

# ESRD NETWORK 2020 ANNUAL REPORT

Health Services  
Advisory Group  
(HSAG): End Stage  
Renal Disease (ESRD)  
Network 7

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# ESRD DEMOGRAPHIC DATA

## ESRD Network 7

As part of the Health Services Advisory Group (HSAG) team, Network 7 works with patients, dialysis facilities, and transplant centers in the state of Florida to improve the quality of care and quality of life for ESRD patients. HSAG has held the Network 7 contract for 17 years.

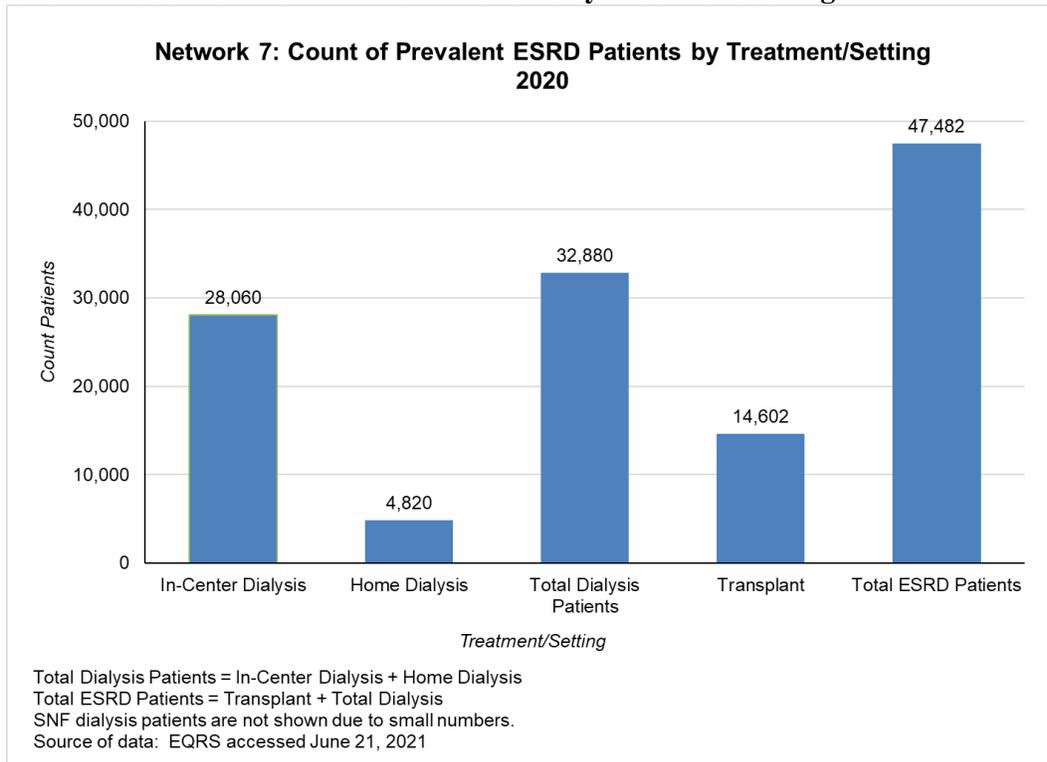
## Geography and General Population

The state of Florida covers 54,090 square miles and is bordered by Alabama, Georgia, the Gulf of Mexico, and the Atlantic Ocean. According to the most recently available information from the U.S. Census Bureau, Florida’s population was estimated at 21,477,737 in 2019<sup>1</sup>. This represented a 0.83% increase from the 2018 population estimate. In 2019, the state of Florida ranked as third largest in population in the nation.

## ESRD Population

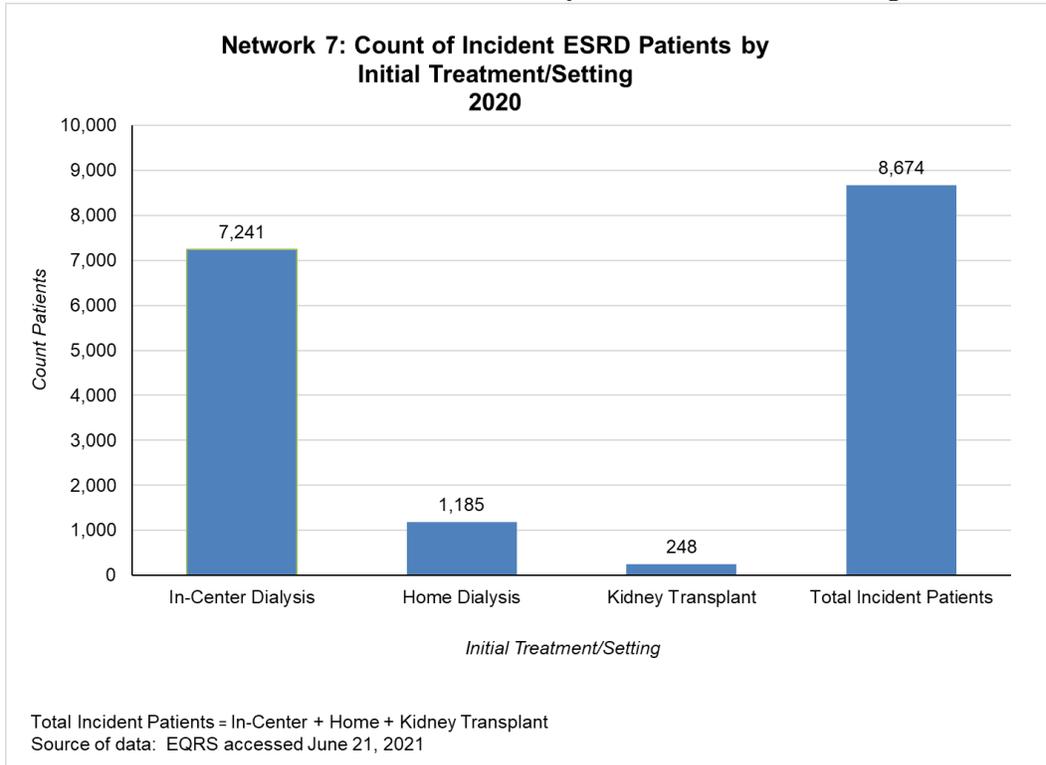
As of December 31, 2020, there were 30,706 dialysis patients and 14,600 transplant patients, for a total of 45,306 patients with ESRD in the Network 7 service area. (See Chart A) The Network saw a total of 8,029 individuals newly diagnosed with ESRD in 2020. (See Chart B) As of December 31, 2020, Network 7 comprised 6.4% of the total national prevalent dialysis patient population and 5.9% of the national incident patient population (see Charts C and D).

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

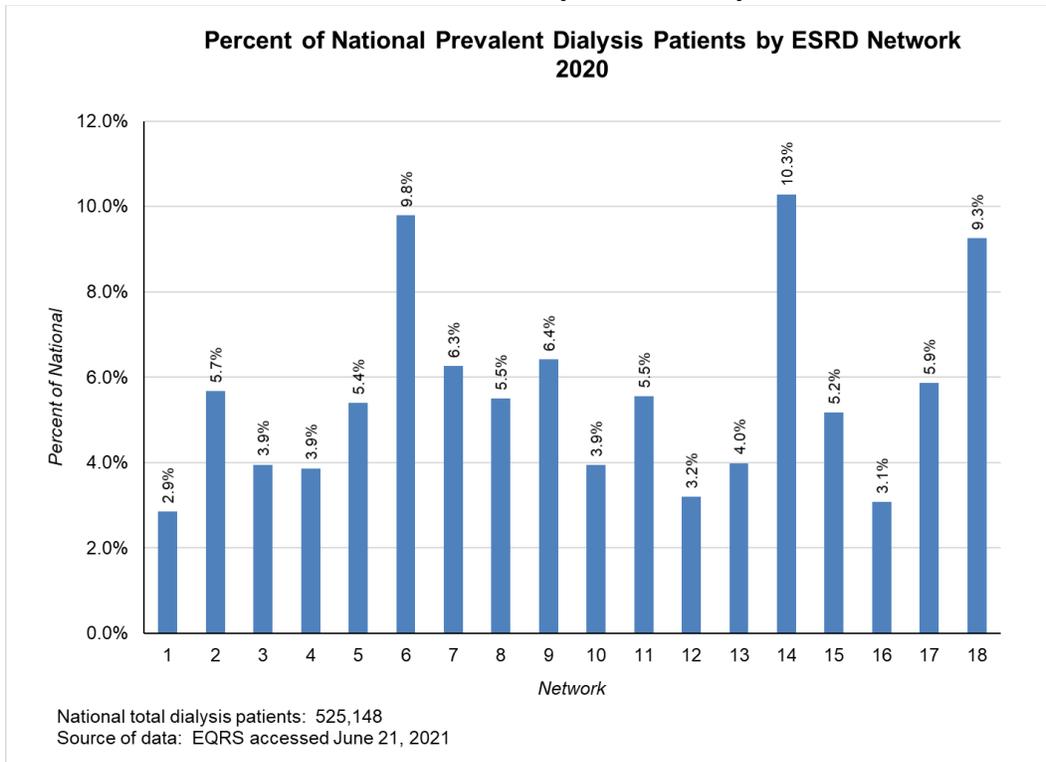


<sup>1</sup> <https://www.census.gov/quickfacts/fl>

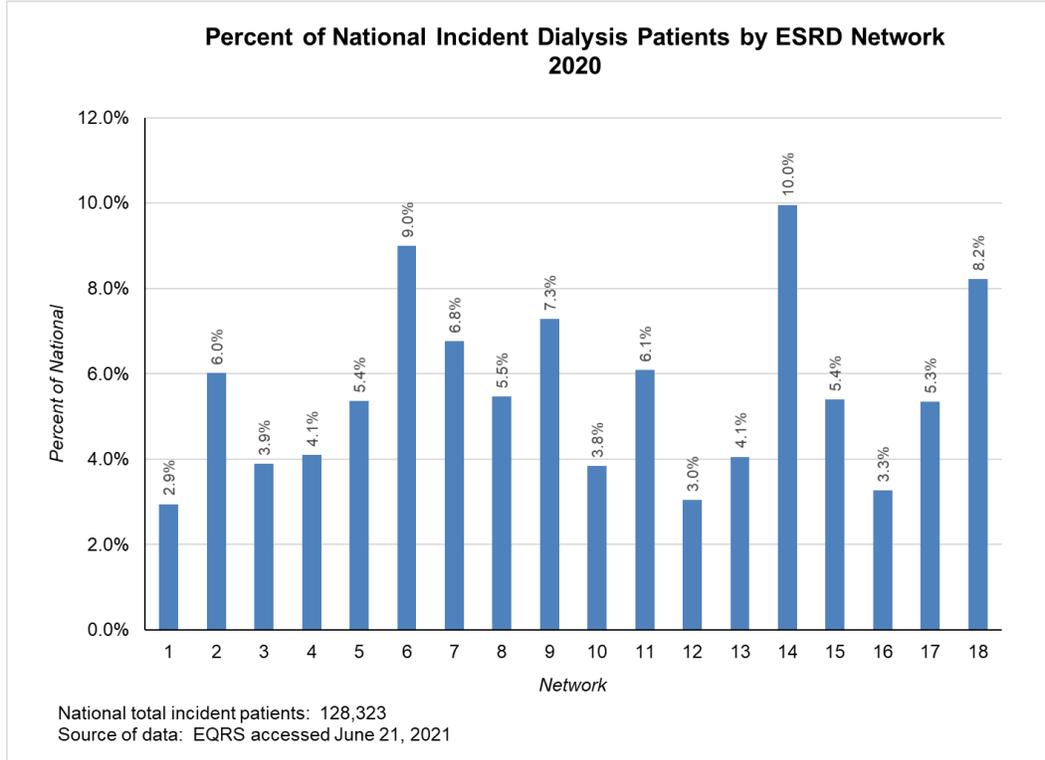
**Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2020**



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



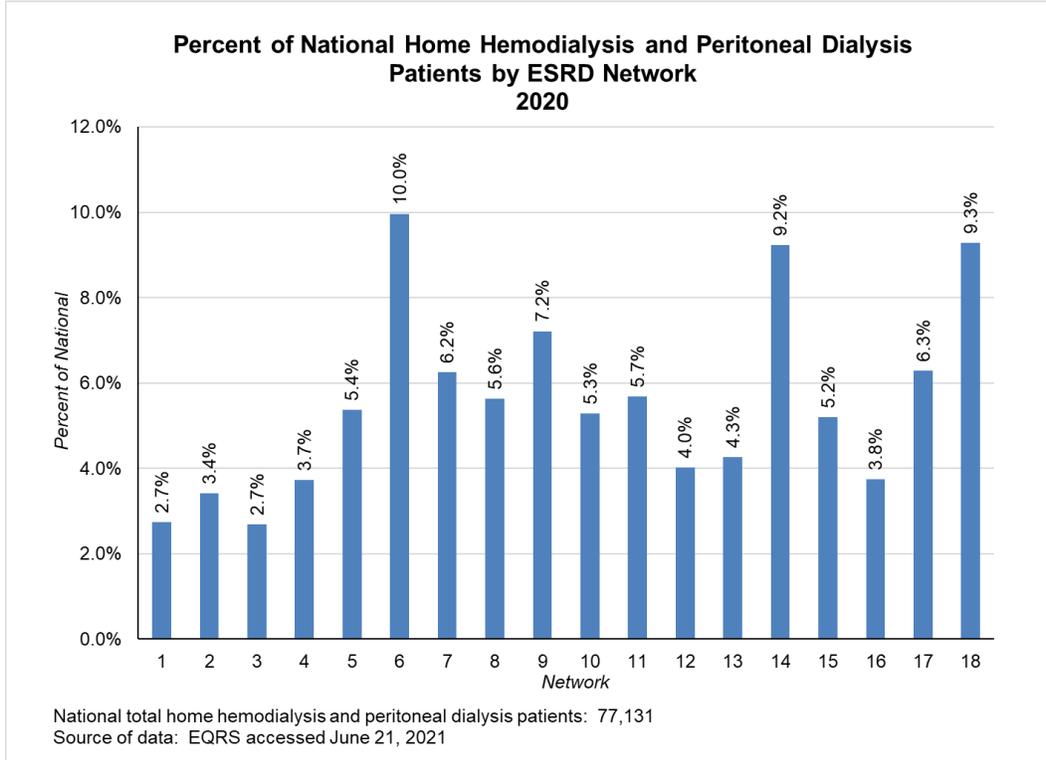
**Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2020**



### Dialysis Treatment Options

As of December 31, 2020, 85.3% of Florida’s dialysis patients were receiving in-center hemodialysis (ICHD) treatments and 14.6% 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 1.4-point increase in patients using home dialysis from 2019. Nationally, the Network comprised 6.5% of all HHD, CCPD, and CAPD patients. (See Chart E)

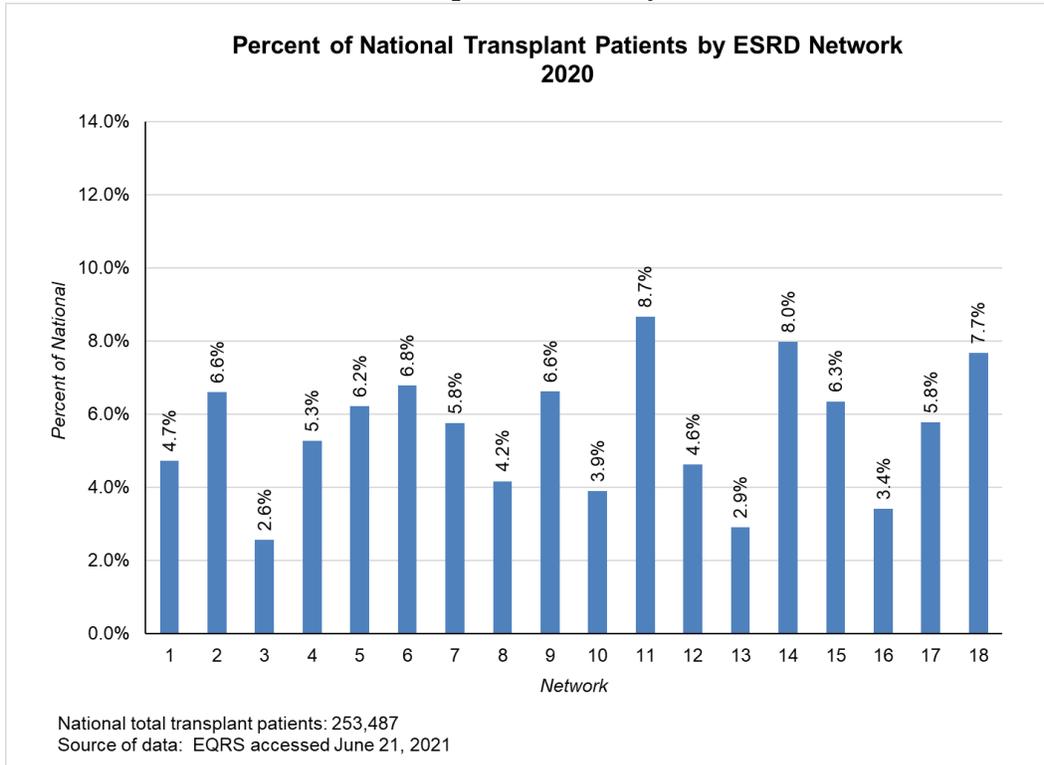
**Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2020**



**Transplant**

During 2020, transplants were completed by ten transplant centers in the state of Florida. As of December 31, 2020, there were 233,527 transplant patients nationally, of which 5.8% were in Network 7. (See Chart F)

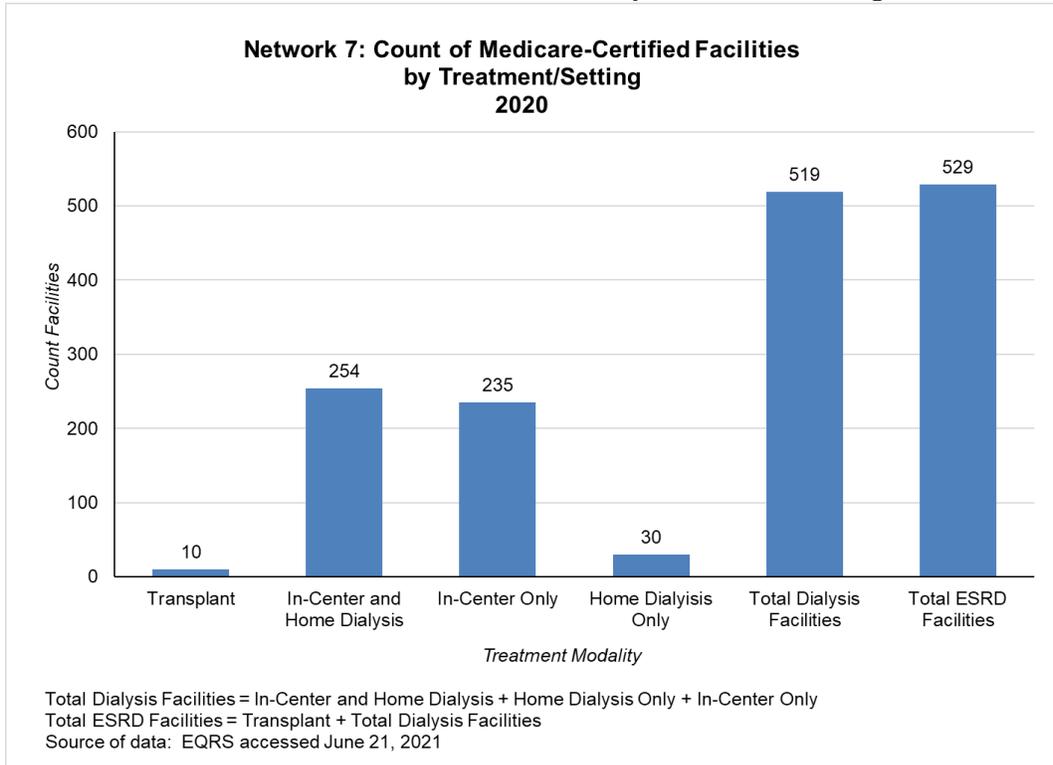
**Chart F: Percent of National Transplant Patients by ESRD Network 2020**



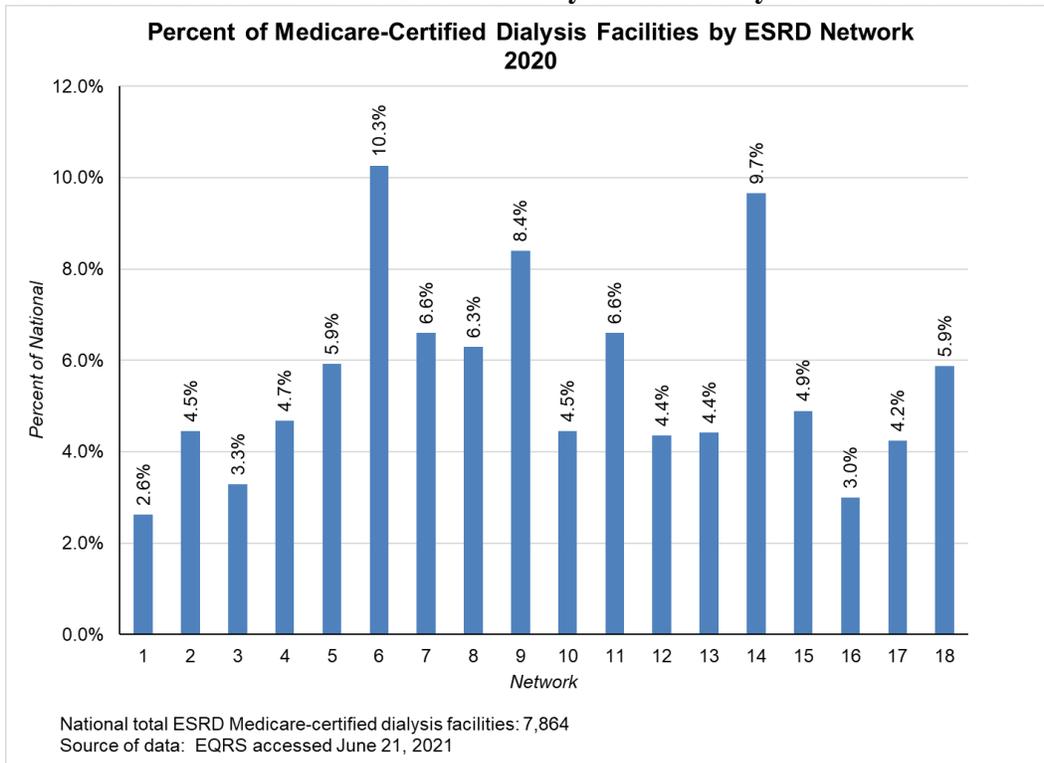
**ESRD Facilities**

As of December 2020, Network 7’s service area included a total of 498 ESRD facilities, including 488 dialysis facilities and ten transplant facilities (see Chart G). The majority of Florida’s dialysis facilities were owned by two large dialysis organizations (LDOs): DaVita Kidney Care (DVA) and Fresenius Medical Care (FMC). These two corporations owned and/or operated 73% of Florida’s 488 dialysis facilities as of the end of 2020. Nationally, Network 7 comprised 6.8% of all dialysis facilities (See Chart H) and 4.5% of all transplant facilities (see Chart I).

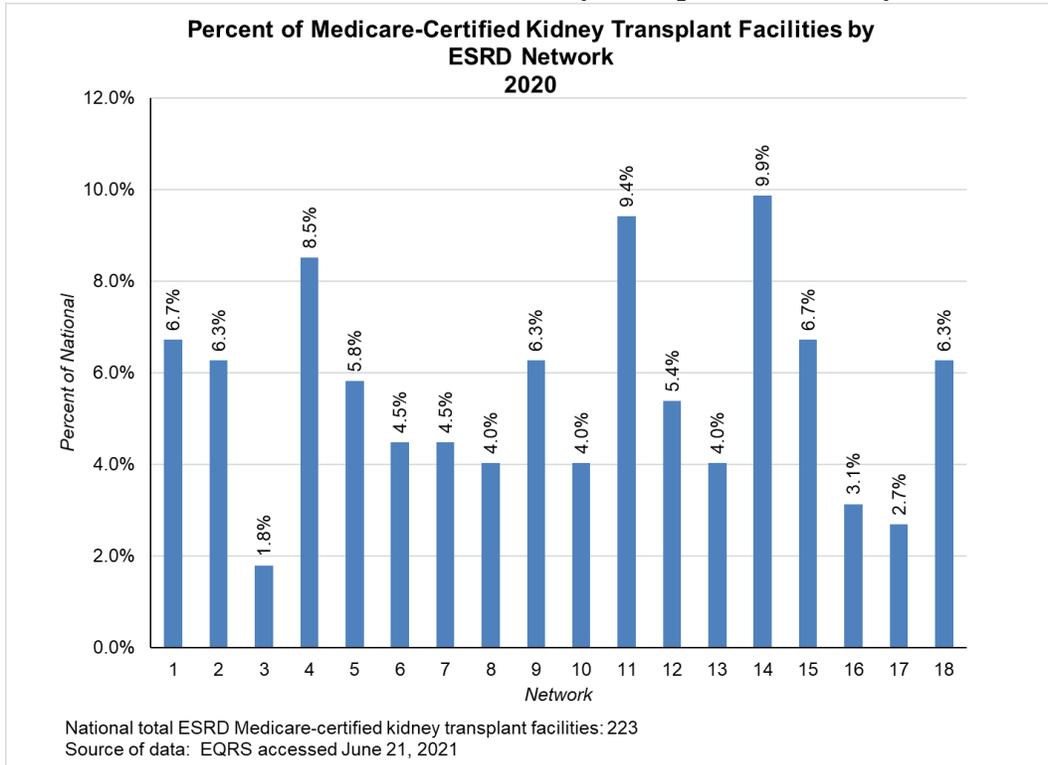
**Chart G: Count of Medicare-Certified Facilities by Treatment/Setting 2020**



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



**Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2020**





## ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

### Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. Immediate advocacy grievances are addressed by the Network contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances are addressed through records review and the grievant receives an outcome letter. According to Chart J below, during 2020, 35% of contacts to the Network were for grievances, including 19% for immediate advocacy, 3% for clinical area of concern, and 2% for general grievances.

### Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 54% of all contacts to the Network in 2020. Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

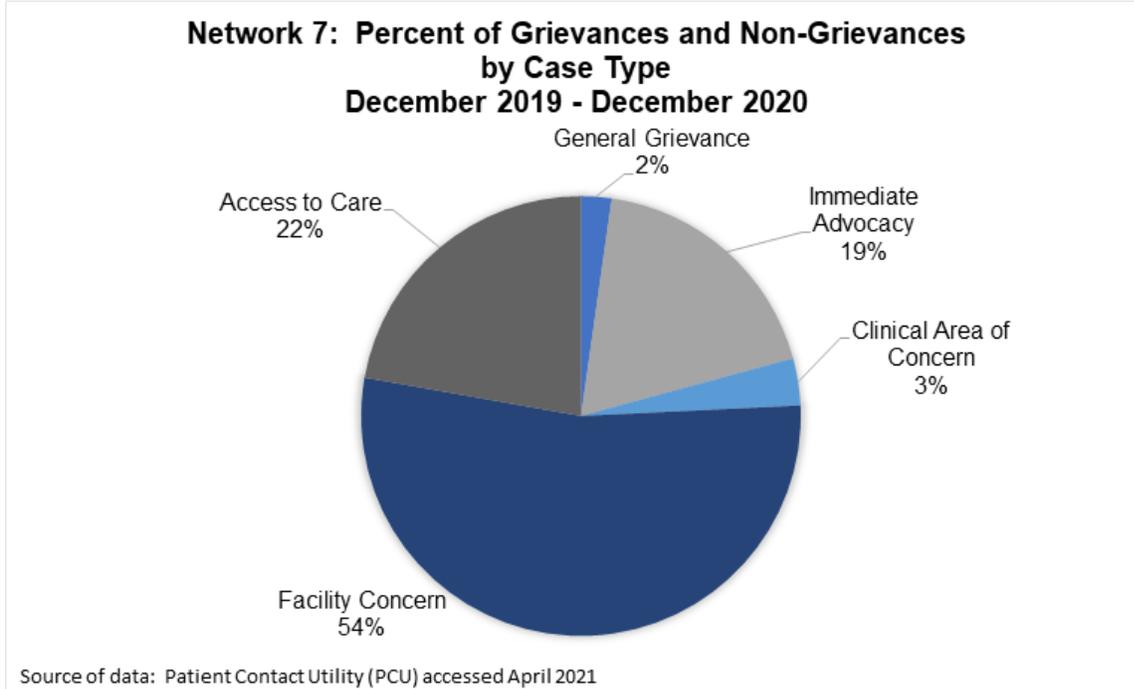
### Access-to-Care Issues

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. During 2020, access-to-care issues accounted for 22% of contacts to the Network.

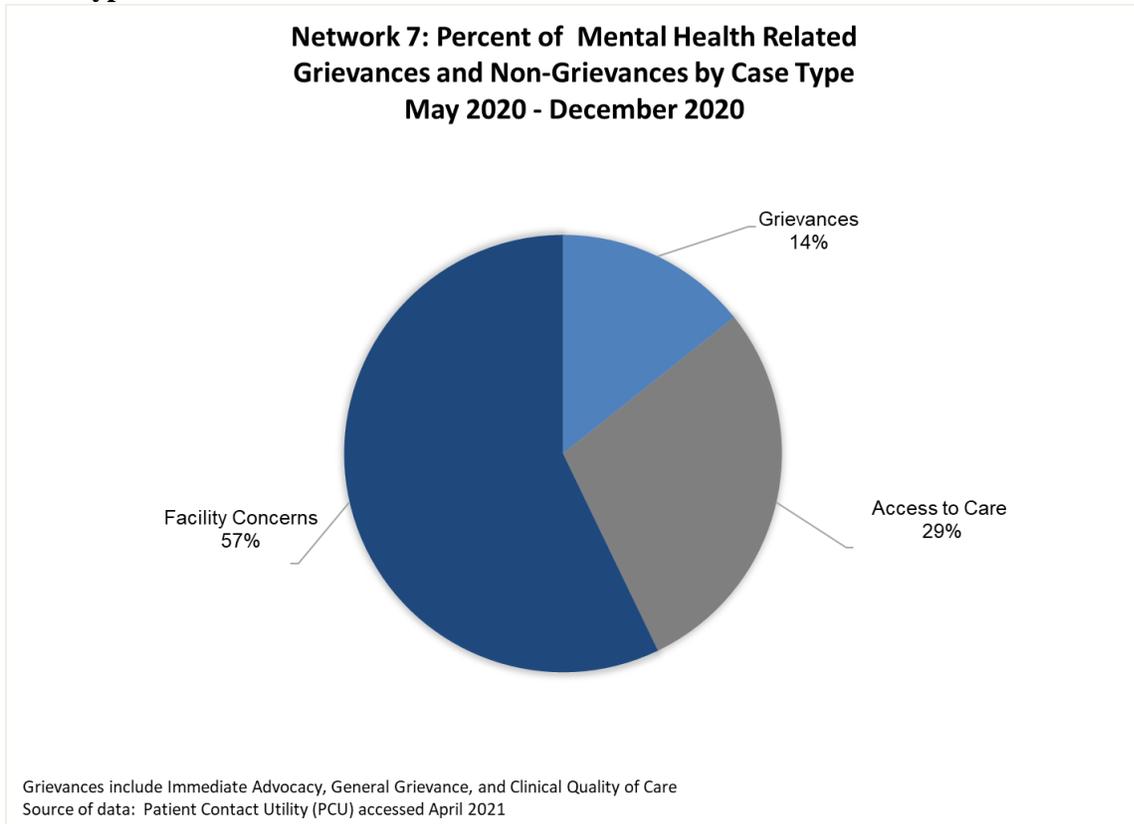
### Mental Health Related Cases

The Networks began tracking cases that included patient mental health concerns per CMS instruction in May of 2020 in response to growing reports of mental health distress caused by the Severe Acute Respiratory Syndrome (SARS)—Coronavirus Disease of 2019 (COVID-19) pandemic. During 2020, of the total mental health related cases, 57.0% were facility concerns, 29.0% were access-to-care cases, and 14.0% were grievances. (See Chart K) To address the rising mental health distress in the ESRD community, the Network began spreading resources through monthly Network wide emails as well as during calls with dialysis facilities. One of the primary resources shared was the [Dialysis Patient Depression Toolkit](#). This toolkit was created by patients in collaboration with The Forum of ESRD Networks. During calls with dialysis facilities where mental health distress was reported, the Network advocated for increased staff understanding of mental health issues as well as increasing staff's ability to cope with these patient concerns.

**Chart J: Network 7: Percent of Grievances and Non-Grievances by Case Type December 2019–December 2020**



**Chart K: Network 7 Percent of Mental Health Related Grievances and Non-Grievances by Case Type**





# ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

## Long-Term Catheter (LTC) QIA

During 2020, the Network conducted a QIA to reduce LTC (catheter in use for 90 days or longer) use across all facilities in the Network service area. The Network also implemented enhanced interventions for a cohort of 50 facilities, with approximately 3,199 patients, that had LTC rates over 20%.

### Goals and Outcomes

Using the Achievable Benchmark of Care model, the goal was to reduce the LTC rate by at least 0.25% among facilities in the Network service area. Using July 2019 CROWNWeb data, a baseline rate of 13.29% was established with a goal rate of 13.26%. Additionally, the cohort of 50 facilities had a collective baseline of 24.20% (774/3,199) and a goal of 21.70%. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

### Barriers

Barriers to reducing LTCs specifically attributed to the COVID-19 pandemic included:

- Delayed and/or cancelled surgical procedures.
- Patients skipping or cancelling vascular access appointments due to fear of exposure to the virus.
- Delayed cardiac clearance and post-surgical follow up appointments.
- Delayed vascular access work-up and surgical appointments due to patients having to be tested for COVID-19 prior and patients testing positive for COVID-19.
- The Network being unable to perform site visits at facilities to provide technical assistance.

Additional barriers to reducing LTCs reported by facilities included:

- Patients refusing to have a timely permanent access placed.
- Surgeons unavailable to place permanent accesses or conduct timely access interventions.
- Medical ineligibility for a permanent access or exhausted access sites.
- Patient requiring multiple surgeries and/or access complications.
- Large numbers of admissions.
- Acute Kidney Injury (AKI) patient process issues.

### Interventions

Interventions for the QIA included:

- Assisting facilities with establishing and enhancing vascular access processes including having the facilities do the following:
  - Build relationships and collaborate closely with the vascular access surgeons and vascular access centers.

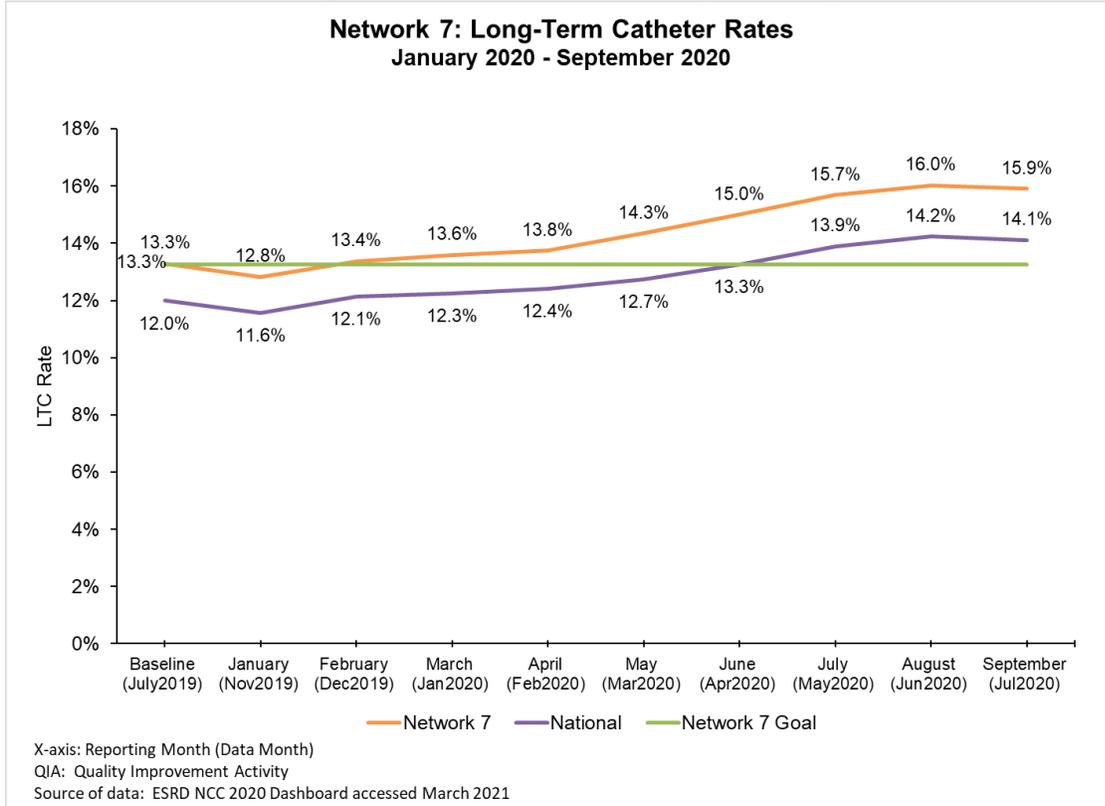
- Use a tracking and monitoring tool for central venous catheter (CVC) surveillance and reduction and to review at monthly Quality Assurance and Performance Improvement (QAPI) meetings.
- Address vascular access placement in patients with acute kidney injury (AKI) at admission and routinely thereafter, document the process in QAPI minutes and share the process with appropriate staff.
- Provide a vascular access appointment reminder sheet to the patient when a vascular access related appointment is scheduled.
- Refer and educate all newly admitted patients for a permanent vascular access within one week of admission. Resources disseminated by the Network included:
  - Advantages of a permanent access versus a catheter.
  - Importance of hand hygiene and proper access care.
  - [Benefits to Having a Permanent Access](#) handout in English and Spanish
- Educate/re-educate direct patient care staff on the different vascular access types.
- Distributing resources to identify and maintain a facility vascular access (VA) manager.

## Best Practices

Best practices identified by QIA facilities included:

- Developing a process to provide vascular access referral and education to patients upon initiation of dialysis.
- Establishing at least two vascular access managers (VAMs) if the census of patients with an LTC rate greater than 20.0%.
- Conducting a meeting with the local surgeon(s) office(s) to address delays caused by the COVID-19 pandemic and safety precautions patients could expect at the office and surgical centers.
- Completing and providing a [Vascular Access Appointment Sheet](#) to patients anytime they have a vascular access appointment.
- Reviewing the *Vascular Access Options* handout ([English/Spanish](#)) with patients within two weeks of admission.
- Ensuring a permanent access appointment is made within two weeks of admission.
- Conducting a root cause analysis (RCA) on all patients with catheters.
- Utilizing the [LTC QAPI QIA Form](#) to better track and monitor LTCs.

**Chart L: Network 7: Long-term Catheter Rates January 2020–September 2020**



## Blood-Stream Infection (BSI) QIA

During 2020, the Network conducted a QIA to reduce dialysis event rates, specifically BSIs, by improving infection control practices. The QIA was designed to support the National Action Plan to Prevent Healthcare-Associated Infections (HAIs) and the Centers for Disease Control and Prevention (CDC) Core Interventions for Dialysis BSI Prevention Program. The QIA included 20% of facilities in the Network service area with the highest BSI rates based on the January–June 2019 National Healthcare Safety Network (NHSN) Excess Infection Report. This group was comprised of 77 facilities with approximately 5,124 patients.

### Goals and Outcomes

The Network used the NHSN Excess Infection Report to target facilities for the QIA. The facilities included in the cohort were ranked between 1 and 77 on the Excess Infection Report and have an average BSI rate per 100 patient-months of 1.20 (371/30,687). This is compared to the mean rate of 0.52 for Network 7 and 0.47 for NHSN, which is a difference of 0.68 and 0.73 respectively. The goal was to achieve at least a 20.0% relative reduction in the pooled-mean rate of BSIs from January–June 2020 and to prevent at least 74 BSIs. By the conclusion of the QIA, the aggregate BSI rate decreased from 1.207 to 0.43, and 246 BSIs were prevented, exceeding the goal (See Chart M).

The QIA goals also included having at least 90% of facilities complete the *NHSN Dialysis Event Surveillance* training and to assist 10% of facilities in the Network service area with joining a Health Information Exchange (HIE) or other highly effective system to obtain blood culture information. Due to the COVID-19 pandemic, the Network continued to encourage facilities to engage in these two activities but was not evaluated on the results after April 2020. However, by April 30, 2020, 36.6% of all dialysis facilities had completed the *NHSN Dialysis Event Surveillance Training*, and 12.3% of facilities included in the QIA group had gained access to an HIE or another evidence-based highly effective information transfer system (See Charts N and O).

### Barriers

Facilities reported the following barriers to further reducing BSIs at their facilities:

- Lack of staff focus on infection prevention techniques and event reporting.
- Poor patient compliance with hand washing and catheter care.

### Interventions

Interventions implemented during the QIA included:

- Directing facilities to have staff complete the following training courses:
  - *Infection Prevention in the Dialysis Setting.*
  - *NHSN Dialysis Event Surveillance.*
- Distributing patient education related to hand hygiene.
  - *Clean Hands Count Brochure*
  - *Your 5 Moments for Hand Hygiene—Hemodialysis in Ambulatory Care*
- Disseminating the Network’s interactive patient learning module, *Test your Hand Hygiene Knowledge.*

- Collecting and trending facility data to conduct rapid cycle improvement.
- Providing education on the CDC's *Core Interventions for Dialysis BSI Prevention*.
- Having facilities complete the CDC BSI prevention audit tools for staff.
- Providing additional education and sharing best practices gained through the ESRD National Coordinating Center's (NCC's) BSI QIA LAN.
- Disseminating the Sepsis Zone Tool to be viewed by patients.
- Posting the CDC's *Days Since Last BSI* poster in the facility.
- Having patients complete CDC BSI prevention hand hygiene audit tools on staff.
- Obtaining access to a HIE or another evidence-based highly effective information transfer system.
- Using the Network's *Medical Records Request* form to obtain hospital records.
- Reviewing BSIs in QAPI meetings using the Network's *BSI QIA QAPI Form*.

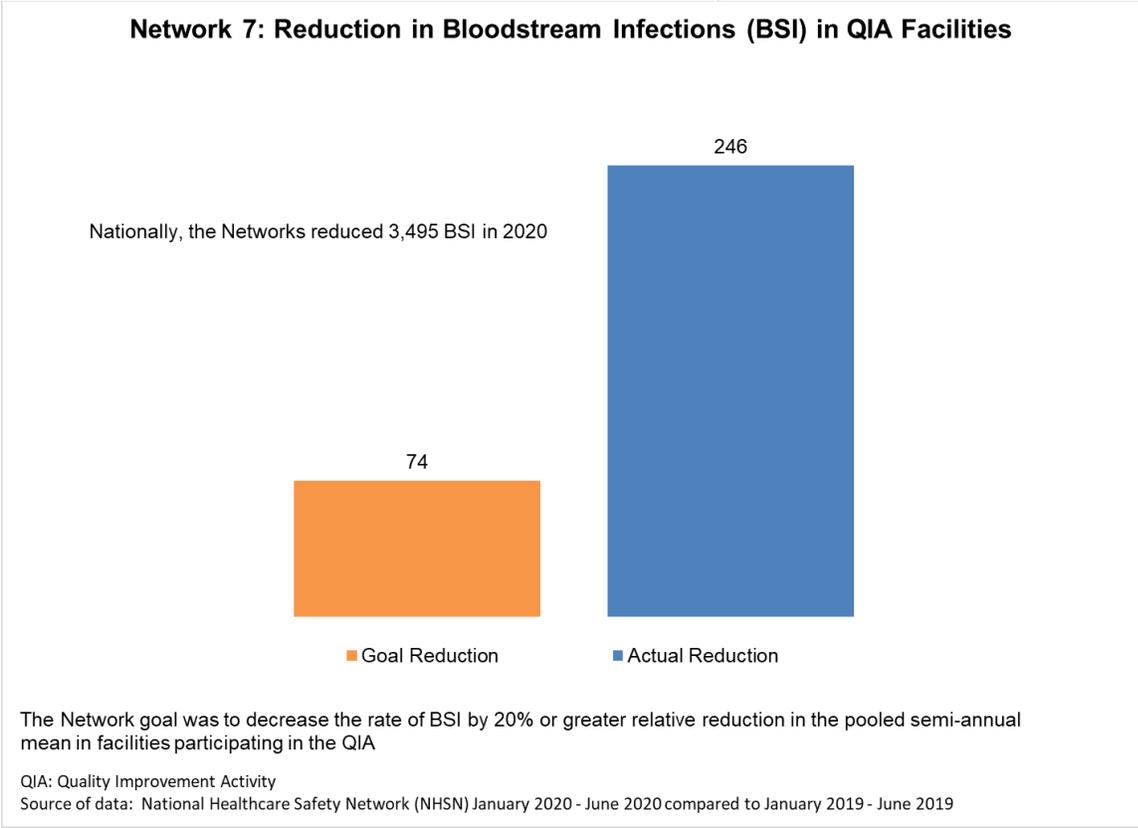
### **Best Practices**

Infection prevention protocols put in place due to the COVID-19 pandemic resulted in the below best practices that were reported by facilities to have possibly reduced the spread of infectious agents and lower the rates of catheter infections and influenza viruses.

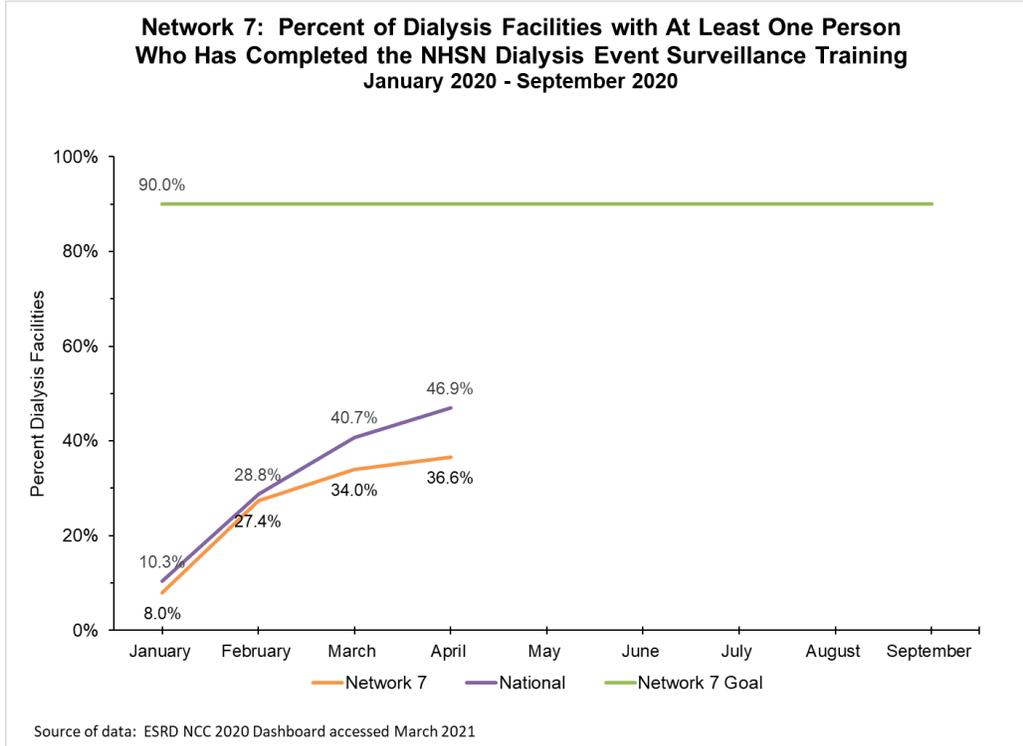
- Patients and staff completing routine hand hygiene audits
- Universal mask wearing
- No eating during dialysis treatments
- No visitors allowed in the facility
- No vendors allowed in the facility (unless emergency)
- COVID-19 mandatory screenings at facility entrance for patients and staff
- Increased surface area disinfection of common areas in the facility
- Social distancing guidelines for staying a minimum of six feet apart

Evaluation results indicated that facilities plan to continue using the patient education provided by the Network, as well as the CDC infection control audits and *Days Since Last BSI poster*, for sustainability of gains made during the QIA.

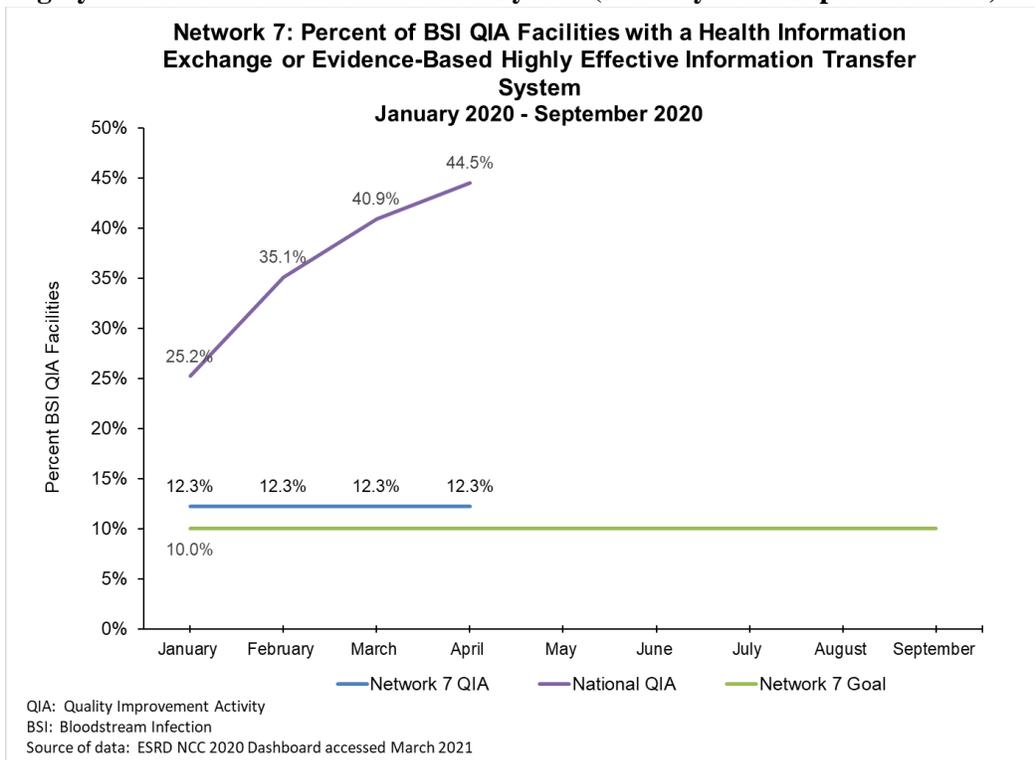
**Chart M: Reduction in Bloodstream Infections (BSI) in QIA Facilities**



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



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



## Transplant Waitlist QIA

The 2020 Transplant Waitlist QIA was intended to support the transplant initiatives set forth in the Executive Order on Advancing American Kidney Health (AAKH), the Transplant Learning Collaborative and the ESRD Treatment Choices (ETC) Model Test Learning Collaborative. The Network aimed to improve the transplant waitlist rate across all facilities in its service area, while implementing enhanced quality improvement efforts in 28 focus facilities with low rates of adding patients to a transplant list, impacting approximately 3,490 hemodialysis patients.

### Goals and Outcomes

The primary goal of the QIA was to increase the rate of patients on a transplant waiting list in the Network service area by at least 1.25%, using the Achievable Benchmark of Care (ABC) by September 30, 2020. The baseline rate was 3.61% and the goal was set at 3.69%. Due to the COVID-19 pandemic limiting provider staffing and procedures, the Network worked toward the goals of this quality improvement activity but was not evaluated on the results. However, by September 2020, the rate of patients added to a transplant waitlist was 3.0%, which was an 80.76% achievement toward the total goal of 3.69%. (See Chart P).

### Barriers

Barriers to meeting the QIA goals included:

- Patient refusals due to fears related to COVID-19.
- Procedures necessary for transplant work-up that were delayed or cancelled due to the COVID-19 pandemic.
- Long waits for rescheduled appointments after the cancellations from the COVID-19 pandemic.
- Backlog of patients waiting for education classes and/or evaluations.
- Facility staff limitations with implementing new interventions and the inability to host educational Lobby Days due to the COVID-19 pandemic.
- Lack of in person meetings at transplant centers and patient problems navigating technology for virtual appointments slowed the evaluation process.
- Patient refusals due to other reasons not related to COVID-19, such as:
  - The waitlist process is lengthy, and time consuming.
  - Transplant centers have too many guidelines that patients do not think they can meet.
  - Patients are lacking a support person and/or support system.
- Lack of a structured communication process between the dialysis facilities and transplant centers to readily track and expedite the flow of information.
- Patients' inability to meet the criteria for transplant referral or complete the work-up.

### Interventions

Interventions implemented to increase patients added to a transplant waitlist included:

- Providing resources that included credible information from the CDC, and NCC, in both English and Spanish, on staying safe during a pandemic, including going out into the community.

- Providing the following resources for facilities to use for on-going education of staff and patients related to transplant:
  - [Transplant Referral Guide](#)
  - [The Transplant Preparation Checklist](#)
  - [Turning Negatives into Positives](#) handout
  - *Why Not Consider Transplant?* questionnaire
- 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.
- Encouraging facilities to check the transplant center websites regularly for current information.
- Tracking and documenting each patient’s referral, evaluation, and movement through the steps to being added to the transplant waitlist.
- Providing additional information on:
  - Support group information for patients.
  - Where to get help with medications.
  - How to access transplant center websites for current information on changes to center operations due to COVID-19.
  - The availability of telehealth during the pandemic.
  - Transplant centers continuing to accept referrals throughout the pandemic.

## **Best Practices**

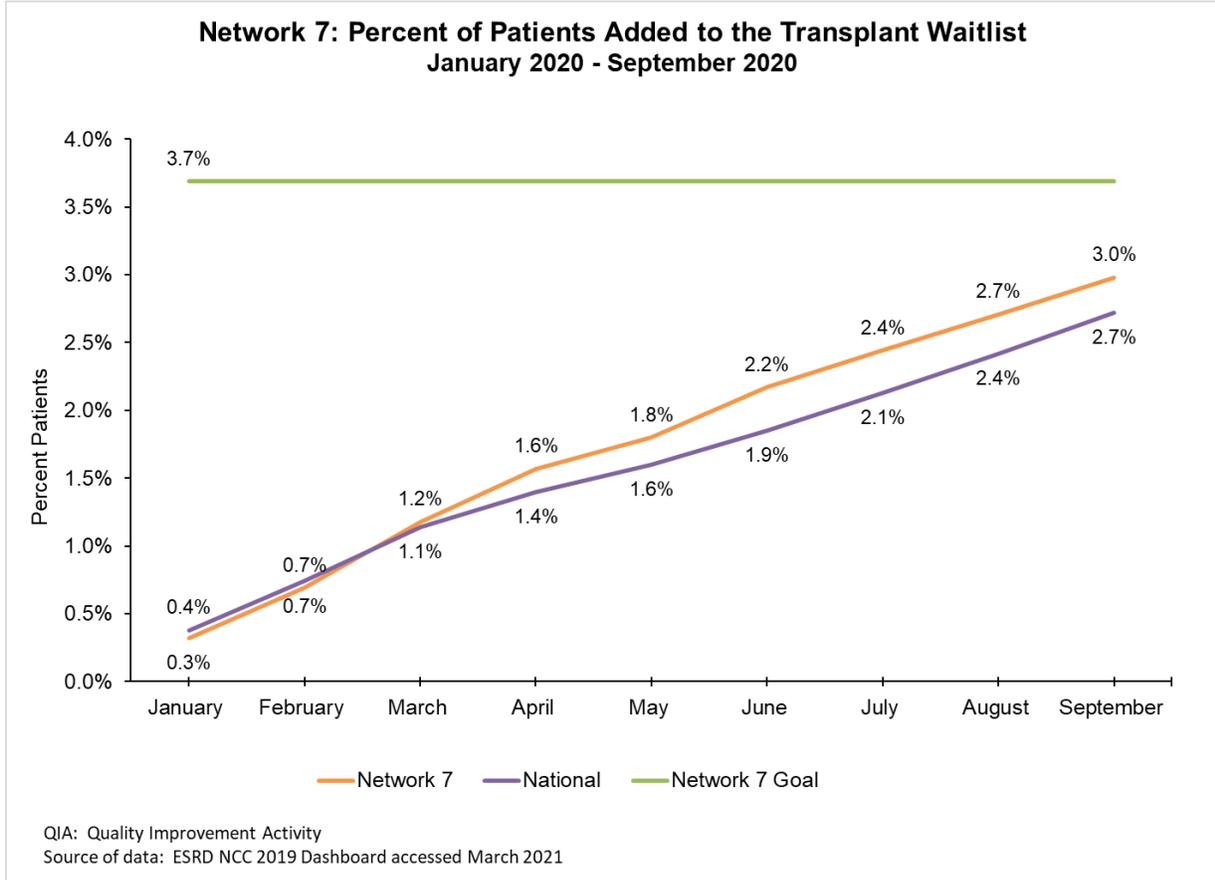
Best practices identified from the QIA included:

- Building better communication processes with transplant centers for exchanging information.
- Using a tracking tool to follow patients through the transplant waitlist process.
- Educating patients and staff on transplant, the waitlist process, and referral criteria using the Network provided resources.
- Continuing to identify patient specific barriers and assist patients through the process.

Best Practices identified from the QIA related to COVID-19:

- Accessing transplant center websites to stay current on changes to center operations.
- Using telehealth for transplant center evaluations.
- Continuing to submit referrals to transplant centers during the pandemic.
- Gaining access to transplant center HIEs for updated patient information and status.

**Chart P: Network 7: Percent of Patients Added to the Transplant Waitlist (January–September 2020)**



## Home Therapy QIA

In 2020, the Network conducted a QIA to support the CMS goal of Increasing the Rates of Patients Dialyzing at Home. The QIA was based on the Executive Order on Advancing American Kidney Health (AAKH); specifically, improving care coordination and patient education for people living with kidney disease and their caregivers and enabling more person-centric transitions to safe and effective treatments for kidney failure. The Network QIA included enhanced efforts with a focus of 55 facilities, home program collaboration, statewide education, and technical support.

### Goals and Outcomes

The goal of the QIA was to increase the rate of patients dialyzing on a home modality in the Network service area by at least 2.5%, using the Achievable Benchmark of Care (ABC), by September 2020. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. However, the Network exceeded the QIA goal of 5.5% with a final rate of 6.2% and 2,277 patients transitioning to home dialysis. (See Chart Q). Additionally, the Network's focus group increased their overall rate of patients transitioning to home dialysis from a baseline of 2.67% to 4.49 for a 1.8 % improvement.

### Barriers

Barriers to meeting QIA goals included:

- Dialysis facility response activities for COVID-19 superseded the Home Dialysis QIA interventions and activities, resulting in a lack of the following:
  - Patient education on home dialysis.
  - Facilities hosting home dialysis Lobby Days.
  - Number of available patient peer mentors to share their story and educate patients.
  - Long-term in-center patients who were willing to change modalities.
- Patient referral to another facility due to the lack of a home dialysis program within the in-center facility.
- Lack of a formal tracking process for timely follow-up of patients in need of education and referral.
- Lack of nephrologists advocating for home dialysis or educating patients early about their options.

### Interventions

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

- Promoting communication between physicians, case managers, and in-center and home dialysis programs to establish early education of patients regarding home modalities.
- Collaborating with a home dialysis program to provide telehealth education to patients and family regarding home dialysis.
- Connecting interested patients with peer mentors or virtual patient support groups.
- Creating a bulletin board to promote home dialysis.

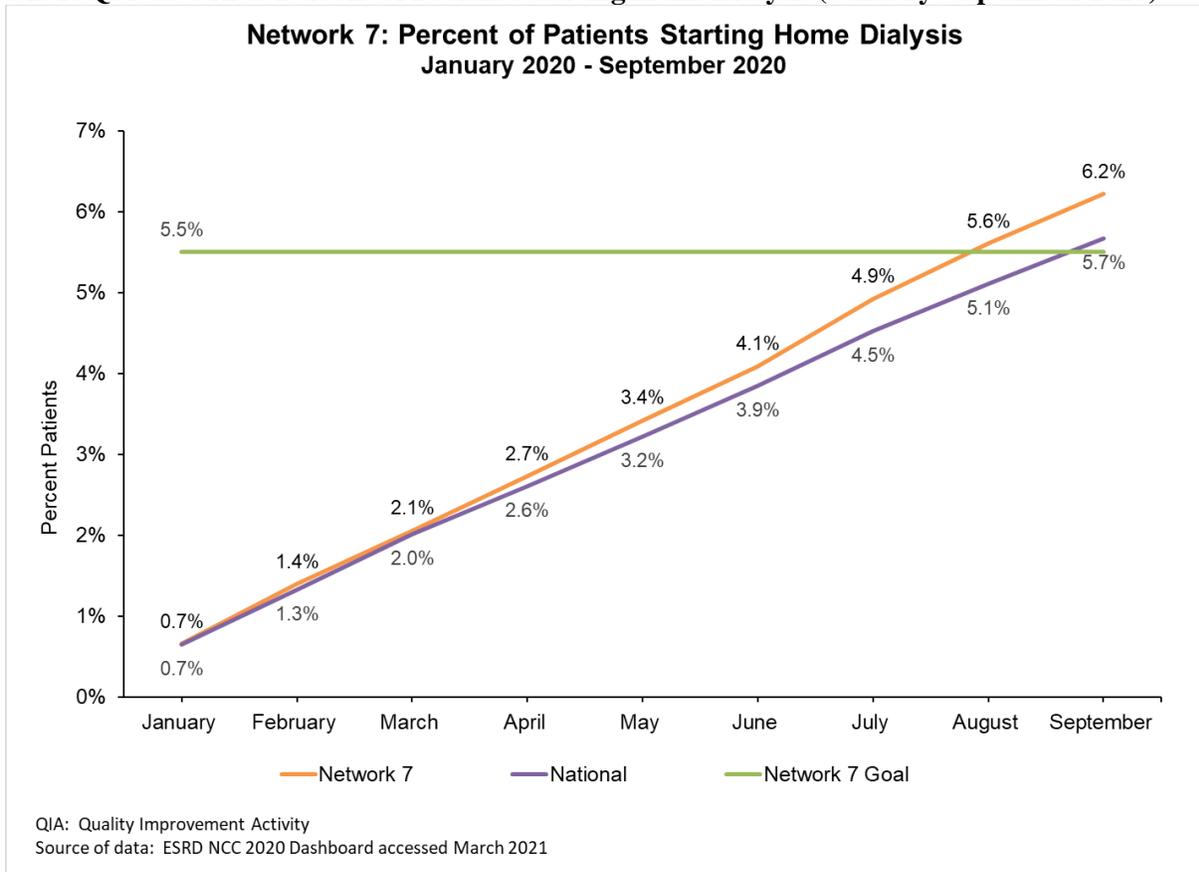
- Disseminating home dialysis focused educational materials to all facilities. Examples include:
  - *Let's Talk: Home Dialysis Conversation* cards
  - *Discover the Benefits of Home Dialysis* flyer
  - *How I took the Road Home* video, poster and handout.
- Providing COVID-19 related resources to support facility response activities. Examples include:
  - Patient webinar event, *Considering Home Dialysis During a COVID-19 Environment*
  - *Where to Find Credible Information About the Coronavirus 2019 (COVID-19)* flyer in both English and Spanish.
  - *Multiple Ways to Connect with Others* patient flyer.
  - *The KidneyHub.org* link
  - ESRD NCC COVID-19 Quickinar recordings and events
- Providing a *QAPI Monitoring Form* to track facility progress and patient barriers.
- Discussing the Home Dialysis QIA with the Interdisciplinary Team (IDT) in the monthly QAPI meeting.
- Utilizing a home dialysis patient tracker to monitor patients through the steps to home dialysis.
- Collecting monthly reporting from QIA facilities to show the progression of patients from referral to training, as well as implementation of QIA activities.

## Best Practices

Best practices identified through the QIA include:

- Educating all in-center staff on home dialysis options.
- Educating patients at their level of readiness, especially new patients who may be overwhelmed.
- Identifying a peer mentor to assist with patient education and engagement.
- Providing home dialysis options through tele education enabling the home nurse to see the patient's home environment during COVID-19.
- Identifying a Home Champion to act as an advocate/educator for new patients.
- Promoting on-going communication with a partnering home program for timely patient follow-up.
- Developing a process to improve communication (such as using internal trackers) between physicians, hospitals, and dialysis facilities to assist with the referral process and provide early education of patients.
- Using the Network *QAPI QIA Monitoring Form* to track and review facility progress toward achieving the QIA goal with the IDT and medical director during the facility's monthly QAPI meeting.

**Chart Q: Network 7: Percent of Patients Starting Home Dialysis (January–September 2020)**



## Population Health Focused Pilot QIA (PHFPQ)

The 2020 PHFPQ focused on assisting ESRD patients with seeking gainful employment and/or returning to work or school. The Network identified 45 facilities, potentially impacting 3,676 patients, for inclusion in the QIA. These facilities represent 11.5% (3,676/32,090) of patients in the Network service area.

### Goals and Outcomes

The three primary goals of the QIA were to:

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

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. However, by September 2020, the Network QIA facilities had exceeded all three QIA goals. Facilities referred 14.58% of patient to VR/EN services and had 3.48% of patients receiving VR/EN services. (See charts Q and R) Additionally, the facilities referred 226 patients between the ages of 55–64 to VR/EN services.

### Barriers

Barriers to achieving the QIA goals included:

- VR/EN offices closing or reducing staff due to the COVID-19 pandemic which led to slower timelines for application review and virtual interviews.
- Patients interest in traveling to a VR/EN office for an initial appointment and/or returning to work decreased due to the risks from the COVID-19 pandemic.
- Inaccurate data caused by the lack of updating patient VR status information in CROWNWeb.
- Facility leads who did not have access to CROWNWeb.
- Lack of staff education about available VR/EN services and how to identify eligible patients.
- Lack of facility process to discuss patient VR status and VR trends during monthly QAPI meetings.
- Many patients receiving Supplemental Security Income (SSI) or Social Security Disability Insurant (SSDI) were fearful of losing their health-insurance and financial benefits.
- Facilities reported patients with excessive disease co-morbidities, frequent hospitalizations, and having a low level of independence.

### Interventions

Interventions for the QIA included:

- Providing staff education to increase their knowledge of VR/EN resources and to assist them with identifying interested patients and helping them through the VR/EN process.
- Providing patient educational resources regarding local VR/EN programs and how to access them.

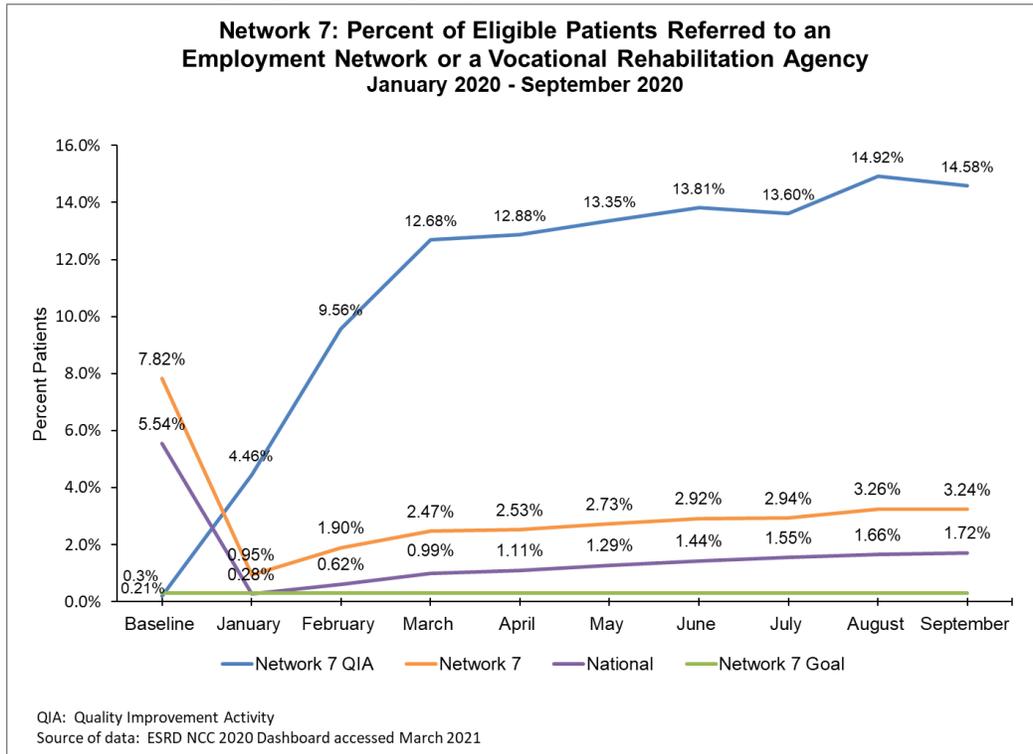
- Sharing patient testimonial flyers and links to other patient stories on the Social Security Ticket to Work website for increasing patient engagement and interest.
- Collaborating with a Home QIA focus facility and the *Ticket to Work* program to create a blog post that focused on the journey of a dialysis patient returning to work.
- Partnering with VR/EN service providers to address the facility referral processes, patient level barriers and the development of patient level resources for facilities and patients.
- Providing all QIA facilities with a VR QIA QAPI Form to assist the IDT with identifying and discussing patient VR/EN status during the monthly facility meetings and directed them to elicit feedback from a patient who had experience with the VR/EN process.
- Encouraging facilities to identify more than one CROWNWeb user to be responsible for entering VR/EN data into CROWNWeb.
- Disseminating a step-by-step instructional CROWNWeb tool to educate staff on updating patient status in CROWNWeb.
- Providing facilities with a *Patient VR/EN Tracker* to identify, monitor and track patients interested and eligible to return to work or school.

## Best Practices

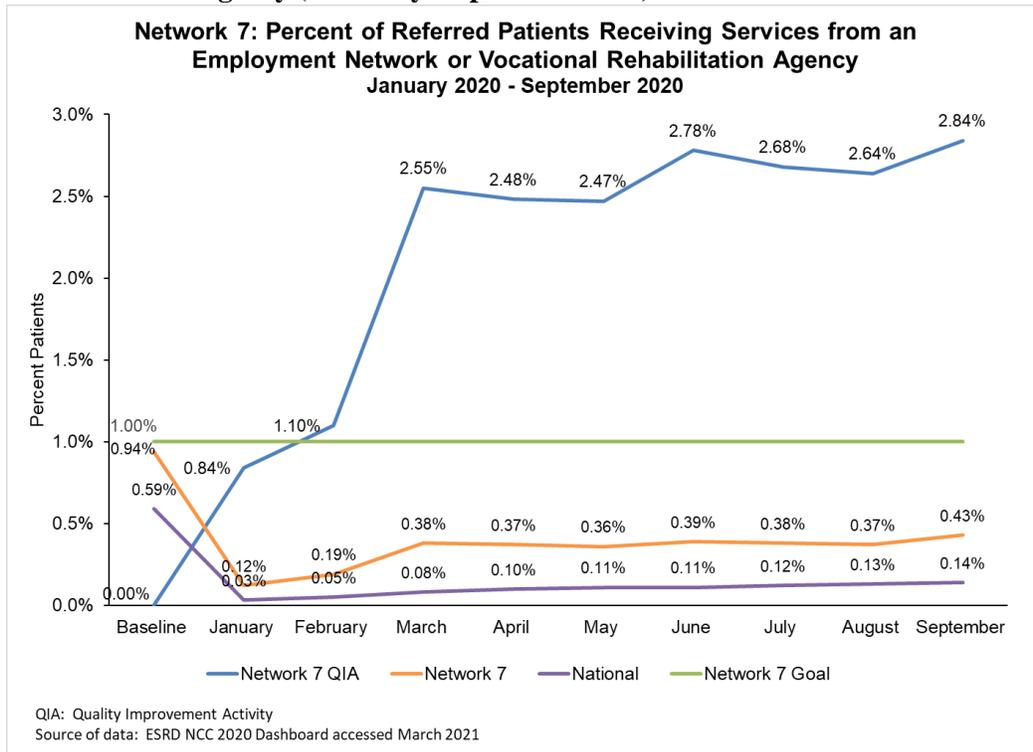
Best practices identified throughout the QIA by facilities include:

- Using patient educational resources to dispel myths about losing health or financial benefits if a patient accesses VR/EN services or returns to work or school.
- Sharing patient testimonials from the *Ticket to Work* website to motivate patients to return to work or school.
- Identifying and discussing patient VR/EN status using the Network VR QIA QAPI Form during monthly meetings with the IDT and Medical Director.
- Monitoring patients' VR/EN status by using a Network provided or other tracking tool.
- Creating a VR bulletin board to communicate with patients and provide resources while the ability to host a VR Lobby Day was suspended due to COVID-19 related precautions.
- Partnering with VR and/or EN service providers despite limited hours and staff during the COVID-19 pandemic.
- Sharing links to patient testimonies on the Social Security website for facilities to use while peer to peer mentoring was limited during the COVID-19 pandemic.
- Providing the facilities with links to websites that specialized in work from home opportunities since most patients were afraid to enter a socially busy environment to work.

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



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





## **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 2020. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2020, 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 2020.



## **ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION**

Network 7 became aware of COVID-19 concerns in January 2020 by monitoring national news and through updates provided by the Kidney Community Emergency Response (KCER) Program that included CDC guidance. The Network also attended a Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) stakeholder listening session related to COVID-19 that was conducted on January 30, 2020. As the pandemic continued, the Network was able to use its agile structure and emergency preparedness experience to adjust to the needs of patients and facilities. The Network's 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 179 facilities to target for data-driven technical assistance calls from July 1–December 31, 2021. Technical assistance included the following:

- Screening procedure guidance.
- Communication with nursing homes by providing recommendations and communication tools.
- Telehealth 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.
- Support and empathy regarding the staff working long hours, working hard to keep the facility COVID-19 free and to keep patients and staff safe from illness.
- COVID-19 vaccination planning, tracking, and reporting.

### **Collaboration Activities**

#### **Department of Health and Health Care Coalitions**

The Network joined various department of health (DOH) calls and maintained situational awareness for its services area to share relevant information with all facilities. The Network consulted with various county DOH offices and connected dialysis facilities with 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.

#### **State Survey Agencies (SAs)**

The Network provided emergency response updates during bi-monthly SA meetings and collaborated with SA leadership regarding complaint investigations and patient placement issues related to COVID-19. The Network collaborated with the SA to address recurring COVID-19 questions from facilities pertaining to patients refusing to wear masks, facility visitor policy changes, policy changes regarding patients eating and drinking on the treatment floor, telehealth, and the distance required between dialysis stations.

#### **KCER**

The Network worked closely with KCER by participating in KCER COVID-19 Status calls, completing After-Action Report Hot-Wash questions from KCER/Healthcare Ready, and regularly consulting with and providing updates to KCER. The Network also participated on the COVID-19 ESRD Network and KCER calls. National agency information was shared with the Networks by KCER for distribution to facilities.

## **Patient Subject Matter Experts (PSMEs)**

The Network requested PSME assistance in creating a Frequently Asked Questions (FAQ) document focusing on patient concerns about COVID-19. PSMEs were asked to submit questions or concerns they, their family, or others in the kidney community have about COVID-19. The Network shared Patient Advisory Council (PAC) SME responses with the KCER Learning and Action Network (LAN) Coordinators. SMEs were also kept informed of Network pandemic response activities via regular PAC calls.

## **Data Collection Activities**

### **KCER Reporting**

The Network began collecting COVID-19 case reporting from independent dialysis facilities in the Network service area on March 16, 2020. Emergency Situational Status Reports (ESSRs) were prepared and submitted to KCER and CMS upon the first Person Under Investigation (PUI) case reporting. Independent facility ESSRs were combined with batch reporting submitted by other dialysis providers by KCER. State, Network, and national data reports were then provided by KCER to Networks for pandemic response.

### **NHSN Reporting**

The Network notified and updated all facilities regarding the transition of COVID-19 case reporting to NHSN starting in November 2020. The Network 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 enroll in NHSN and enter data. Facility-level reports available from NHSN were submitted to KCER weekly.

## **Facility Education**

To support dialysis facility education efforts during the COVID-19 pandemic, the Network:

- Conducted weekly team meetings to discuss facility technical assistance topics and grievance and access to care issues related to the COVID-19 pandemic.
- Established 24/7 phone coverage to answer questions and provide guidance to dialysis facilities related to the pandemic.
- Provided support and technical assistance to all facilities regarding plans for treating patients who tested positive for COVID-19 and needed to return to the outpatient dialysis setting.
- Disseminated updated guidance, resources, and webinars from credible sources such as the CDC, CMS, ESRD NCC, KCER, the American Society of Nephrology (ASN), Federal Emergency Management Agency (FEMA), HHS ASPR, National Institute of Health, Substance Abuse and Mental Health Services Administration's (SAMHSA). Topics included guidance specific to in-center and home dialysis, telehealth, mental health, health disparities, and caregiver burnout.
- Reminded facilities to notify the Network if they had COVID-19 response questions or concerns or needed support with transportation issues, communication issues with nursing homes or other care providers, placing a COVID-19 positive patient in a cohort facility, screening and infection prevention guidance, and/or testing needs.
- Recommended that facilities add pandemic response plans to their Emergency Preparedness Plan. This would include plans for possible PPE shortages and cohorting of patients.

- Encouraged facilities to start planning for other emergencies such as wildfires and hurricanes and provided related resources from ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE); CDC; FEMA; and the U.S. Department of the Interior for review.
- Had 100% (486/486) of dialysis facilities attest that they have been educated and that staff has the knowledge to effectively triage and determine appropriate actions to ensure a patient with COVID-19 or suspected of being infected with COVID-19 receives treatment in an appropriate care setting.

## Patient Education

The Network disseminated credible COVID-19 resources and webinars for patients through their dialysis facilities, PAC SMEs, Facility Patient Representatives (FPRs), social media, and postings on the Network's website. Information from the ESRD NCC, Forum of ESRD Networks, American Association of Kidney Patients (AAKP), Dialysis Patient Citizens (DPC), the Renal Support Network (RSN), and the National Kidney Foundation (NKF) were shared on several topics such as mental health, telehealth, living safely in multigenerational homes, celebrating holidays safely, finding credible information, transportation, and coping with COVID-19.

## Patient and Family Engagement at the Facility Level

To continue supporting facilities with engaging patients in plan of care meetings, QAPI meetings and support groups during the COVID-19 pandemic, the Network disseminated monthly Patient and Family Engagement (PFE) Best Practice emails that focused on topics relevant to the pandemic and identified from facility and patient feedback. For example, the initial PFE email sent during the pandemic provided ideas on how staff could still engage patients and families in plan-of-care meetings, QAPI meetings, and support groups virtually. The Network also quickly updated and distributed its [Tele- and Online-Support Groups](#) resource to include information about support opportunities for coping during the COVID-19 pandemic. The handout also encouraged patients to learn more about finding websites with reputable information by using the NCC resource, [Where to Find Credible Information About the Coronavirus 2019 \(COVID-19\)](#).

Each month, the Network reviewed and assessed trends in calls from patients and facility staff and adjusted the PFE Best Practices Email accordingly. Emails focused on addressing:

- Patients, families, and caregivers, and coping emotionally with the COVID-19 pandemic.
- Increasing staff awareness, knowledge, and confidence in discussing racial and ethnic disparities with patients and caregivers who are of a different racial or ethnic background.
- Increased mental health and substance abuse issues related to the stress of COVID-19.
- Compassion fatigue and burnout from the stress of COVID-19.
- Challenges regarding patient lack of reliable high-speed internet and lack of knowledge or comfort in navigating webinars.
- Influenza vaccination, including information from the NKF and CDC.
- How to safely celebrate the holiday season.

## **ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION**

ESRD Network 7 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. To ensure this support is provided, the Network:

- Conducts a risk assessment and submits an emergency plan annually to CMS.
- Provides education and technical assistance to dialysis facilities and patients related to emergency preparedness, including hurricane readiness.
- Monitors and tracks the open and closed status of facilities and the location of patients during the response to an emergency event.
- Works closely with the KCER Coalition and other stakeholders to ensure patients have access to dialysis before and after an emergency event.

### **August 2020**

- **Tropical Storm Laura**

Tropical Storm Laura formed in the Caribbean on August 20, 2020 and made its way up the west coast of Florida. The Network was activated to monitor and track the storm's predicted landfall and issued a Tropical Storm/Severe Weather Alert to facilities in Florida's Panhandle area on August 20, 2020. The Network attended state led EOC calls and monitored the storm until all Florida facilities were clear from the path. No Florida facilities were affected.

### **September 2020**

- **Hurricane Sally**

Hurricane Sally made landfall in the early morning hours of Wednesday, September 16, 2020 near Gulf Shores, Alabama. It produced rain from Mobile Bay to Tallahassee, FL and multiple roads were flooded due to rivers cresting. In preparation for Hurricane Sally, the Network:

- Distributed weather alerts, patient education, and links to community resources.
- Participated in preparedness calls with KCER and the Florida Division of Emergency Management and was in contact with various HCCs for pre-storm planning.
- Tracked and monitored the planned closing schedules of facilities in the Panhandle of Florida.

Two facilities in Florida closed for a total of two days due to loss of power. Response activities for Hurricane Sally included remaining in contact with the facilities in the affected area to assess and track operational status and identify patient access-to-care issues. The Network also received and addressed patient and stakeholder calls related to facility operational status, including patients who evacuated and needed placement at a new facility.

## **October 2020**

- **Hurricane Zeta**

Hurricane Zeta formed in the Gulf of Mexico on October 27, 2020 and moved northeast on October 28, 2020, bringing storm surge and heavy rains to Florida's Panhandle area. The Network issued weather alerts to all possibly affected facilities and tracked the storm as made its way towards the gulf coast. All facilities opened on October 29, 2020 without issue.

## **November 2020**

- **Tropical Storm Eta**

Tropical Storm Eta developed off the coast of Honduras on November 5, 2020 and moved northwest over Cuba and into the Florida Straits. The storm brought rain and storm surge to South Florida on November 9, 2021. The Network distributed severe weather alerts to facilities statewide. Many facilities modified their schedules for Monday, November 9, 2020 with no impacts reported.

## ACRONYMLIST 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.