

ESRD NETWORK 2022 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 13
Task Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.

ESRD Network 13

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ESRD DEMOGRAPHIC DATA

ESRD Network 13

As part of the Health Services Advisory Group (HSAG) team, Network 13 works with patients, dialysis facilities, transplant centers, and other stakeholders in the states of Arkansas, Louisiana, and Oklahoma to improve the quality of care and quality of life for patients with End Stage Renal Disease (ESRD). HSAG has held the Network 13 contract since 2013.

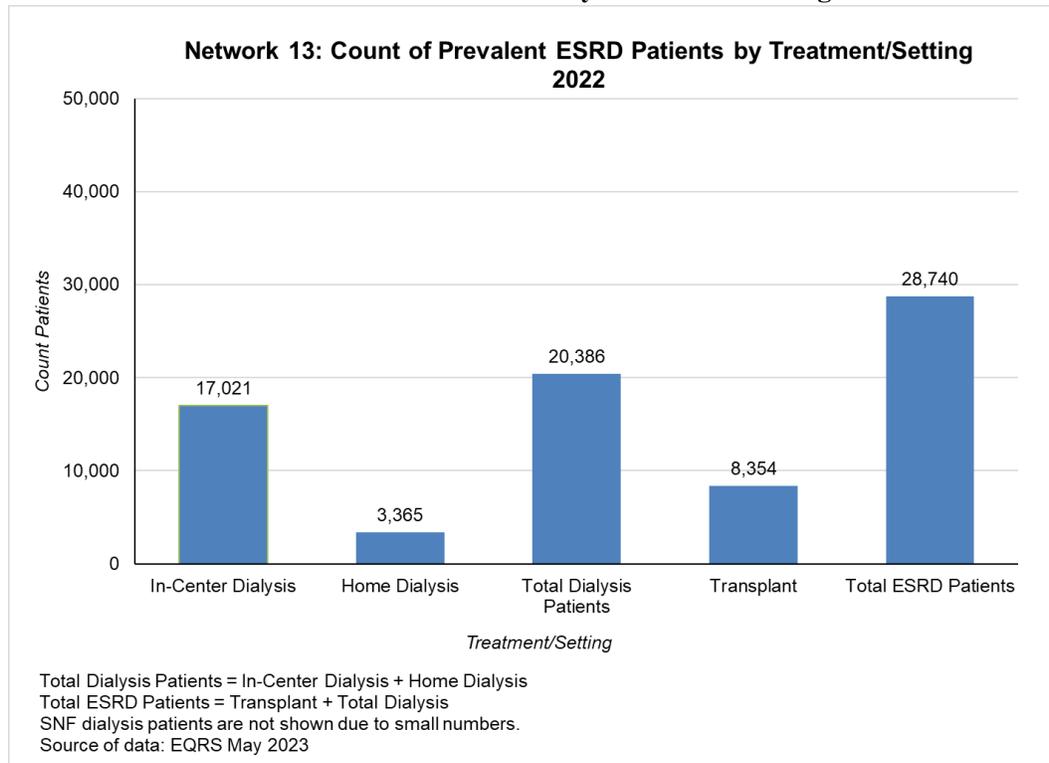
Geography and General Population

The Network 13 service area encompasses three states with a contiguous landmass that covers approximately 165,000 square miles and includes swamp, coastal marshes, barrier islands, river valleys, forests, sub-tropical forests, lakes, bayous, arid plains, and mountains. The US Census Bureau estimates that as of July 1, 2022, the Network 13 service area had a combined estimated general population of 11,655,678¹.

ESRD Population

As of December 31, 2022, there were 20,386 dialysis patients and 8,354 transplant patients, for a total of 28,740 patients with ESRD in the Network 13 service area. (See Chart A) The Network saw a total of 5,430 individuals newly diagnosed with ESRD in 2022. (See Chart B) Of these patients, 14.3% (779) were home patients and 1.4% (79) received a transplant. As of December 31, 2022, Network 13 comprised 3.9% of the total national prevalent dialysis patient population and 4.1% of the national incident patient population. (See Charts C and D)

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



¹<https://www.census.gov/quickfacts/fact/table/OK,LA,AR,US/PST045222>

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

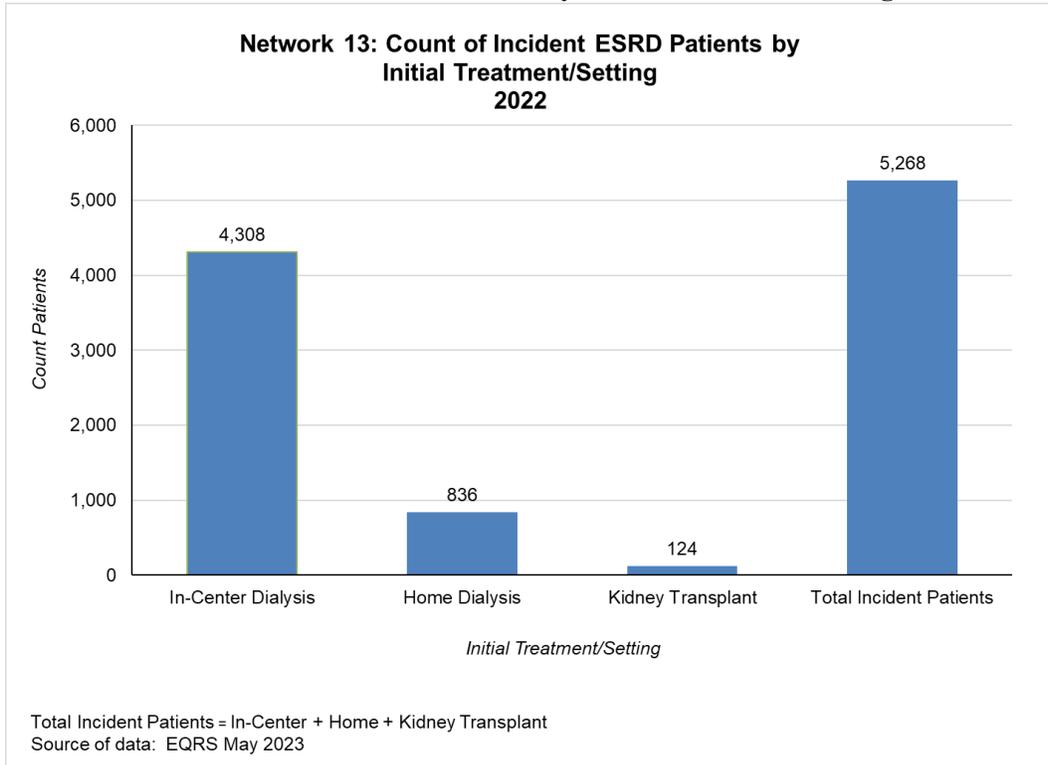


Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2022

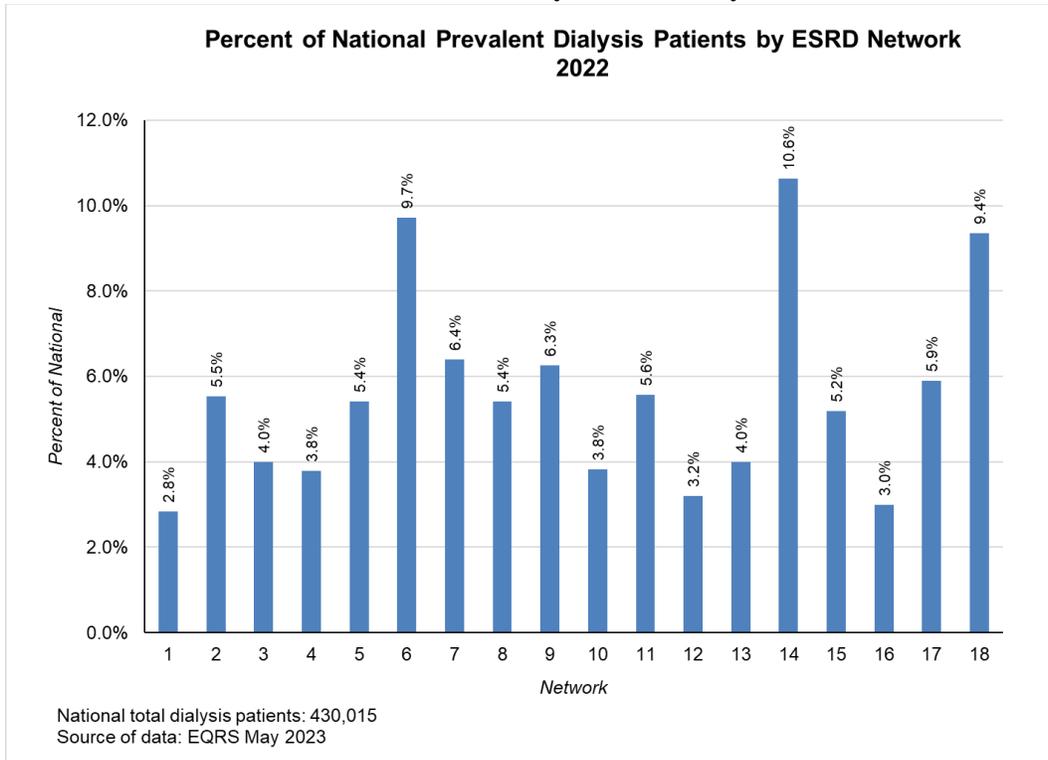
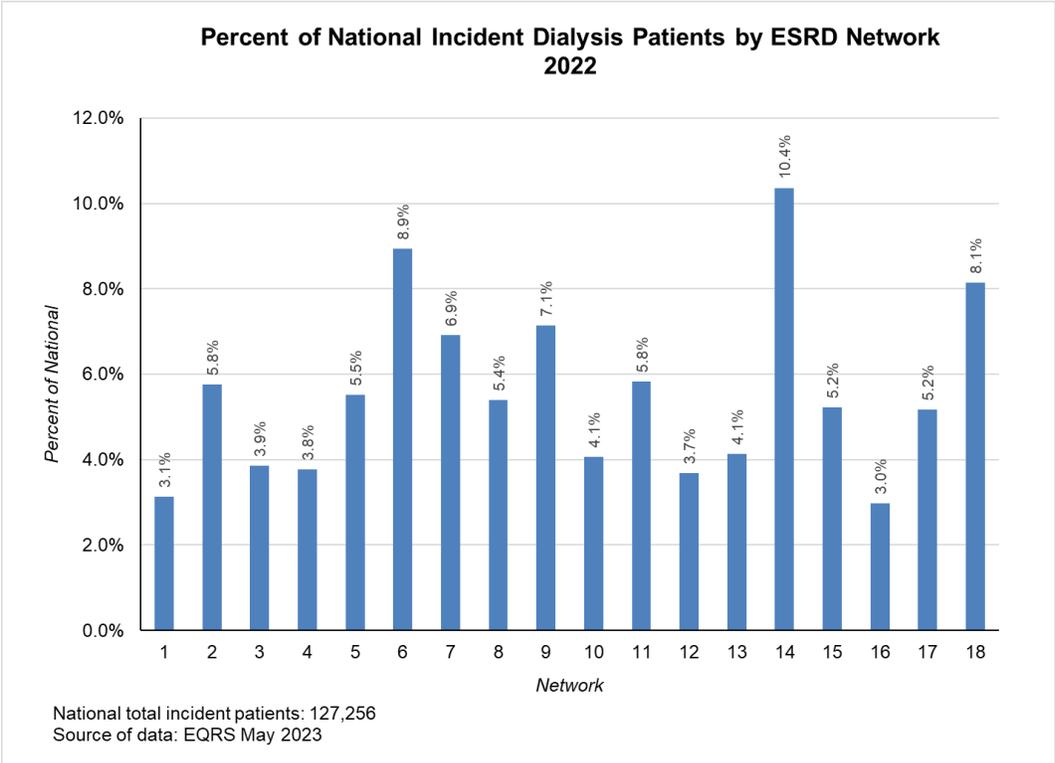


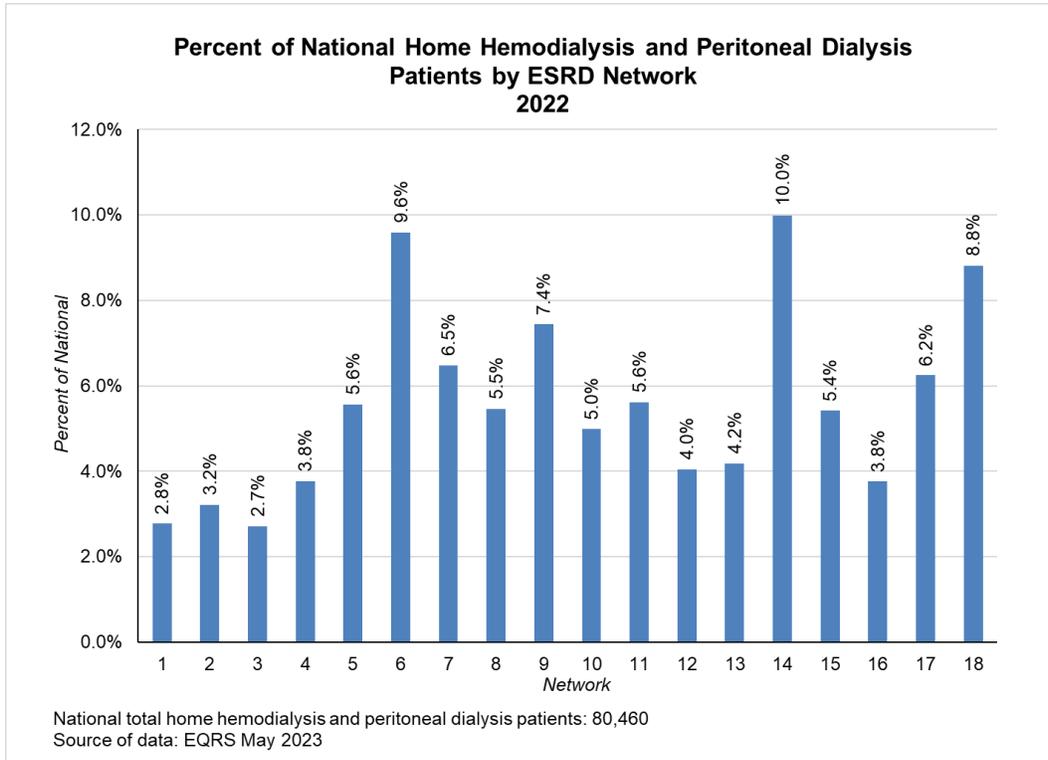
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2022



Dialysis Treatment Options

As of December 31, 2022, 83.4% of dialysis patients in Network 13 were receiving in-center hemodialysis (ICHD) treatments and 16.5% 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 .5% increase in patients using home dialysis from 2021. Nationally, the Network comprised 4.2% of all HHD, CCPD, and CAPD patients. (See Chart E)

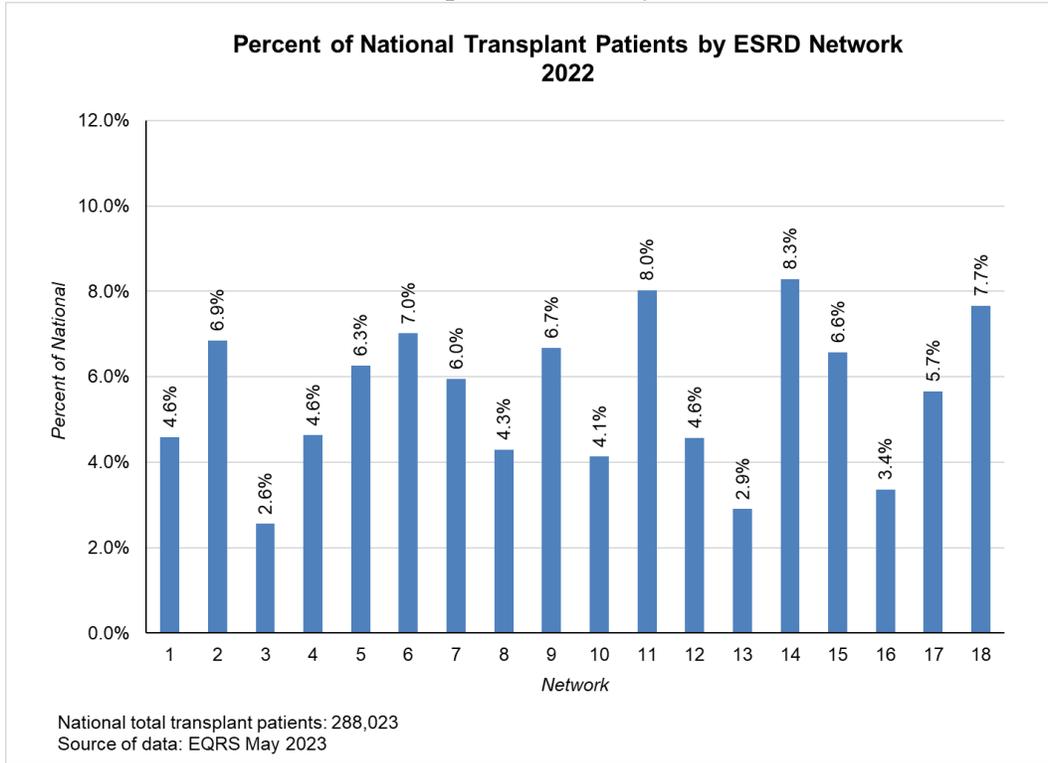
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2022



Transplant

During 2022, transplants were completed by nine transplant centers in the Network 13 service area. As of December 31, 2022, there were 288,023 transplant patients nationally, of which 2.9% were in Network 13. (See Chart F)

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



ESRD Facilities

As of December 2022, Network 13's service area included a total of 360 ESRD facilities, including 351 dialysis facilities and nine transplant facilities. (See Chart G) The majority of Network 13's dialysis facilities were owned by two large dialysis organizations (LDOs): DaVita Kidney Care (DVA) and Fresenius Kidney Care (FKC). These two corporations owned and/or operated 79.6% of the 351 dialysis facilities as of the end of 2022. Nationally, Network 13 comprised 4.4% of all dialysis facilities (See Chart H) and 3.9% of all transplant facilities. (See Chart I)

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

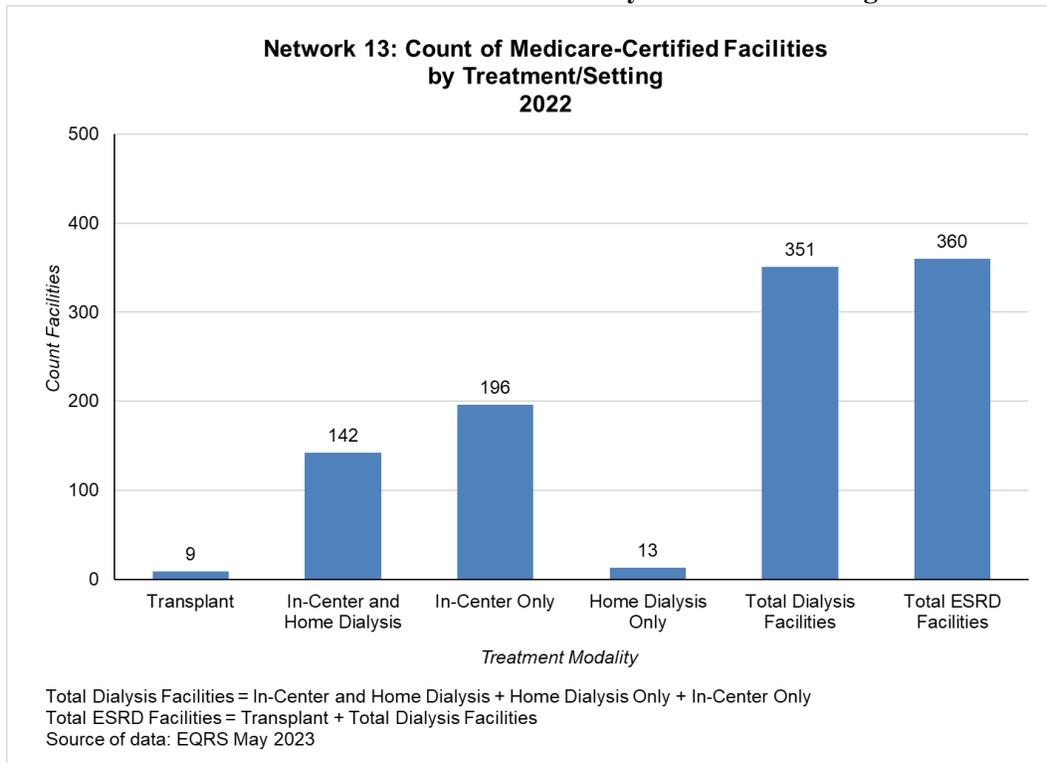


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2022

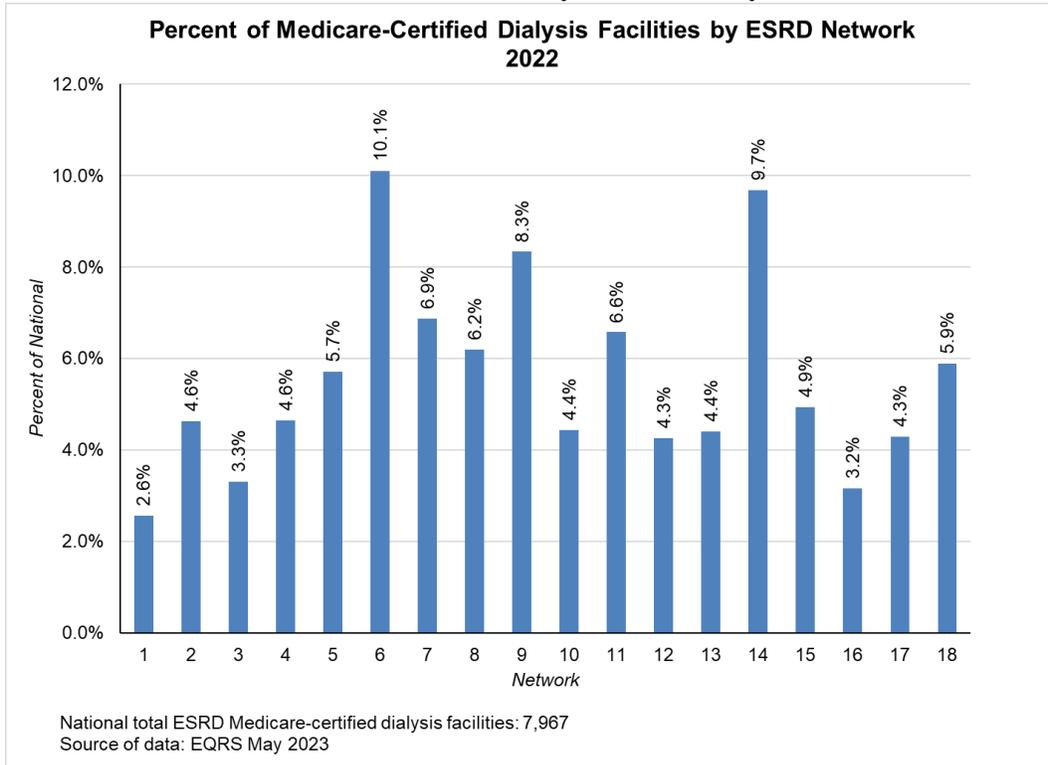
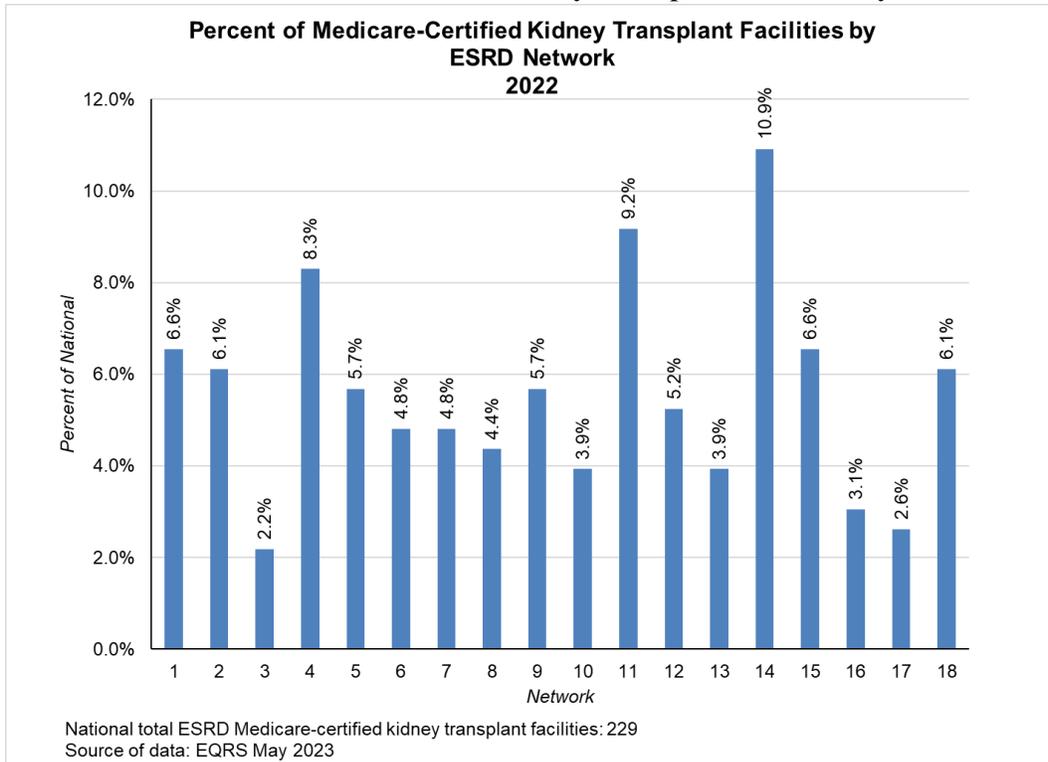


Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2022



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, from May 2022 to April 2023, 22% of contacts to the Network were for grievances, including 14% for immediate advocacy, 6% for general grievance and 2% for clinical area of concern.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 34% of all contacts to the Network for May 2022 to April 2023. (See Chart J) Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

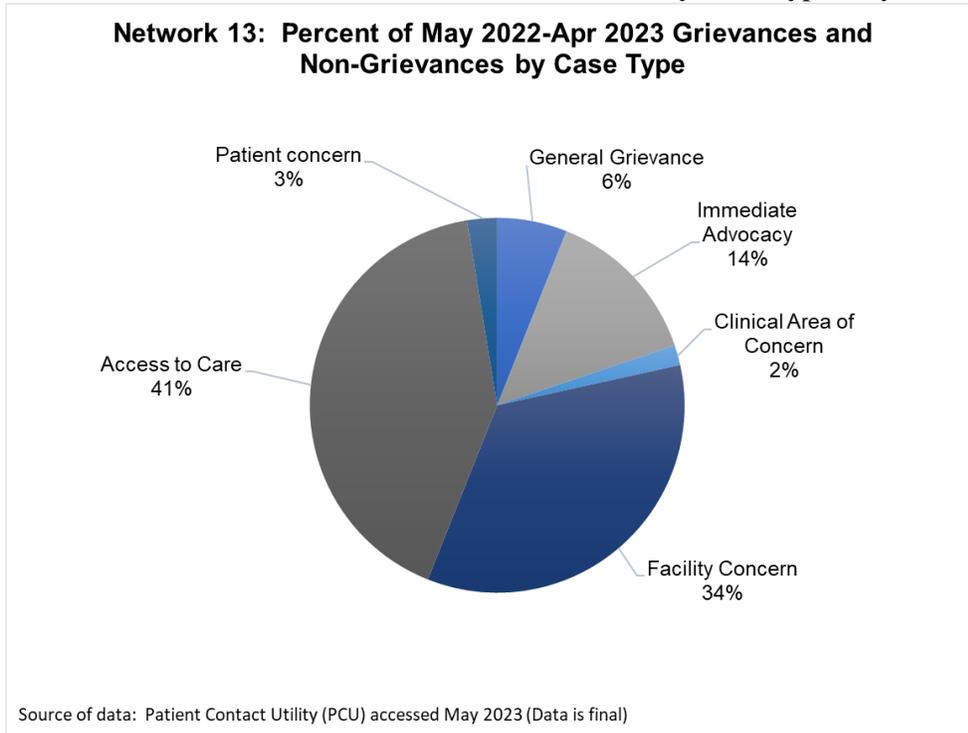
Patient Concerns

Patient concerns are general concerns or questions that patients contact the Network to discuss but are not formal complaints they want the Network to address with a facility. Patient concerns accounted for 3% of contacts to the Network from May 2022-April 2023. (See Chart J)

Access-to-Care Issues

The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. Access-to-care issues accounted for 41% of contacts to the Network from May 2022-April 2023. (See Chart J)

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



ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist & Transplanted QIA May 2022-April 2023

Goal and Outcomes

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

- Achieve a 5% increase in the number of patients added to a kidney transplant waiting list by April 2023, using calendar year 2020 as a baseline.
- Achieve a 6% increase in the number of patients receiving a kidney transplant by April 2023, using calendar year 2020 as a baseline.

By April 2023, the number of patients added to a transplant waitlist was 991, which exceeded the goal by 5.8%. (See Chart K) The number of patients receiving a transplant was 637, which exceeded the goal by 1.4%. (See Chart L)

Barriers

Barriers to meeting the QIA goals included:

- Lack of a structured communication process between the dialysis facilities and transplant centers to readily track and expedite the flow of information.
- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.
- Transportation challenges for patients from rural areas resulting in limited ability to complete evaluation appointments.
- Lack of facility staff to implement new interventions and hold educational Lobby Days due to the COVID-19 pandemic.

Interventions

Interventions implemented included:

- Identifying each transplant center's criteria and requirements for waitlisting, contacting each center to determine the best process for communication (i.e., online portal, faxing, email, phone) between the facility and the transplant centers for referrals, appointments, and updates, and obtaining contact information for transplant staff at each center to improve collaboration and address specific patient barriers.
- Tracking and documenting each patient's referral, evaluation, and movement through the steps to being added to the transplant waitlist.
- Utilizing the Network's *QAPI QIA Monitoring Form* for discussions about the facility's transplant activities and progress towards goals during the monthly QAPI meeting.
- Using Network provided tools and resources to educate staff and patients. Examples of resources include:
 - [ESRD NCC Transplant Change Package](#)
 - [Kidney Transplant Hub](#) resources for patients

Best Practices

Best practices identified from the QIA included:

- Developing relationships with transplant coordinators to effectively communicate patient status updates consistently and to collaboratively provide the patient with support to increase the opportunity for waitlisting.
- Involving the entire team in educating and supporting patients during their transplant journey to manage issues and provide encouragement during the long process of waitlisting and staying prepared for transplant.
- Introducing transplanted patients to current dialysis patients to motivate patients to get evaluated and listed for transplant.
- Involve LDO leadership to encourage spread of best practices to other facilities.

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

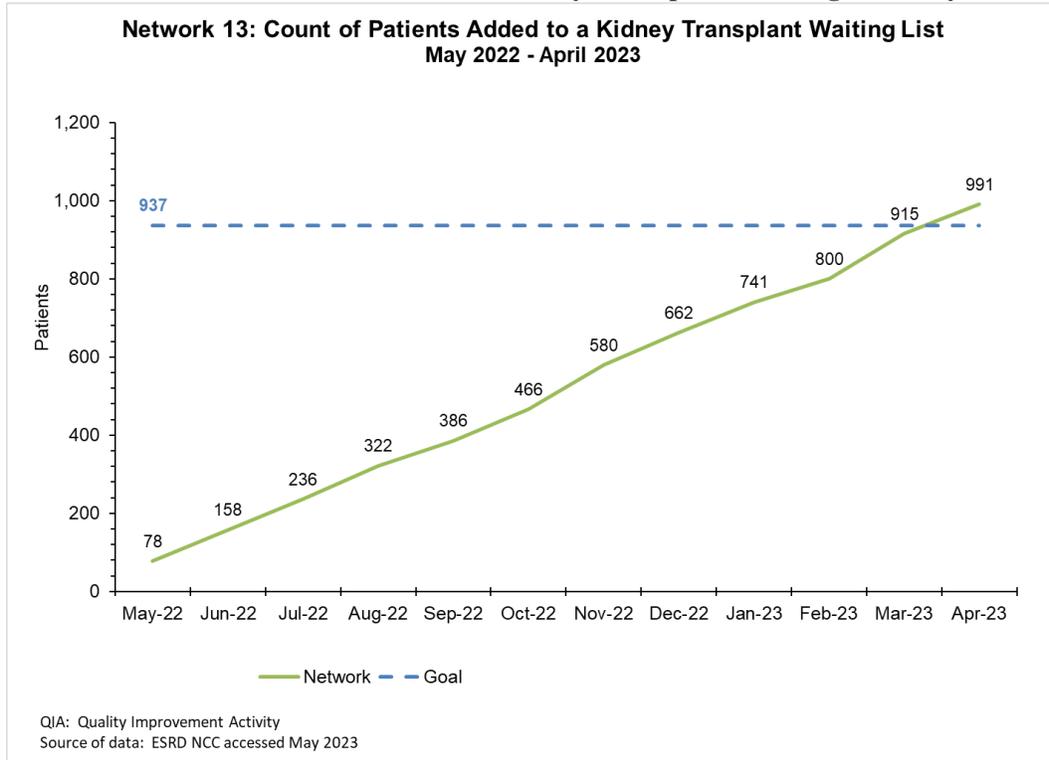
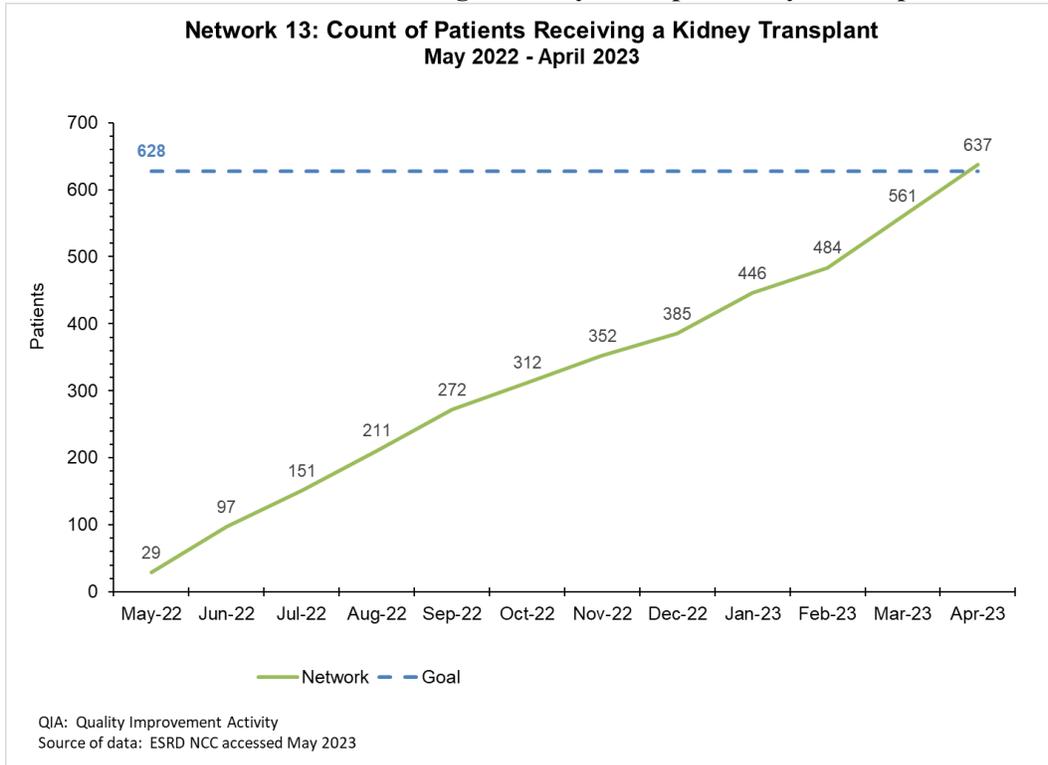


Chart L: Count of Patients Receiving a Kidney Transplant May 2022-April 2023



Home Therapy QIA May 2022-April 2023

Goals and Outcomes

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

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

By April 2023, the Network achieved 94.4% of the goal for incident patients starting on home dialysis and 102.3% of the goal for moving prevalent patients to a home modality. (See Charts M and N)

Barriers

Barriers to meeting QIA goals included:

- Patient lack of interest in changing modalities.
- In-center facility staff shortages to refer patients to home dialysis and home training nurse shortages.
- Some physicians are not comfortable with home dialysis, nor are they willing to provide early education to patients and offer patients the option to start dialysis on a home modality.
- Lack of facility staff education about home dialysis in order to develop a “home dialysis” culture at the facility.

Interventions

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

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

Best Practices

Best practices identified through the QIA included:

- Using the *Home Change Package* interventions to mitigate facility barriers to increasing the use home dialysis.
- Collaborating with physicians to offer resources for office patients, including hosting a Home Lobby Day in the physician’s office, videos, education materials and a patient peer mentor.

- Implementing an “All Team” approach by educating staff on home dialysis options so they can educate patients and discussing progress during monthly QAPI meetings.
- Identifying an in-center Home Champion to educate patients and bridge the transition for patients to the home program.
- Ensuring collaboration between the incenter dialysis facilities and home programs for continuity of patient care.
- Using the [ESRD NCC Peer Mentoring Resources](#) for recruiting and training a patient peer mentor to discuss home dialysis with interested patients.

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

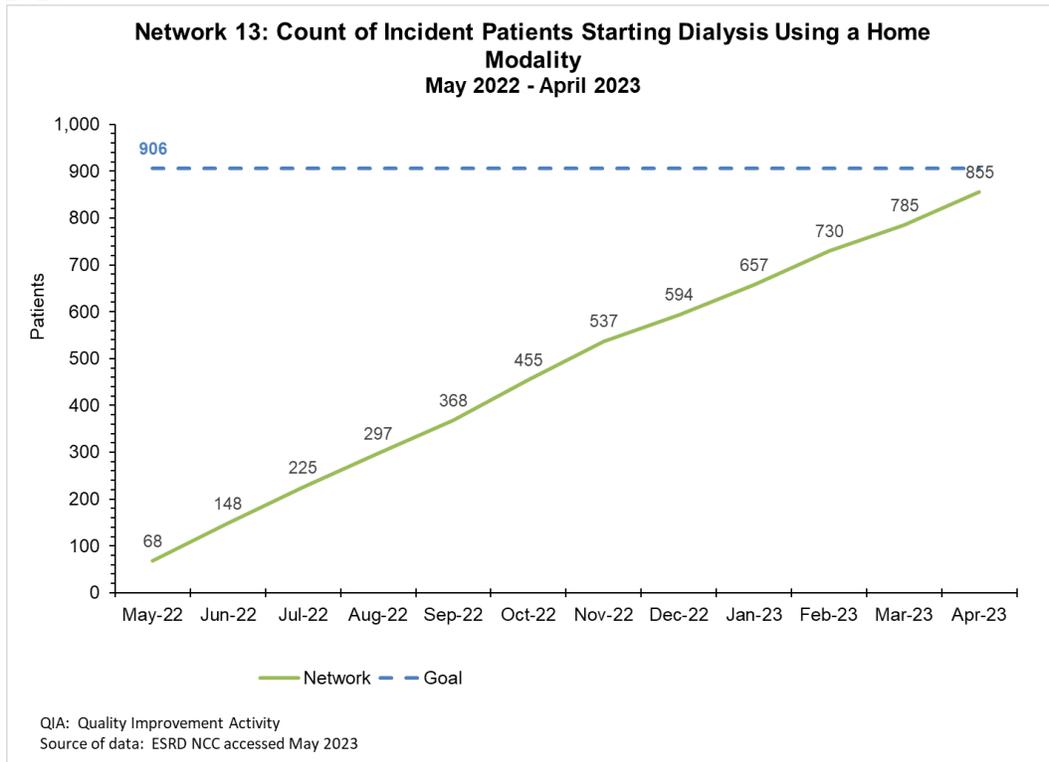
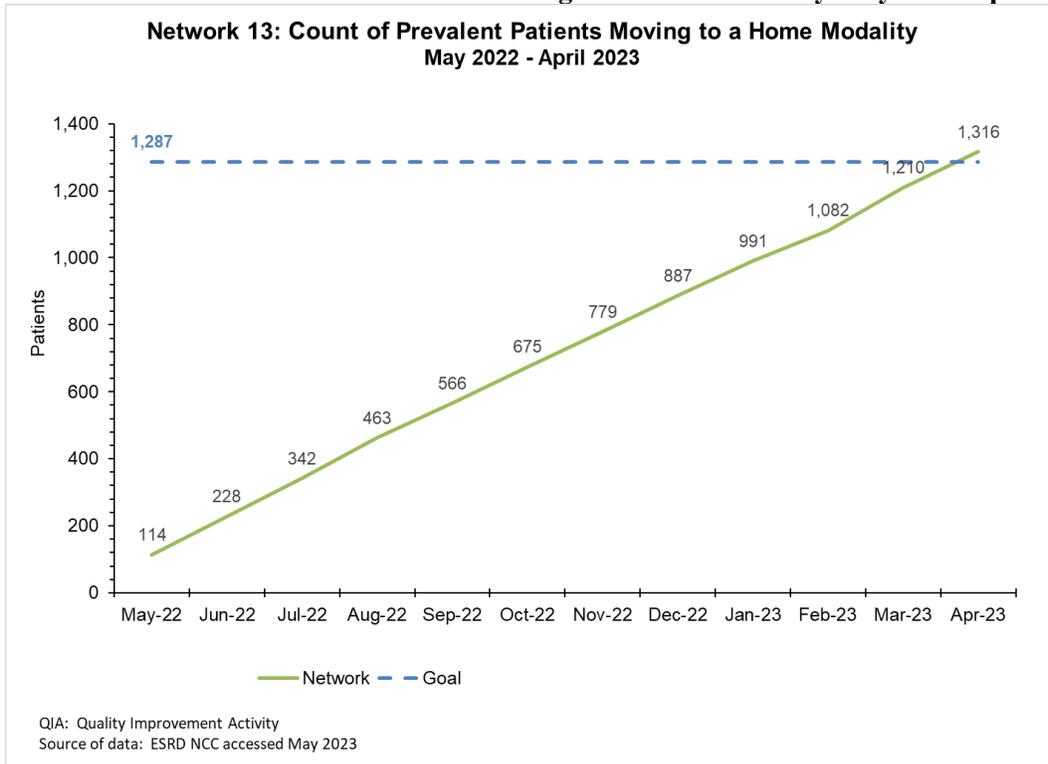


Chart N: Count of Prevalent Patients Moving to a Home Modality May 2022-April 2023



Telemedicine QIA May 2022-April 2023

Goals and Outcomes

The goal of the Telemedicine QIA was to increase the number of rural patients using telemedicine to engage in home dialysis by 3% by April 2023. The baseline number of patients using telemedicine during 2020 was 498 and a goal count of 518 patients was established. The Network achieved 156.4% of the QIA goal with 810 home patients using telemedicine by April 2023. (See Chart O)

Barriers

Barriers for the QIA included:

- Staff misconception of the use of telemedicine in the home program.
- Lack of a tracking mechanism for monthly telemedicine visits with patients.
- Lack of reporting of patient telemedicine visits by facilities in EQRS.

Interventions

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

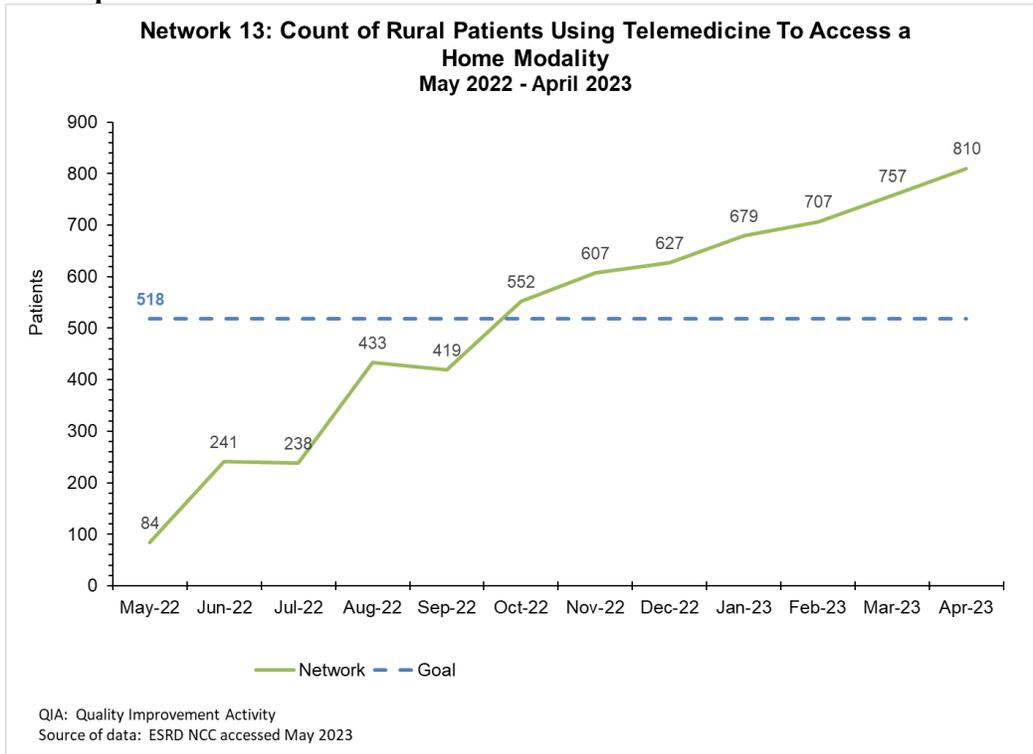
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program and report visits in EQRS.
- Distributing a Network created “Tips” sheet to all facilities that explained how to report telemedicine visits in EQRS and included frequently asked questions.

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 Network created “Tips” sheet for step-by-step reporting of telemedicine visits in EQRS.

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



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

Goals and Outcomes

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

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

The Network remained under the upper limit rate set for all three areas of the QIA and demonstrated a relative decrease of 10.48% from baseline for inpatient admissions, a relative decrease of 13.50% from baseline for 30-day readmissions and a relative decrease of 12.07% from baseline for ED visits (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.
- Patient and staff educational needs regarding:
 - The benefits of patients remaining out of the hospital.
 - Comorbid condition follow-up.
 - Patients who use the hospital emergency room for routine dialysis care and do not communicate with dialysis facility staff about care goals.
 - Utilizing outpatient providers when available and appropriate.
- Patient treatment nonadherence with frequent reports of patient refusal to dialogue about plan of care to adjust or alter dialysis plan.

Interventions

Interventions for the QIA included:

- Conducting a facility-specific root cause analysis (RCA) and developing an action plan to address the biggest area of opportunity related to unplanned hospital use.
- Reviewing available data to identify trends and opportunities for improvement related to the reasons for hospitalizations.
- Discussing the QIA, RCA, action plan, interventions, and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.

- Addressing nonadherent patients with open communication and motivational interviewing.
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.

Best Practices

Best practices identified by QIA facilities include:

- Using a team approach to patient education, tracking of events and implementing interventions.
- Completing a post-hospitalization checklist for each patient returning to the facility.
- Communicating with hospital discharge planners.
- Focusing on patient dry weight management, including performing regular dry weight reviews, scheduling patients for additional treatments, providing enhanced patient education and training staff on proper weighing of patients.
- Addressing patients in need of a primary care provider.
- Providing case management to patients who are high utilizers of hospital services.

Chart P: Rate of ESRD-Related Hospital Admissions per 100 patient-months May 2022-April 2023

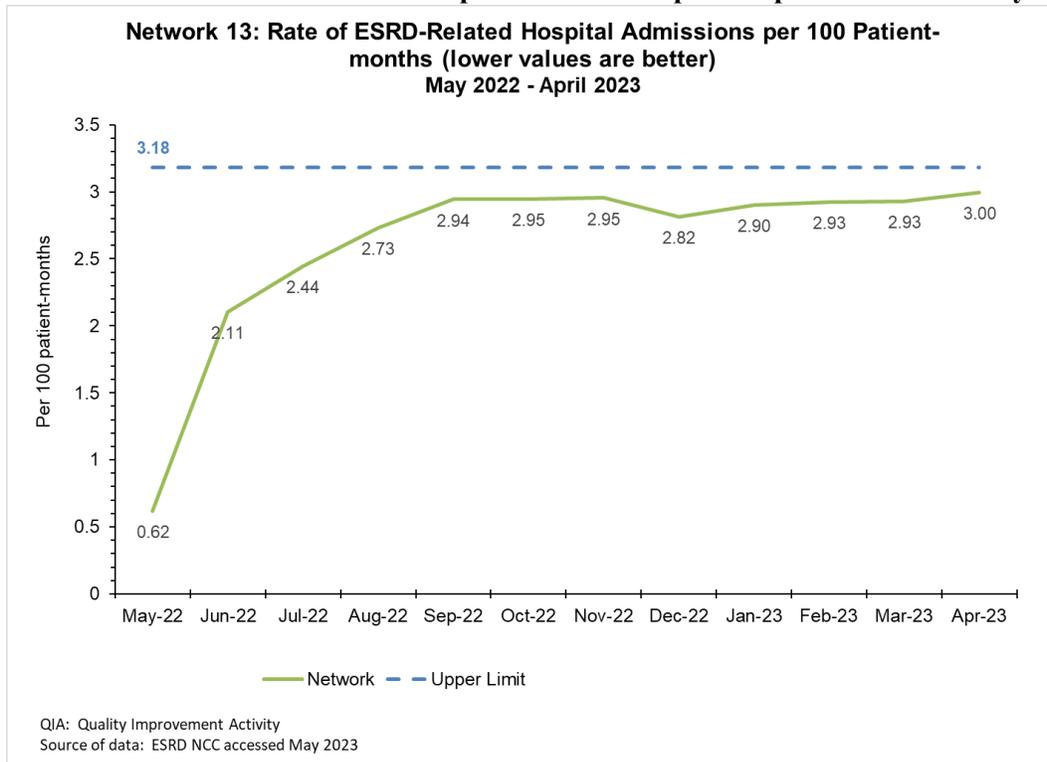


Chart Q: Percent of Hospital 30-Day Unplanned Readmissions May 2022-April 2023

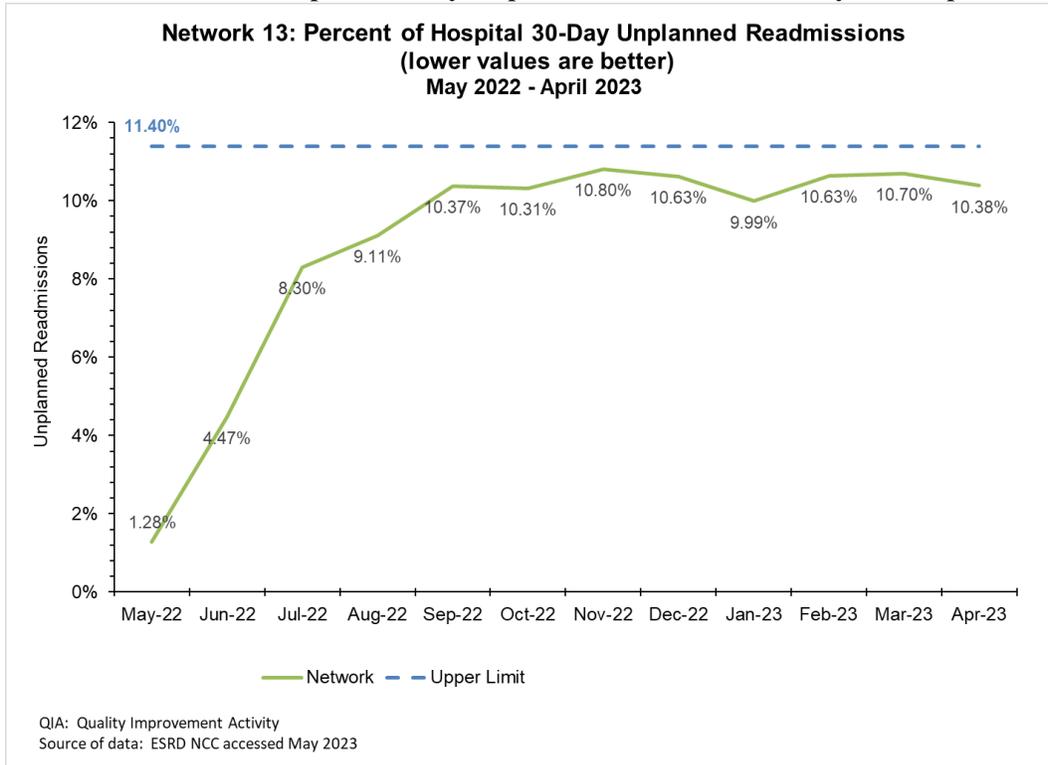
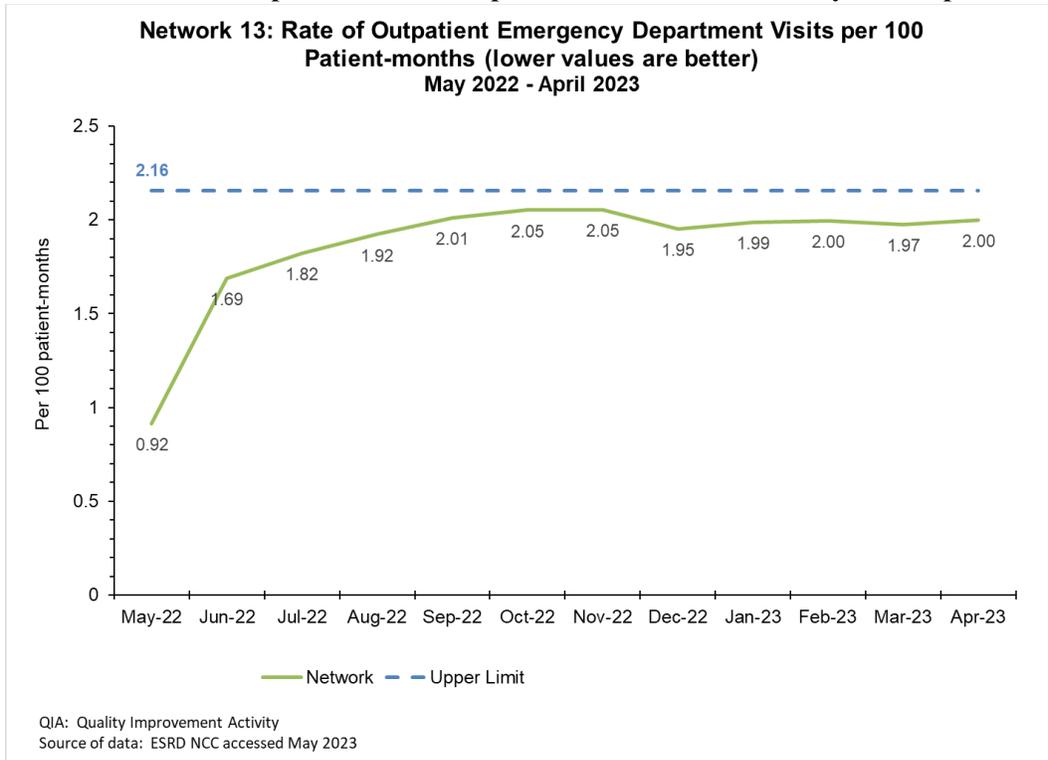


Chart R: Rate of Outpatient ED Visits per 100 Patient-months May 2022-April 2023



Reducing COVID-19 Related Hospitalizations May 2022-April 2023

Goals and Outcomes

From May 2022-April 2023, the Network focused on reducing COVID-19 hospitalizations by 25% from the baseline. The Network's upper limit for the QIA goal was set as 1,250 admissions. The Network remained under the limit and only experienced 601 admissions during the QIA, which was a relative decrease of 63.93% from baseline (See Chart S).

Barriers

Barriers to achieving the QIA goal included:

- Dialysis facility staffing shortages in COVID-19 cohort facilities.
- Availability of outpatient interventions for patients at higher risk for complications related to COVID-19.
- Vaccination hesitancy.
- Facility reporting barriers in NHSN

Interventions

Interventions for the QIA included:

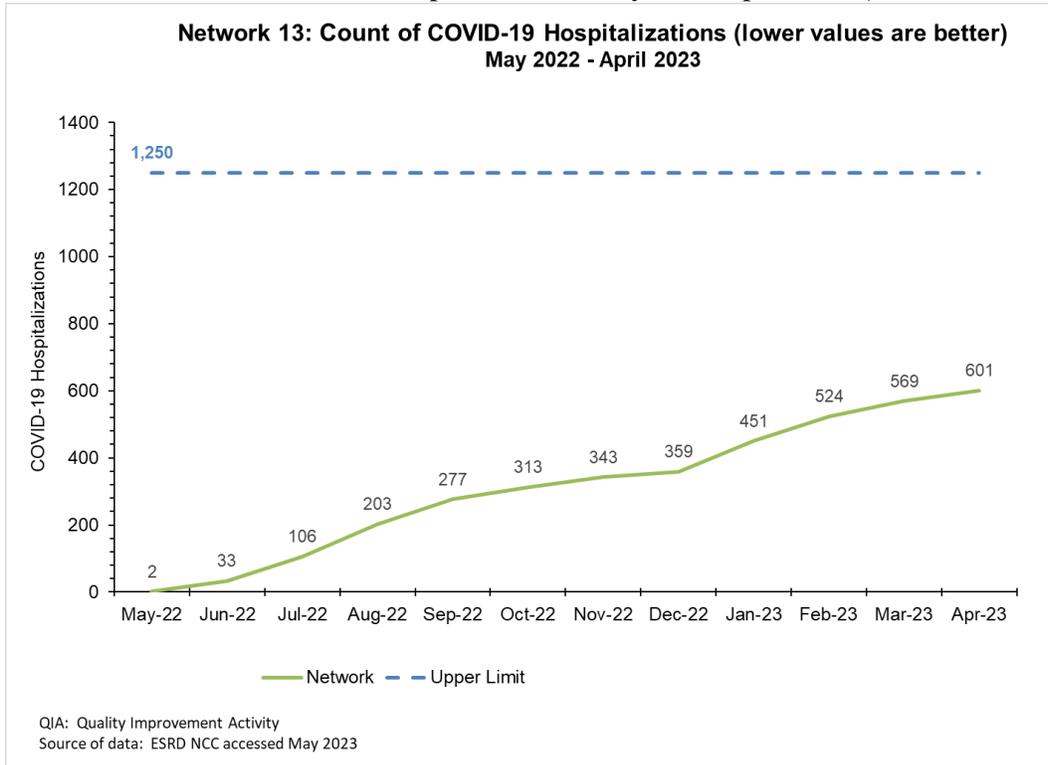
- Reviewing available data to identify facilities with increases in cases and providing focused technical assistance to address barriers.
- Sharing patient and staff educational resources and tools.
- Discussing response plans and interventions for implementation with dialysis facility corporate leadership.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

Best Practices

Best practices identified by facilities include:

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

Chart S: Count of COVID-19 Hospitalizations May 2022-April 2023 (Lower rates are better)



COVID-19 Vaccinations for Patients and Staff QIA May 2022-April 2023

Goals and Outcomes

The QIA focused on the following goals:

- Achieve a COVID-19 patient vaccination rate of 80% by April 2023.
- Achieve a COVID-19 patient booster vaccination rate of 80% by April 2023.
- Achieve a COVID-19 staff vaccination rate of 100% by April 2023.
- Achieve a COVID-19 staff booster vaccination rate of 100% by April 2023.

By April 2023, the Network achieved a COVID-19 patient vaccination rate of 68.2% and a patient booster vaccination rate of 62.26% (See Charts T and U). For COVID-19 staff vaccinations, a rate of 77.1% was achieved with a booster rate of 25.96% (See Charts V and W).

Barriers

Barriers to achieving the QIA goals include:

- Patient and staff hesitancy and refusal based on religious and/or personal beliefs.
- Tracking vaccinations received by patients and staff outside the facility.
- Facilities decreased the frequency that the vaccinations were offered over time.
- Medically ineligible patients and staff.
- Concerns about possible, unknown, long-term side effects from the COVID-19 vaccines.
- Transportation barriers for patients or staff that needed to travel to receive initial and/or booster COVID-19 vaccines.
- Trust barriers caused by the everchanging scientific-based information provided to the public for the different COVID-19 vaccines.
- Data reporting issues.
- Staffing shortages.

Interventions

Interventions for the QIA include:

- Engaging facilities to complete an RCA and action plan related to improving COVID-19 vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities and those identified as having an increase in new COVID-19 cases.
- Assisting facilities with obtaining access to the National Healthcare Safety Network (NHSN) and reporting of vaccinations.
- Distributing information regarding vaccine availability outside of the facility.
- Disseminating community coalition resources such as Motivational Interviewing techniques and best practices.
- Implementing the *Vaccination Change Package*.

Best Practices

Best practices identified through the QIA include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering COVID-19 vaccines to patients and staff who previously refused or were initially hesitant.
- Tracking and reporting patients who received the vaccinations internally and externally.
- Utilizing Network provided resources and tools for educating patients and staff.
- Engaging non-enrolled and newly certified facilities to assist them with getting access to NHSN.
- Using Motivational Interviewing techniques when discussing vaccinations with patients and staff.
- Identifying change ideas for the facility’s action plan from the *Vaccination Change Package*.

Chart T: Percent of Dialysis Patients receiving a Primary COVID-19 Vaccination and/or Vaccination series. May 2022–April 2023

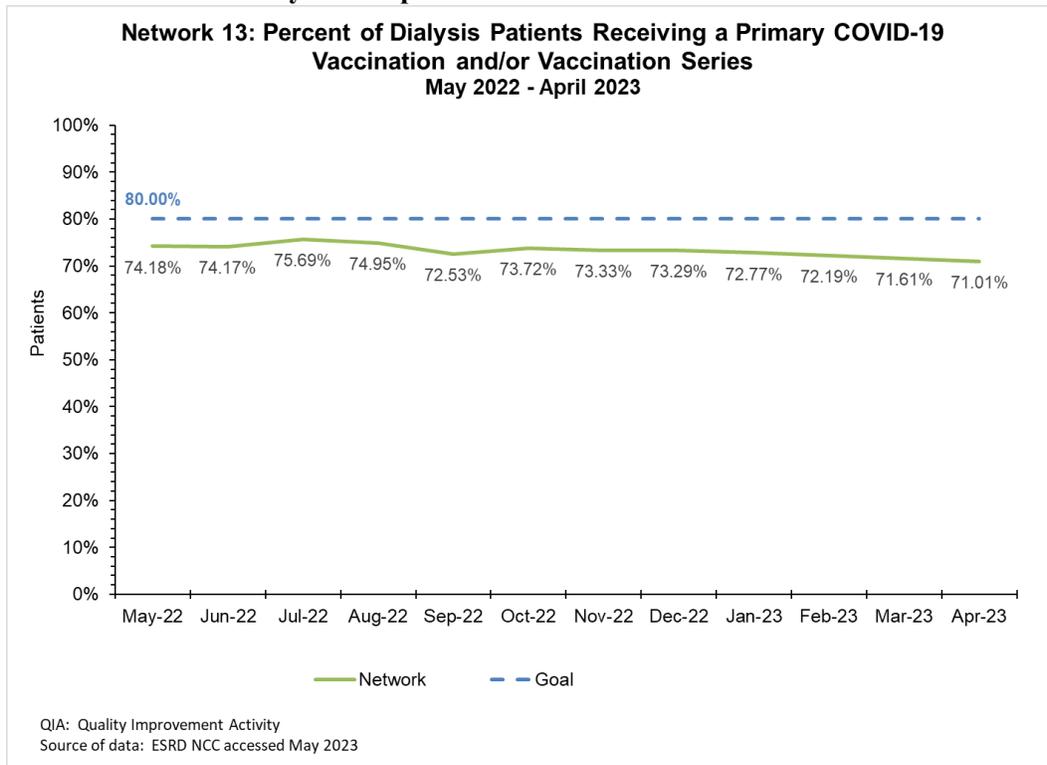


Chart U: Percent of Fully Vaccinated Dialysis Patients Receiving COVID-19 Vaccination Booster May 2022-April 2023

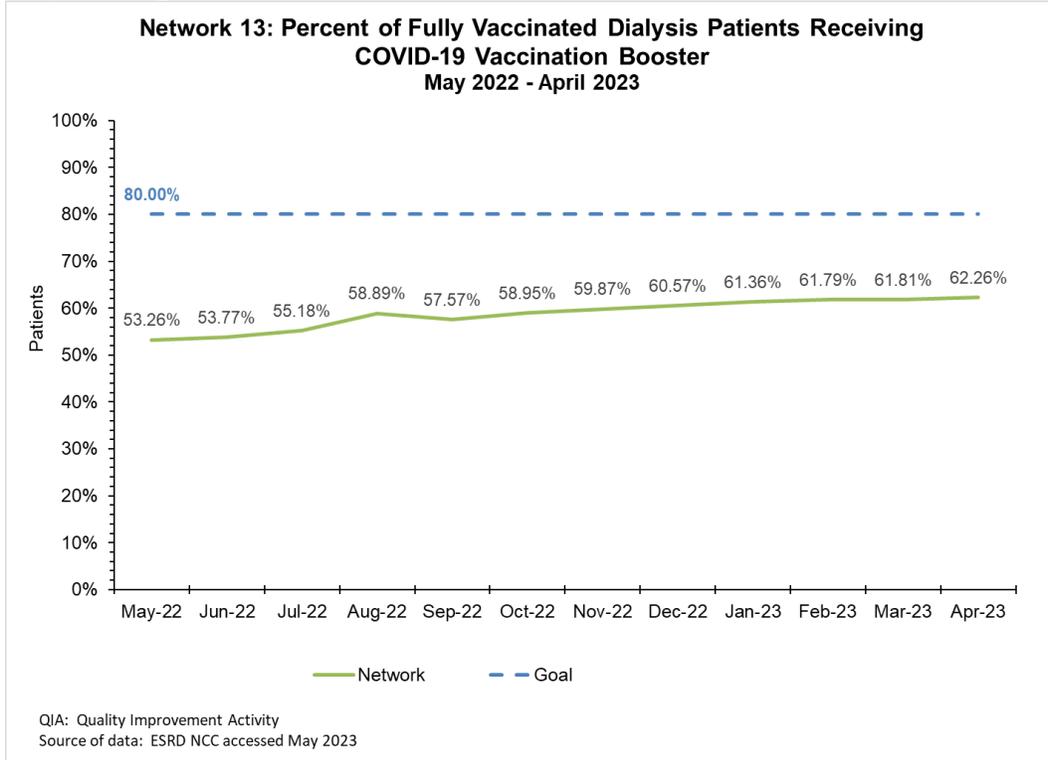


Chart V: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination and/or Vaccination Series May 2022-April 2023

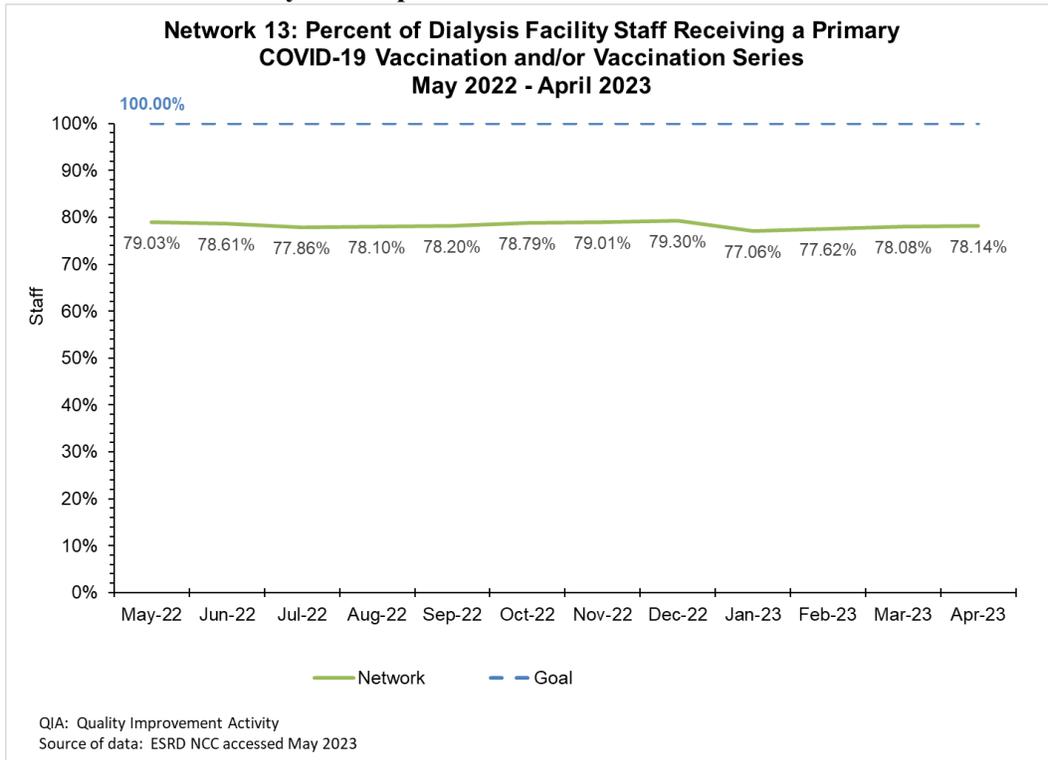
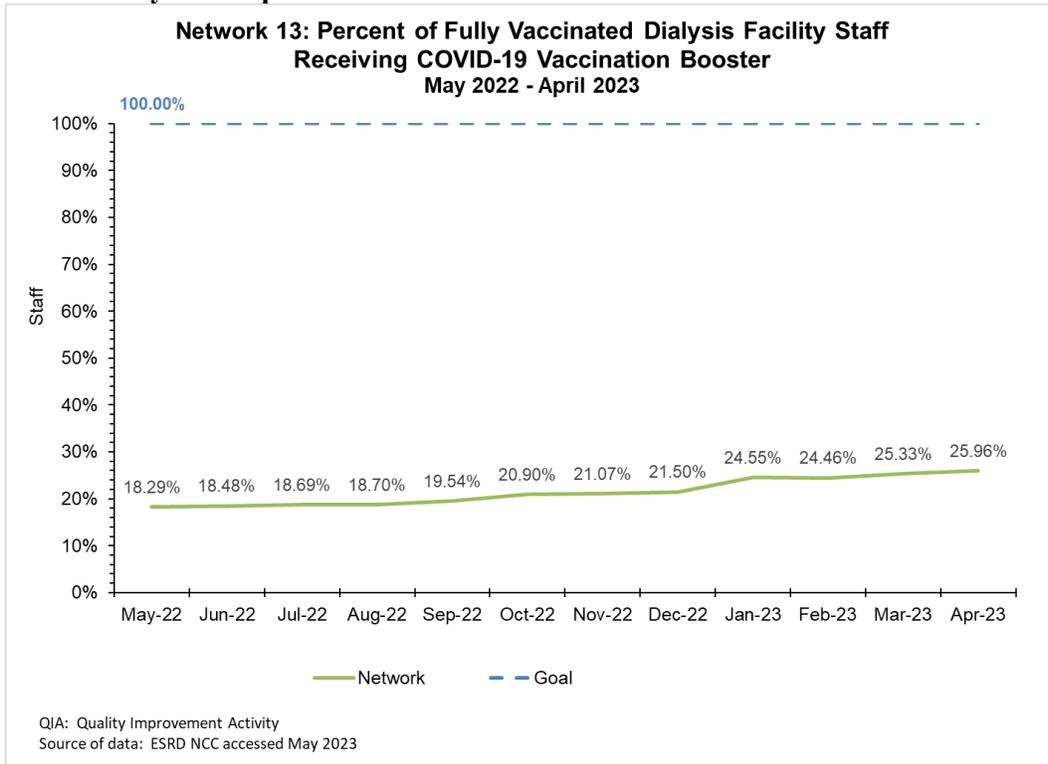


Chart W: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID Vaccinations Booster May 2022-April 2023



Influenza Vaccination QIA May 2022-April 2023

Goals and Outcomes

The goals of the QIA included:

- Achieving a rate of 90% of patients receiving an influenza vaccination by April 2023.
- Achieve a rate of 90% of facility staff receiving an influenza vaccination by April 2023.

By April 2023, 81.84% of patients received an influenza vaccination, which is 90.9% towards the QIA goal. (See Chart X) Reporting of staff vaccinations was limited and reflected 48.38% of staff vaccinated for influenza by April 2023. (See Chart Y)

Barriers

Barriers to achieving the QIA goals included:

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

Interventions

Interventions for the QIA included:

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

Best Practices

Best practices identified through the QIA include:

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

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

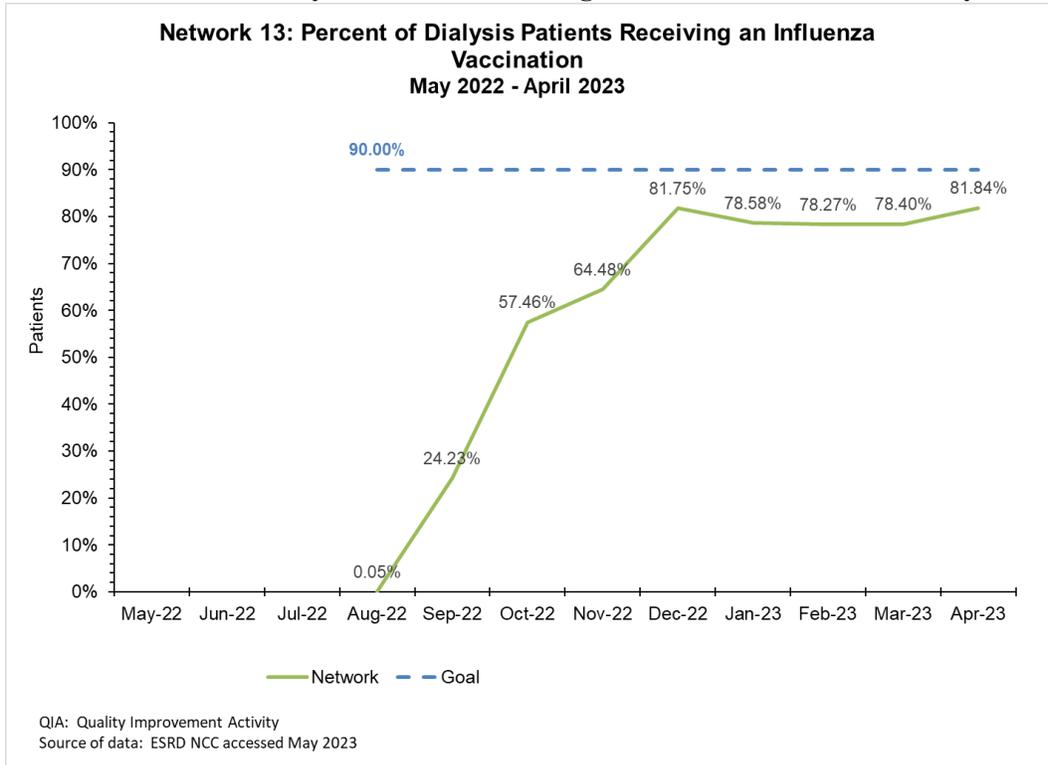
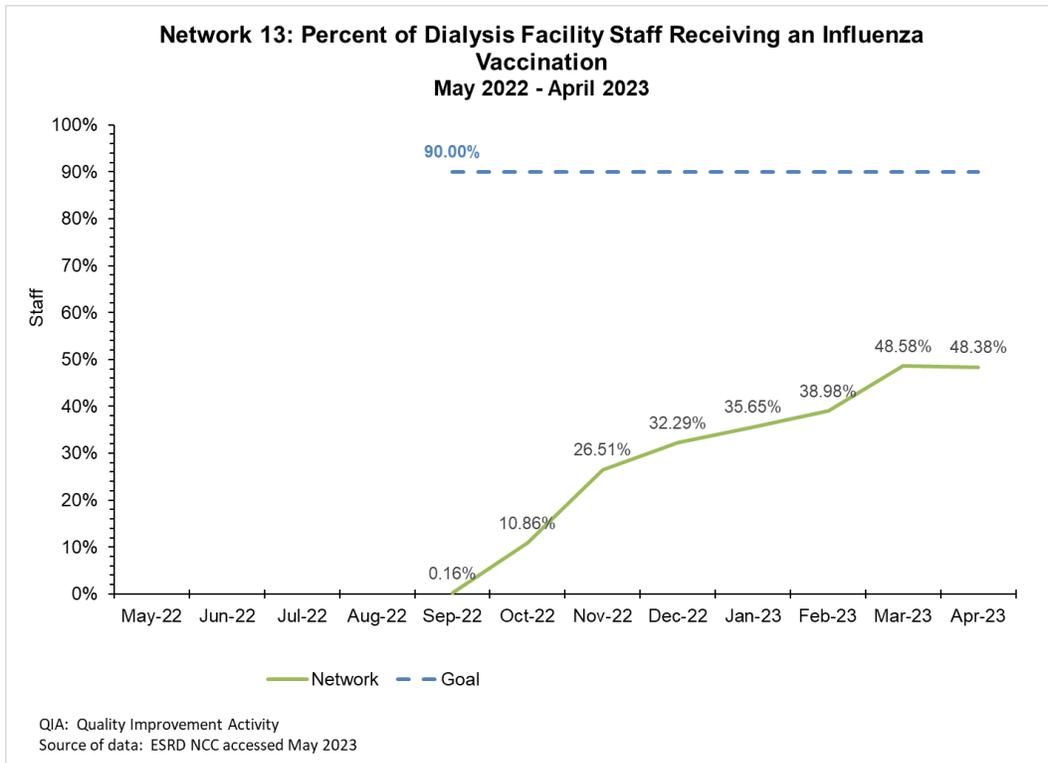


Chart Y: Percent of Staff Receiving an Influenza Vaccination May 2022-April 2023



Pneumococcal Vaccinations (PCV13 & PPSV23) QIA June-April 2022

Goals and Outcomes

The goals of the QIA included:

- Achieving a 10% increase in ESRD patients receiving a Pneumococcal Conjugate vaccination 13 (PCV13) by April 2023.
- Achieving 90% of ESRD patients receiving a Pneumococcal Polysaccharide 23 (PPSV 23) vaccination by April 2023.
- Achieving a 10% increase in ESRD patients receiving a PPSV 23 booster vaccination by April 2023.
- Achieving 85% of ESRD patients over the age of 65 receiving a PPSV 23 vaccination by April 2023.

By April 2023 the Network achieved 88.7% of the PCV13 goal, with 11,317 patients vaccinated. (See Chart Z) The Network achieved 77.9% of patients receiving the PPSV 23 vaccination and 71.5% of patients receiving the PPSV 23 booster vaccination, which exceeded the goal rate of 69.89%. For patients over 65 years old, 70.8% received the PPSV23. (See Charts AA, BB and CC)

Barriers

Barriers to achieving the QIA goals included:

- Patient hesitancy and refusal due to personal beliefs.
- Lack of consistent tracking and reporting of patient vaccinations in EQRS.
- Facilities reported they were no longer using PCV13/PPSV23 and converting to Prevnar 20 or 15.

Interventions

Interventions for the QIA included:

- Engaging facilities to complete an RCA and action plan related to increasing pneumococcal vaccinations.
- Sharing community coalition recommended educational resources from reputable sources that facilities could use to educate patients during vaccination conversations.
- Assisting facilities with obtaining access to EQRS and providing instructions for reporting vaccinations.
- Providing technical assistance to individual facilities that were experiencing barriers to reporting vaccinations in EQRS or were low performers.
- Promoting the *Vaccination Change Package*.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Utilizing change ideas from the *Vaccination Change Package* in facility action plans.

Chart Z: Count of ESRD Patients Receiving PCV 13 Vaccination May 2022-April 2023

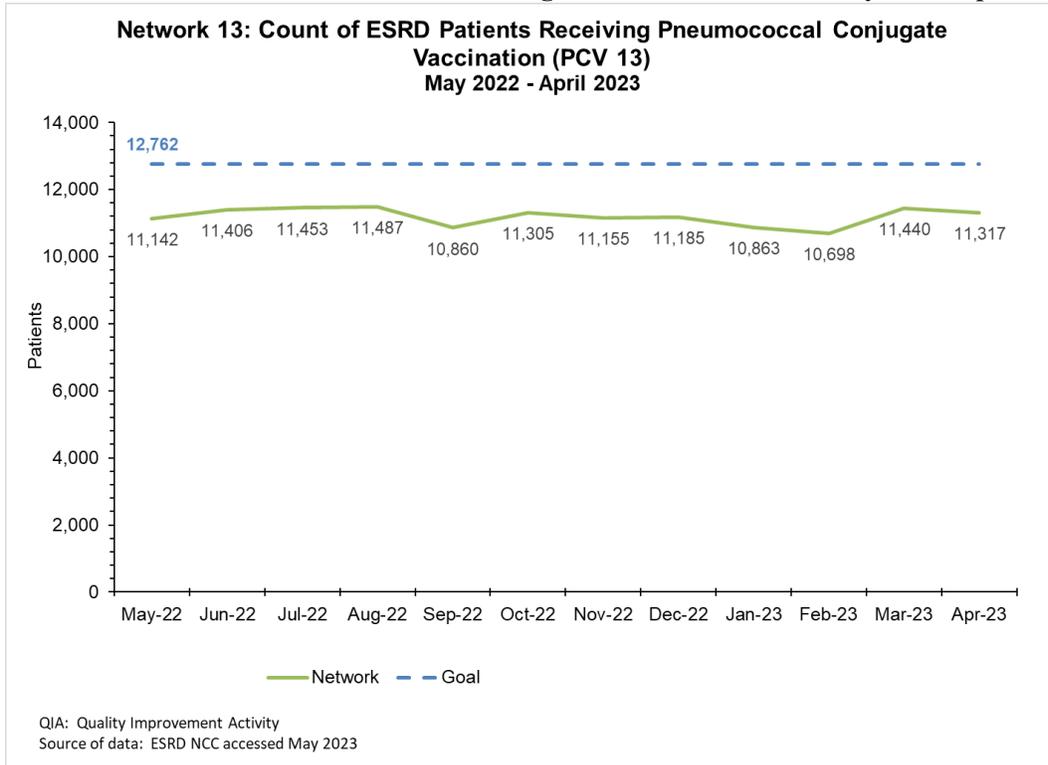


Chart AA: Percent of ESRD Patients Receiving an Initial PPSV 23 Vaccination May 2022-April 2023

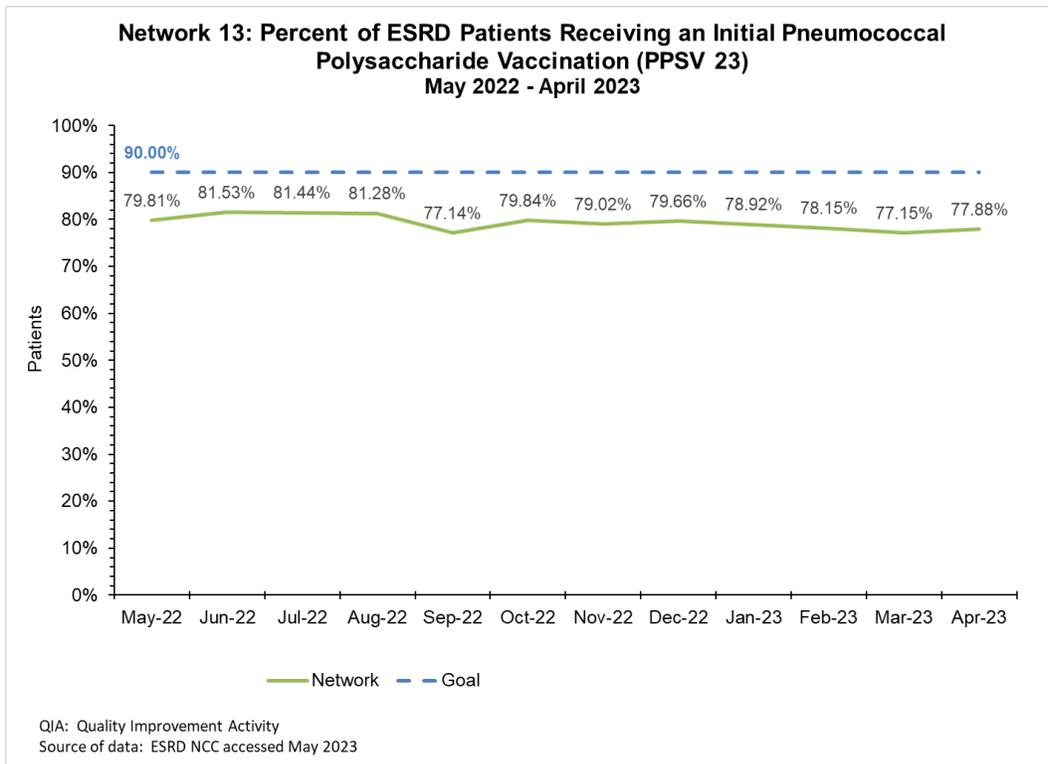


Chart BB: ESRD Patients Receiving Booster PPSV 23 Vaccination May 2022-April 2023

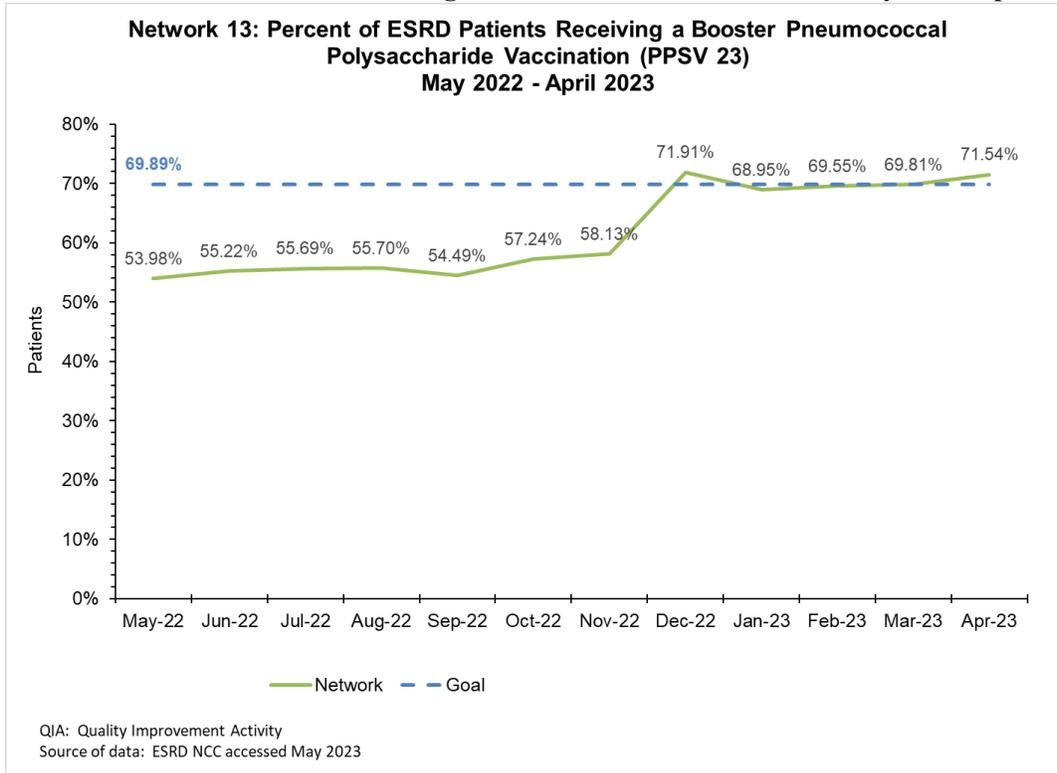
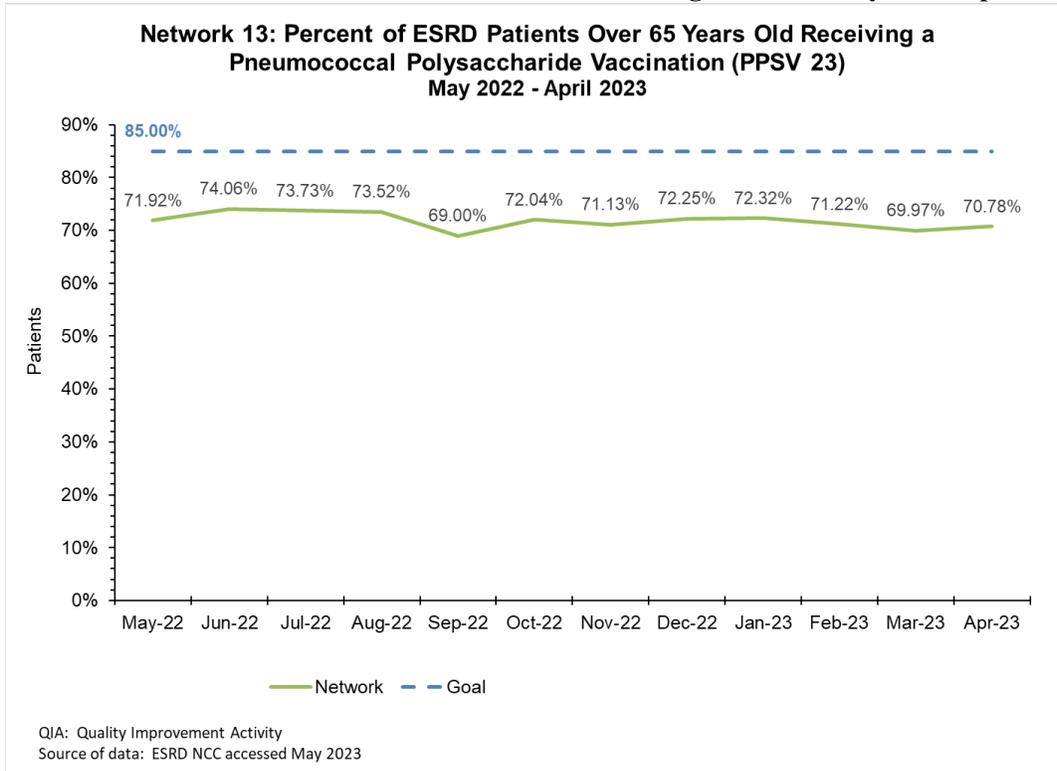


Chart CC: ESRD Patients Over 65 Years Old Receiving PPSV 23 May 2022-April 2023



Improving Nursing Home Care QIA May 2022-April 2023

Goals and Outcomes

The Improving Nursing Home Care QIA goals included the following for patients receiving dialysis in a Nursing Home (NH):

- Achieving a 6% relative decrease in the rate of catheter infections by April 2023.
- Achieving a 3% relative decrease in the rate of peritoneal catheter infections by April 2023.
- Achieving a 3% relative decrease in the rate of blood transfusions by April 2023.

By April 2023, the Network achieved a rate of 0% of patients having a catheter infection but was over the upper limit for the blood transfusion goal with a rate of 20%. (See Charts DD and EE) There were no patients identified as receiving peritoneal dialysis in a NH during the contract year. (See Chart FF)

Barriers

Barriers to achieving the QIA goals included:

- NH patients have complex comorbidities that require extensive medical care.
- NH staff availability and education.
- Communication barriers between dialysis and NH staff.

Interventions

Interventions for the QIA included:

- Conducting a facility level RCA and action plan.
- Discussing the QIA, RCA, action plan, interventions and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.
- Reporting barriers, interventions and successes to the Network.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Using a team approach to patient education, tracking of events and implementing interventions.
- Conducting regular care planning and QAPI meetings with NH staff.
- Reviewing the QIA and goals with NH staff and dialysis NH medical directors.
- Engaging hospitals to address a patient's anemia prior to discharge.
- Reviewing a patient's medical records prior to admission to the NH and dialysis program.

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

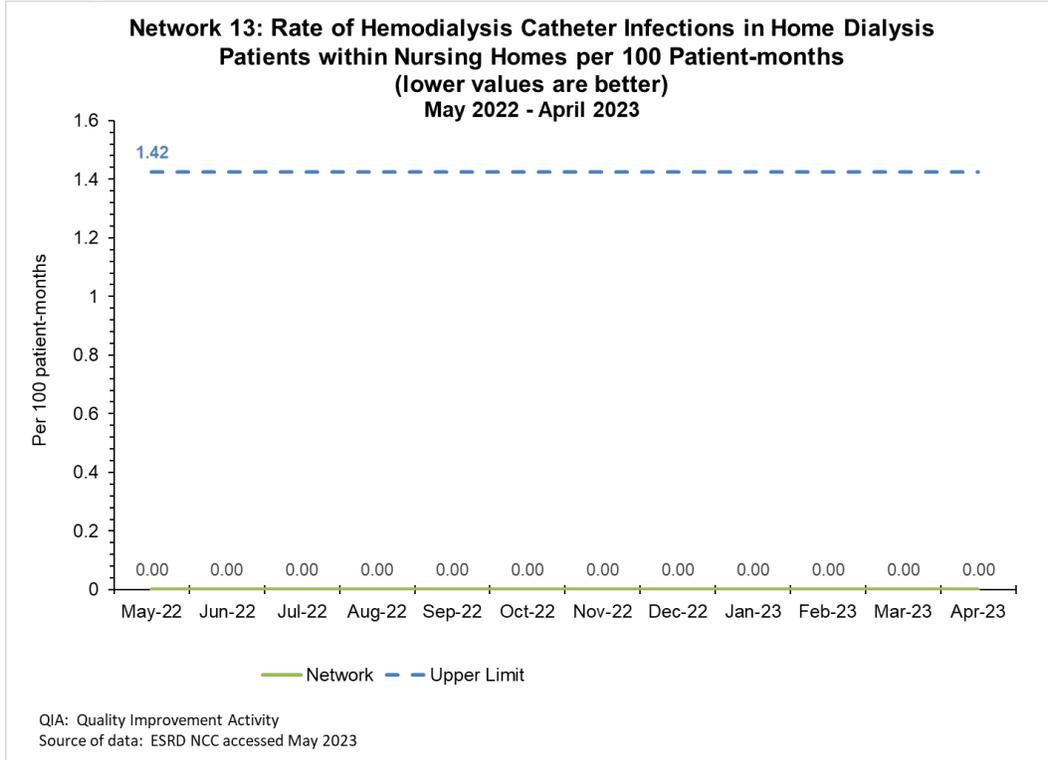


Chart EE: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a NH May 2022-April 2023

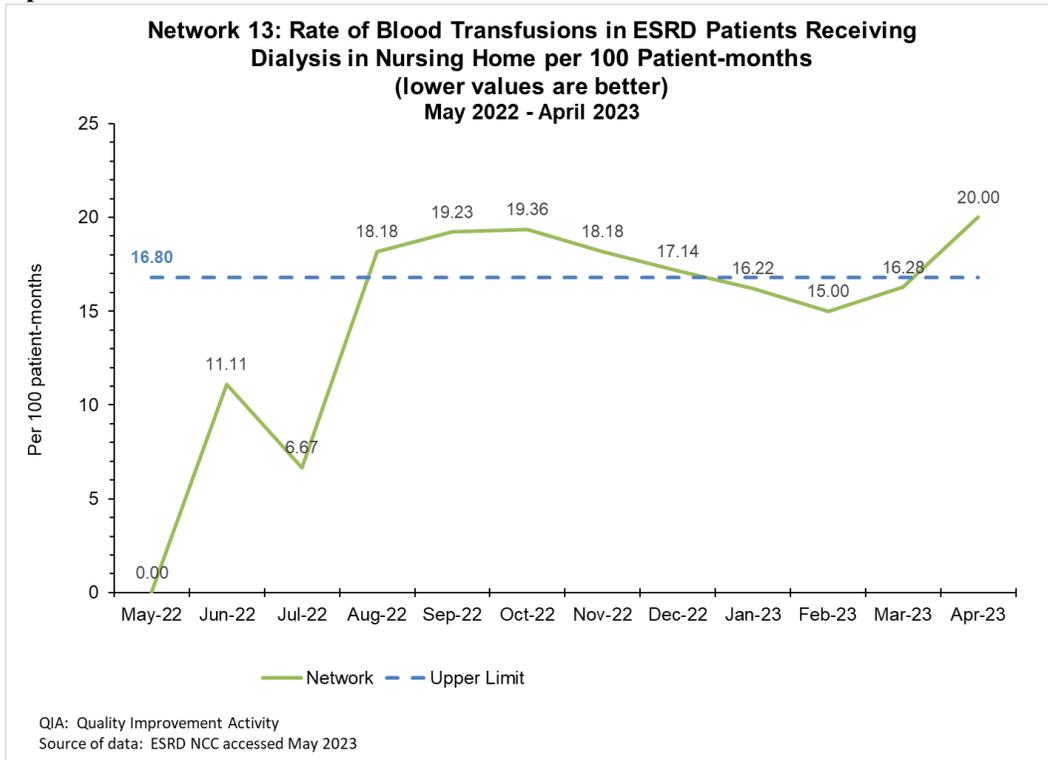
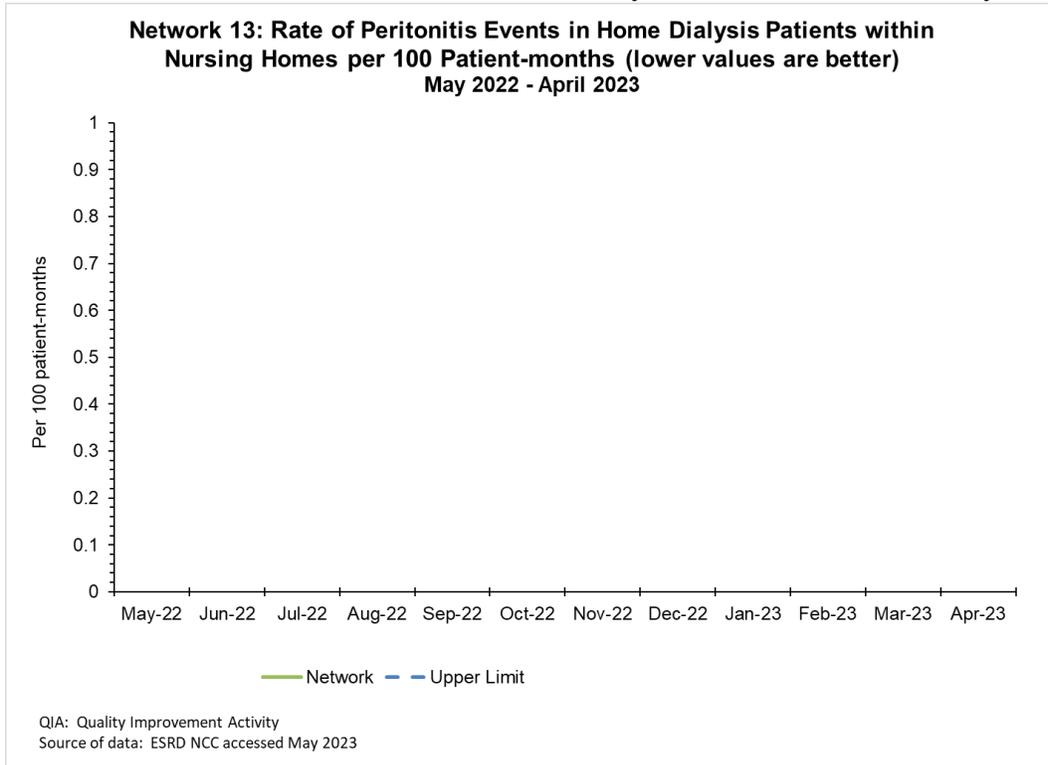


Chart FF: Rate of Peritonitis Events in Home Dialysis Patients within NHs May 2022-April 2023



Data Quality QIA May 2022-April 2023

Goals and Outcomes

The QIA goals included:

- Achieving a 5% increase in patient admissions entered within five business days.
- Achieving a 4% increase in CMS-2728 forms submitted within 45 business days.
- Achieving a 5% increase in CMS-2746 forms submitted within 14 days of the date of death.

By April 2023, the Network achieved 78.1% of admissions, 75.0% of 2728 forms and 59.7% of 2746 forms entered timely. (See Charts GG, HH, II)

Barriers

Barriers to achieving the QIA goals include:

- Lack of dialysis facility staff time to follow up on information needed or to enter admissions or forms in EQRS timely.
- Difficulty obtaining needed medical records and/or patient and physician signatures to complete forms.
- Lack of dialysis facility staff knowledge of submission time requirements and/or consistent facility processes to submit admissions or forms timely.

Interventions

Interventions for the QIA include:

- Discussing timeliness of admissions and forms when facilities contacted the Network for technical assistance with other issues.
- Supplementing technical assistance with electronic resources (e.g., EQRS Data Management Guidelines).
- Recommending facilities focus on interventions to address one key barrier for one form (e.g., physician signatures for 2728) at a time.
- Focusing on identifying and completing specific forms that are coming due.
- Distributing facility-specific data reports for review, comparison, and benchmarking with internal data during QAPI meetings.

Best Practices

Best practices identified throughout the QIA by facilities include:

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

Chart GG: Percent of Patient Admission Records Entered within 5 Business Days May 2022-April 2023

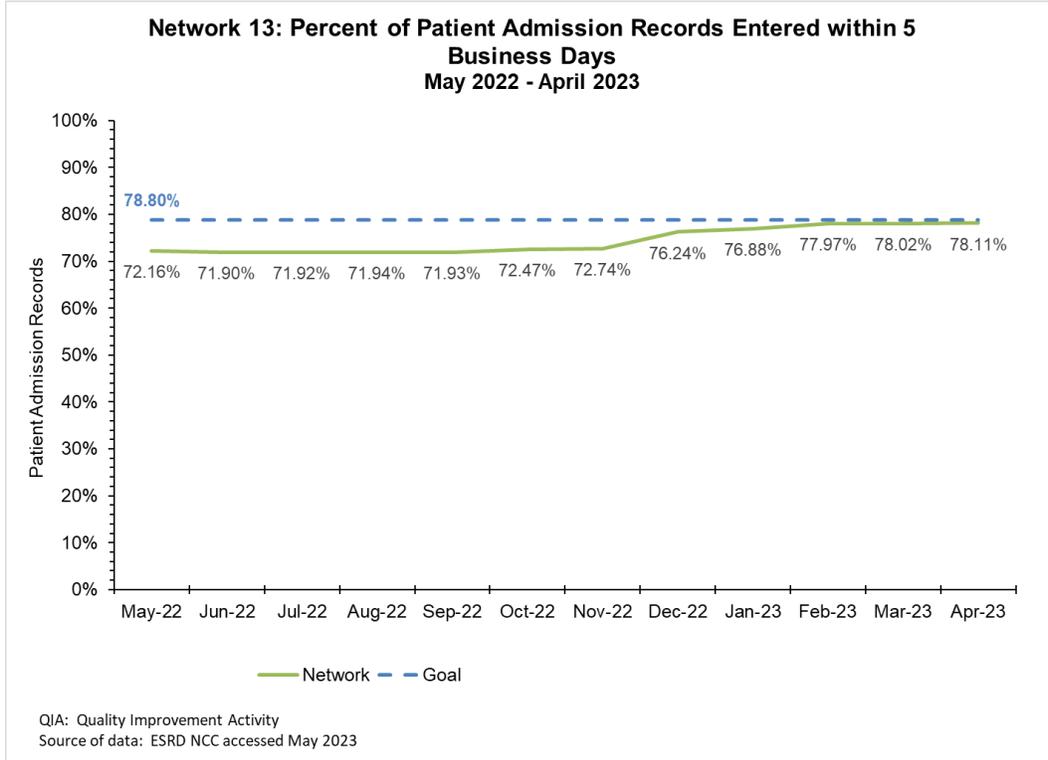


Chart HH: Percent of CMS-2728 Forms Submitted within 45 Days May 2022-April 2023

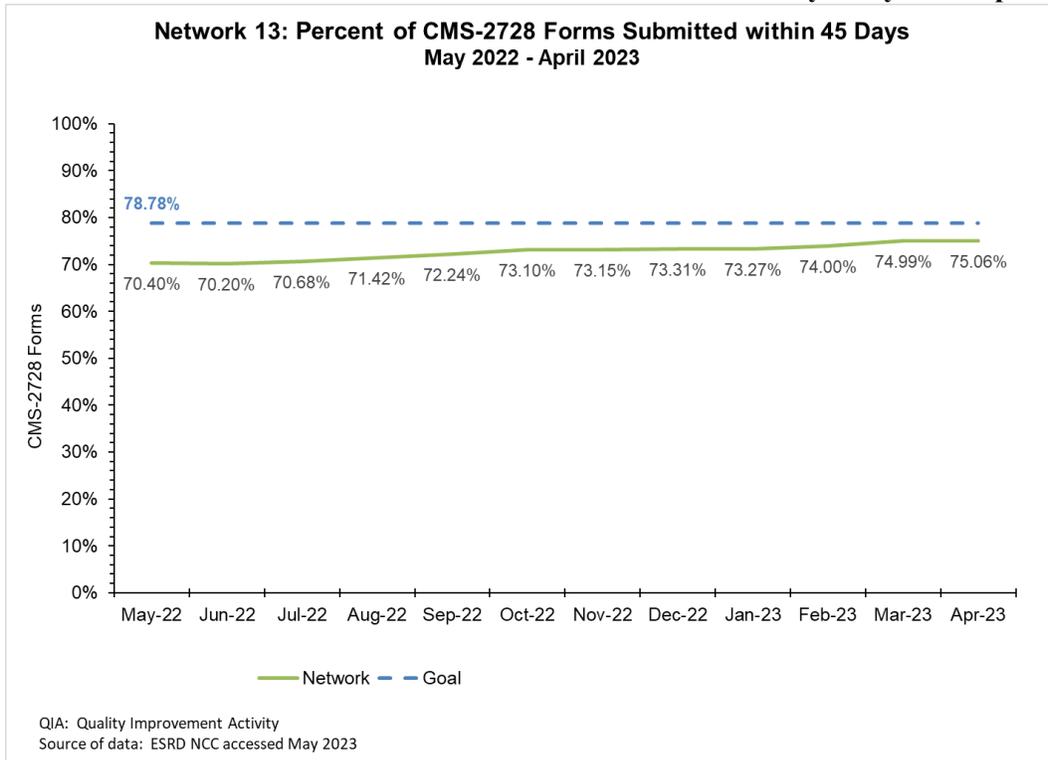
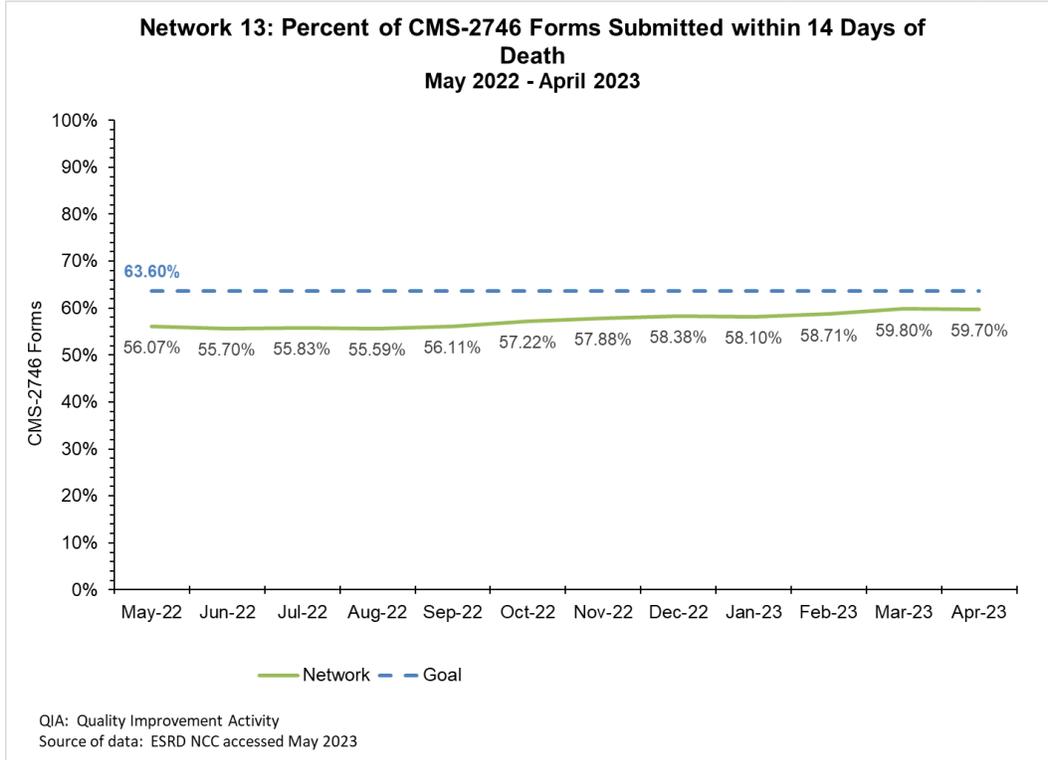


Chart II: Percent of CMS-2746 Forms Submitted within 14 Days of Death May 2022-April 2023



Depression QIA May 2022-April 2023

Goals and Outcomes

The QIA goals included:

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

Due to contract adjustments, the goal for accurately identifying patients with depression was not evaluated during May 2022-April 2023. By April 2023, the Network achieved a rate of 18.2% of patients, who screened as depressed through the QIP, receiving treatment by a mental health professional. (See Chart JJ)

Barriers

Barriers identified by facilities include:

- Patients' level of comfort with pursuing assistance for mental health related issues based on stigma or hope that the condition will improve or resolve without treatment.
- Lack of access to mental health providers, due to limited providers in certain locations or insurance coverage limits regarding which providers can be used.
- Lack of patient motivation to pursue mental health support, due to already having to contend with the demands of dialysis treatment and other medical appointments.

Interventions

Interventions for the QIA include:

- Conducting an environmental scan to assess how dialysis providers were providing and reporting depression screenings, what education was being provided, and how facilities were providing referrals for mental health services.
- Disseminating educational materials to dialysis facilities via email and during technical assistance calls that could be used when conducting screenings and talking with patients. Examples include:
 - American Hospital Association's (AHA) [*People Matter, Words Matter*](#) materials.
 - [*Self-Management for Depression Zone Tool*](#).
 - [*Discussing Depression with Your Care Team*](#)
- Providing education and technical assistance to dialysis facilities to improve the rates and accuracy of reported depression screenings for the QIP and the QIA.

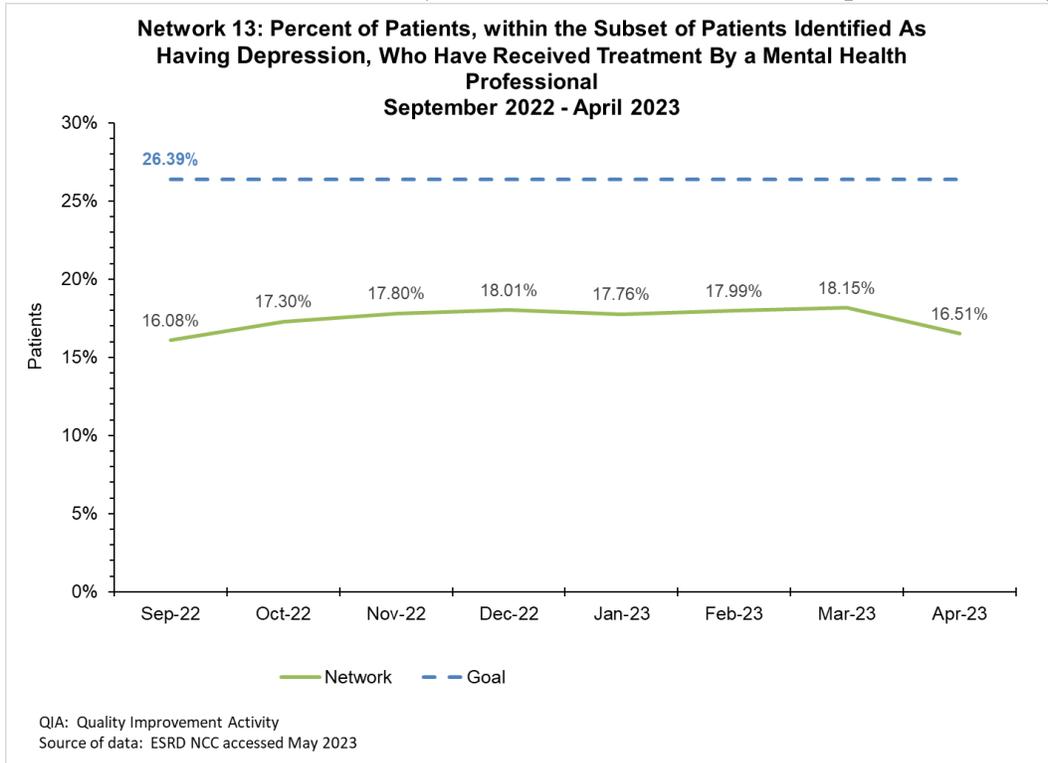
Best Practices

Best practices identified through the QIA include:

- Expanding the concept of "mental health provider" as many patients seek mental health support or treatment outside of the traditional office setting, such as through their faith community or from a community elder.
- Normalizing the seeking of mental health support for patients by using positive mental health language, and related resources, as part of an overall strategy to increase patient comfort with discussing mental health issues.

- Providing context for mental health issues for patients by using education that is easy to understand and helps link emotional feelings and non-traditional symptoms (i.e., difficulty making decisions) to the concept of mental health.

Chart JJ: Percentage of Patients, within the Subset of Patients Identified as Having Depression, Who Have Received Treatment By a Mental Health Professional September 2022-April 2023



ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

Section 1881(c) of the Social Security Act states that the ESRD Network can recommend to CMS the imposition of a sanction when an ESRD provider is not cooperating in achieving Network goals. The Federal Regulations that implement this statute are found in 42 CFR §405.2181. The Network maintained a cooperative and collaborative partnership with ESRD providers in all activities in 2021. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2022, the Network did not identify any facilities that warranted a recommendation for sanctions.

Recommendations to CMS for Additional Services or Facilities

The Network did not make any recommendations to CMS for additional facilities in its service area in 2022.

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

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

Technical Assistance

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

Collaboration Activities

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

The Network collaborated with State Survey Agency (SA) leadership regarding complaint investigations and patient placement issues related to COVID-19. COVID-19 questions related to cohorting of patients or patients refusing to wear masks were also discussed with the SA. The Network also continued to participate on KCER COVID-19 status calls and national agency information shared by KCER was distributed to facilities.

Data Collection and Reporting Activities

The Network continued to support all facilities with reporting to NHSN and disseminated NHSN enrollment instructions and information regarding the NHSN COVID-19 dialysis reporting module to all facilities in the Network service area. The Network identified facilities currently not enrolled in NHSN and provided step-by-step instructions for NHSN enrollment and individualized technical assistance via phone and email to ensure all facilities were able to enter data. Facility-level reports available from NHSN were submitted to KCER weekly.

Patient and Facility Education

The Network continued to provide support and technical assistance to all facilities regarding plans for treating patients who tested positive for COVID-19. Updated guidance and resources from credible sources were disseminated via email and were shared during technical assistance calls to facilities. Updated patient educational resources regarding preventing COVID-19 transmission and COVID-19 vaccinations were also shared with facilities.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

ESRD Network 13 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. To ensure this support is provided, the Network:

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

February 2022

- **Severe Winter Weather**

The Network issued Winter Weather Alerts to facilities in Arkansas and Oklahoma on February 2, 2022, and February 24, 2022. Ice and snow were experienced across the region with some facilities modifying treatment schedules to ensure safe travel for patients and staff.

March 2022

- **Severe Weather with Tornadoes**

The New Orleans, LA area experienced severe weather, including tornadoes, on March 22, 2022. The Network contacted facilities in the affected area to assess for open/close status and patient needs. Two facilities reported delayed openings due to power loss and road conditions but all other facilities opened without incident and all patients and staff were accounted for.

December 2022

- **Severe Weather and Tornado Watch**

The Network issued a Severe Weather and Tornado Watch Alert to facilities in the Southeastern region of Louisiana on December 12, 2022. One facility modified their treatment schedule to ensure safe travel for patients and staff on December 13, 2022, and one facility lost power but reopened without incident on December 14, 2023. All patients were accounted for and rescheduled for treatment if needed.

- **Severe Winter Weather**

Multiple areas of Network 13 experienced an Arctic Cold Front during the week of December 20, 2022. The Network issued a Winter Weather Alerts on December 20, 2023 and December 21, 2022, that directed facilities to:

- Plan for freezing temperatures that can cause water issues and power outages.
- Educate patients about how to prepare for cold weather, the facility's emergency plan and what to do and where to obtain treatment.
- Make sure patients know someone from the facility will be calling them with a plan if the facility is impacted by the weather.
- Report any changes to the facility's schedule due to the weather to the Network.

The Network activated its emergency management team and the 1-800 patient hotline during the weather event. Nine Louisiana facilities had delayed openings or one-day closures and required water trucks due to the freezing temperatures causing a drop in water access and pressure. The Network participated on State EOC calls with dialysis providers, Region and Parrish emergency managers and other stakeholders to address facility needs. ESSRs were submitted to KCER and CMS and the Network monitored the event until all facilities were back on city water.

ACRONYM LIST APPENDIX

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