

ESRD NETWORK 2023 ANNUAL REPORT

This report will cover quality improvement efforts led by End Stage Renal Disease (ESRD) Network 17 Task Order Number 75FCMC21F0004 from May 1, 2023–April 30, 2024.

ESRD Network 17

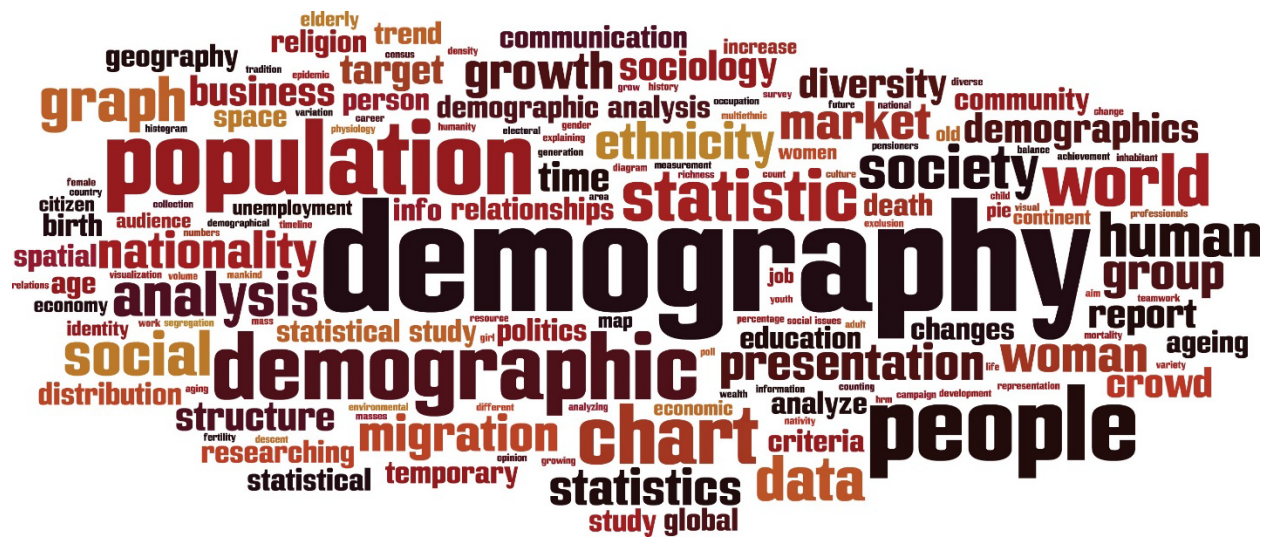
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This material was prepared by HSAG: ESRD Network 17, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number CA-ESRD-17N4SS-06252024-01



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 14.5 million according to the U.S. Census estimates as of July 2023.¹ 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:

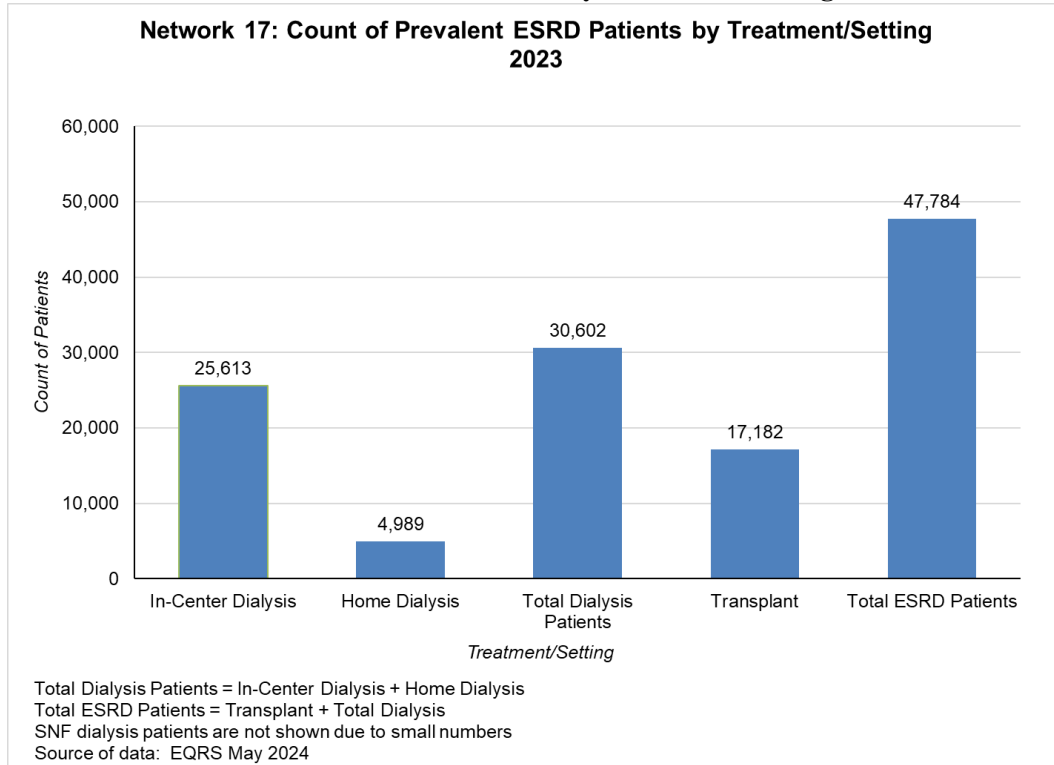
- Northern California:
 - Covers the 45 most northern counties in California, starting in Fresno County and ending at the Oregon border.
 - Constitutes about one-third of the state's population and about 60% of the land area.
- Hawaiian Islands:
 - Include 137 islands, the largest of which is Hawaii, followed by Maui and Oahu.
 - Have a very diverse population comprised of persons self-identified 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 in the Western Pacific Ocean and 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, 2023, there were 30,602 dialysis patients and 17,182 transplant patients, for a total of 47,784 patients with ESRD in the Network 17 service area. (See Chart A) The Network had a total of 6,769 individuals newly diagnosed with ESRD in 2023. (See Chart B) Of these patients, 16.6% (1,127) were home patients and 2.2% (155) received a transplant. As of December 31, 2023, Network 17 comprised 6.0% of the total national prevalent dialysis patient population and 5.3% of the national incident patient population. (See Charts C and D)

¹United States Census Bureau. Quick Facts. Available at <https://www.census.gov/quickfacts/fact/table/>. Accessed on June 25, 2024.

Chart A: Count of Prevalent ESRD Patients by Treatment/Setting 2023



EQRS = ESRD Quality Reporting System

Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2023

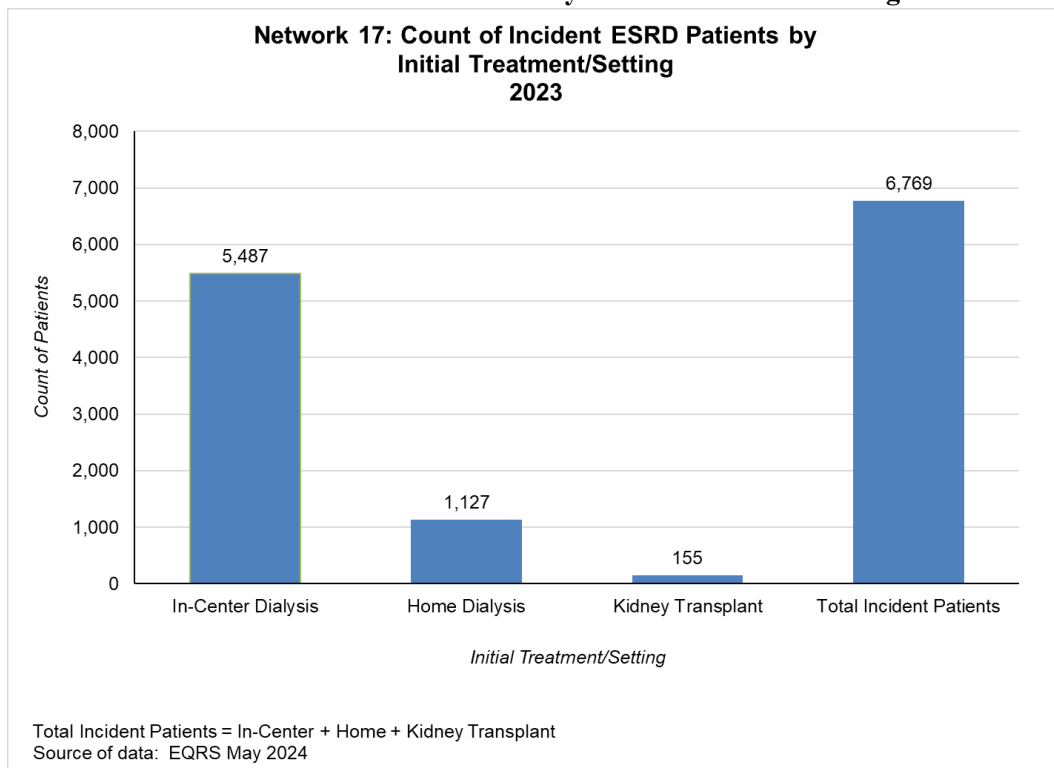


Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2023

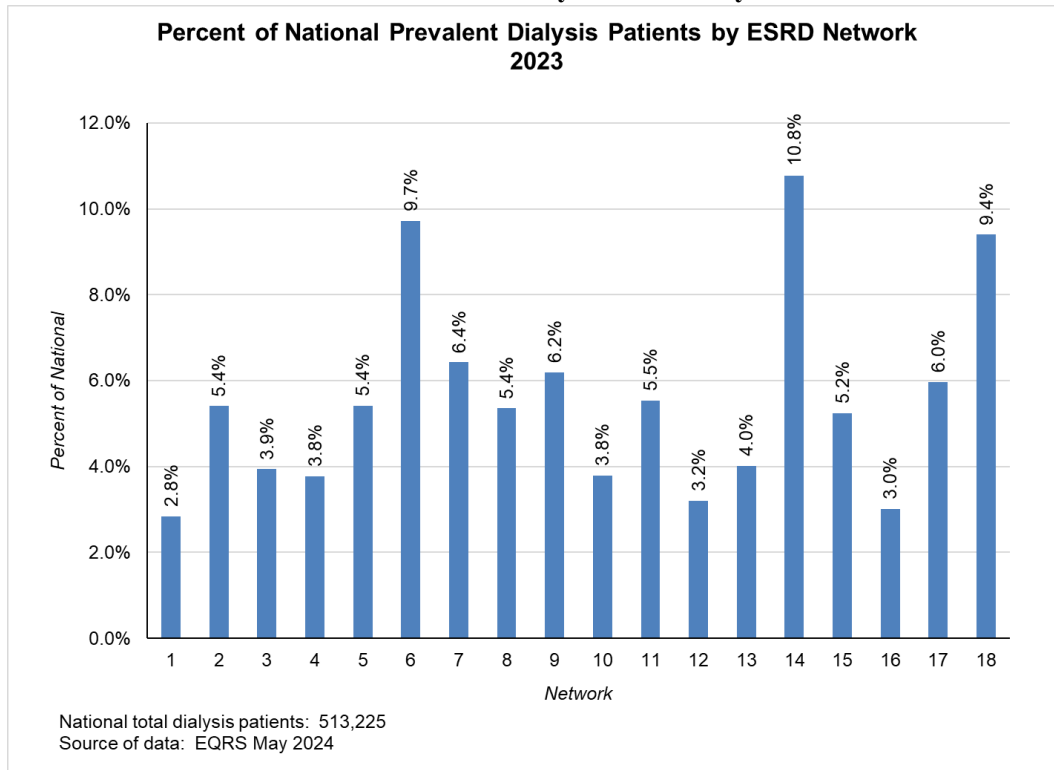
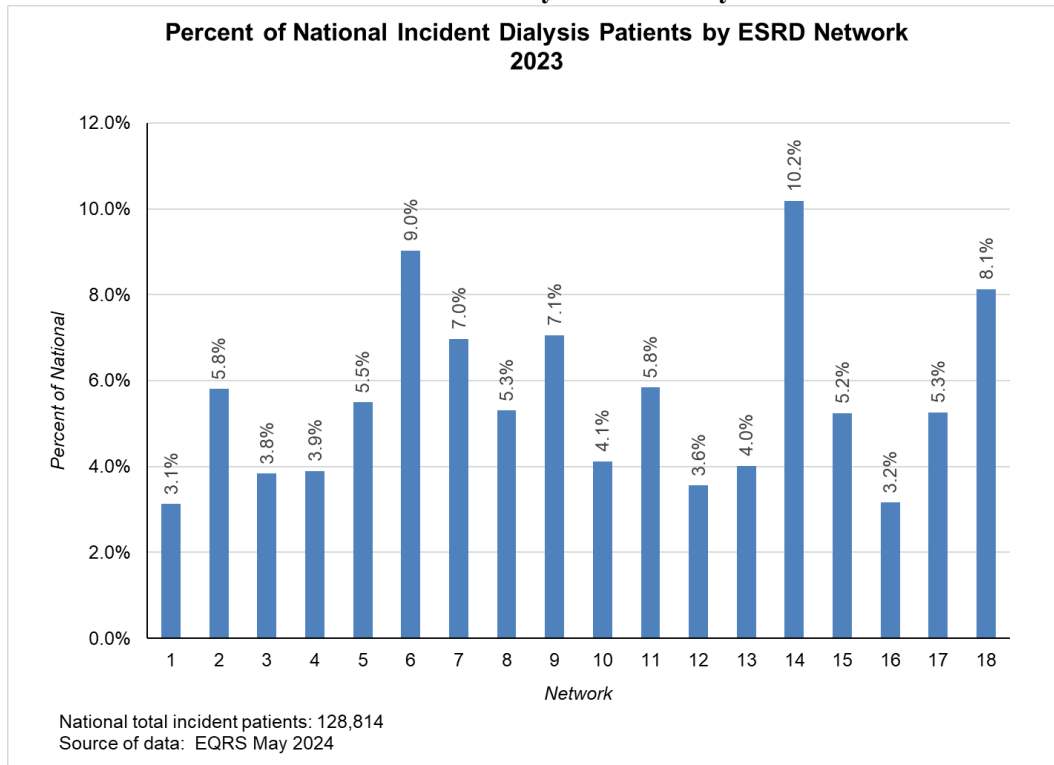


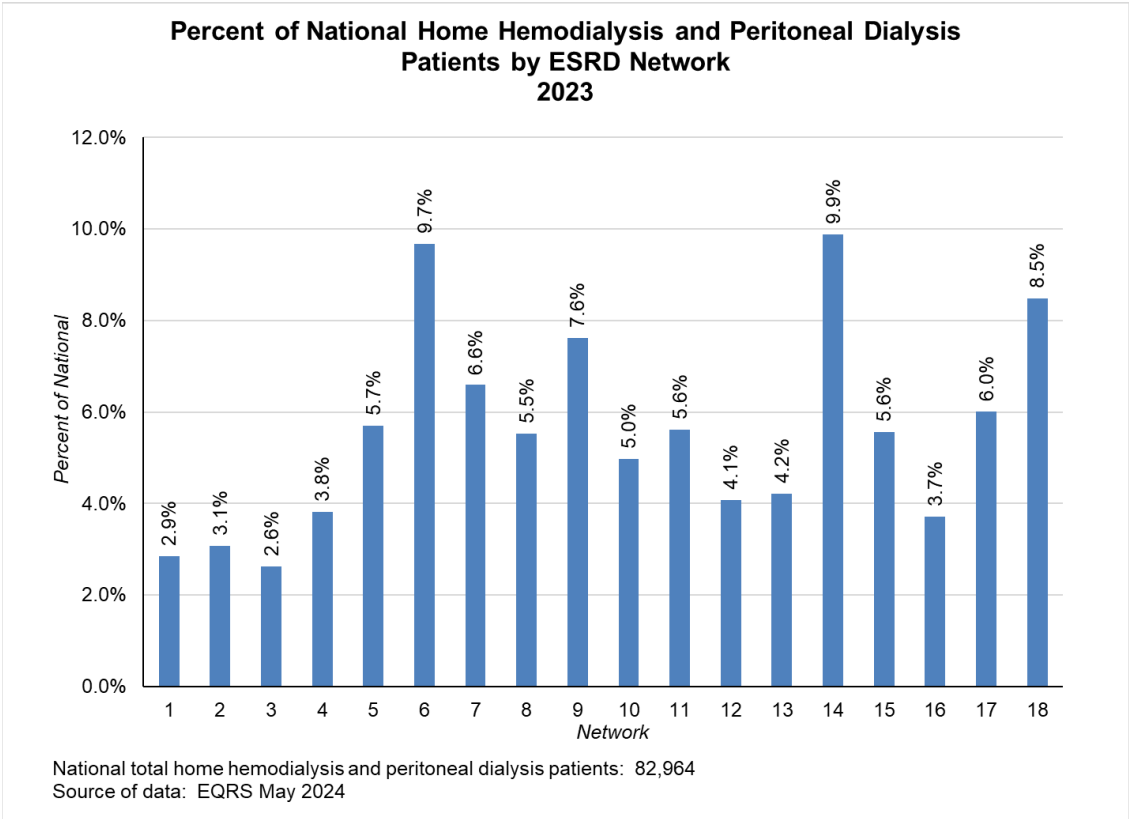
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2023



Dialysis Treatment Options

As of December 31, 2023, 83.7% of dialysis patients in Network 17 were receiving in-center hemodialysis (ICHD) treatments and 16.3% 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 decrease in patients using home dialysis from 2022. Nationally, the Network comprised 6.0% of all HHD, CCPD, and CAPD patients. (See Chart E)

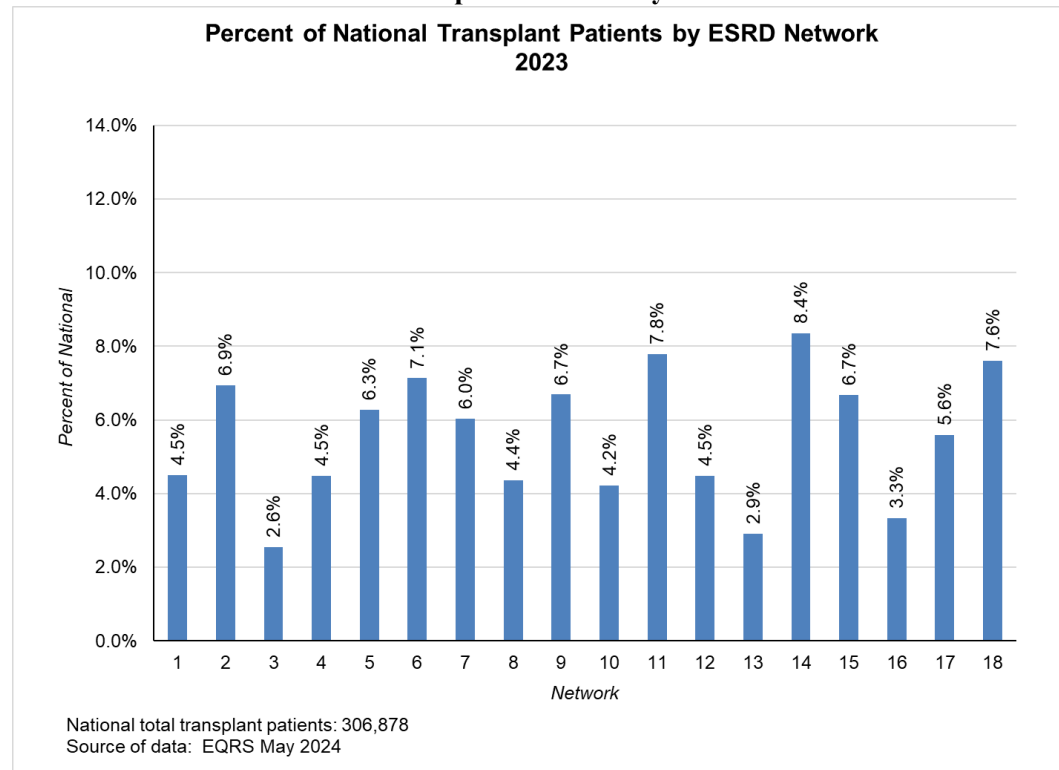
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2023



Transplant

During 2023, transplants were completed by six transplant centers in the Network 17 service area. As of December 31, 2023, there were 306,878 transplant patients nationally, of which 5.6% were in Network 17. (See Chart F)

Chart F: Percent of National Transplant Patients by ESRD Network 2023



ESRD Facilities

As of December 2023, Network 17's service area included a total of 348 ESRD facilities, including 342 dialysis facilities and six transplant centers. (See Chart G) Nationally, Network 17 comprised 4.4% of all dialysis facilities and 2.6% of all transplant facilities. (See Charts H and I)

Chart G: Count of Medicare-Certified Facilities by Treatment/Setting 2023

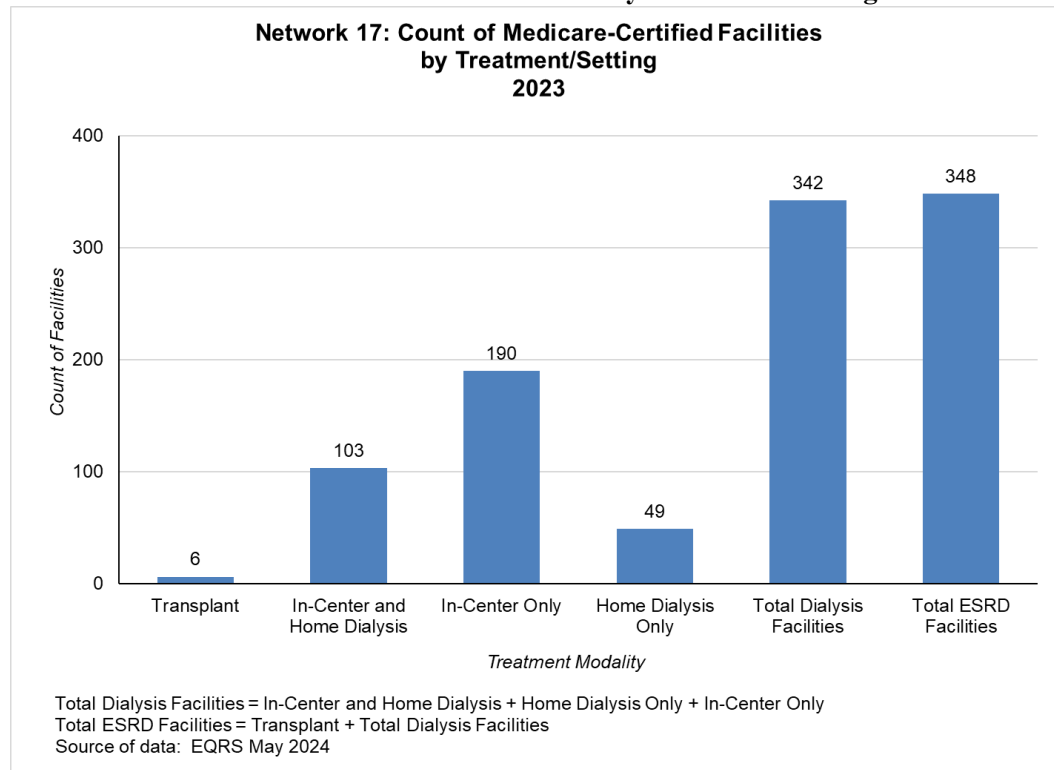


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2023

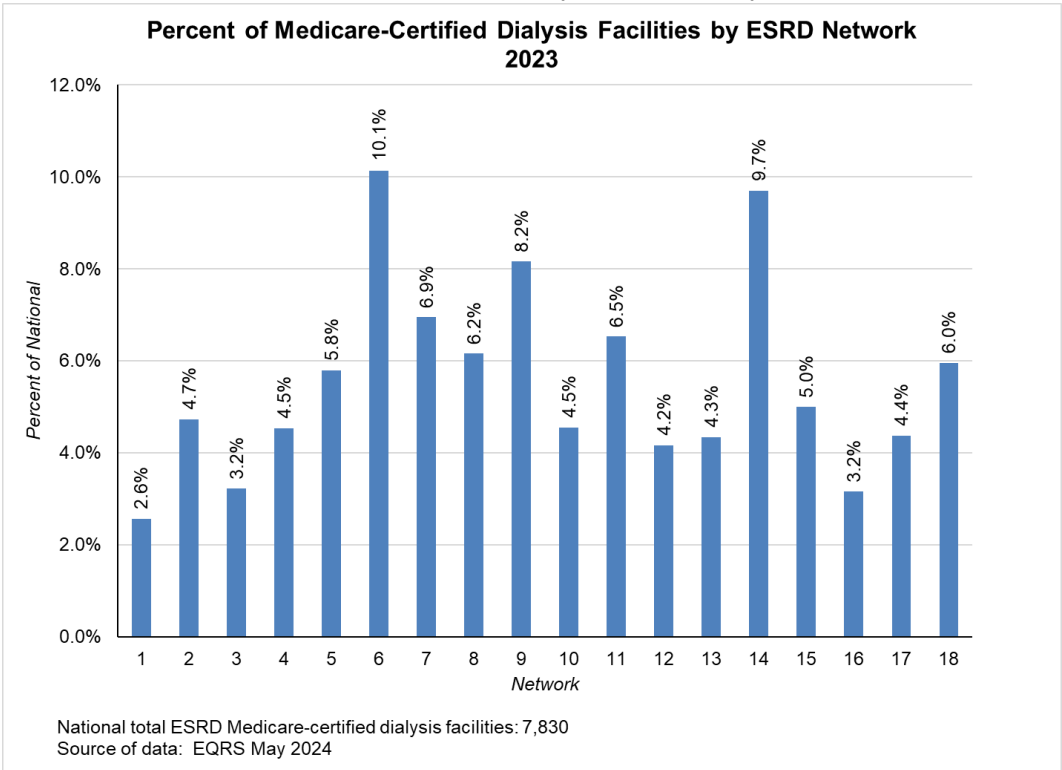
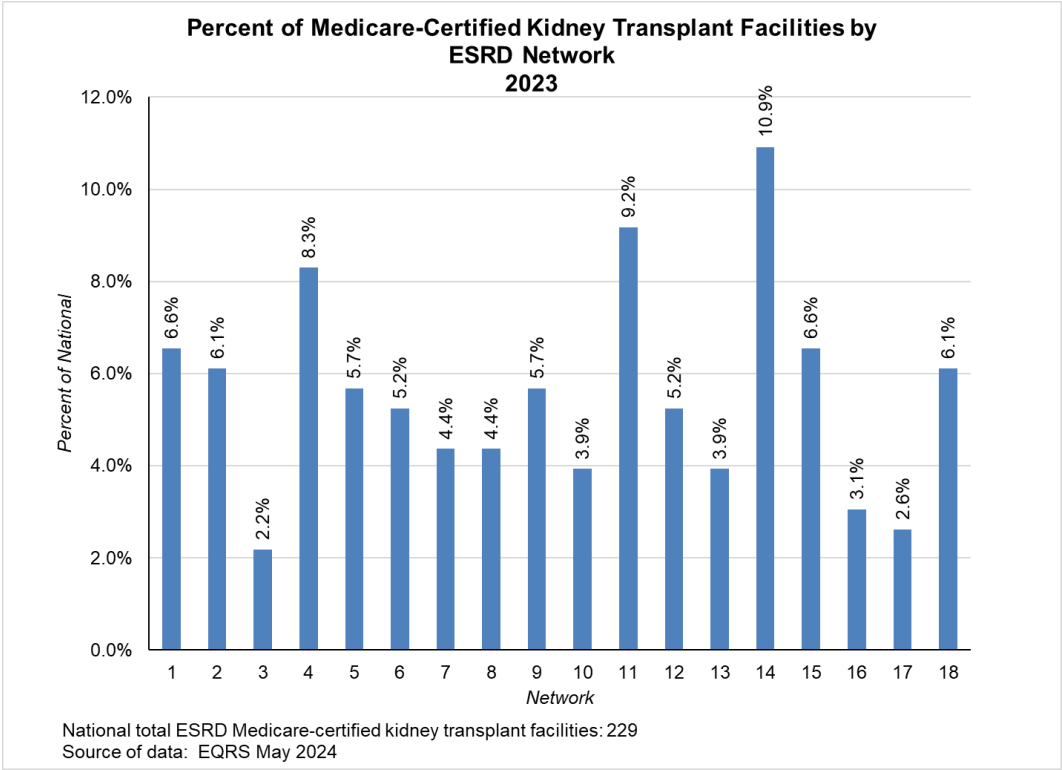


Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2023





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. The Network addressed immediate advocacy grievances by 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 2023 to April 2024, 10.5% of contacts to the Network were for grievances, including 2.7% for immediate advocacy, 6.8% for general grievance, and 1.0% for clinical area of concern.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 69.3% of all contacts to the Network for May 2023–April 2024. (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.

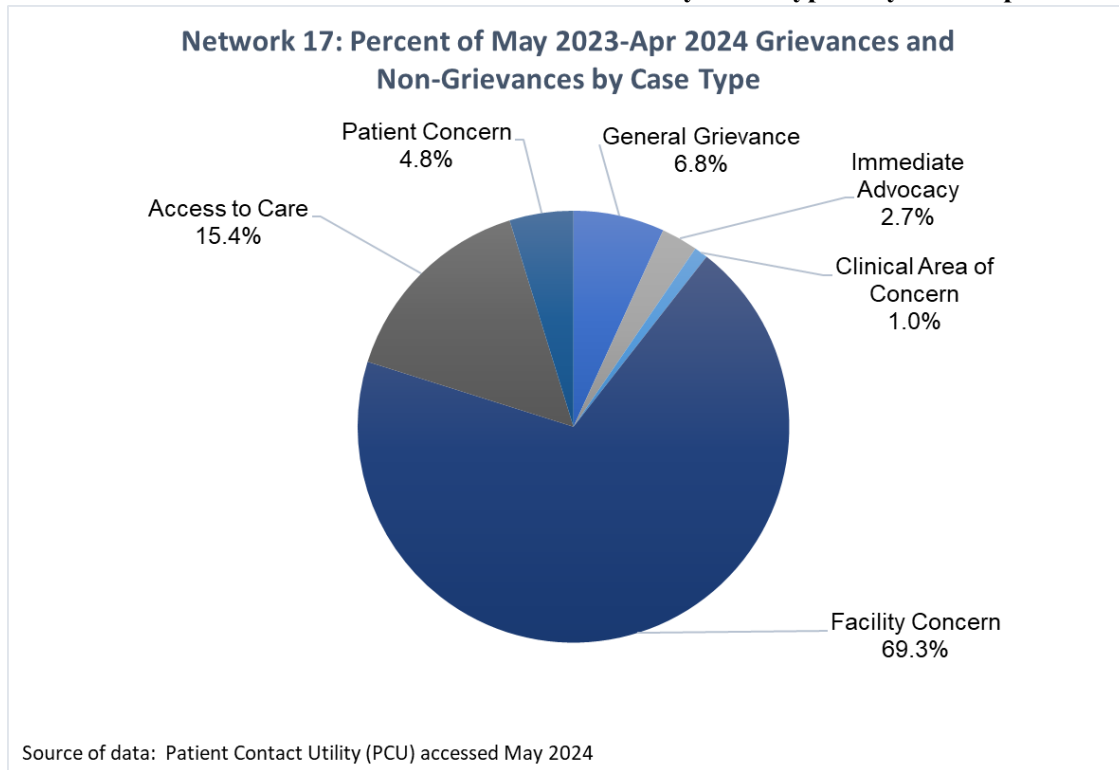
Patient Concerns

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 4.8% of contacts to the Network from May 2023–April 2024. (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 15.4% of contacts to the Network from May 2023–April 2024. (See Chart J).

Chart J: Percent of Grievances and Non-Grievances by Case Type May 2023–Apr 2024





ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist & Transplanted QIA May 2023–April 2024

Goal and Outcomes

The Transplant QIA implemented May 2023–April 2024 included two goals:

- Achieve a 9% increase in the number of patients added to a kidney transplant waiting list by April 2024, using calendar year 2020 as a baseline.
- Achieve a 14% increase in the number of patients receiving a kidney transplant by April 2024, using calendar year 2020 as a baseline.

By April 2024, the number of patients added to a transplant waitlist was 1,488, which is 97.6% of the goal of 1,525. (See Chart K) The number of patients receiving a transplant was 1,042, which is 94% towards achieving the goal of 1,109. (See Chart L)

Barriers

Barriers to meeting the QIA goals included:

- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.
- Patient-level psychosocial issues, including caregiver support, insurance coverage, and financial barriers.
- Lack of consistent follow-up with transplant centers and collaborative case management.
- Changes implemented by some transplant centers including "pre-listing" patients and giving them a timeframe of one to three years to make changes in their health status to be considered for waitlisting.
- Time limits (e.g., most often 6 weeks) set by transplant centers for patients to complete the evaluation process, including scheduled tests, specialty referrals, and follow-up appointments.

Interventions

Interventions implemented included:

- Providing dialysis facilities with technical assistance to review available data, conduct a facility specific root cause analysis (RCA), and recommend resources and interventions to include in the facility's action plan.
- Providing the following resources for facilities to use in ongoing education of staff and patients related to transplant:
 - Instructions for using the ESRD National Coordinating Center's (NCC's) [Transplant Change Package](#).
 - Education on receiving a kidney with a higher Kidney Donor Profile Index (KDPI) (e.g., *Better Than Dialysis Kidneys* and *Understanding the Journey from Referral to Transplant Waitlisting*) to encourage increased involvement by the interdisciplinary team (IDT) in promoting transplant.
 - Information regarding the ESRD Quality Reporting System (EQRS) Transplant Dashboard and how facilities can access and use it to ensure patients are aware of their transplant status.
 - Engaging patients with the [Kidney Transplant Hub](#) resources.
- Building a workable, structured communication process with the transplant centers to facilitate ongoing communication for referrals, telehealth appointments, information on support groups, and status updates.

- Tracking and documenting each patient’s referral, evaluation, and progress through the process of being added to the transplant waitlist.
- Using a Network-developed Quality Assurance and Performance Improvement (QAPI) tracking and reporting form to lead discussion of progress toward waitlisting and transplant goals in the facilities’ monthly QAPI meetings.

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.
- Involving the entire team in educating and supporting patients throughout their transplant journey to manage issues and provide encouragement during the long process of waitlisting and staying transplant ready.
- Engaging a focus group of patients to review and provide feedback on educational materials, such as high KDPI kidneys and living donation.

Chart K: Patients Added to the Transplant Waiting List May 2023-April 2024

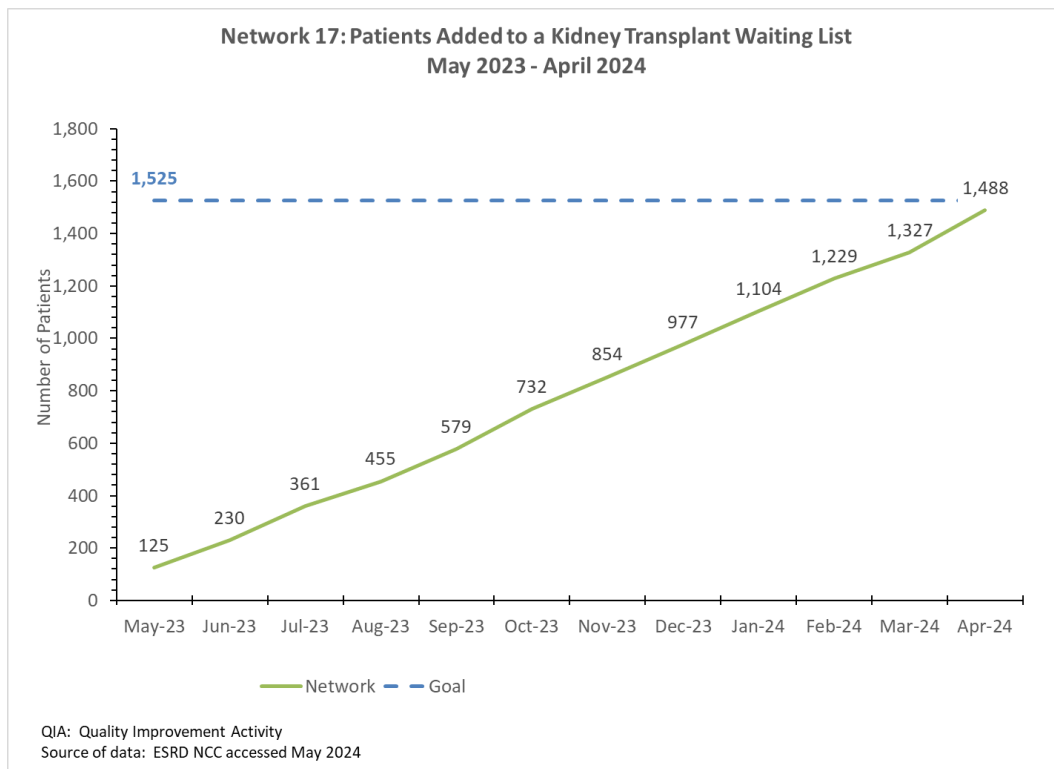
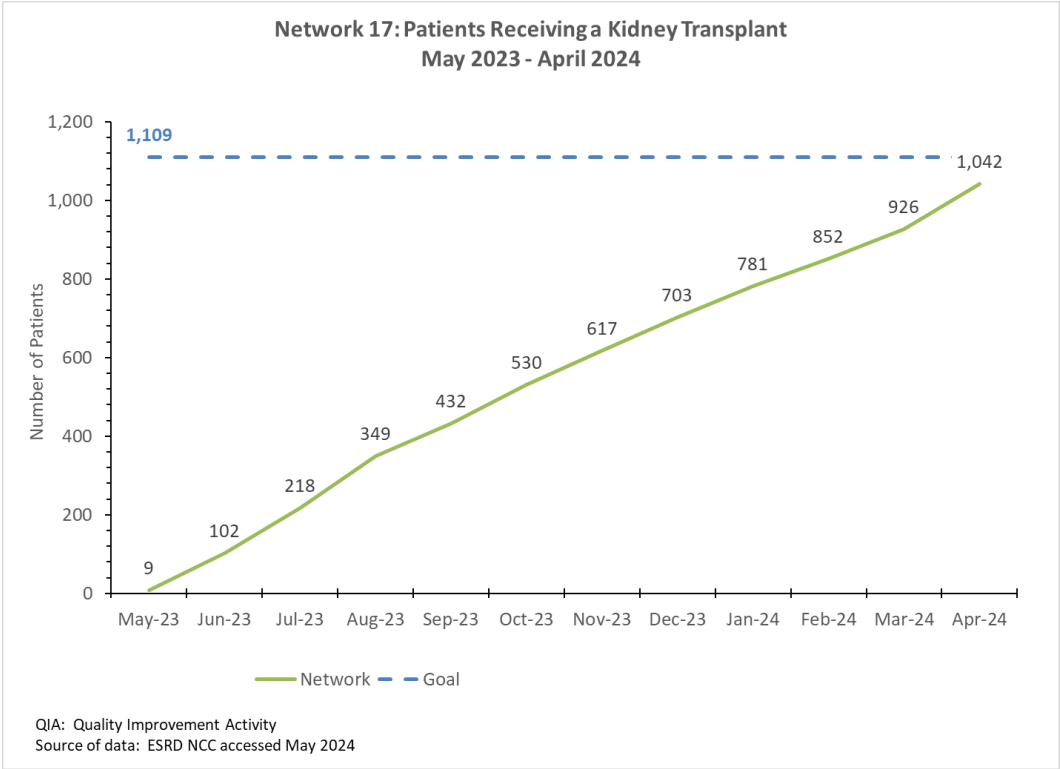


Chart L: Patients Receiving a Kidney Transplant May 2023-April 2024



Home Therapy QIA April 2023–May 2024

Goals and Outcomes

The Home Therapy QIA implemented May 2023–April 2024 included two goals:

- Achieve a 30% increase in the number of incident patients with ESRD who start dialysis using a home modality by April 2024, using calendar year 2020 as a baseline.
- Achieve a 12% increase in the number of prevalent patients with ESRD who move to a home modality by April 2024, using calendar year 2020 as a baseline.

By April 2024, the Network had 1,191 incident patients start on home dialysis, which is 69.8% of the goal. Additionally, 899 prevalent patients transitioned to home dialysis, which is 83.3% of the goal. (See Charts M and N)

Barriers

Barriers to meeting QIA goals included:

- Lack of staff time to focus on home modality education.
- Patient resistance to changing modalities due to comfort on in-center dialysis.
- 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 to develop a “home dialysis” culture at the facility.
- Patients do not have the physical space to store supplies or perform dialysis at home.

Interventions

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

- Providing targeted technical assistance and resources to facilities based on their RCA and choice of *Home Change Package* drivers.
- 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 facility progress toward achieving the QIA goals and reviewing it with the IDT and medical director during the facility’s monthly 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 discuss progress during the monthly QAPI meetings.
- Ensuring collaboration between in-center dialysis facilities and home programs for continuity of patient education and care.
- Increasing collaboration between home program staff and nephrologists to assist in providing early education to office patients.
- Connecting with hospital dialysis staff in their area to promote home modalities and share resources.
- Sharing resources and information with physicians to encourage early patient referrals to home dialysis.
- Focusing on modality education with new patients before they get too comfortable on in-center dialysis.
- Distributing the article, *Traveling the U.S. with an RV and Home Hemodialysis* from Home Dialysis Central to give a specific example of patients thriving on a home modality with limited space.
- Completing home visits to evaluate the storage space available and problem solve based on the patient’s individual needs.

Chart M: Incident Patients Starting Dialysis Using a Home Modality May 2023–April 2024

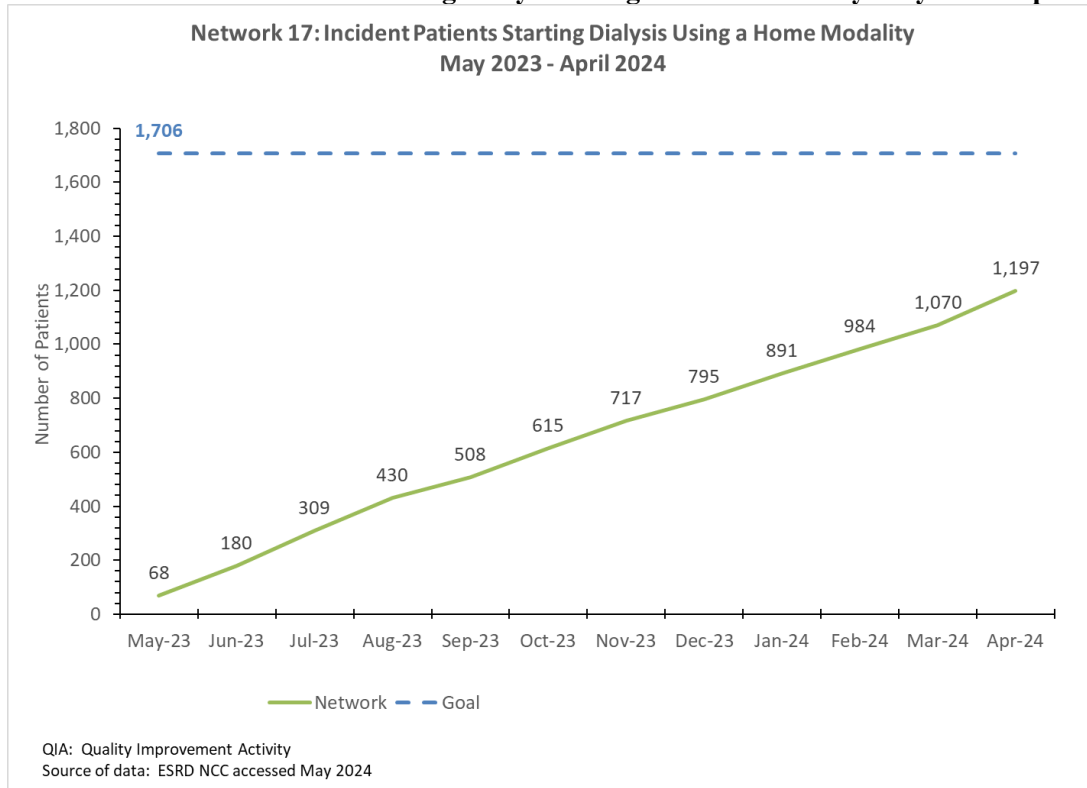
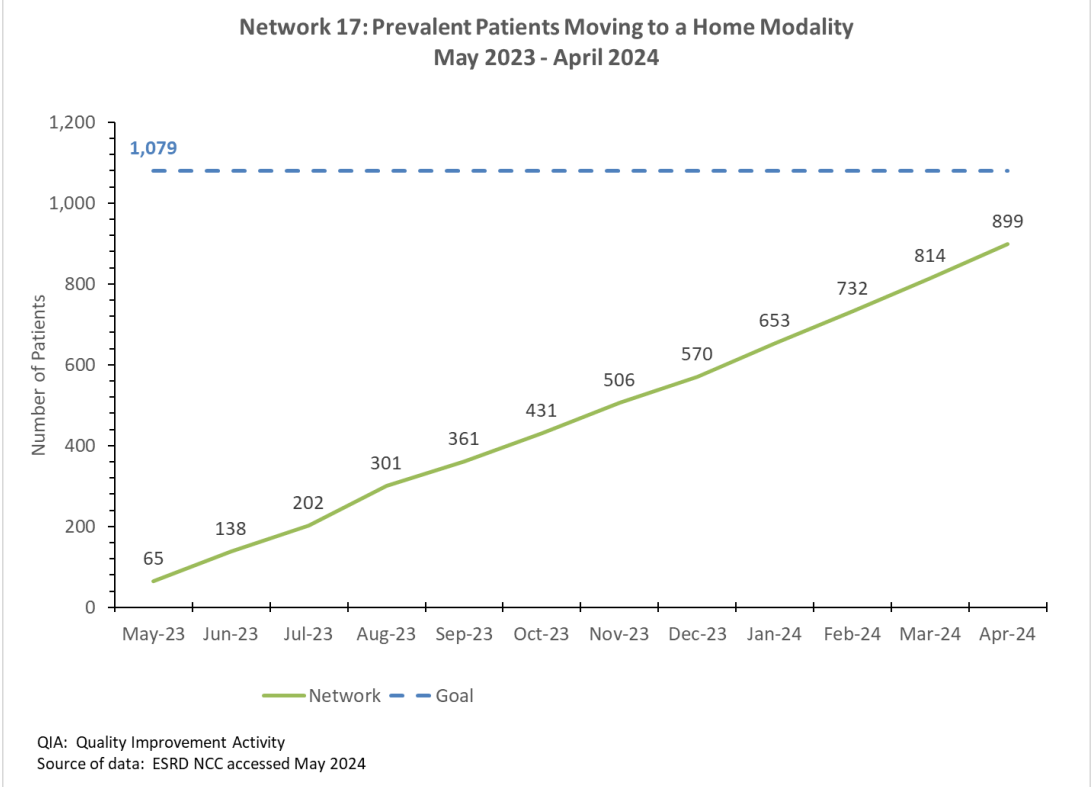


Chart N: Prevalent Patients Moving to a Home Modality May 2023–April 2024



Telemedicine QIA May 2023–April 2024

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 3% by April 2024. The Network achieved 115% of the QIA goal with 87 patients using telemedicine by April 2024. (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:

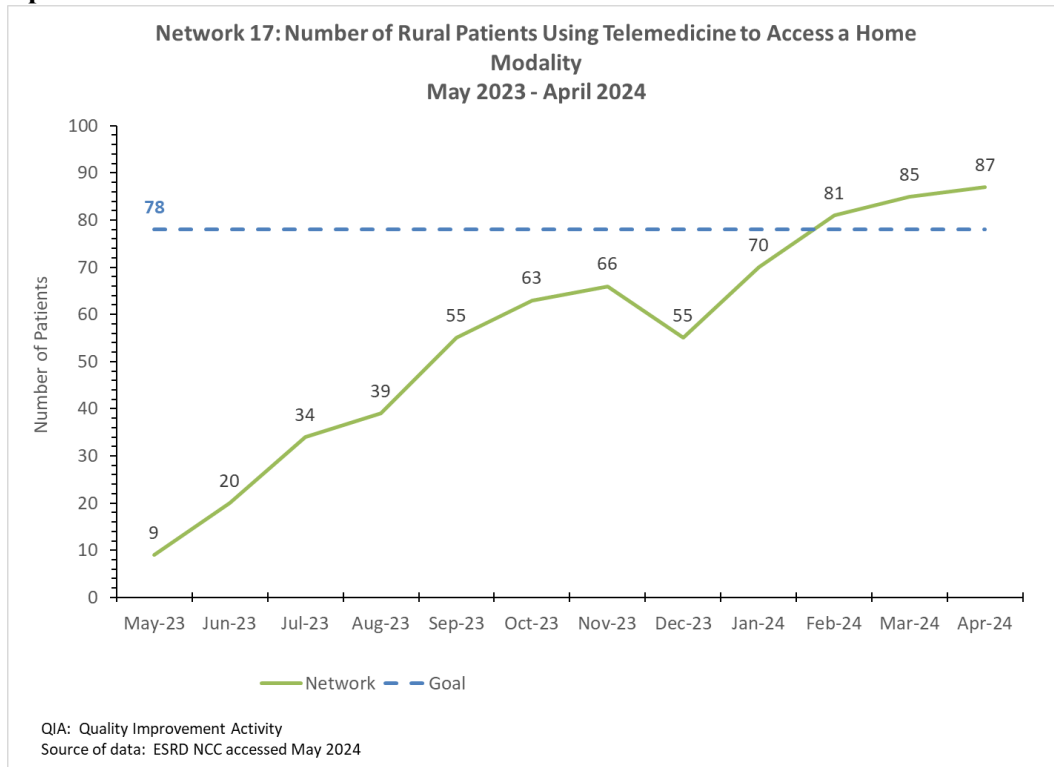
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information including a step-by-step guide to reporting telemedicine visits in EQRS to facilities that were under 100% telemedicine usage.
- Reminding staff 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 FAQs for documenting monthly visits.

Chart O: Number of Rural Patients Using Telemedicine to Access a Home Modality May 2023–April 2024



Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions and Emergency Department (ED) Visits QIA May 2023–April 2024

Goals and Outcomes

The Network's Transitions of Care QIA focused on reducing the following by 4.0% by April 2024:

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

The Network was unable to meet the goals for this QIA. However, facilities reported that the change ideas from the *Hospitalizations Change Package* were helpful in improving education for patients and staff and for developing processes to monitor patient hospitalizations. (see Charts P, Q, R)

Barriers

Barriers to achieving the QIA goals included:

- Dialysis facility staffing shortages preventing patients' from being able to get extra dialysis treatments if they have fluid challenges.
- New dialysis facility staff being unfamiliar with a patient's baseline status, symptomology, and past medical history.
- Patient belief that going to the hospital is the most effective way to get treatment for conditions that could be addressed as an outpatient.
- Lack of patient and staff education regarding:
 - The benefits of patients remaining out of the hospital.
 - The importance of preventing, identifying, and fully treating any signs, symptoms, or active diagnosis of sepsis.
 - Comorbid condition follow-up.
 - Patients who use the ED for routine dialysis care and do not communicate with dialysis facility staff about care goals.
 - Using outpatient providers when available and appropriate.
- Patient treatment nonadherence with patients refusing to discuss their dialysis plan with facility staff.

Interventions

Interventions for the QIA included:

- Providing facilities with targeted technical assistance to conduct a facility-specific RCA, identify opportunities for change, and to develop an action plan to address unplanned hospital use.
- Using the [*Hospitalizations Change Package*](#) to identify and implement change ideas to address the facility's primary barriers to keeping patients out of the hospital.
- Reviewing available data to identify facility hospitalization 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.
- Working with patients and caregivers to better understand unplanned hospital use events to provide education and resources to avoid future hospital visits.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Using a team approach to patient education, tracking of events, and implementing interventions.
- Focusing on interventions that address the top identified diagnoses that cause hospital admissions and readmissions, including sepsis.
- Communicating with hospital discharge planners before and after discharge to address barriers to successfully transitioning the patient back home and to recommend services and complete medical appointment scheduling.
- 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.
- Assisting patients with finding 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 2023–April 2024

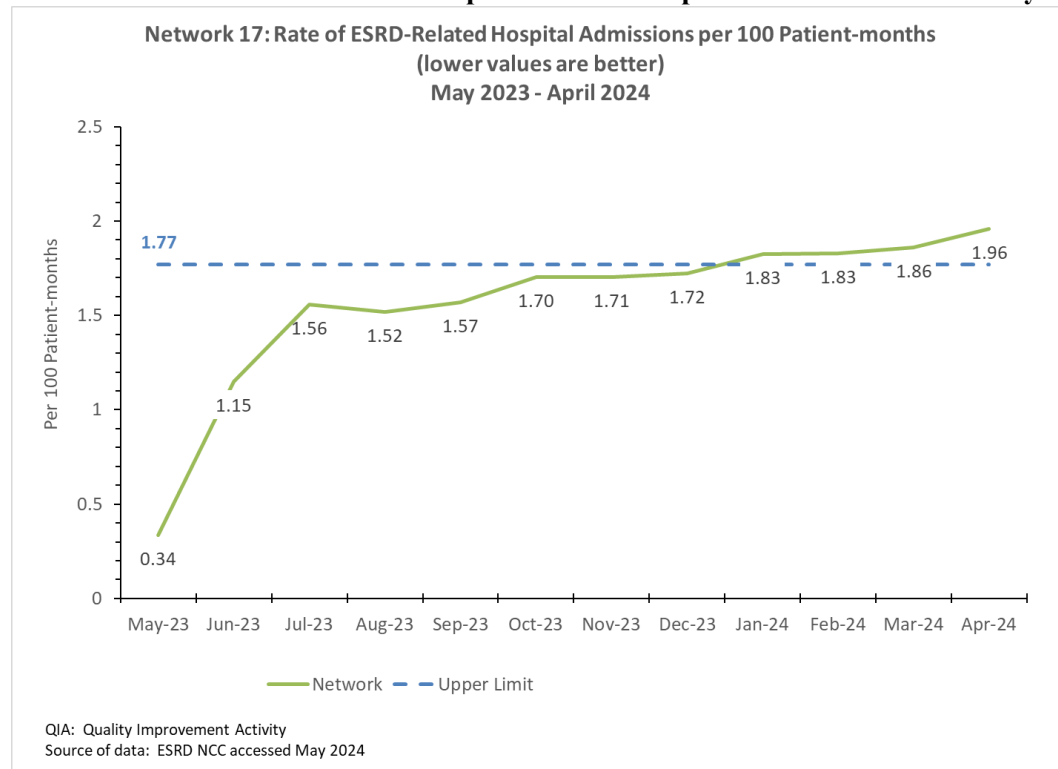


Chart Q: Hospital 30-Day Unplanned Readmissions per 100 Patient-months May 2023–April 2024

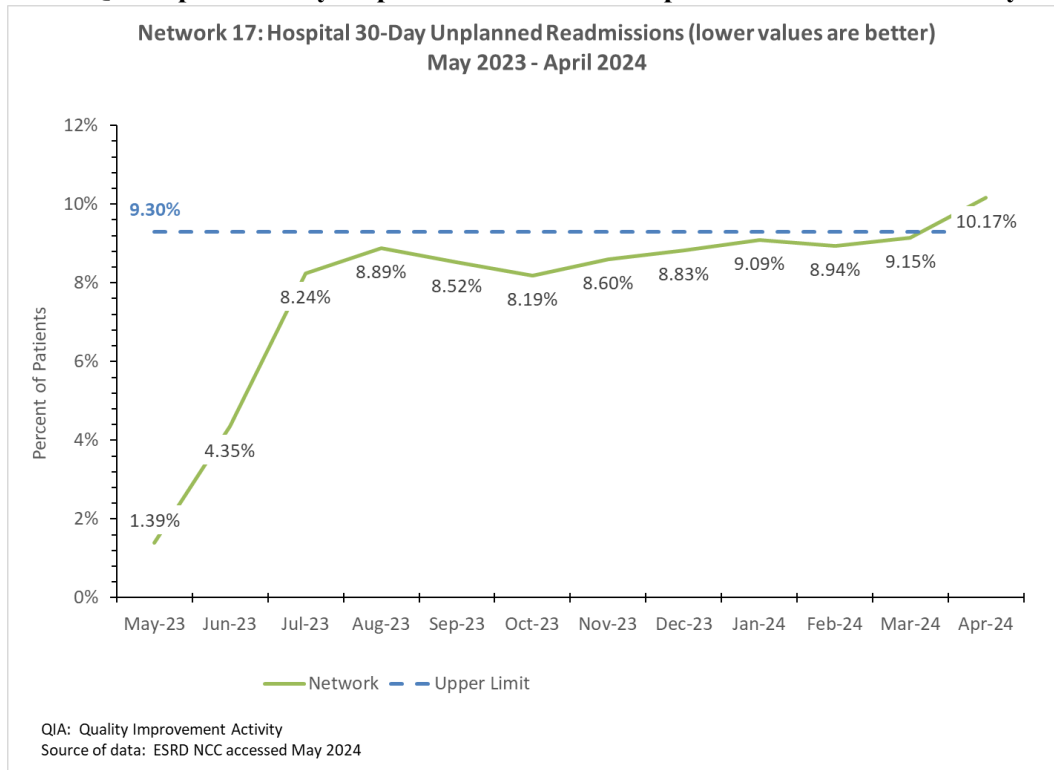
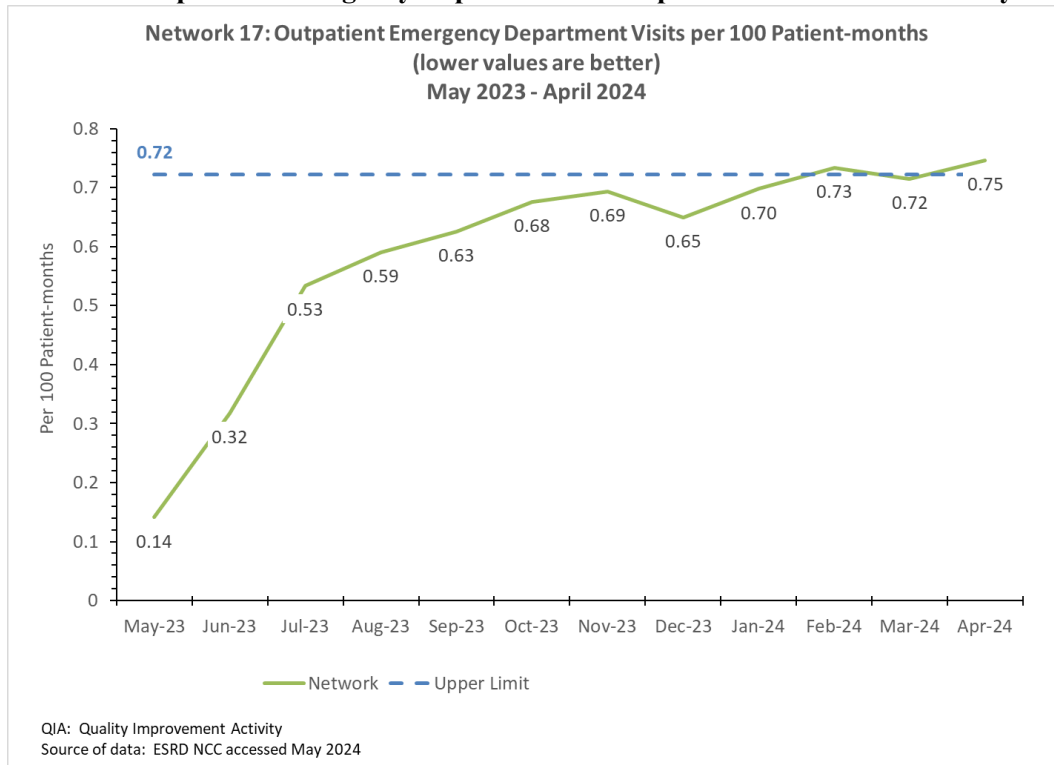


Chart R: Outpatient Emergency Department Visits per 100 Patient-months May 2023–April 2024



COVID-19 Vaccinations for Patients and Staff QIA May 2023–April 2024

Goals and Outcomes

The QIA focused on the following goals:

- Ensure 80% of dialysis patients are up to date for COVID-19, by April 2024.
- Ensure 95% of dialysis staff are up to date for COVID-19, by April 2024.

Barriers

Barriers to achieving the QIA goals include:

- Tracking vaccinations received by patients and staff outside the facility.
- Facilities having stopped providing the vaccination or decreasing the frequency that vaccinations were offered.
- Patient and staff hesitancy and refusal based on religious and/or personal beliefs.
- Transportation barriers for patients or staff who needed to obtain vaccines outside of the facility.
- Trust barriers caused by the ever-changing science-based information provided to the public about the different COVID-19 vaccines.
- Facility staff not having access to National Healthcare Safety Network (NHSN), or vaccination counts that are not consistently reported in NHSN.

Interventions

Interventions for the QIA include:

- Providing facilities with targeted technical assistance to complete an RCA and action plan related to improving COVID-19 vaccinations.
- Implementing the *Change Package to Increase Vaccinations* and its primary and secondary drivers.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Assisting facilities with obtaining access to the 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.

Best Practices

Best practices identified from the QIA include:

- Completing an RCA and action plan to identify barriers and implementing change ideas from the *Change Package to Increase Vaccinations* to create processes for change.
- Using Network-provided resources, such as *What Kidney Patients Need to Know About the COVID-10 Vaccine* and *Guidance to Increase COVID-19 Vaccine Confidence* to educate staff and patients.
- Providing follow-up education and offering COVID-19 vaccines to patients and staff who previously refused or were initially hesitant.
- Identifying vaccinations provided outside the facility from state registries or other sources so they can be tracked and reported in NHSN.

Chart S: Percent of Dialysis Patients That Are Up to Date with COVID-19 Vaccines May 2023–April 2024

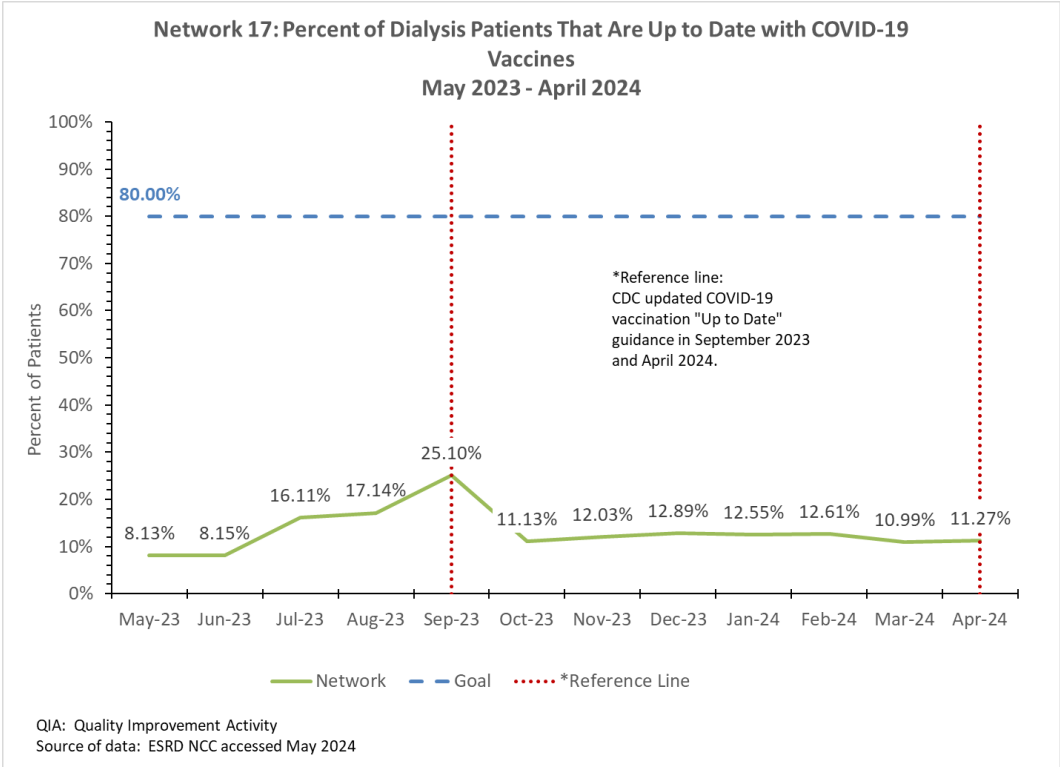
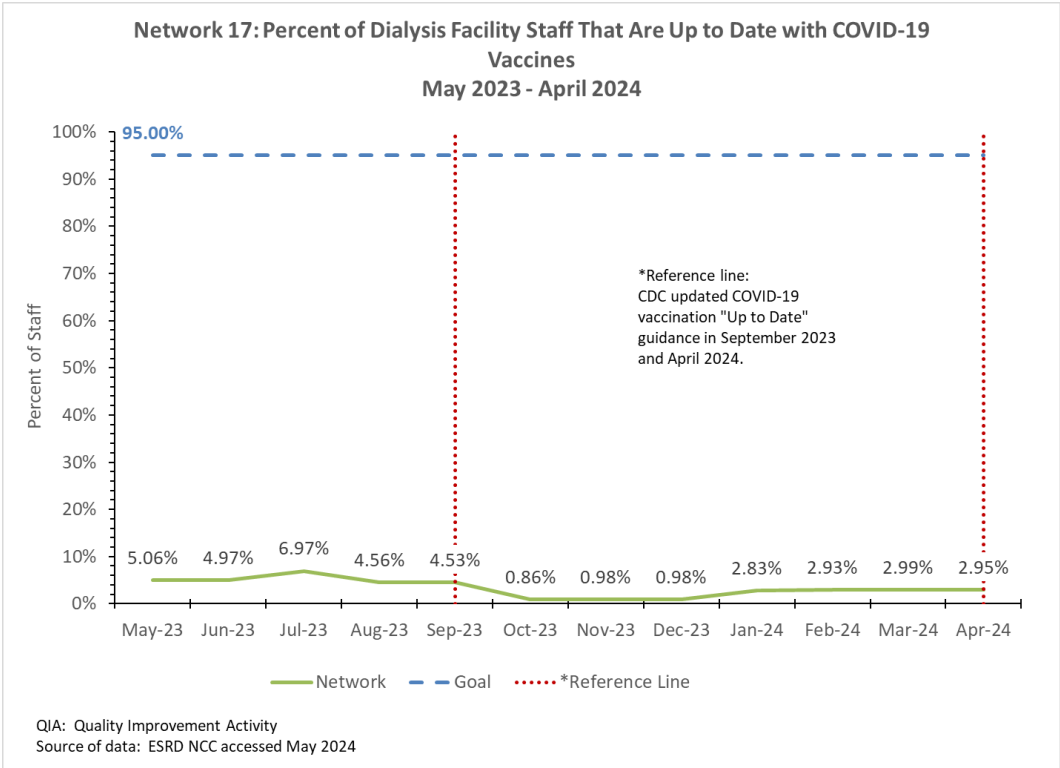


Chart T: Percent of Dialysis Facility Staff That Are Up to Date with COVID-19 Vaccines May 2023–April 2024



Influenza Vaccination QIA May 2023–April 2024

Goals and Outcomes

The two goals of the QIA were to:

- Achieve a patient influenza vaccination rate of 90% by April 2024.
- Achieve a facility staff influenza vaccination rate of 90% by April 2024.

By April 2023, 79.82% of patients received an influenza vaccination. Reporting of staff vaccinations was limited, reflecting 57.46% of staff vaccinated for influenza by April 2024. (See Charts U and V)

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:

- Providing targeted technical assistance to facilities to complete an RCA and use the *Change Package to Increase Vaccinations* and its primary and secondary drivers (e.g., Achieve a High-Performing Culture and Implement Quality Improvement Strategies).
- Sharing Influenza Vaccination Campaign materials and other resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Assisting facilities with manual reporting and collaborating with corporate dialysis leadership to improve batch reporting of vaccinations in EQRS.

Best Practices

Best practices identified from the QIA include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Comparing internal tracking of patient and staff vaccinations to those entered in EQRS to improve reporting.
- Using Network-provided resources and tools for educating patients and staff.
- Engaging facilities via technical assistance to enter vaccinations in EQRS.

Chart U: Percent of Dialysis Patients Receiving an Influenza Vaccination May 2023–April 2024

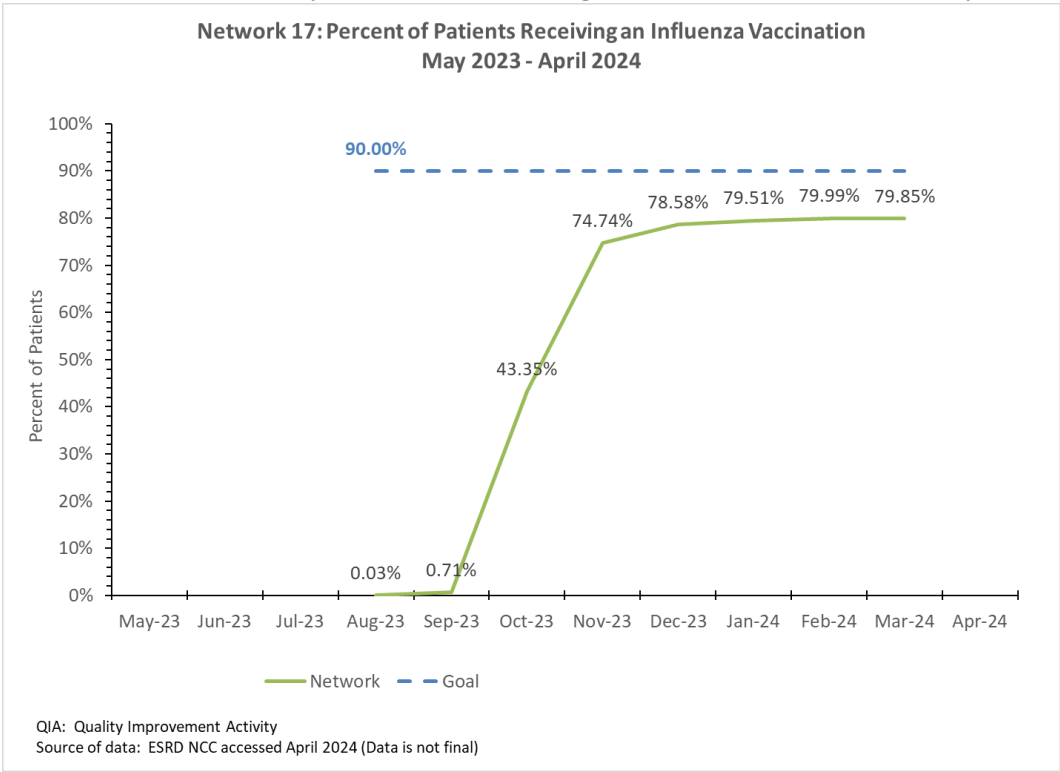
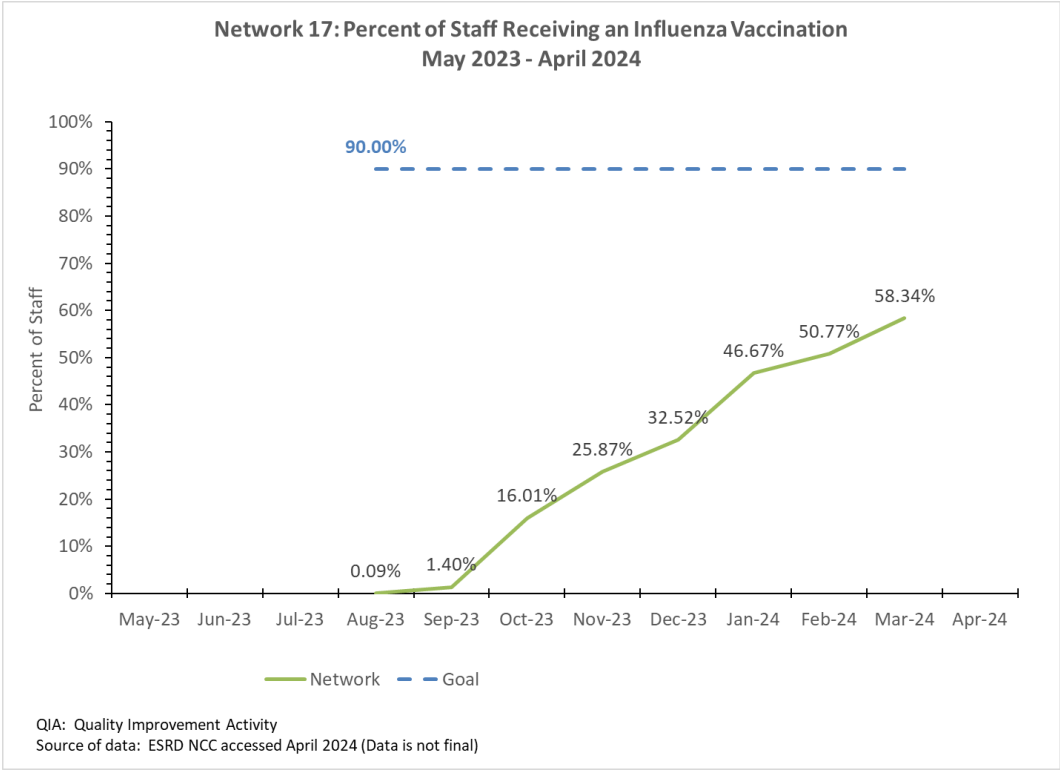


Chart V: Percent of Staff Receiving an Influenza Vaccination May 2023–April 2024



Pneumococcal Vaccination QIA May 2023–April 2024

Goals and Outcomes

The goal of the QIA was to increase the percentage of patients who are fully vaccinated for pneumococcal pneumonia by 7% over baseline by April 2024.

By April 2024, the Network achieved a rate of 48.62%, which was 91.8% of the goal, and included 13,878 patients being fully vaccinated. (See Chart W)

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.
- Lack of facility knowledge regarding the Centers for Disease Control and Prevention (CDC) recommendations or facility policies regarding which vaccinations to provide and when.

Interventions

Interventions for the QIA included:

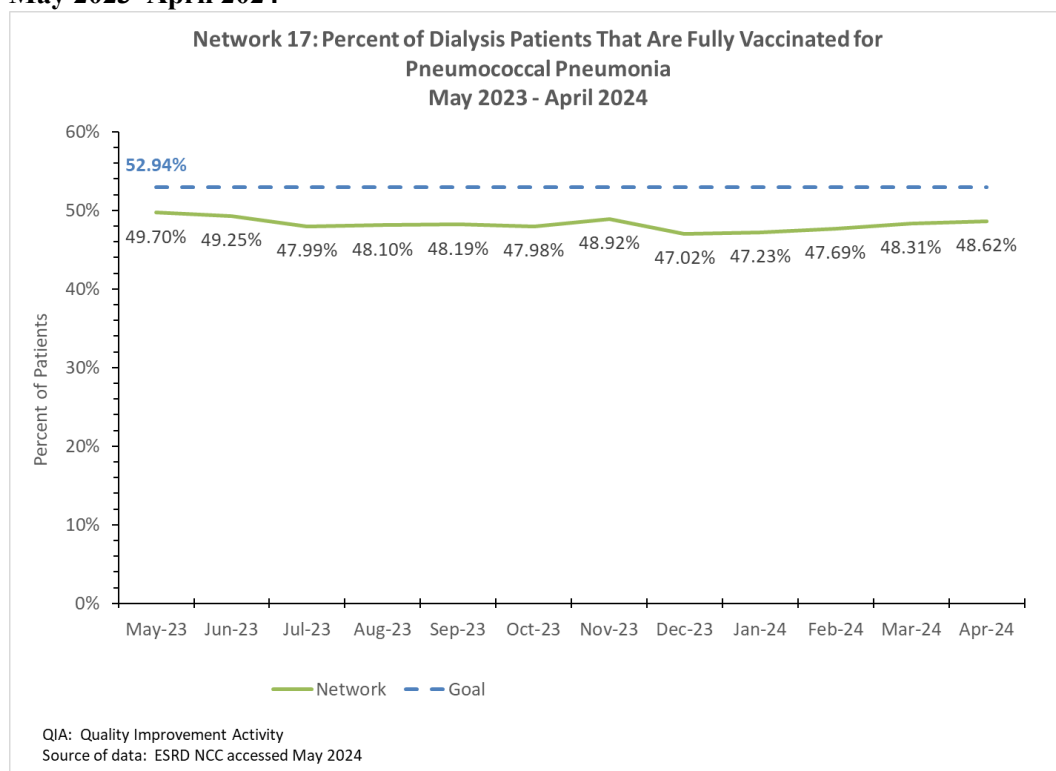
- Engaging facilities to improve their knowledge regarding the CDC recommendations for pneumococcal vaccinations.
- Providing technical assistance to individual facilities to complete RCAs and action plans using the *Change Package to Increase Vaccinations*.
- Sharing community coalition-recommended educational resources from reputable sources that facilities could use to educate patients during vaccination conversations.
- Assisting facilities with obtaining access to EQRS, reviewing the vaccination dashboard, and reporting vaccinations.

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.
- Having the facility medical director talk directly with patients about vaccinations.

**Chart W: Percent of Dialysis Patients That Are Fully Vaccinated for Pneumococcal Pneumonia
May 2023–April 2024**



Improving Nursing Home Care QIA May 2023–April 2024

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 2024.
- Achieving a 3% relative decrease in the rate of peritoneal catheter infections by April 2024.
- Achieving a 3% relative decrease in the rate of blood transfusions by April 2024.

The Network's upper limit for the QIA goal for catheter infections was set at 0.00% and the Network met this goal and achieved a final rate of 0.00%. (See Chart X) The Network's upper limit for the QIA goal for blood transfusions was set at 4.1% and the Network met the goal with a final rate of 4.0%. (See Chart Y) The upper limit for the QIA goal for peritoneal catheter infections was set as 6.82% and the Network met the goal with a final rate of 0.00%. (See Chart Z)

Barriers

Barriers to achieving the QIA goals included:

- Complex comorbidities of NH patients who require extensive medical care.
- NH staff availability and education.
- Communication barriers between dialysis and NH staff.
- Challenges for NH dialysis programs in obtaining timely patient hospitalization records.

Interventions

Interventions for the QIA included:

- Providing low performers with technical assistance to conduct a facility-level RCA and develop an action plan with streamlined processes for change.
- 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.
- Creating internal organizational systems that record and monitor admissions/discharges and blood transfusions and reviewing this at monthly QAPI meetings.
- Implementing the *Looking at Quality Improvement Through a Health Equity Lens* worksheet with one patient to identify one health-related social need to work on.

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.
- Reviewing a patient's medical records prior to admission to the NH and dialysis program.
- Setting admission hemoglobin goals and making the goals are part of the NH dialysis program's policy.

- Adopting new internal processes and policies for obtaining patient medicals records timely with education to staff.
- Obtaining direct access to hospital portals to obtain electronic medical record for patients when needed.
- Using the *Looking at Quality Improvement Through a Health Equity Lens* worksheet, by choosing one patient and working on one health-related social need.

Chart X: Hemodialysis Catheter Infections in Home Dialysis Patients Within NHs per 100 Patient-months May 2023–April 2024

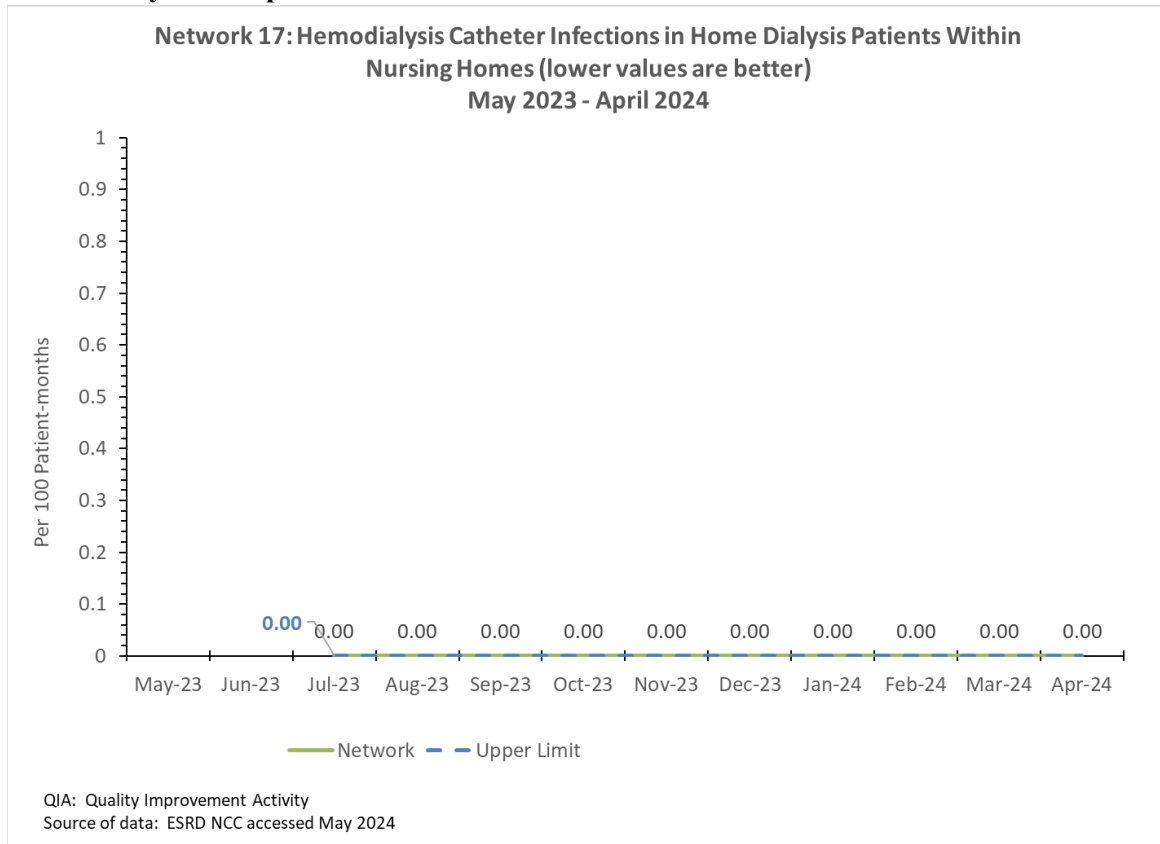


Chart Y: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a NH May 2023–April 2024

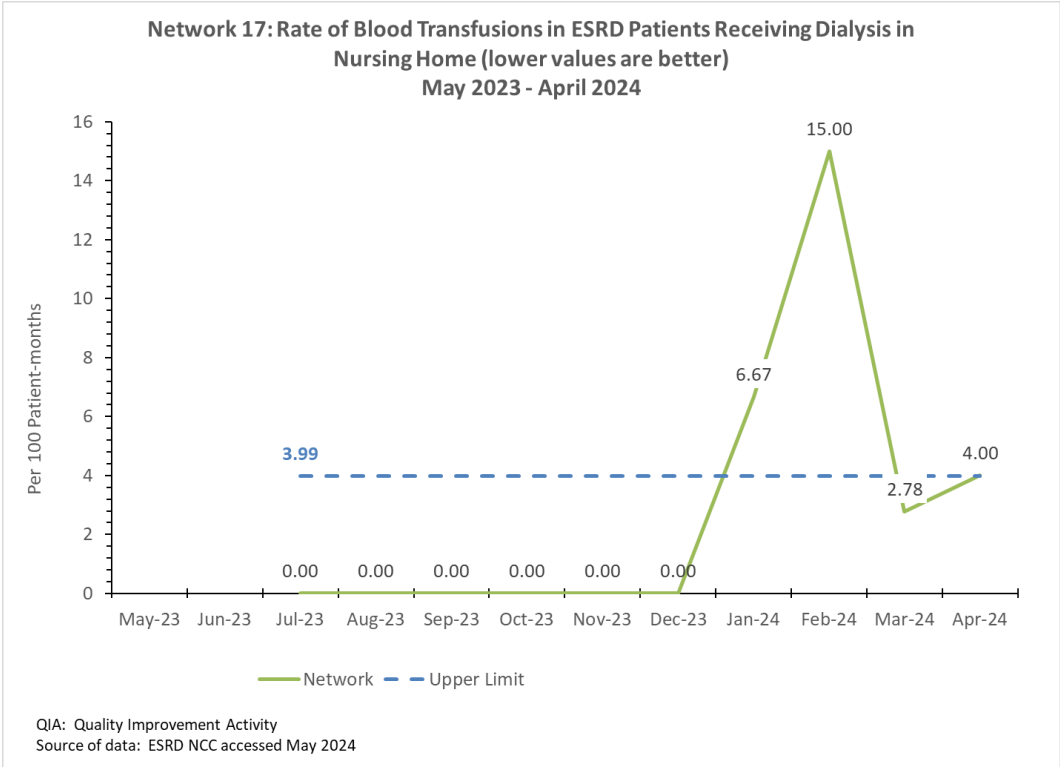
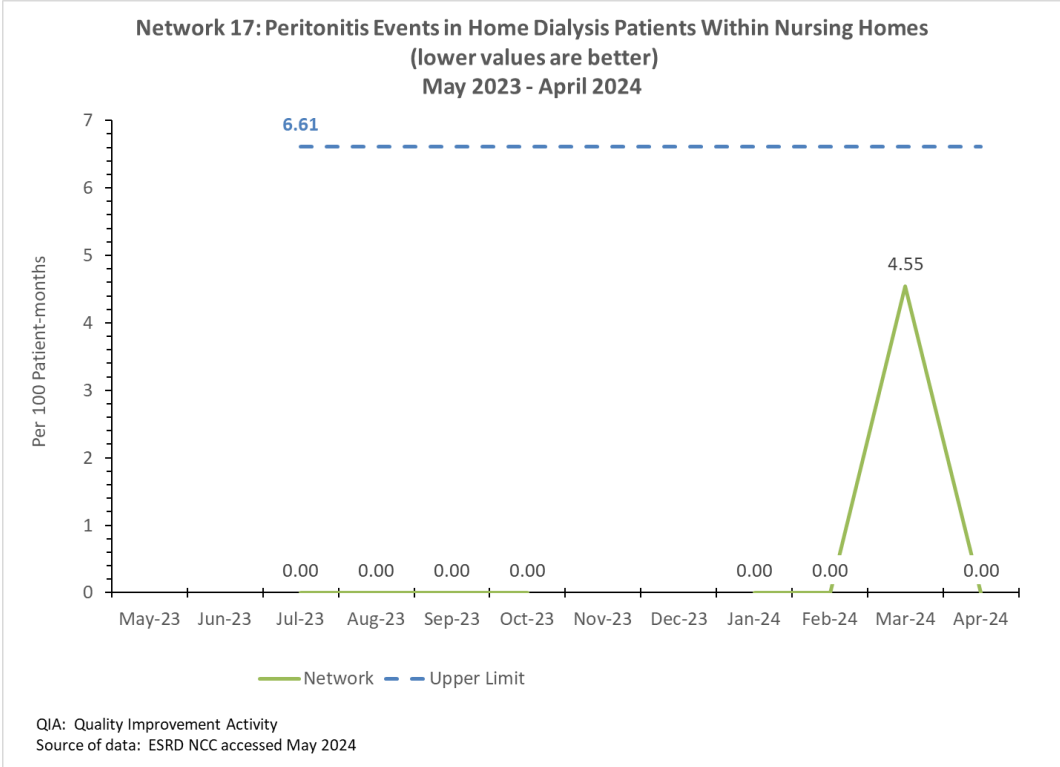


Chart Z: Peritonitis Events in Home Dialysis Patients Within NHs May 2023–April 2024



Data Quality QIA (Admissions, CMS Form 2728, CMS Form 2746) May 2023–April 2024

Goals and Outcomes

The QIA goals included:

- Achieving a 1% increase in the number of incomplete initial CMS-2728 forms, that are over 1-year old, that are completed and submitted.
- 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 2024, the Network achieved 121.6% of the goal for 2728 forms, over 1-year old, that were completed and submitted. The Network also achieved 100.3% of the goal for 2728 forms, and 94.1% of the goal for 2746 forms, submitted in EQRS timely. (See Charts AA, BB, CC)

Barriers

Barriers to achieving the QIA goals include:

- Lack of dialysis facility staff time to follow up on information needed or to enter the forms in EQRS on time.
- 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 forms on time.

Interventions

Interventions for the QIA include:

- Discussing timeliness of admissions and forms when facilities contacted the Network for technical assistance with other issues.
- Supplementing QIA technical assistance with distribution of a new resource, *Tips for Completing CMS 2728 and CMS 2746 Forms Timely*.
- Reminding facilities via email and phone to complete specific forms coming due in 7–14 days.
- Distributing facility-specific data reports for review, comparison, and benchmarking with internal data during QAPI meetings.
- Recommending facilities focus on interventions to improve timeliness with one form (e.g., physician signatures for 2728) at a time.

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.
- Faxing 2728 forms to physician offices for signatures.
- Communicating with hospital discharge planners to obtain information needed for forms.

Chart AA: Number of Incomplete Initial CMS-2728 Forms That Are Over One Year Old That Are Completed and Submitted May 2023–April 2024

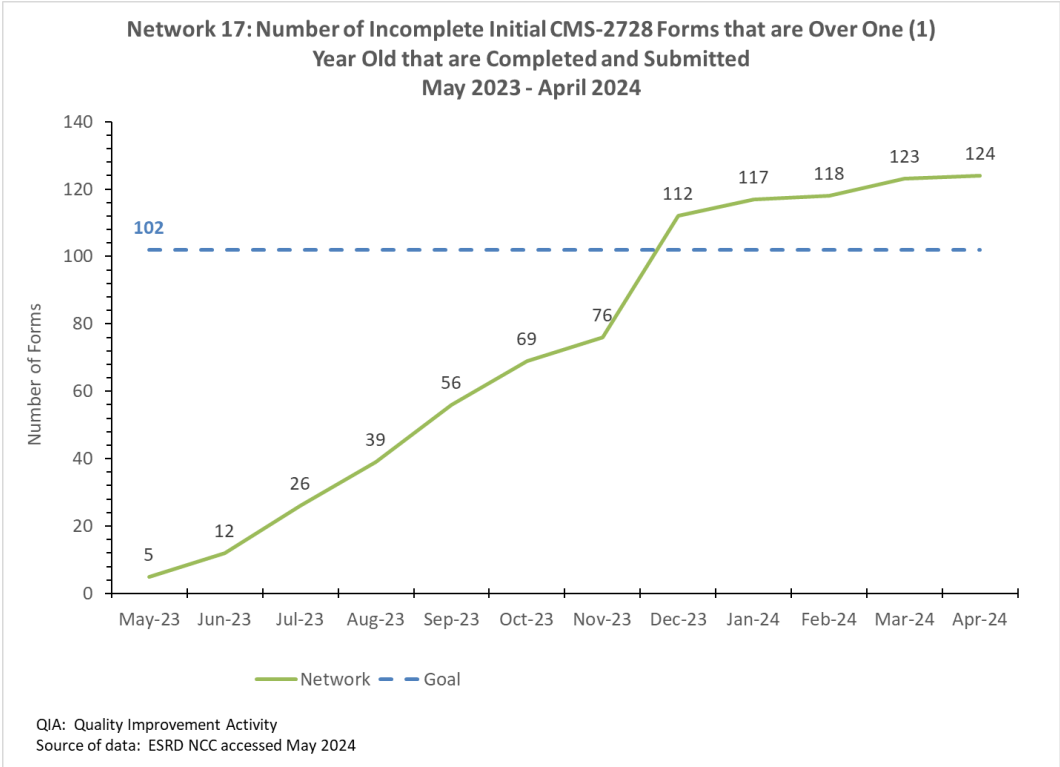


Chart BB: Percent of Initial CMS-2728 Forms Submitted Within 45 Days May 2023–April 2024

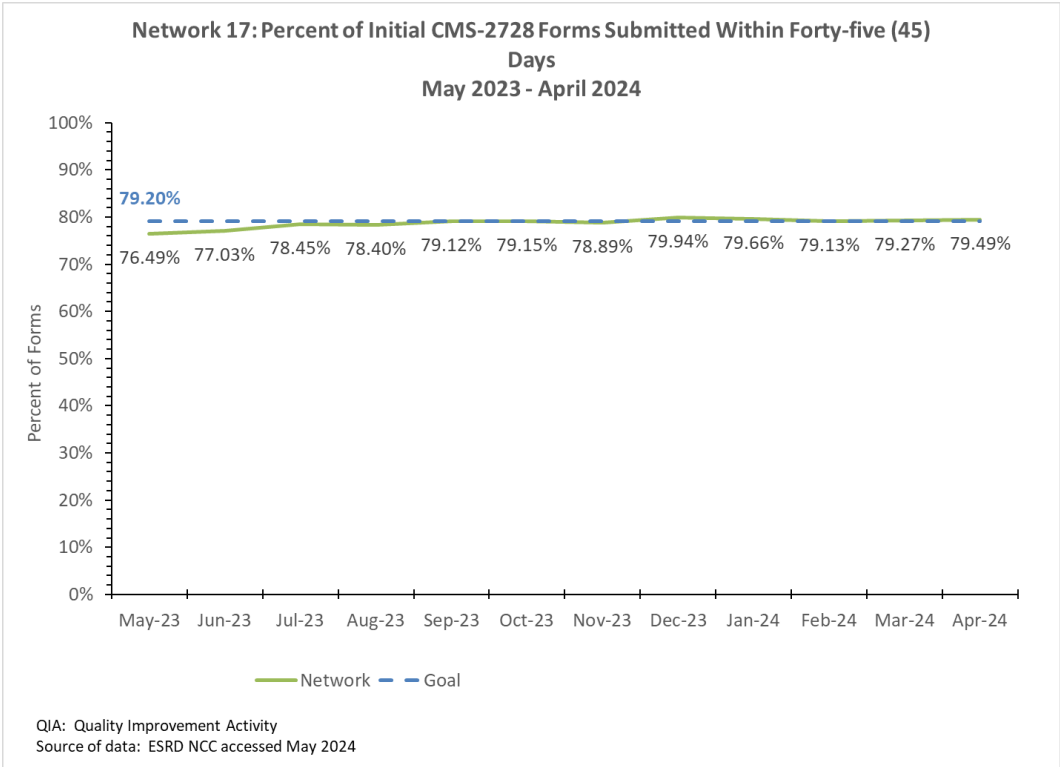
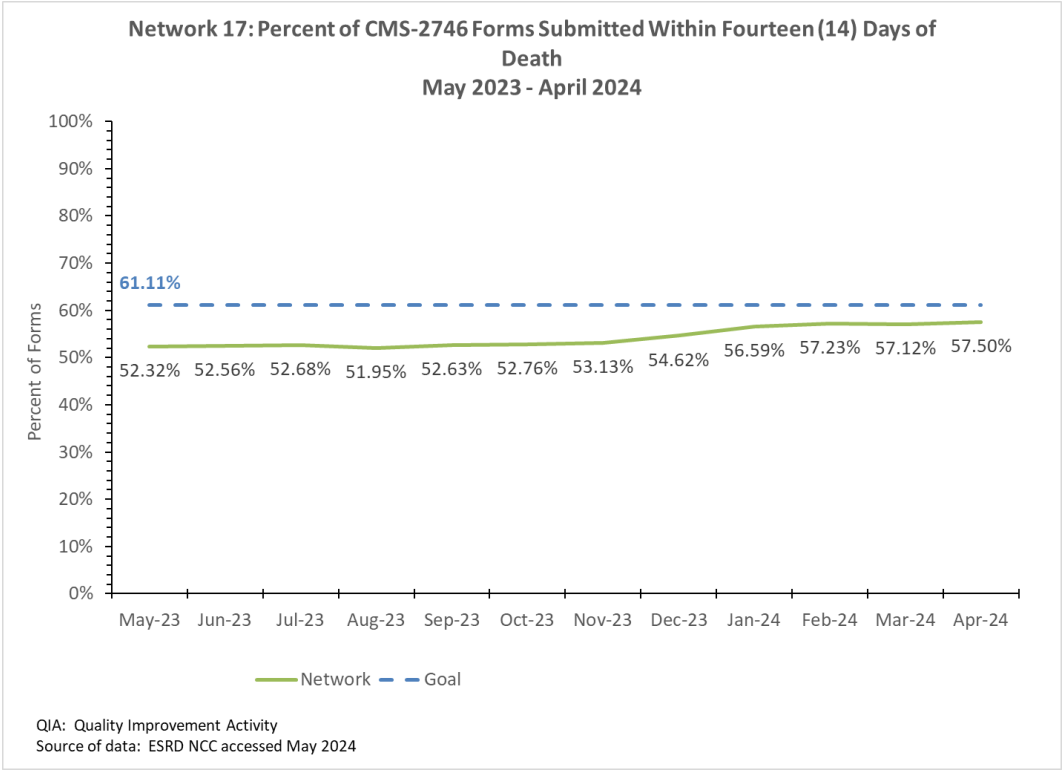


Chart CC: Percent of CMS-2746 Forms Submitted Within 14 Days of Death May 2023–April 2024



Depression QIA May 2023–April 2024

Goals and Outcomes

The QIA goals included:

- Achieving a 10% increase over baseline in the percentage of patients who were identified as having depression and received treatment by a mental health professional.

The Network achieved a QIA rate of 12.23%, which was 110.6% of the goal of 11.05% (See Chart DD)

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' reluctance to share mental health issues with facility staff or others.
- 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 treatment, due to the demands of dialysis treatments and having other medical appointments.

Interventions

Interventions for the QIA include:

- Providing technical assistance to dialysis facilities to review available data, conduct an RCA, and identify opportunities and solutions to improve the rates of patients receiving treatment for depression.
- 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:
 - [*Talking to Patients about Depression Treatment*](#)
 - NCC Depression [*Expert Teams Calls*](#)
 - [*Discussing Depression with Your Care Team*](#)
- Developing and disseminating the *Doctor Fax Template* to assist facilities in increasing the ease of communication with outside providers to request screenings and referrals.

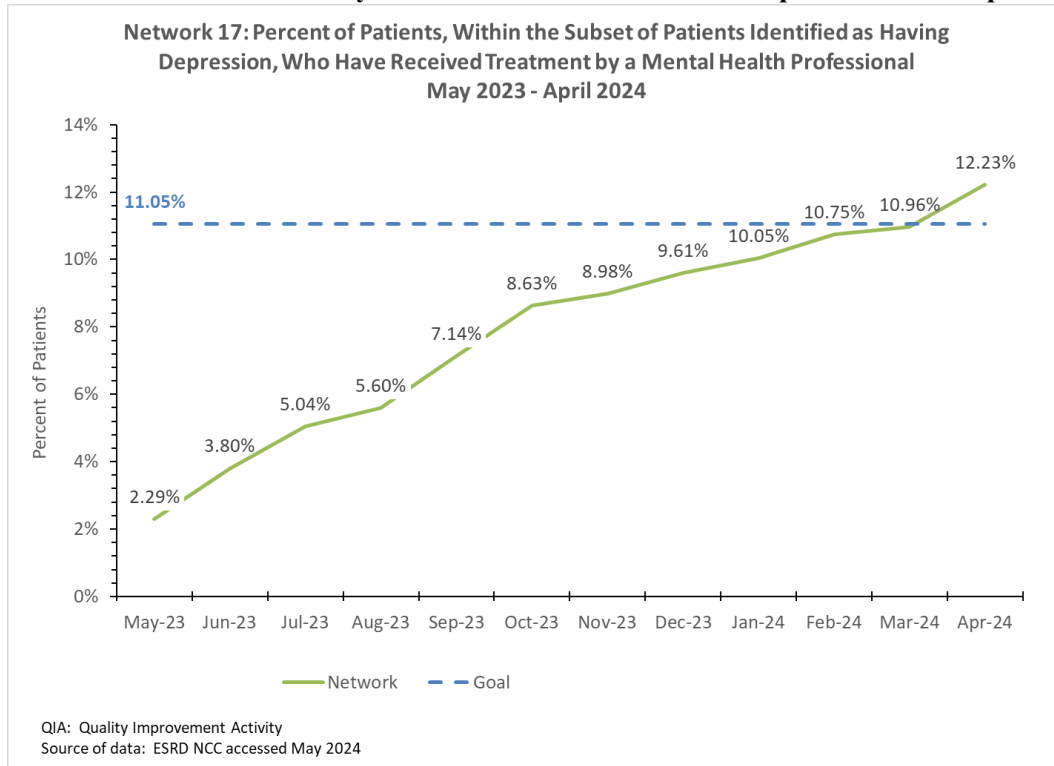
Best Practices

Best practices identified through the QIA include:

- Patient engagement:
 - Providing consistent education, that is easy to understand, that helps link emotions and non-traditional symptoms (i.e., difficulty making decisions) to the concept of mental health.
 - Normalizing the seeking of mental health support for patients by using positive mental health language, and related resources is a strategy to increase patient comfort with discussing mental health issues.

- Involving family members to support patients with getting help.
- Provider-related interventions:
 - Exploring the use of evolving telehealth technology to provide mental health services.
 - Expanding the concept of “mental health provider” because 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.
 - Involving the primary care physician for additional assessment, treatment, and referrals.

Chart DD: Percent of Patients, Within the Subset of Patients Identified as Having Depression, Who Have Received Treatment by a Mental Health Professional September 2023–April 2024



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 2023. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2023, the Network did not identify any facilities that warranted a recommendation for sanctions.

Recommendations to CMS for Additional Services or Facilities

The Network recommends additional support of self-training in the in-center hemodialysis environment, including the creation of a change package, but does not have any recommendations to CMS for additional facilities in its service area.



ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

During early 2023, the Network continued to use its 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 COVID-19 vaccination data and identified and contacted facilities for data-driven technical assistance. Technical assistance included vaccination education for patients and reporting guidance. Infection prevention education also was provided, including CDC guidance, patient and staff educational materials on hand washing and use of hand sanitizer, and guidance on facility isolation procedures.

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 needs. State- and county-level information obtained through collaboration with the state and county DOH offices and HCCs was shared with dialysis 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 the Kidney Community Emergency Response (KCER) as requested.

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 facility information 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 2023.

May 2023

- **Super Typhoon Mawar, Guam** - Super Typhoon Mawar formed south of Guam on May 20, 2023. The island experienced power outages, wastewater systems were impacted, and the airport was closed. The president declared Guam a major disaster area and the governor issued sheltering orders and mandatory evacuations in some areas.

Dialysis facilities adjusted their treatment schedules for planned closures during the storm. Two facilities closed short-term due to damage to a building and repairs that were needed for a generator. All patients were accounted for and treated at other facilities in the area.

The Network communicated with the impacted dialysis facilities before and after the storm to assess open/closed status and needs. The Network also distributed resources from KCER, and information from Guam Homeland Security and the Office of Civil Defense, National Weather Service, and Joint Region Marianas Facebook page updates to the facilities. The Network received daily updates on the facilities' re-opening status until both were back open without issue.

July 2023

- **Tropical Storm (TS) Calvin, Hawaii (HI)** - TS Calvin passed south of the Hawaiian Islands on July 19, 2023, with maximum sustained winds of 55 miles per hour (mph). Power outages and minor flooding were reported but no evacuations were issued. The dialysis facilities reported no impacts, and all patients were accounted for.

August 2023

- **Maui Wildfires, HI** - Wildfires on the island of Maui in Hawaii started on August 8, 2023, and burned 1,283 acres upcountry, 3,240 acres in south Maui, and 2,170 acres in Lahaina, and eventually destroyed more than 2,200 structures. The historical district of Lahaina was the most significantly impacted area, where more than 100 lives were lost.

The Network activated and was in contact with staff from the four dialysis facilities on island to obtain open/closed status and needs. Two of the four dialysis facilities experienced damage and had to close temporarily and many patients and staff had to evacuate the area around Lahaina. The one off-island home program that is supported by two nurses on island was able to continue service. One patient expired due to the fire, but all other patients were accounted for and received treatment in the other facilities.

- **Public Safety Power Shutoff (PSPS), California (CA)** - The Network was notified about potential PSPS events between August 30–31, 2023. The Network sent an alert to the nine facilities in the four potentially impacted counties of Napa, Shasta, Tehama, and Yolo. Further, it reminded facilities to notify the Network and their local CA Department of Public Health (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.

September 2023

- **PSPS, CA**
 - The Network was notified about potential PSPS events between September 20–21, 2023, and sent an alert to the 13 facilities in the four potentially impacted counties of Butte, Lake, Napa, Tehama, and Yolo. Facilities were reminded 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.
 - The Network was notified about potential PSPS events on September 30, 2023, and sent an alert to all seven facilities in the four potentially impacted counties of Lake, Shasta, Tehama, and Yolo. Facilities were reminded 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.

October 2023

- **Super Typhoon Bolaven, Guam and Commonwealth of the Northern Mariana Islands (CMNI)** - Super Typhoon Bolaven started as a Tropical Depression on October 7, 2023, southeast of Guam. On October 10, 2023, the typhoon passed south of Saipan and moved away from the CMNI. Both the EOCs in Guam and CNMI were at full activation. Saipan in the CMNI experienced flooding, downed trees, road blockages, and power outages. The facilities reported no impacts, and all patients were accounted for.

September 2023

- **Labor Strikes, CA** - The Network was notified that 24 dialysis facilities in northern CA now had unionized staff who planned to strike. The first set of strikes occurred September 25–26, 2023 and impacted nurses, patient care technicians, and some social workers and dietitians. Strikes were planned for two days each month throughout the state. Impacted facilities temporarily transferred patients to nearby facilities or used staff from a combined float pool. None of the facilities reported missed treatments for patients due to the strikes.

ACRONYM LIST APPENDIX

This appendix contains an [acronym list](#) created by the Kidney Patient Advisory Council (KPAC) 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 annual report's readability. We appreciate the collaboration of the National Forum of ESRD Networks, especially the KPAC.