ESRD NETWORK 2022 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 15
Task Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.

ESRD Network 15

Contents

ESRD DEMOGRAPHIC DATA

ESRD Network 15

As a member of the Health Services Advisory Group (HSAG) team of dialysis networks, ESRD Network 15 works with patients, dialysis facilities, and transplant centers in Arizona, Colorado, Nevada, New Mexico, Utah, and Wyoming to improve the quality of care and quality of life for patients with ESRD. HSAG has held the Network 15 contract since 2016.

Geography and General Population

Geographically, Network 15 encompasses 21% of the landmass of the contiguous United States and includes mountains, plains, and desert. Urban population centers contain the majority of residents. However, there are vast rural and wilderness areas in each state, which impact availability of care for ESRD patients due to length of travel for treatments. According to the most recently available information from the U.S. Census Bureau, Network 15's population was estimated at 22,452,420 as of July 1, 2022[1].

ESRD Population

As of December 31, 2022, there were 26,461 dialysis patients and 18,945 transplant patients, for a total of 45,406 patients with ESRD in the Network 15 service area. (See Chart A) The Network saw a total of 6,643 individuals newly diagnosed with ESRD in 2022. (See Chart B) Of these patients, 16.1% (1074) were home patients and 5.07% (337) received a transplant. As of December 31, 2022, Network 15 comprised 5.2% of the total national prevalent dialysis patient population and 5.2% of the national incident patient population. (See Charts C and D)

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

Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2023

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[1]https://www.census.gov/quickfacts/fact/table/WY,UT,NM,NV,CO,AZ/PST045222
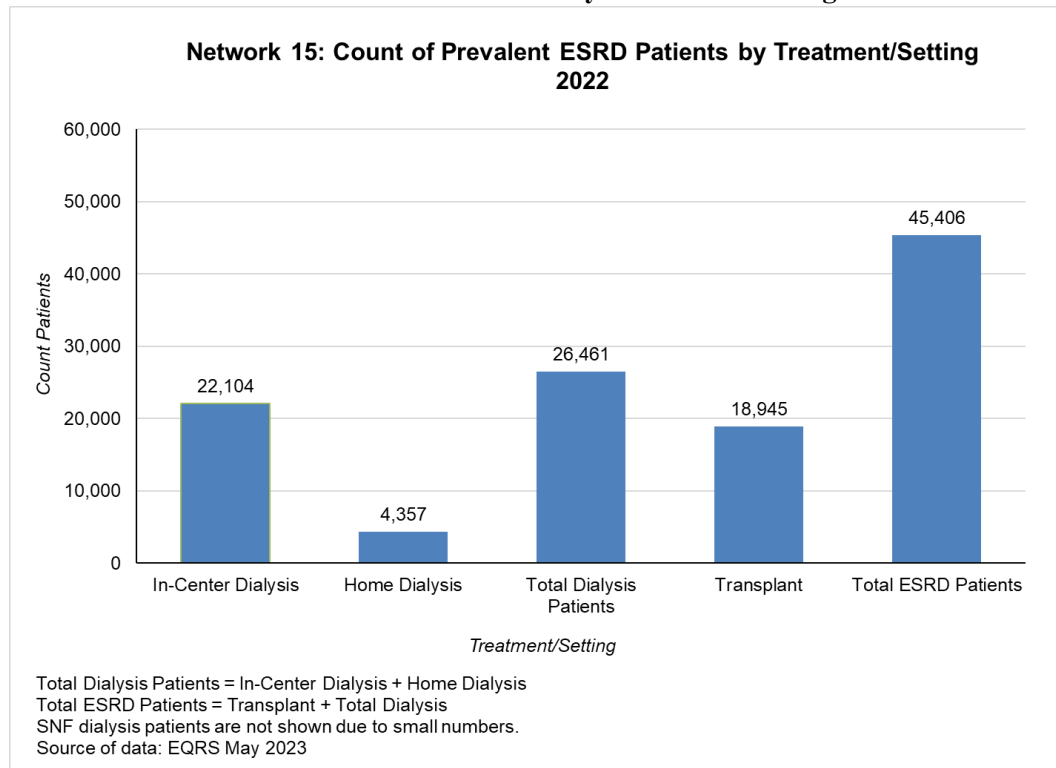
Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2022

Network 15: Count of Incident ESRD Patients by Initial Treatment/Setting 2022

Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2023
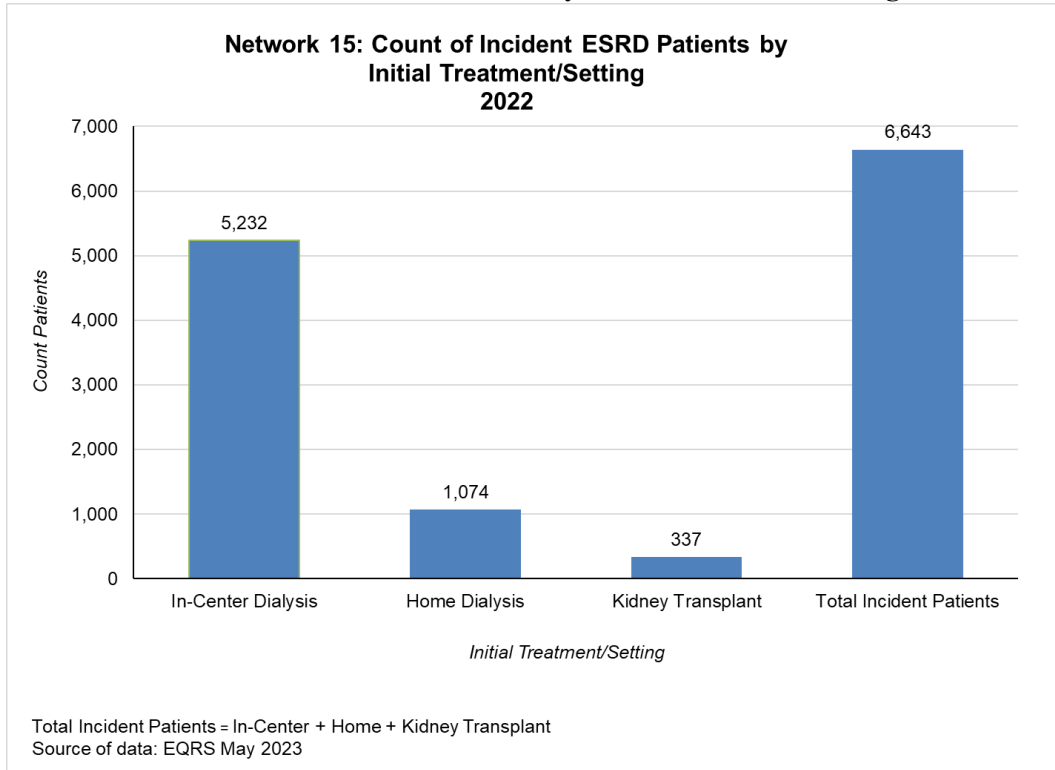
Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2022

Percent of National Prevalent Dialysis Patients by ESRD Network 2022

National total dialysis patients: 430,015
Source of data: EQRS May 2023
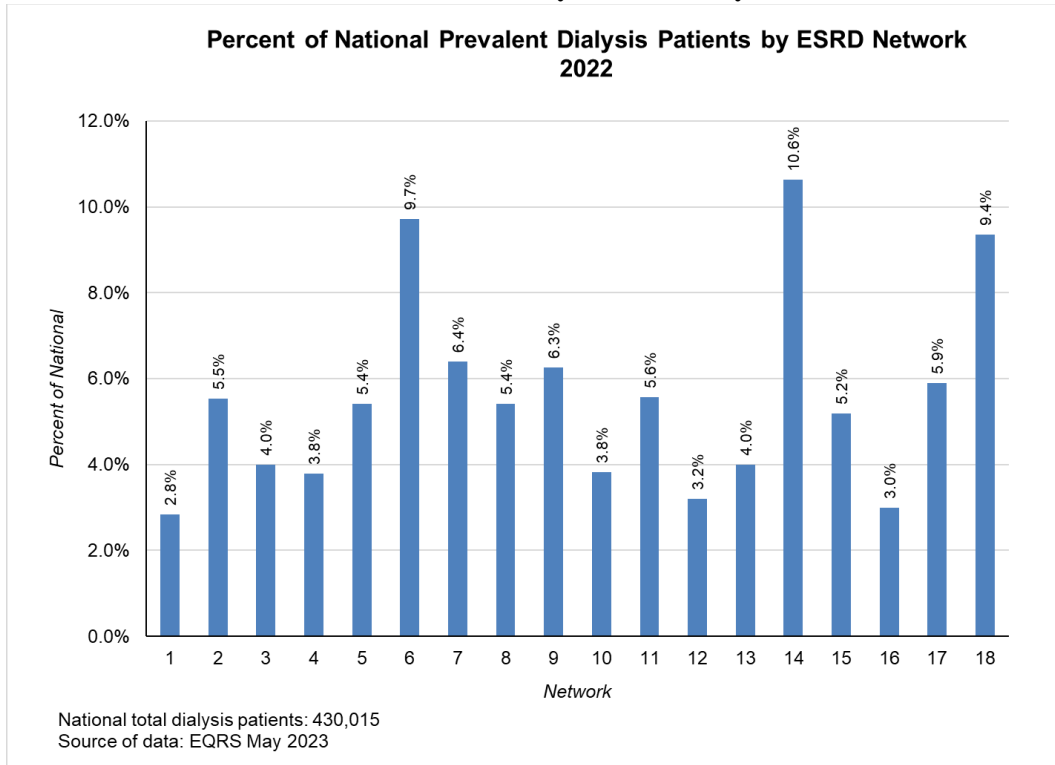
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2022

Percent of National Incident Dialysis Patients by ESRD Network 2022

National total incident patients: 127,256
Source of data: EQRS May 2023
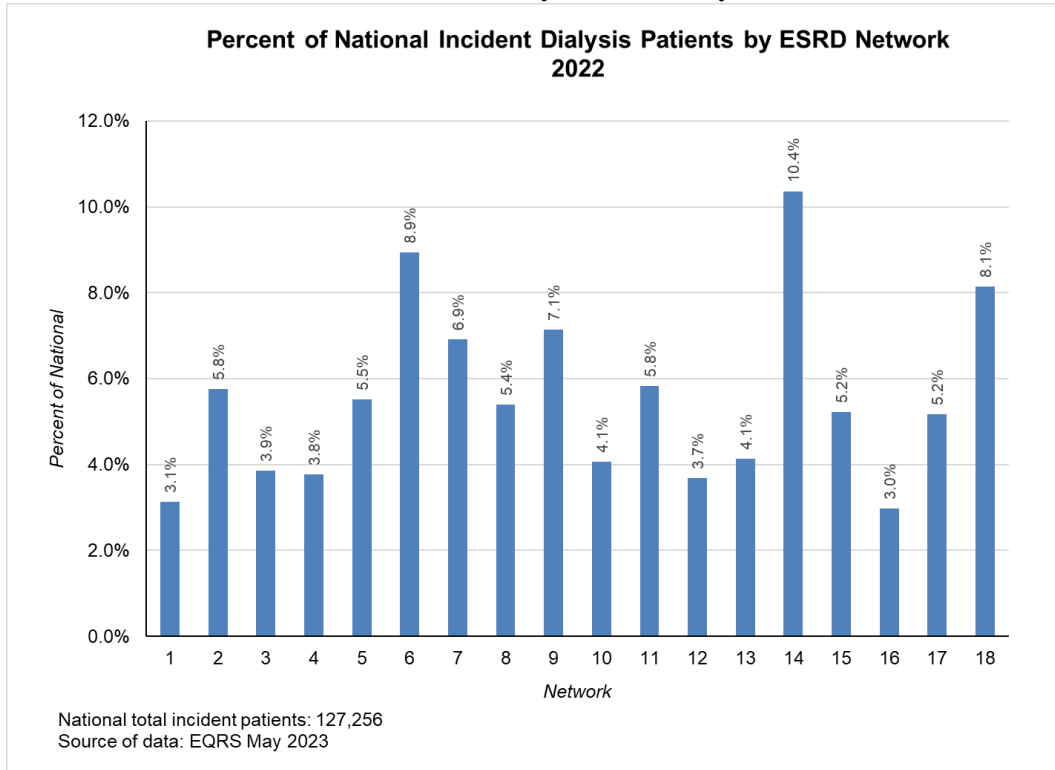
Dialysis Treatment Options

As of December 31, 2022, 83.5% of Network 15's dialysis patients were receiving in-center hemodialysis (ICHD) treatments and 16.4% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD). (See Chart A) This is a 1.3-point increase in patients using home dialysis from 2020. Nationally, the Network comprised 5.4% 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

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

Network	Percent of National
1	2.8%
2	3.2%
3	2.7%
4	3.8%
5	5.6%
6	9.6%
7	6.5%
8	5.5%
9	7.4%
10	5.0%
11	5.6%
12	4.0%
13	4.2%
14	10.0%
15	5.4%
16	3.8%
17	6.2%
18	8.8%

National total home hemodialysis and peritoneal dialysis patients: 80,460
Source of data: EQRS May 2023
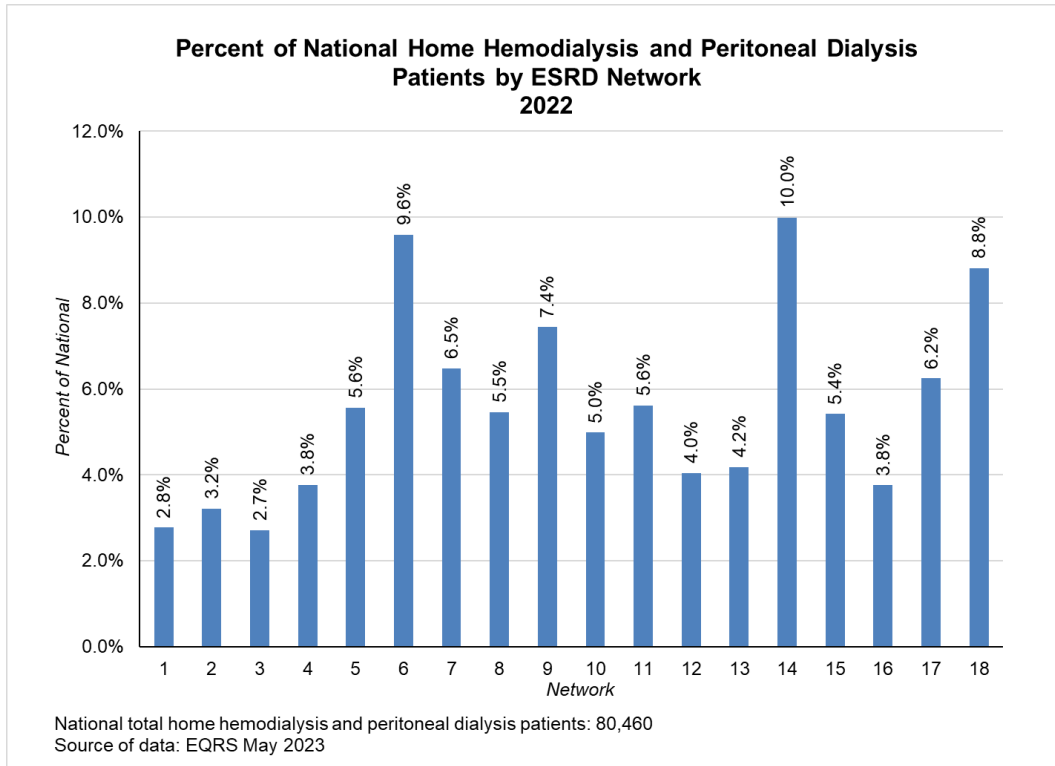
Transplant

During 2022, transplants were completed by 15 transplant centers in the Network 15 service area. As of December 31, 2022, there were 288,023 transplant patients nationally, of which 6.6% were in Network 15. (See Chart F)

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

Percent of National Transplant Patients by ESRD Network 2022

Network	Percent
1	4.6%
2	6.9%
3	2.6%
4	4.6%
5	6.3%
6	7.0%
7	6.0%
8	4.3%
9	6.7%
10	4.1%
11	8.0%
12	4.6%
13	2.9%
14	8.3%
15	6.6%
16	3.4%
17	5.7%
18	7.7%

National total transplant patients: 288,023
Source of data: EQRS May 2023

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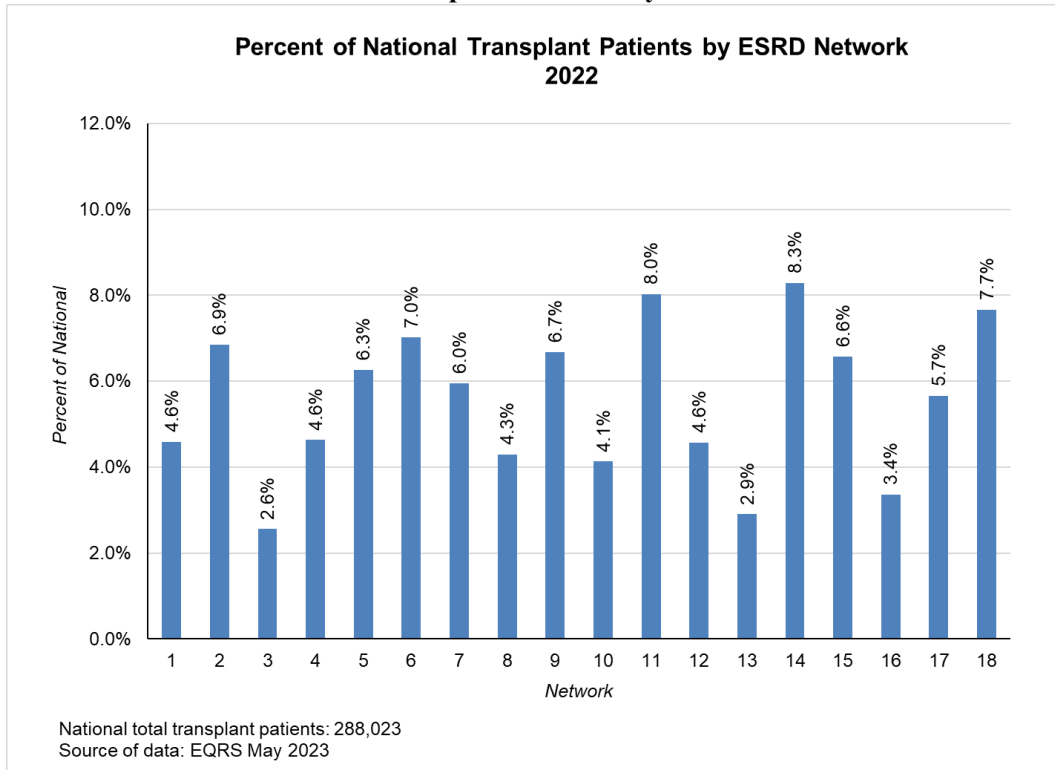
ESRD Facilities

As of December 2022, Network 15's service area included 393 dialysis facilities and 15 transplant facilities for a total of 408 ESRD facilities (See Chart G). Nationally, Network 15 comprised 4.9% of all dialysis facilities (See Chart H) and 6.6% of all transplant facilities. (See Chart I)

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

Network 15: Count of Medicare-Certified Facilities by Treatment/Setting 2022

Treatment Modality	Count Facilities
Transplant	15
In-Center and Home Dialysis	169
In-Center Only	208
Home Dialysis Only	16
Total Dialysis Facilities	393
Total ESRD Facilities	408

Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2023

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

Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2022

Network	Percent of National
1	2.6%
2	4.6%
3	3.3%
4	4.6%
5	5.7%
6	10.1%
7	6.9%
8	6.2%
9	8.3%
10	4.4%
11	6.6%
12	4.3%
13	4.4%
14	9.7%
15	4.9%
16	3.2%
17	4.3%
18	5.9%

National total ESRD Medicare-certified dialysis facilities: 7,967
Source of data: EQRS May 2023
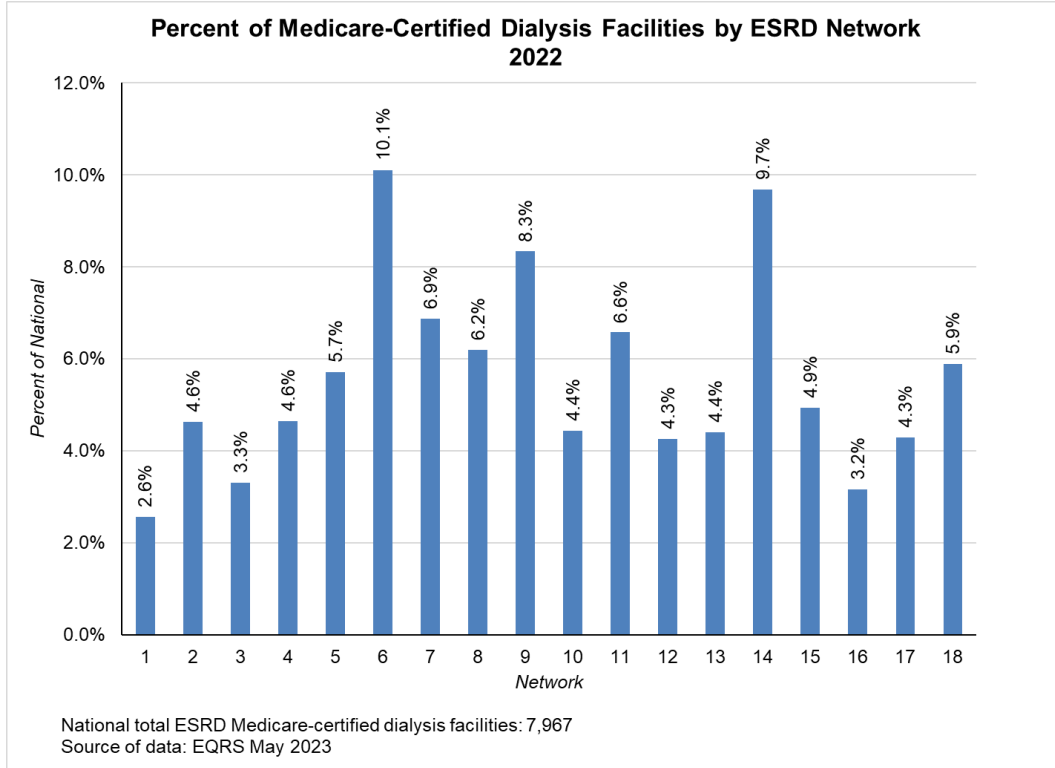
Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2022

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

Network	Percent of National
1	6.6%
2	6.1%
3	2.2%
4	8.3%
5	5.7%
6	4.8%
7	4.8%
8	4.4%
9	5.7%
10	3.9%
11	9.2%
12	5.2%
13	3.9%
14	10.9%
15	6.6%
16	3.1%
17	2.6%
18	6.1%

National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: EQRS May 2023
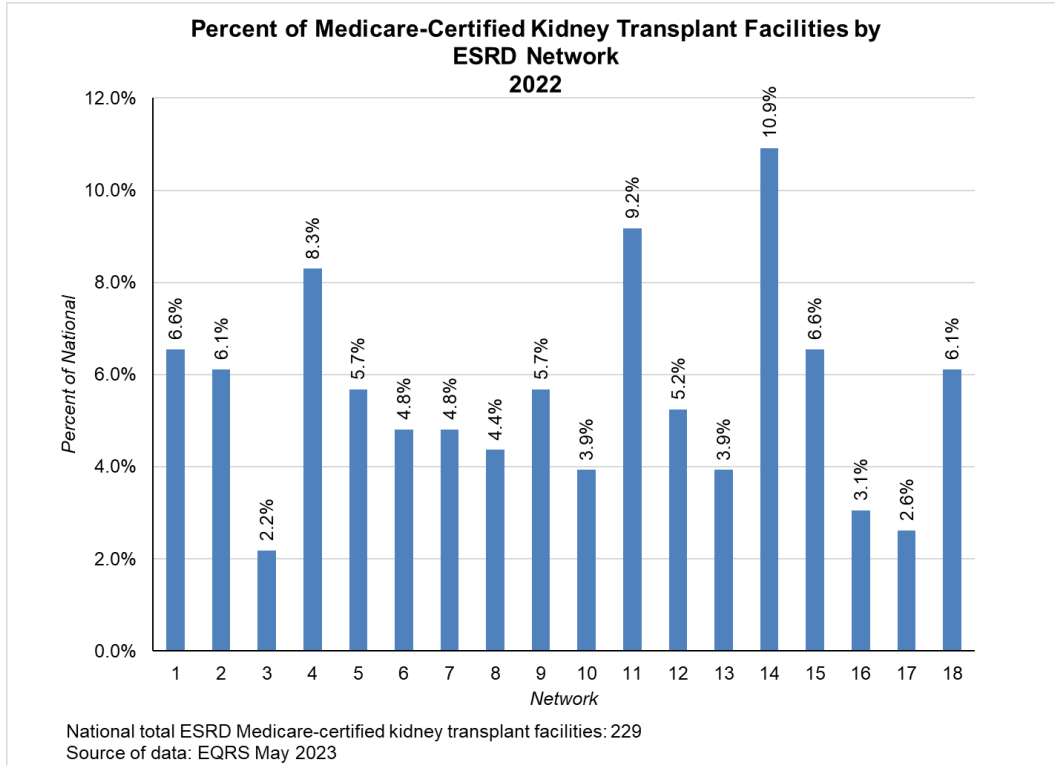
ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. Immediate advocacy grievances are addressed by the Network contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances are addressed through records review and, as with all grievances, the grievant receives an outcome letter. According to Chart J below, from May 2022-April 2023, 15% of contacts to the Network were for grievances, including 11% for immediate advocacy, 1% for general grievance, and 3% for clinical area of concern.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 29% 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 19% 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 37% of contacts to the Network from May 2022-April 2023. (See Chart J)

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

Network 15: Percent of May 2022-Apr 2023 Grievances and Non-Grievances by Case Type

General Grievance
1%

Immediate Advocacy
11%

Patient concern
19%

Clinical Area of Concern
3%

Facility Concern
29%

Access to Care
37%

Source of data: Patient Contact Utility (PCU) accessed May 2023 (Data is final)
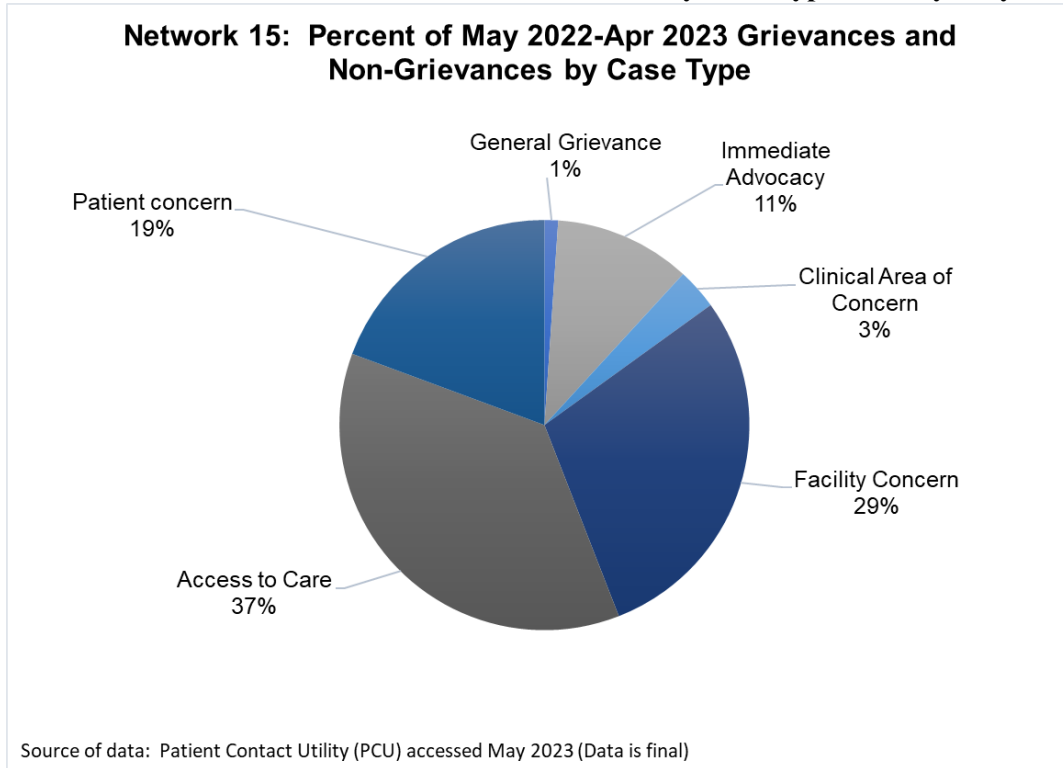
ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

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 1,456, which exceeded the goal of 1,013. (See Chart K) The number of patients receiving a transplant was 1,288, which also exceeded the goal of 1,142. (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.

- Frequent changes and additional information required by transplant centers to complete the referral process.

- Facility staffing limitations with implementing new interventions due to the COVID-19 pandemic.

Interventions

Interventions implemented included:

- Identifying each transplant center's criteria and requirements for waitlisting, contacting each center to determine the best process for communication (i.e., online portal, faxing, email, phone) between the facility and the transplant centers for referrals, appointments, and updates, and obtaining contact information for transplant staff at each center to improve collaboration and address specific patient barriers.

- Tracking and documenting each patient's referral, evaluation, and progress through the process being added to the transplant waitlist.

- Providing the following resources for facilities to use for on-going education of staff and patients related to transplant:
    - ESRD NCC *Transplant Change Package*

    - Kidney Transplant Hub resources for patients

Best Practices

Best practices identified from the QIA included:

- Procuring relationships with transplant coordinators to effectively communicate and collaborate regarding patient referrals, evaluation support, and waitlisting.

- Providing staff education/in-service on the referral process in collaboration with transplant centers to identify and support changes/updates in opportunities and processes.

- Involving the patient's support system in the transplant referral and waitlisting process.

- Setting goals with patients to schedule and attend all of their appointments to complete the transplant evaluation.

- Encouraging patients to pursue waitlisting at multiple transplant centers as their criteria and opportunities vary.

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

Network 15: Count of Patients Added to a Kidney Transplant Waiting List
May 2022 - April 2023

Month	Network	Goal
May-22	101	1,013
Jun-22	236	
Jul-22	374	
Aug-22	483	
Sep-22	618	
Oct-22	732	
Nov-22	855	
Dec-22	961	
Jan-23	1,061	
Feb-23	1,200	
Mar-23	1,345	
Apr-23	1,456	

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
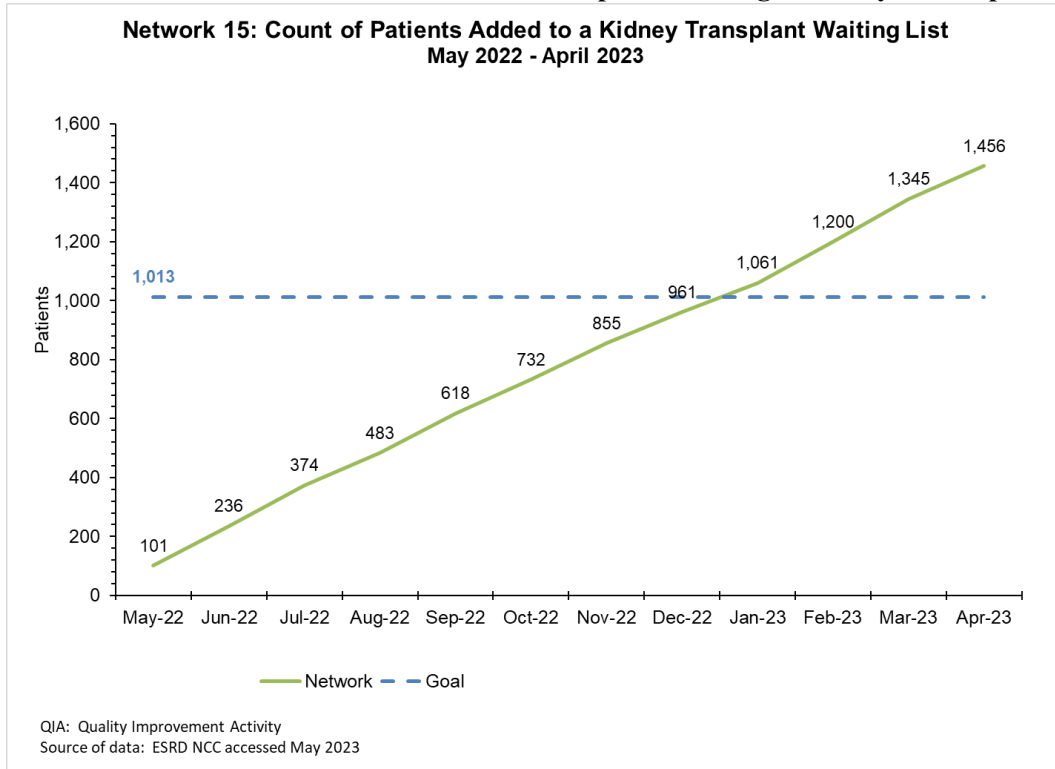
Chart L: Count of Patients Receiving a Kidney Transplant May 2022-April 2023

Network 15: Count of Patients Receiving a Kidney Transplant
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
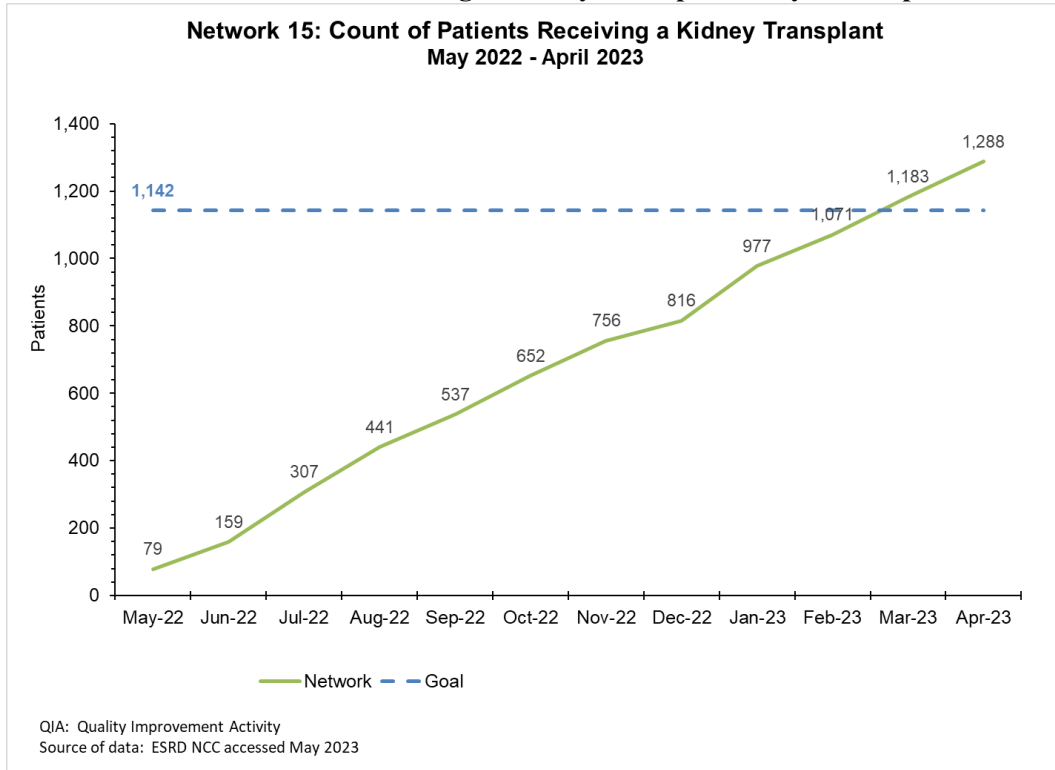
Home Therapy QIA May 2022-April 2023
Goals and Outcomes

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

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

By April 2023, the Network achieved 99.4% of the goal for incident patients starting on home dialysis and exceeded the goal for moving prevalent patients to a home modality by 9.1% (See Charts M and N).

Barriers

Barriers to meeting QIA goals included:

- Patient lack of interest in changing modalities.

- Patients having to be referred to an outside facility for home training.

- Lack of collaboration between physicians and home programs to provide education to physician office patients.

- 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.

- Staffing shortages with administrators covering several facilities without time to focus on in center education efforts.

- Home program staff inability to host educational Home Lobby Days due to the COVID-19 pandemic.

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 provide early education to 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.

- 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.

- 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)

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
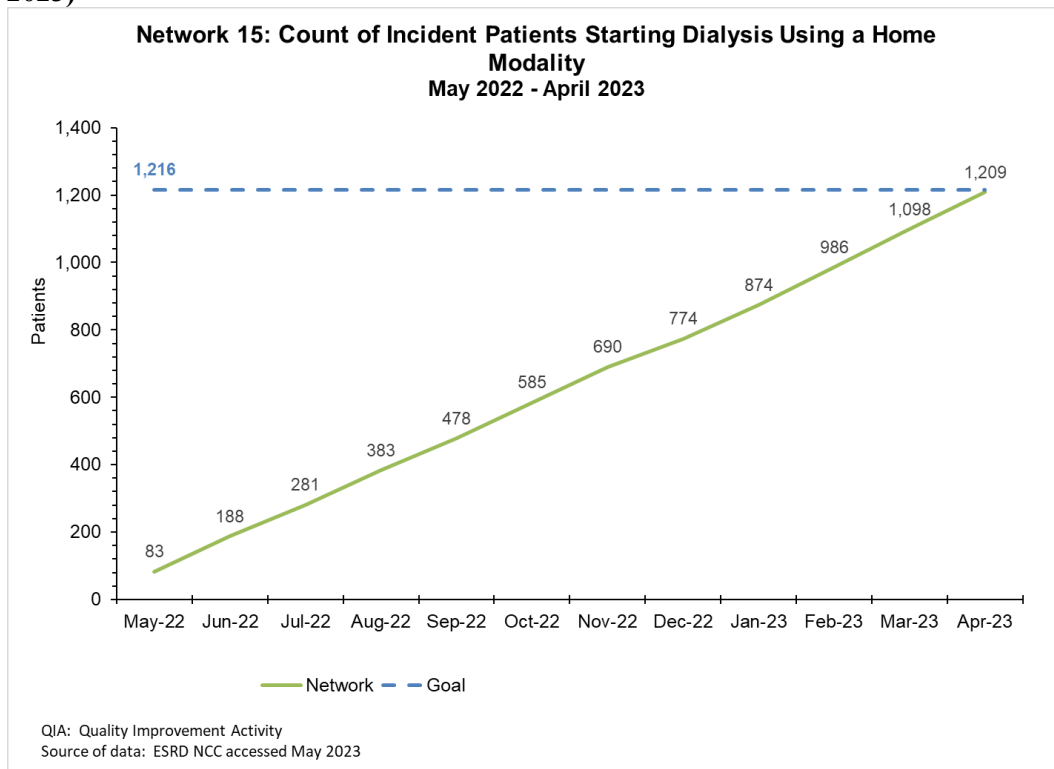
Chart N: Count of Prevalent Patients Moving to a Home Modality (May 2022-April 2023)

Network 15: Count of Prevalent Patients Moving to a Home Modality
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
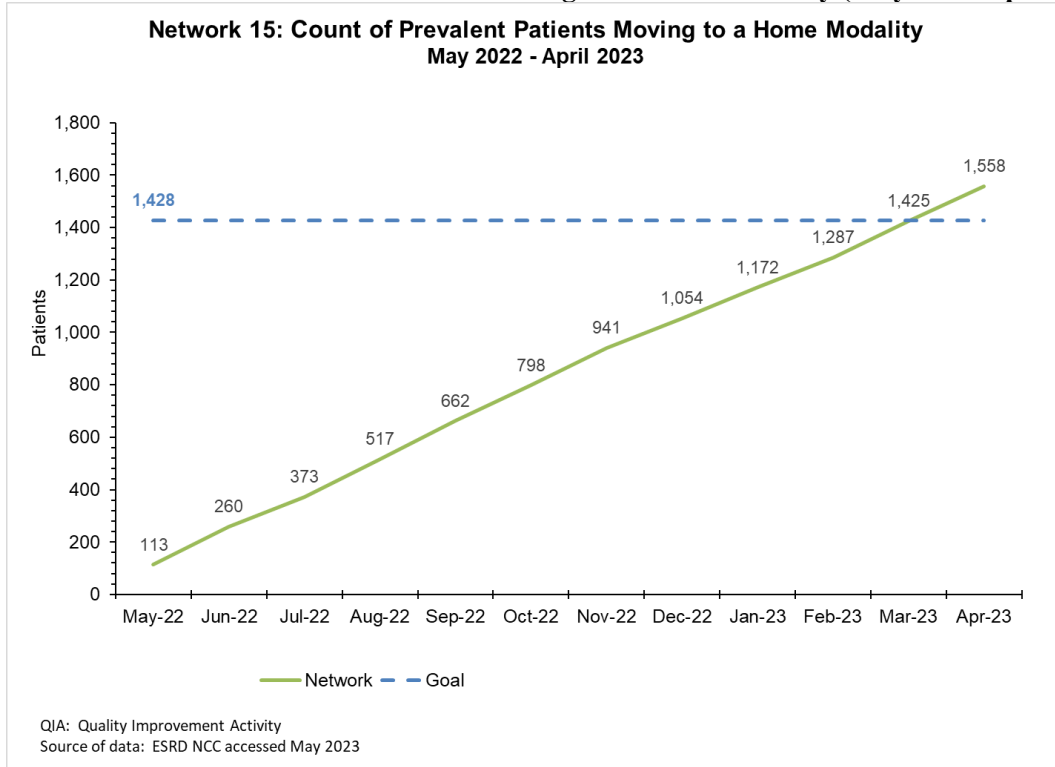
Telemedicine QIA May 2022-April 2023
Goals and Outcomes

The goal of the Telemedicine QIA was to increase the number of rural home patients using telemedicine to engage in home dialysis by 5% by April 2023. The Network exceeded the goal count of 149 patients, with 267 home patients having documented telemedicine visits in EQRS by April 2023. (See Chart O)

Barriers

Barriers for the QIA included:

- Staff misconceptions about the use of telemedicine in the home program.

- Lack of a facility tracking process for monthly telemedicine visits with 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 (i.e., 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 ESRD Patients Using Telemedicine May 2022-April 2023

Network 15: Count of Rural Patients Using Telemedicine To Access a Home Modality
May 2022 - April 2023

Patients (y-axis): 0 to 300

Month	Network	Goal
May-22	14	149
Jun-22	66	
Jul-22	73	
Aug-22	150	
Sep-22	119	
Oct-22	187	
Nov-22	199	
Dec-22	207	
Jan-23	218	
Feb-23	231	
Mar-23	248	
Apr-23	267	

Legend: Network ——— Goal – – –

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
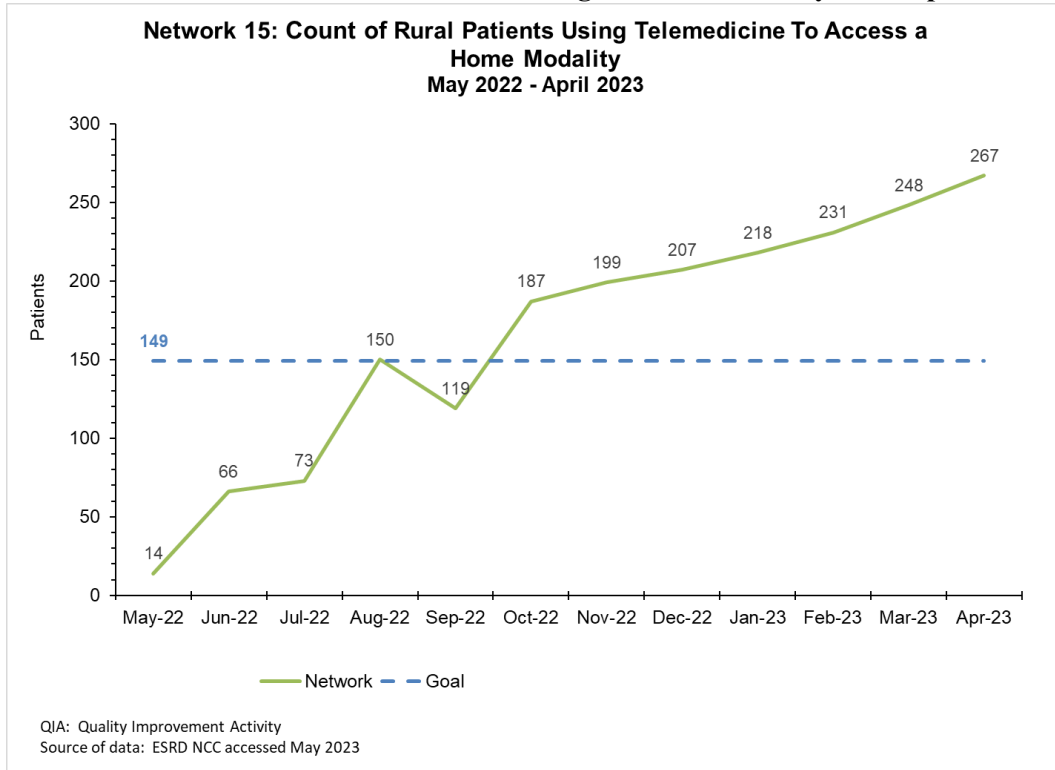
Improving Transitions of Care QIA May 2022-April 2023

Goals and Outcomes

The Network's Transitions of Care QIA focused on reducing the following by 5% by April 2023:

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

The Network did not remain under the upper limit rate set for Inpatient Admissions but did demonstrate a relative improvement of 1.59%. (See Chart P) The Network did remain under the upper limit for 30-Day unplanned readmissions with a relative improvement of 6.62%. (See Chart Q) The Network did not remain under the upper limit rate set for ED visits. (See Chart 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:

  o The benefits of patients remaining out of the hospital.

  o Comorbid condition follow-up.

  o Patients who use the hospital emergency room for routine dialysis care and do not communicate with dialysis facility staff about care goals.

  o 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

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 throughout the QIA by facilities include:
- Using a team approach to patient education, tracking of events and implementing interventions.

- Completing a post-hospitalizations checklist for each patient returning to the facility.

- 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

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
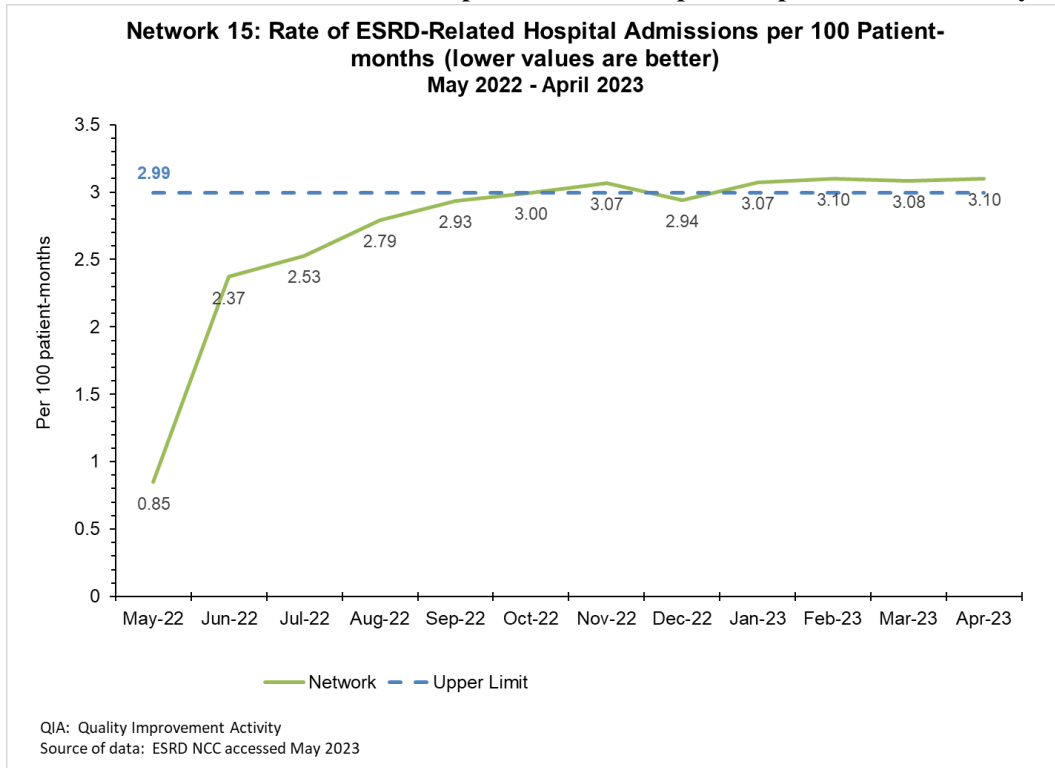
Chart Q: Hospital 30-Day Unplanned Readmissions May 2022-April 2023

Network 15: Percent of Hospital 30-Day Unplanned Readmissions
(lower values are better)
May 2022 - April 2023

Data points (Network): May-22 0.00%, Jun-22 6.59%, Jul-22 9.75%, Aug-22 10.42%, Sep-22 10.48%, Oct-22 11.39%, Nov-22 11.33%, Dec-22 11.26%, Jan-23 10.88%, Feb-23 11.20%, Mar-23 11.19%, Apr-23 11.24%

Upper Limit: 11.43%

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
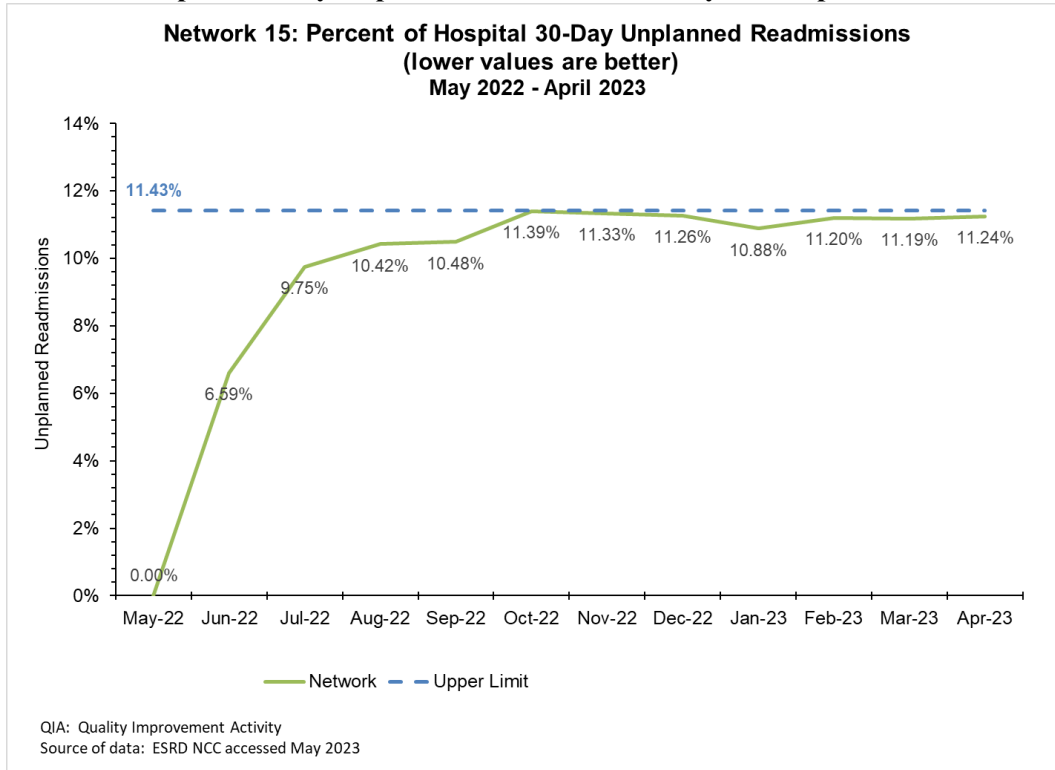
Chart R: Rate of Outpatient Emergency Department Visits per 100 patient-months May 2022-April 2023

Network 15: Rate of Outpatient Emergency Department Visits per 100 Patient-months (lower values are better)
May 2022 - April 2023

Data points (Network): May-22 0.64, Jun-22 1.53, Jul-22 1.60, Aug-22 1.65, Sep-22 1.71, Oct-22 1.73, Nov-22 1.68, Dec-22 1.62, Jan-23 1.65, Feb-23 1.67, Mar-23 1.65, Apr-23 1.65

Upper Limit: 1.54

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
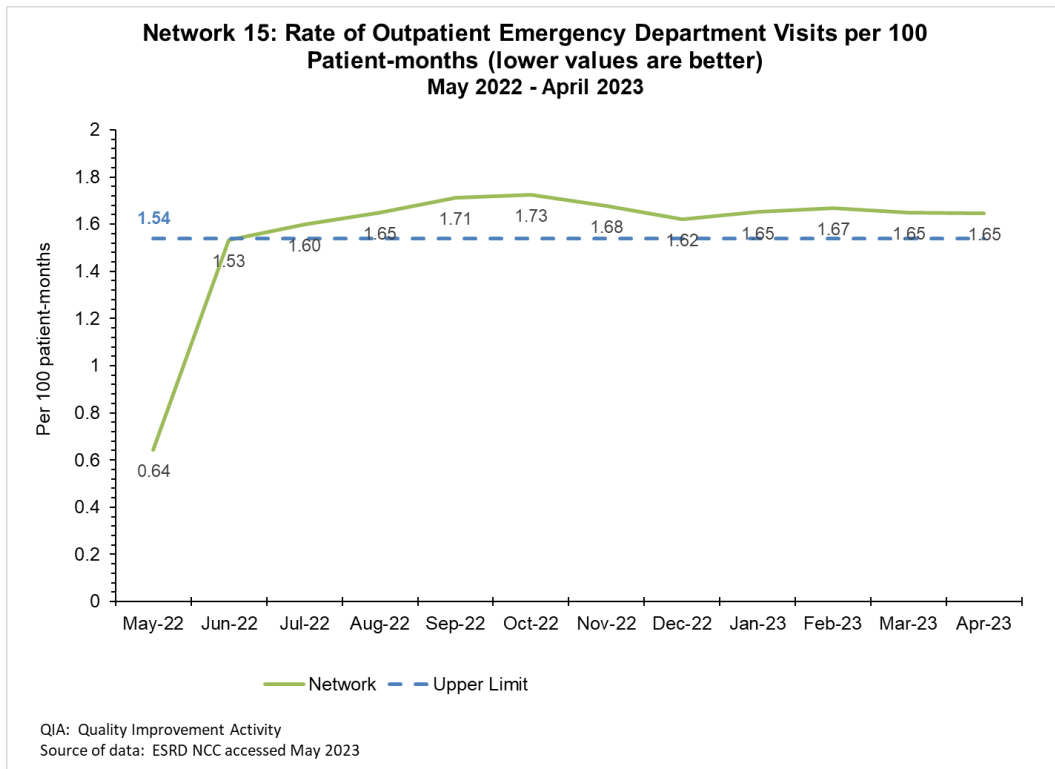
Reducing COVID-19 Related Hospitalizations May 2022-April 2023
Goals and Outcomes
From May 2022-April 2023, the Network focused on reducing COVID-19 hospitalizations by 25% from the baseline. The Networks upper limit for the QIA goal was set as 1,604 admissions and the Network remained under the QIA goal, experiencing only 794 admissions during the QIA. This was a relative decrease of 62.8% 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 include:
- Re-engaging patients and staff regarding vaccinations and boosters.

- Using motivational interviewing strategies provided by the Network with hesitant patients.

- Utilizing the *Vaccination Change Package*.

- Improving processes for tracking which patients received the COVID-19 vaccination in the facility or elsewhere.

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

Network 15: Count of COVID-19 Hospitalizations (lower values are better)
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
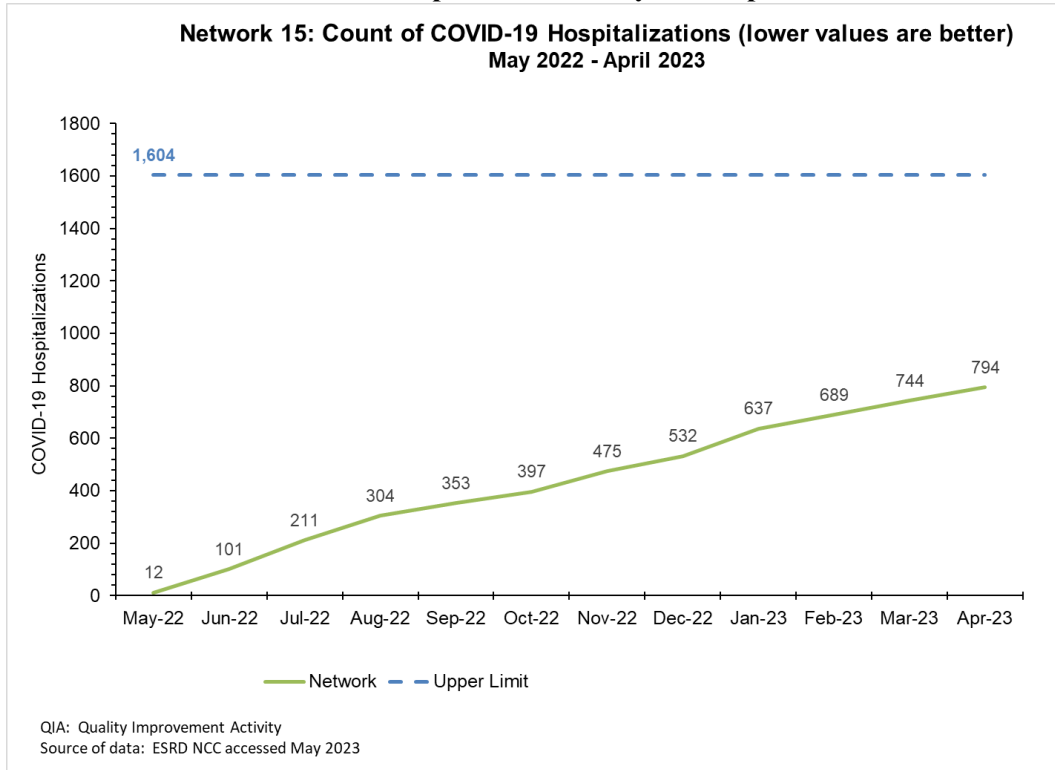
COVID-19 Vaccinations for Patients and Staff QIA May 2022-April 2023
Goals and Outcomes
The QIA focused on the following goals:
- Achieve a COVID-19 patient vaccination rate of 80% by April 2023.
- Achieve a COVID-19 patient booster vaccination rate of 80% by April 2023.
- Achieve a COVID-19 staff vaccination 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 71.4% and a patient booster vaccination rate of 64.2%. (See Charts T and U) For COVID-19 staff vaccinations, a rate of 85.4% was achieved with a booster rate of 36.9%. (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 through the QIA include:
- Completing an RCA and action plan to identify barriers and implement resources and processes for change.

- Providing follow up education and offering COVID-19 vaccines to patients and staff who previously refused or were initially hesitant.

- Tracking and reporting patients who received the vaccinations internally and externally.

- Utilizing Network provided resources and tools for educating patients and staff.

- Engaging non-enrolled and newly certified facilities to assist them with getting access to NHSN.

- Using Motivational Interviewing techniques when discussing vaccinations with patients and staff.

- 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 Vaccinations Rate and/or Vaccination Series May 2022-April 2023

Network 15: Percent of Dialysis Patients Receiving a Primary COVID-19 Vaccination and/or Vaccination Series May 2022 - April 2023

80.00%

75.90% 76.45% 76.31% 75.53% 72.94% 74.27% 73.58% 73.47% 73.20% 72.50% 72.03% 71.42%

Network   Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
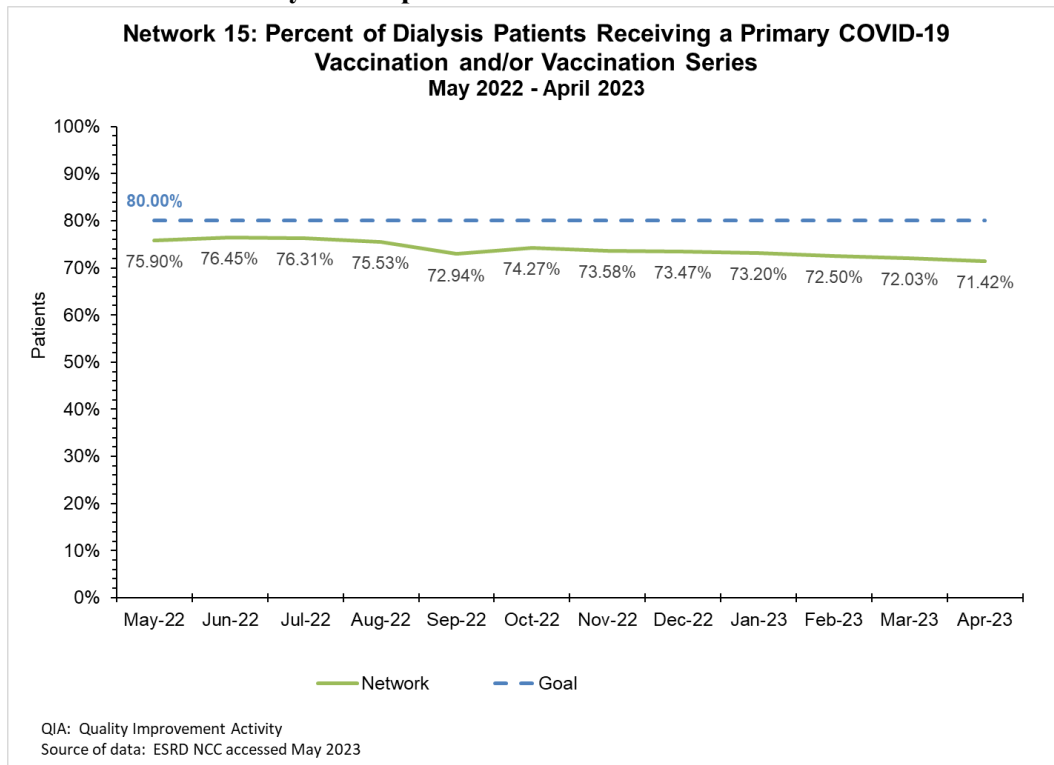
Chart U: Percent of Fully Vaccinated Dialysis Patients Receiving COVID Vaccination Booster May 2022-April 2023

Network 15: Percent of Fully Vaccinated Dialysis Patients Receiving COVID-19 Vaccination Booster
May 2022 - April 2023

80.00%

May-22: 51.61%, Jun-22: 53.88%, Jul-22: 55.76%, Aug-22: 56.99%, Sep-22: 58.27%, Oct-22: 60.88%, Nov-22: 61.70%, Dec-22: 62.47%, Jan-23: 63.65%, Feb-23: 63.75%, Mar-23: 64.00%, Apr-23: 64.20%

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
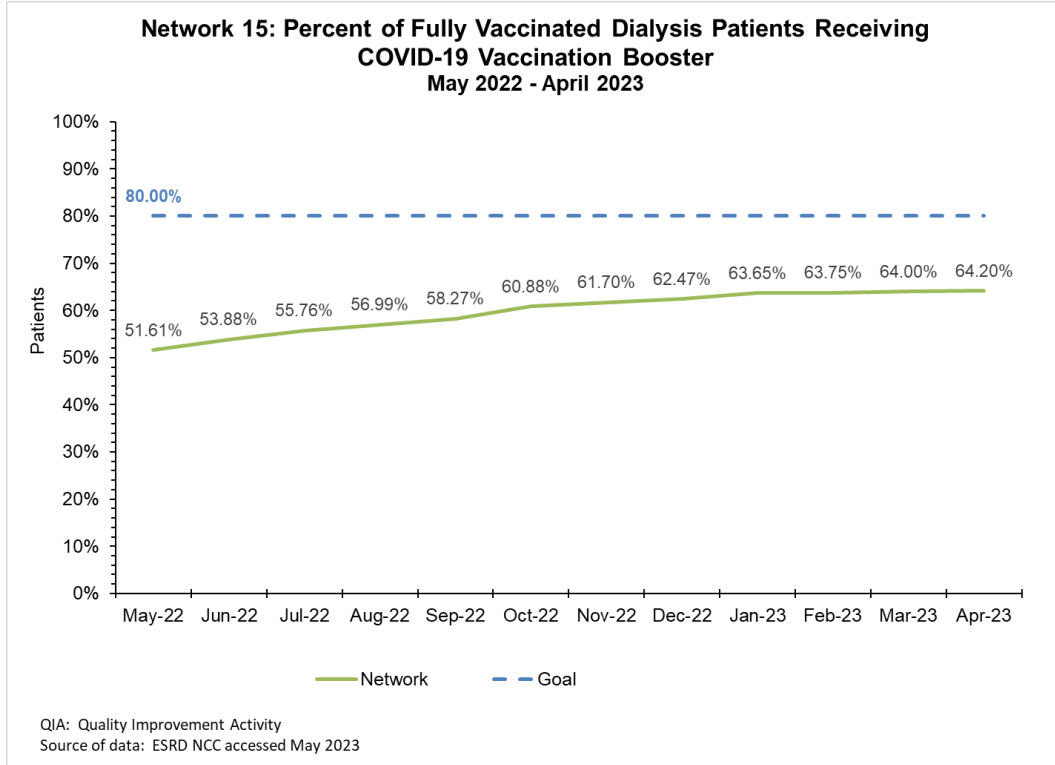
Chart V: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination Series May 2022-April 2023

Network 15: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination and/or Vaccination Series
May 2022 - April 2023

100.00%

May-22: 74.61%, Jun-22: 74.25%, Jul-22: 74.80%, Aug-22: 74.75%, Sep-22: 75.09%, Oct-22: 75.38%, Nov-22: 75.20%, Dec-22: 75.92%, Jan-23: 83.02%, Feb-23: 83.28%, Mar-23: 84.00%, Apr-23: 85.42%

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
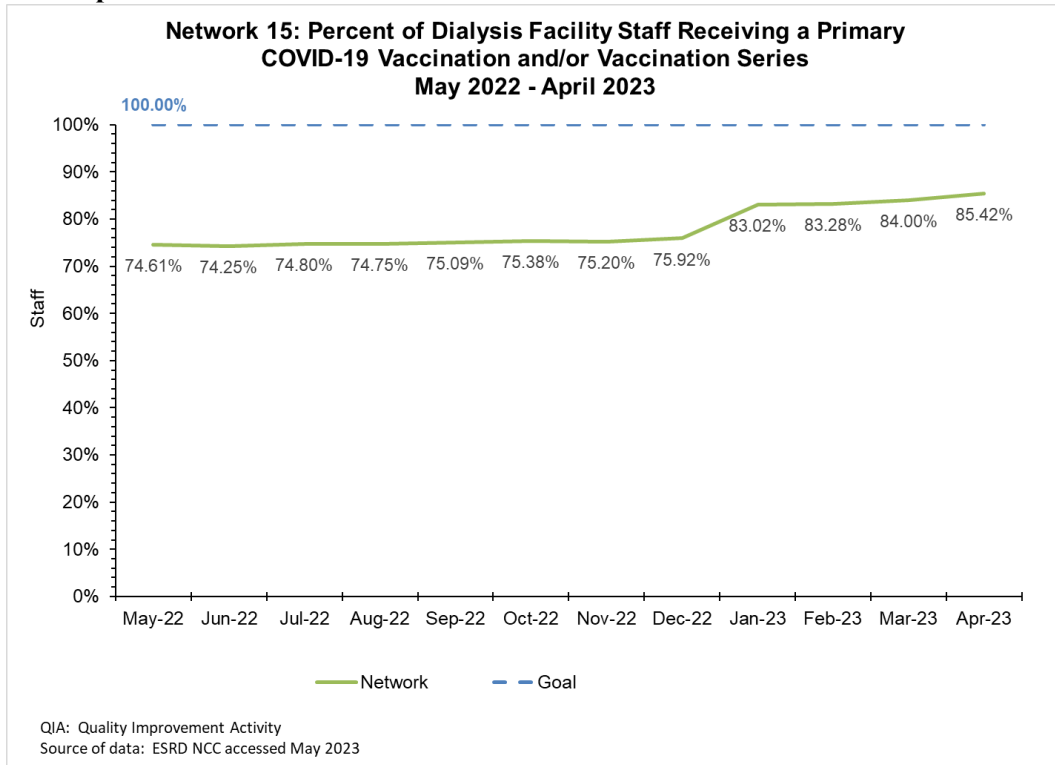
Chart W: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID-19 Vaccination Booster May 2022-April 2023

Network 15: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID-19 Vaccination Booster
May 2022 - April 2023

100.00%

Network data points: 25.41%, 25.44%, 25.79%, 25.75%, 26.88%, 28.69%, 29.16%, 30.03%, 35.32%, 35.52%, 36.18%, 36.99%

Y-axis: Staff (0% to 100%)
X-axis: May-22, Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23

Legend: Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
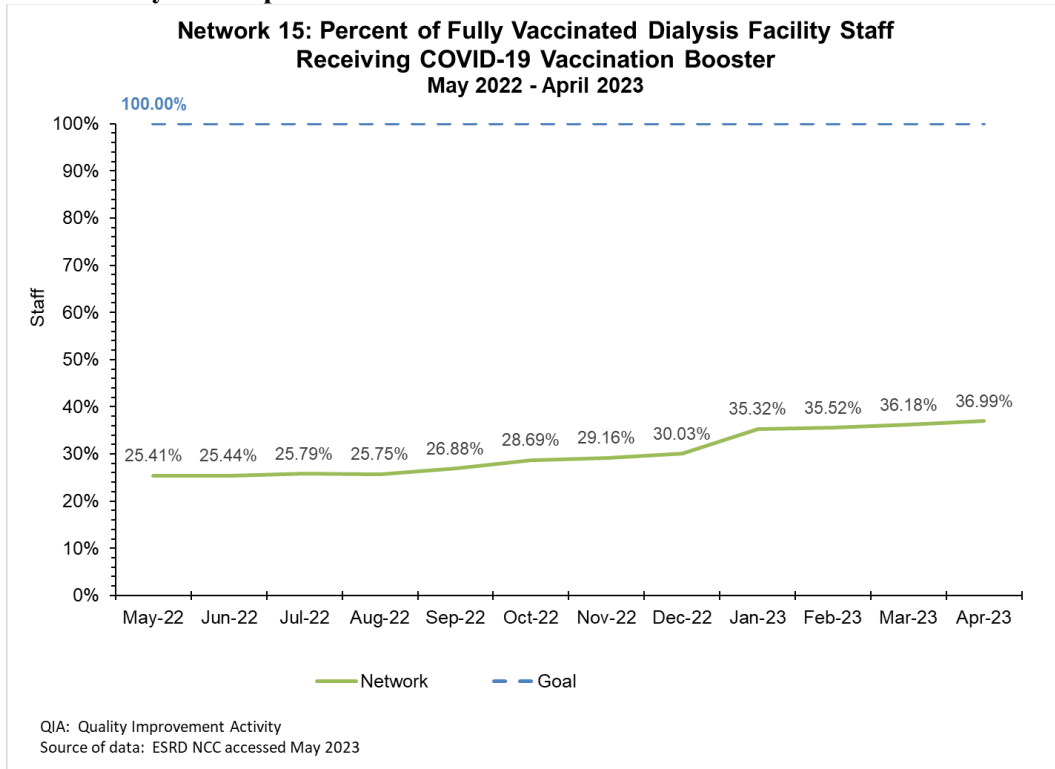
Influenza Vaccination QIA May 2022-April 2023

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, 81.6% of patients received an influenza vaccination. Reporting of staff vaccinations was limited and reflected 41.6% 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 Patients Receiving an Influenza Vaccination May 2022-April 2023

Network 15: Percent of Dialysis Patients Receiving an Influenza Vaccination
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
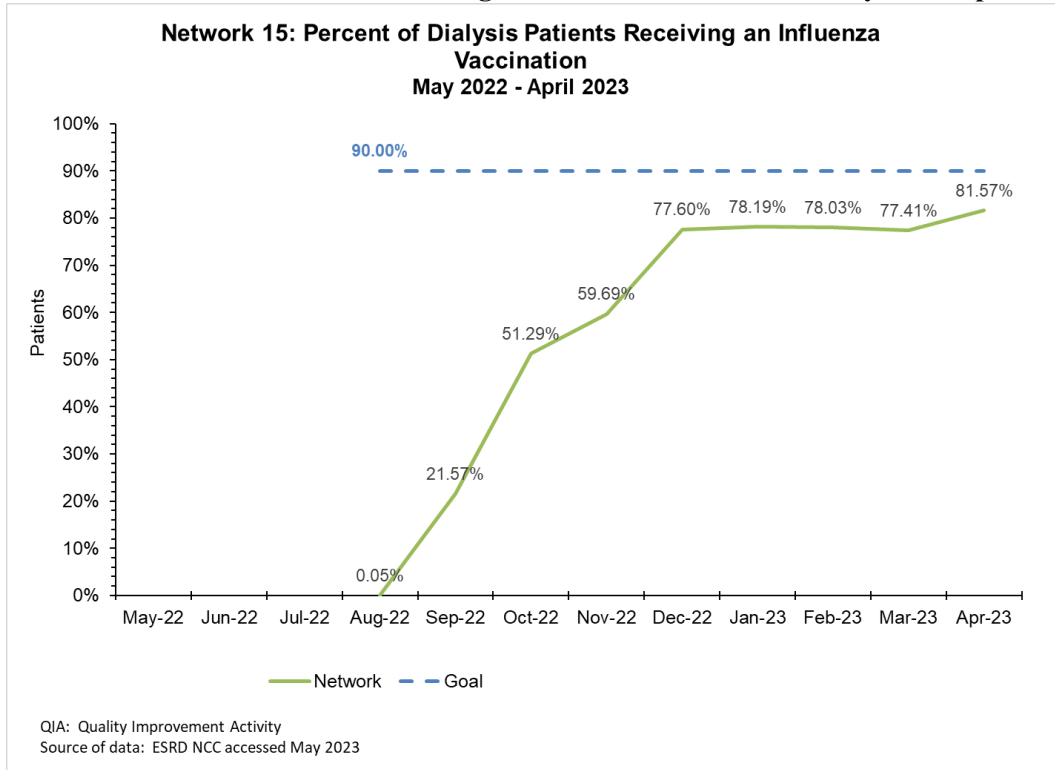
Chart Y: Percent of Staff Receiving an Influenza Vaccination May 2022-April 2023

Network 15: Percent of Dialysis Facility Staff Receiving an Influenza Vaccination
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
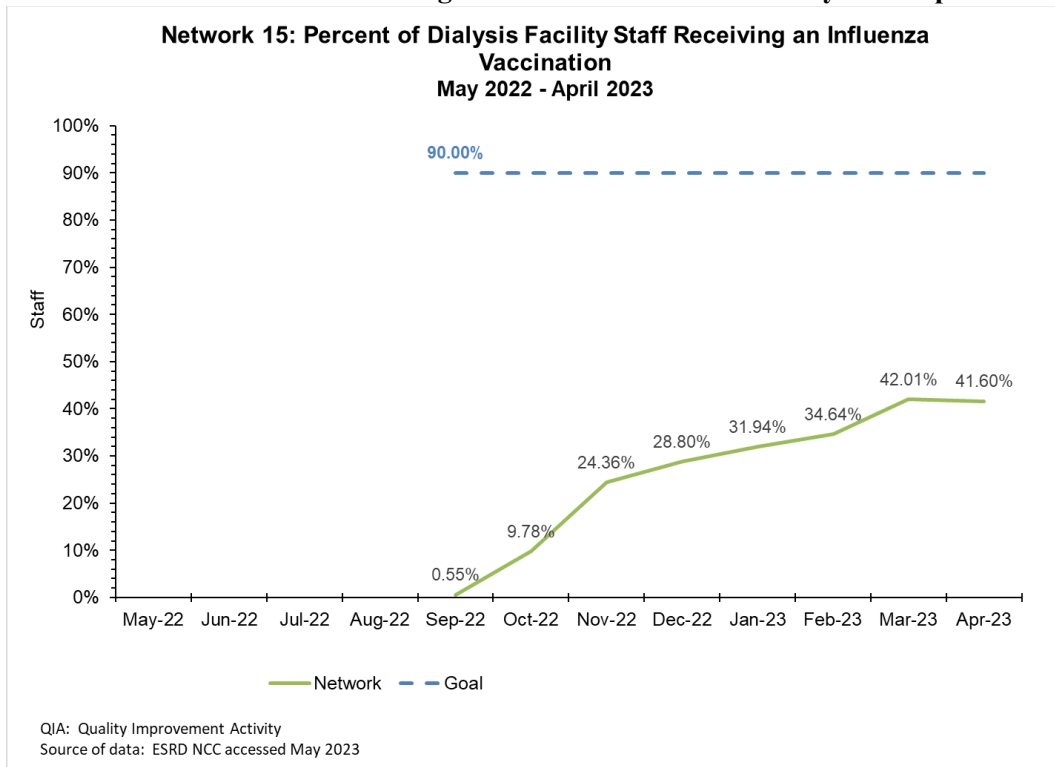
Pneumococcal Vaccination QIA May 2022-April 2023

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 94.5% of the PCV13 goal, with 16,227 patients being vaccinated. (See Chart Z) The Network achieved 80.1% of patients receiving an initial PPSV 23 vaccination, 70.9% of patients receiving a PPSV 23 booster, and 72.6% of patients over the age of 65 receiving a PPSV 23 vaccination. (See Charts AA, BB, and 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 Pneumococcal Conjugate Vaccination (PCV 13) May 2022-April 2023

Network 15: Count of ESRD Patients Receiving Pneumococcal Conjugate Vaccination (PCV 13)
May 2022 - April 2023

QIA: Quality Improvement Activity
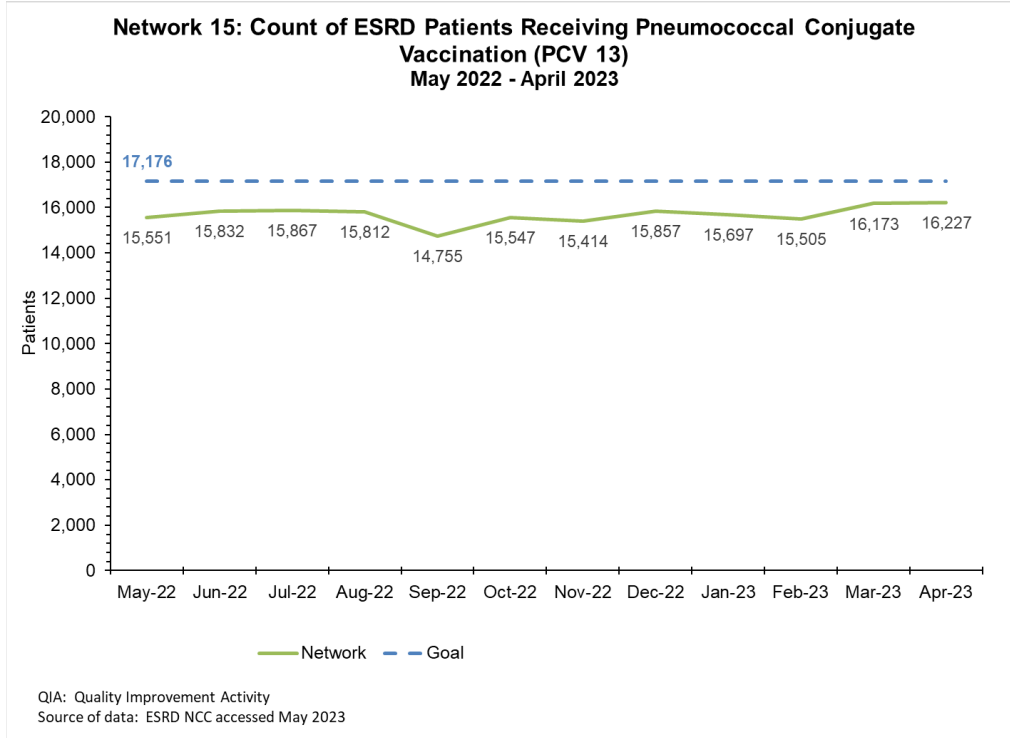Source of data: ESRD NCC accessed May 2023

Chart AA: Percent of ESRD Patients Receiving an Initial Pneumococcal Polysaccharide Vaccination (PPSV 23) May 2022-April 2023

Network 15: Percent of ESRD Patients Receiving an Initial Pneumococcal Polysaccharide Vaccination (PPSV 23)
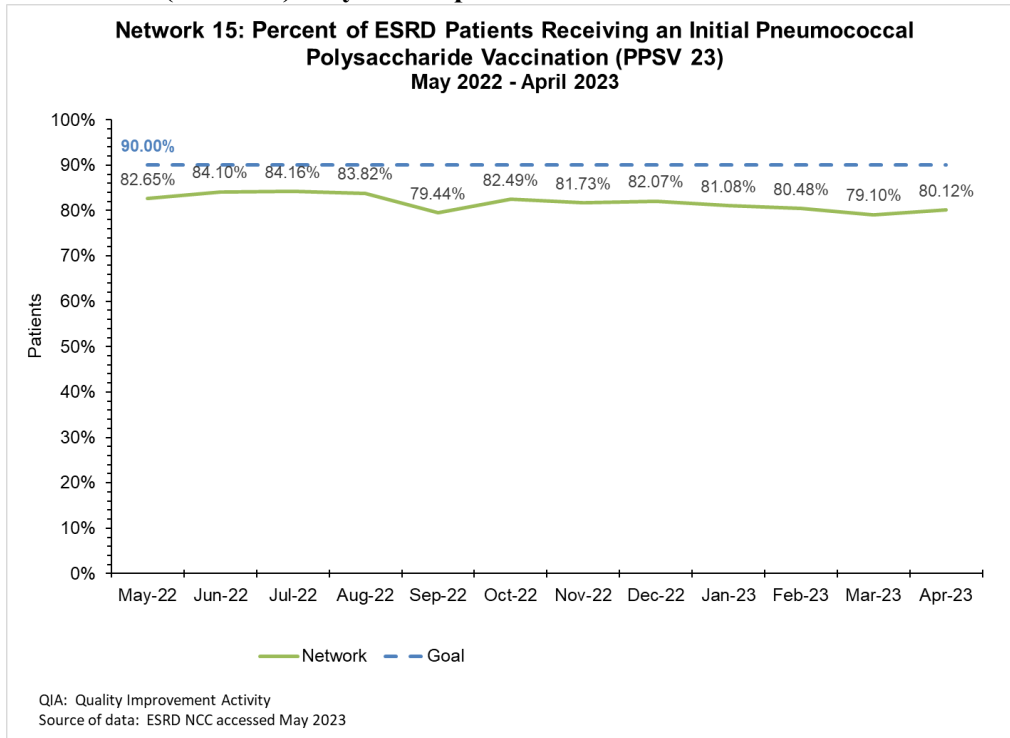May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

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

Network 15: Percent of ESRD Patients Receiving a Booster Pneumococcal
Polysaccharide Vaccination (PPSV 23)
May 2022 - April 2023

66.52%

50.57% 51.57% 51.99% 52.06% 49.58% 53.71% 54.55% 69.97% 67.49% 68.49% 68.93% 70.90%

May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23

Patients

——— Network　　－ － Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
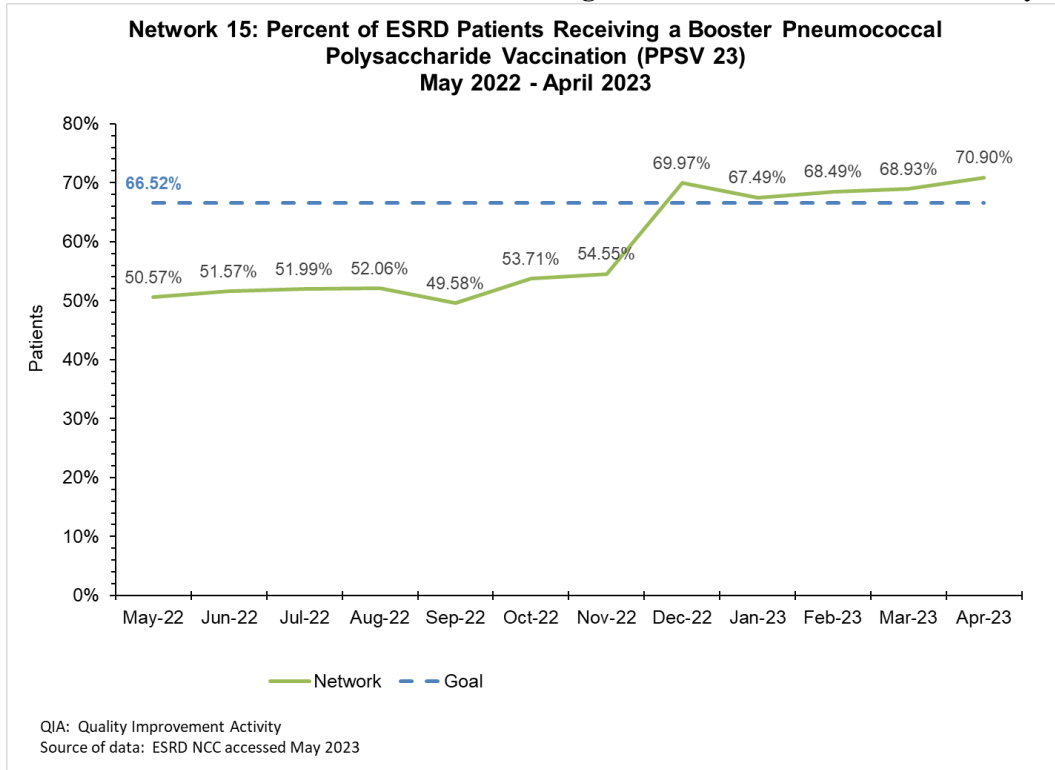
Chart CC: Percent of ESRD Patients Over 65 Years Old Receiving PPSV 23 May 2022-April 2023

Network 15: Percent of ESRD Patients Over 65 Years Old Receiving a
Pneumococcal Polysaccharide Vaccination (PPSV 23)
May 2022 - April 2023

85.00%

73.80% 75.31% 74.82% 74.64% 69.61% 72.94% 72.05% 73.32% 73.49% 72.89% 71.30% 72.59%

May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23

Patients

——— Network　　－ － Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
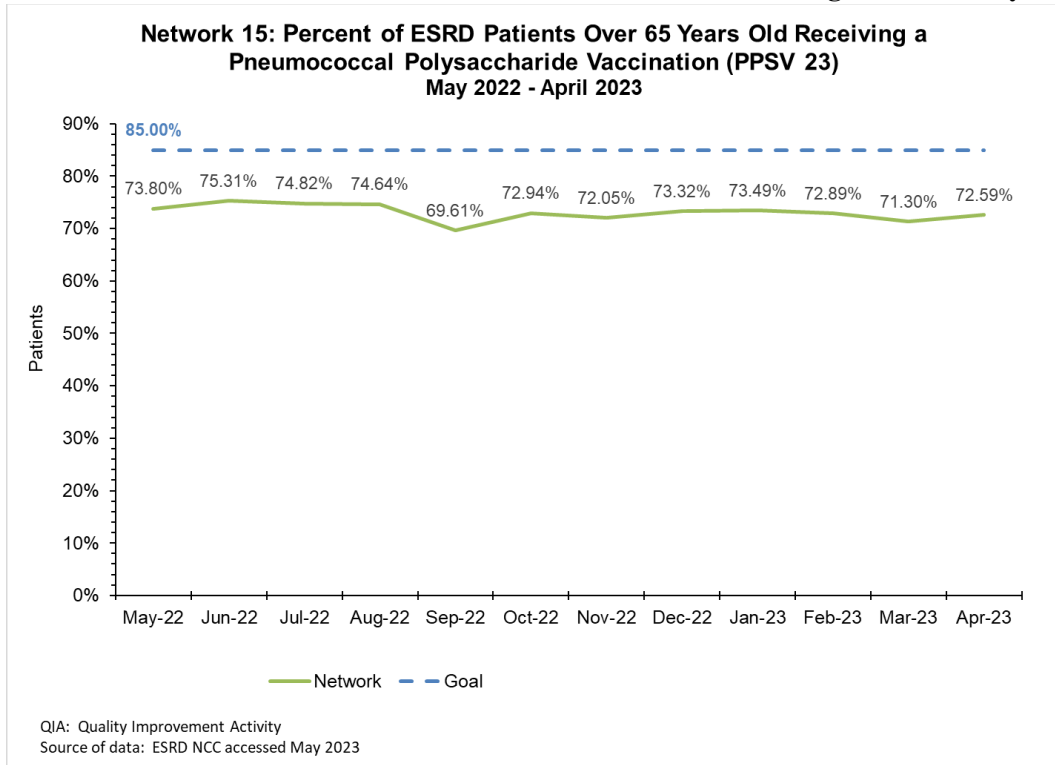
Improving Nursing Home Care QIA May 2022-April 2023
Goals and Outcomes

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 .72% and the Network met this goal due to achieving a final rate of 0.0%. The Network's upper limit for the QIA goal for blood transfusions was set at 6.72% and the Network met this goal due to achieving a final rate of 5.10%. (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.

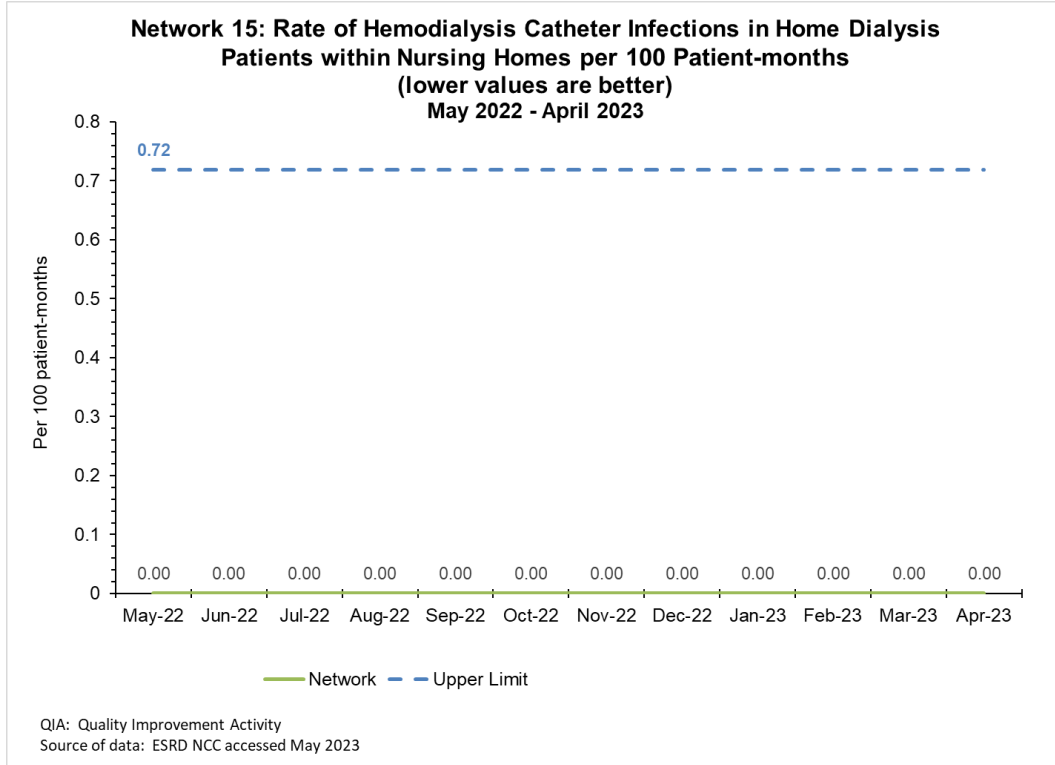**Chart DD: Rate of Hemodialysis Catheter Infections in Home Dialysis Patients within NHs May 2022-April 2023**

Network 15: Rate of Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes per 100 Patient-months
(lower values are better)
May 2022 - April 2023

Y-axis: Per 100 patient-months (0 to 0.8)

Upper Limit: 0.72

Network values (May-22 through Apr-23): 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00

Legend: Network — Upper Limit

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Chart EE: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in NHs May 2022-April 2023

Network 15: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Home per 100 Patient-months
(lower values are better)
May 2022 - April 2023

Y-axis: Per 100 patient-months (0 to 8)

Upper Limit: 6.72

Network values:
- May-22: 0.00
- Jun-22: 3.57
- Jul-22: 2.70
- Aug-22: 5.66
- Sep-22: 4.55
- Oct-22: 2.78
- Nov-22: 2.56
- Dec-22: 5.88
- Jan-23: 6.25
- Feb-23: 6.60
- Mar-23: 4.41
- Apr-23: 5.10

Legend: Network — Upper Limit

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Chart FF: rate of Peritonitis Events in Home Dialysis Patients within NHs May 2022–April 2023

Network 15: Rate of Peritonitis Events in Home Dialysis Patients within Nursing Homes per 100 Patient-months (lower values are better)
May 2022 - April 2023

Per 100 patient-months

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

—— Network — — Upper Limit

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
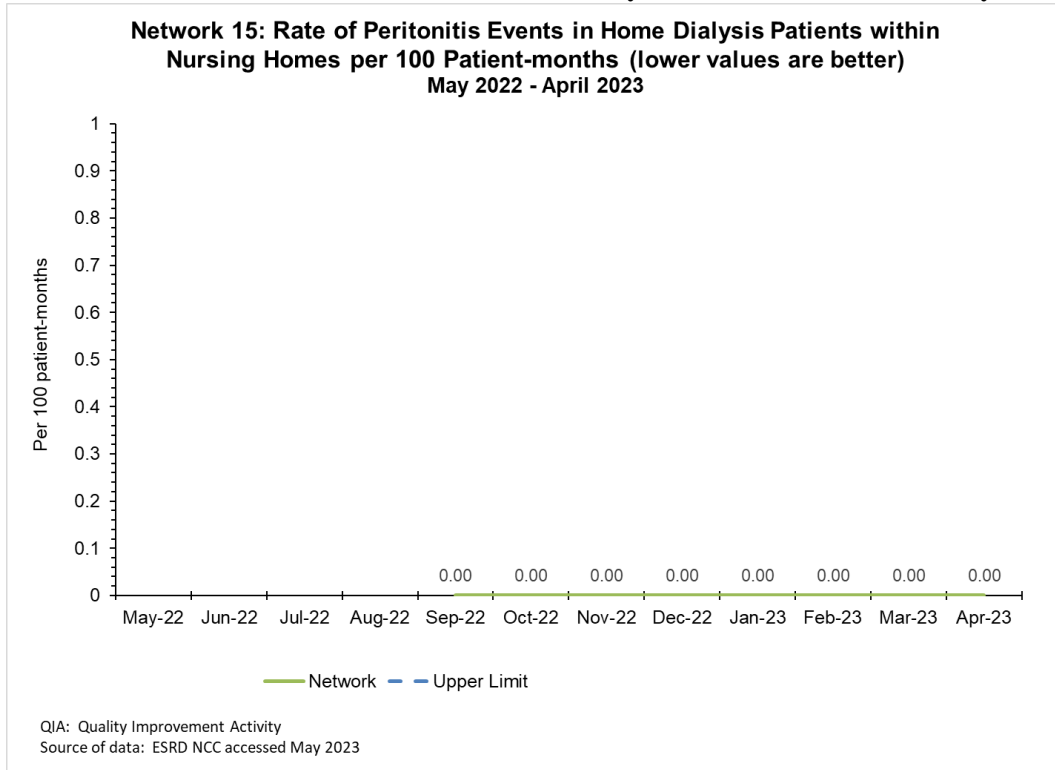
Data Quality QIA May 2022-April 2023

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 70.1% of admissions, 70.4% of 2728 forms, and 50.3% 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
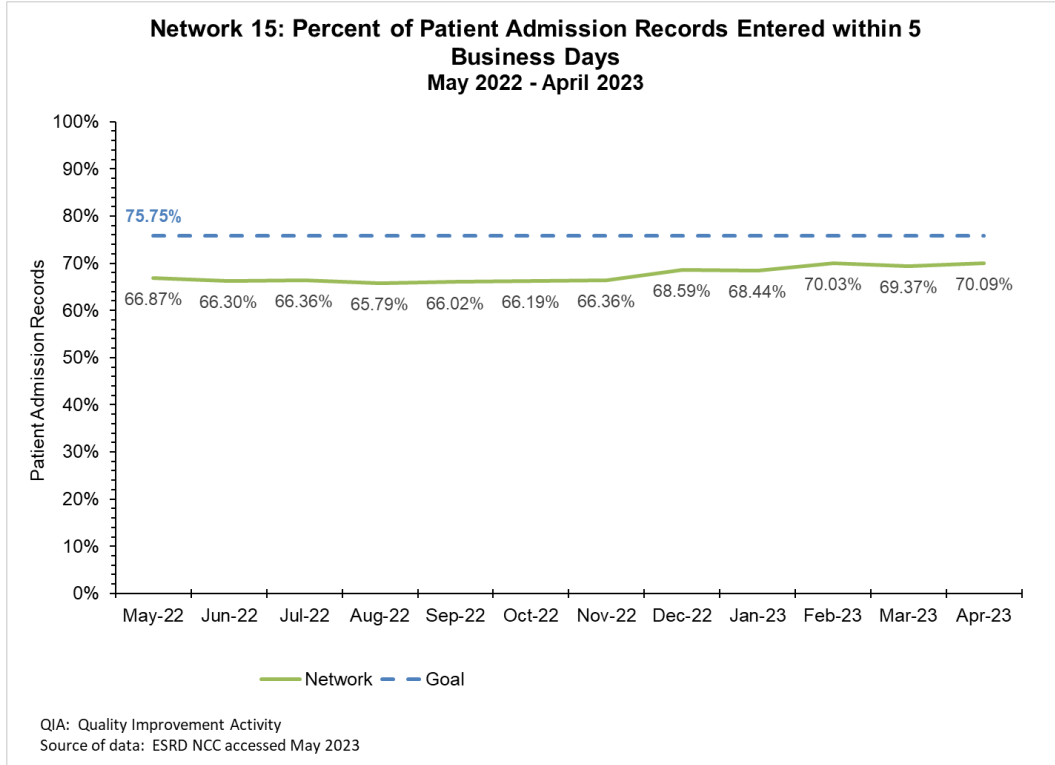
Network 15: Percent of Patient Admission Records Entered within 5 Business Days
May 2022 - April 2023

Patient Admission Records (y-axis)

75.75%

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
66.87%	66.30%	66.36%	65.79%	66.02%	66.19%	66.36%	68.59%	68.44%	70.03%	69.37%	70.09%

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

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

Network 15: Percent of CMS-2728 Forms Submitted within 45 Days
May 2022 - April 2023

CMS-2728 Forms (y-axis)

75.52%

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
70.57%	70.87%	70.83%	70.81%	70.89%	71.54%	71.95%	71.41%	71.00%	70.81%	70.77%	70.37%

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
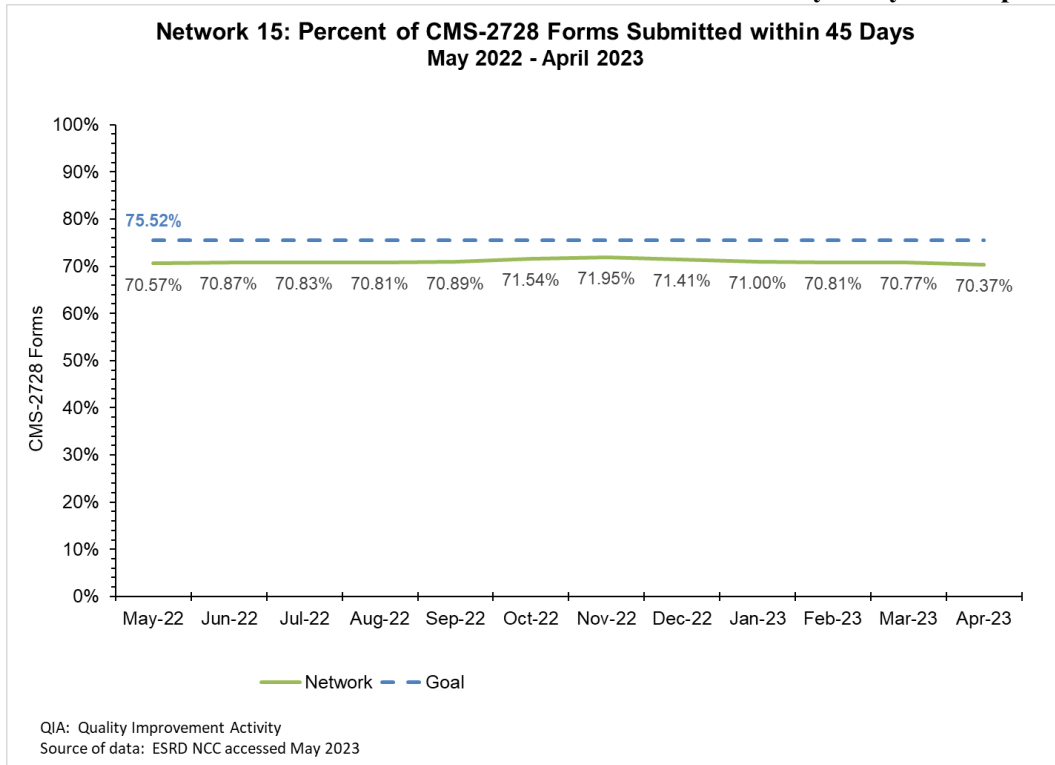
Chart II: Percent of CMS-2746 Forms Submitted within 14 Days of Death May 2022–April 2023

Network 15: Percent of CMS-2746 Forms Submitted within 14 Days of Death
May 2022 - April 2023

Network values: 50.02%, 49.78%, 49.38%, 49.37%, 49.75%, 50.36%, 50.50%, 50.06%, 48.92%, 49.48%, 49.92%, 50.25%

Goal: 57.89%

Y-axis: CMS-2746 Forms (0% to 100%)
X-axis: May-22, Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23

Legend: Network — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
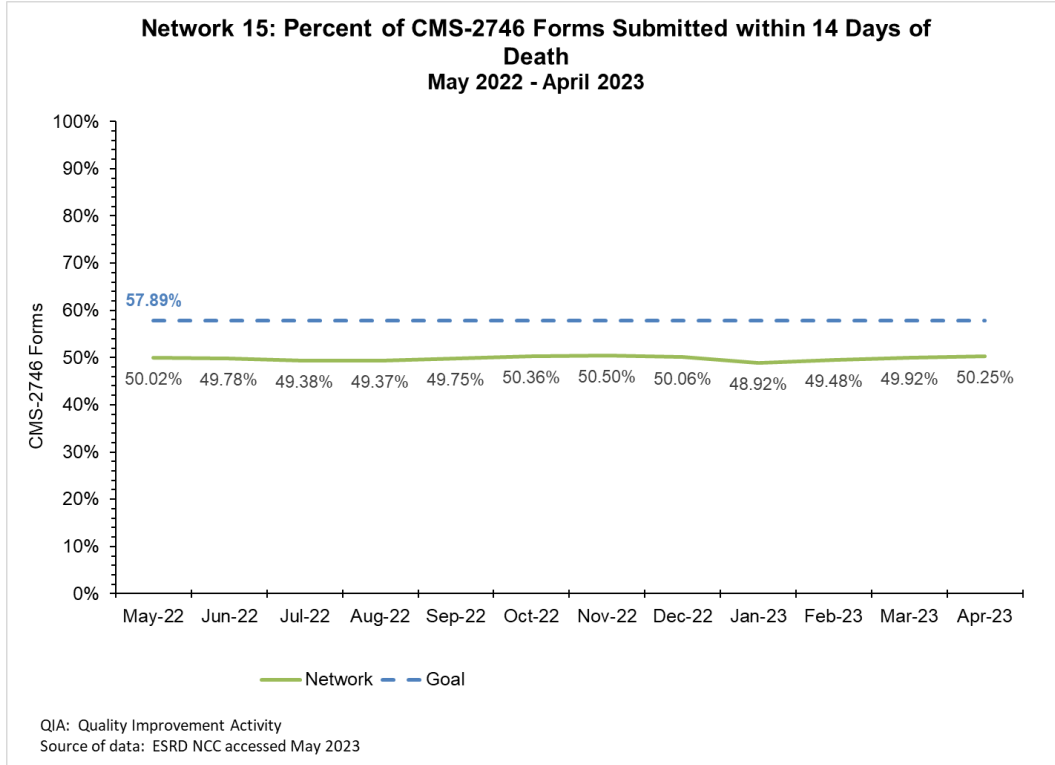
Depression QIA May 2022-April 2023

Goals and Outcomes

The QIA goals included:

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

Due to contract adjustments, the goal for accurately identifying patients with depression was not evaluated during May 2022-April 2023. By April 2023, the Network achieved a rate of 14.57% 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

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
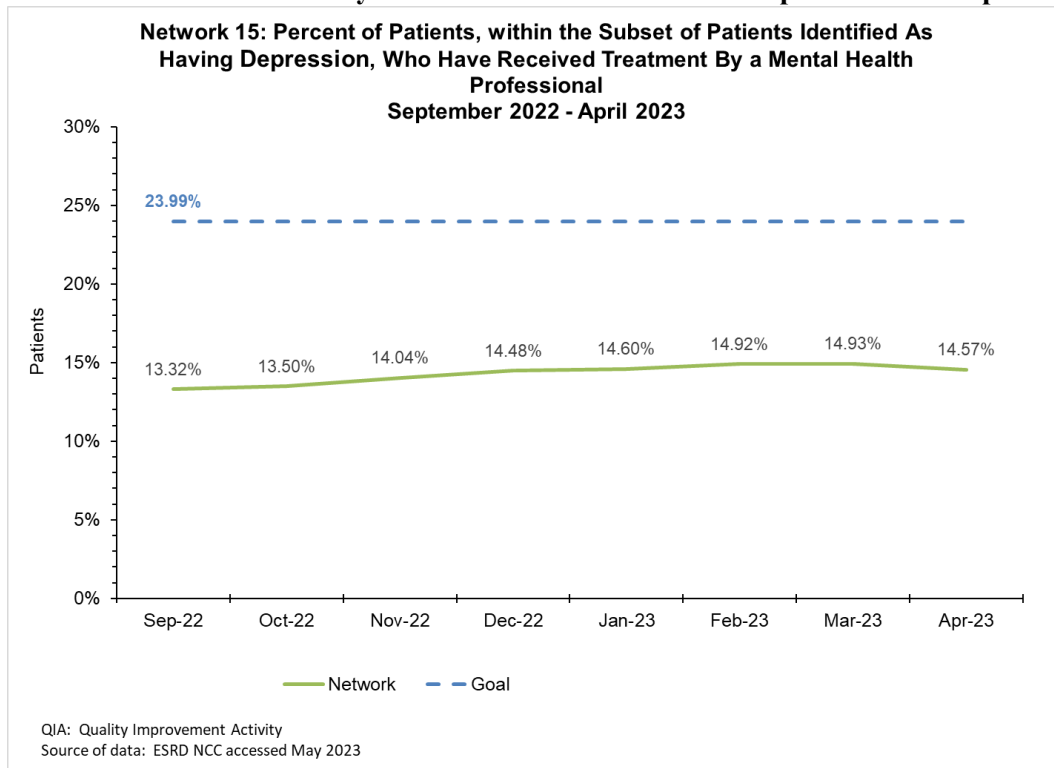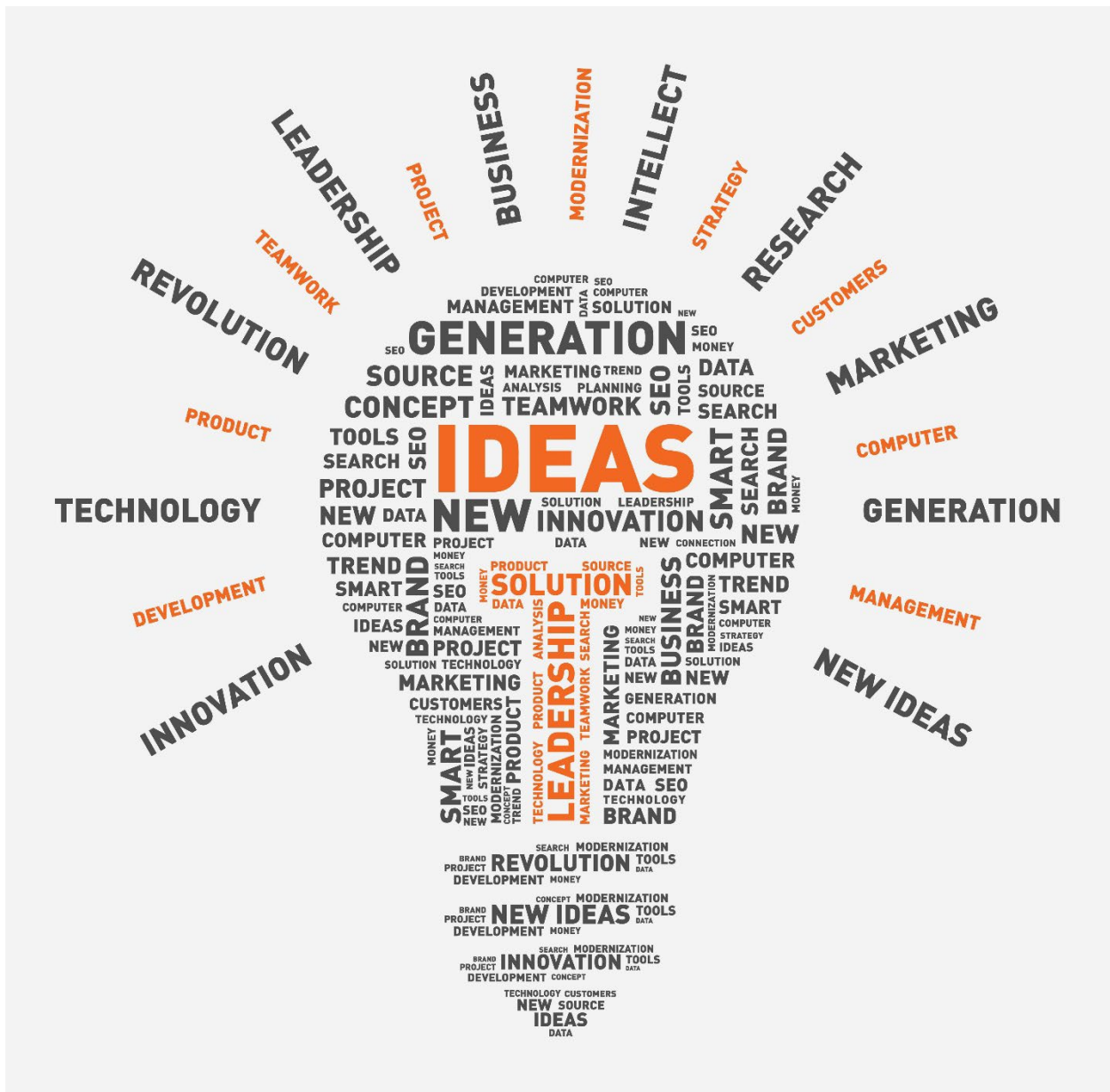
ESRD NETWORK RECOMMENDATIONS

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 provided data-driven technical assistance to facilities regarding screening procedures, 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 15 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.

December 2022
- ### Sunshine Wildland Fire
Network staff monitored the Sunshine wildfire in Boulder, CO on December 20, 2022. Network staff contacted the one facility located in the affected area to determine any impacts to the facility or patients. The facility developed a diversion plan in case there was a need to evacuate the facility. The wildfire was soon contained and the facility and patients remained without impact.

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.