug Administration
HAIs	Healthcare Associated Infections
HHS	Health and Human Services
HSAG	Health Services Advisory Group
HIE	Health Information Exchange
KCER	Kidney Community Emergency Response
LAN	Learning and Action Network
LTC	Long-Term Catheter
LDOs	Large Dialysis Organizations
PDSA	Plan Do Study Act: A cycle of improvement
PHFPQ	Population Health-Focused Pilot
PSME	Patient Subject Matter Expert
QAPI	Quality Assurance and Performance Improvement
QIA	Quality Improvement Activity
RCA	Root Cause Analysis
SME	Subject Matter Expert
UNOS	United Network for Organ Sharing