

ESRD NETWORK 2019 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 U.S. Census Bureau, Florida's population was estimated at 21,477,737 in 2019.¹ This represented a 0.8% increase from the 2018 population estimate. In 2019, the state of Florida ranked as third largest in population in the nation.

ESRD Population

Throughout 2019, Network 7 worked in collaboration with key stakeholders from the renal community in the Network's service area to improve the quality of life and quality of care for individuals living with ESRD. During the reporting period of January 1, 2019 to December 31, 2019, the Network's dialysis patient census increased by 1,086 patients (3.2%), for a total of 33,133 prevalent patients and the national total prevalent ESRD patients was 530,311 as of December 31, 2019. As of December 31, 2019, Network 7 comprised 6.2% of the total national dialysis patient population. (See Chart A) The number of incident dialysis patients in the Network service area increased by 160, for a total of 8,891 individuals newly diagnosed with ESRD in 2019. As of December 31, 2019, Network 7 comprised 6.8% of the total national incident dialysis patient population. (See Chart B)

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

Chart A: Percent of National Prevalent Dialysis Patients by ESRD Network

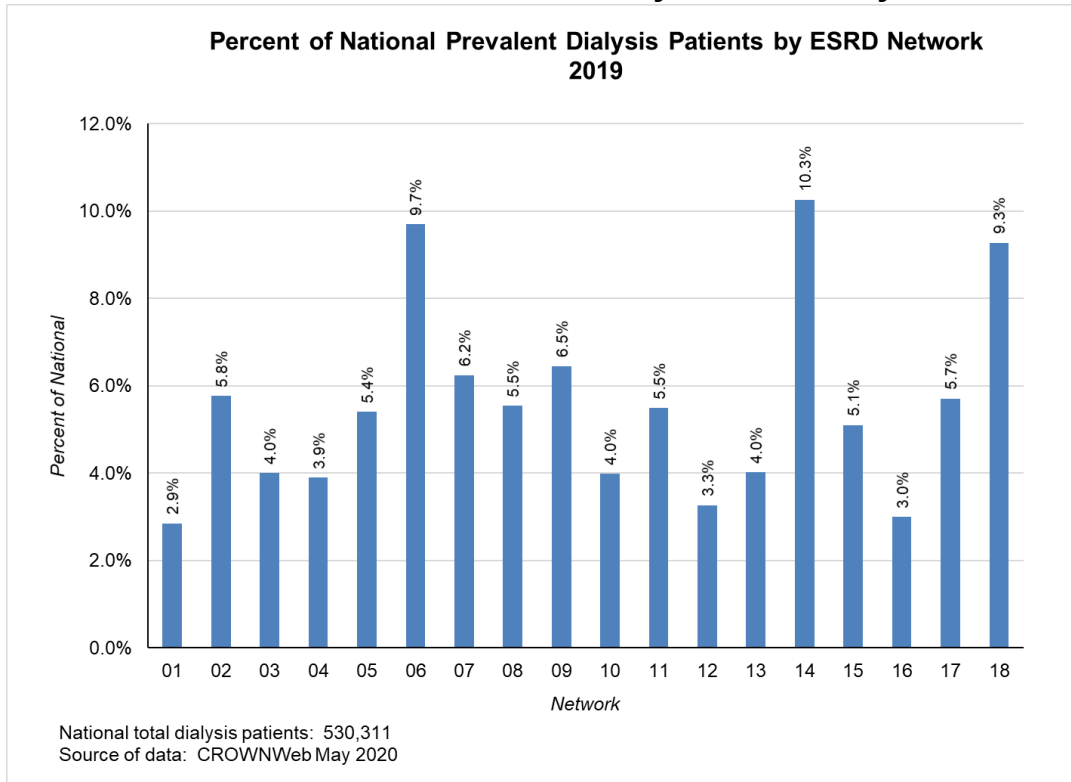
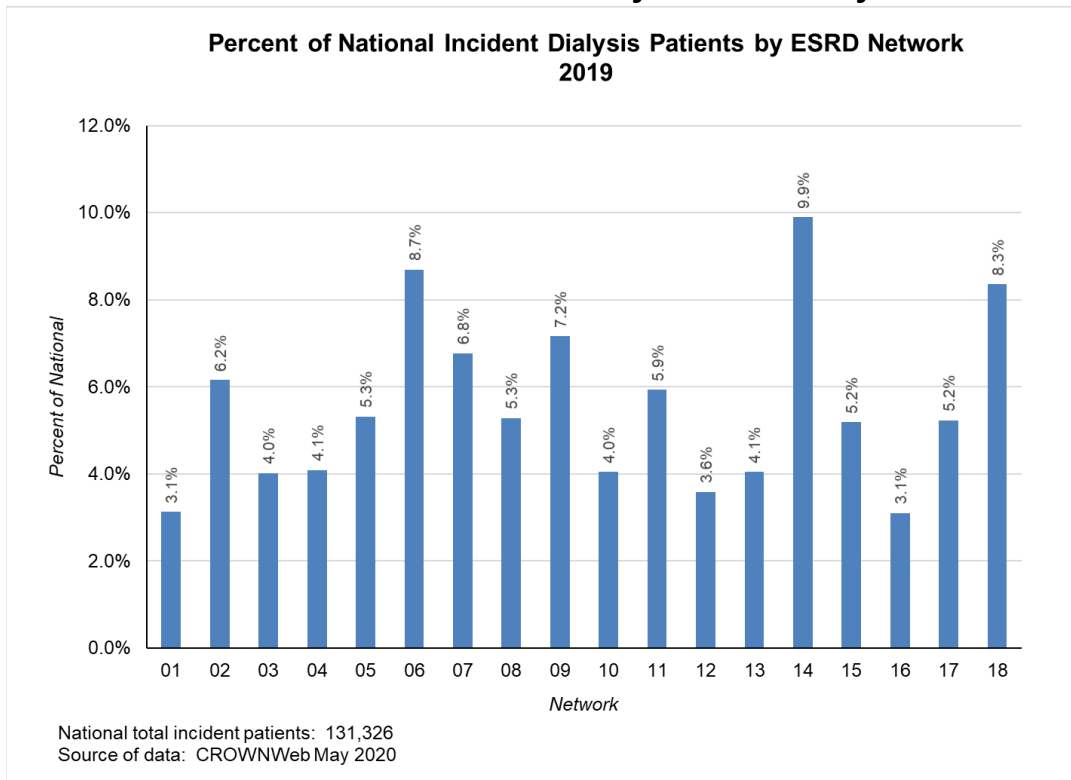


Chart B: Percent of National Incident Dialysis Patients by ESRD Network



Race and Ethnicity²

The demographics of the ESRD population in the Network 7 service area are similar to those of the national ESRD population; 58.7% of Florida's dialysis population is characterized as White and 38.1% as African American. Asians comprise the third largest racial group in the service area, representing 1.7% of the entire ESRD population in Florida as of December 31, 2019. As of December 31, 2019, 17.8% of Florida's ESRD patients were reported as Hispanic or Latino.

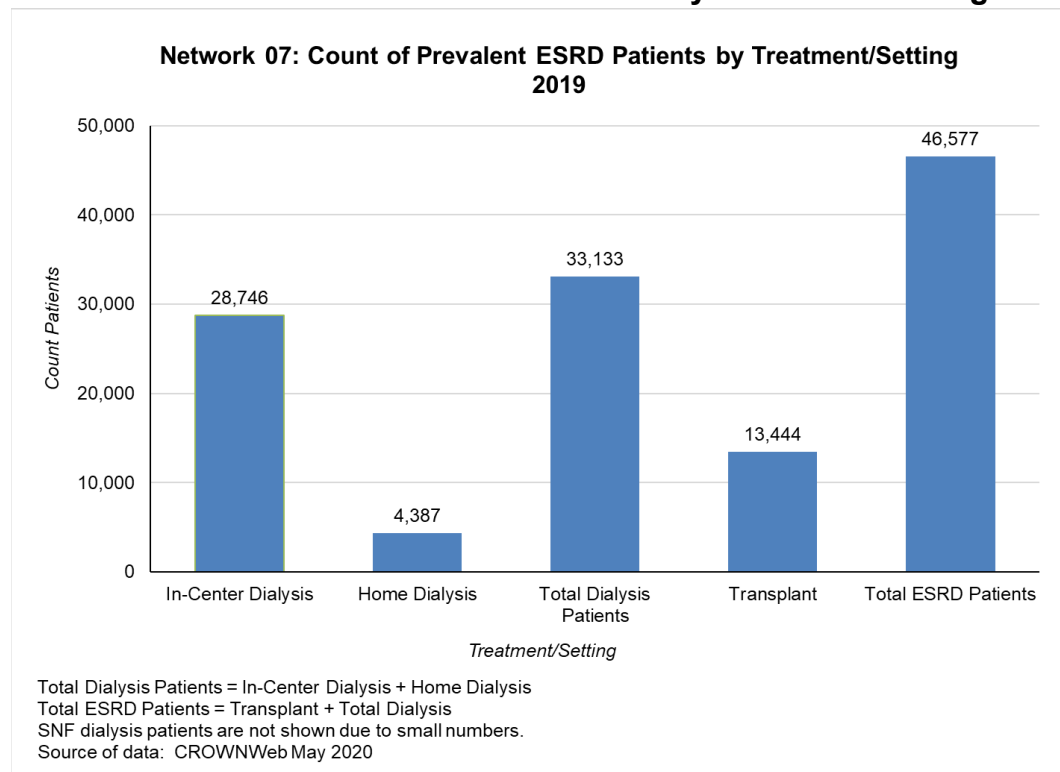
Gender and Age

As of December 31, 2019, 41.0% of Florida's ESRD population was female, 59.0% was male, and 51.6% was age 65 or older, as compared to Florida's general population, in which only 20.5% of residents were estimated to be age 65 or older as of July 1, 2019.

Dialysis Treatment Options

As of December 31, 2019, 86.8% of Florida's prevalent dialysis patients were receiving in-center hemodialysis (ICHD) treatments and 13.2% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD). (See Chart C) Additionally, 86.1% of incident patients were on ICHD and 11.7% were on home dialysis. (See Chart D) Nationally, the Network comprised 6.1% of all CCPD, CAPD, and HHD patients. (See Chart E)

Chart C: Count of Prevalent ESRD Patients by Treatment/Setting



² Data on "ethnicity" and "race" should be interpreted with caution because of the inherent instability of race/ethnicity data.

Chart D: Count of Incident ESRD Patients by Treatment/Setting

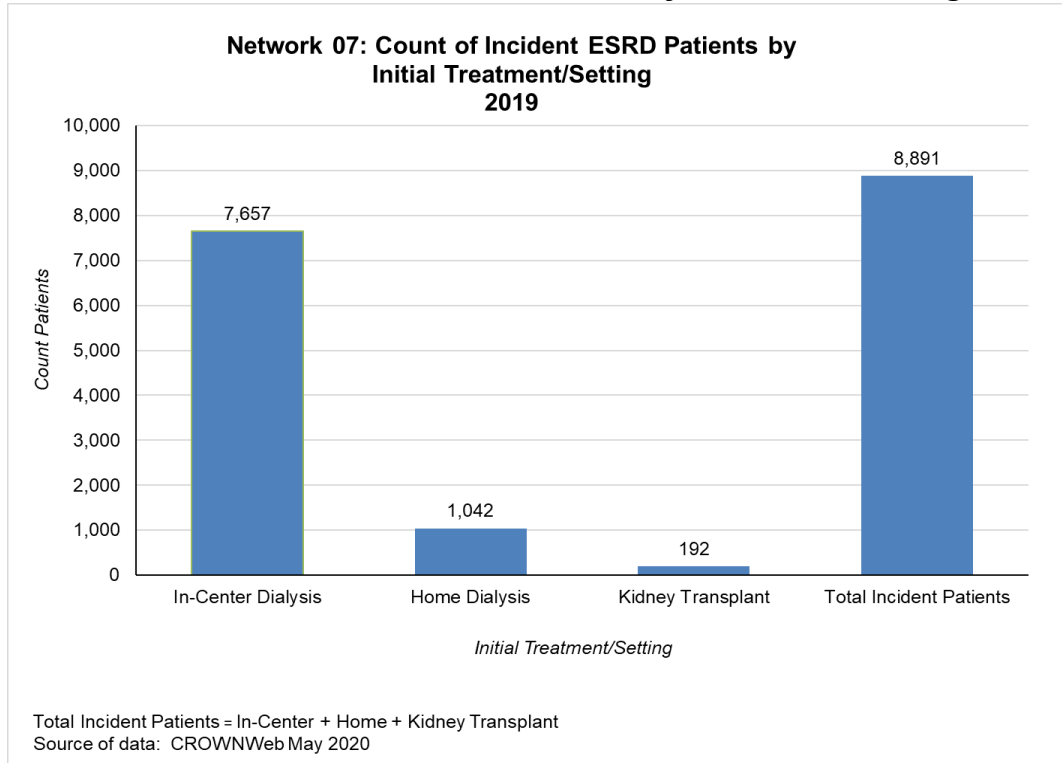
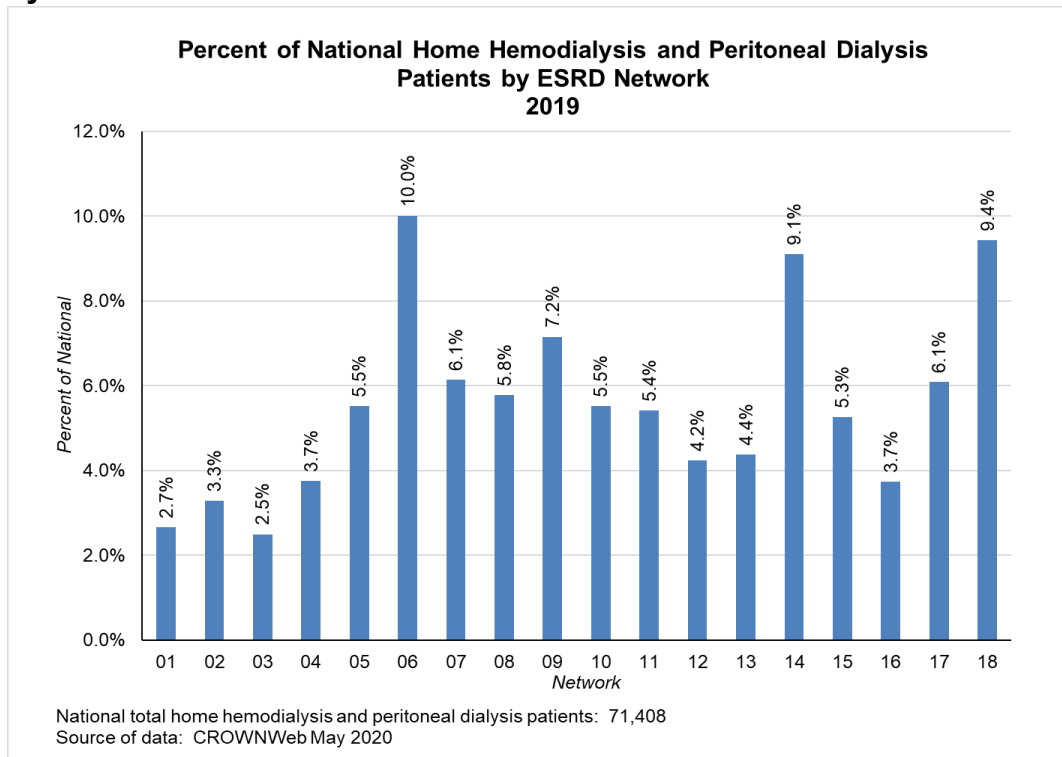


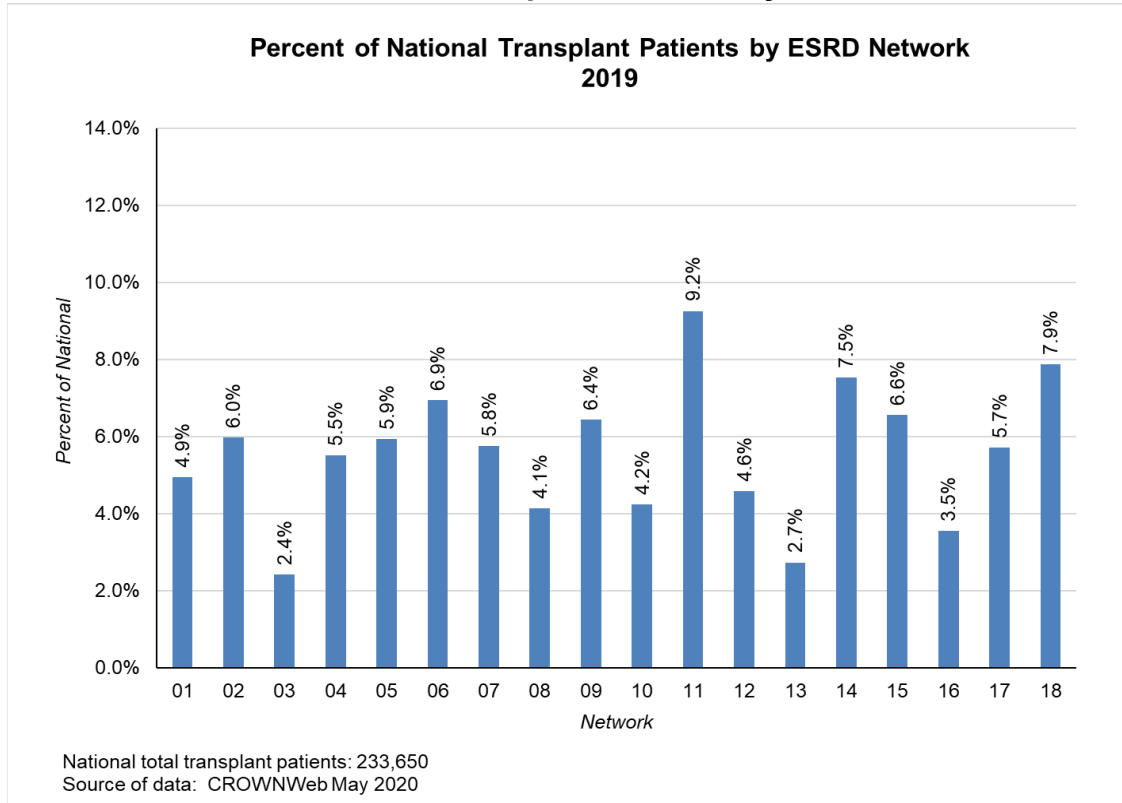
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network



Transplant

During 2019, 1,539 kidney transplants were completed by eleven transplant centers in the state of Florida. As of December 31, 2019, there were 233,650 transplant patients nationally, of which 5.8% were in Network 7. (See Chart F)

Chart F: Percent of National Transplant Patients by ESRD Network



ESRD Facilities

As of December 2019, Network 7's service area included a total of 513 ESRD facilities, including 502 dialysis facilities and eleven 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 73.0% of Florida's 502 dialysis facilities as of the end of 2019. Nationally, Network 7 comprised 6.5% of all dialysis facilities and 4.8% of all transplant facilities. (See Charts H and I)

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

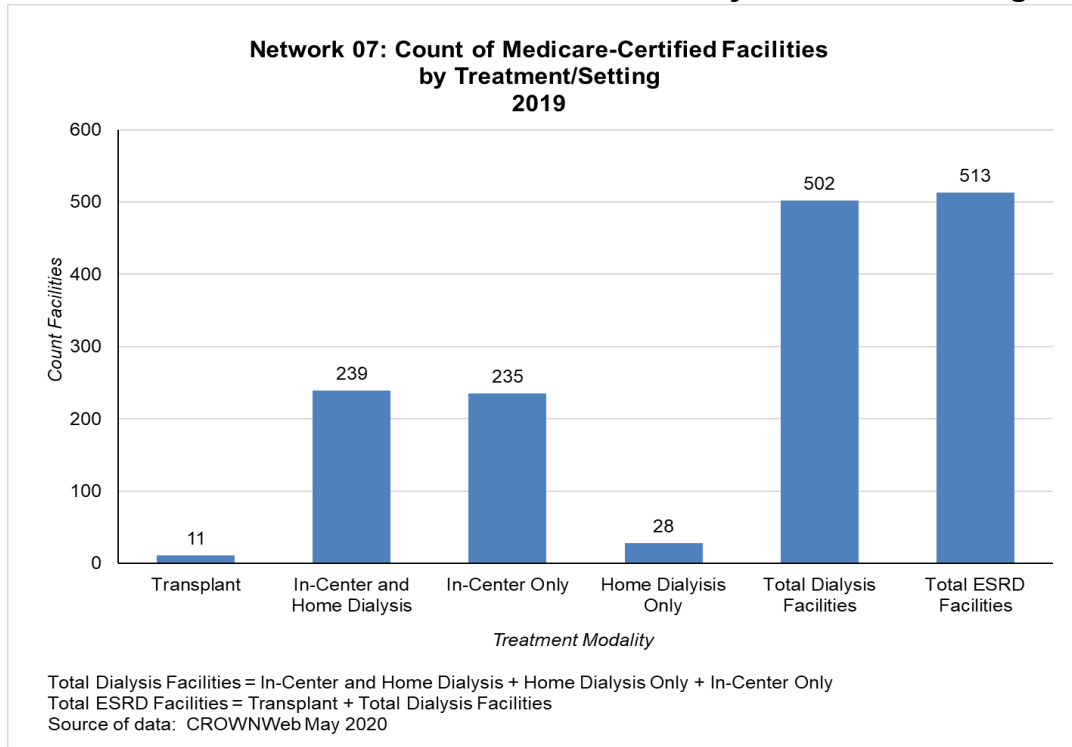


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network

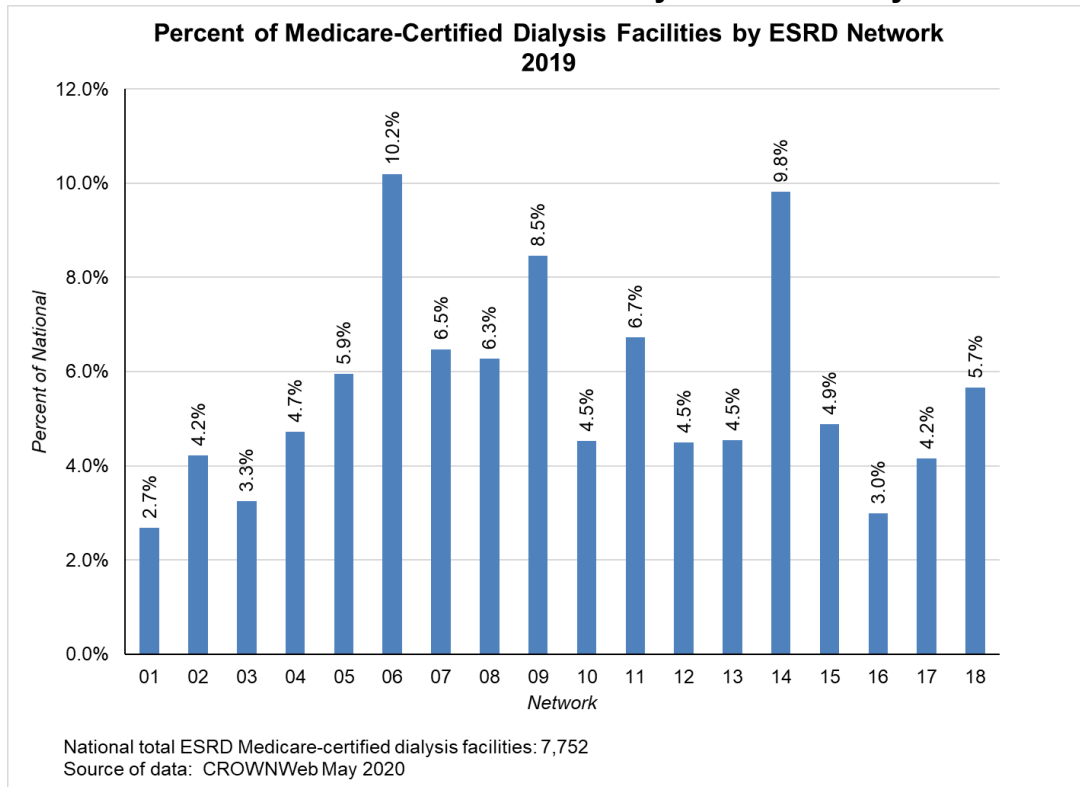
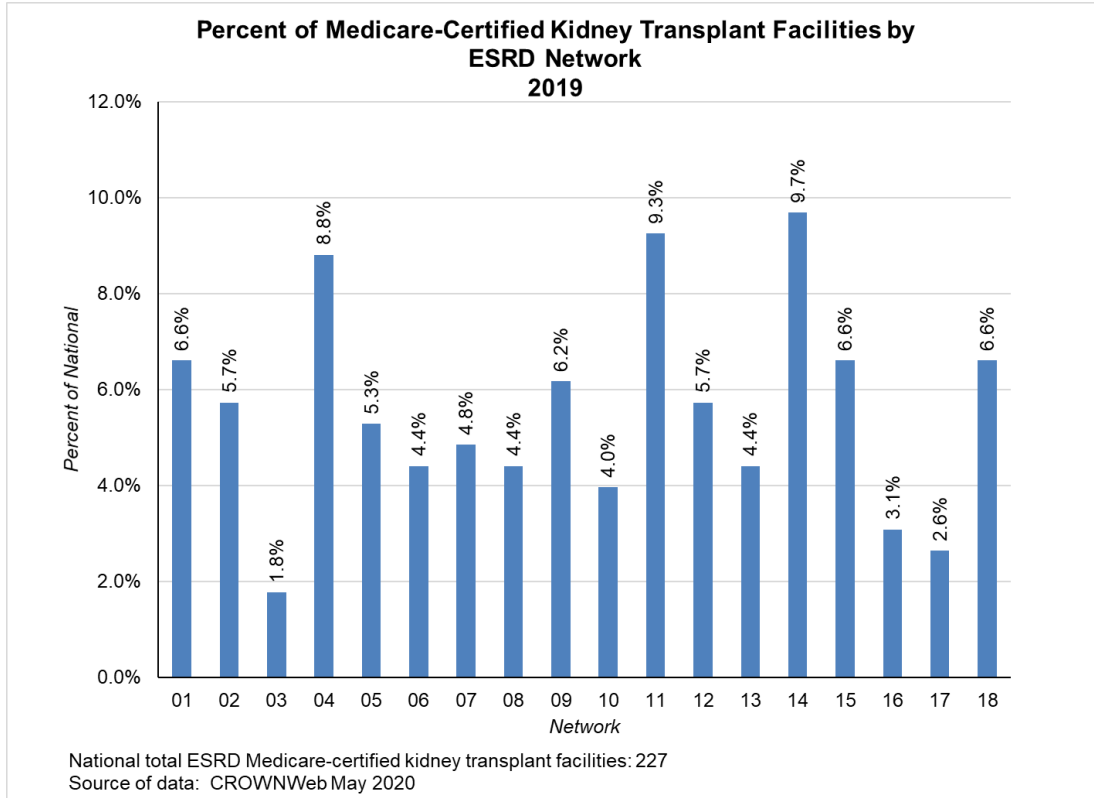


Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network



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 a final outcome letter. According to Chart J below, during 2019, 35.0% of contacts to the Network were for grievances, including 30% for immediate advocacy, 3% for clinical quality-of-care issues, and 2.0% for general grievances.

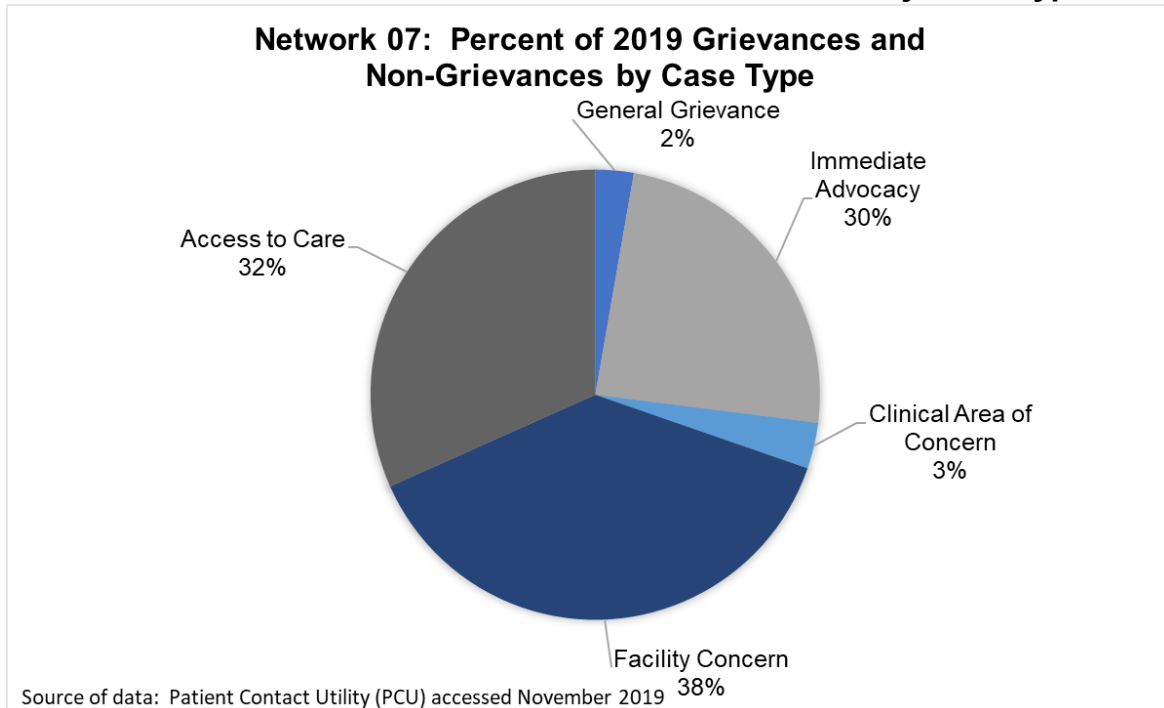
Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 38.0% of all contacts to the Network in 2019. 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 2019, access-to-care issues accounted for 32.0% of contacts to the Network.

Chart J: Network 7: 2019 Grievances and Non-Grievances by Case Type



ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

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

During 2019, the Network conducted a QIA to reduce LTC use (catheter in use for 90 days or longer) in a cohort of 146 facilities with rates greater than 15.0%. The Network implemented enhanced interventions for a subset of 39 facilities, with approximately 2,160 patients, that had the highest LTC rates in the cohort.

Goals and Outcomes

The baseline LTC rate for the subset of 39 facilities, based on July 2018 CROWNWeb data, was 19.1%. By September 2019, the facilities reduced their aggregate LTC rate to 17.8%, which was a decrease of 1.3 percentage points. (See Chart K)

Barriers

Facility-reported barriers to reducing LTCs included:

- Patients refusing to have a permanent access placement timely.
- Acute Kidney Injury (AKI) patient process issues.
- Preferred surgeon availability delays.
- Medically ineligible patients.

Interventions

Interventions for the QIA included:

- Distributing patient educational tools, including the following topics:
 - An explanation of the advantages of a permanent access versus a catheter.
 - The importance of hand hygiene.
 - Proper access care.
- Distributing resources to identify and maintain a facility Vascular Access (VA) manager.
- Encouraging use of a tracker for monitoring patient appointments.
- Collecting and trending facility data to conduct rapid cycle improvement.
- Distributing *VA Appointment Sheets* for patient reminders.
- Encouraging use of Network developed Quality Assessment and Performance Improvement (QAPI) forms.
- Participation in facility site visits.
- Providing additional education and sharing best practices gained through the ESRD National Coordinating Center (NCC) Bloodstream Infection (BSI) QIA Learning and Action Network (LAN).

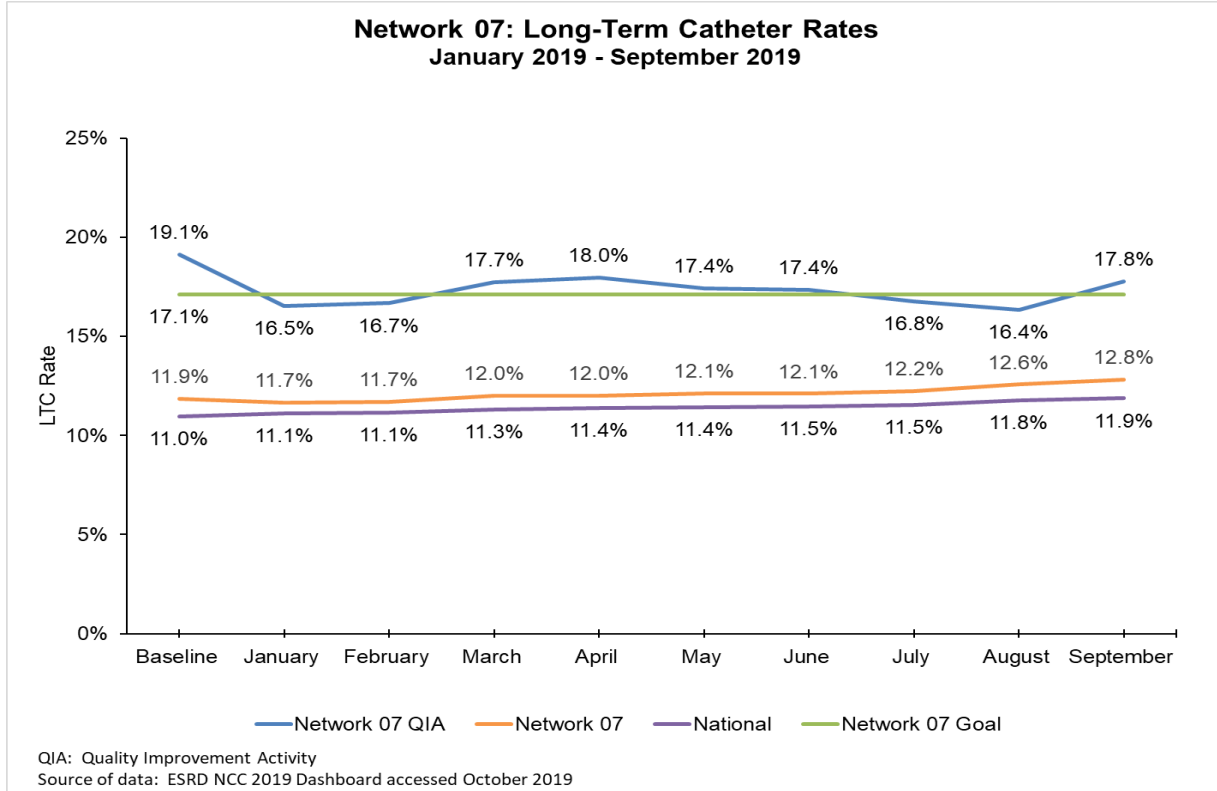
Best Practices

Best practices identified by QIA facilities included:

- Developing a process to provide VA education to patients upon initiation of dialysis.
- Referring patients to a Vascular Surgeon within two weeks upon initiation of dialysis.

- Establishing at least two VA Managers (VAM) if the census of patients with a LTC is greater than 15.0%.
- Holding a celebration in the facility for each new permanent access placed.
- Conducting a meeting with the local surgeon offices to address timely evaluation and placement of permanent accesses.

Chart K: Network 7: LTC Rates for QIA Facilities (January–September 2019)



Bloodstream Infection (BSI) QIA

During 2019, 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 146 facilities, impacting approximately 4,582 patients. While 146 facilities were included in the QIA, the measurement for Network success was based on the 20.0% of facilities in the cohort (N=80) with the highest BSI rates.

Goals and Outcomes

The Network used the National Healthcare Safety Network (NHSN) BSI pooled-mean rate per 100 patient-months to target facilities for the QIA. The goal was to achieve at least a 20.0% relative reduction in the pooled mean rate of BSIs from January–June 2019 and to prevent at least 66 BSIs. By the conclusion of the QIA, the aggregate BSI rate decreased from 1.3 to 0.7, and 162 BSIs were prevented, exceeding the goal. (See Chart L)

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.
- Having patients conduct CDC BSI prevention hand hygiene audit tools on staff.
- Disseminating the interactive patient learning module, *Test your Hand Hygiene Knowledge.*
- Collecting and trending facility data to conduct rapid cycle improvement.
- Providing education on the nine CDC core interventions.
- Having facilities complete CDC BSI prevention audit tools for staff.
- Posting the CDC's *Days Since Last BSI* poster.
- Providing additional education and sharing best practices gained through the ESRD NCC BSI QIA LAN.
- Encouraging facilities to work toward obtaining access to a Health Information Exchange (HIE) in their area.
- Encouraging use of Network developed Quality Assurance and Performance Improvement (QAPI) forms.
- Participating during facility site visits.

Best Practices

Facilities reported including patients in monthly hand hygiene audits as a best practice. Evaluation results indicated that facilities plan to continue using the patient education provided by the Network, as well as the CDC infection control audits, for sustainability of gains made during the QIA. By September 30, 2019, 94.4% of all dialysis facilities reporting in NHSN had completed the *NHSN Dialysis Event Surveillance Training*, and 57.5% of the facilities included in the group with the highest BSI rates had gained access to an HIE. (See Charts M and N)

Chart L: Network 7: Reduction in BSIs in QIA Facilities

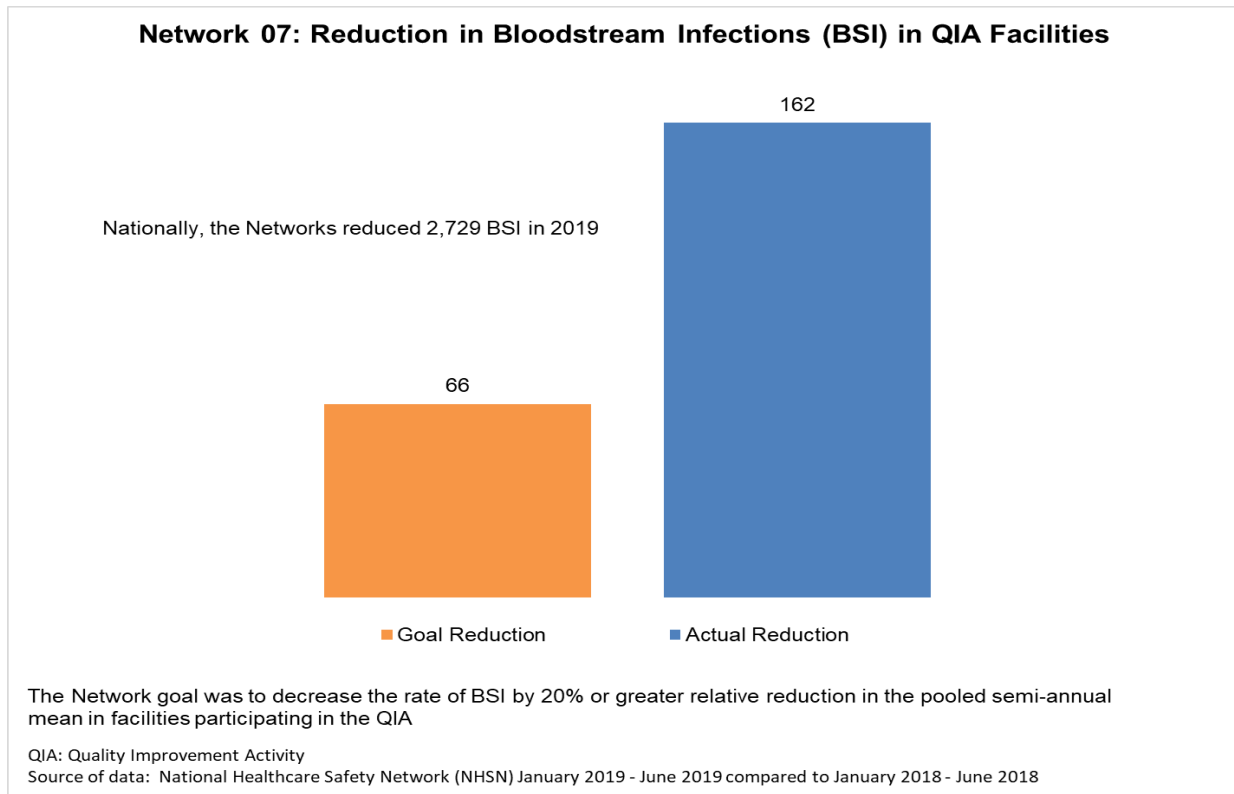


Chart M: Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training (January–September 2019)

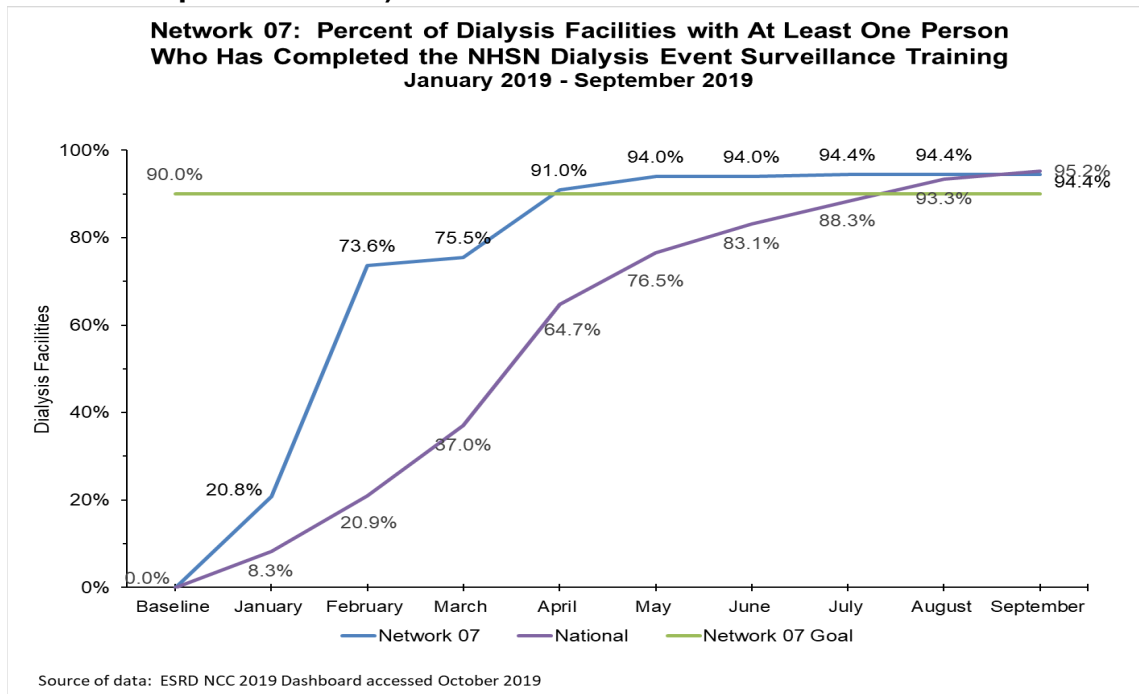
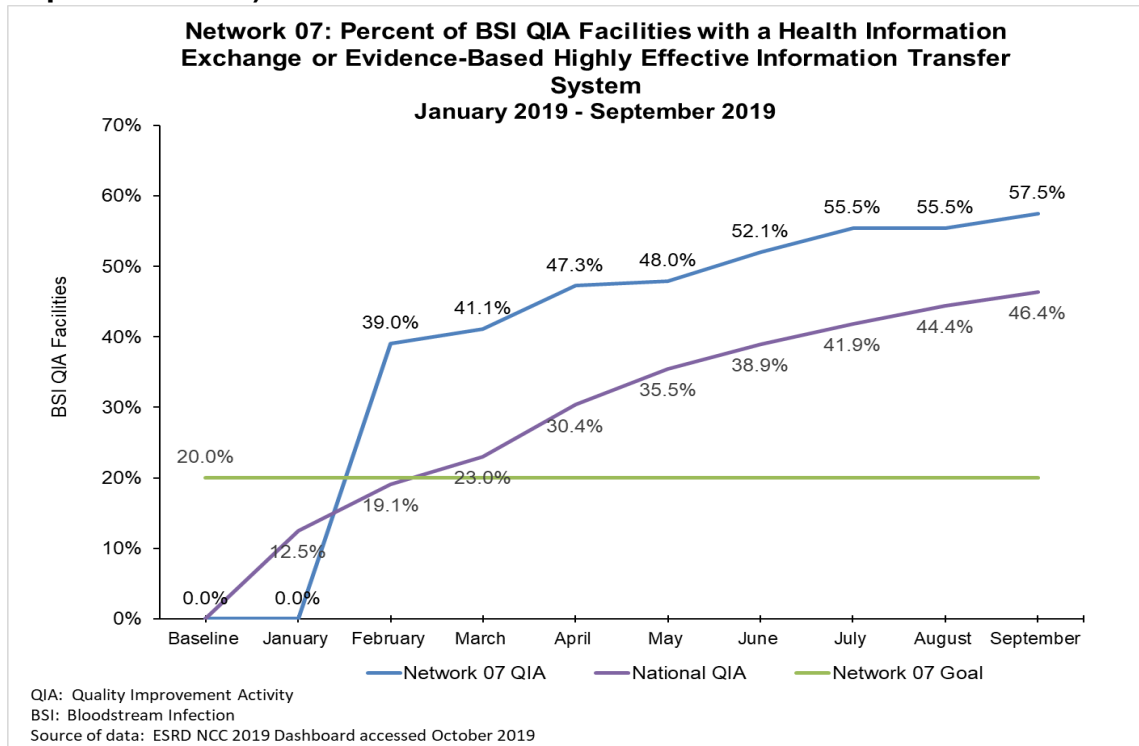


Chart N: Percent of BSI QIA Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System (January–September 2019)



Transplant Waitlist QIA

In 2019, the Network conducted a QIA to support the CMS goal of increasing the rates of dialysis patients added to a transplant waitlist by a two-percent improvement over the natural trend for a targeted group of dialysis facilities.

Goals and Outcomes

The Network identified 134 dialysis facilities for inclusion in the QIA, impacting approximately 9,300 hemodialysis patients. The QIA sought to meet the goal of adding 404 patients to a transplant waitlist. At the end of the QIA, in September 2019, the final rate was 2.9%, indicating 361 patients were added to a transplant waitlist. This was an achievement of 89.3% toward the total goal. (See Chart O)

Barriers

Barriers to meeting the QIA goals included:

- Patient refusals.
- 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

The Network addressed each of the barriers indicated above with the following interventions:

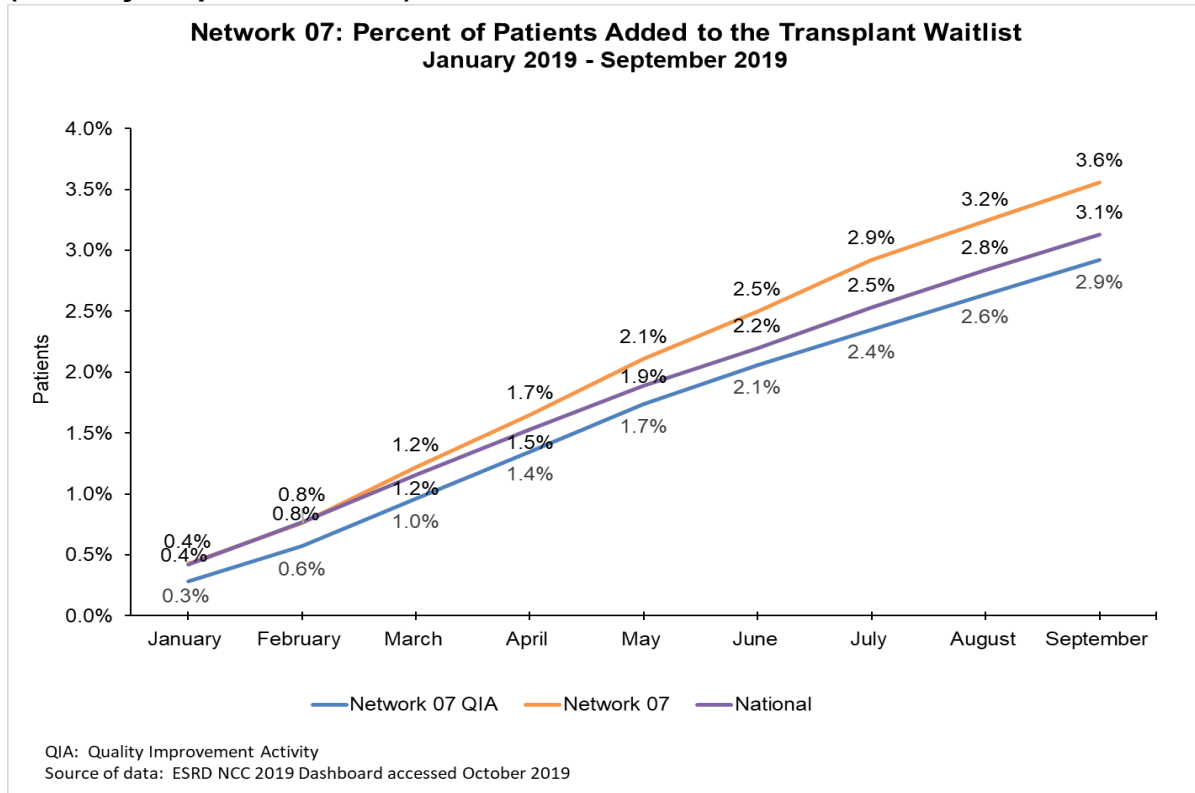
- To address the large number of patient refusals, the Network created a resource that the facilities could use to ask patients why they were not interested in pursuing a transplant. Facilities collected the responses and reported the results to the Network.
 - Based on the results the Network collected from the facilities, and feedback from Network Patient Subject Matter Experts (PSMEs), two additional interventions were developed:
 - A transplant referral guide.
 - *Let's Get Started* checklist.
- The Network encouraged the QIA facilities to build a workable, structured communication process with the transplant centers to successfully track patients and exchange information to expedite the referral and evaluation process.
 - To achieve this, the Network shared best practices identified by QIA facilities and the ESRD NCC Transplant QIA LAN.
 - The Network followed up with transplant centers to address timely referrals and responsiveness to dialysis facility calls and emails.
- To ensure proper tracking and documentation of each patient's movement through the steps to being added to the transplant waitlist, the Network encouraged the use of internal trackers, and created and disseminated a transplant tracker for use by QIA facilities as an alternative.
 - The tracker could also be used for ease in completing monthly QIA reporting to the Network.

Best Practices

Best practices identified from the QIA include:

- Building better communication processes with transplant centers for exchanging information.
- Referring patients to more than one transplant center if they meet the criteria.
- Using a tracking tool to follow patients through the transplant waitlist process.
- Conducting a transplant Lobby Day and inviting a patient who was previously transplanted to attend.
- Educating patients and staff on transplant, the waitlist process, and referral criteria.
- Assisting and supporting patients through the transplant waitlist process.
- Using the *Why Not Consider Transplant Questionnaire* to identify why patients are refusing to pursue transplant.
- Using the *Let's Get Started Checklist* to help prepare patients for the work-up process.

Chart O: Network 7: Percent of Patients Added to the Transplant Waitlist (January–September 2019)



Home Therapy QIA

In 2019, the Network conducted a QIA to support the CMS goal of increasing the number of ESRD patients who transitioned to a home dialysis modality by 2.0% over the natural trend for a target group of dialysis facilities.

Goals and Outcomes

The Network identified 125 dialysis facilities, which accounts for 30.0% of all facilities in the Network service area for inclusion in the QIA, impacting approximately 5,551 patients. At the end of the QIA, in September 2019, the final rate was 5.7%, indicating 492 patients transitioned to home dialysis. This was a 91.3% achievement toward the total goal. (See Chart P)

Barriers

Barriers to meeting QIA goals included:

- Insufficient home dialysis staff to educate and train patients.
- Lack of a home dialysis program within the in-center facility, necessitating patient referral to another facility.
- Dialysis facility staff turnover with subsequent decrease in staff engagement for the QIA.
- Minimal growth and low-census facilities.
 - Many facilities also had a patient population with multiple comorbidities and minimal support.
- Long-term in-center patients not interested in changing modalities.
 - Patients enjoy the peer-to-peer socialization within the chronic setting and prefer facility staff manage their treatments.
- 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 about their options.

Interventions

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

- Utilizing a home dialysis patient tracker to monitor patients through the steps to home dialysis.
- Collaborating with a home dialysis program to educate staff, patients, and their caregivers regarding home dialysis.
 - Include the facility's Home Champion and Peer Mentor, if available.
- Hosting a home dialysis Lobby Day with assistance from a home program.
 - Include an existing home patient and/or caregiver, if available.
- Providing home dialysis resources, to include:
 - *How I Took the Road Home* video, poster, and handout.
 - *Uncovering Myths about Home Dialysis* booklet.

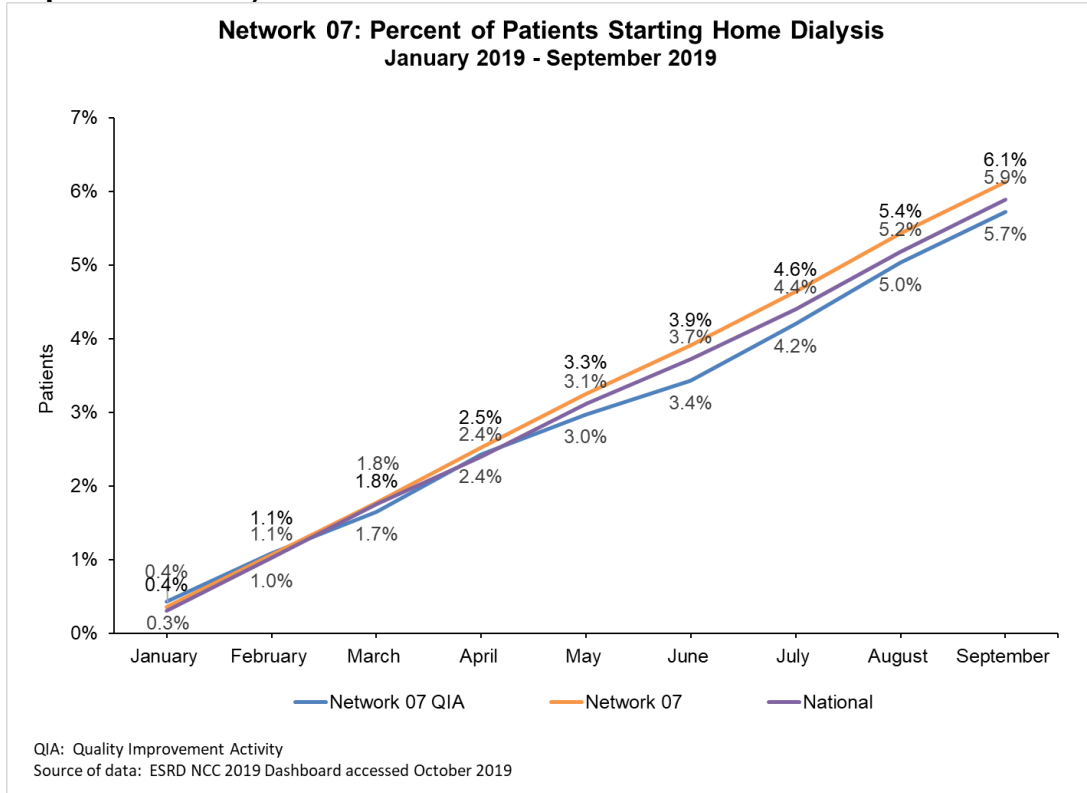
- *Consider Your Dialysis Choice* handout.
- Promoting communication between physicians, case managers, in-center programs, and home dialysis programs.
- Providing educational resource links to referring physicians and discharge planners in support of early patient education.
- Engaging the facility's Peer Mentor(s) and Network Patient Representatives (NPRs) to assist with implementation of the QIA, if available.
- Discussing the Home Dialysis QIA with the Interdisciplinary Team (IDT) in the monthly QAPI meeting.
- 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.
- Hosting a home dialysis Lobby Day, using the Network's *Tips for Engaging Patients When Hosting a Lobby Day* resource.
- 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.
- Providing nephrologists and case managers/discharge planners with resources to assist with early patient education.
- 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.
- Reviewing the Network *Home Dialysis QIA Facility Feedback Report* during QAPI meetings to assist with understanding how many patients have officially transitioned to home dialysis.
- Using the Best Demonstrated Practices submitted by facilities within the QIA to assist with transitioning patients to home dialysis.

Chart P: Network 7: Percent of Patients Starting Home Dialysis (January–September 2019)



Population Health Focus Pilot Project Quality Improvement Activity

Network 7 conducted a QIA focused on assisting ESRD patients with seeking gainful employment and/or returning to work or school. The Network identified 45 facilities which was 10.0% of dialysis facilities in the service area where $\leq 25.0\%$ of the eligible target population (patients 18–55 years old) who had not met the desired outcome. The Network collaborated with local vocational rehabilitation (VR) programs, employment networks (ENs), and the Ticket to Work program while encouraging facility staff to communicate with their local programs to increase their knowledge of the referral process for patients.

Goals & Outcomes

The primary goal of the QIA was to screen and monitor 100.0% of the facility's eligible patient population for interest in VR or EN program participation. The Network then aimed to increase the number of eligible patients referred to VR or EN programs by at least 10.0% from the facility baseline rate. Finally, the Network was directed to increase the number of eligible patients receiving VR or EN services by at least 5.0% from the facility baseline by September 2019.

Based on CROWNWeb data from October 2017–June 2018, the 45 QIA facilities had a baseline rate of 95.1% screened for interest in services, 1.5% patients referred to services, and 0.2% of eligible patients receiving services from VR or EN programs. At the completion of the QIA in September 2019, the Network met and exceeded all three QIA goals. The patient screening rate reached 100.0%, the patient referral rate was 54.6%, and the patients receiving services rate was 11.1%.

Barriers

Barriers to achieving the QIA goals included:

- Inaccurate data caused by the lack of updating patient VR status information in CROWNWeb.
 - The facility QIA leads were typically facility social workers and did not have access to CROWNWeb.
 - Staff had not been educated about the importance of updating the patients' VR status in CROWNWeb once patients had been screened.
 - Facilities did not have a consistent process for discussing patient VR status and VR trends in monthly QAPI meetings.
- Patients were fearful of losing their health-insurance and financial benefits.
 - Many patients receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) often misunderstand or were not educated on benefit planning or work options.
 - Facilities reported that many patients believe returning to work or school will disqualify them for benefits and income through the federal system.
 - There was a lack of education of staff and patients in QIA facilities about the availability of VR/EN services and how they can be used to maximize patient income and benefits for people interested in returning to work or school.
- Many patients have an excessive disease burden, experience frequent hospitalizations, and have low levels of independence.

Interventions

To develop appropriate interventions for the QIA, the Network conducted root cause analysis (RCA) and solicited feedback from the Network Council, Board of Directors and PSMEs. Network interventions included:

- Providing staff education to increase their knowledge of VR/EN resources to identify patient interest and better assist them through the VR/EN process.
- Disseminating patient educational resources regarding available VR/EN services and how to access them.
- Sharing patient testimonials for increasing patient engagement and interest.
- Developing and implementing patient-focused educational resources and QIA guidance in collaboration with Network Patient Advisory Council (PAC) and PSMEs.
- Providing VR/EN supportive resources to assist the QIA Lead with establishing routine monitoring and tracking patient status in CROWNWeb to ensure:
 - The screening of all patients eligible and interested in VR/EN services.
 - The tracking of patients referred to VR/EN and who are currently receiving services.
- 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.
 - The form also directed the team to enlist feedback from a patient and/or family member who has been through the process to identify possible barriers for interested patients.
- 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.
- Collecting monthly data from the QIA facilities related to completed screenings and referrals, the number of patients receiving services, and the documentation of patient status in CROWNWeb.
 - Monthly reporting also included QIA and LAN interventions implemented by the facilities and feedback on the usefulness of those interventions.
- Disseminating:
 - LAN best practices to ensure the success of the QIA facilities.
 - An educational tool to assist facilities with step-by-step instruction on updating patient status in CROWNWeb.
- Encouraging facilities to identify more than one CROWNWeb user to be responsible for entering VR/EN data into CROWNWeb.

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.
- Educational resources, including those from local and federal VR/EN programs.
- Tracking and monitoring patient VR/EN status via a Network or company specific tool.

- The tracking tool assisted with streamlining the screening and referral process.
- Hosting a VR Lobby Day and creating a VR bulletin board to communicate with patients and provide resources.

Chart Q: Percent of Eligible Patients Referred to an Employment Network or a Vocational Rehabilitation Agency (February–September 2019)

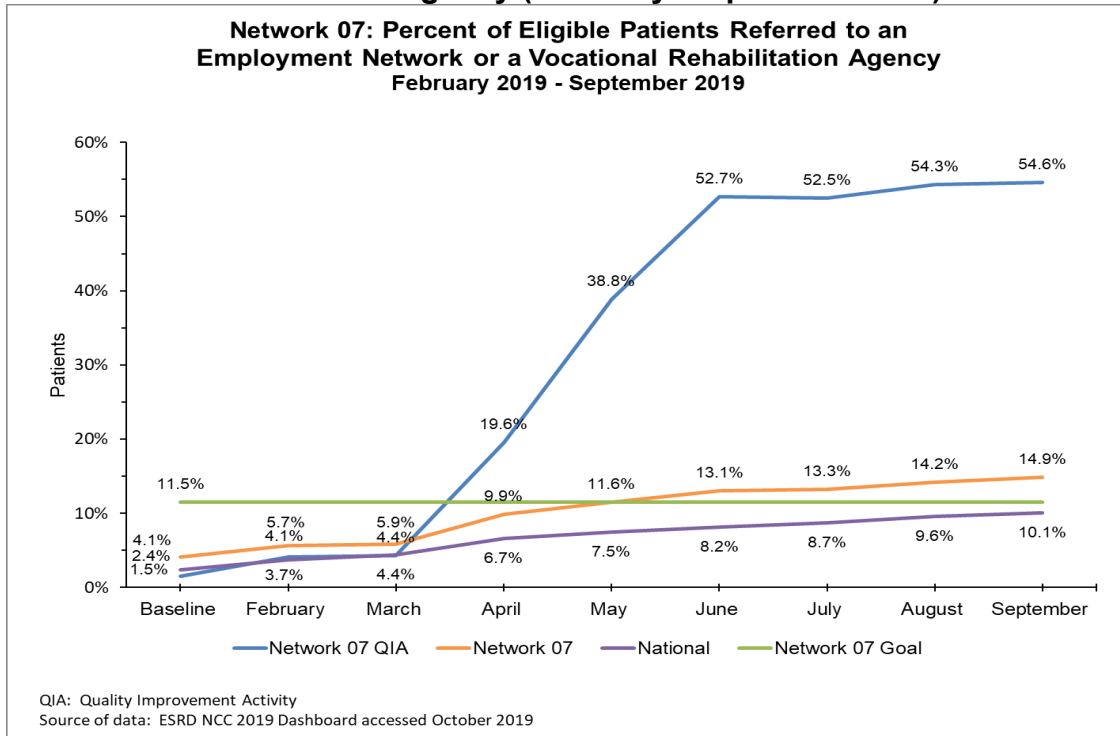
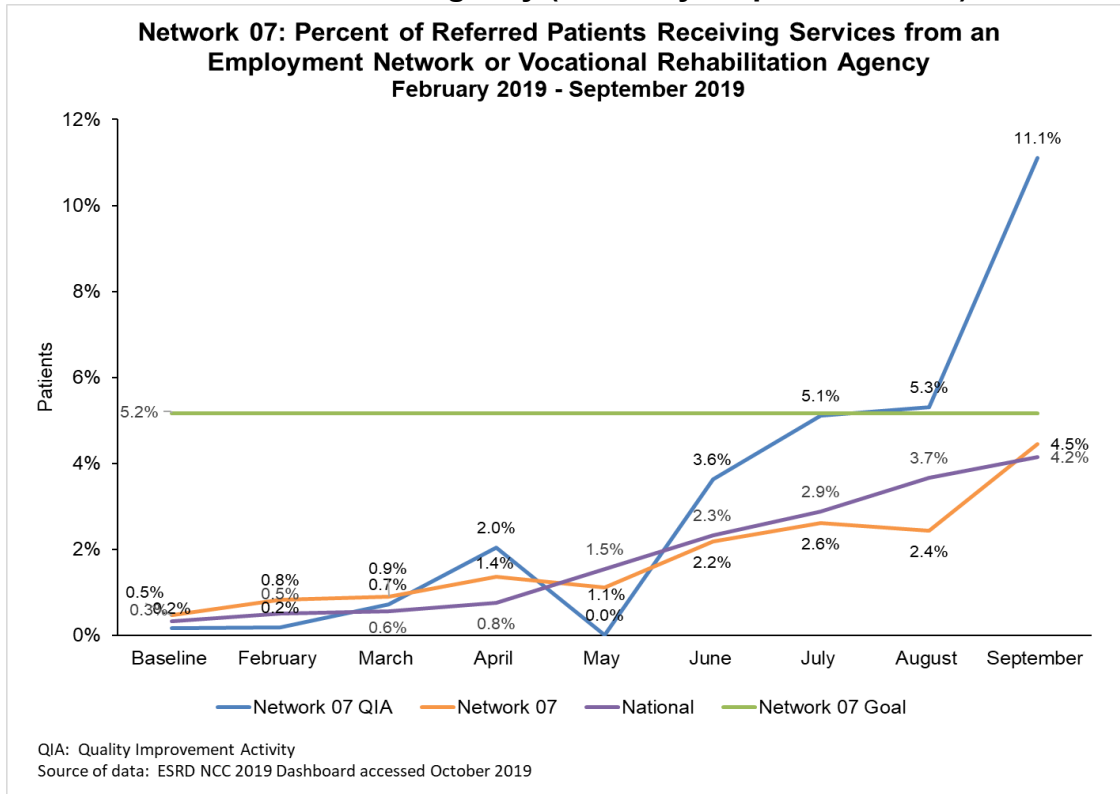
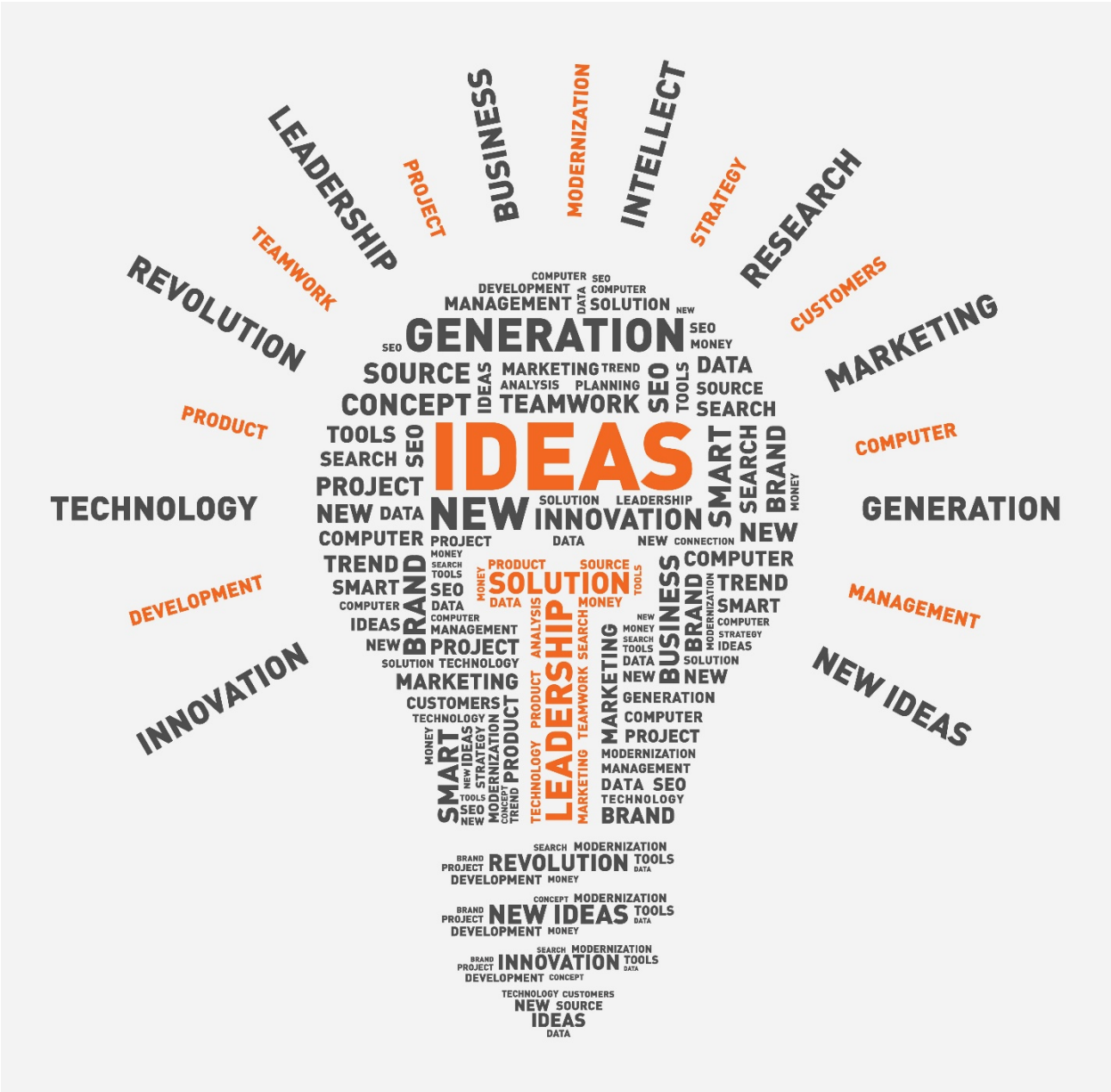


Chart R: Percent of Referred Patients Receiving from an Employment Network or a Vocational Rehabilitation Agency (February–September 2019)





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 2019. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2019, 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 2019.

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.
- 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 Kidney Community Emergency Response (KCER) Coalition and other stakeholders to ensure patients have access to dialysis before and after an emergency event.

Hurricane Barry

Hurricane Barry formed in the Gulf of Mexico on July 10, 2019 and made landfall along the central Louisiana coast. The Network was briefly activated to monitor and track the storm's predicted landfall and issued a tropical storm/severe weather alert to facilities in the panhandle area of Florida on July 12, 2019. The Network attended state-led Emergency Operation Center (EOC) calls and monitored the storm until all Florida facilities were clear from the path of the storm. No Florida facilities were affected.

Fort Lauderdale, Florida Water-Main Break

The City of Fort Lauderdale, Florida suffered a break in the city water line on Thursday, July 18, 2019. The break caused a loss of water to residents and businesses in Fort Lauderdale and neighboring towns that receive their water from the city of Fort Lauderdale, for at least 24 hours. There were 52 dialysis facilities, serving approximately 3,200 patients located in the affected area. Seven dialysis facilities made plans to divert patients to other facilities or altered their schedules to accommodate the needed shifts. Water was restored to the area on Friday, July 19, 2019, with all facilities resuming their regular schedules on July 20, 2020.

Hurricane Dorian

Hurricane Dorian formed in the Caribbean Sea on Sunday, August 25, 2019 and later tracked towards Palm Beach County, Florida. On September 2, 2020, the storm was 205 miles east of West Palm Beach as a category 5 hurricane, then moved over Grand Bahama, and traveled north, close to the east coast of Florida. In preparation for Hurricane Dorian, the Network:

- Distributed weather alerts, patient education, and links to community resources.
- Worked closely with independent facilities to ensure plans were in place in the event the storm continued to track towards Florida.
- Participated in preparedness calls with the Florida Division of Emergency Management and was in contact with various healthcare coalitions for pre-storm planning.
- Participated in KCER calls starting on August 27, 2019.
- Tracked and monitored the planned closing schedules of facilities along the East Coast of Florida.

Response activities for Hurricane Dorian included:

- Remaining in contact with the facilities in the affected area to assess and track operational status and identify patient access to care issues.
- Receiving and addressing patient and stakeholder calls related to facility operational status, including patients who evacuated and needed placement at a new facility.
- Collaborating with stakeholders to resolve patient access-to-care issues.
- Submitting situational updates to KCER and CMS daily, and participating in daily emergency status calls with essential ESRD and emergency preparedness stakeholders.
- Monitoring 261 facilities along the East Coast of Florida until all facilities were back open and operational on September 5, 2020.

Tropical Storm Nestor

Tropical Storm Nestor formed in the Gulf of Mexico October 17, 2019, and made landfall in St. Vincent, Florida with 45 miles per hour winds on October 18, 2019. The storm brought storm surge and heavy rains to the coastal areas. The Network issued a weather alert to all possibly affected facilities and tracked the storm as it made its way towards the Gulf Coast. Many facilities along the panhandle area of Florida closed early on Friday, October 18, 2020 and/or planned delayed openings on Saturday, October 19, 2019. All facilities reopened with no issues.

ACRONYM LIST APPENDIX

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

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