ESRD NETWORK 2023 ANNUAL REPORT

This report will cover quality improvement efforts led by End Stage Renal Disease (ESRD) Network 13 Task Order Number 75FCMC21F0002 from May 1, 2023–April 30, 2024.

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 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 U.S. Census Bureau estimates that as of July 1, 2023, the Network 13 service area had a combined estimated general population of 11,695,205. [1]

ESRD Population

As of December 31, 2023, there were 20,607 dialysis patients and 8,920 transplant patients, for a total of 29,782 patients with ESRD in the Network 13 service area. (See Chart A) The Network had a total of 5,175 individuals newly diagnosed with ESRD in 2023. (See Chart B) Of these patients, 16.4% (852) were home patients and 2.5% (132) received a transplant. As of December 31, 2023, Network 13 comprised 4.0% of the total national prevalent dialysis patient population and 4.0% of the national incident patient population. (See Charts C and D)

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[1]United States Census Bureau. Quick Facts. Available at https://www.census.gov/quickfacts/fact/table/OK,LA,AR,US/PST045222. Accessed on June 25, 2024.

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

Network 13: Count of Prevalent ESRD Patients by Treatment/Setting 2023

Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers
Source of data: EQRS May 2024
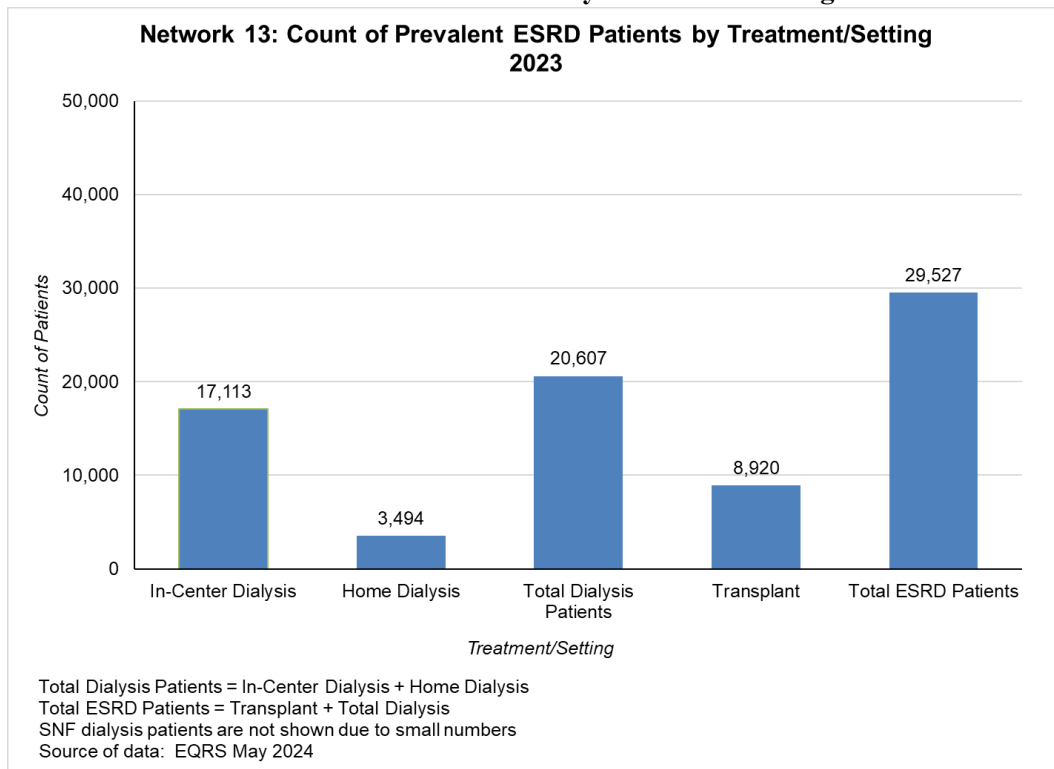
EQRS = ESRD Quality Reporting System

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

Network 13: Count of Incident ESRD Patients by Initial Treatment/Setting 2023

Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2024
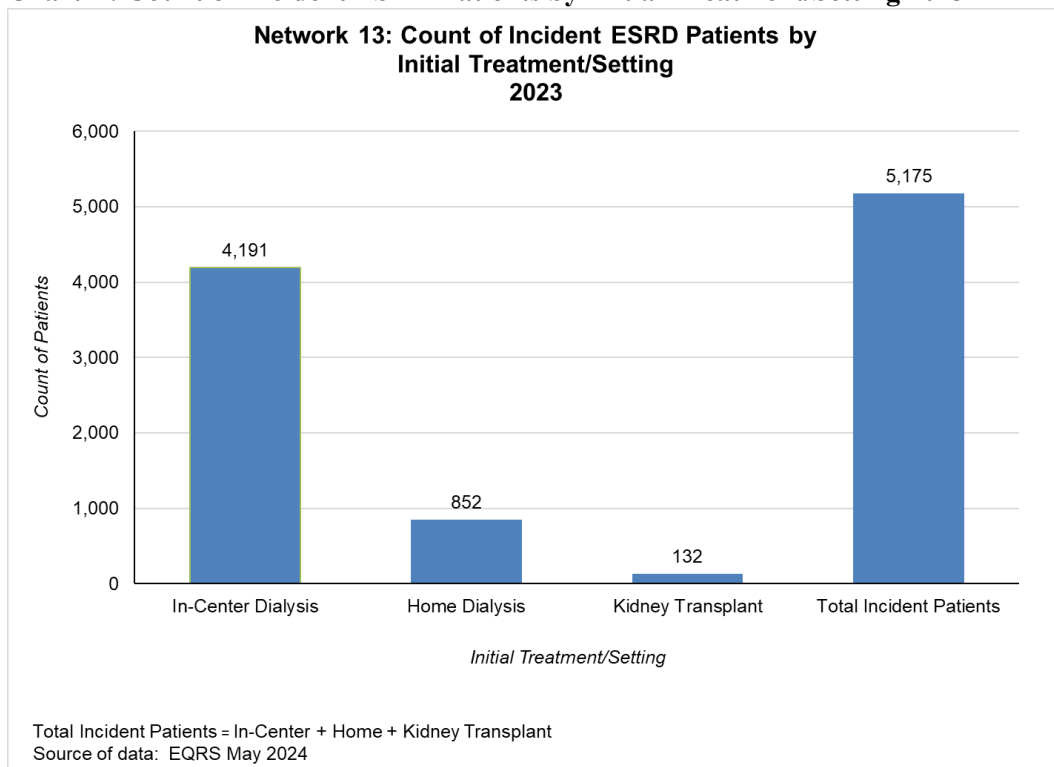
Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2023

Percent of National Prevalent Dialysis Patients by ESRD Network 2023

National total dialysis patients: 513,225
Source of data: EQRS May 2024
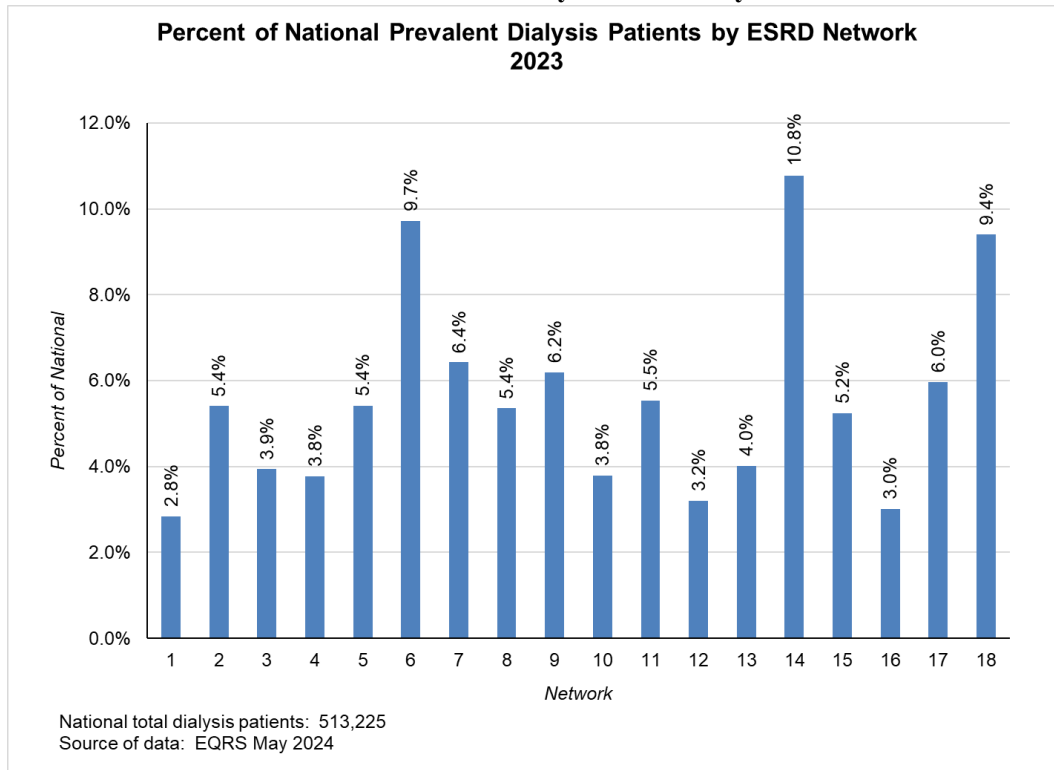
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2023

Percent of National Incident Dialysis Patients by ESRD Network 2023

National total incident patients: 128,814
Source of data: EQRS May 2024
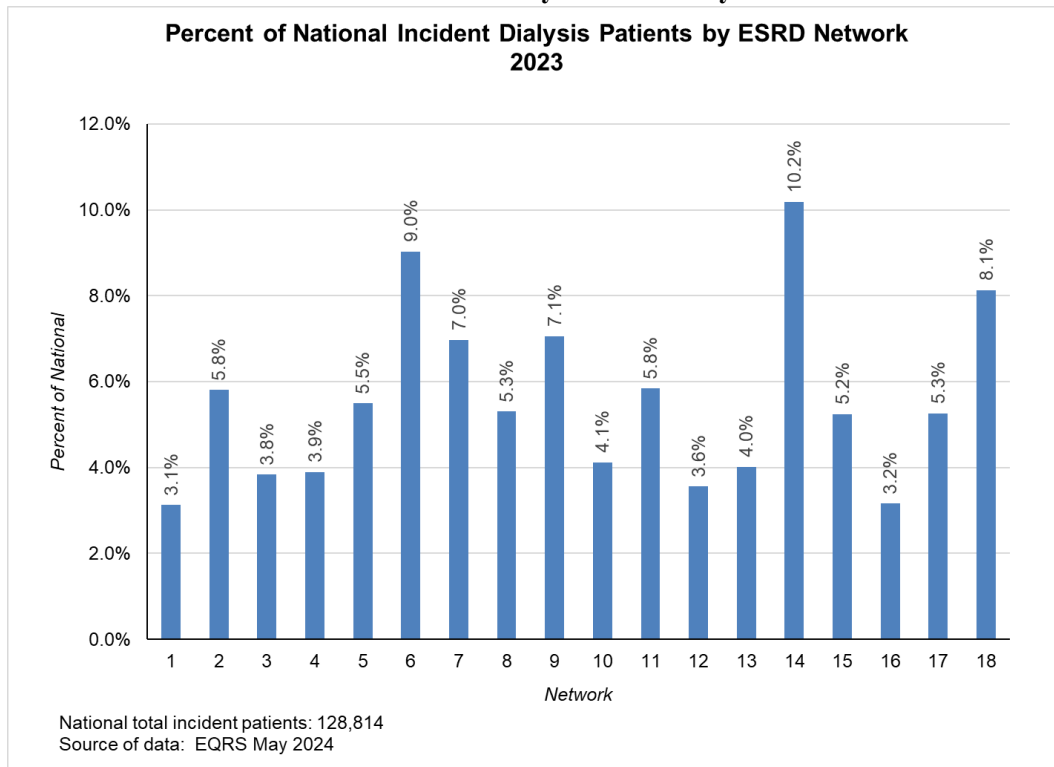
Dialysis Treatment Options

As of December 31, 2023, 83.0% of dialysis patients in Network 13 were receiving in-center hemodialysis (ICHD) treatments and 17.0% 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 2022. Nationally, the Network comprised 4.2% of all CCPD, CAPD, and HHD patients. (See Chart E)

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

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

Network	Percent
1	2.9%
2	3.1%
3	2.6%
4	3.8%
5	5.7%
6	9.7%
7	6.6%
8	5.5%
9	7.6%
10	5.0%
11	5.6%
12	4.1%
13	4.2%
14	9.9%
15	5.6%
16	3.7%
17	6.0%
18	8.5%

National total home hemodialysis and peritoneal dialysis patients: 82,964
Source of data: EQRS May 2024
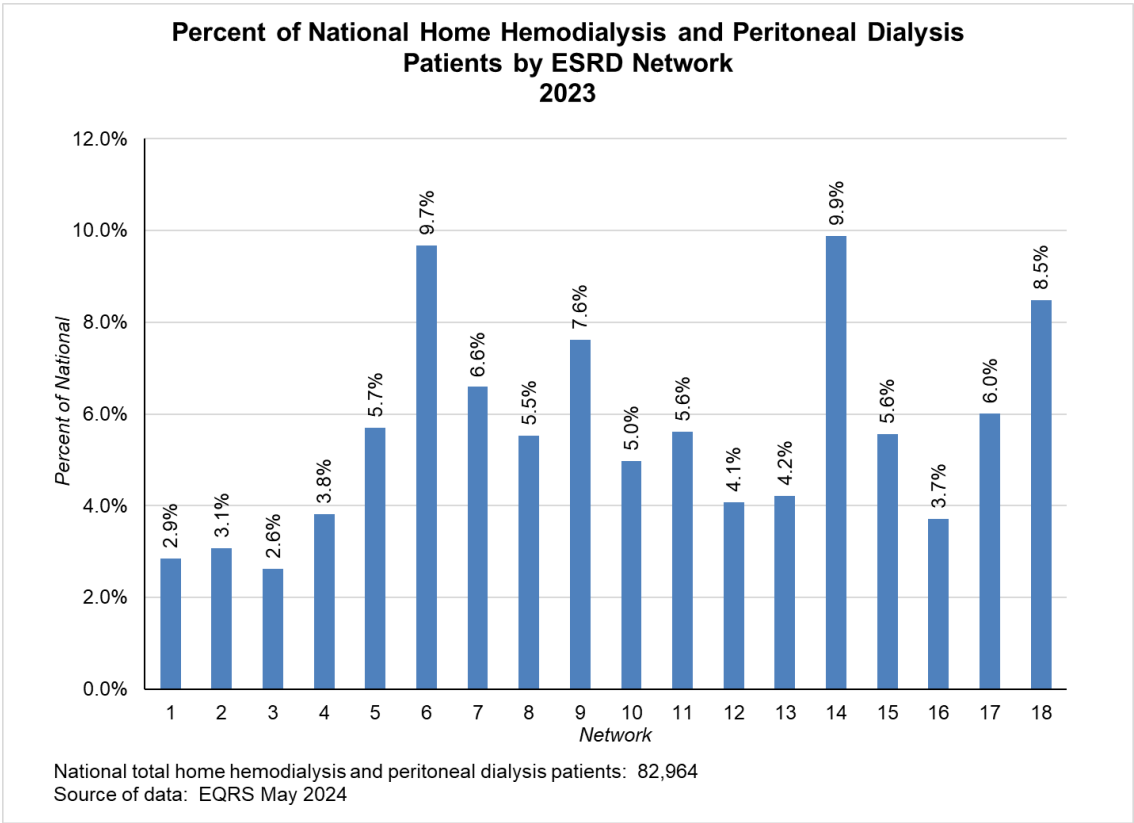
Transplant

During 2023, transplants were completed by nine transplant centers in the Network 13 service area. As of December 31, 2023, there were 306,878 transplant patients nationally, of which 2.9% were in Network 13. (See Chart F)

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

Percent of National Transplant Patients by ESRD Network 2023

Network	Percent of National
1	4.5%
2	6.9%
3	2.6%
4	4.5%
5	6.3%
6	7.1%
7	6.0%
8	4.4%
9	6.7%
10	4.2%
11	7.8%
12	4.5%
13	2.9%
14	8.4%
15	6.7%
16	3.3%
17	5.6%
18	7.6%

National total transplant patients: 306,878
Source of data: EQRS May 2024
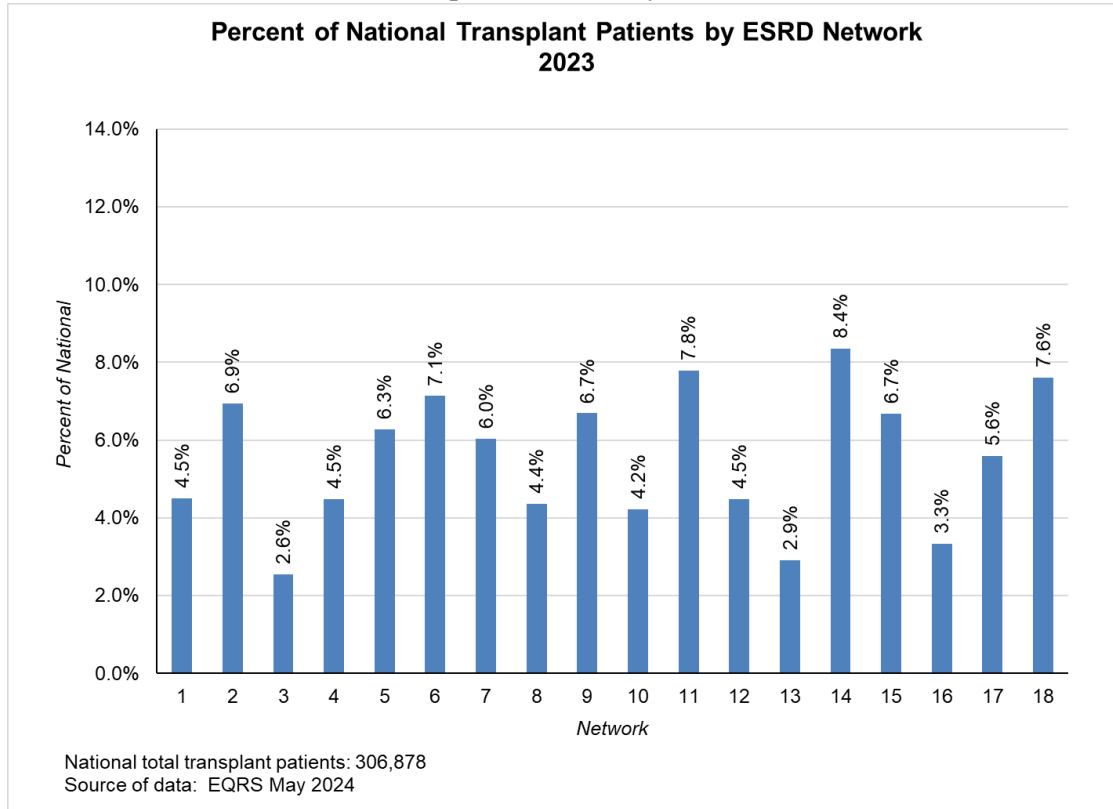
ESRD Facilities

As of December 2023, Network 13's service area included a total of 349 ESRD facilities, including 340 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 79.2% of the 340 dialysis facilities as of the end of 2023. Nationally, Network 13 comprised 4.3% of all dialysis facilities and 3.9% of all transplant facilities. (See Charts H and I)

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

Network 13: Count of Medicare-Certified Facilities by Treatment/Setting 2023

Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2024
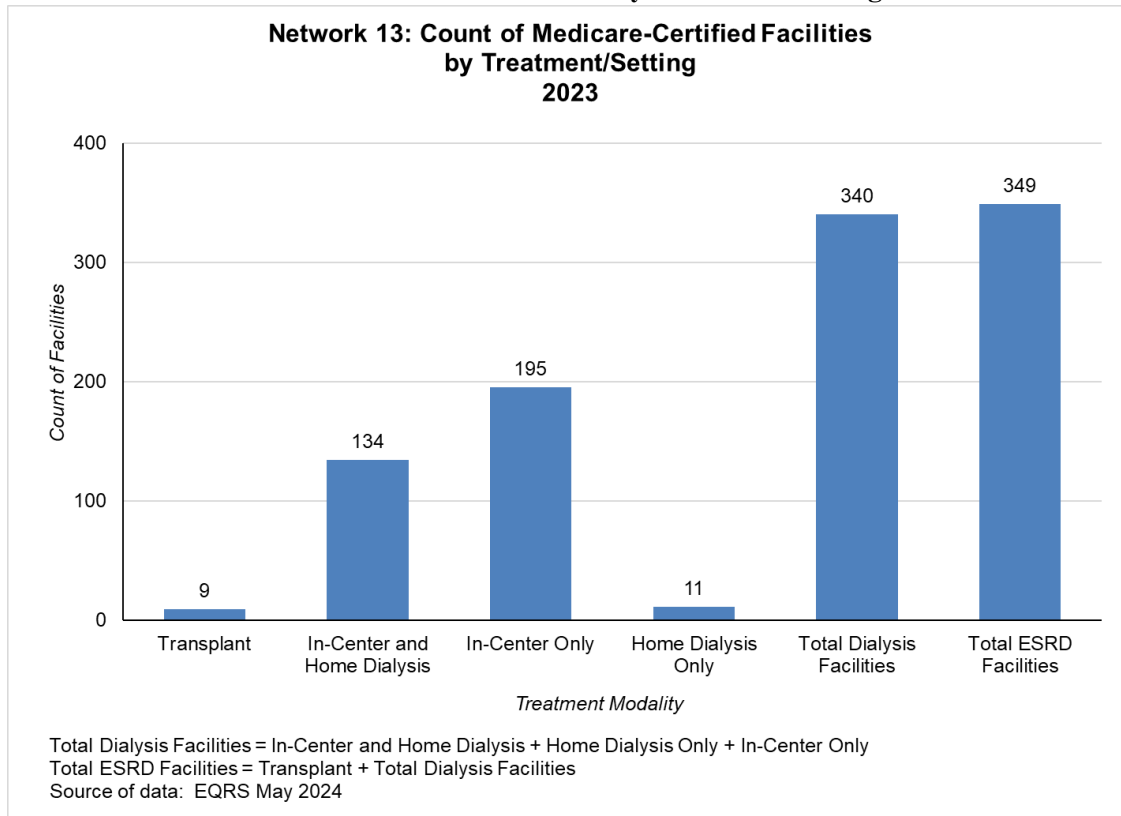
Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2023

Percent of Medicare-Certified Dialysis Facilities by ESRD Network
2023

Values by Network (1-18): 2.6%, 4.7%, 3.2%, 4.5%, 5.8%, 10.1%, 6.9%, 6.2%, 8.2%, 4.5%, 6.5%, 4.2%, 4.3%, 9.7%, 5.0%, 3.2%, 4.4%, 6.0%

National total ESRD Medicare-certified dialysis facilities: 7,830
Source of data: EQRS May 2024
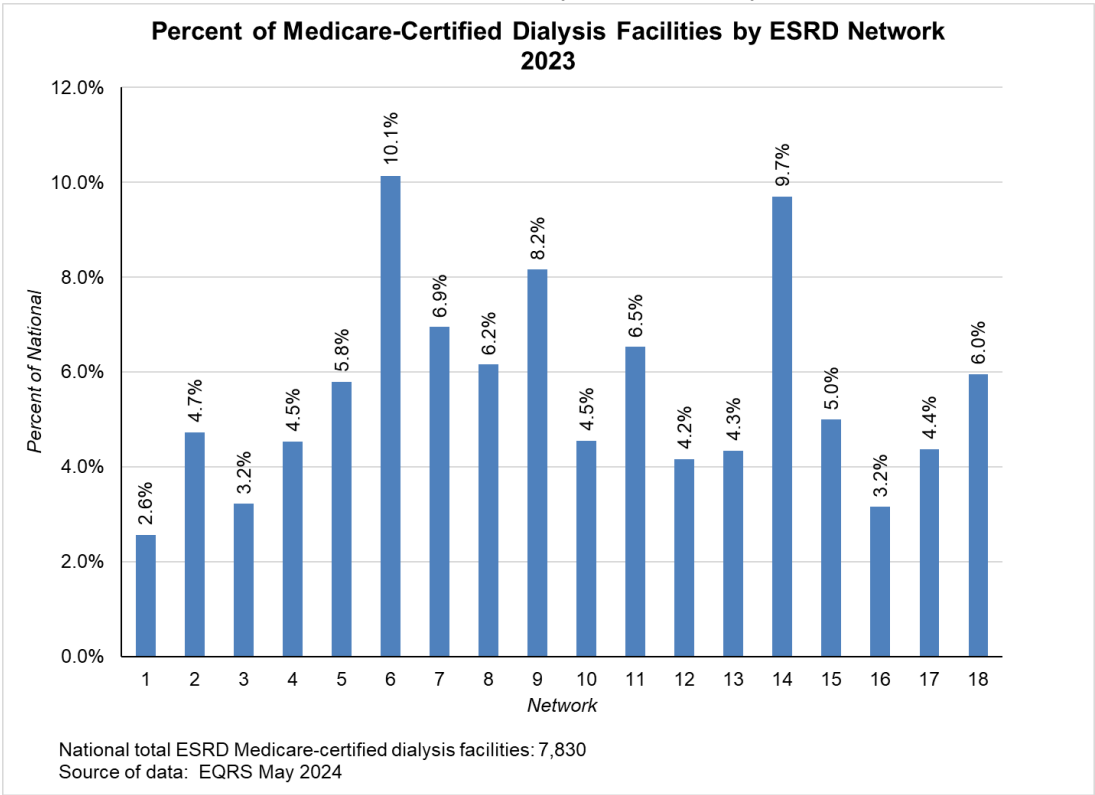
Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2023

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

Values by Network (1-18): 6.6%, 6.1%, 2.2%, 8.3%, 5.7%, 5.2%, 4.4%, 4.4%, 5.7%, 3.9%, 9.2%, 5.2%, 3.9%, 10.9%, 6.6%, 3.1%, 2.6%, 6.1%

National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: EQRS May 2024
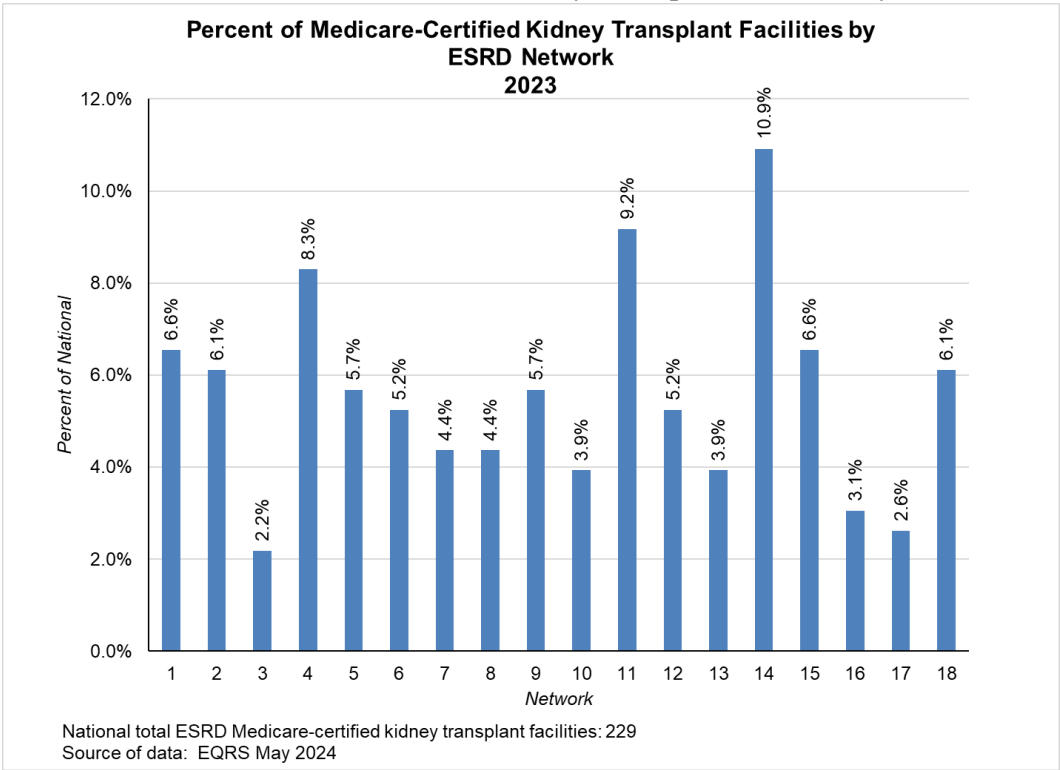
ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. The Network addresses immediate advocacy grievances by contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances are addressed through records review and the grievant receives an outcome letter. According to Chart J below, from May 2023 to April 2024, 17.1% of contacts to the Network were for grievances, including 5.7% for immediate advocacy, 11.4% for general grievance and 0% for clinical area of concern.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 54.0% of all contacts to the Network for May 2023 to April 2024. (See Chart J) Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

Patient Concerns

Patient concerns are general concerns 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 5.1% of contacts to the Network from May 2023–April 2024. (See Chart J)

Access-to-Care Issues

The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at- risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. Access-to-care issues accounted for 23.9% of contacts to the Network from May 2023–April 2024. (See Chart J)

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

Network 13: Percent of May 2023-Apr 2024 Grievances and Non-Grievances by Case Type

Patient Concern
5.1%

General Grievance
11.4%

Immediate Advocacy
5.7%

Access to Care
23.9%

Clinical Area of Concern
0.0%

Facility Concern
54.0%

Source of data: Patient Contact Utility (PCU) accessed May 2024

metrics
product
best practice
industry best
target
procedure
indicator
quality
process
standard
continuous
strategic
management
professional
education
analysis
identify
method
result
cost
business
performance
status
development
evaluation
measurement
progress
comparing
benchmarking
comparison
control
strategy
industry
success
time
information
plan
benchmark
training
test
improvement
functional
team
solution
financial
measure
methodology
compare
knowledge
service
practice
survey

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist & Transplanted QIA May 2023–April 2024

Goal and Outcomes

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

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

By April 2024, the number of patients added to a transplant waitlist was 987, which exceeded the goal by 1.5%. (See Chart K) The number of patients receiving a transplant was 663, which met the goal. (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.

Interventions

Interventions implemented included:

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

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 throughout their transplant journey to manage issues and provide encouragement during the long process of waitlisting and staying transplant ready.
- Using the *Transplant Change Package* as a resource to overcome barriers using proven successful interventions.
- Involving LDO leadership to encourage spread of best practices to other facilities.

Chart K: Patients Added to a Kidney Transplant Waiting List May 2023–April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
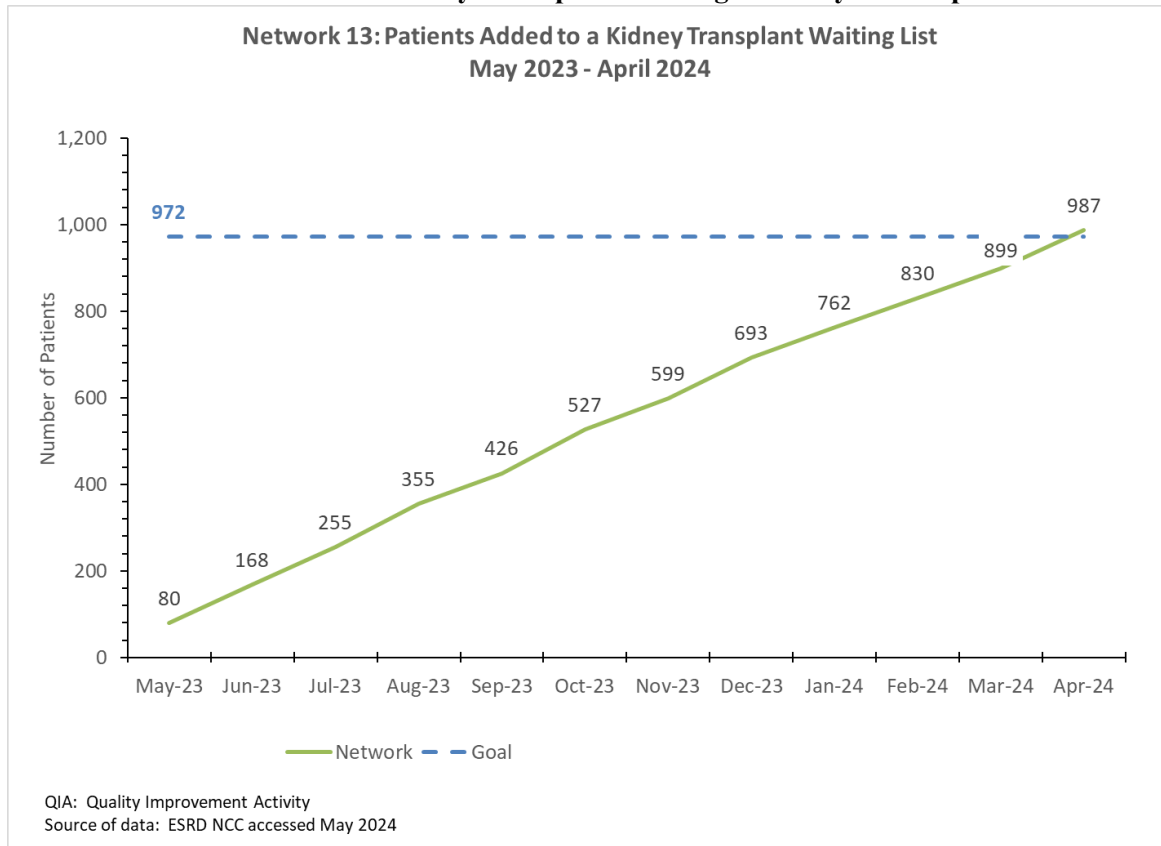
Chart L: Patients Receiving a Kidney Transplant May 2023–April 2024

Network 13: Patients Receiving a Kidney Transplant
May 2023 - April 2024

Number of Patients

Month	Network	Goal
May-23	35	663
Jun-23	85	
Jul-23	158	
Aug-23	213	
Sep-23	256	
Oct-23	308	
Nov-23	360	
Dec-23	405	
Jan-24	454	
Feb-24	508	
Mar-24	573	
Apr-24	663	663

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

18
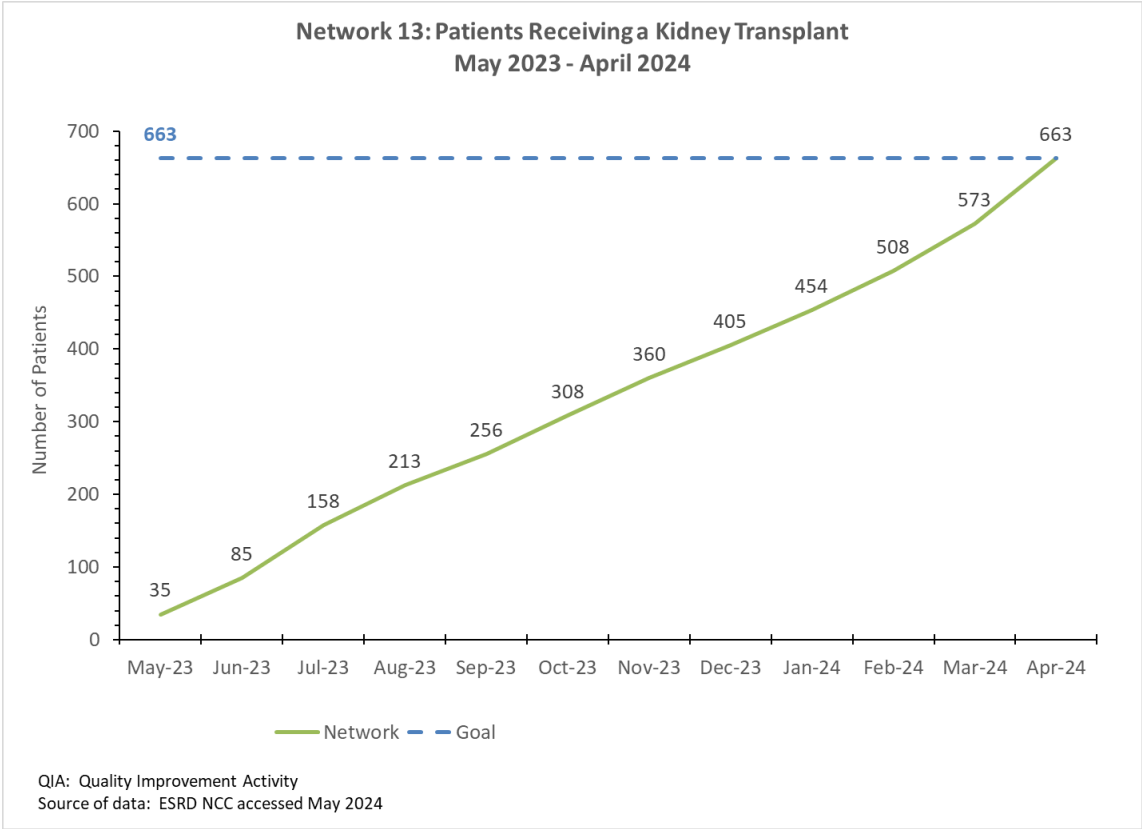
Home Therapy QIA May 2023–April 2024

Goals and Outcomes

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

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

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

By April 2024, the Network had 960 incident patients start on home dialysis, which was 98.0% of the goal. The Network also had 1,240 prevalent patients transition to home dialysis, which was 89.3% of the goal. (See Charts M and N)

Barriers

Barriers to meeting QIA goals included:

- Lack of staff time to focus on home modality education.

- Patient resistance to changing modalities due to comfort on in-center dialysis.

- Home training nurse shortages.

- Some physicians are not comfortable with home dialysis, nor are they willing to provide early education to patients and offer patients the option to start dialysis on a home modality.

- Lack of facility staff education about home dialysis to develop a "home dialysis" culture at the facility.

- Dialysis facilities' limited contact with patients who have chronic kidney disease (CKD) prior to their starting dialysis to provide early modality education.

Interventions

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

- Using the *Home Change Package* as a resource to overcome barriers and create new action plans.

- Providing targeted technical assistance and resources to facilities based on their RCA and choice of *Home Change Package* drivers.

- Promoting communication between physicians and in-center and home dialysis program staff to establish early education of patients regarding home modalities.

- Providing patient educational resources for use by physicians in their offices, hospitals, and acute dialysis programs.

- Collaborating with a home dialysis program to provide in-person or telehealth education to patients and families regarding home dialysis. Connecting interested patients with peer mentors or virtual patient support groups.

- Tracking facility progress toward achieving the QIA goals and reviewing it with the 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.
- Connecting with hospital dialysis staff in their area to promote home modalities and share resources.
- Implementing an "all team" approach by educating staff on home dialysis options so they can educate patients and discuss progress during monthly QAPI meetings.
- Ensuring collaboration between incenter dialysis facilities and home programs for continuity of patient care.
- Utilizing group home modality training to mitigate home training nurse shortages.

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

Network 13: Incident Patients Starting Dialysis Using a Home Modality
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
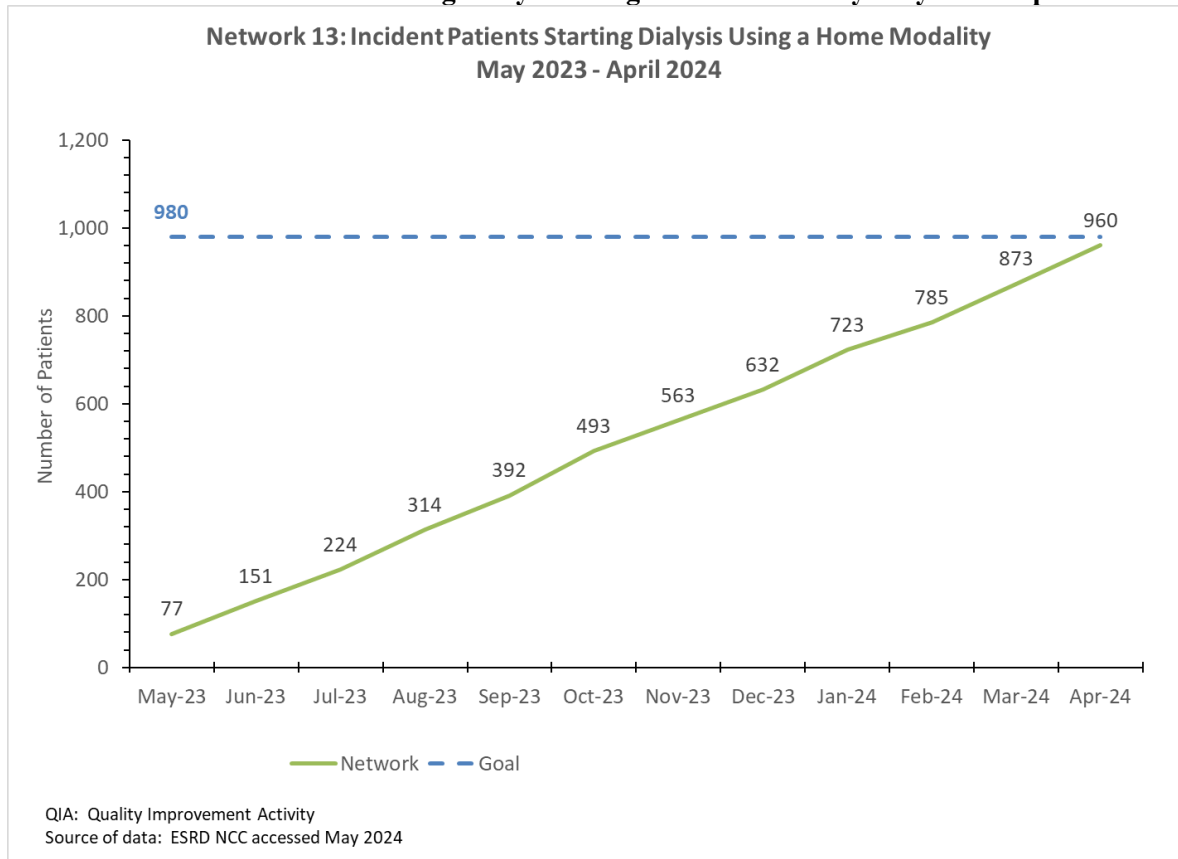
Chart N: Prevalent Patients Moving to a Home Modality May 2023–April 2024

Network 13: Prevalent Patients Moving to a Home Modality
May 2023 - April 2024

Number of Patients

1,389

95
203
315
417
520
650
754
839
951
1,047
1,136
1,240

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

—— Network – – Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
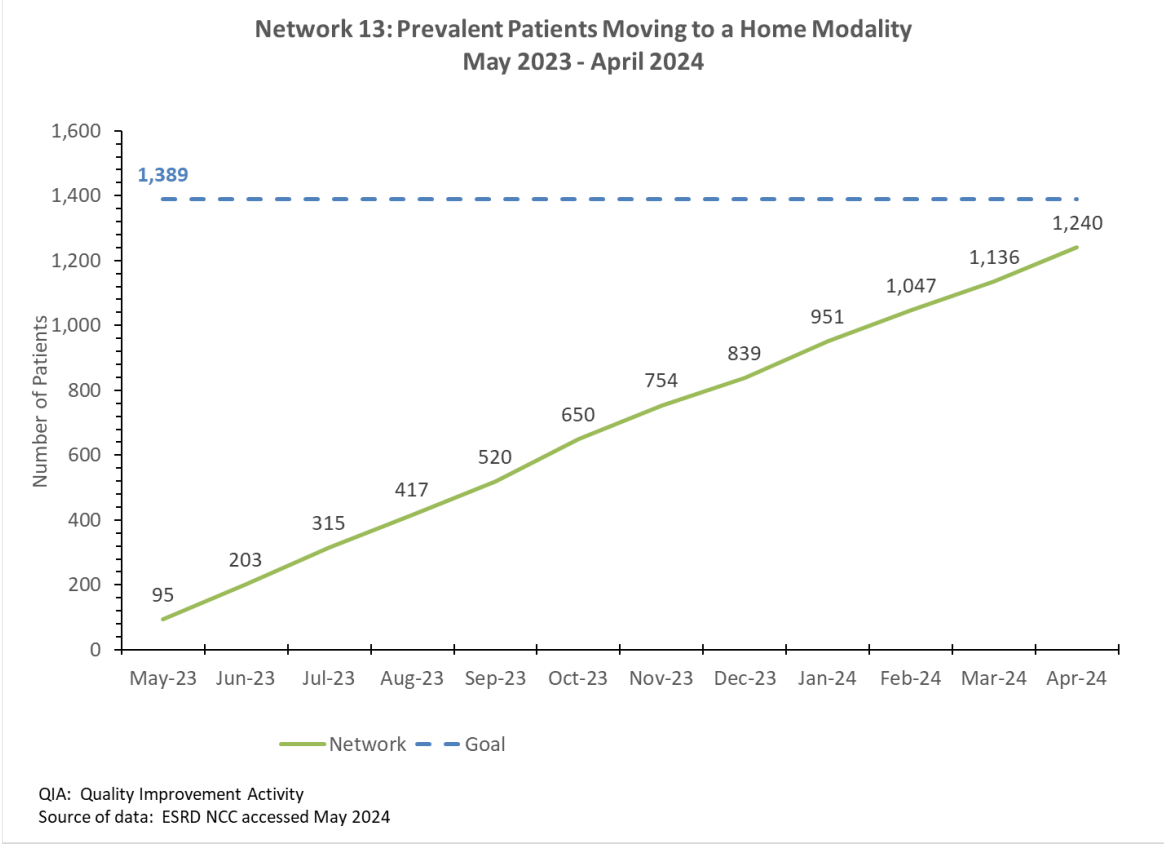
Telemedicine QIA May 2023–April 2024

Goals and Outcomes

The goal of the Telemedicine QIA was to increase by 3%, the number of rural ESRD patients using telemedicine to engage in home dialysis by April 2024. The baseline number of patients using telemedicine during 2020 was 498, and a goal count of 862 patients was established. The Network achieved 90.4% of the QIA goal with 779 home patients using telemedicine by April 2024. (See Chart O)

Barriers

Barriers for the QIA included:

- Staff misconception about 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 information including a step-by-step guide to reporting telemedicine visits in EQRS to facilities that were under 100% telemedicine usage.
- Reminding staff about the definition of telehealth as it relates to the QIA and tracking monthly activities.

Best Practices

Best practices identified through the QIA include:

- Educating all patients regarding the option to use telemedicine.
- Exploring and addressing barriers to using telemedicine with patients (e.g., no access to broadband, language barriers).
- Using the Network created "Tips" sheet for step-by-step reporting of telemedicine visits in EQRS.

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

Network 13: Number of Rural Patients Using Telemedicine to Access a Home Modality
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
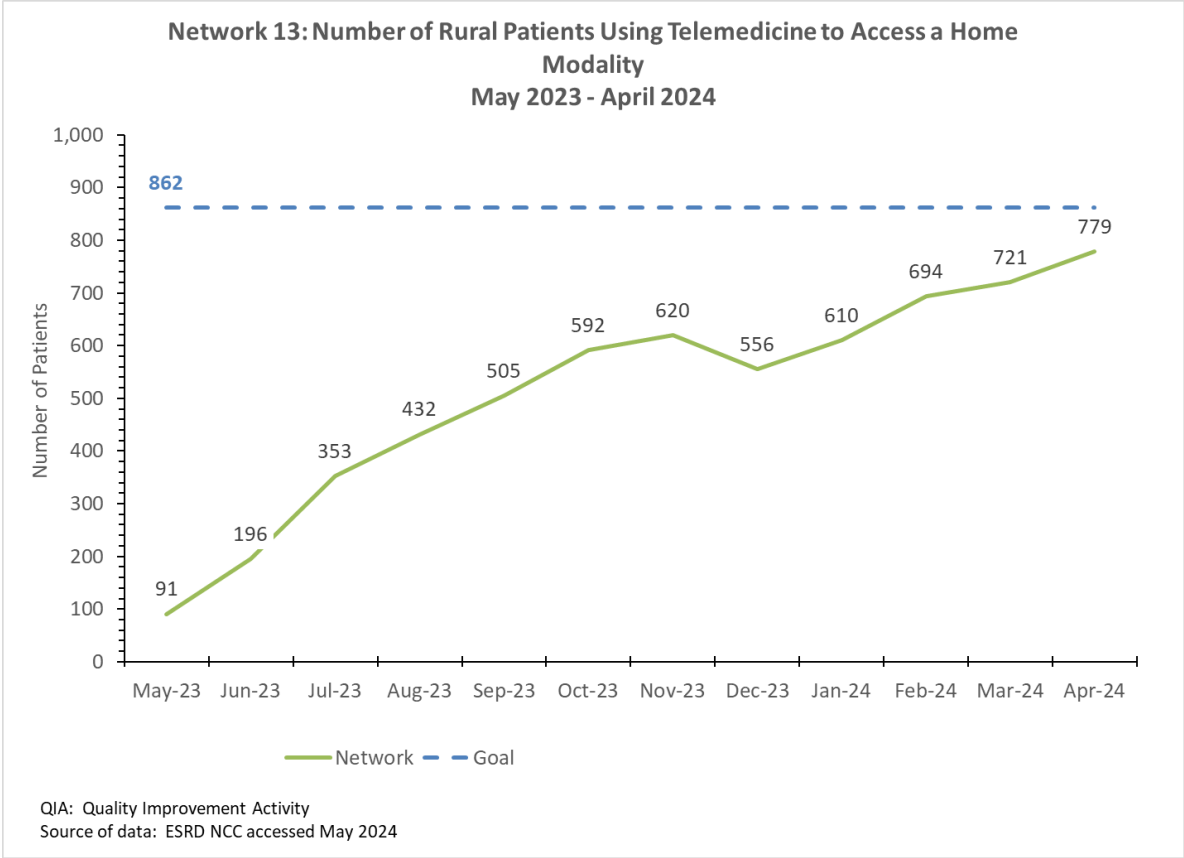
Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions and Emergency Department (ED) Visits QIA May 2023–April 2024

Goals and Outcomes

The Network's Transitions of Care QIA focused on reducing the following by 4% by April 2024:

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

The Network finished under the upper limit rate set for ED Visits. (See Charts P, Q, R). Although the Network was unable to meet the other goals for this QIA, facilities reported that the change ideas from the *Hospitalizations Change Package* were helpful in improving education for patients and staff and for developing processes to monitor patient hospitalizations. (See Charts P, Q, R)

Barriers

Barriers to achieving the QIA goals included:

- Patients' belief that going to the hospital is the most effective way to get treatment for conditions that could be addressed as an outpatient.
- Lack of patient and staff education regarding:
  - The benefits of patients remaining out of the hospital.
  - The importance of preventing, identifying and fully treating any signs, symptoms, or active diagnosis of possible sepsis.
  - Comorbid condition follow-up.
  - Patients who use the ED for routine dialysis care and do not communicate with dialysis facility staff about care goals.
  - Using outpatient providers when available and appropriate.
- Patients who do not attend regular treatments who refuse to discuss their dialysis plan with facility staff.
- Facility staff not fully engaging patients about hospital visits that are not directly related to dialysis which creates potential for readmissions.
- Difficulties in obtaining hospital records promptly so staff can review them and assist with follow-up.

Interventions

Interventions for the QIA included:

- Providing facilities with targeted technical assistance to conduct a facility-specific RCA, identify opportunities for change and to develop an action plan to address unplanned hospital use.
- Using the *Hospitalizations Change Package* to identify and implement changes ideas to address the facility's primary barriers to keeping patients out of the hospital.
- Reviewing available data to identify facility hospitalization trends and opportunities for improvement related to the reasons for hospitalizations.
- Discussing the QIA, RCA, action plan, interventions, and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.

- Addressing nonadherent patients with open communication and motivational interviewing.
- Tracking and monitoring interventions, outcomes, and identified metrics to identify increases in unplanned hospital use and prevent future use.

Best Practices

Best practices identified by QIA facilities include:

- Using a team approach to patient education, tracking of events, and implementing interventions.
- Focusing on interventions that address the top identified diagnoses that cause hospital admissions and readmissions, including sepsis.
- Completing a post-hospitalization checklist for each patient returning to the facility with a focus on lessons learned to avoid a future hospital stay and implementing the discharge instructions.
- Communicating with hospital discharge planners before and after discharge to address barriers to successfully transitioning the patient back home and to recommend services and complete medical appointment scheduling.
- Addressing 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 2023–April 2024

Network 13: Rate of ESRD-Related Hospital Admissions per 100 Patient-months
(lower values are better)
May 2023 - April 2024

Per 100 Patient-months

1.75

0.36
1.02
1.42
1.54
1.62
1.73
1.72
1.73
1.79
1.81
1.78
1.89

— Network   – – Upper Limit

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
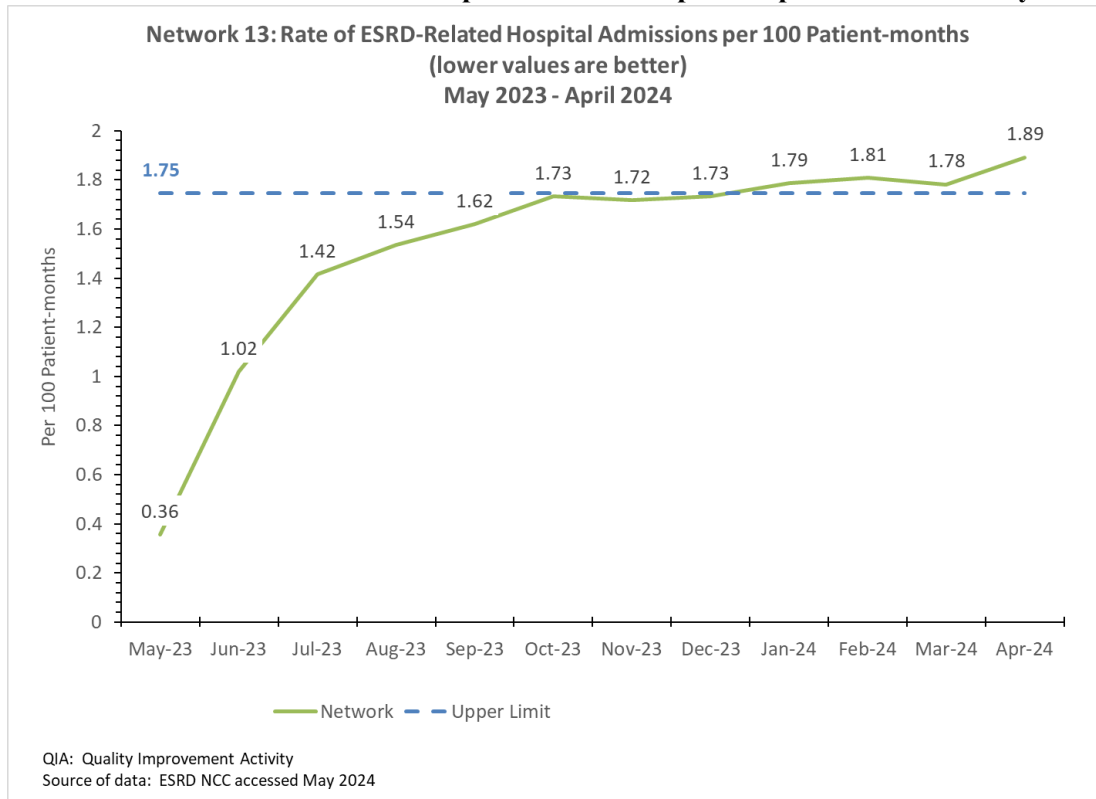
Chart Q: Hospital 30-Day Unplanned Readmissions per 100 patient-months May 2023–April 2024

Network 13: Hospital 30-Day Unplanned Readmissions (lower values are better)
May 2023 - April 2024

Percent of Patients

9.29%

0.00%
6.63%
8.73%
8.07%
8.48%
10.95%
10.56%
10.77%
11.36%
11.60%
11.82%
11.69%

— Network   – – Upper Limit

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
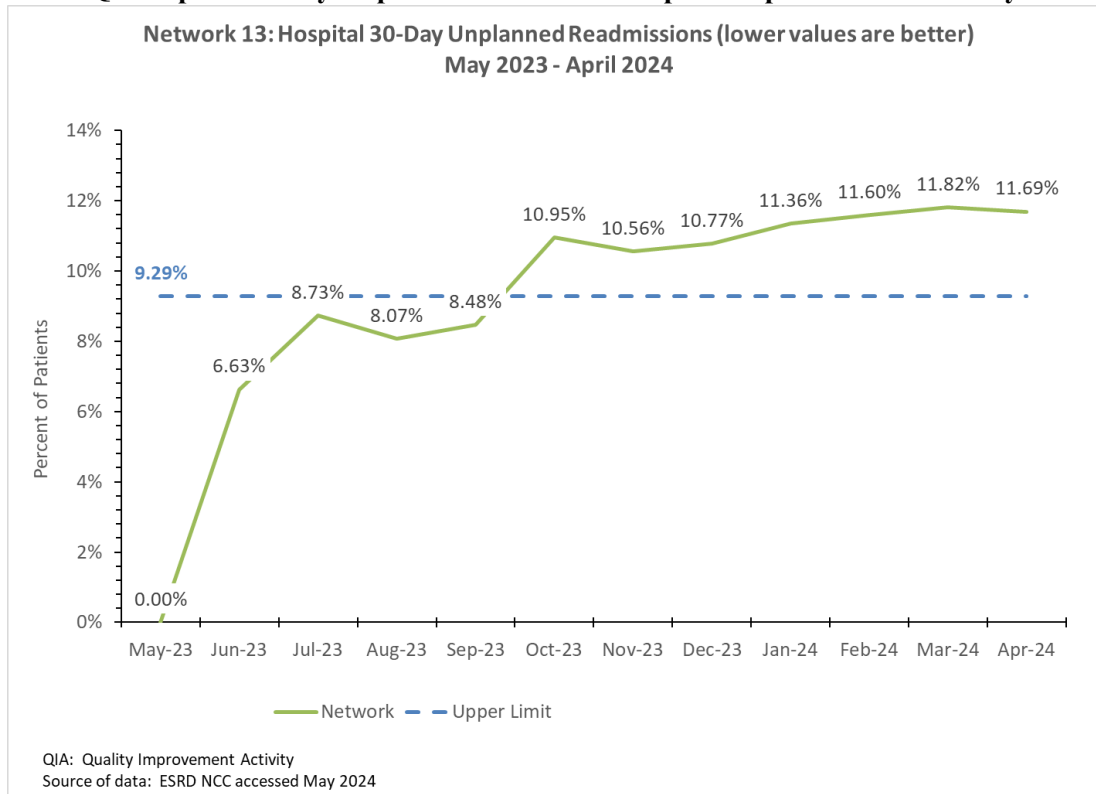
Chart R: Outpatient ED Visits per 100 Patient-months May 2023–April 2024

Network 13: Outpatient Emergency Department Visits per 100 Patient-months
(lower values are better)
May 2023 - April 2024

Per 100 Patient-months

0.81

0.33 0.48 0.63 0.66 0.72 0.74 0.73 0.66 0.72 0.76 0.72 0.76

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

Network —— Upper Limit – –

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
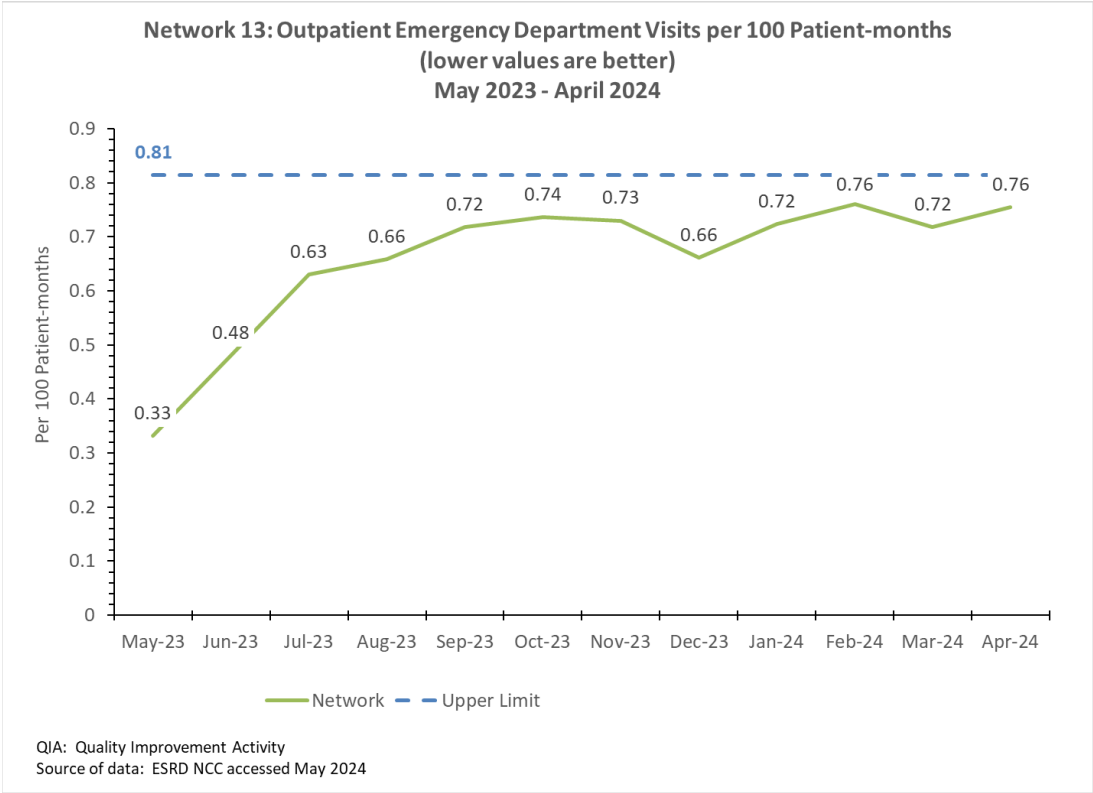
COVID-19 Vaccinations for Patients and Staff QIA May 2023–April 2024
Goals and Outcomes

The QIA focused on the following goals:

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

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 having stopped providing the vaccination or decreased the frequency that vaccinations were offered.
- Medically ineligible patients and staff.
- Concerns about possible, unknown, long-term side effects from the COVID-19 vaccines.
- Facility staff do not have access to National Healthcare Safety Network (NHSN), or vaccination counts are not consistently reported in NHSN.
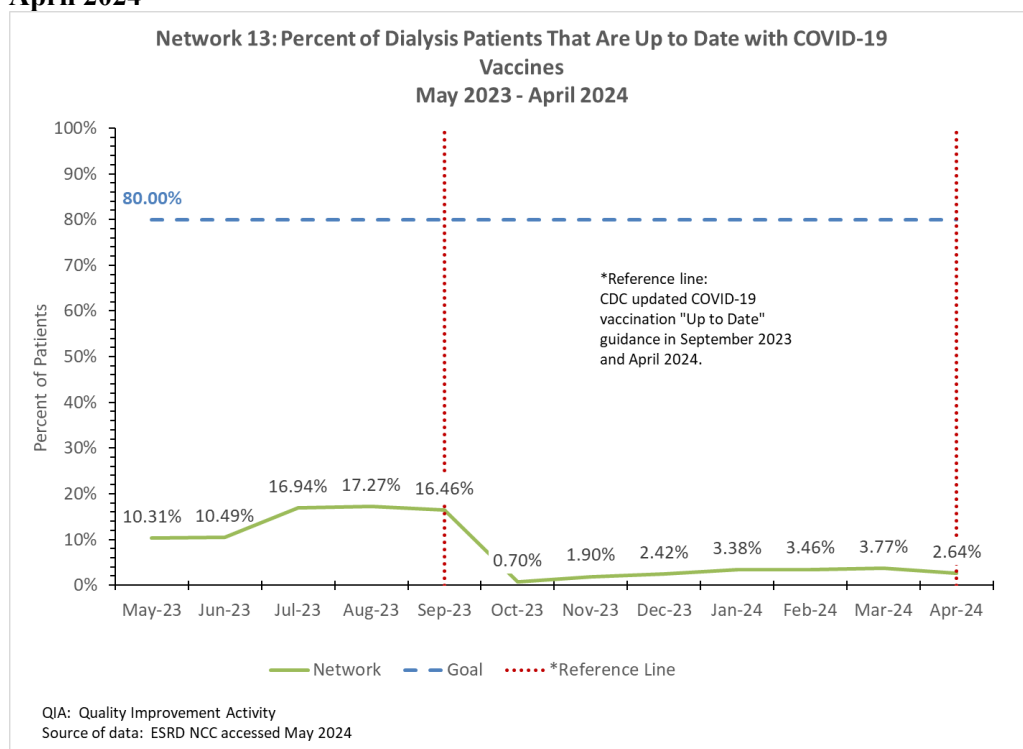
Interventions

Interventions for the QIA include:

- Providing facilities with targeted technical assistance to complete an RCA and action plan related to improving COVID-19 vaccinations.
- Implementing the *Change Package to Increase Vaccinations* and its primary and secondary drivers.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Assisting facilities with obtaining access to the NHSN and reporting of vaccinations.
- Distributing information regarding vaccine availability outside of the facility.
- Disseminating community coalition resources such as motivational interviewing techniques and best practices.

Best Practices

Best practices identified through the QIA include:

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

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

Network 13: Percent of Dialysis Patients That Are Up to Date with COVID-19 Vaccines
May 2023 - April 2024

80.00%

*Reference line: CDC updated COVID-19 vaccination "Up to Date" guidance in September 2023 and April 2024.

10.31% 10.49% 16.94% 17.27% 16.46% 0.70% 1.90% 2.42% 3.38% 3.46% 3.77% 2.64%

Network — Goal ····· *Reference Line

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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

Network 13: Percent of Dialysis Facility Staff That Are Up to Date with COVID-19 Vaccines
May 2023 - April 2024

95.00%

*Reference line: CDC updated COVID-19 vaccination "Up to Date" guidance in September 2023 and April 2024.

2.27% 2.79% 5.44% 2.73% 2.72% 1.01% 0.40% 0.46% 1.10% 1.10% 0.83% 0.87%

Network — Goal ····· *Reference Line

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
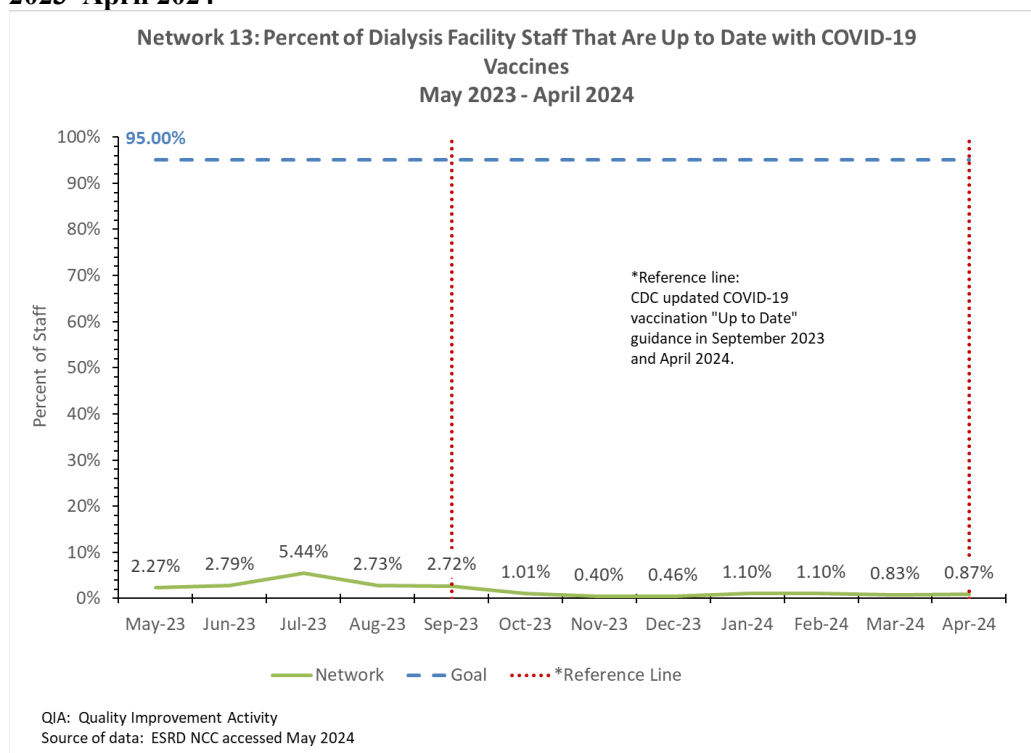
Influenza Vaccination QIA May 2023–April 2024

Goals and Outcomes

The goals of the QIA included:

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

By April 2023, 81.59% of patients received an influenza vaccination, which is 90.6% towards the QIA goal. (See Chart X) Reporting of staff vaccinations was limited and reflected 52.61% of staff vaccinated for influenza by April 2023. This was 58.4% towards the goal. (See Chart Y)

Barriers

Barriers to achieving the QIA goals included:

- Tracking patients and staff who received the influenza vaccine outside of 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, and facilities not having appropriate staff to report consistently.

Interventions

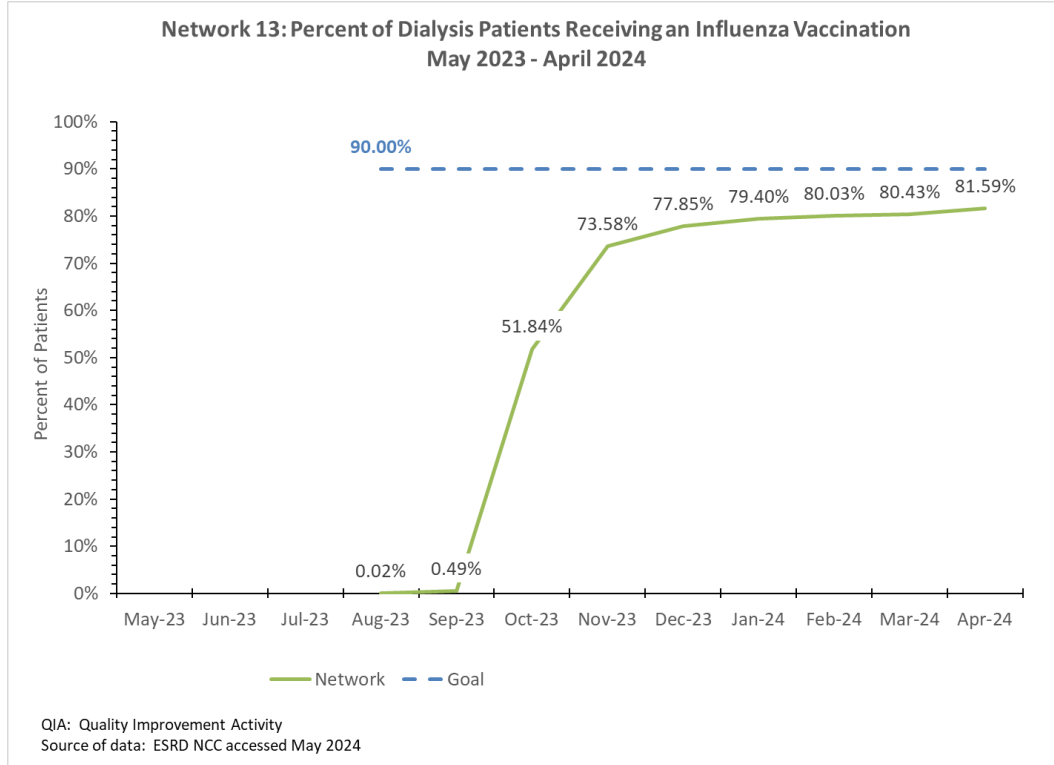Interventions for the QIA included:

- 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 to low-performing facilities, including the sharing of best practices.
- 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.
- Using 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 U: Percent of Dialysis Patients Receiving an Influenza Vaccination May 2023–April 2024

Network 13: Percent of Dialysis Patients Receiving an Influenza Vaccination
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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

Network 13: Percent of Dialysis Facility Staff Receiving an Influenza Vaccination
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
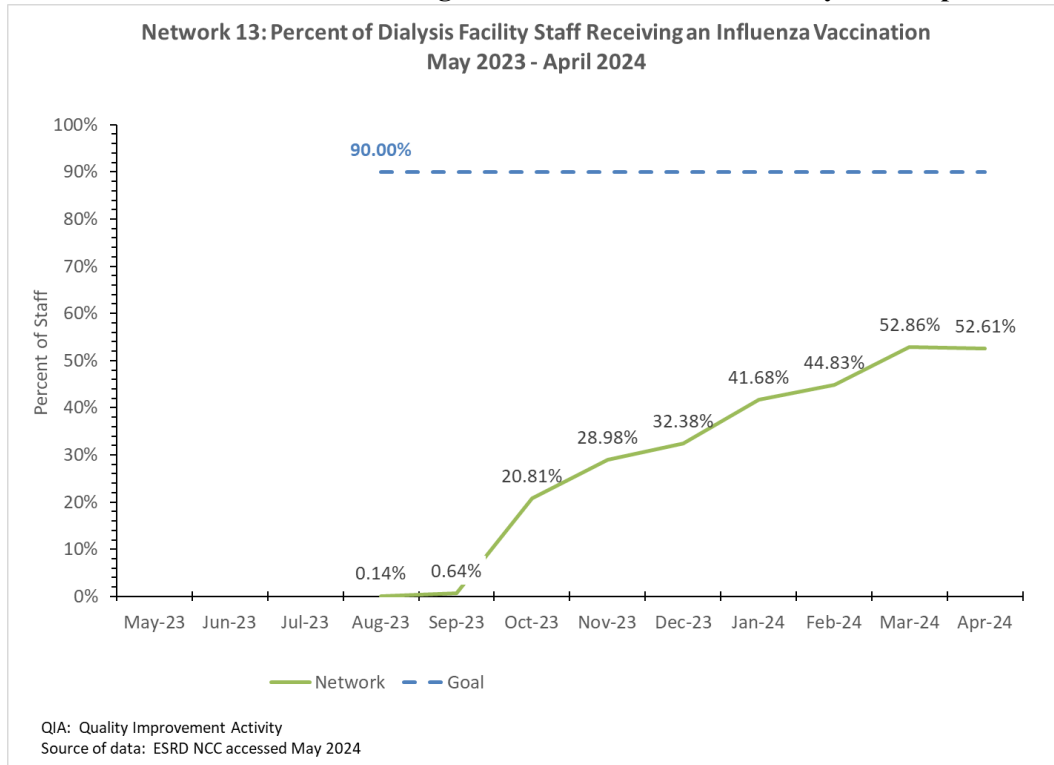
Pneumococcal Vaccinations QIA May 2023–April 2024

Goals and Outcomes

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

By April 2024, the Network achieved a rate of 56.2%, which was 93.6% of the goal, and included 11,235 patients being fully vaccinated. (See Chart W)

Barriers

Barriers to achieving the QIA goals included:

- Patient hesitancy and refusal due to personal beliefs.

- Lack of consistent tracking and reporting of patient vaccinations in EQRS.

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

Interventions

Interventions for the QIA included:

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

Best Practices

Best practices identified throughout the QIA by facilities include:

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

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

Network 13: Percent of Dialysis Patients That Are Fully Vaccinated for Pneumococcal Pneumonia
May 2023 - April 2024

Month	Network
May-23	56.09%
Jun-23	55.29%
Jul-23	54.05%
Aug-23	53.84%
Sep-23	53.86%
Oct-23	53.59%
Nov-23	54.92%
Dec-23	52.37%
Jan-24	52.41%
Feb-24	53.63%
Mar-24	54.66%
Apr-24	56.27%

Goal: 60.12%

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
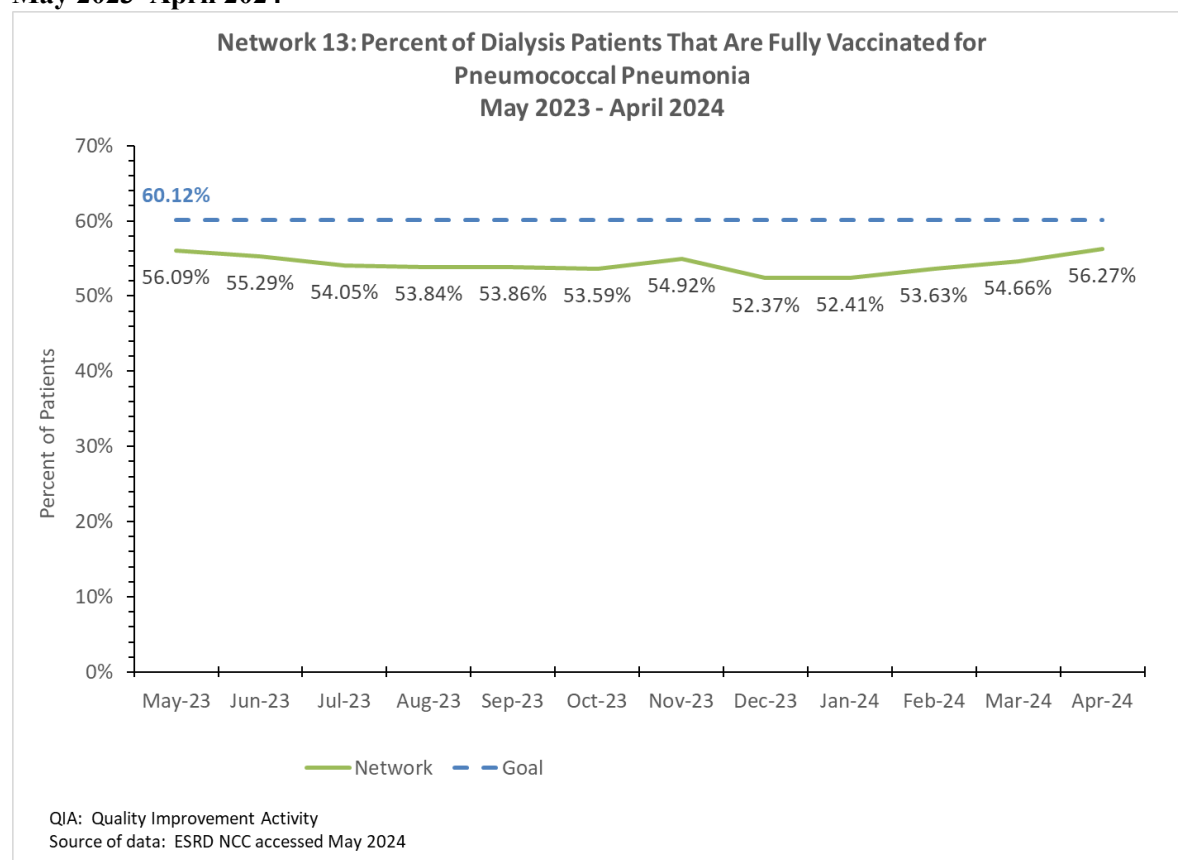
Improving Nursing Home Care QIA May 2023–April 2024
Goals and Outcomes

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

- Achieving a 6% relative decrease in the rate of catheter infections by April 2024.
- Achieving a 3% relative decrease in the rate of peritoneal catheter infections by April 2024.
- Achieving a 3% relative decrease in the rate of blood transfusions by April 2024.

The Network's upper limit for the QIA goal for catheter infections was set at 1.84%. The Network met this goal and achieved a final rate of 0.0%. (See Chart X) The Network's upper limit for the QIA goal for blood transfusions was set at 3.51% and the Network met the goal with a final rate of 1.29%. (See Chart Y) The upper limit for the QIA goal for peritoneal catheter infections was set as 5.92% and the Network met the goal with a final rate of 0.00%. (See Chart Z)

Barriers

Barriers to achieving the QIA goals included:

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

Interventions

Interventions for the QIA included:

- Providing low performers with technical assistance to conduct a facility-level RCA and develop an action plan with streamlined processes for change.
- Discussing the QIA, RCA, action plan, interventions, and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.
- Reporting barriers, interventions, and successes to the Network.
- Obtaining direct access to hospital portals to obtain electronic medical record for patients when needed.
- Creating internal organizational systems that record and monitor admissions/discharges and blood transfusions and reviewing these records at monthly QAPI meetings.
- Implementing the *Looking at Quality Improvement Through a Health Equity Lens* worksheet with one patient to identify one health-related social need to work on.
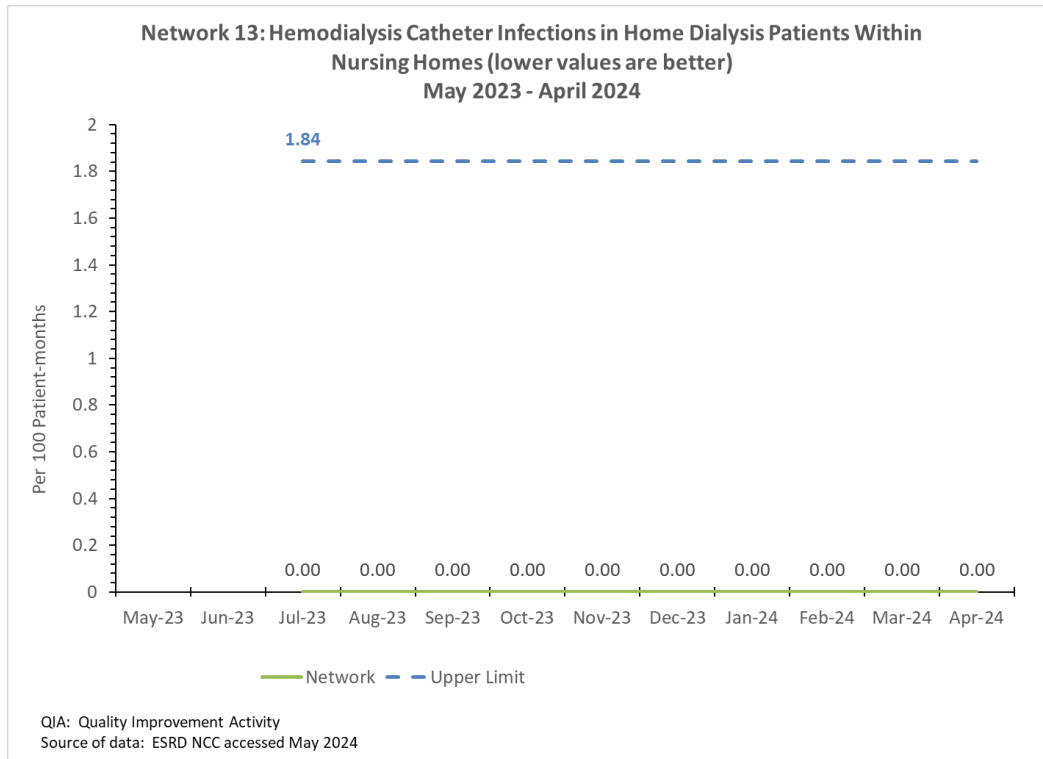
Best Practices

Best practices identified throughout the QIA by facilities include:
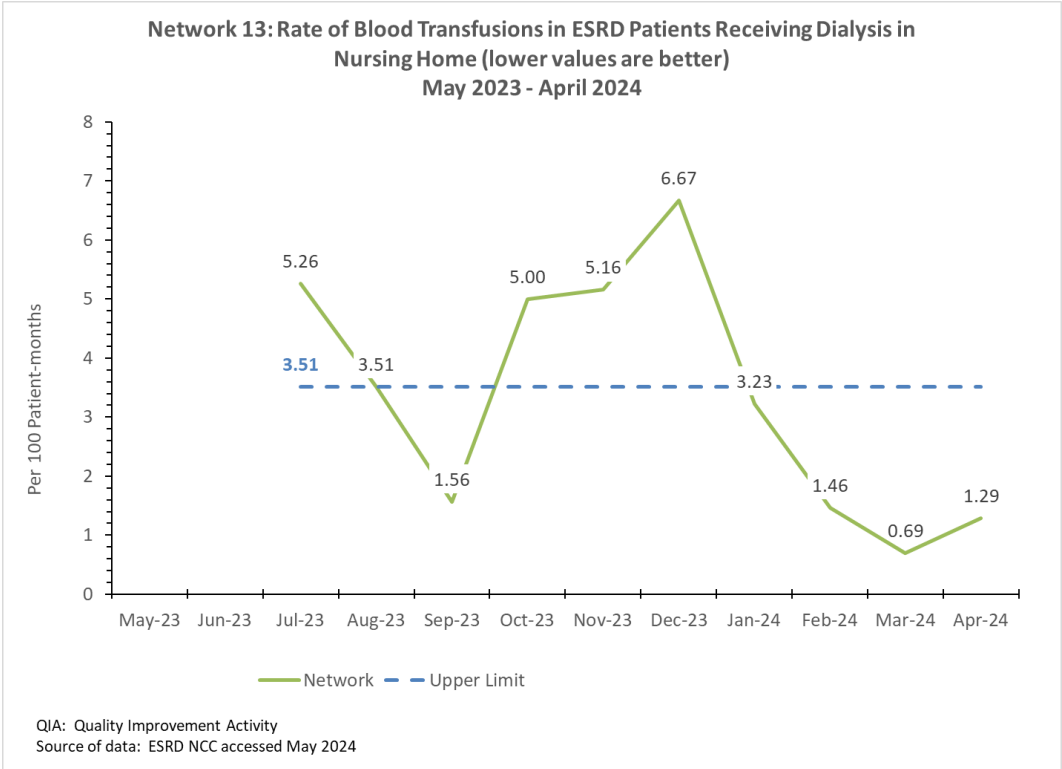
- Using a team approach to patient education, tracking of events, and implementing interventions.
- Conducting regular care planning and QAPI meetings with NH staff.
- Reviewing the QIA and goals with NH staff and dialysis NH medical directors.

- Reviewing a patient's medical records prior to admission to the NH and dialysis program.
- Setting admission hemoglobin goals and making the goals part of the NH dialysis program's policy.
- Adopting new internal processes and policies for timely receipt of patient medicals records with education to staff.
- Using the *Looking at Quality Improvement Through a Health Equity Lens* worksheet with one patient to identify one health-related social need to work on.

Chart X: Hemodialysis Catheter Infections in Home Dialysis Patients Within NHs May 2023–April 2024

Network 13: Hemodialysis Catheter Infections in Home Dialysis Patients Within Nursing Homes (lower values are better)
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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

Network 13: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Home (lower values are better)
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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

Network 13: Peritonitis Events in Home Dialysis Patients Within Nursing Homes (lower values are better)
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
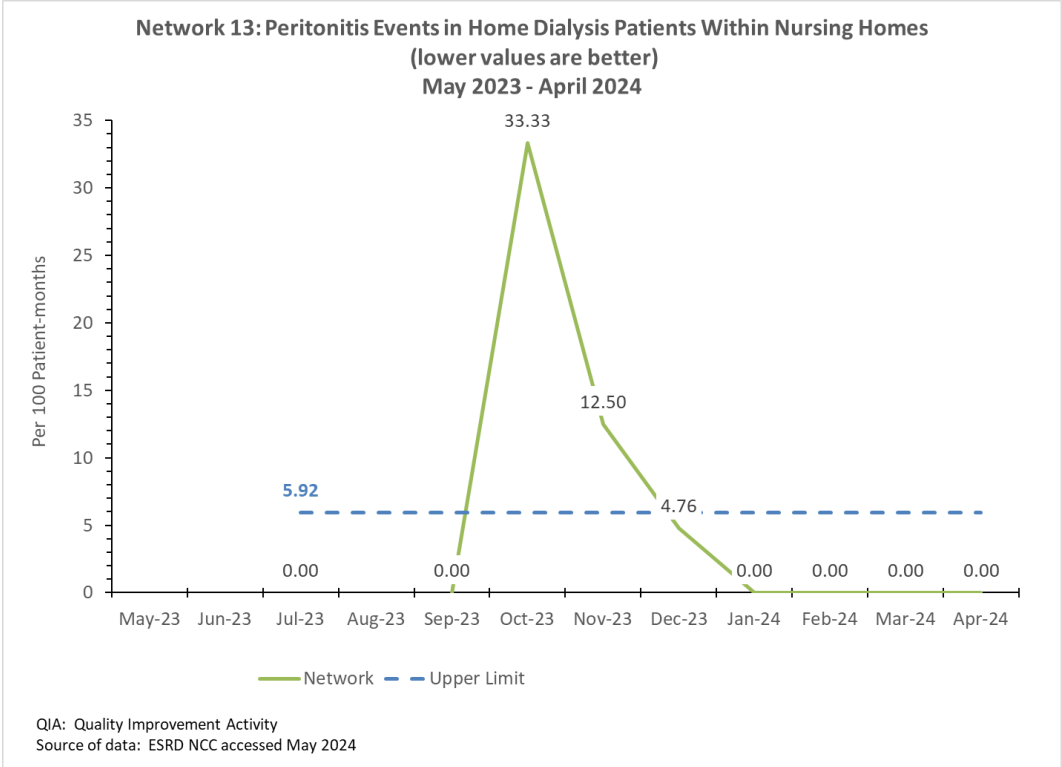
Data Quality QIA May 2023–April 2024

Goals and Outcomes

- Achieving a 1% increase in the number of initial CMS-2728 forms, over 1-year old, that are completed and submitted.
- Achieving a 4% increase in CMS-2728 forms submitted within 45 business days.
- Achieving a 5% increase in CMS-2746 forms submitted within 14 days of the date of death.

By April 2024, the Network achieved 141.7% of the goal for 2728 forms, over 1-year old, that were completed and submitted. The Network also achieved 95.7% of the goal for 2728 forms, and 95.2% of the goal for 2746 forms, submitted to EQRS on time. (See Charts AA, BB, CC)

Barriers

Barriers to achieving the QIA goals include:

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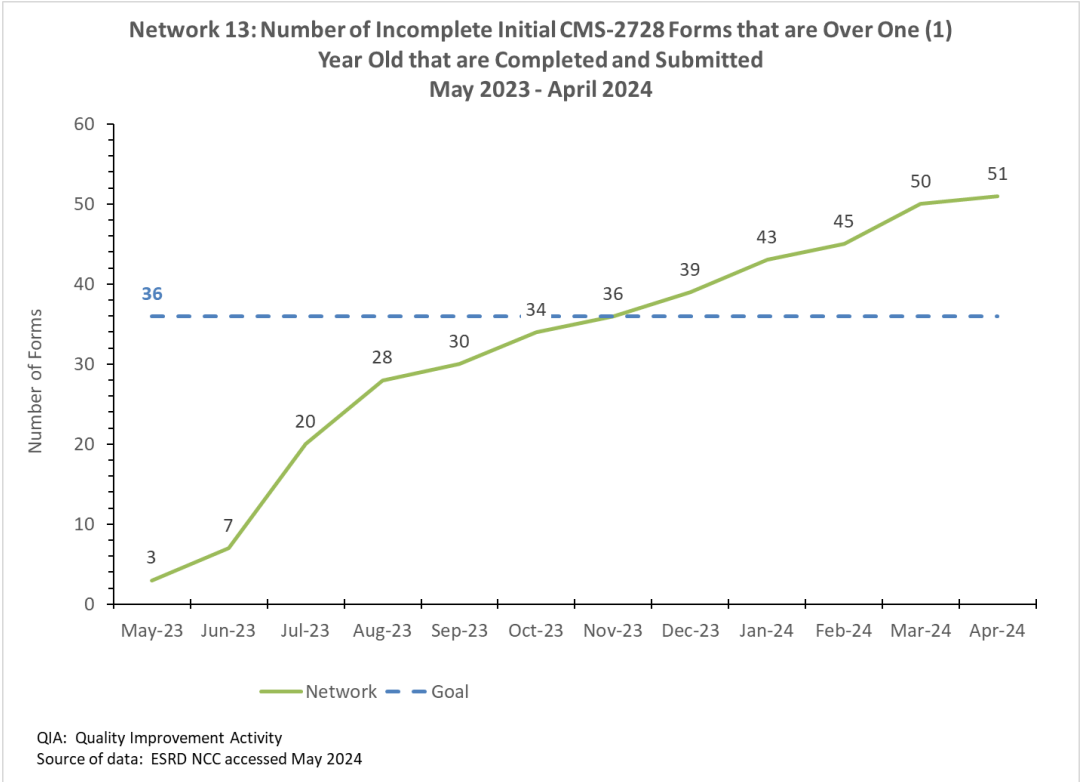
Interventions

Interventions for the QIA include:

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

Best Practices

Best practices identified throughout the QIA by facilities include:

- Using a team approach to addressing areas of improvement and ensuring multiple facility staff have access to EQRS.
- Having a tracking system in place for all forms.
- Faxing 2728 forms to physician offices for signatures.
- Communicating with hospital discharge planners to obtain information needed for forms.

Chart AA: Number of Incomplete Initial CMS-2728 Forms Over 1 Year Old That Are Completed and Submitted May 2023–April 2024

Network 13: Number of Incomplete Initial CMS-2728 Forms that are Over One (1) Year Old that are Completed and Submitted
May 2023 - April 2024

Number of Forms

Month	Value
May-23	3
Jun-23	7
Jul-23	20
Aug-23	28
Sep-23	30
Oct-23	34
Nov-23	36
Dec-23	39
Jan-24	43
Feb-24	45
Mar-24	50
Apr-24	51

Goal: 36

Network — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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

Network 13: Percent of Initial CMS-2728 Forms Submitted Within Forty-five (45) Days
May 2023 - April 2024

Percent of Forms

Month	Value
May-23	78.35%
Jun-23	78.14%
Jul-23	77.80%
Aug-23	76.85%
Sep-23	76.56%
Oct-23	76.57%
Nov-23	76.68%
Dec-23	77.94%
Jan-24	77.60%
Feb-24	76.75%
Mar-24	76.90%
Apr-24	77.89%

Goal: 81.32%

Network — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
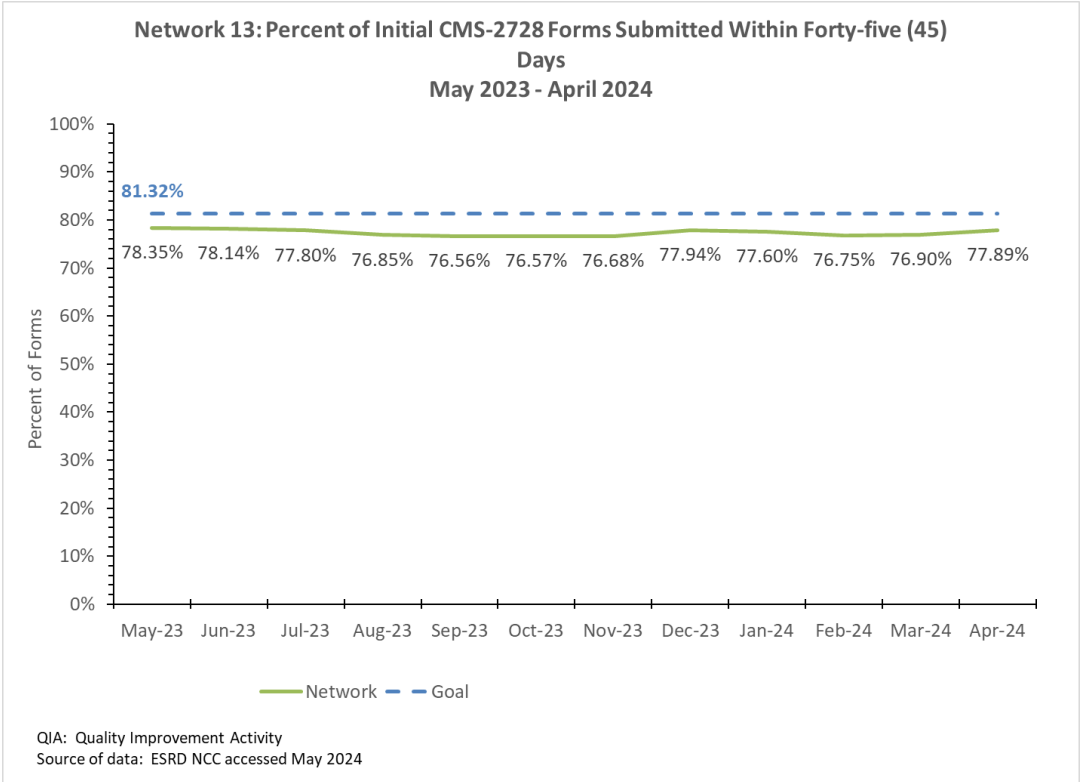
Chart CC: Percent of CMS-2746 Forms Submitted within 14 Days of Death May 2023–April 2024

Network 13: Percent of CMS-2746 Forms Submitted Within Fourteen (14) Days of
Death
May 2023 - April 2024

66.02%

59.27% 59.67% 59.72% 59.16% 59.41% 59.35% 59.51% 60.16% 60.80% 61.61% 62.04% 62.87%

Percent of Forms

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
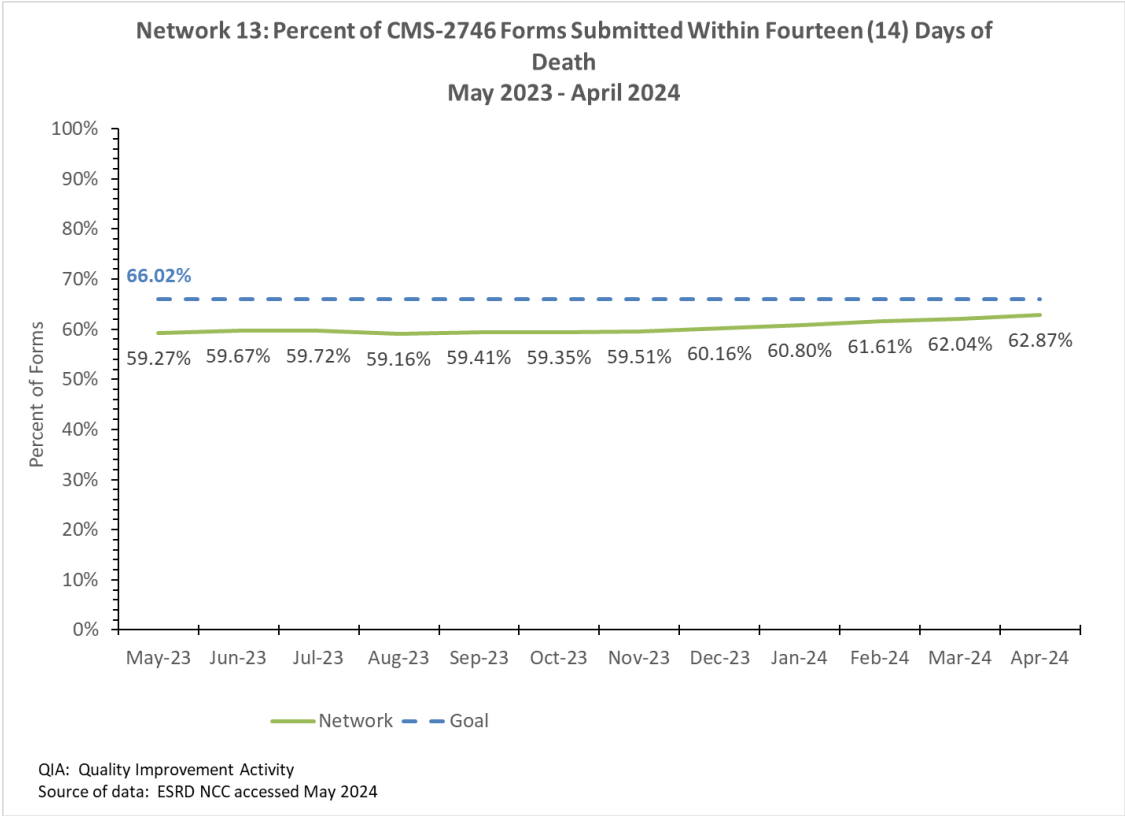
Depression QIA May 2023–April 2024

Goals and Outcomes

The QIA goals included:

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

The Network achieved a QIA rate of 15.86%, which was 87.3% of the goal of 18.16%. (See Chart DD)

Barriers

Barriers identified by facilities include:

- Patients' level of comfort with pursuing assistance for mental health-related issues based on stigma or hope that the condition will improve or resolve without treatment.

- 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 treatment because of the demands of dialysis treatment and other medical appointments.

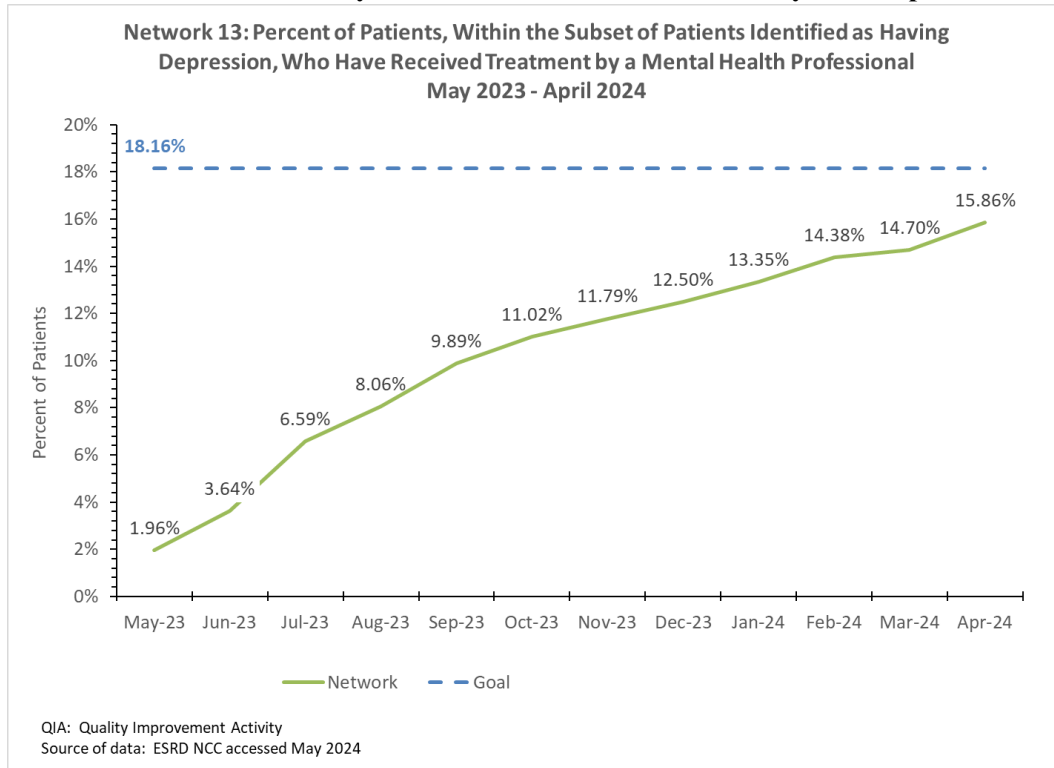### Interventions

Interventions for the QIA include:

- Providing technical assistance to dialysis facilities to review available data, conduct an RCA, and identify opportunities and solutions to improve the rates of patients receiving treatment for depression.

- Disseminating educational materials to dialysis facilities via email and during technical assistance calls for use when conducting screenings and talking with patients. Examples include:
    - *Talking to Patients about Depression Treatment*
    - NCC Depression *Expert Teams Calls*
    - *Discussing Depression with Your Care Team*

- Developing and disseminating the *Doctor Fax Template* to assist facilities in communicating with outside providers to request screenings and referrals.

Best Practices

Best practices identified through the QIA include:

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

- Provider-related interventions:
    - Exploring the use of evolving telehealth technology to provide mental health services.
    - Expanding the concept of "mental health provider," because many patients seek mental health support or treatment outside of the traditional office setting, such as through their faith community or from a community elder.
    - Involving the primary care physician for additional assessment, treatment, and referrals.

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

Network 13: Percent of Patients, Within the Subset of Patients Identified as Having Depression, Who Have Received Treatment by a Mental Health Professional
May 2023 - April 2024

18.16%

15.86%
14.70%
14.38%
13.35%
12.50%
11.79%
11.02%
9.89%
8.06%
6.59%
3.64%
1.96%

Percent of Patients

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

—— Network   — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

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

The Network maintained a cooperative and collaborative partnership with ESRD providers in all activities in 2023. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

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

Recommendations to CMS for Additional Services or Facilities

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

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

During early 2023, the Network continued to use its emergency preparedness experience to adjust to the needs of patients and facilities during the COVID-19 pandemic. The Network's pandemic response included an all-team approach and routine assessment of needs and distribution of current information, resources, and data-targeted technical assistance.

Technical Assistance

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

Collaboration Activities

The Network maintained communication with various partners during the pandemic. The Network connected dialysis facilities with department of health (DOH) offices, healthcare coalitions (HCCs) 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.

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 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 Kidney Community Emergency Response (KCER) as requested.

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 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.

March 2023

- **Severe Weather with Tornadoes, Louisiana (LA) -** The Network collected information from facilities in the Shreveport, LA area after a hazardous storm crossed the area with one tornado touching down. None of the area facilities suffered any impacts.

- **Severe Weather with Tornadoes, Arkansas (AR) -** The Little Rock, AR area experienced severe weather, including tornadoes, on March 31, 2023. The Network contacted facilities in the affected area to assess for open/close status and patient needs. Multiple facilities reported early closings or sheltering in place due to the storms and/or tornado siren alerts on March 31, 2023. All the facilities opened without issue on Saturday, April 1, 2023, or on Monday, April 3, 2023. All patients and staff were accounted for.

June 2023

- **Severe Weather and Tornado Watch, Oklahoma (OK), LA -** Severe weather impacted the Southern and Central Plains in the overnight hours of June 16–17, 2023, including four tornadoes reported in OK, and high winds across LA. The Network contacted facilities across the region to collect open/closed status and facility and patient needs. Three facilities in OK and four facilities in LA reported closures of 1–2 days due to power outages. All facilities re-opened without issue on Monday, June 19, 2023, and all patients were accounted for and rescheduled for treatment if needed.

August 2023

- **Extreme Heat, LA -** The Network issued an Extreme Heat and Active Tropics Alert to all LA dialysis facilities on August 21, 2023, based on the State of LA issuing a Heat Declaration and additional information provided by the LA ESF 8 Network. The Alert discussed the possibility of water outages due to current drought conditions in the area. It also recommended facilities anticipate challenges they may encounter with water or power and to contact their Parish and regional Emergency Operations Center (EOC) staff to discuss any needs they may have. One facility experienced low water pressure with a short-term water outage but was able to secure a water truck and continued to provide dialysis without any additional issues.
- **Wildfires, LA -** A wildfire was identified in Beauregard Parrish, LA on August 22, 2023. The one facility located in the Parrish did not have any impacts from the wildfire.

September 2023

- **Saltwater Intrusion Event, New Orleans, LA -** On September 26, 2023, the Network was notified by the state of LA that due to extended drought conditions, the freshwater flow from the

Mississippi River had decreased and there was an intrusion of sea water (saltwater) from the Gulf making its way up north towards the lower LA parishes. This had the potential to impact public drinking water, critical infrastructure, and residential homes.

The Network distributed an alert to all New Orleans and Jefferson Parish facilities and engaged facility administrators and key dialysis leadership to prepare. The Network began attending weekly LA EOC calls regarding the incident and distributed an invitation to the calls to all dialysis providers in the impacted area.

The Network collaborated with the LA EOC, the LA Department of Health – Health Standards Section Manager and dialysis leadership regarding dialysis facility plans in the event of saltwater intrusion to water systems that feed the facilities. The Network monitored the situation until October 5, 2023, when the U.S. Corps of Engineers established an updated timeline that pushed back the potential impacts for saltwater intrusion to the area into November or not all.

ACRONYM LIST APPENDIX

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