

# ESRD NETWORK 2020 ANNUAL REPORT

Health Services  
Advisory Group  
(HSAG): End Stage  
Renal Disease (ESRD)  
Network 15

# Table of Contents

<b>ESRD DEMOGRAPHIC DATA.....</b>	<b>4</b>
<b>ESRD Network 15.....</b>	<b>4</b>
Geography and General Population .....	4
ESRD Population .....	4
Dialysis Treatment Options.....	7
ESRD Facilities .....	8
<b>ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA.....</b>	<b>12</b>
<b>ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA .....</b>	<b>15</b>
<b>Long Term Catheter (LTC) Quality Improvement Activity (QIA).....</b>	<b>15</b>
Goals and Outcomes.....	18
Barriers.....	14
Interventions .....	16
Best Practices.....	16
<b>Blood-Stream Infection (BSI) QIA.....</b>	<b>18</b>
Goals and Outcomes.....	18
Barriers.....	17
Interventions .....	18
Best Practices.....	19
<b>Transplant Waitlist QIA.....</b>	<b>22</b>
Goals and Outcomes.....	21
Barriers.....	22
Interventions .....	23
Best Practices.....	23
<b>Home Therapy QIA.....</b>	<b>25</b>
Goals and Outcomes.....	24
Barriers.....	25
Interventions .....	26
Best Practices.....	26
<b>Population Health Focused Pilot QIA (PHFPQ).....</b>	<b>28</b>
Goals and Outcomes.....	28
Barriers.....	28
Interventions .....	29
Best Practices.....	29
<b>ESRD NETWORK RECOMMENDATIONS.....</b>	<b>32</b>

Recommendations for Sanction..... 32  
Recommendations to CMS for Additional Services or Facilities ..... 32  
**ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION .....34**  
**ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION .....37**  
**ACRONYM LIST APPENDIX .....39**

This material was prepared by HSAG: ESRD Network 15, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number CO-ESRD-15N1SS-06292021-01



## **ESRD DEMOGRAPHIC DATA**

### **ESRD Network 15**

As a member of the Health Services Advisory Group (HSAG) team of dialysis networks, ESRD Network 15 works with patients, dialysis facilities, and transplant centers in Arizona, Colorado, Nevada, New Mexico, Utah, and Wyoming to improve the quality of care and quality of life for ESRD patients. HSAG has held the Network 15 contract since 2016.

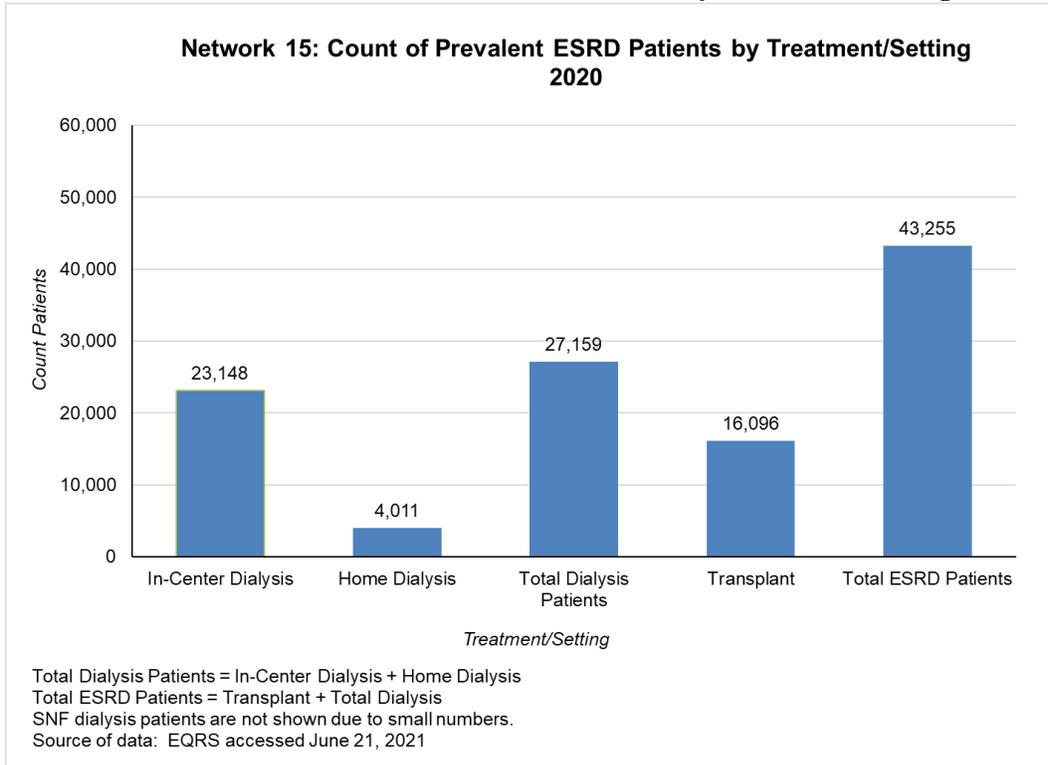
### **Geography and General Population**

Geographically, Network 15 encompasses 21% of the landmass of the contiguous United States and includes mountains, plains, and desert. Urban population centers contain the majority of residents. However, there are vast rural and wilderness areas in each state, which impact availability of care for ESRD patients due to length of travel for treatments. Network 15 works closely with the Kidney Community Emergency Response (KCER) Program to monitor weather patterns, natural disasters, and other emergency situations to ensure patient safety in both rural and urban areas.

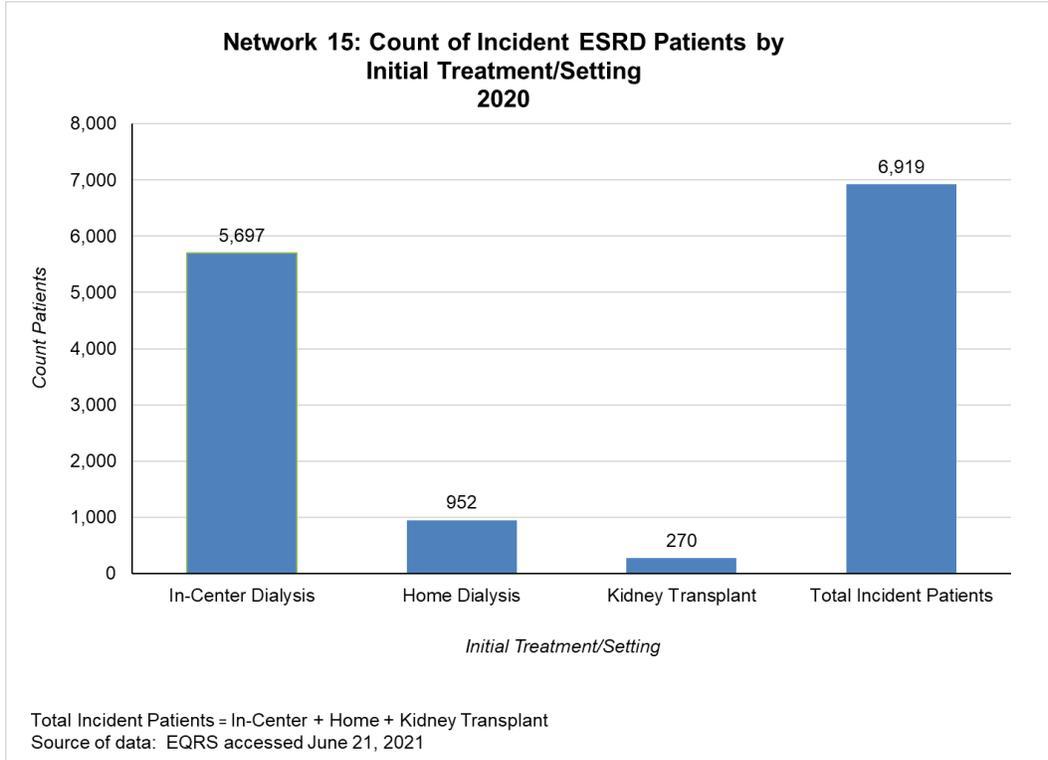
### **ESRD Population**

Network 15 worked in collaboration with the renal community and other key stakeholders to improve the quality of life and quality of care for 45,935 individuals with ESRD in 2020 (see Chart A). This work was significantly impacted in various ways by the COVID-19 pandemic, which touched on almost every aspect of the Network's work in the year. During the reporting period of December 31, 2019 to December 31, 2020, the Network's 45,935 prevalent patients compared to the national total of 460,329 as of December 31, 2020 (see Charts B and C). The number of incident dialysis patients in the Network service area increased by 6,071 individuals newly diagnosed with ESRD in 2020, compared to 6,814 in 2019. The Network's prevalent patient population comprises 5.2% of the national prevalent dialysis patient population and its incident patient population comprises 5.4% of the national prevalent dialysis patient population (see Charts C and D).

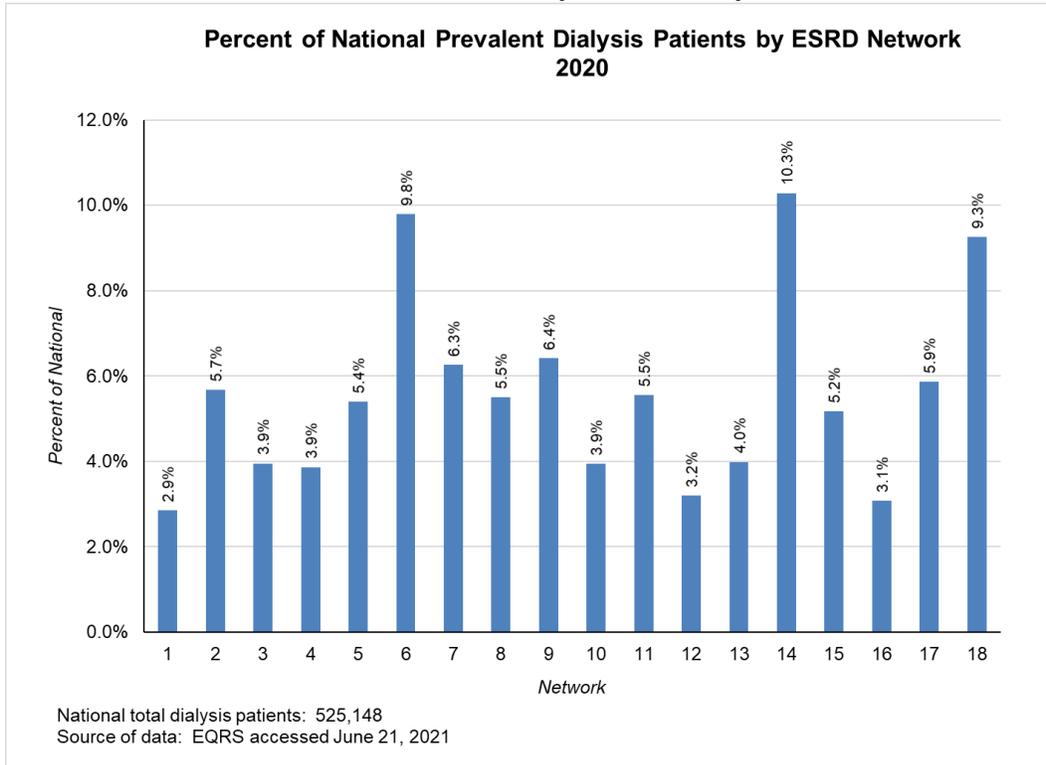
**Chart A: Count of Network Prevalent ESRD Patients by Treatment/Setting 2020**



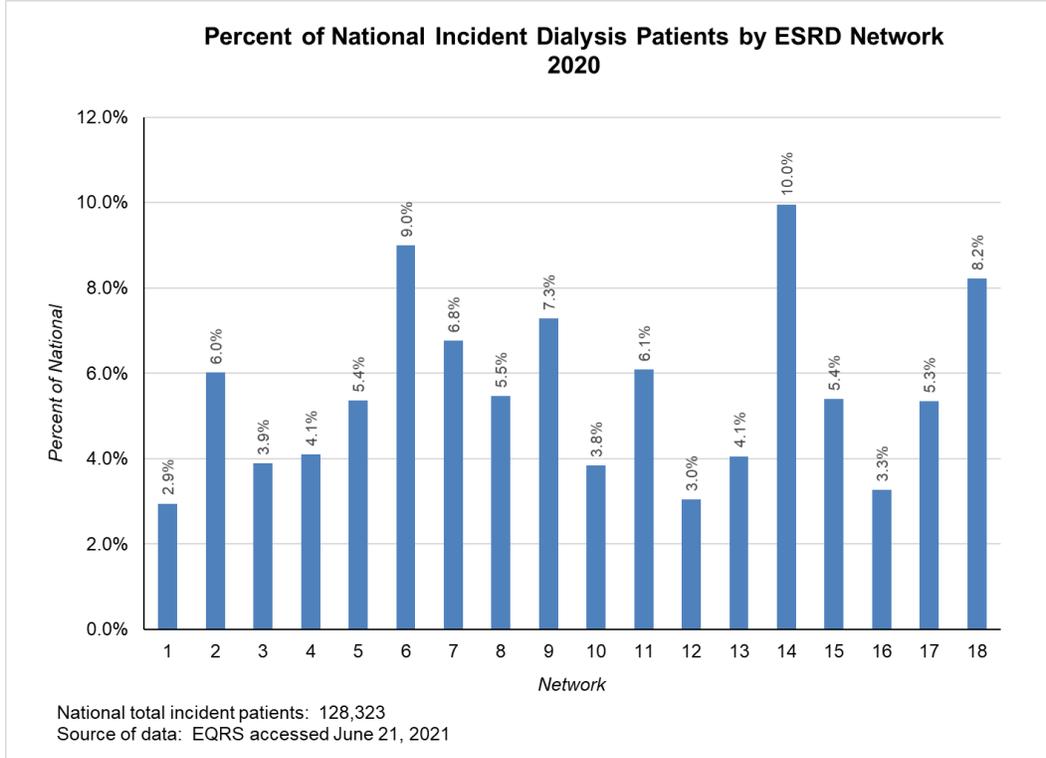
**Chart B: Count of Network Incident ESRD Patients by Initial Treatment/Setting 2020**



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



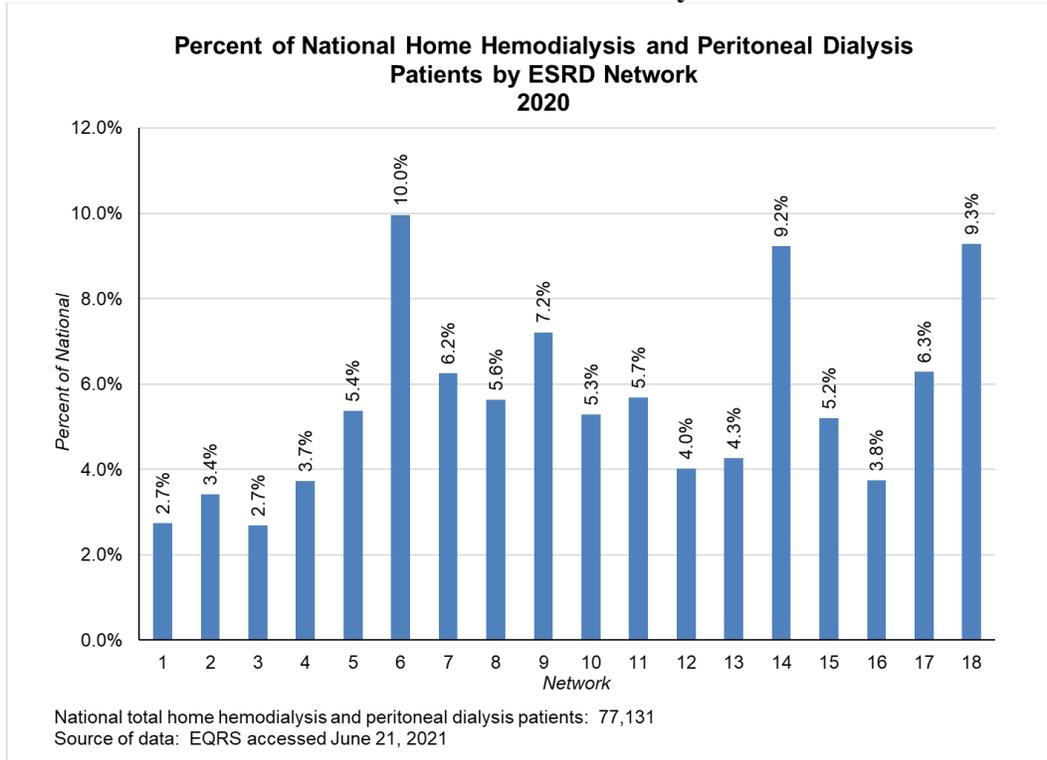
**Chart D: Percent of National Incident Dialysis Patients by ESRD Network for 2020**



## Dialysis Treatment Options

As of December 31, 2020, 85.7% of dialysis patients in Network 15 were receiving in-center hemodialysis (ICHHD) treatments and 14.2% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD) (see Chart A). Nationally, the Network comprised 7.0% of all CCPD, CAPD, and HHD patients (see Chart E).

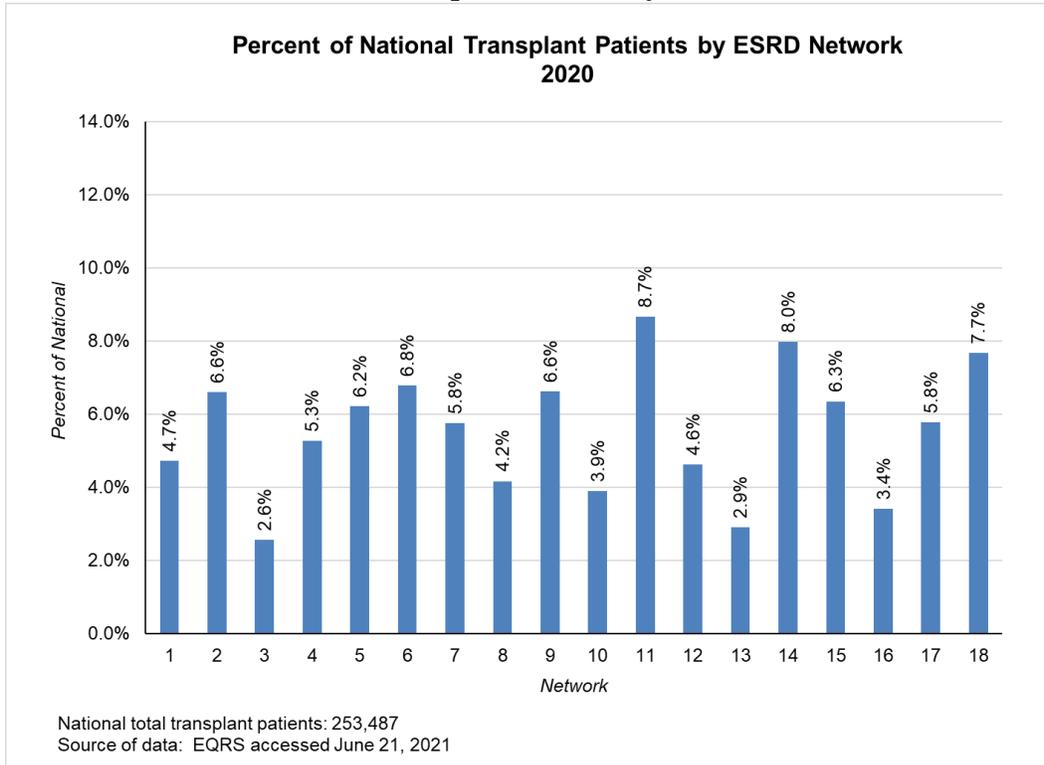
**Chart E: Percent of National HHD and PD Patients by ESRD Network 2020**



## Transplant

During 2020, there were 15 transplant centers operating in the Network 15 service area. As of December 31, 2020, there were 372,835 transplant patients nationally, of which 5.9% were in Network 15 (see Chart F).

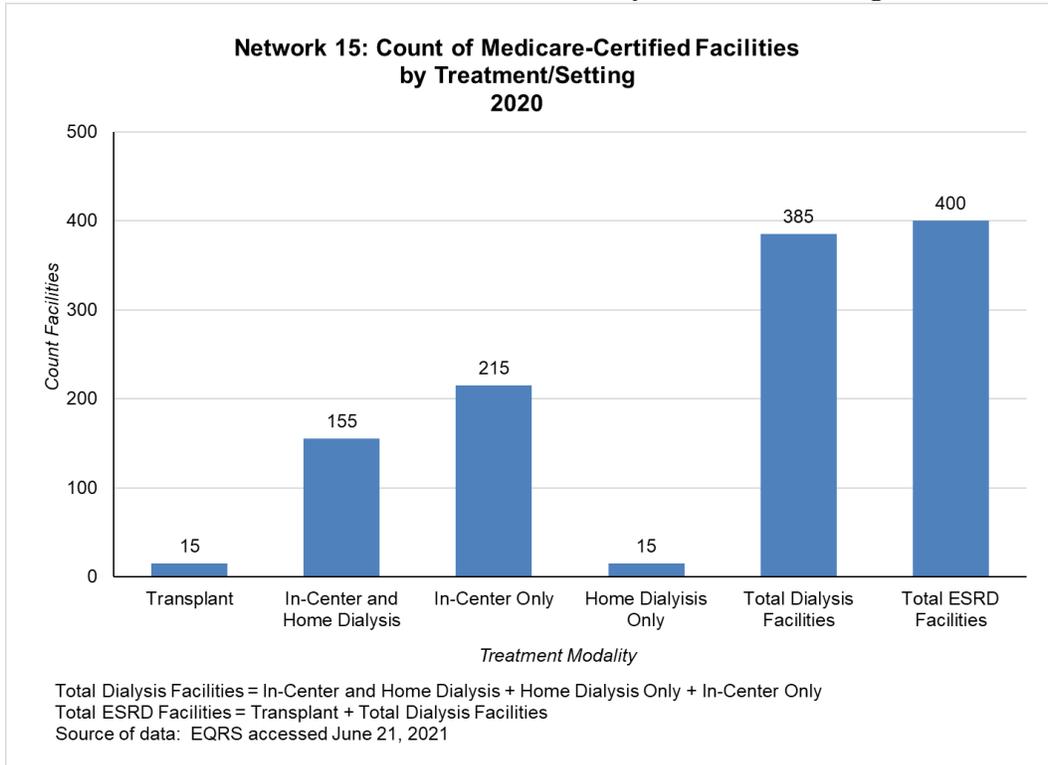
**Chart F: Percent of National Transplant Patients by ESRD Network for 2020**



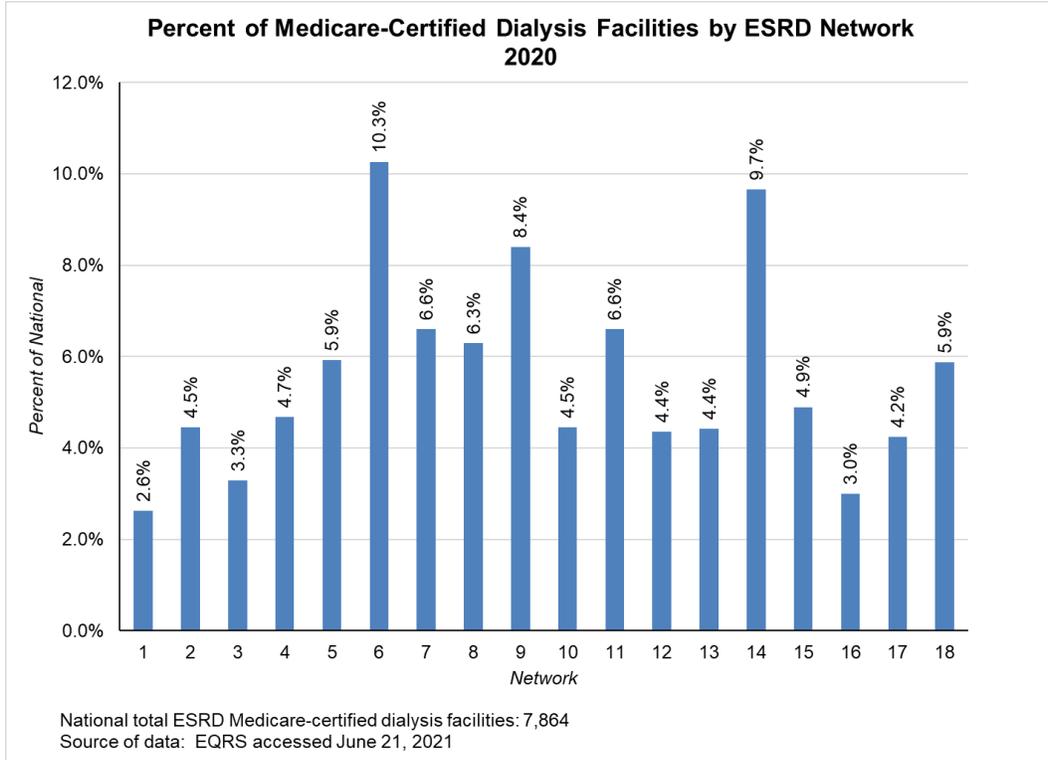
### ESRD Facilities

As of December 2020, Network 15’s service area included a total of 353 ESRD facilities including 338 dialysis facilities, and 15 transplant centers (see Chart G). Nationally, Network 15 comprised 4.9% of all dialysis facilities (see Chart H) and 6.7% of all transplant facilities (see Chart I).

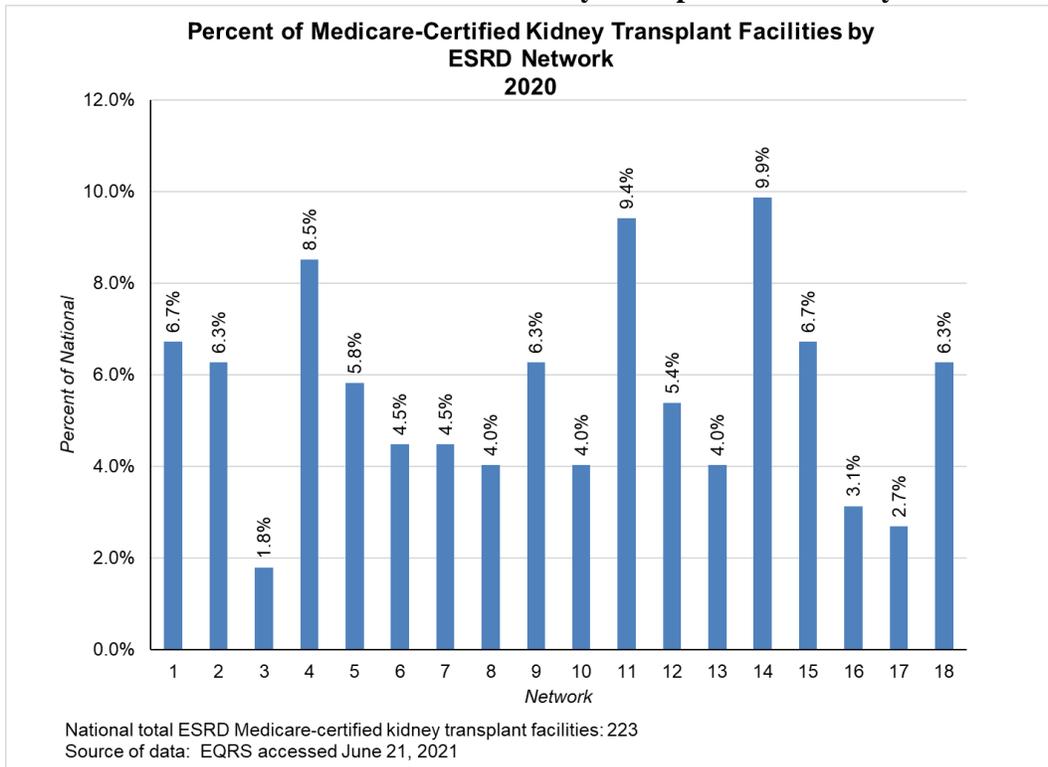
**Chart G: Count of Medicare-Certified Facilities by Treatment/Setting 2020**



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



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





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

### **Grievances**

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical quality of care, general grievance, and immediate advocacy. Immediate advocacy grievances are less complex cases that are resolved within seven calendar days. General grievances, in which the Network addresses more complicated non-quality-of-care issues, are addressed over a 60-day period. Cases are investigated using a thorough record review of any documentation pertaining to the grievance. Quality-of-care grievances are addressed through records reviews overseen by the Network's nephrology nurse. Grievants receive an outcome letter following the close of any grievance. According to Chart J below, during 2020, 36% of contacts to the Network were for grievances, including 26% for immediate advocacy, 4% for general grievances, and 6% for clinical areas of concern. As patients throughout the Network's coverage area dealt with the stress and grief of the coronavirus disease 2019 (COVID-19) pandemic in 2020, the Network received nine grievance cases that were directly related to the COVID-19 pandemic.

### **Facility Concerns**

In addition to grievances, the Network also responded to facility concerns, which accounted for 42% of all contacts to the Network in 2020. Facility concerns included contacts received from dialysis facilities related to managing difficult patient situations, requests for technical assistance, and other administrative concerns. The COVID-19 pandemic affected clinic staff as well as patients in 2020 and as a result, the Network received seven facility concerns that were directly related to the COVID-19 pandemic.

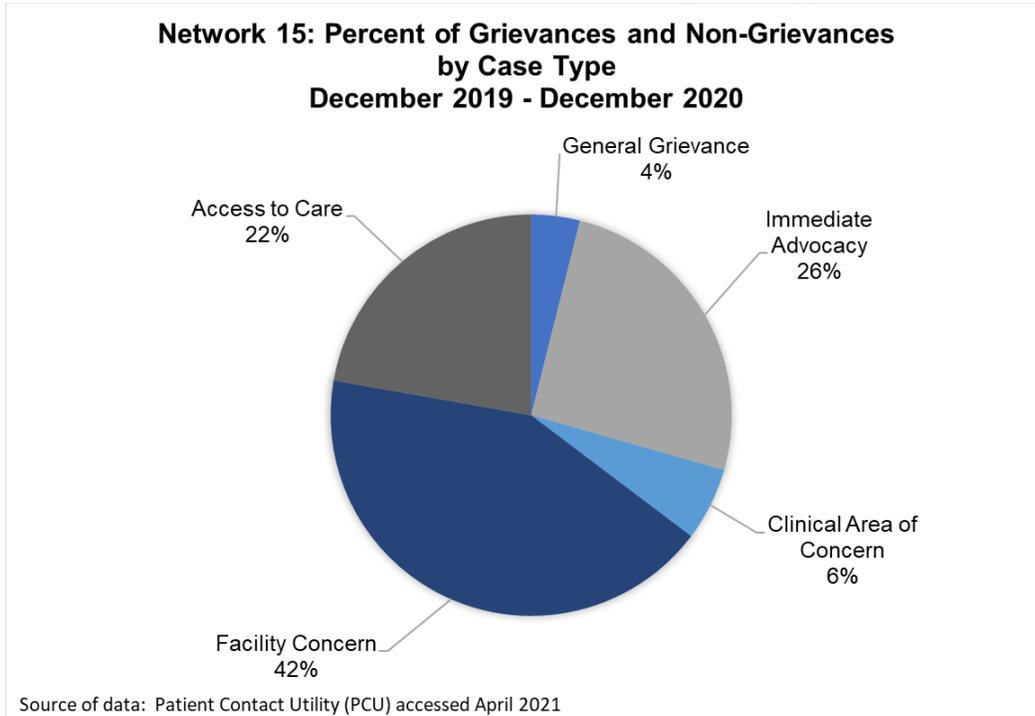
### **Access-to-Care Issues**

The Network is committed to working with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. During 2020, access-to-care issues accounted for 22% of contacts to the Network.

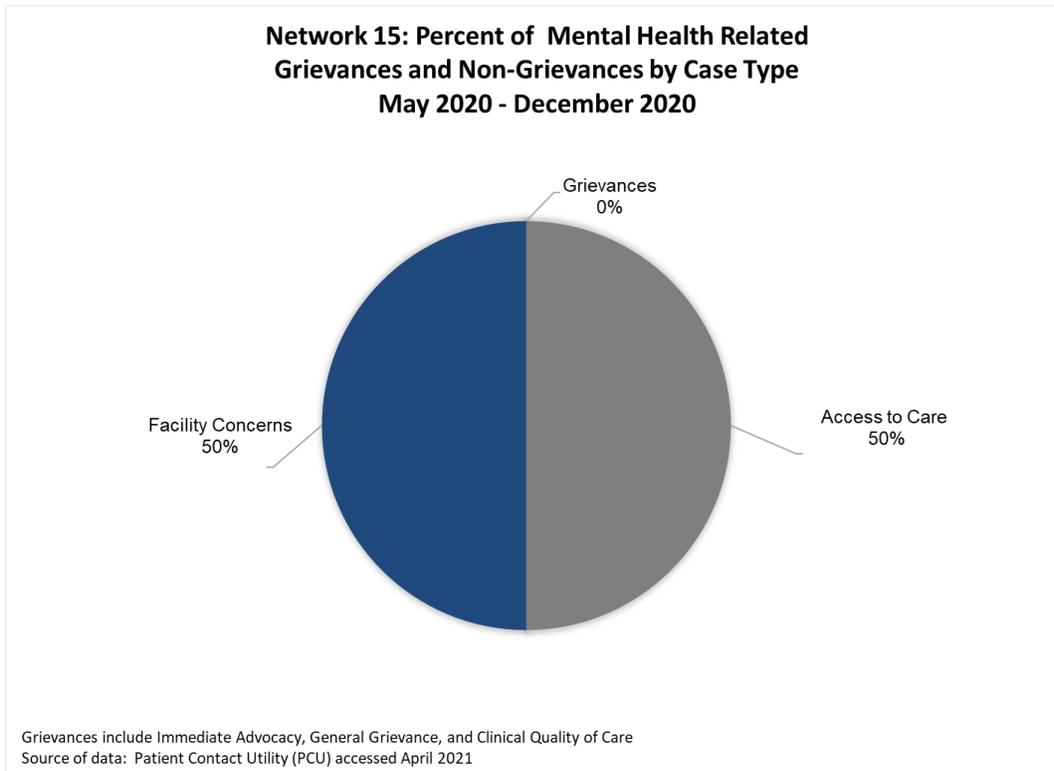
### **Mental Health Related Cases**

The Networks began tracking cases that included patient mental health concerns per CMS instruction in May of 2020 in response to growing reports of mental health distress caused by the Severe Acute Respiratory Syndrome (SARS)—Coronavirus Disease of 2019 (COVID-19) pandemic. As Chart K indicates, the Network noted mental health issues impacting both facility concerns (50%) and access-to-care cases (50%) during the year.

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



**Chart K: Percent of Mental Health Related Grievances and Non-Grievances by Case Type May 2020–December 2020**





# ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

## Long-Term Catheter (LTC) QIA

During 2020, the Network conducted a QIA to reduce LTC (catheter in use for 90 days or longer) use across all facilities in the Network service area. The Network sought to improve permanent fistula and graft rates through identification of barriers and interventions to assist practitioners and patients with pursuing permanent access placement. The Network aimed to improve the permanent vascular access rate across all Network 15 dialysis facilities with enhanced interventions implemented with 34 dialysis facilities impacting approximately 1,995 patients. This focus group of facilities had historically high individual LTC rates, greater than 15%, and an overall collective rate of 23.4%.

## Goals and Outcomes

The goal of the QIA was to decrease the rate of LTCs in the Network service area by 0.25%, using the Achievable Benchmark Model™ (ABC™) Model. This included a baseline rate for the entire Network service area, based on July 2019 CROWNWeb data, of 11.34% and a goal of 11.32%. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this QIA, but was not evaluated on the results. The Network LTC rate by September 2020 was 13.88%, indicating a 2.54% increase in patients with a LTC (see Chart L). Despite the increase, the Network 15 LTC rate remains below the national LTC rate.

## Barriers

Facility-reported barriers to achieving a reduction in LTCs included:

- Delayed or cancelled vascular access appointments or procedures due to:
  - Patients having to be tested for COVID-19 prior to the appointments.
  - Patients testing positive for COVID-19 which required appointments needing to be re-scheduled and then were often forgotten about for long periods of time.
  - Patient's fear of exposure to COVID-19. Dialysis related procedures were considered non-essential and therefore not being scheduled, including cardiac clearance testing, vascular access planning procedures, and evaluation of problematic accesses.
  - Some surgery centers had restrictive guidelines for vascular access surgery resulting in limited appointment times.
- Unpredictable influx of patients with catheters admitted and transferred into dialysis facilities who often were not under the care of a nephrologist prior to the initiation of dialysis.
- Patient difficulty with adjusting to a new ESRD diagnosis delayed patient orientation, education, and access planning in time to have a permanent access in use within 90 days.
- Patients requiring multiple surgeries and/or access complications.
- Lack of a designated staff member to monitor patients as they move through the process of getting a permanent access.
- Large number of emergent dialysis starts, Chronic and Acute Kidney Injury (AKI) patients, arising from COVID-19 complications.

- Patients who are transitioning to home dialysis and/or getting on the transplant list and do not want a permanent access.

## Interventions

Interventions implemented during the QIA included:

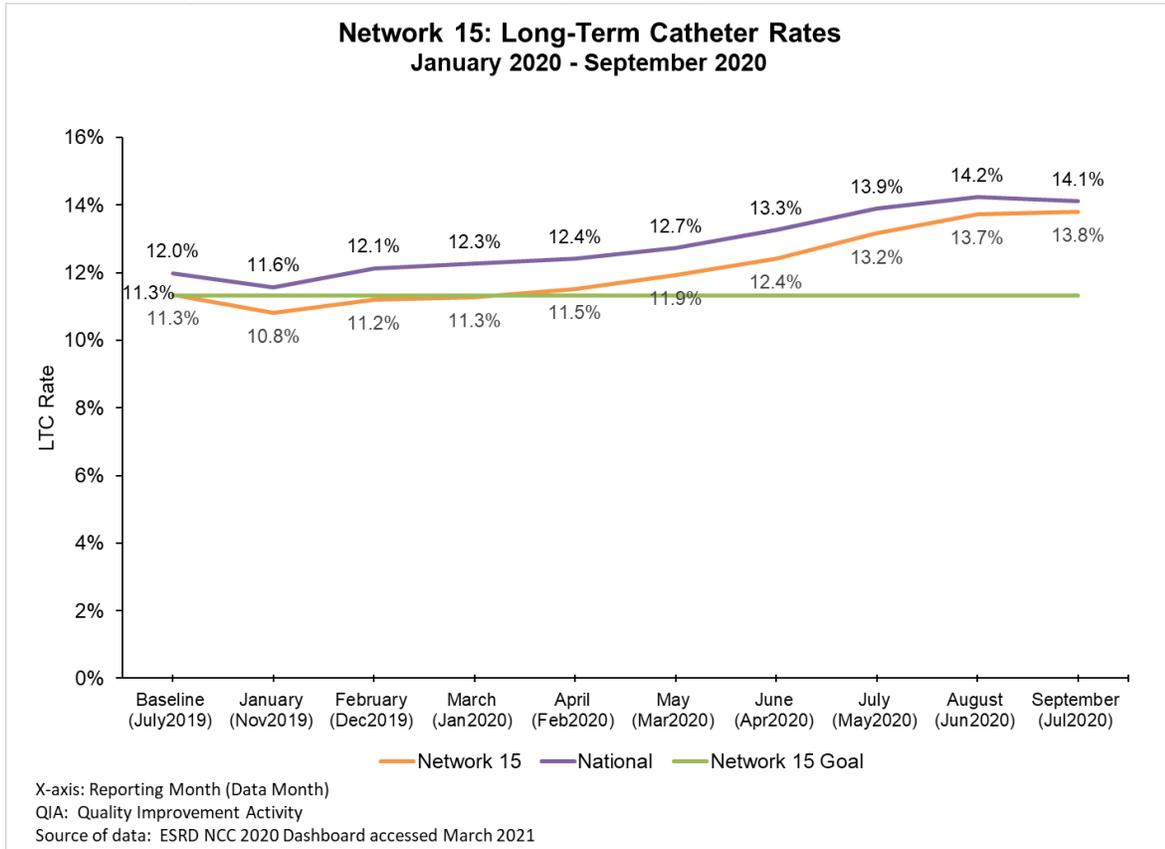
- Directing facilities to have staff complete the following training courses:
  - *Infection Prevention in the Dialysis Setting.*
  - *NHSN Dialysis Event Surveillance.*
- Encouraging facilities to work toward obtaining access to a Health Information Exchange (HIE) in their area.
- Providing individualized technical assistance to facilities based on root cause analysis (RCA) and Plan-Do-Study-Act (PDSA) results, such as developing or updating processes or providing relevant tools and resources.
- Providing training and technical support to ensure accurate progression and use of vascular access reporting in CROWNWeb/EQRS.
- Reinforcing patient focused interventions by asking patient subject matter experts (PSMEs) to participate on QIA calls and provide their perspective on challenges and possible solutions to permanent access placement.

## Best Practices

Best practices identified by the QIA facilities included:

- Developing a process to provide access education to patients upon initiation of dialysis.
- Referring patients to a vascular surgeon within two weeks upon initiation of dialysis.
- Creating the expectation of establishing a permanent access upon admission before a patient becomes complacent with a central venous catheter by providing educational resources such as the *Vascular Access Options* handout within two weeks of admission
- Implementation of the *Vascular Access Appointment Sheet* anytime a patient has a vascular access appointment.
- Providing frequent patient education on infection prevention to facilitate heightened staff and patient awareness of the risks associated with having an LTC, especially related to COVID-19.

**Chart L: Long-Term Catheter Rates January 2020–September 2020**



## Blood-Stream Infection (BSI) QIA

During 2020, the Network conducted a QIA to reduce dialysis event rates, specifically BSIs, by improving infection control practices. The QIA was designed to support the National Action Plan to Prevent Healthcare-Associated Infections (HAIs) and the Centers for Disease Control and Prevention (CDC) Core Interventions for Dialysis BSI Prevention Program. The QIA included 20% of facilities in the Network service area with the highest excess infection rates as reported in the National Healthcare Safety Network (NHSN). Seventy-two facilities, impacting approximately 5,166 patients, were included.

### Goals and Outcomes

The goal of the QIA was to achieve at least a 20% relative reduction in the pooled mean BSI rate for the 20% of facilities with the highest excess infection rates, from January–June 2020. This would include preventing at least 56 BSIs during the nine-month measurement period. By the conclusion of the QIA, the aggregate BSI rate in the 72 facilities had reduced from 1.03 to 0.003 and prevented 209 BSIs, exceeding the 2020 QIA goal (see Chart M). Additionally, 42.8% of Network facilities completed the NHSN Dialysis Event Surveillance Training and 37.7% established a HIE or Evidence-Based Highly Effective Information Transfer System between January–September 2020 (see Charts N and O).

### Barriers

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

- Lack of patient interest in receiving education about infection prevention.
- Focus shifted primarily to the COVID-19 pandemic and away from basic infection prevention topics and education.

### Interventions

Interventions implemented during the QIA included:

- Using the CDC BSI prevention audit tools and 9 Core Interventions for preventing BSIs.
- Directing facilities to have staff complete the following training courses:
  - *Infection Prevention in the Dialysis Setting.*
  - *NHSN Dialysis Event Surveillance.*
- Disseminating the Network’s interactive patient learning module, *Test your Hand Hygiene Knowledge.*
- Collecting and trending facility data to conduct rapid-cycle improvement.
- Incorporating actions steps developed from the ESRD NCC BSI Learning and Action Network (LAN) to assist facilities in implementing the CDC recommended interventions.
- Providing patient education on the importance of hand hygiene, vascular accesses, and knowing the signs and symptoms of infection.
- Increasing patient education regarding catheters, including improving the patients’ knowledge of how to care for their catheter outside of the dialysis facility.
- Encouraging patients and dialysis staff to sign a pledge to engage as partners in infection prevention efforts.

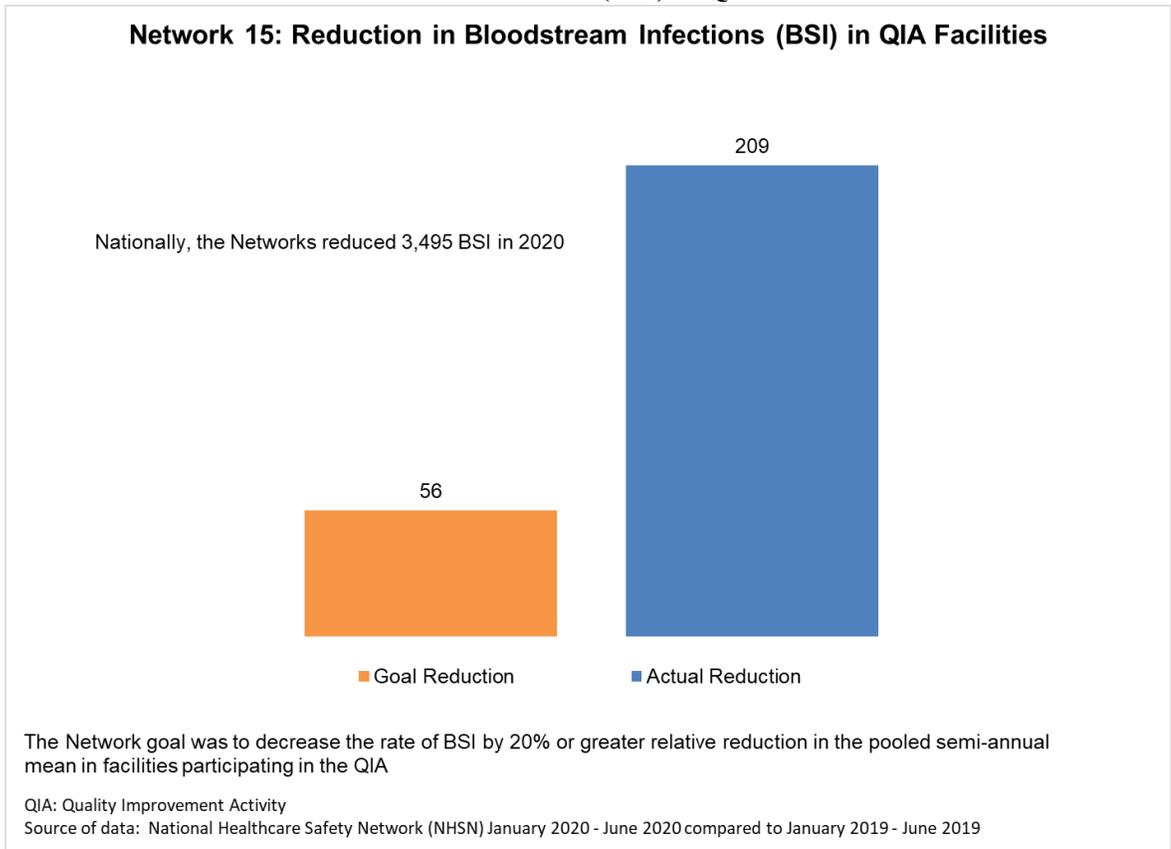
- Promoting the use of HIEs.
- Having facilities conduct monthly hand hygiene audits with patients completing the observations on dialysis staff.
- Having facilities complete the CDC BSI-prevention audit tools for staff.
- Posting the CDC's *Days Since Last BSI* poster in the facility.
- Using the Network's *Medical Records Request* form to obtain hospital records.
- Reviewing BSIs during the facility's Quality Assessment and Performance Improvement (QAPI) meetings using the Network's *BSI QIA QAPI Form*.

### **Best Practices**

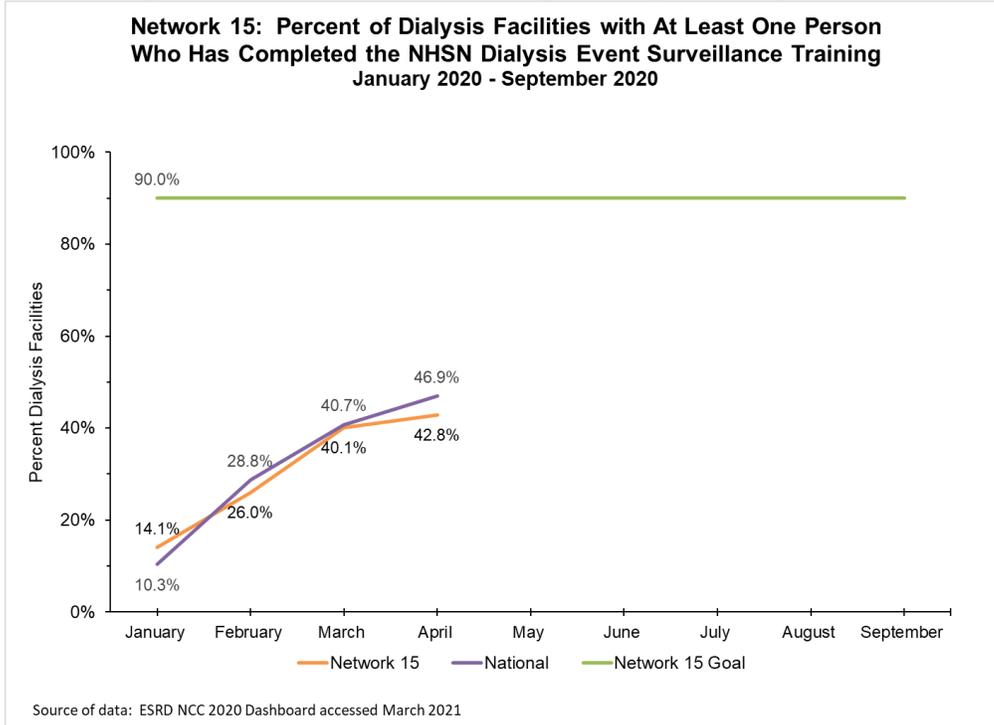
Interventions to address barriers to remaining infection-free were tested by QIA facilities and best practices were shared with all facilities in the Network service area. Best practices identified during the QIA included:

- Engaging patients in infection control by including them as auditors for hand hygiene practices, as well as documenting observations on the CDC *Hand Hygiene Audit Tool*.
- Using patient centered resources such as the CDC's *Days Since Last Bloodstream Infection* poster and the *Conversation Starter*, to guide discussions with patients about infection control.
- Conducting on-going hand hygiene audits to heighten staff awareness of hand washing practices.
- Reviewing and discussing CDC Core Interventions and monthly Network provided interventions during monthly quality assessment and performance review meetings, in addition to reviewing of infection rates, with the medical directors of facilities.
- Posting the *Days Since Last BSI* poster in an area of the facility visible to patients and staff.

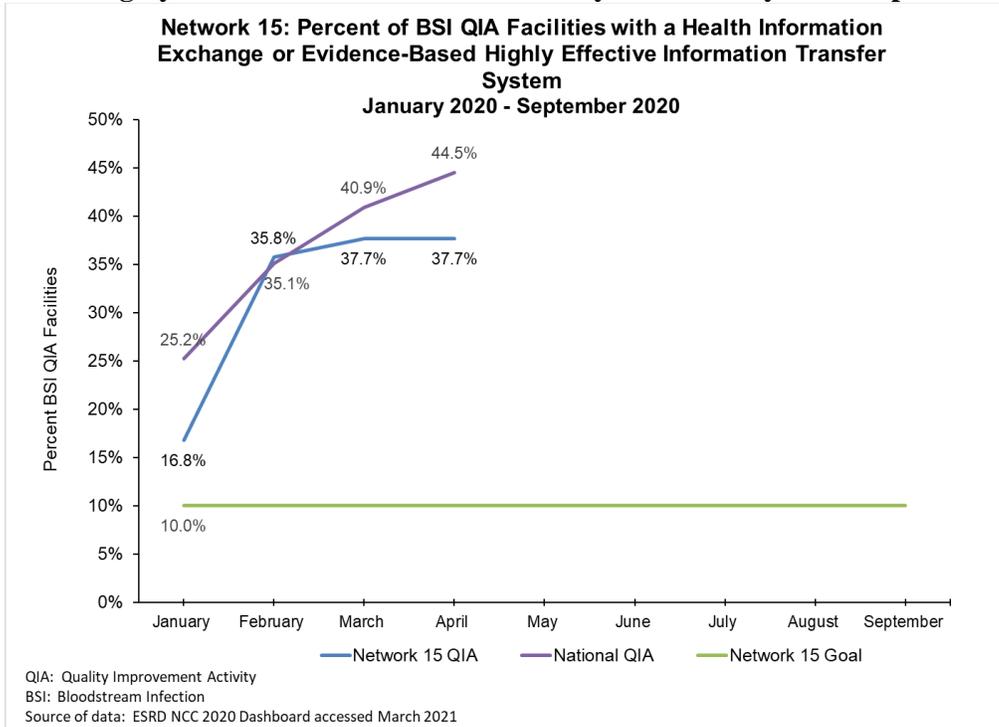
**Chart M: Reduction in Bloodstream Infections (BSI) in QIA Facilities**



**Chart N: Percent of Dialysis Facilities With At least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training January 2020–September 2020**



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



## Transplant Waitlist QIA

The 2020 Transplant Waitlist QIA was intended to support the transplant initiatives set forth in the Executive Order on Advancing American Kidney Health (AAKH), the Transplant Learning Collaborative and the ESRD Treatment Choices (ETC) Model Test Learning Collaborative. The Network sought to improve transplant waitlist rates through identification of barriers to the referral process, education, and interventions to assist practitioners in transitioning eligible patients to be actively listed for transplant. The Network aimed to improve the transplant waitlist rate across all Network 15 dialysis facilities with enhanced interventions implemented with 92 dialysis facilities, impacting approximately 7,607 hemodialysis patients. This QIA focus group had historically low rates of adding patients to a transplant list.

### Goals and Outcomes

The QIA sought to meet the goal of increasing the rate of patients on the transplant waiting list by a minimum of 1.25% by September 2020 using the ABC™ model. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. Even with the pandemic, the Network's rate of patients added to a transplant waitlist by September 2020, was 2.4%, indicating the addition of 875 patients (see Chart P). This was an 88.89% achievement toward the total goal.

### Barriers

Barriers to achieving the QIA goals included:

- Delays in transplanting living-related donor patients due to the need for hospitals to reduce non-emergent procedures and prepare for COVID-19 related surge.
- Delays in actively listed patients being transplanted due to them testing positive for COVID-19 on a pre-transplant COVID screen when called to receive a kidney.
- Hesitancy or inability of patients to complete necessary transplant evaluation medical testing due to fear of exposure to COVID-19.
- Lack of education and clarity on the referral and transplant criteria for transplant centers for both patients and facility staff.
- Lack of facility involvement in assisting patients throughout the transplant referral to waitlist process.
- Poor communication between the transplant centers and dialysis facilities.
  - Often, patients do not receive proper support and follow up relating to appointments and evaluation needs from either the dialysis facilities or transplant center.
- Waitlists for kidney transplants are often lengthy.
  - A waiting process with an undetermined end-date was reported as discouraging to both patients and staff.
  - Long wait times were also found to contribute to communication barriers between transplant and facility staff when a process for simple, shared communication was not in place.

- Patient lack of interest in transplant due to fear of the outcome of more medical testing, more surgery, complications, medication side-effects and the ultimate possibility of needing to return to dialysis at some point in the future.

## Interventions

PSMEs provided the patient perspective for development of all QIA educational materials and Network interventions included:

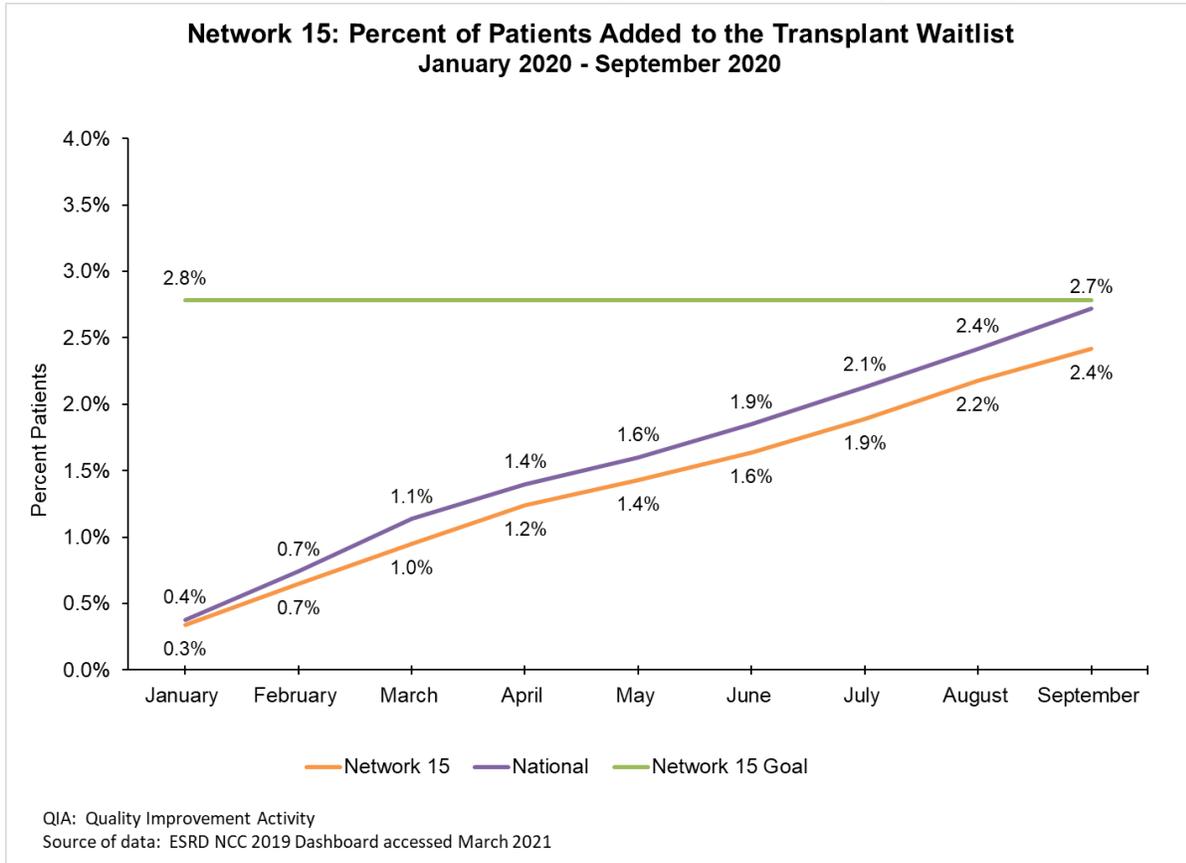
- Encouraging individualized patient education and individualized support in decision making for the option of transplant.
- Providing education for patients and staff through handouts and webinars featuring speakers from various transplant centers on pertinent topics such as:
  - *Tips From the Transplant Centers*
  - *Kidney Allocation System Webinar*
- Utilizing tools created by the National Patient and Family Engagement (NPFE) LAN Transplant Affinity Group.
- Assisting facilities to adopt transplant interventions, including the use of:
  - Transplant binders for tracking patient progress using the *Network 15 Transplant Tracker* or a tracking tool identified by the facility.
  - Orientation videos or initial appointments via internet/telehealth keeping patients safe while providing initial transplant center interaction.
  - A working process for communication between dialysis facility staff and transplant centers.
  - Education for the entire facility team about transplant benefits, processes, requirements, and outcomes.
  - A patient transplant champion for patient-to-patient experience and educational assistance.
- Sharing information on expanded donor criteria, living donation, and how to ask someone for a living donation.

## Best Practices

Best practices identified during the QIA include:

- Holding bi-monthly meetings with the transplant centers to identify ongoing barriers and needs as well as status of program operations during the pandemic.
- Involving all the facility staff to encourage and educate all patients about transplant.
- Providing real-time support and technical assistance to the dialysis staff and patients about the safety and status of transplant during the pandemic.

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



## Home Therapy QIA

The Network's Increasing Rates of Patients Dialyzing at Home QIA aimed to support the goals and initiatives of the Executive Order on AAKH; specifically, improving care coordination and patient education for people living with kidney disease and their caregivers and enabling more person-centric transitions to safe and effective treatments for kidney failure. The Network QIA sought to improve home dialysis use through identification of barriers to the referral process, education, and interventions to assist practitioners in transitioning eligible patients to a home modality. The Network involved all Network 15 dialysis facilities with education and resources monthly. Additionally, 77 dialysis facilities were identified for inclusion in the QIA focus group due to their historically low rates of transitioning patients to home dialysis. The focus-group interventions impacted approximately 5,533 hemodialysis patients.

### Goals and Outcomes

The goal of the QIA was to increase the rate of patients transitioning to home dialysis by 2.5% by September 2020, using the ABC™ model. The QIA utilized educational interventions, early referral to home dialysis modalities, and staff-provided patient support through the transition process to reach this goal. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. However, the Network-wide rate of patients transitioning to a home modality was 5.74% in September 2020, indicating the addition of 1,710 patients to a home dialysis program (see Chart Q). The overall rate of 5.74% was also a 101.04% achievement towards the Network's goal.

### Barriers

Barriers to achieving the QIA goals included:

- Lack of education and clarity about home modalities and eligibility. This was an issue with both patients and facility staff.
  - Lack of understanding about dialysis modalities by dialysis staff resulted in poor communication and promotion of home modalities with patients. This resulted in patients being uneducated or unaware of their choices.
- Lack of facility involvement in assisting patients with selecting and revisiting possible modality options.
  - The ability to discuss and pursue the process of a home modality referral was limited during the COVID-19 pandemic due to screening and precaution measures, in addition to staff shortage at times.
  - Patients often do not receive adequate encouragement, education, and support in choosing a modality that suits their lifestyles and preferences. The staff often state that patients are more comfortable doing something familiar. This response reflects a common staff opinion that comfort in one treatment modality is the only way the patient will feel comfortable treating.
  - A general lack of patient interest in home therapies has been reported as many patients are satisfied with in-center dialysis and consider the facility staff and patients to be their support and social interaction.
- Frequent poor communication between the home dialysis centers and dialysis facilities that impacts the patients. Dialysis facilities lack engagement and specific involvement in the eligibility, referral, and assistance of moving patients through the home modality process.

- Patients do not receive proper support and follow-up relating to assessing for interest in home therapies, answering questions, and discussing modality options.

## Interventions

PSMEs provided the patient perspective for development of all QIA educational materials and interventions.

Network interventions included:

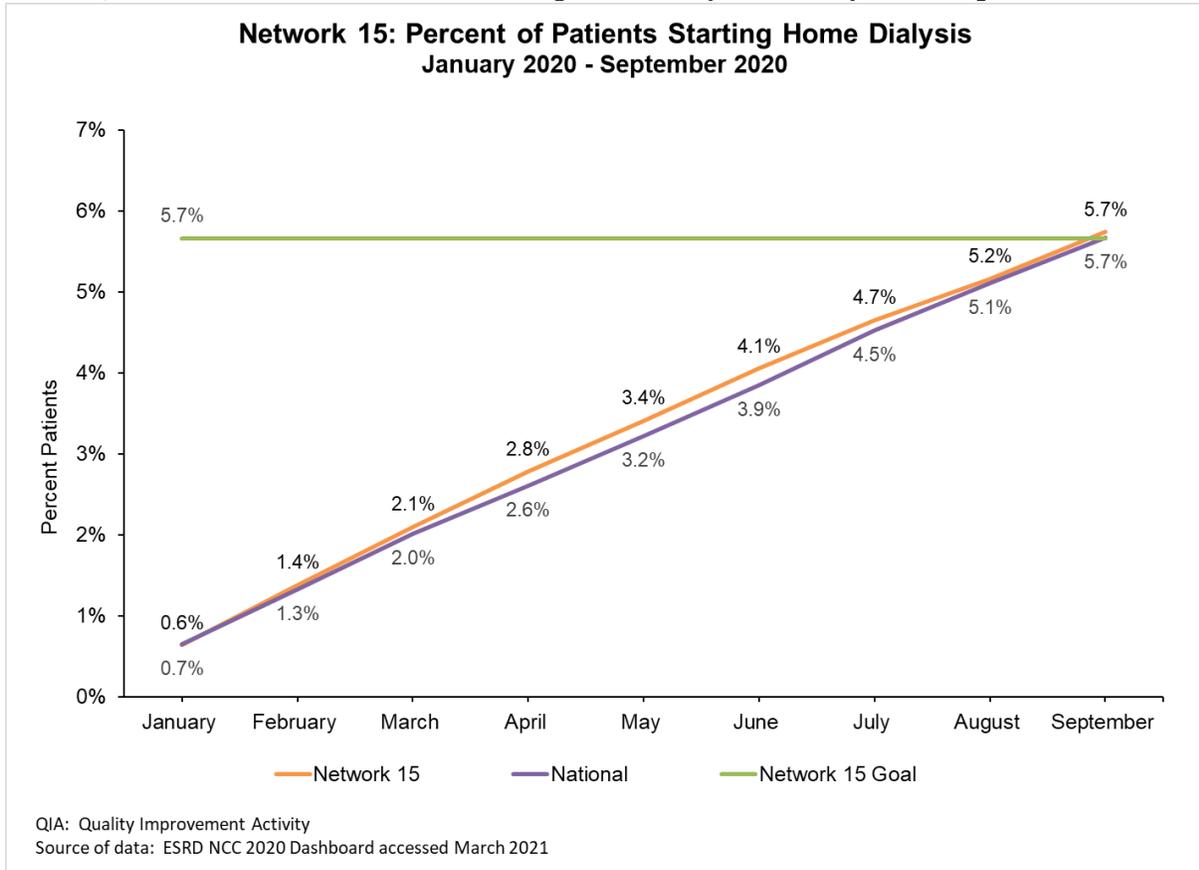
- Encouraging individualized patient education and support in decision making for modality choice.
- Implementing structured tracking of patients at all steps in the home dialysis process using the *Network 15 Seven Steps to Home Dialysis Tracker* or a tracking tool identified by the facility.
- Structured suggestions for individualized patient assistance from both in-center and home dialysis facility staff.
- Initiating individual facility RCAs and providing technical assistance during tests of change using the PDSA cycle.
- Educating staff and patients on the barriers and myths on home therapy through handouts, websites, video links, and tools created by the NCC NPFE LAN Home Dialysis Affinity Group.
- Encouraging home dialysis patients to participate in the facility's monthly QAPI meetings using video or telephone.
- Promoting the use of telehealth for home dialysis facility visits.

## Best Practices

Best practices identified by the QIA facilities include:

- Increasing communication with facility medical directors and nephrologists regarding home modalities to create interest and improve participation.
- Using monthly trackers to follow patients from interest to access placement to training and reviewing the tracker at monthly QAPI meetings.
- Engaging the entire facility staff to encourage and educate all patients about home dialysis options.
- Posting home modality tools and resources on the Network website, creating easy access for facility staff, patients, and nephrologists.
- Promoting home dialysis as a way for patients to stay at home for dialysis treatments during the COVID-19 pandemic.

**Chart Q: Percent of Patients Added Starting Home Dialysis January 2020–September 2020**



## Population Health Focused Pilot QIA (PHFPQ)

During 2020, Network 15 conducted a PHFPQ focused on improving the quality of life for ESRD patients by assisting them with seeking gainful employment and/or returning to work. The Network:

- Assisted facilities with developing processes to assess patient interest and eligibility for returning to work.
- Utilized federal, state, and local resources, such as those from vocational rehabilitation (VR) programs, Ticket to Work, and employment networks (EN) for the project.
- Shifted focus to support patients who suffered lay-offs, unemployment, or other changing dynamics during the COVID-19 pandemic.
- Identified 40 dialysis facilities constituting 14.3% of dialysis patients in the service area where  $\leq 25\%$  of the eligible target population (patients 18-55 years old) had not met the desired outcome for inclusion in the QIA.

### Goals and Outcomes

The primary goal of the QIA was to ensure that patients were screened for interest in returning to work or school with their response documented in CROWNWeb. The Network then worked to achieve a goal of 50% improvement in the rate of eligible patients referred to VR and/or EN programs in the Network service area. The Network also had a goal of demonstrating a 1% relative increase in the percentage of patients receiving VR and /or EN services by September 2020. Incorporating lessons learned from past QIAs, Network 15 also focused on the education and referral of a minimum of 10 patients in the age group of 55-64 years to VR and/or EN services.

By QIA completion, the rate of patients referred to VR and/or EN services was 5.58% (see Chart R), which exceeded the Network average of 1.68% and the national average of 1.72%. The rate of patients receiving VR and/or EN services was 1.29%, exceeding the 1% increase goal (see Chart S). Additionally, despite the pandemic and disruption to the employment of millions of Americans, 46 adults between the ages of 55-64 were referred to VR and /or EN services during the QIA. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this QIA but was not evaluated on results.

### Barriers

Barriers to achieving the QIA goals included:

- Disruption in the entire United States employment industry due to the global COVID-19 pandemic.
- Increased hesitancy by patients to leave home for work during the COVID-19 pandemic.
- Increased instability of patients' regular income and their situation related to supportive family, caregivers, and roommates during the COVID-19 pandemic.
- Lack of potential employment opportunities due to the severe cut-back and lay-offs in all trades, environments and industries related to the COVID-19 pandemic.
- Lack of facility staff ability to focus on the QIA goals and reporting due to the alternate demands of staff during the pandemic.

- Inaccurate data caused by omission or lack of updating reported information in CROWNWeb due to limited staffing availability and education on data entry.
- Patients are nervous and/or afraid to lose stable health-insurance and financial benefits on disability compounded by office closure and altered operations of key agencies during the global pandemic.
  - Many patients receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) often misunderstand and/or are not educated on benefit planning or work options.
    - Facilities reported that many patients erroneously believe returning to work or school will disqualify them for benefits and income through the federal system.
    - Patients were often unable to access answers to individual questions due to the limited hours of operation or closure of local agency offices.

## Interventions

PSMEs provided the patient perspective for development of all QIA educational materials and interventions. Network interventions included:

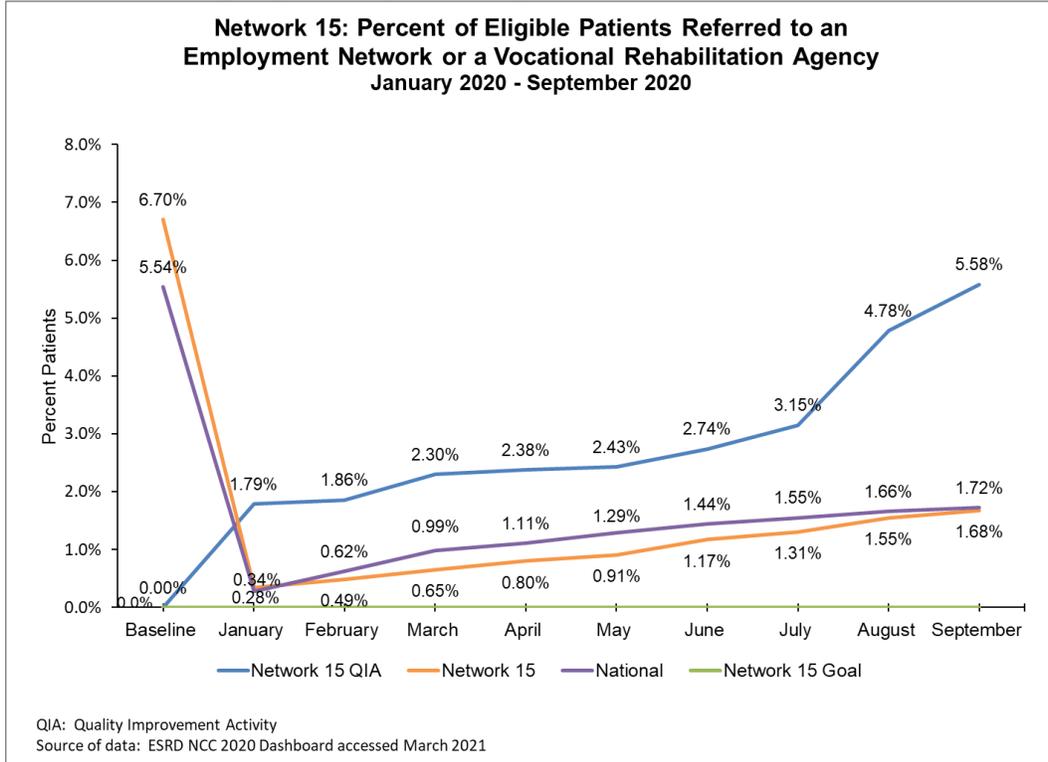
- Encouraging individualized patient and staff education and support with decision making about employment options and the financial benefits and burdens of returning to work.
- Educating staff and patients on the barriers and myths around returning to work using the following:
  - *Debunking the Three Biggest Myths About Disability Benefits and Work*
  - *Could You Be Ready For Work or School?*
  - Ticket to Work Incentives Seminar Events (WISE)
  - *Did You Know?* handout for staff
- Assisting facilities with tailoring interventions for referring patients to VR and/or EN services using culturally based approaches and vocations.

## Best Practices

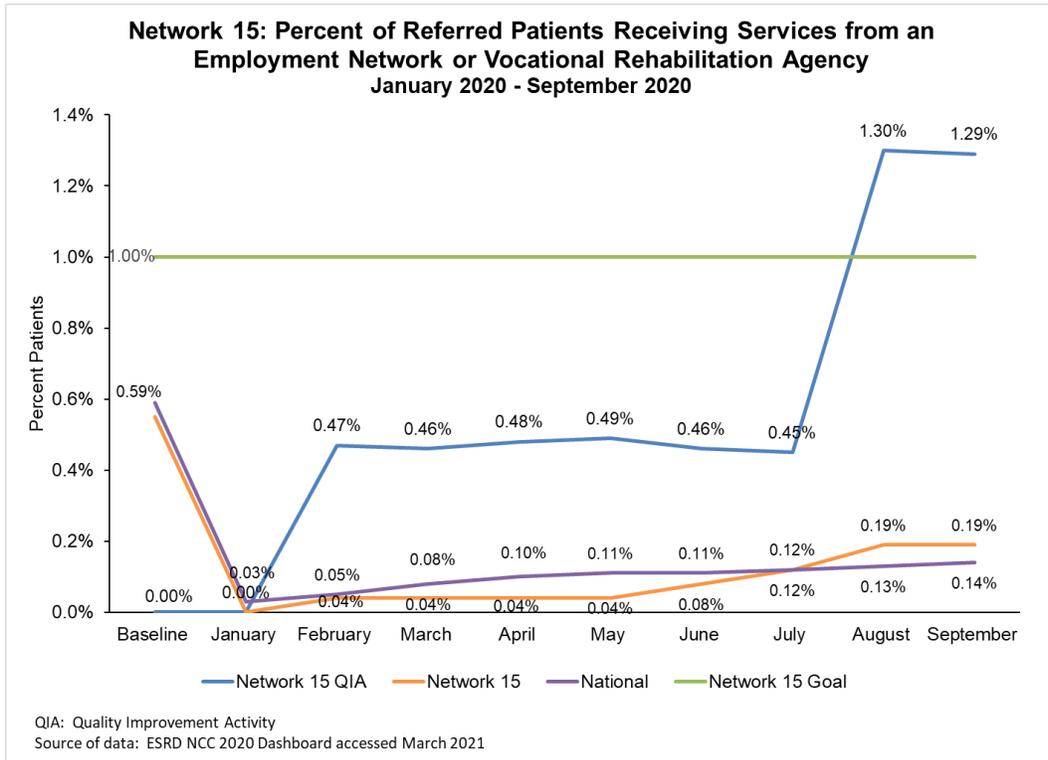
Best practices identified by the QIA facilities include:

- Partnering with VR and/or EN service providers despite their limited hours and staff during the COVID-19 pandemic.
- Educating and providing technical assistance to facilities about the importance of assisting patients with being referred to VR and/or EN services, as well as the ability to maximize benefits as the household income changes or decreases due to working family members being at home during the pandemic.
- Educating patients about how their modality choice can support their preferred schedule, lifestyle, and ability to participate in VR and/or EN services or going back to work.

**Chart R: Percent of Eligible Patients Referred to an Employment Network or a Vocational Rehabilitation Agency January 2020- September 2020**



**Chart S: Percent of Referred Patients Receiving Services from an Employment Network or Vocational Rehabilitation Agency January 2020–September 2020**





## **ESRD NETWORK RECOMMENDATIONS**

### **Recommendations for Sanction**

The ESRD Network can recommend to CMS the imposition of a sanction when an ESRD provider is not cooperating in achieving Network goals, per Section 1881(c) of the Social Security Act. 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 throughout 2020. The Network regularly interacted with facilities related to quality improvement activities and projects, patient grievances, data reporting, the provision of technical assistance and education, emergency preparedness, and the rapid change of the COVID-19 pandemic.

As such, the Network did not identify any facilities in its service area that consistently failed to cooperate with Network goals.

### **Recommendations to CMS for Additional Services or Facilities**

The Network did not make any recommendations to CMS for additional facilities in its service area in 2020.



## ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

Network 15 began disseminating information from the Kidney Community Emergency Response (KCER) program on January 24, 2020, to all facilities in the Network service area regarding the outbreak of the COVID-19 virus in Wuhan, China. Information shared with facilities included:

- CDC Health Alert: *Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China.*
- The International Health Regulations Emergency Committee of the World Health Organization (WHO) declares the outbreak a “public health emergency of international concern (PHEIC)” (January 30, 2020).
- Health and Human Services (HHS) Secretary Alex Azar II declares a public health emergency (PHE) for the United States (January 31, 2020).
- Updated guidance from the CDC which included recommendations for screening and assessment of patients for COVID-19 in healthcare facilities, testing, and isolation.
- U.S. Food and Drug Administration (FDA) Medwatch bulletin on *FDA’s Actions in Response to 2019 Novel Coronavirus at Home and Abroad*, which addressed potential impacts to the medical product supply chain and possible shortages of medical products in the United States.
- Statement from the American Society of Nephrology (ASN) on screening and management of COVID-19 in the outpatient dialysis facility.
- Network recommendations for facilities to engage in strategic planning with their Medical Directors.

The Network began attending daily KCER COVID-19 calls on March 3, 2020 to discuss COVID-19 and planning considerations for dialysis patients and facilities in the event of widespread community transmission. Links to the COVID-19 related resources were shared with all facilities they were encouraged to collaborate with their local Healthcare Coalitions to discuss:

- Hospitals that would be accepting COVID-19 positive patients.
- Acute care dialysis service capacity within hospitals.
- Transportation plans for COVID-19 positive patients if they are not hospitalized and need transportation to treatment.
- Supply chain priority for critical supplies such as Personal Protective Equipment (PPE).

Starting on March 10, 2020, the Network began collecting daily status reports from independent facilities in the Network service area regarding the number of Persons Under Investigation (PUIs) for COVID-19,

testing results and any needs of the facility. The Network provided this information daily to KCER and CMS. Facilities from five large dialysis corporations reported information directly to KCER. Networks continued this process until COVID-19 case reporting transitioned to NHSN. The Network identified facilities not enrolled in NHSN and provided individualized technical assistance until reporting was achieved.

The Network established and staffed a 24-hour call-in number to assist patients and providers with COVID-19 related concerns. As the pandemic unfolded and throughout the remainder of 2020, the Network continued to disseminate a significant number of COVID-19 resources, guidance, and webinar information to all dialysis and transplant facilities in the Network service area via email, inclusion in Patient and Provider newsletters, and postings to the Network website. Information sources included, but were not limited to the following:

- American Association of Kidney Patients (AAKP): Telemedicine webinar and COVID-19 webinars.
- American Nephrology Nurses Association (ANNA): Nephrology Nursing COVID-19 Surge Support.
- ASN: COVID-19 webinars and links to recordings, guidance for dialysis facilities from CDC, facility posters on recognition of COVID-19 symptoms, *COVID-19 Toolkit for Nephrology Clinicians: Preparing for a Surge*.
- Assistant Secretary For Preparedness and Response Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE): COVID-19 resources, webinars, newsletters, lessons learned, and *Infectious Disease Surge Annex Template*.
- CDC resources, website information and newsletters on topics including, but not limited to:
  - Guidance for infection prevention and control for patients with suspected or confirmed COVID-19 in outpatient dialysis.
  - Supply of personal protective equipment, resources for home.
  - People at risk for serious illness from COVID-19.
  - *COVID-19 Outpatient Dialysis Preparedness Assessment Tool*.
- CMS resources including, but not limited to:
  - Guidance for infection control and prevention of COVID-19 in dialysis facilities.
  - Surveyor guidance COVID-19.
  - Telehealth Toolkit.
  - *Checklist for Dialysis Facilities in COVID-19 Hotspots*; guidance related to Emergency Preparedness Testing Exercise Requirements-COVID-19.
- ESRD NCC patient resources including *Transportation Tips, Where to find credible information about COVID-19, MaskUp! Campaign, Staying Safe in Multigenerational Households and the COVID-19 Mental Health Toolkit*.

- The Forum of ESRD Networks COVID-19 resource webpage, communication forms for use between Nursing Homes (NHs) and dialysis facilities.
- Healthcare Ready resources on COVID-19 webpage and resources for refill of patient prescription medications during COVID-19.
- State Health Department COVID-19 websites for all six states in Network service area, state COVID-19 Vaccination Planning information and vaccine provider enrollment information.

Network staff met monthly with members of the Patient Advisory Committee (PAC) to understand patient concerns, fears, and identify educational needs for patients related to COVID-19. Network staff collaborated with State Agencies, Accreditation Organizations, and leadership from Large Dialysis Organizations (LDOs) to discuss infection control, screening, and management of COVID-19 in dialysis facilities.

The Network reviewed weekly KCER COVID-19 facility data and the COVID-19 Dashboard and identified facilities to target for data-driven technical assistance calls from July 1 – December 31, 2021. Technical assistance included the following:

- Screening procedure guidance.
- Communication with nursing homes by providing recommendations and communication tools.
- Telehealth guidance.
- CDC disinfection and infection prevention guidance.
- Patient and staff educational materials on hand washing, hand sanitizer, mask wearing, social distancing; and coping with stress.
- Support and empathy regarding the staff working long hours, working hard to keep the facility COVID-19 free and to keep patients and staff safe from illness.
- COVID-19 vaccination planning, tracking, and reporting
- Assisting an independent dialysis facility in obtaining saline.
- Providing and reviewing CMS waivers and answering facility questions.
- Discussion of transportation concerns.

## ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

ESRD Network 15 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. To ensure this support was provided, the Network:

- Conducted a risk assessment and submits an emergency plan annually to CMS.
- Monitored and tracked the open and closed status of facilities and the location of patients during the response to an emergency event.
- Worked closely with the KCER Program and other stakeholders to ensure patients have access to dialysis before and after an emergency event.
- Provided all facilities in its service area with emergency preparedness resources and information throughout the year, including:
  - Links to the KCER website for resources including:
    - 3-Day Emergency Kidney Diet in English and in Spanish.
    - *Preparing for Emergencies: A Guide for People on Dialysis*.
    - Contact information for local healthcare coalitions.
  - Food and Drug Administration (FDA) Med Watch announcements.
  - Reminders to update CROWNWeb information including Facility Disaster Contacts, Staff Contact Information and Back-up Facility Information.
  - Links to CDC resources on preparing for severe weather, including storms, floods, tornadoes, and tips for staying safe afterwards.
  - Links to CDC and ASPR TRACIE resources on preparing for wildfires, wildfire smoke and COVID-19.
  - Links to wildfire safety information and wildfire safety checklists in English and in Spanish on Red Cross website.
  - Invitation to KCER webinar on *The Basics of Preparing an After-Action Report for an Incident or Disaster*. Links to the event recording and materials were also provided after the event.
  - Link to CMS guidance related to Emergency Preparedness Testing Exercise Requirements-Coronavirus 2019.
  - Tips and reminders for facility emergency preparedness plans:
    - ESRD facilities must comply with all applicable federal, state, and local Emergency Program requirements.
    - Emergencies were defined to include, but are not limited to, fire equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.
    - Reminder to review emergency preparedness plan in case of wildfire or other natural disasters.

- Include contacting Network 15 as part of emergency plan if operations of the facility or ability for patients to receive dialysis treatment is impacted by emergency events.

## March 2020

- **Earthquake**

A 5.7 earthquake in the Salt Lake City area of Utah caused one facility to lose power. However, the facility was able to remain open, running on generator power. Network staff contacted facilities in the impacted area to determine operational status and patients' ability to receive dialysis. Numerous facilities reported feeling the shaking, but no damage was reported. Several patients who were receiving dialysis at the time were worried by the event and wanted to go home so arrangements were made for them to receive treatment the next day.

## September 2020

- **Windstorm**

A windstorm in northern Utah caused power outages at six facilities. One of the facilities was able to remain open, running on generator power. Three of the facilities were closed for one day, one was closed for two days, and one facility was closed for four days. Patients were able to receive treatment at back-up facilities not affected by the outages.

## April 2020 through October 2020

- **Wildfires**

During the seven-month period of April – October 2020, Network staff monitored wildfire activity in the Network service area to determine any adverse impacts to patients and facilities. Colorado experienced three of the largest wildfires in its state history during this time including the Cameron Peak Fire, East Troublesome Fire, and Pine Gulch Fire. Due to smoke from the fires, some facilities installed new air filtration systems. No facilities required assistance in providing services or placing patients due to the wildfires. Network staff:

- Researched fire locations daily.
- Maintained constant contact with facilities in the affected areas via email.
- Requested regular updates on the facilities' operational status.
- Contacted facilities near fire locations to determine:
  - Any adverse impact on the facilities.
  - Facilities' ability to provide treatment.
  - Patients' ability to access the facilities.

## **ACRONYMLIST 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.