ESRD NETWORK 2022 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 17 Task Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.

ESRD Network 17

Contents

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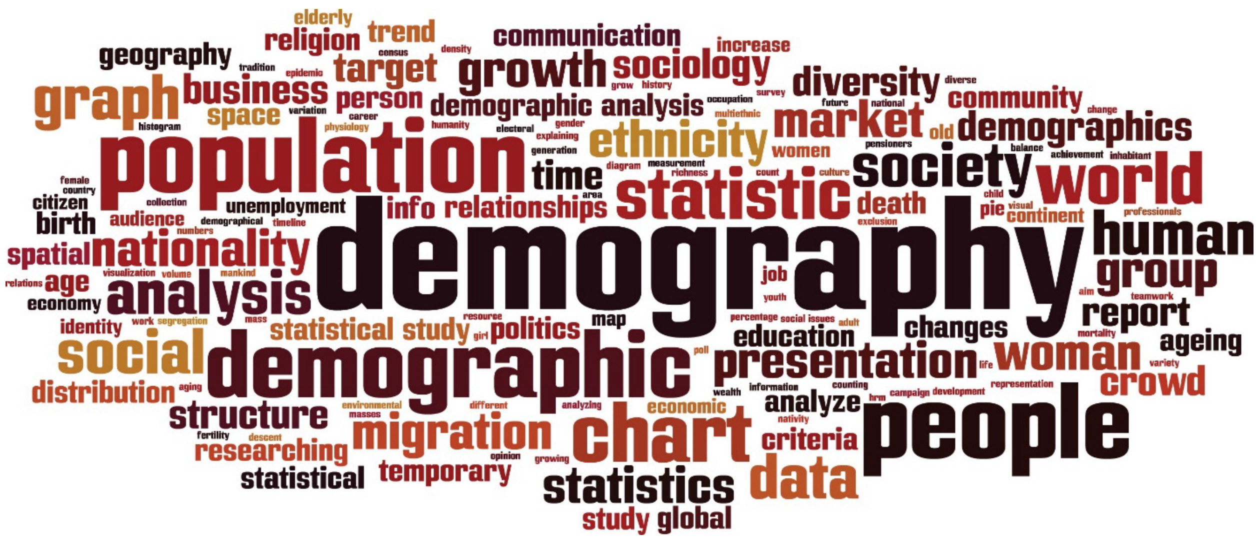
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ESRD DEMOGRAPHIC DATA

ESRD Network 17

As part of the Health Services Advisory Group (HSAG) team, Network 17 works with patients, dialysis facilities and transplant centers in the northern portion of California, Hawaii, Saipan (U.S. Commonwealth of the Northern Marianas Islands), and the U.S. Territories of Guam and American Samoa to improve the quality of care and quality of life for ESRD patients. HSAG has held the Network 17 contract since 2015.

Geography and General Population

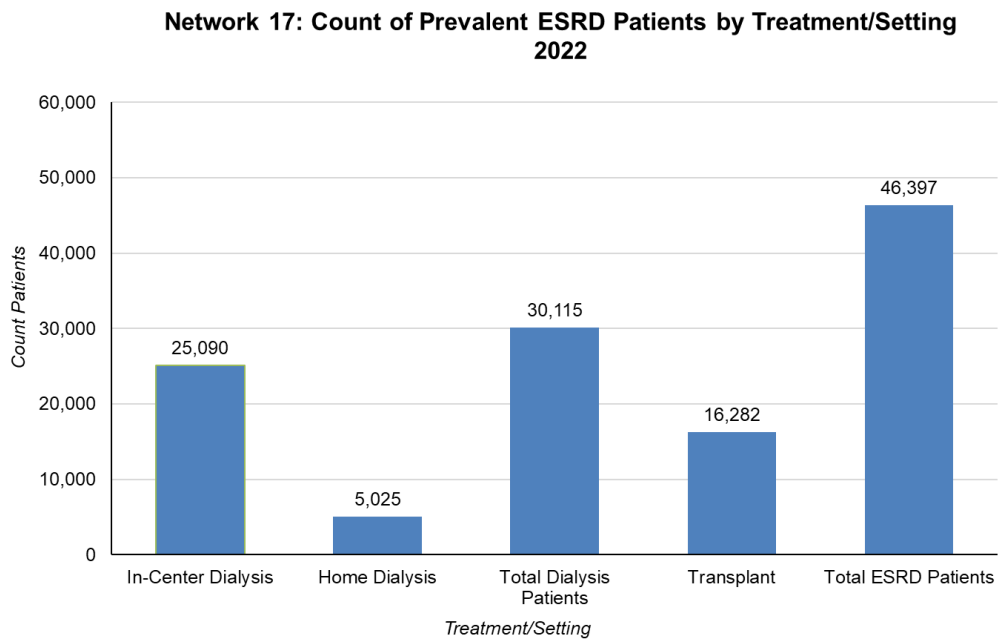
Network 17 has a combined estimated general population of approximately 15 million according to the U.S. Census estimates as of July 2022[1]. Network 17 spans approximately 10,000 square miles, which includes crossing the International Date Line to reach Guam and Saipan and passing south of the equator to American Samoa. Network 17's region includes:

- Northern California:
  - Covers the 45 most northern counties in California, starting in Fresno County and ending at the Oregon border.
  - Constitutes about one-third of the state's population and about 60% of the land area.
- Hawaiian Islands:
  - Include 137 islands, the largest of which is Hawaii, followed by Maui and Oahu.
  - Have a very diverse population comprised of persons identifying themselves as Native Hawaiian, Asian, Caucasian, and Pacific Islanders.
- American Samoa:
  - Has been a territory of the U. S. since 1900.
  - Has approximately 95% its population living on the largest island, Tutuila.
- Guam:
  - Is located in the Western Pacific Ocean.
  - Is part of the Mariana Islands.
  - Crosses the International Dateline.
- Saipan:
  - Is part of the Northern Marianas Islands in the Western Pacific Ocean.
  - Crosses the International Dateline.
  - Has a population that includes Chamorro and other Micronesians.

ESRD Population

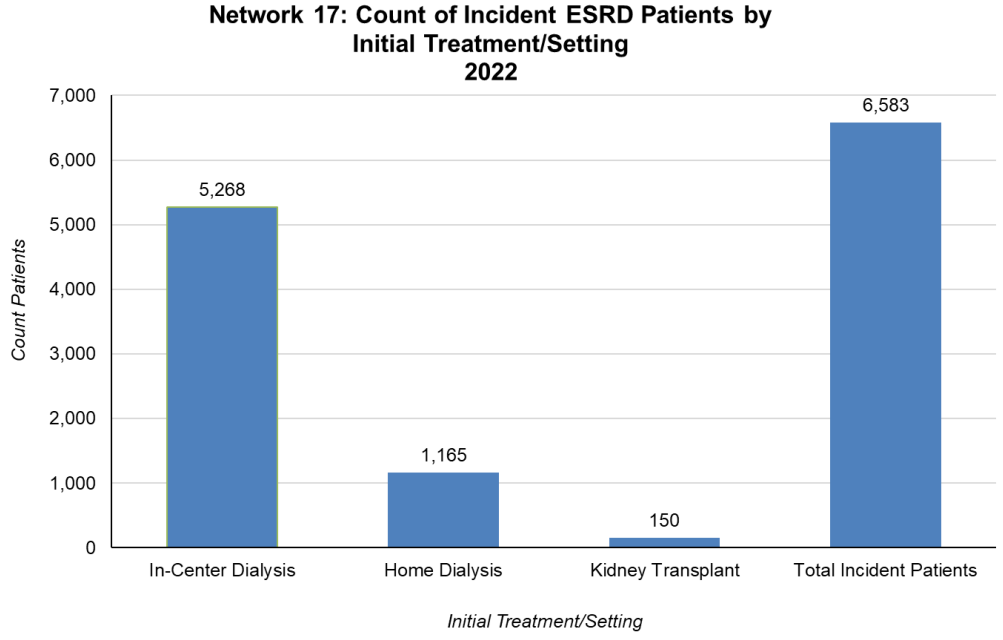
As of December 31, 2022, there were 30,115 dialysis patients and 16,282 transplant patients, for a total of 46,397 patients with ESRD in the Network 17 service area. (See Chart A) The Network saw a total of 6,583 individuals newly diagnosed with ESRD in 2022. (See Chart B) Of these patients, 17.6% (1,165) were home patients and 2.2% (150) received a transplant. As of December 31, 2022, Network 17 comprised 5.9% 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



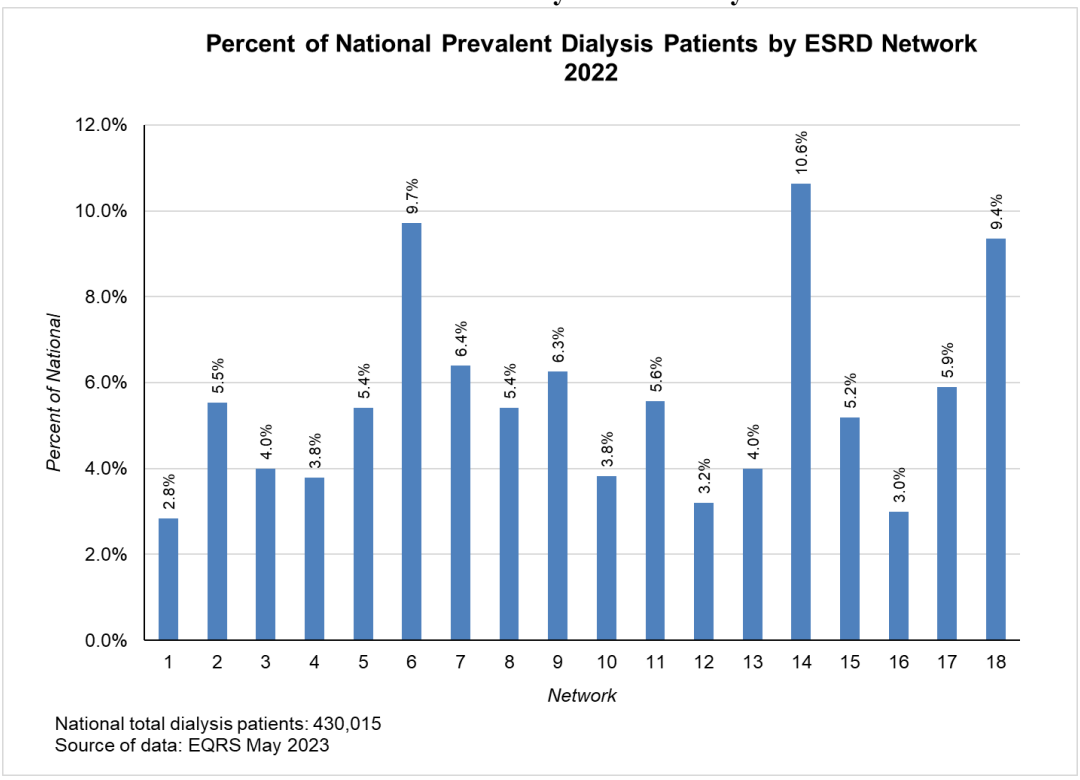
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2023

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



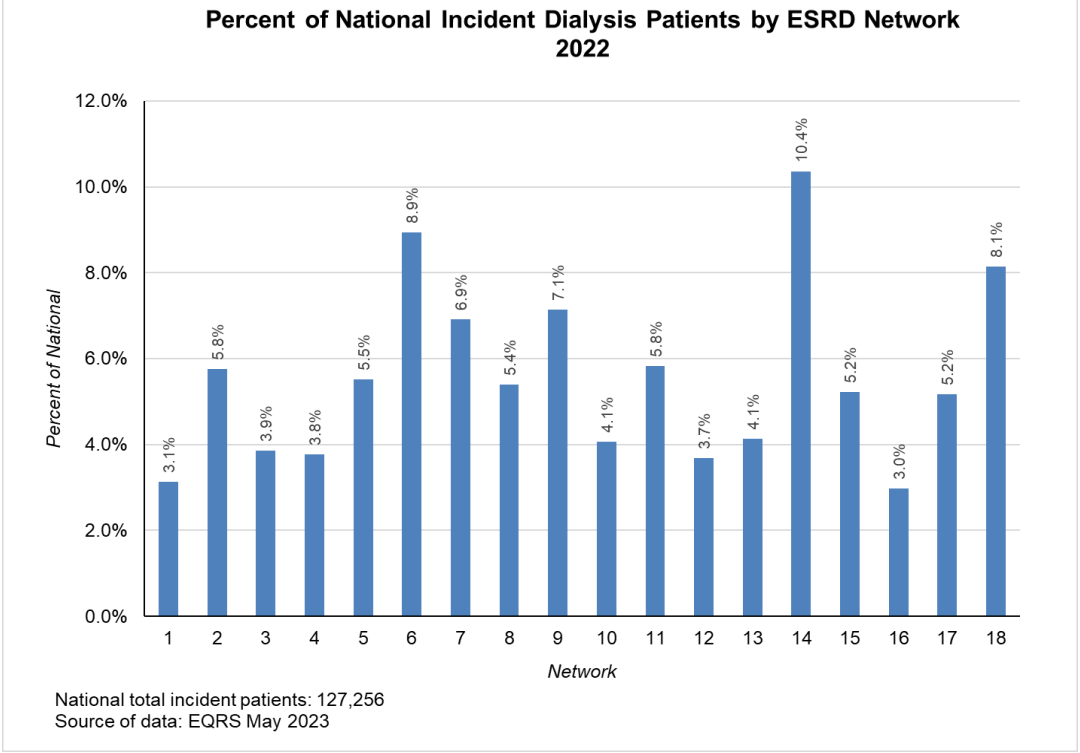
Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2023

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



National total dialysis patients: 430,015
Source of data: EQRS May 2023

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

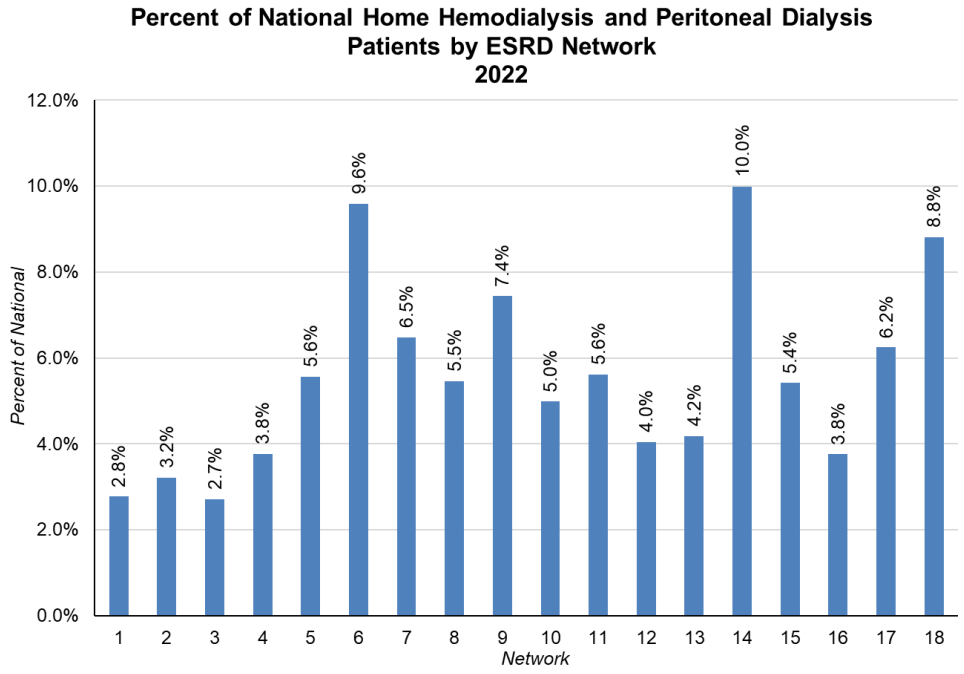


National total incident patients: 127,256
Source of data: EQRS May 2023

Dialysis Treatment Options

As of December 31, 2022, 83.3% of dialysis patients in Network 17 were receiving in-center hemodialysis (ICHD) treatments and 16.6% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD) (See Chart A). This is a 0.3-point increase in patients using home dialysis from 2021. Nationally, the Network comprised 6.2% 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

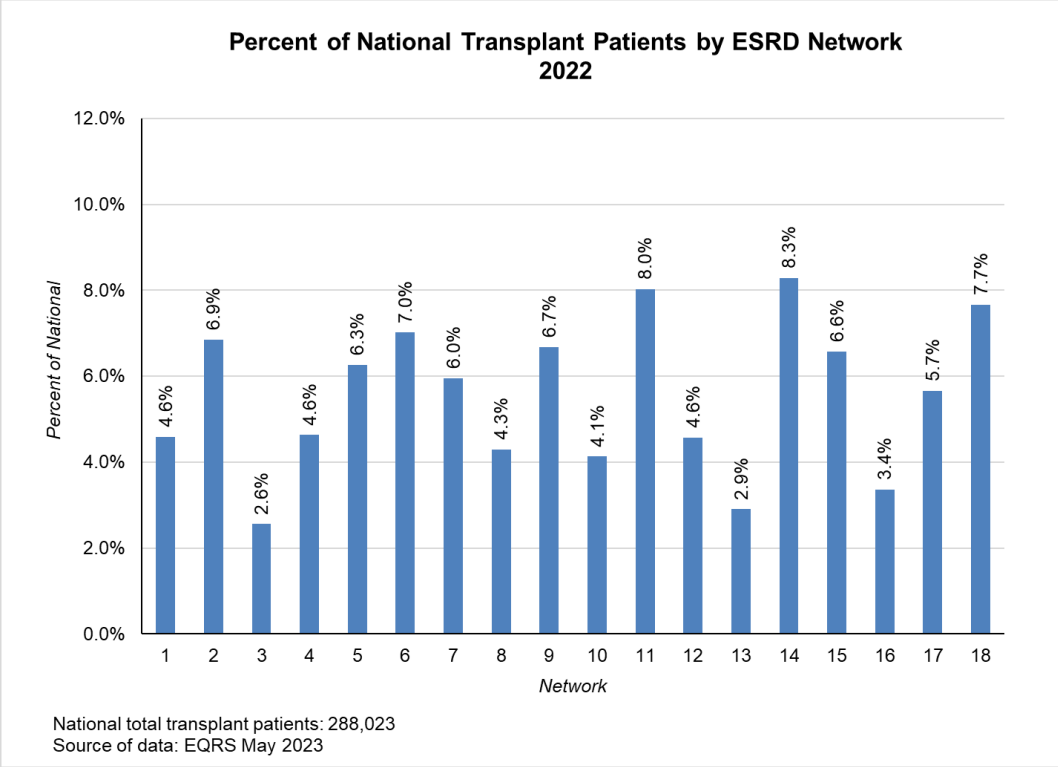


National total home hemodialysis and peritoneal dialysis patients: 80,460
Source of data: EQRS May 2023

Transplant

During 2022, transplants were completed by six transplant centers in the Network 17 service area. As of December 31, 2022, there were 288,023 transplant patients nationally, of which 5.7% were in Network 17. (See Chart F)

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

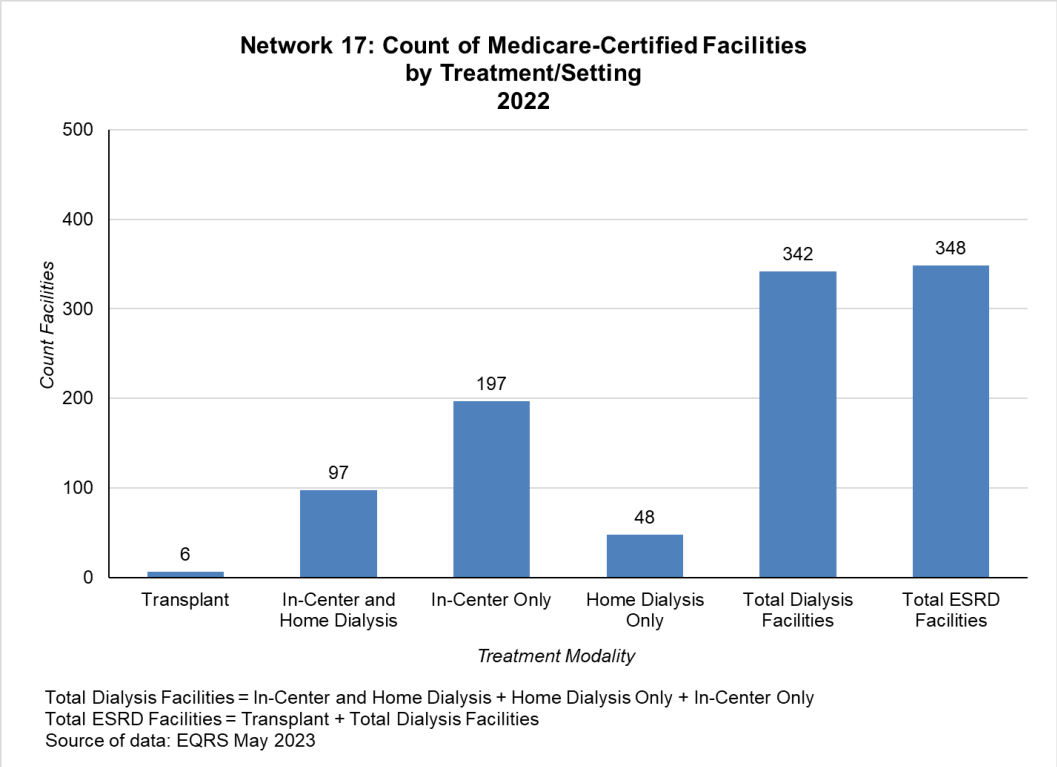


National total transplant patients: 288,023
Source of data: EQRS May 2023

ESRD Facilities

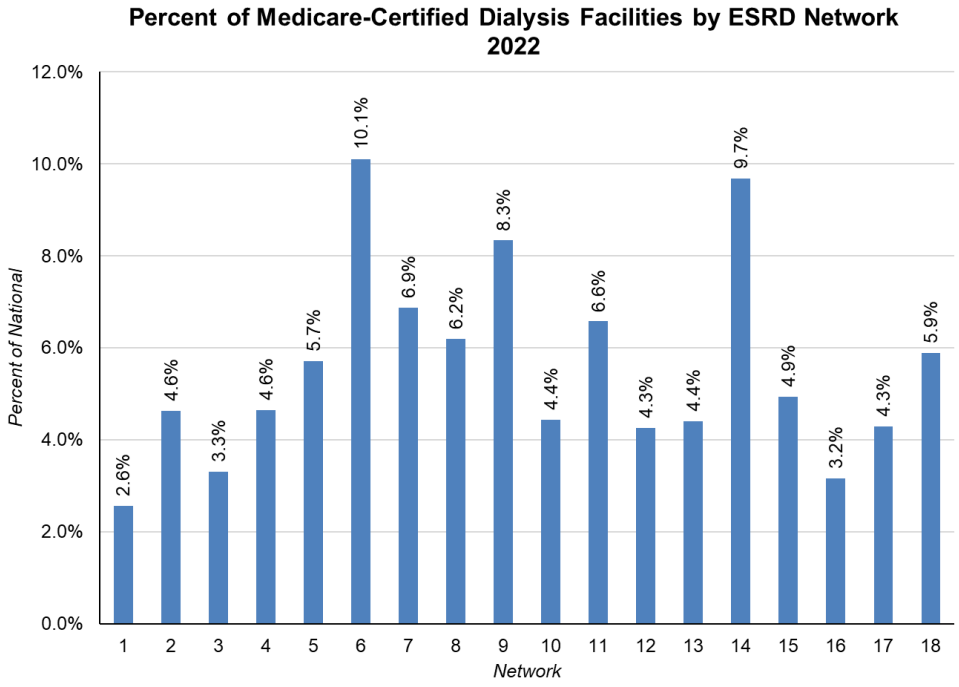
As of December 2022, Network 17's service area included a total of 348 ESRD facilities, including 342 dialysis facilities and six transplant facilities (See Chart G). Nationally, Network 17 comprised 4.3% of all dialysis facilities (See Chart H) and 2.6% of all transplant facilities (see Chart I).

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



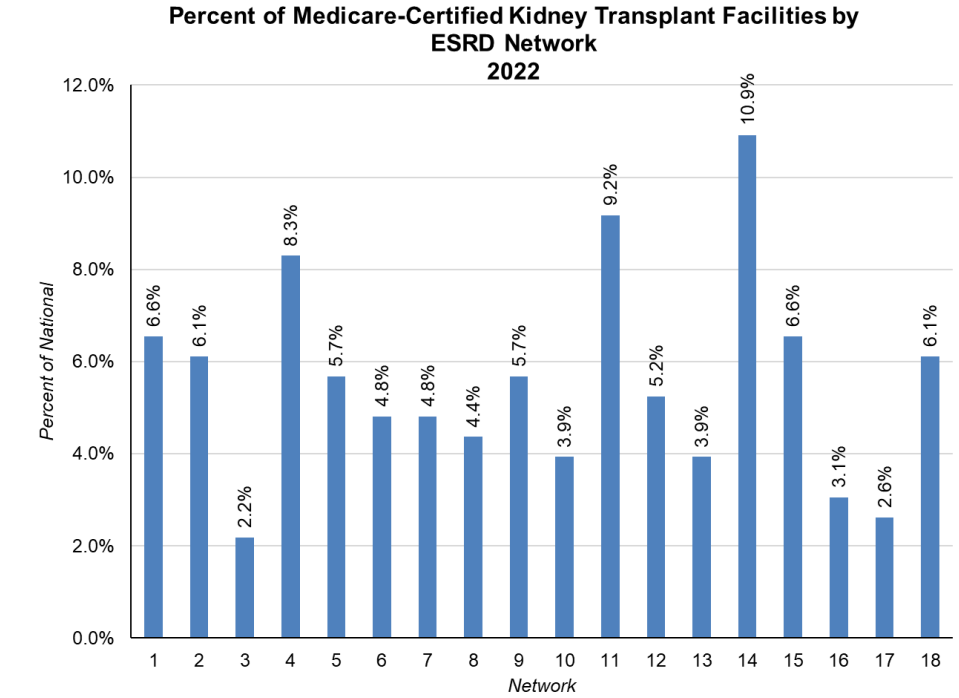
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2023

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



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



National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: EQRS May 2023


compromise
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negotiate
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successful
deal
dispute
balance
demand
meeting
tolerance
argument
conflict
give up
benefit
discussion
debate
truce
discuss
arrangement
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beneficial
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career
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solving
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quid
service
swapping
giving
arrange
middleman
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intervene
adapting
direction
adjusting
give-and-take
togetherness
continuous
incompatibility
guidance
community
halfway
management
cooperate
negotiator
help
compete
together
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guide
relief
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resolving
assistance
agreeing
evaluate
solutions
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nonstop

ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. Immediate advocacy grievances are addressed by the Network contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances include more complex clinical related grievances and are addressed through records review. According to Chart J below, from May 2022-April 2023, 13% of contacts to the Network were for grievances, including 2% for immediate advocacy, 7% for general grievance, and 4% for clinical area of concern.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 67% 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.

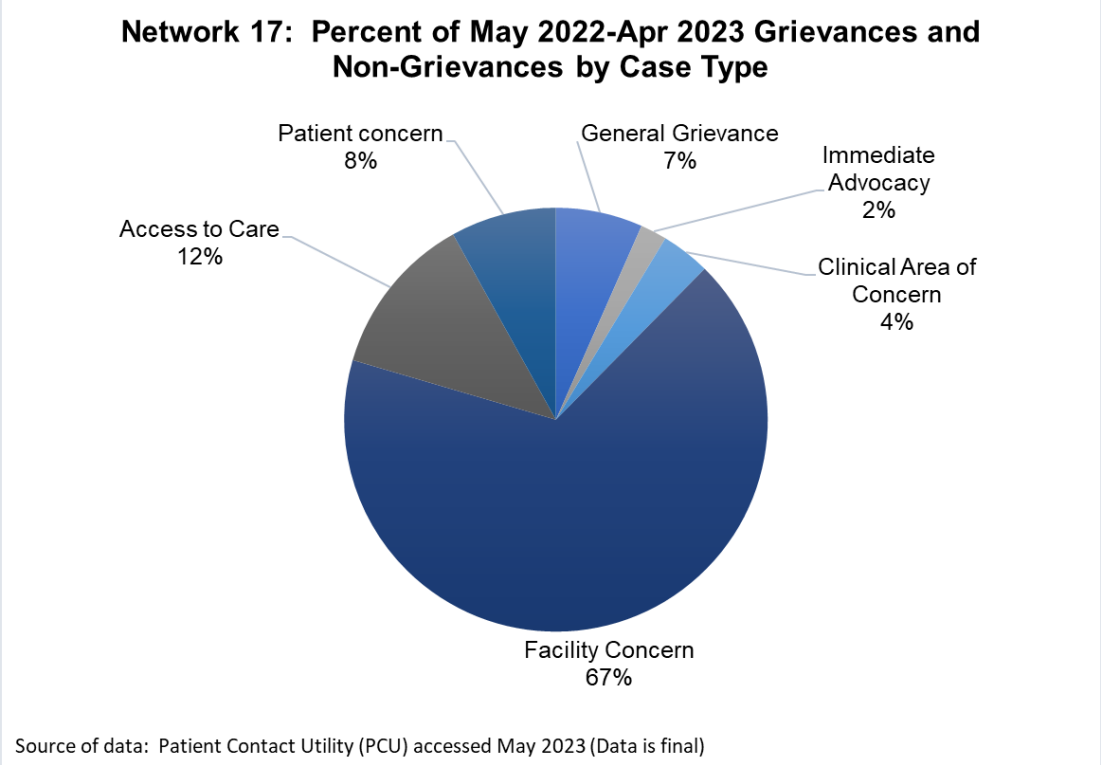
Patient Concerns

Patient concerns are general concerns patients contact the Network to discuss but are not formal complaints they want the Network to address with a facility. Patient concerns accounted for 8% of contacts to the Network from May 2022-April 2023.

Access-to-Care Issues

The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. Access-to-care issues accounted for 12% of contacts to the Network from May 2022-April 2023 (See Chart J).

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



Source of data: Patient Contact Utility (PCU) accessed May 2023 (Data is final)


metrics
product
target
best practice
indicator
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industry best
quality
process
standard
continuous
professional
strategic
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experience
identify
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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 1,263, which was 86% of the goal of 1,469(See Chart K). The number of patients receiving a transplant was 978, an 93.2% achievement toward the total goal of 1,049. (See Chart L)

Barriers

Barriers to meeting the QIA goals included:

- Many patients could not meet the physical or psychosocial criteria to complete the evaluation process.
- Lack of communication between the dialysis facilities and transplant centers.
- Changes implemented by some transplant centers to including "pre-listing" with a timeframe of 1-3 years for patients to make changes in their health status to be considered for waitlisting.
- Limitations from insurance companies that require referrals to specific transplant centers, making multi-listing unavailable
- Time limits (i.e., most often 6 weeks) set by transplant centers to complete the evaluation process, including follow-up appointments, scheduled tests and specialty referrals. (most often 6 weeks)
- Facility staffing limitations with implementing new interventions due to the COVID-19 pandemic

Interventions

Interventions implemented included:

- Developing a communication system between the dialysis facility and the transplant centers for referrals, appointments, and updates.
- Engaging transplant centers to clarify their waitlisting processes.
- Utilizing Network developed tracking forms, that involve IDT feedback, during QAPI meetings to review barriers, set facility goals and track progress.
- Tracking and documenting each patient's steps to being added to the transplant waitlist, including referral, evaluation, and listing.
- Supporting facilities by providing technical assistance and educational materials they could use when staff was available. Examples of resources include:
    - ESRD NCC *Transplant Change Package*
    - Kidney Transplant Hub resources for patients

Best Practices

Best practices identified from the QIA included:

- Establishing communication processes with transplant coordinators to discuss patient referrals, evaluation support, and waitlisting.
- Facilitating open discussion and encouraging transplant center participation in Network led community coalitions.
- Utilizing facility monthly feedback reports to review goals and provide technical assistance for PDSA cycles.
- Involving the entire team in educating and supporting patients during their transplant evaluations, waitlisting and after waitlisting.
- Engaging a focus group of patients to review and provide feedback on educational materials, such as high KDPI kidneys and living donation.

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

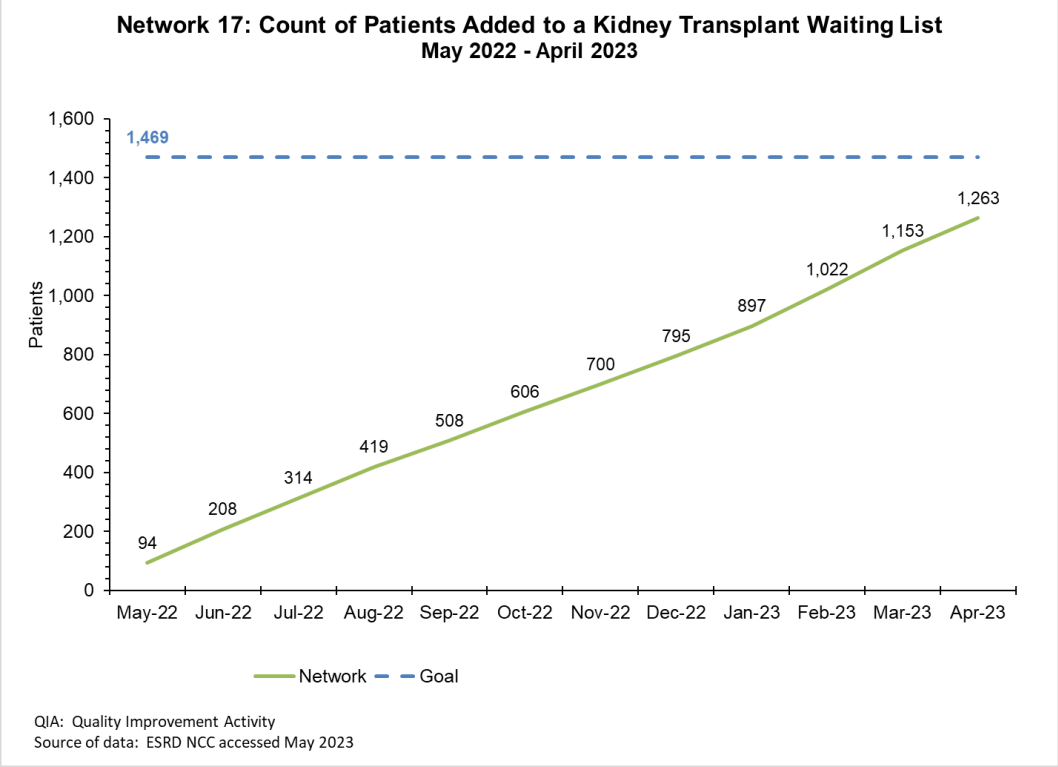
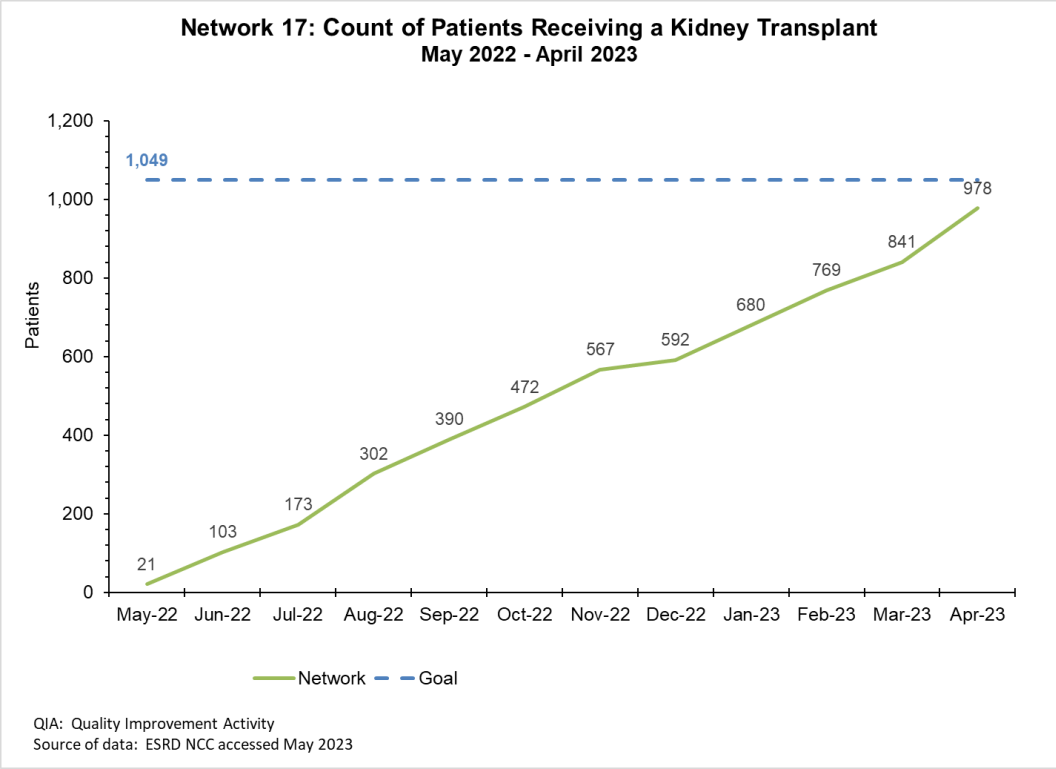


Chart L: Count of Patients Receiving a Kidney Transplant May 2022-April 2023



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

Home Therapy QIA April 2022-May 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 patients with ESRD 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 patients with ESRD that move to a home modality by April 2023, using calendar year 2020 as a baseline.

By April 2023, the Network achieved 75.2% (1,192/1,585 of the goal for incident patients starting on home dialysis and 93.1% (942/1,012) of the goal for moving prevalent patients to a home modality. (See Charts M and N)

Barriers

Barriers to meeting QIA goals included:

- Patient lack of interest for changing modalities.
- In-center facility staff shortages to refer patients to home dialysis and home training nurse shortages.
- Some physicians are not comfortable with home dialysis, nor are they willing to provide early education to patients and offer starting dialysis on a home modality.
- Lack of collaboration between physicians and home programs to support providing education to physician office patients.
- Lack of facility staff education about home dialysis in order to develop a "home dialysis" culture at the facility.
- 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:

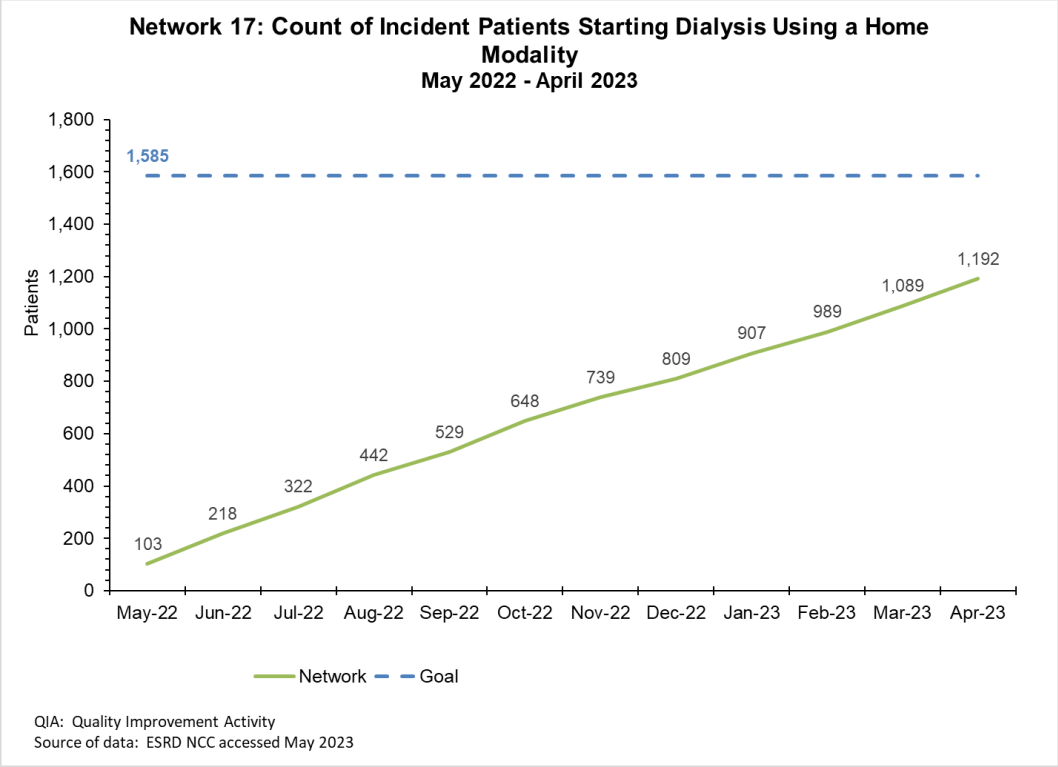
- Promoting communication between physicians, and in-center and home dialysis program staff to establish early education of patients regarding home modalities.
- Providing patient educational resources for use by physicians in their offices, hospitals and acute dialysis programs.
- Collaborating with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

Best Practices

Best practices identified through the QIA include:

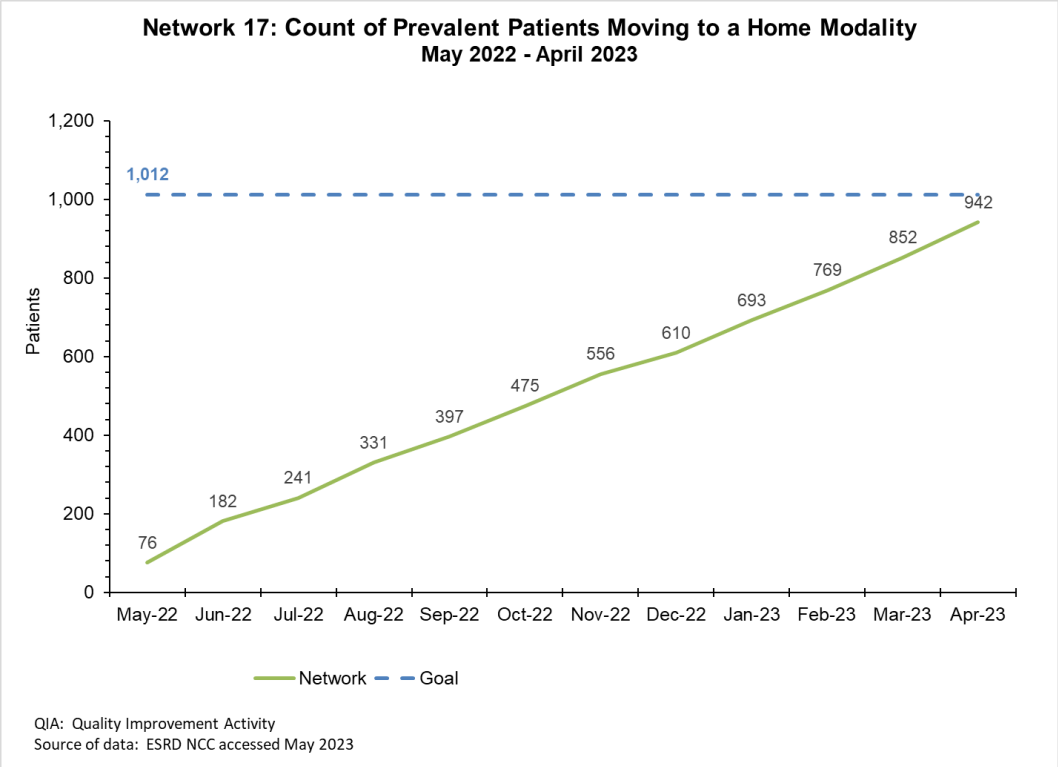
- Using the *Home Change Package* interventions to mitigate facility barriers to home dialysis.
- Implementing an "All Team" approach by creating a process to educate staff so they can talk with patients and discussing progress during the monthly QAPI meetings.
- Identifying an in-center Home Champion to educate patients and bridge the transition for patients to the home program.
- Ensuring collaboration between the in-center dialysis facilities and home programs for continuity of patient education and care.
- Increasing collaboration between home program staff and Nephrologists to assist with providing early education to office patients.
- Educating patients and staff using the ESRD NCC patient booklet, *Uncovering Myths About Home Dialysis: Myth vs. Reality* and the patient videos for peer to peer messaging found on the Home Dialysis Central website.
- Sharing resources and information with physicians to encourage early patient referrals to home dialysis.
- Using the ESRD NCC Peer Mentoring Resources for recruiting and training a patient peer mentor to discuss home dialysis with interested patients.

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



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



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 ESRD patients using telemedicine to access a home dialysis by 5% by April 2023. The Network achieved 215% of the QIA goal with 43 patients using telemedicine 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 reporting of patient telemedicine visits by facilities in EQRS.
- Lack of process to track and report monthly telemedicine visits with patients.

Interventions

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

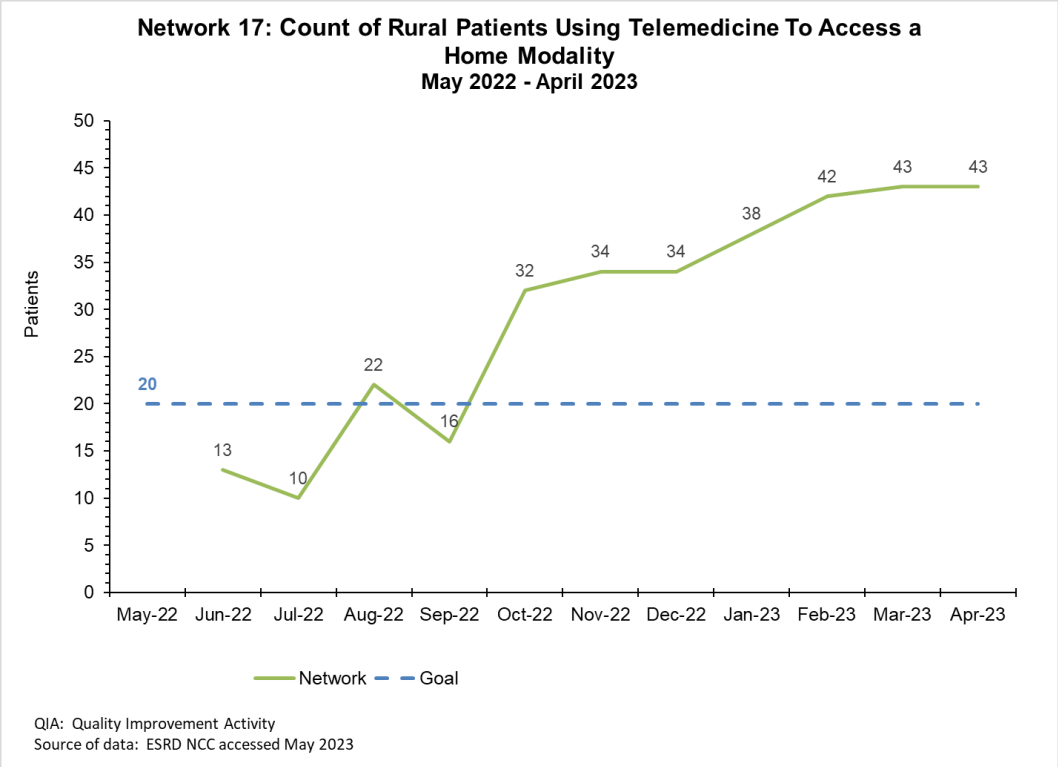
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information to all facilities regarding how to report telemedicine visits in EQRS, including a step by step guide to reporting.
- Reminding staff about the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

Best Practices

Best practices identified through the QIA include:

- Educating all patients regarding the option to use telemedicine.
- Exploring and addressing barriers to using telemedicine with patients (e.g., no access to broadband, language barriers).
- Using the Telehealth Tip Sheet created by the Network with FAQ's for documenting monthly visits.

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



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

Improving Transitions of Care QIA May 2022-April 2023 [Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions and Emergency Department (ED) Visits QIA]

Goals and Outcomes

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

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

The Network did not remain under the upper limit rate set for inpatient admissions and ED visits but did remain under the upper rate for 30-day unplanned readmissions. (See Charts P, Q, R). The Network demonstrated a relative decrease of 11.95% for 30-day unplanned readmissions.

Barriers

Barriers to achieving the QIA goals included:

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

Interventions

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.

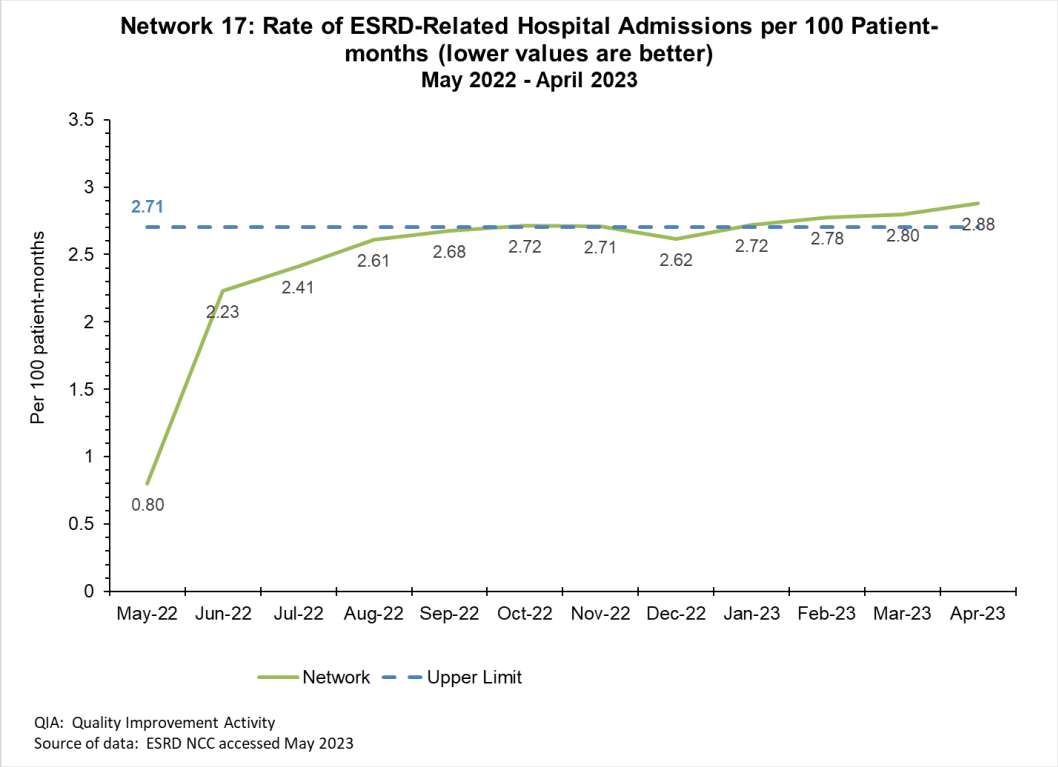
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.

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

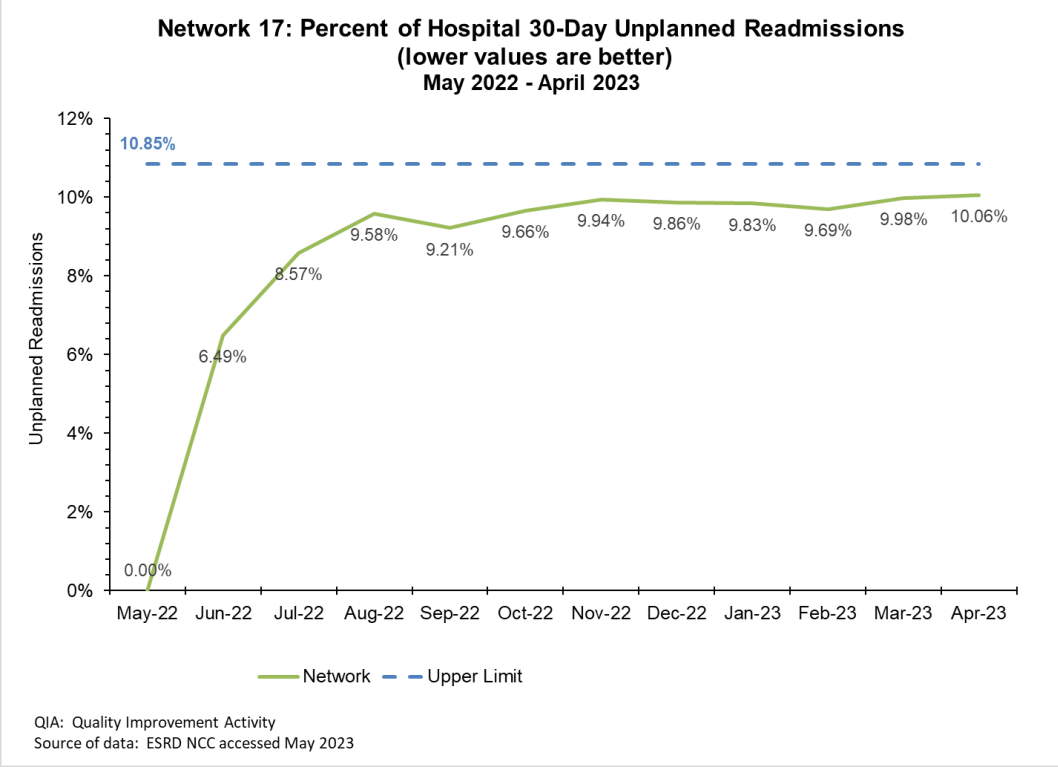
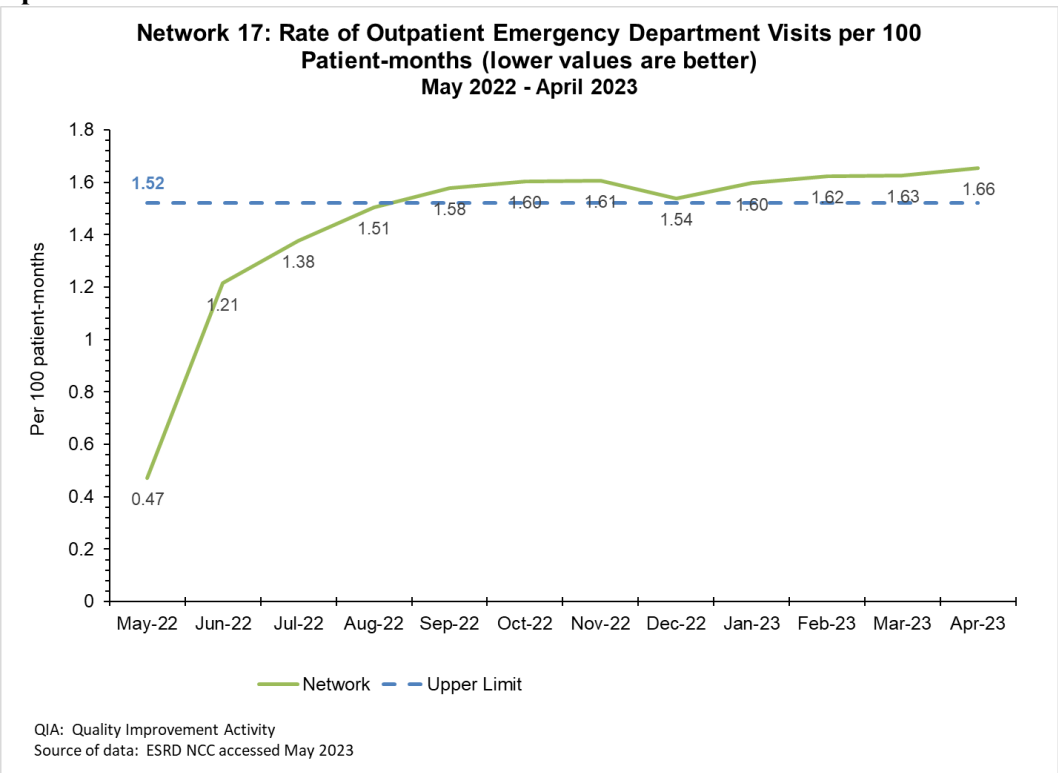


Chart R: Rate of Outpatient Emergency Department Visits per 100 Patient-months May 2022-April 2023



Reducing COVID-19 Related Hospitalizations May 2022-April 2023

Goals and Outcomes

From May 2022-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 1,078 admissions. The Network remained under the limit and only experienced 1,083 admissions during the QIA, which was a relative decrease of 24.63% 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:

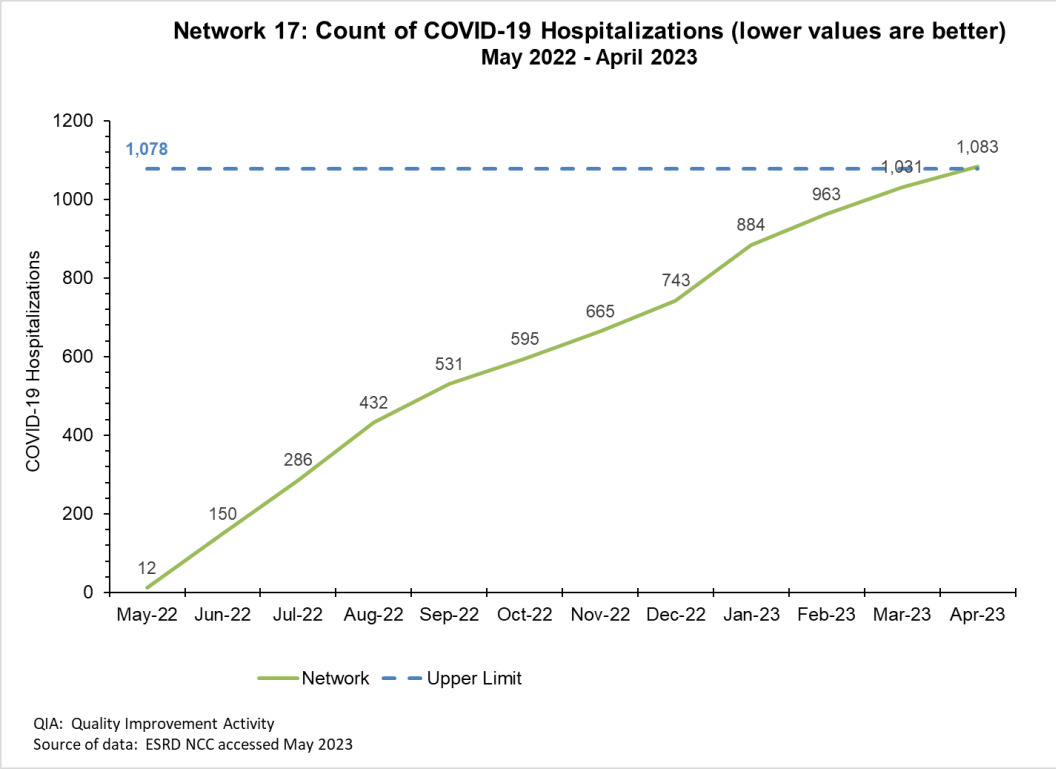
- Reviewing available data to identify facilities with increases in cases and providing focused technical assistance to address barriers.
- Sharing patient and staff educational resources and tools.
- Discussing response plans and interventions for implementation with dialysis facility corporate leadership.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

Best Practices

Best practices identified by facilities include:

- Educating patients and staff on identifying and communicating exposure and symptoms for COVID-19.
- Implementing consistent screening processes for patients and staff.
- Establishing cohort facilities and shifts.
- Using motivational interviewing strategies provided by the Network with patients and staff that are hesitant to be vaccinated.
- Utilizing the *Vaccination Change Package*.
- Improving processes for tracking which patients received the COVID-19 vaccination in the facility or elsewhere.
- Re-engaging patients and staff regarding vaccinations and boosters.

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



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 75.5% and a patient booster vaccination rate of 71.22%. (See Charts T and U) For COVID-19 staff vaccinations, a rate of 91.4% was achieved with a booster rate of 80.84%. (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.

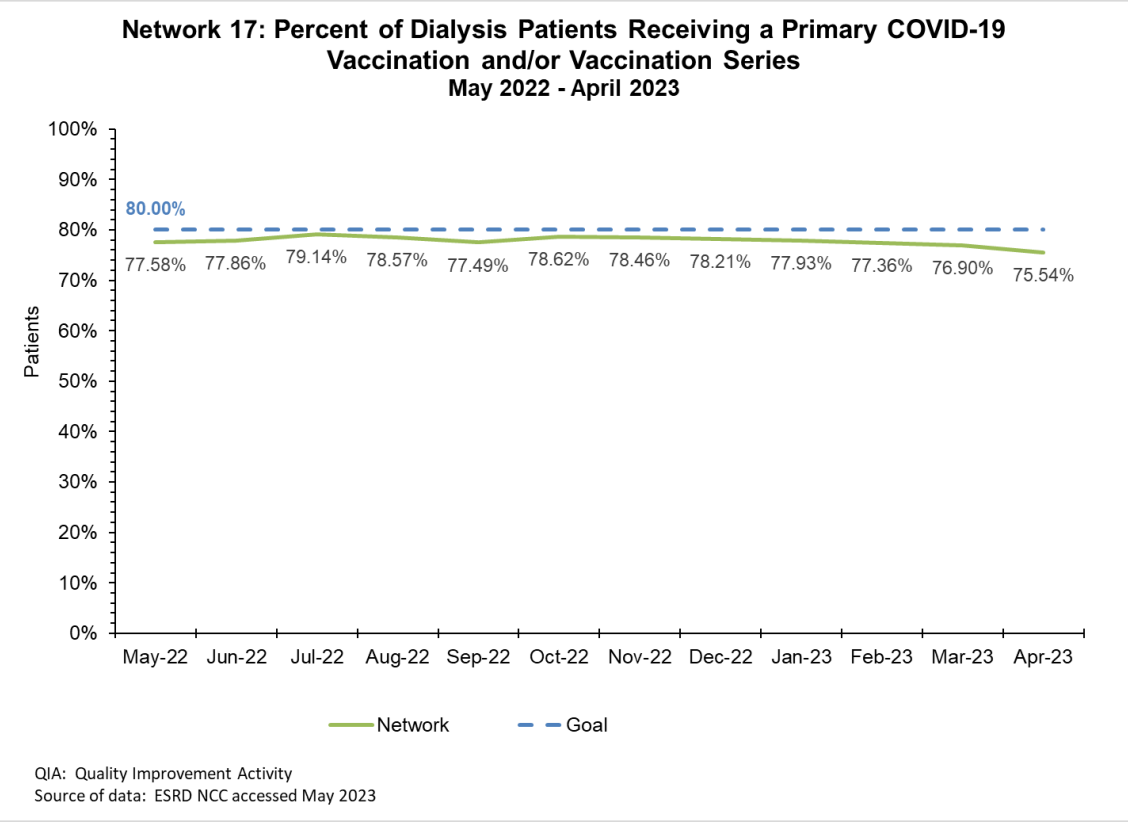
- Distributing information regarding vaccine availability outside of the facility.
- Disseminating community coalition resources such as Motivational Interviewing techniques and best practices.
- Implementing the *Vaccination Change Package*.

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 Vaccination and/or Vaccination Series May 2022-April 2023



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

Chart U: Network 17: Percent of Fully Vaccinated Dialysis Patients Receiving COVID-19 Vaccination Booster May 2022-April 2023

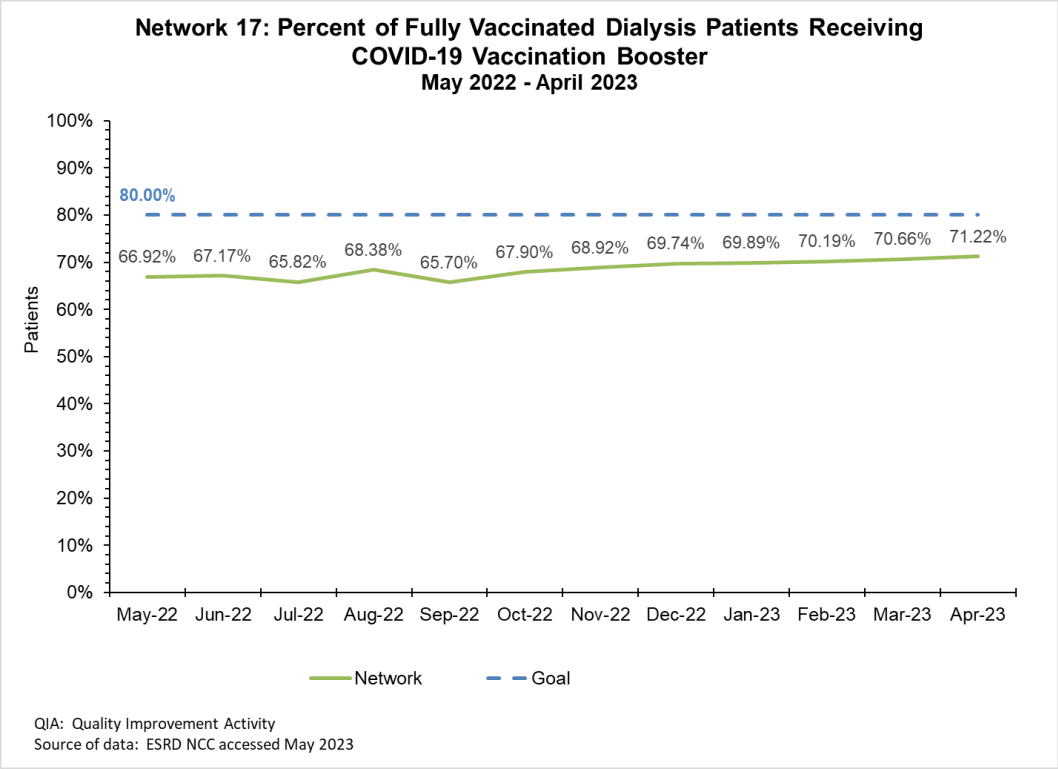


Chart V: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination and/or Vaccination Series May 2022-April 2023

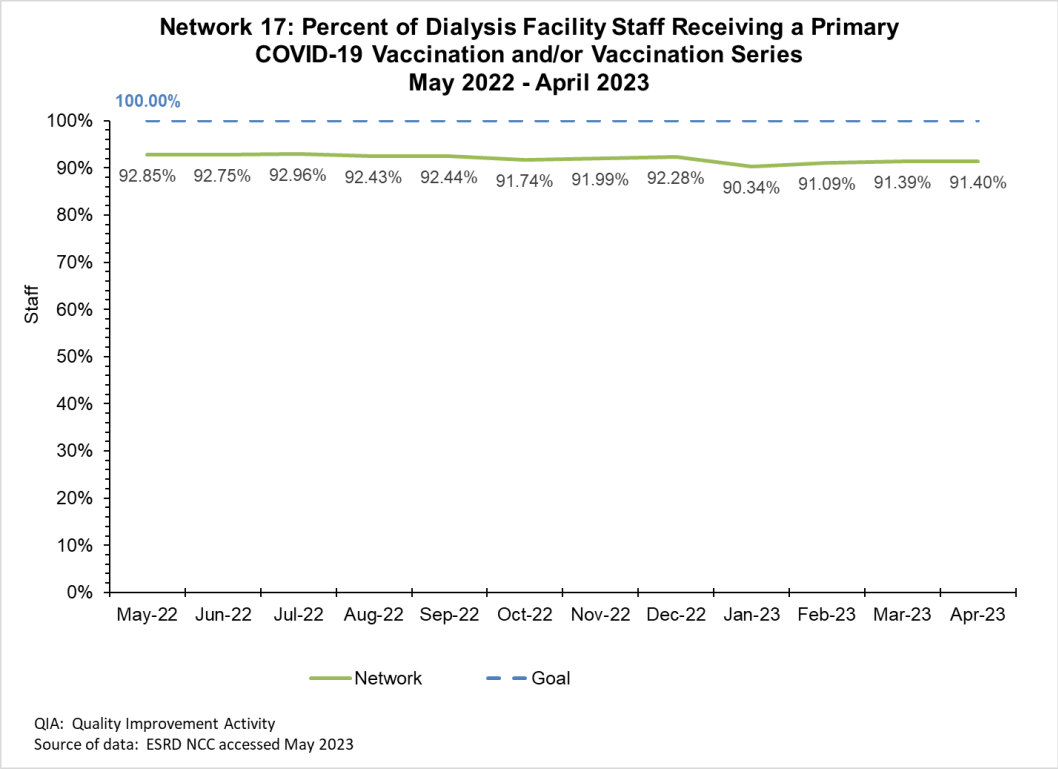
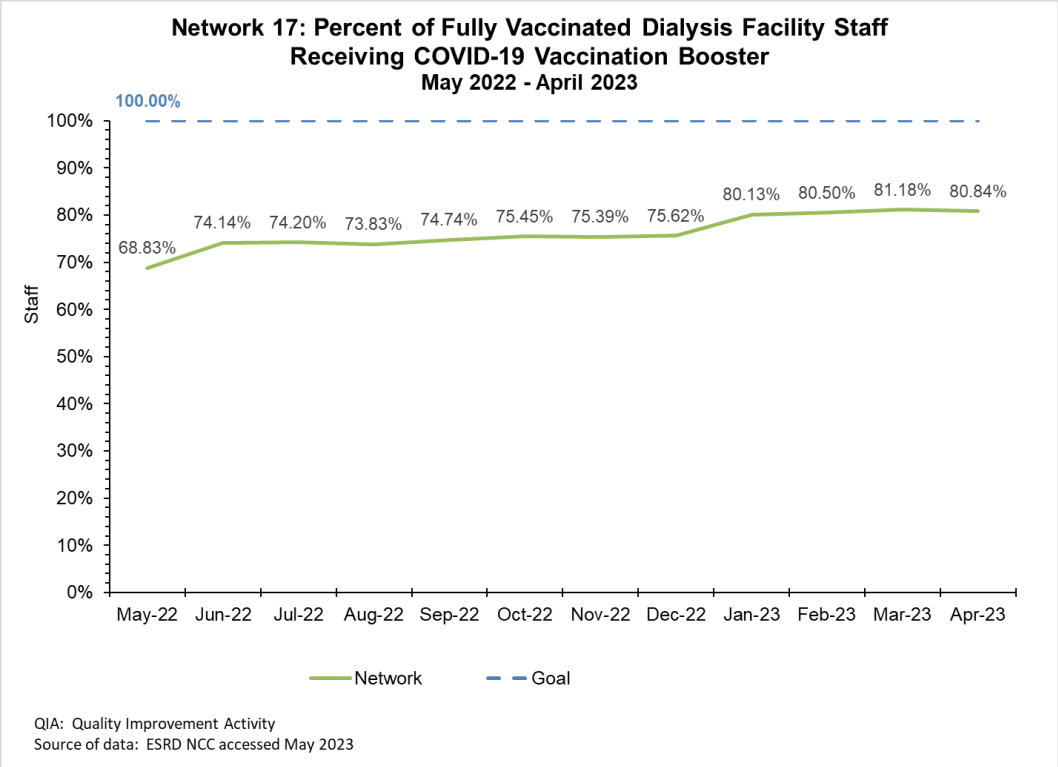


Chart W: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID-19 Booster Vaccinations May 2022-April 2023



Influenza Vaccination QIA May 2022-April 2023

Goals and Outcomes

The two goals of the QIA were to:

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

By April 2023, 81.5% of patients received an influenza vaccination, which is 91.5% towards the QIA goal. (See Chart AA) Reporting of staff vaccinations was limited and reflected 46.13% of staff vaccinated for influenza by April 2023. (See Chart X)

Barriers

Barriers to achieving the QIA goals included:

- Tracking patients and staff who received the influenza vaccine externally from the dialysis facility.
- Patient and staff hesitancy and refusal due to personal, religious, or political beliefs.
- Data reporting challenges including facility and EQRS batching delays, facilities not reporting, or facilities not having appropriate staff to report consistently.

Interventions

Interventions for the QIA included:

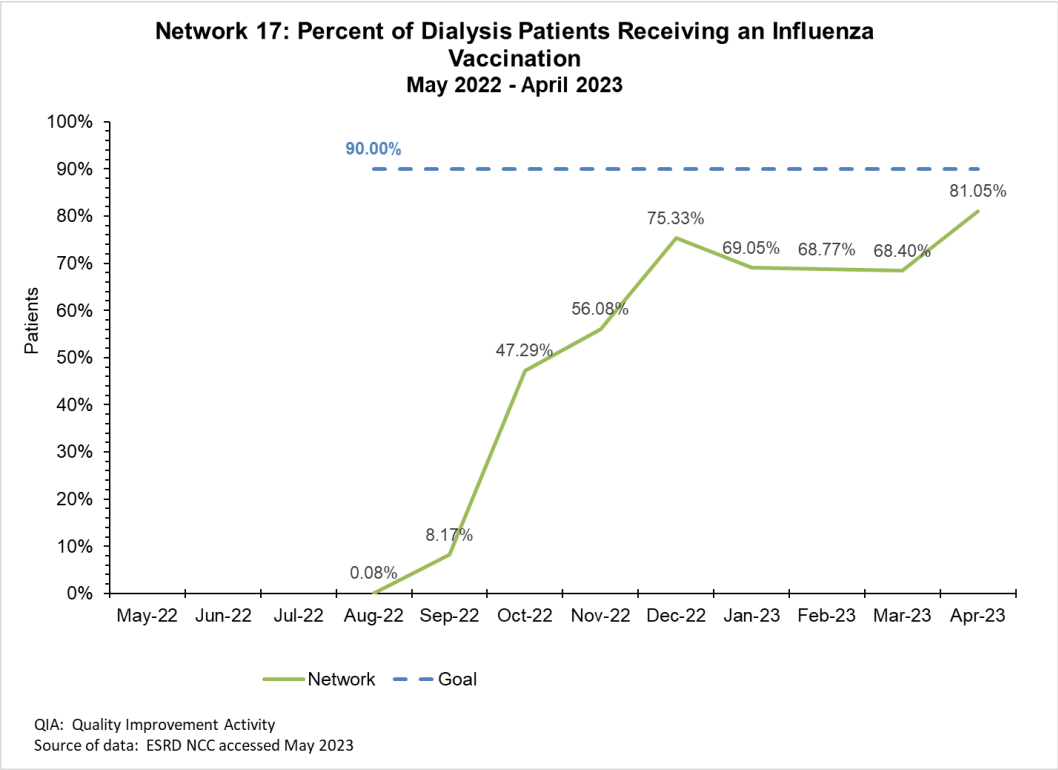
- Engaging facilities to complete an RCA and action plan related to increasing influenza vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities.
- Assisting facilities with manual reporting and collaborating with corporate dialysis leadership to improve batch reporting of vaccinations in EQRS.
- Promoting use of the *Vaccination Change Package*

Best Practices

Best practices identified through the QIA include:

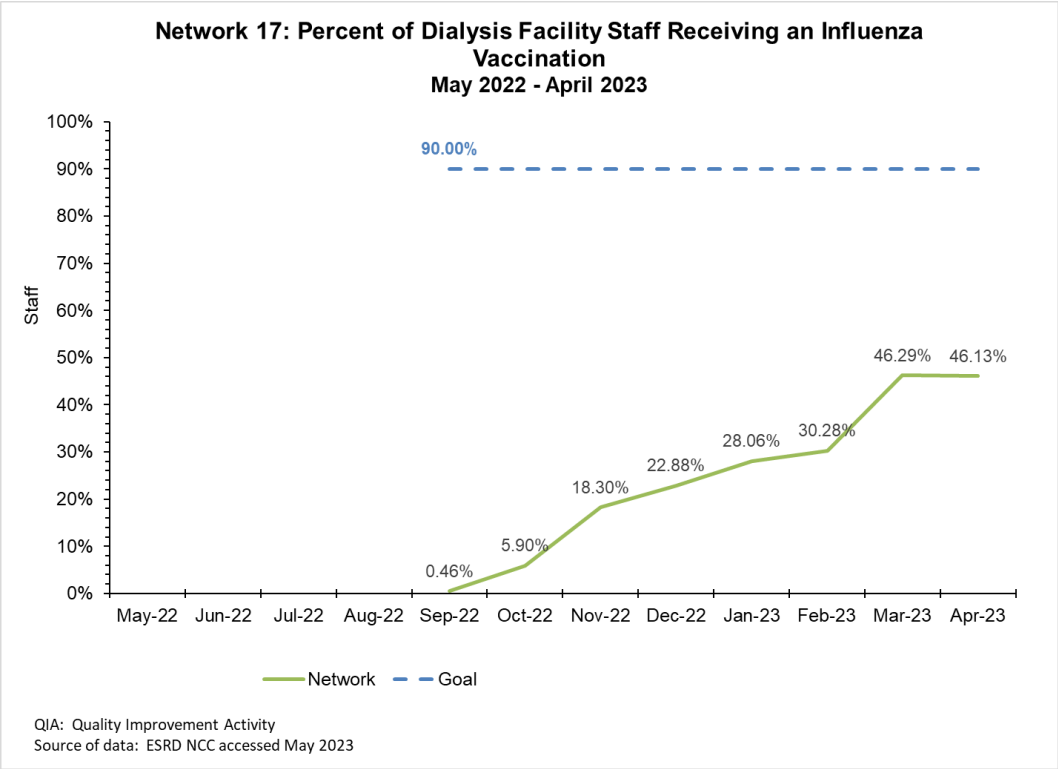
- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Tracking and reporting patient and staff vaccinations received internally and externally.
- Utilizing Network provided resources and tools for educating patients and staff.
- Engaging facilities to assist them with instructions for entering vaccinations in EQRS.
- Using change ideas from the *Vaccination Change Package* for the facility action plan.

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



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



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 150.5% of the PCV13 goal, with 18,289 patients vaccinated. (See Chart Z) The Network achieved 78.7% of patient receiving an initial PPSV 23 goal and exceeded the PPSV 23 booster goal with 72.4% patients receiving the vaccination. (See Charts AA and BB). The Network also achieved 71.85% of patients over 65 years old receiving the PPSV 23 vaccination. (See Chart 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

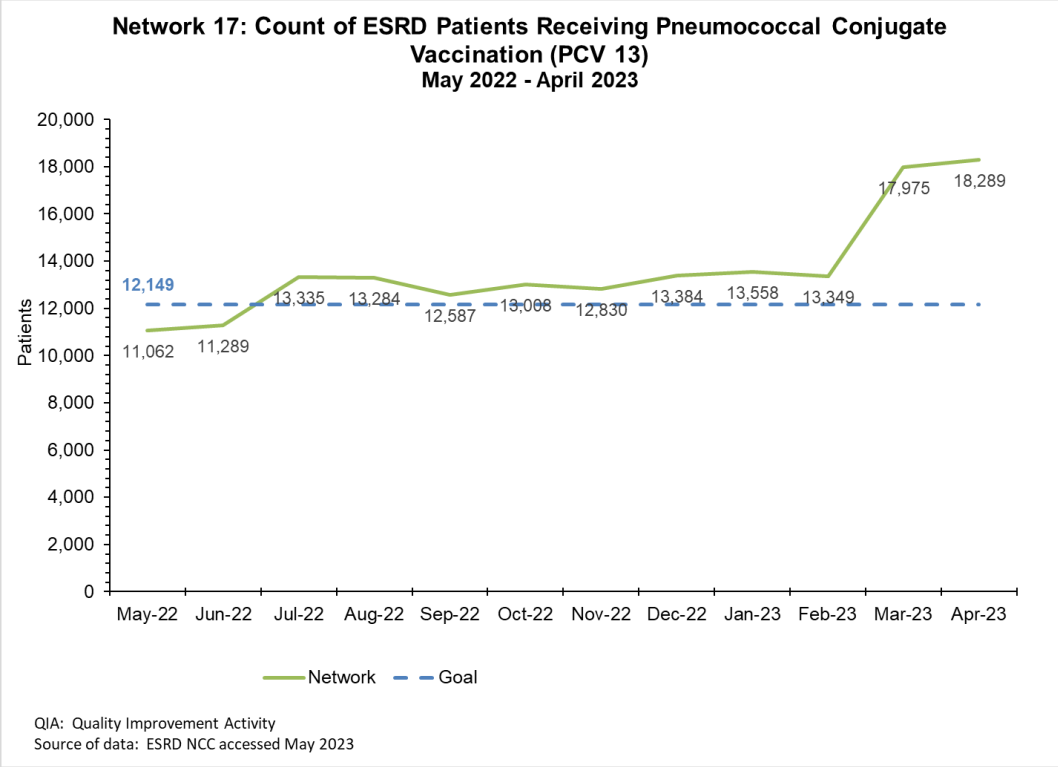
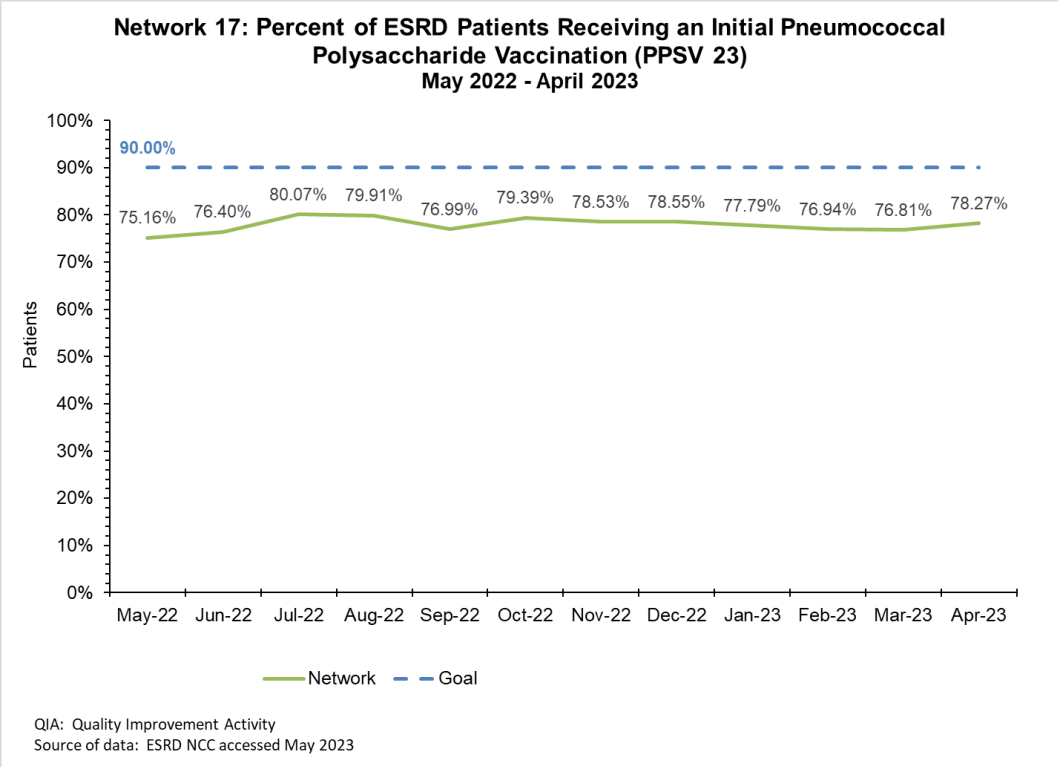
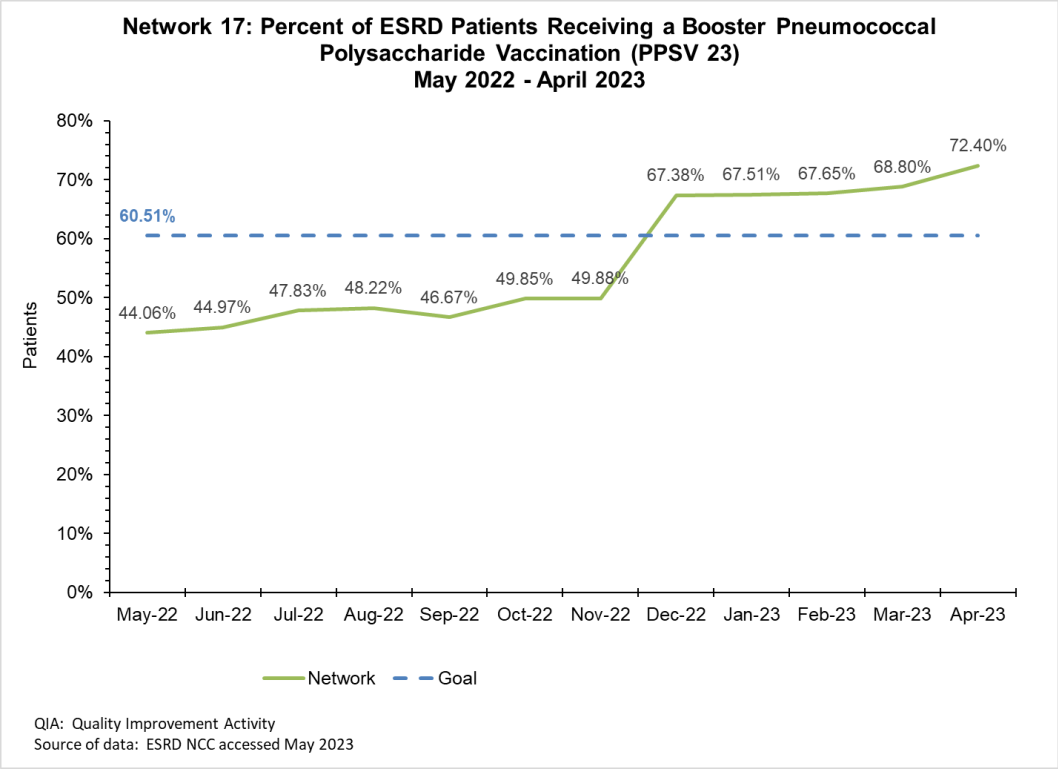


Chart AA: Percent of ESRD Patients Receiving an Initial Pneumococcal Polysaccharide Vaccination (PPSV 23) May 2022-April 2023



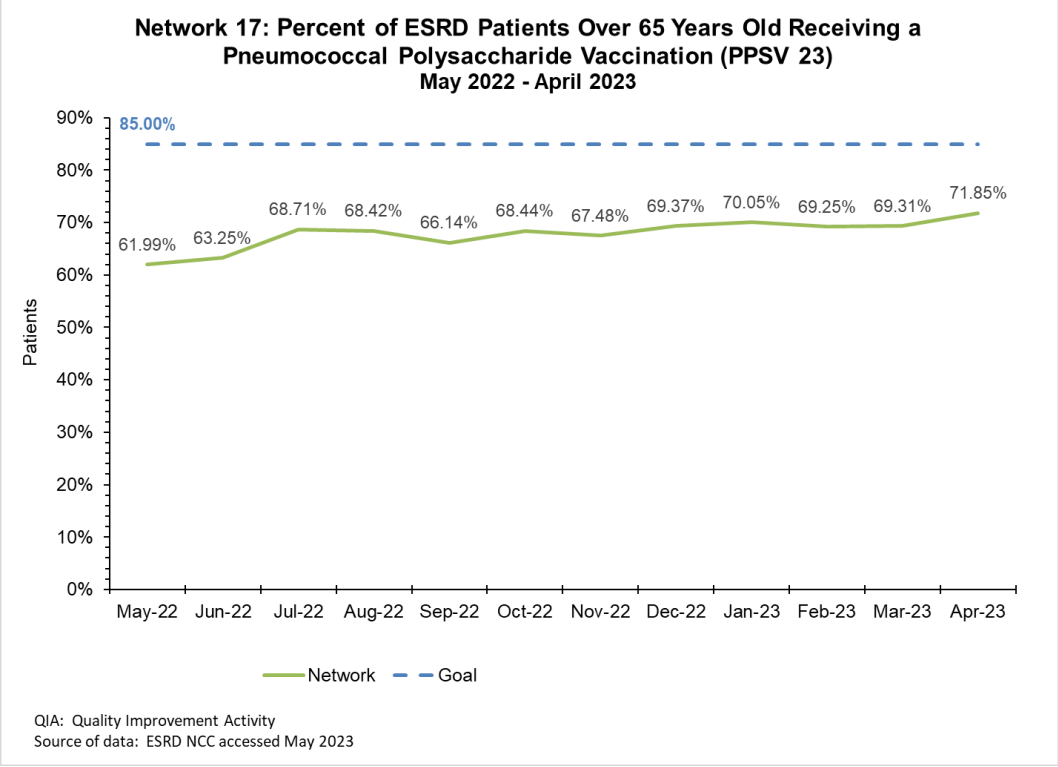
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Chart BB: ESRD Patients Receiving Booster Pneumococcal Polysaccharide Vaccination (PPSV 23) May 2022-April 2023



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

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



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.

There were no Medicare patients identified as receiving dialysis in NHs in Network 17 during the contract year (See Charts DD, EE, 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 Nursing Homes per 100 Patient-months May 2022-April 2023

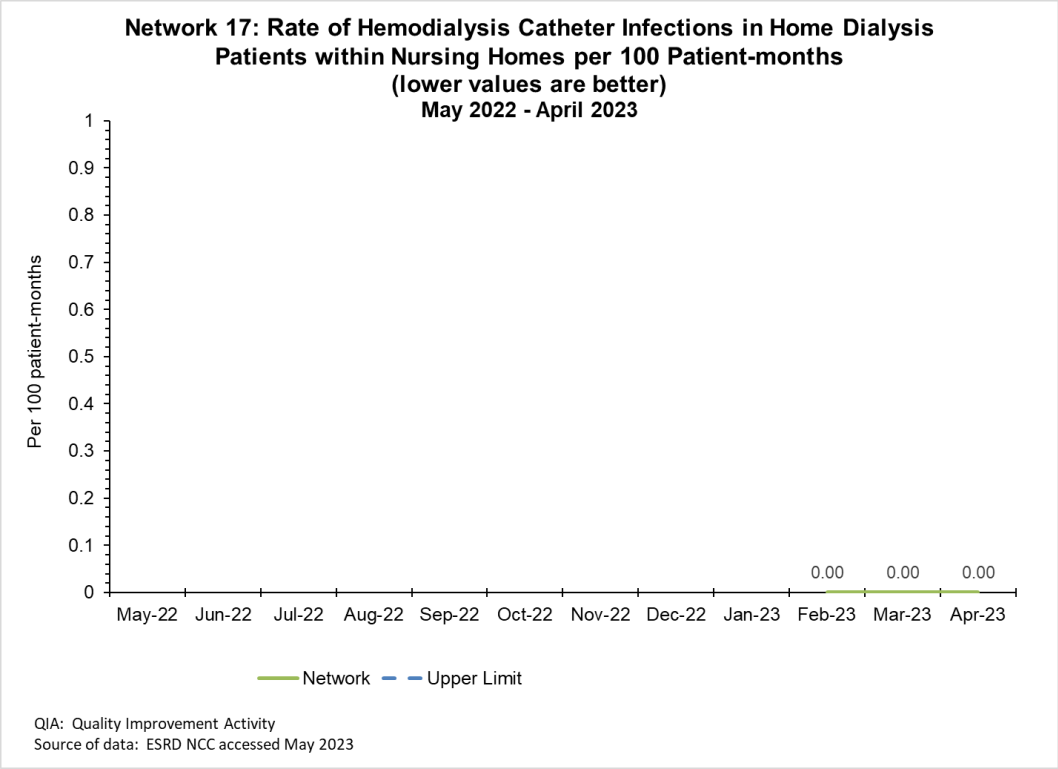


Chart EE: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a Nursing Home May 2022-April 2023

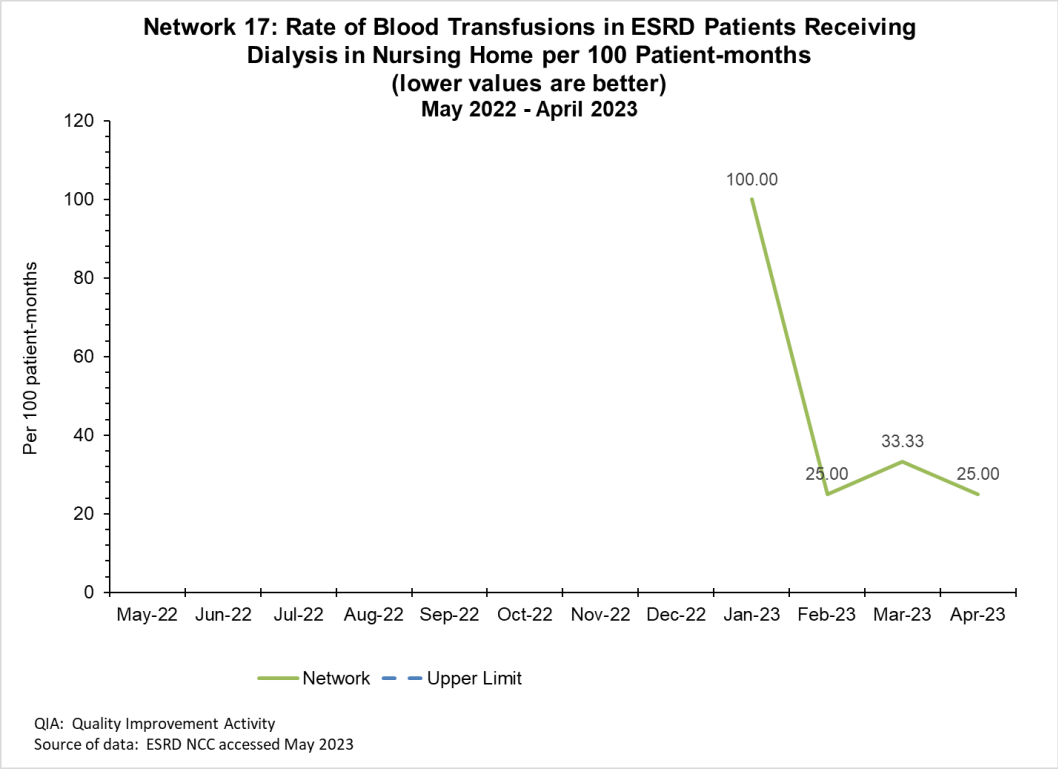
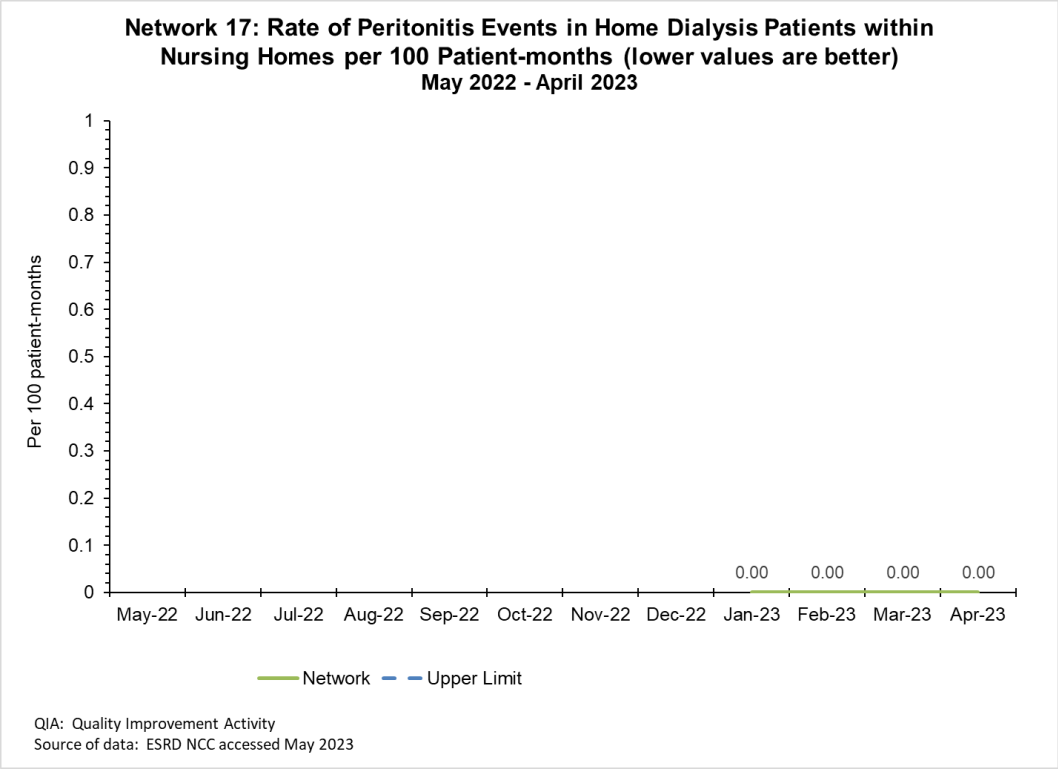


Chart FF: Peritonitis Events in Home Dialysis Patients within Nursing Homes May 2022-April 2023 (lower values are better)



Data Quality QIA (Admissions, CMS Form 2728, CMS Form 2746) 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 59.46% of admissions, 73.34% of 2728 forms and 52.43% of 2746 forms entered 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:

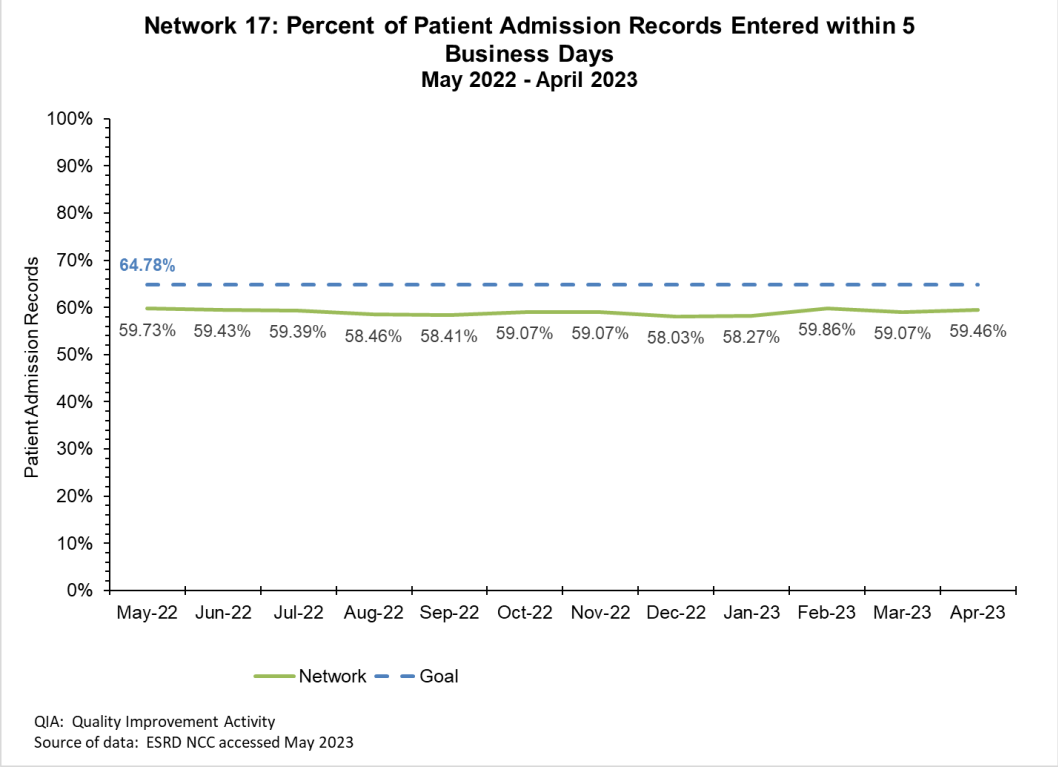
- Discussing timeliness of admissions and forms when facilities contacted the Network for technical assistance with other issues.
- Supplementing technical assistance with electronic resources (e.g., EQRS Data Management Guidelines).
- Recommending facilities focus on interventions to address one key 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:

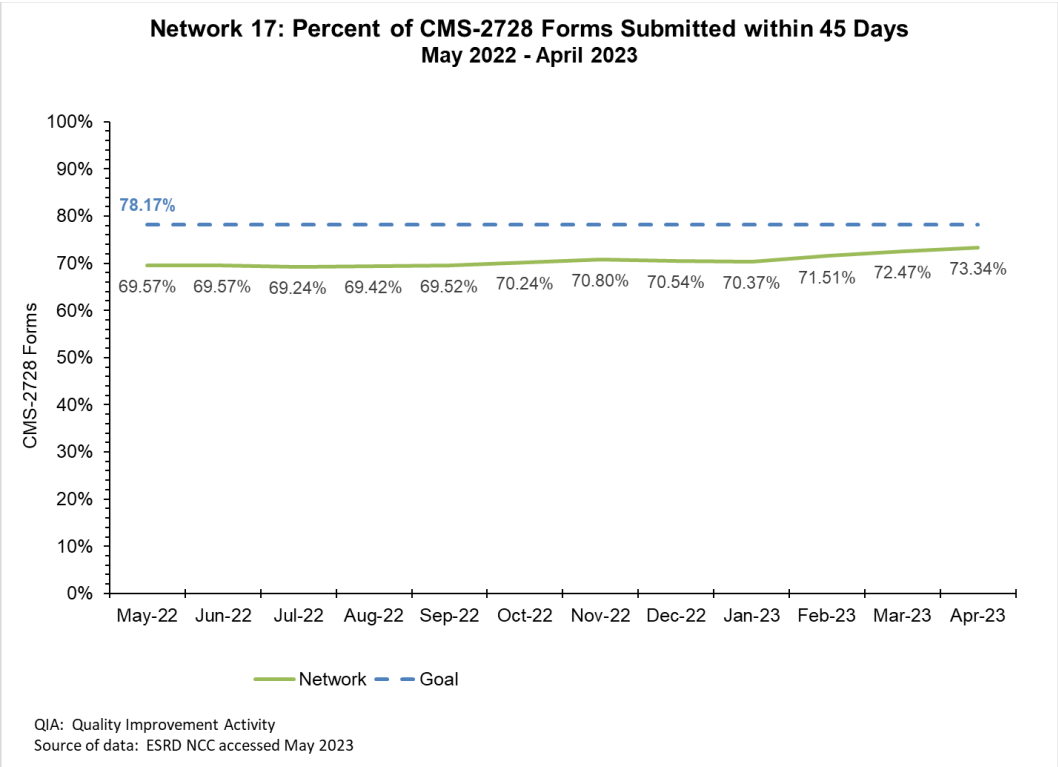
- Using a team approach to addressing areas of improvement and ensuring multiple facility staff have access to EQRS.
- Having a tracking system in place for all forms and admissions.
- Communicating with hospital discharge planners to obtain information needed for forms.

Chart GG: Admission Data Entered within 5 Days May 2022-April 2023



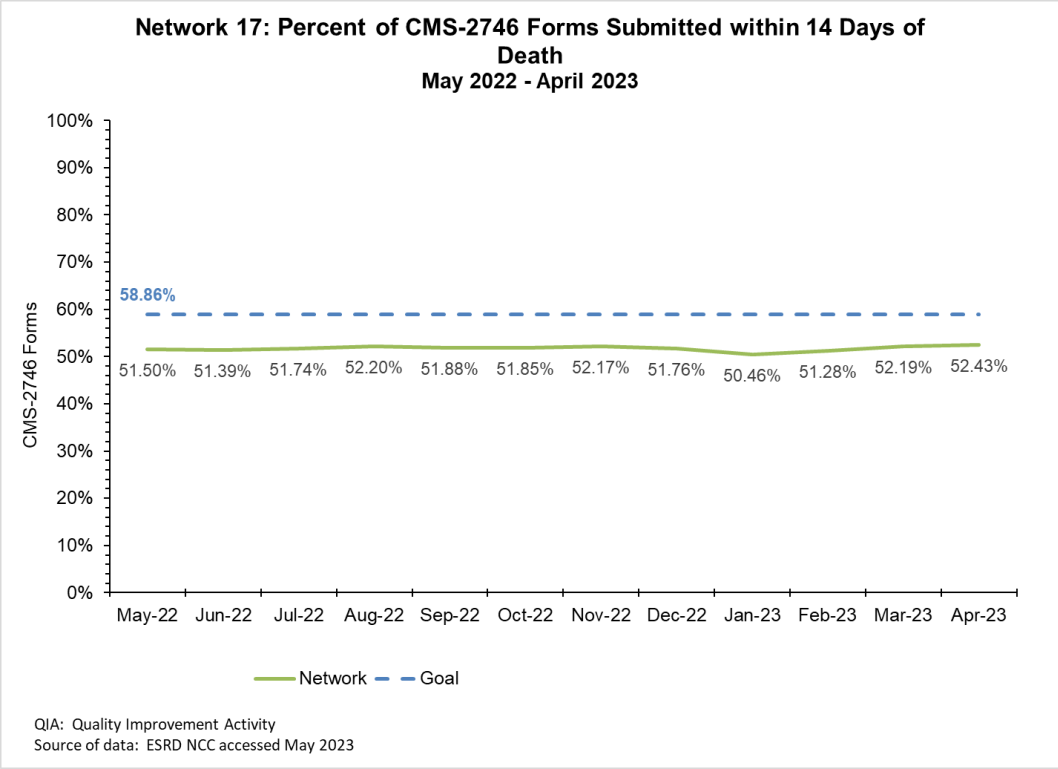
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

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



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

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



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

Depression QIA May 2022-April 2023

Goals and Outcomes

The QIA goals include:

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

Due 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 10.5% 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 from certain cultural backgrounds can be reluctant to share mental health issues with individuals perceived to be "outside" their cultures.
- Lack of access to mental health providers due to limited providers in certain locations or insurance coverage limits which providers can be used, transportation barriers, limited access to the internet or limited technological proficiency for 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.
- Patients' level of comfort pursuing assistance for mental health related issues based on stigma or hope that the condition will improve or resolve without treatment or instead, through less formal methods, such as pastoral counseling through church or holistic practices through a community center (i.e., ho'oponopono, lomilomi, and ai pono).

Interventions

Interventions for the QIA include:

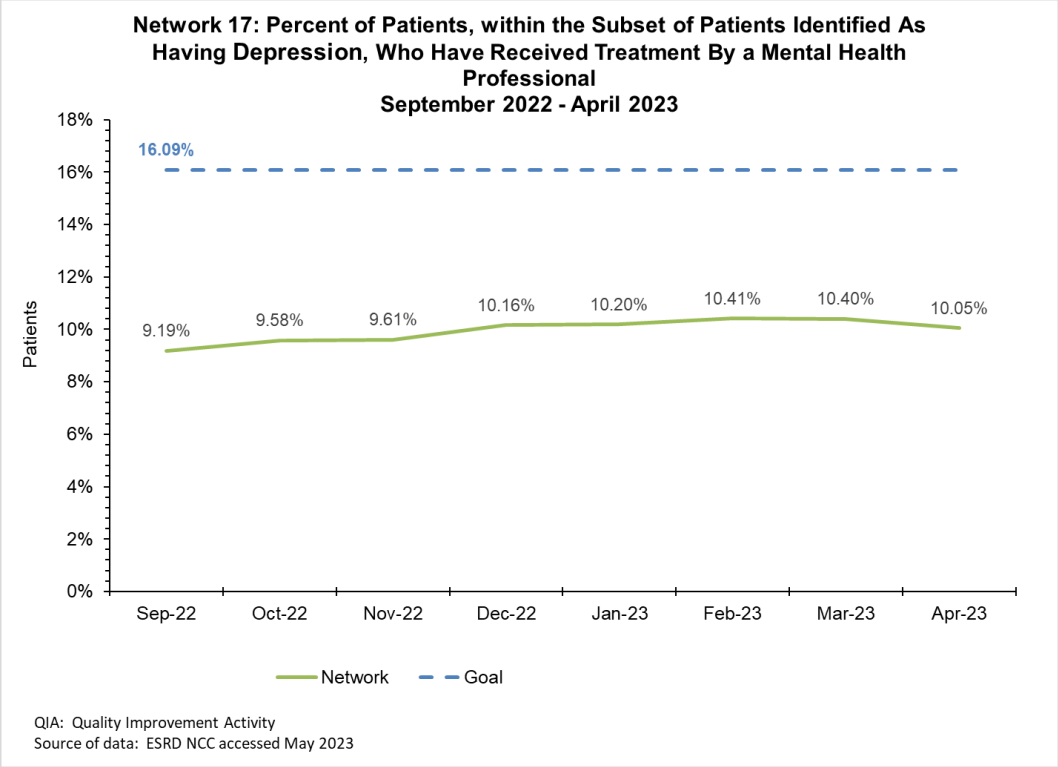
- Conducting an environmental scan to assess how dialysis providers were providing and reporting depression screenings, what education was being provided, and what needs they had to provide mental health services in the dialysis facility.
- Disseminating educational materials to dialysis facilities via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

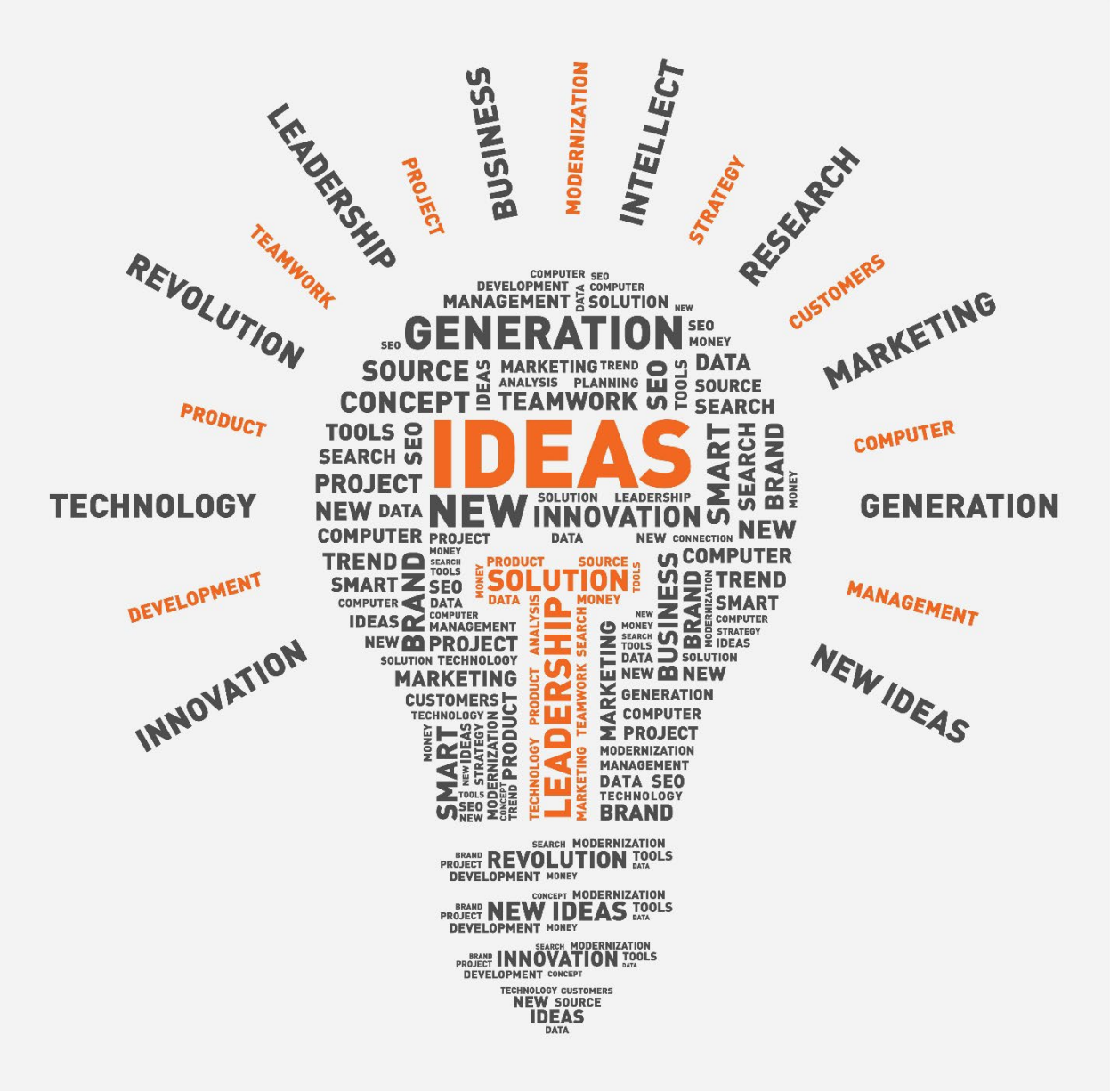
Best practices identified through the QIA include:

- 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


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

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

Section 1881(c) of the Social Security Act states that the ESRD Network can recommend to CMS the imposition of a sanction when an ESRD provider is not cooperating in achieving Network goals. The Federal Regulations that implement this statute are found in 42 CFR §405.2181. The Network maintained a cooperative and collaborative partnership with ESRD providers in all activities in 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.


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

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

During 2022, the Network continued to use its agile structure and emergency preparedness experience to adjust to the needs of patients and facilities during the COVID-19 pandemic. The Network's pandemic response included an all-team approach and routine assessment of needs and distribution of current information, resources, and data-targeted technical assistance.

Technical Assistance

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

Collaboration Activities

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

The Network collaborated with State Survey Agency (SA) leadership regarding complaint investigations and patient placement issues related to COVID-19. COVID-19 questions related to frequent testing concerns, 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 17 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. The Network conducts a risk assessment and submits an emergency plan annually to CMS. The Network works closely with the KCER Program and other stakeholders to ensure patients have access to dialysis before and after an emergency event.

The Network issues weather preparedness alerts to facilities in the affected areas. The Network collects information from facilities related to planned closures prior to an event and then monitors and tracks the open and closed status of facilities and the location of patients during the response. Resources regarding disaster preparedness and response are provided to patients and staff via email to all facilities and discussed during technical assistance calls when facilities contact the Network's toll-free helpline.

Below are the emergency events Network 17 responded to during 2022.

July 2022

- ### Tropical Storm (TS) Darby – Hawaii
  As TS Darby passed south of the state on July 16, 2022, it brought one to three inches of rain to the east side of the Big Island and also generated advisory-level surf of 8 to 12 feet for east-facing shores. Facilities reported no impacts and all patients were accounted for.

- ### Oak Fire - California
  The Oak Fire started on July 22, 2022 and burned 19,244 acres in Mariposa County. The Network reached out to the two closest facilities in a neighboring county. Both reported no impact to operations by the fire or smoke and all patients were accounted for.

September 2022

- ### Northern California Heatwave
  Northern California experienced heatwaves starting at the end of August into early September with a Phase 2 Excessive Heat Event on September 1, 2022. The Network distributed a California Department of Public Health (CDPH) advisories and reminded facilities to implement recommended precautionary measures to help keep patients comfortable during extremely hot weather. The Network advised facilities to have contingency plans in place to deal with the loss of air conditioning and reminded them to report extreme heat conditions that compromise patient health and safety or that impact operations. The also Network reminded facilities about the importance of partnering with their local Healthcare Coalitions (HCCs) and provided related resources from KCER, National Kidney Foundation, CDC, ASPR, and the National Weather Service.

- ### Mosquito Fire - California
  The Network monitored the Mosquito Fire, that started on September 6, 2022, and burned 76,788 acres in El Dorado and Placer counties and was active for 51 days. The Network reached out to the two facilities in the area. Both facilities' operations were not impacted. Two patients and one staff had to be evacuated but were able to receive treatment. No access to care issues were reported and all patients were accounted for. Both facilities had access to a mobile generator and used air scrubbers. The facility provided wildfire, safety, and emergency preparedness education to all patients and care partners. The Network reminded all facilities to update staff and patient contact information, remind patients about the 3-day diet, and partner with their local HCC.

Resources related to wildfires and power shutoffs during COVID-19 from ASPR/TRACIE, CDC, FEMA, Healthcare Ready, PG&E, the Red Cross, US Department of the Interior, and the US Fire Administration were provided to facilities. All facilities were advised to notify the Network and their local CDPH District Office if their operations were impacted.

October 2022

- ### Planned Public Safety Power Shutoffs (PSPS)

  The Network was notified about potential PSPS events between October 22, 2022 – October 23, 2022. The Network sent an alert to all 42 facilities in the four potentially impacted counties of Fresno, Shasta, Stanislaus, and Tehama and reminded facilities to notify the Network and their local CDPH district office if their operations were affected and provided educational resources related to power outages. No impacts to operations or access to care issues were reported.

November 2022

- ### Mauna Loa Volcanic Eruption - Hawaii

  On November 28, 2022, a magnitude 3.2 earthquake occurred at the summit of Mauna Loa on the Big Island of Hawaii. The Network contacted the three facilities on the Big Island and no impacts or access to care issues were reported. All patients were accounted for.

December 2022

- ### Humboldt County Earthquake

  The Network monitored the impact of a magnitude 6.4 earthquake that struck offshore of Humboldt County, CA. The governor declared a state of emergency as the earthquake resulted in two fatalities and injured multiple people, caused power outages and damaged roads, bridges, buildings and critical infrastructure including water lines and gas lines. The Network contacted the two facilities located in the county to assess for facility open/close status and any patient needs. Both facilities were on generator power for one day, all patients were accounted for and no access to care issues were reported.

ACRONYM LIST APPENDIX

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