

# ESRD NETWORK 2020 ANNUAL REPORT

Health Services  
Advisory Group  
(HSAG): End Stage  
Renal Disease  
(ESRD) Network 17

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# ESRD DEMOGRAPHIC DATA

## ESRD Network 17

As part of the Health Services Advisory Group (HSAG) team, Network 17 works with patients, dialysis facilities and transplant centers in the northern portion of California, Hawaii, Saipan (U.S. Commonwealth of the Northern Marianas Islands), and the U.S. Territories of Guam and American Samoa to improve the quality of care and quality of life for ESRD patients. HSAG has held the Network 17 contract since 2015.

## Geography and General Population

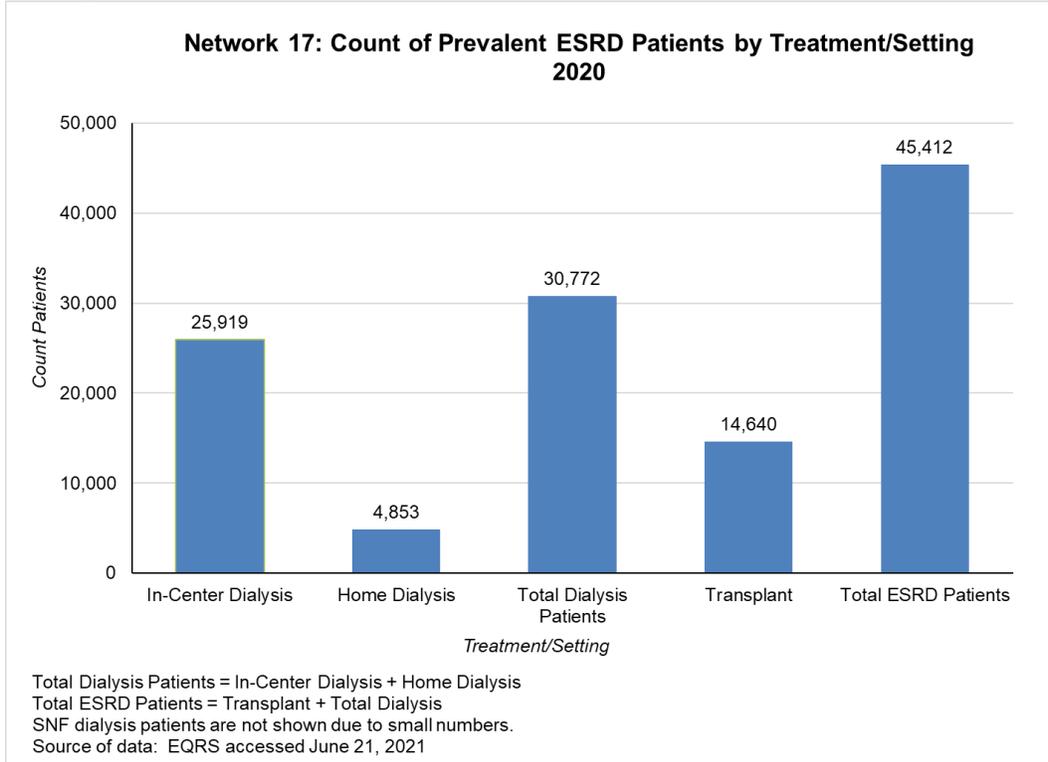
Network 17 spans approximately 10,000 square miles, which includes crossing the International Date Line to reach Guam and Saipan and passing south of the equator to American Samoa. Network 17's region includes:

- Northern California:
  - Covers the 45 most northern counties in California, starting in Fresno County and ending at the Oregon border.
  - Constitutes about one-third of the state's population and about 60% of the land area.
- Hawaiian Islands:
  - Include 137 islands, the largest of which is Hawaii, followed by Maui and Oahu.
  - Have a very diverse population comprised of persons identifying themselves as Native Hawaiian, Asian, Caucasian, and Pacific Islanders.
- American Samoa:
  - Has been a territory of the U. S. since 1900.
  - Has approximately 95% its population living on the largest island, Tutuila.
- Guam:
  - Is located in the Western Pacific Ocean.
  - Is part of the Mariana Islands.
  - Crosses the International Dateline and is approximately 19 hours by air from San Francisco.
- Saipan:
  - Crosses the International Dateline and is approximately 19 hours by air from San Francisco.
  - Has a population that includes Chamorro and other Micronesians.

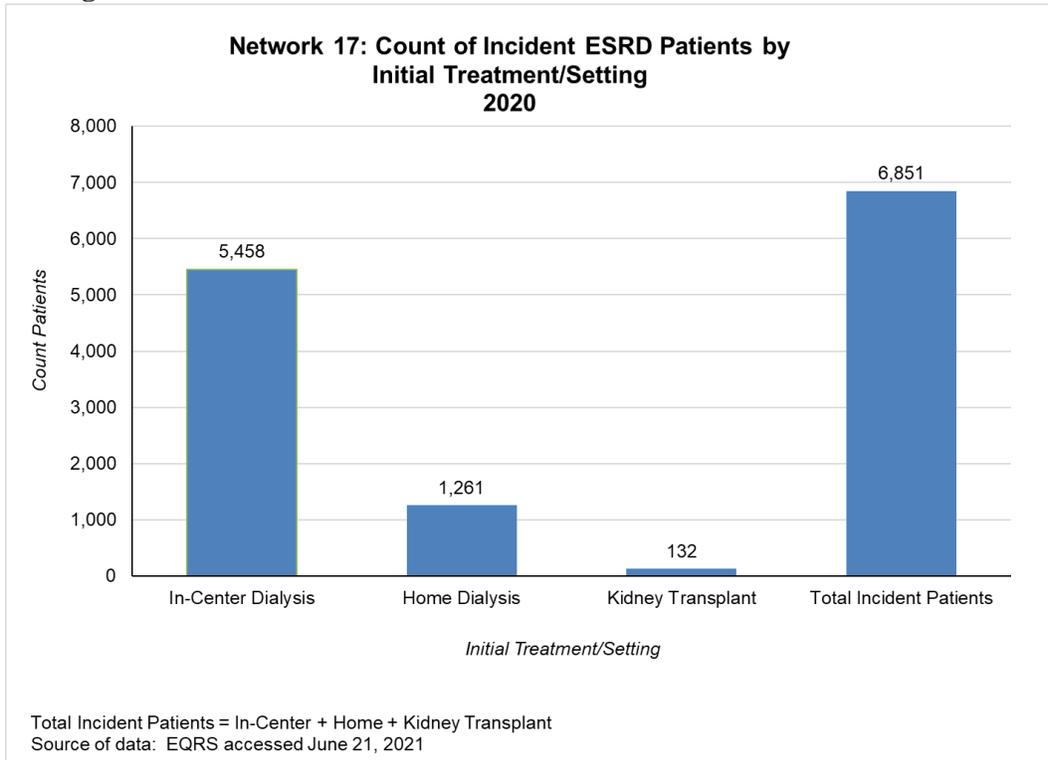
## ESRD Population

As of December 31, 2020, there were 30,357 dialysis patients and 14,640 transplant patients, for a total of 44,997 patients with ESRD in the Network 17 service area (see Chart A). The number of incident patients (individuals newly diagnosed with ESRD) for 2020 was 6,770 (see Chart B). As of December 31, 2020, Network 17 comprised 6.4% of the total national prevalent dialysis patient population and 5.9% of the national incident patient population (see Charts C and D).

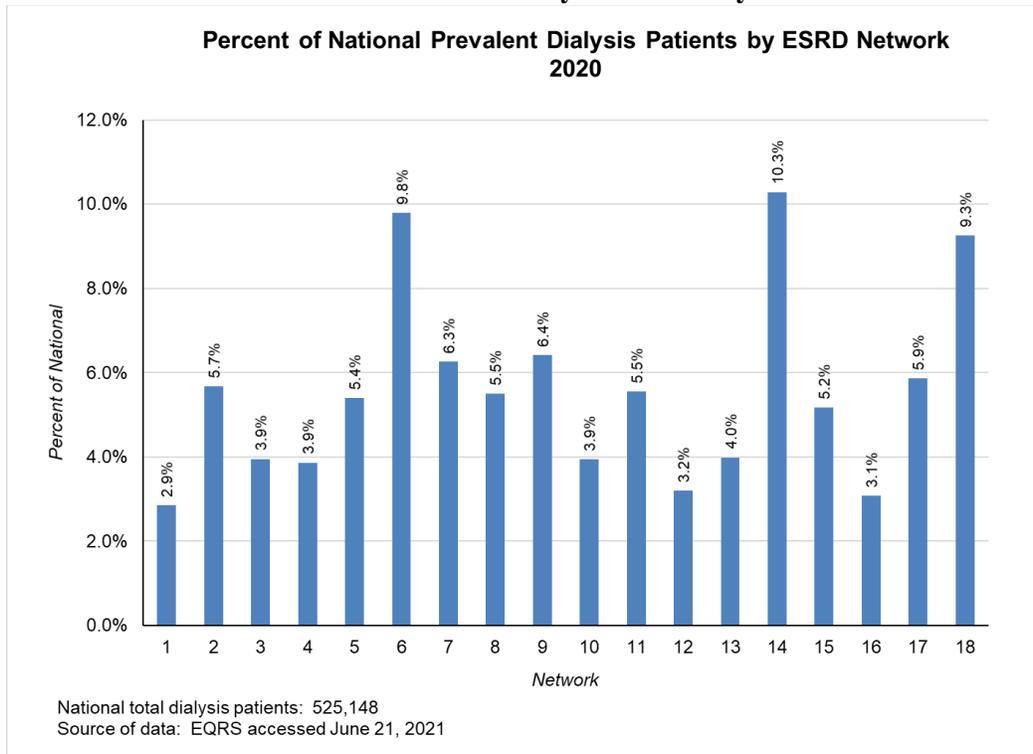
**Chart A: Network 17: Count of Prevalent ESRD Patients by Treatment/Setting 2020**



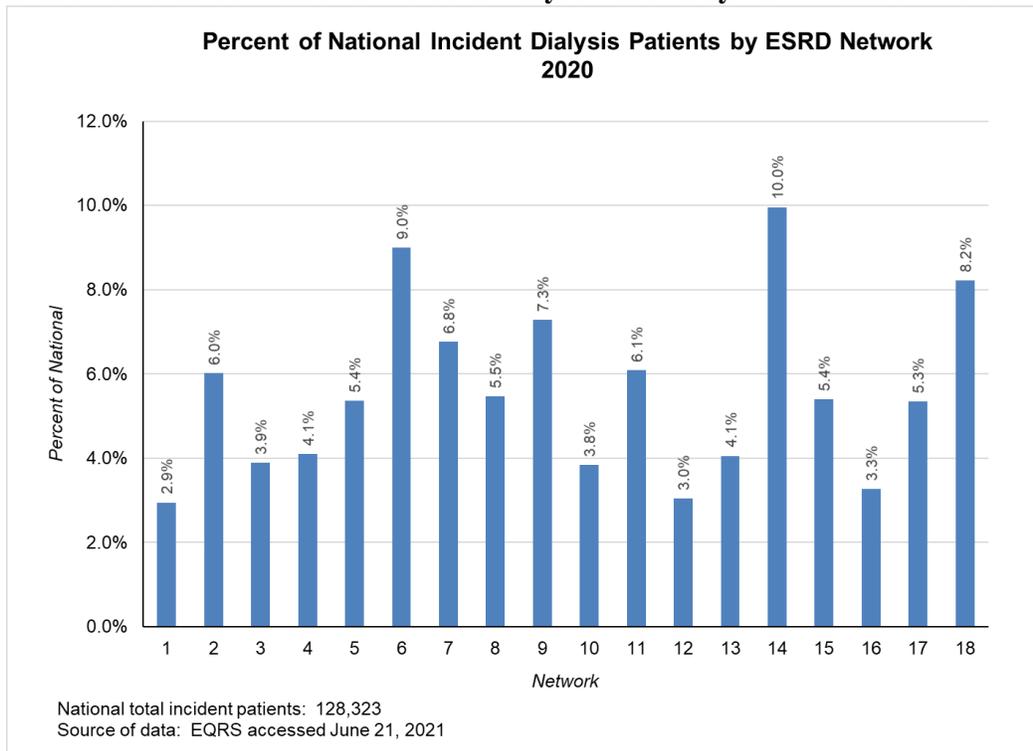
**Chart B: Network 17: Count of Incident ESRD Patients by Initial Treatment/Setting 2020**



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



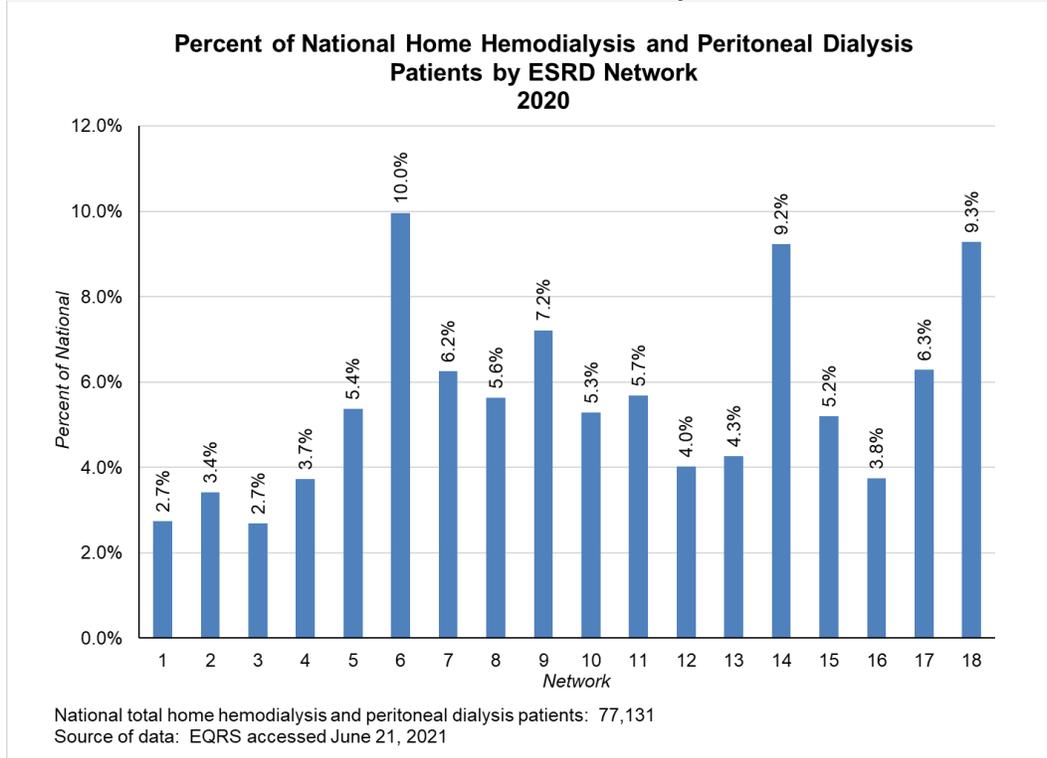
**Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2020**



## Dialysis Treatment Options

As of December 31, 2020, 84.1% of dialysis patients in Network 17 were receiving in-center hemodialysis (ICHD) treatments and 15.8% 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).

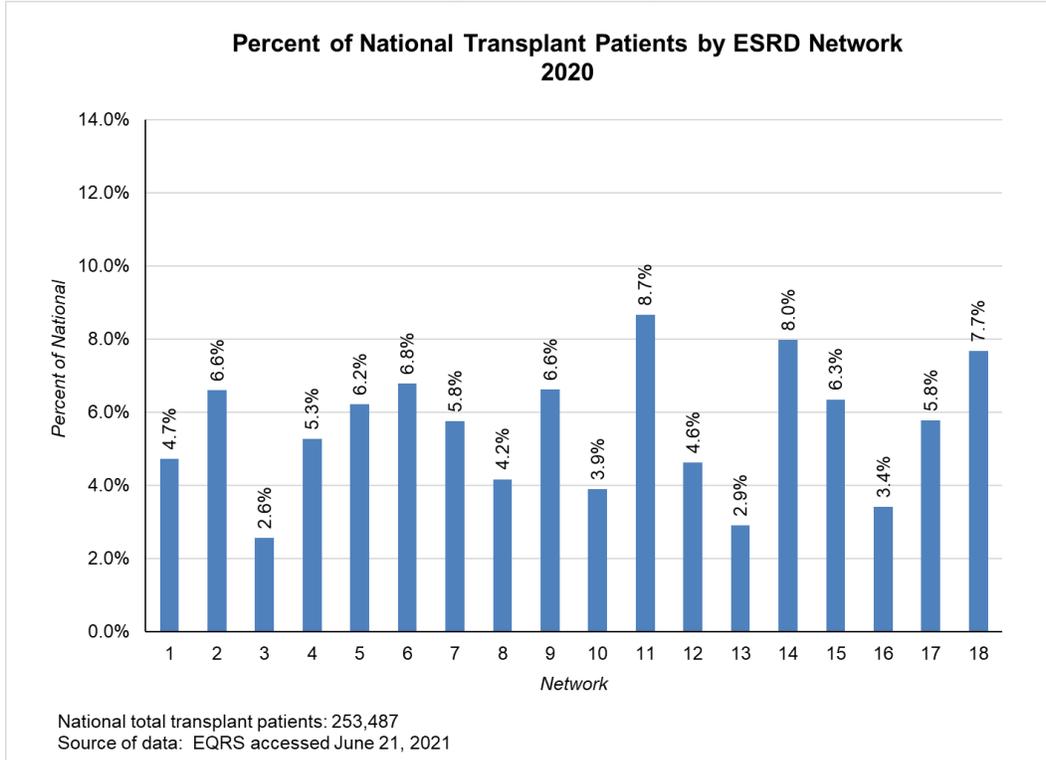
**Chart E: Percent of National HHD and PD Patients by ESRD Network 2020**



## Transplant

During 2020, there were six transplant centers in the Network 17 service area. As of December 31, 2020, there were 14,640 transplant patients in Network 17 which accounts for 5.8% of the 253,527 transplant patients nationally (see Chart E).

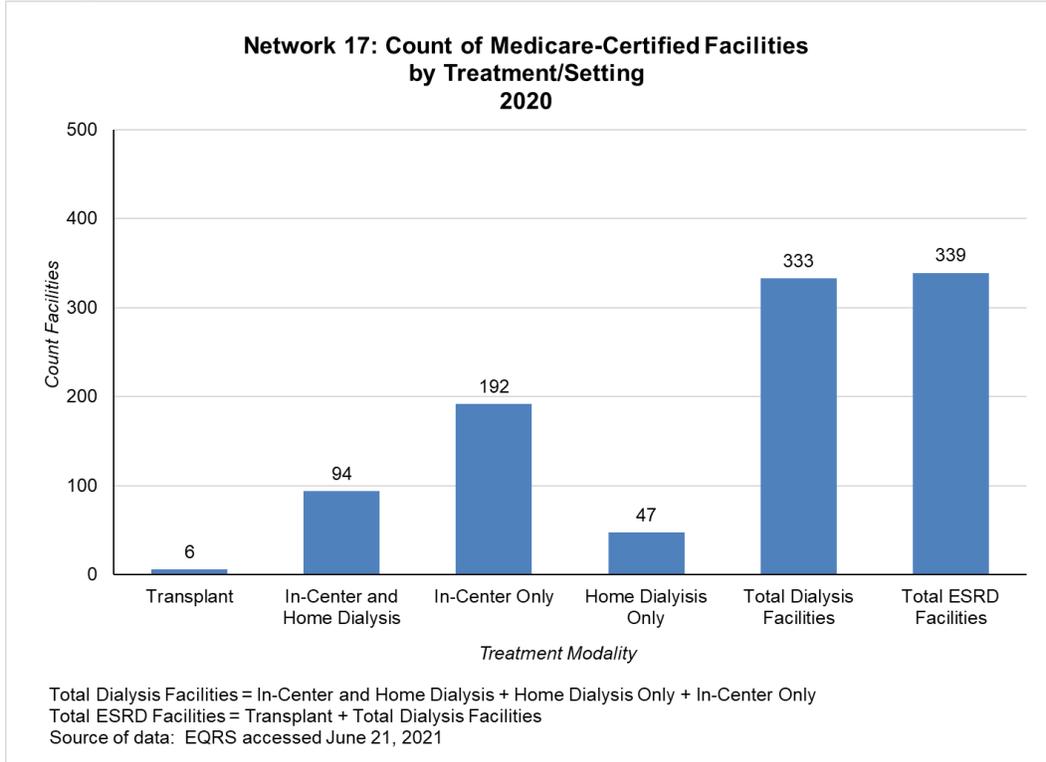
**Chart E: Percent of National Transplant Patients by ESRD Network 2020**



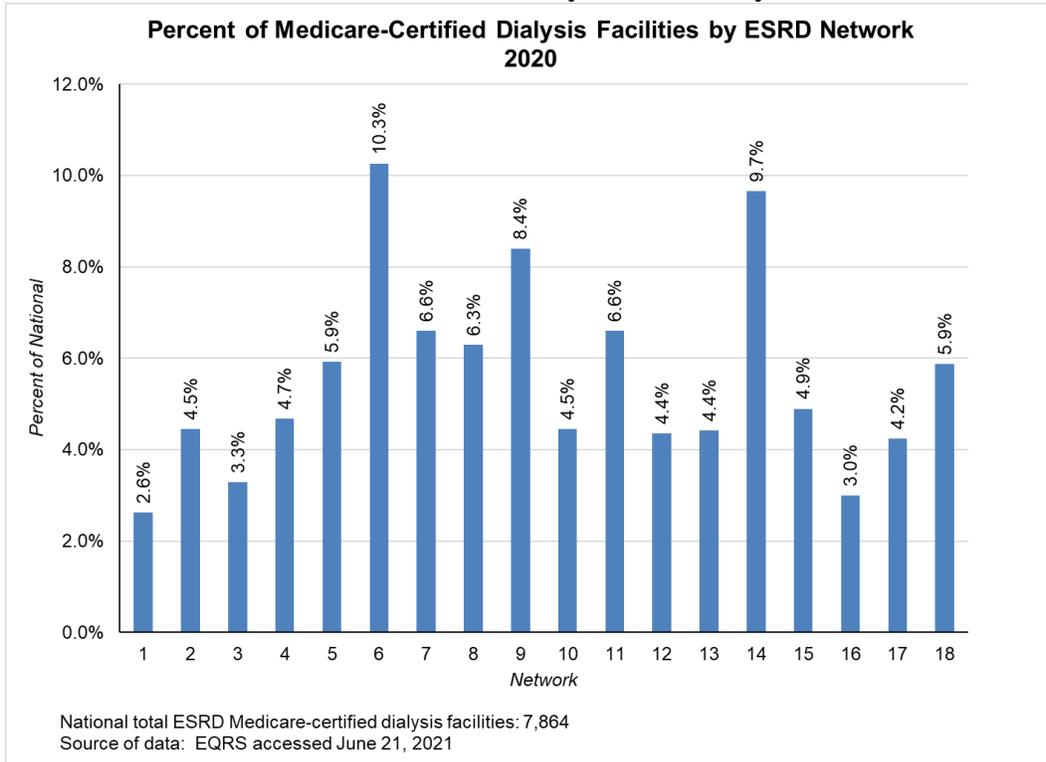
## ESRD Facilities

As of December 2020, Network 17's service area included a total of 336 ESRD facilities, including 330 dialysis facilities and six transplant facilities (see Chart F). Nationally, Network 17 comprised 4.6% of all dialysis facilities (see Chart G) and 2.7% of all transplant facilities (see Chart H).

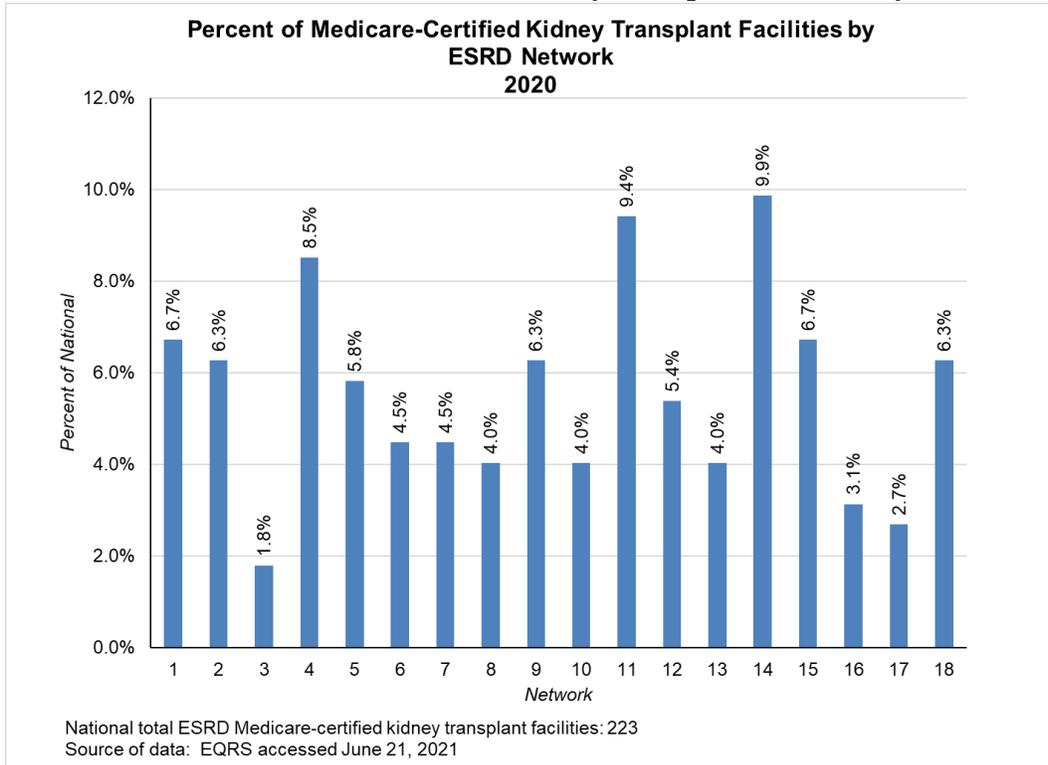
**Chart F: Network 17: Count of Medicare-Certified Facilities by Treatment/Setting 2020**



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



**Chart H: 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, or environmental issues. Grievances are addressed through immediate advocacy, where the Network contacts the facility to resolve the issue within seven business days. Alternately, the patient's concerns may be addressed through a general grievance or a clinical area of concern, which can take 60 days to resolve. All grievants receive an outcome letter. According to Chart I below, in 2020, 10% of contacts to the Network were for grievances, including 7% for immediate advocacy, 2% for clinical areas of concern, and 1% for general grievance.

### Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which were 83% of all contacts to the Network in 2020. Facility concerns include contacts received from ESRD providers and facilities related to managing difficult patient situations, requests for technical assistance, and other concerns.

### Access-to-Care Issues

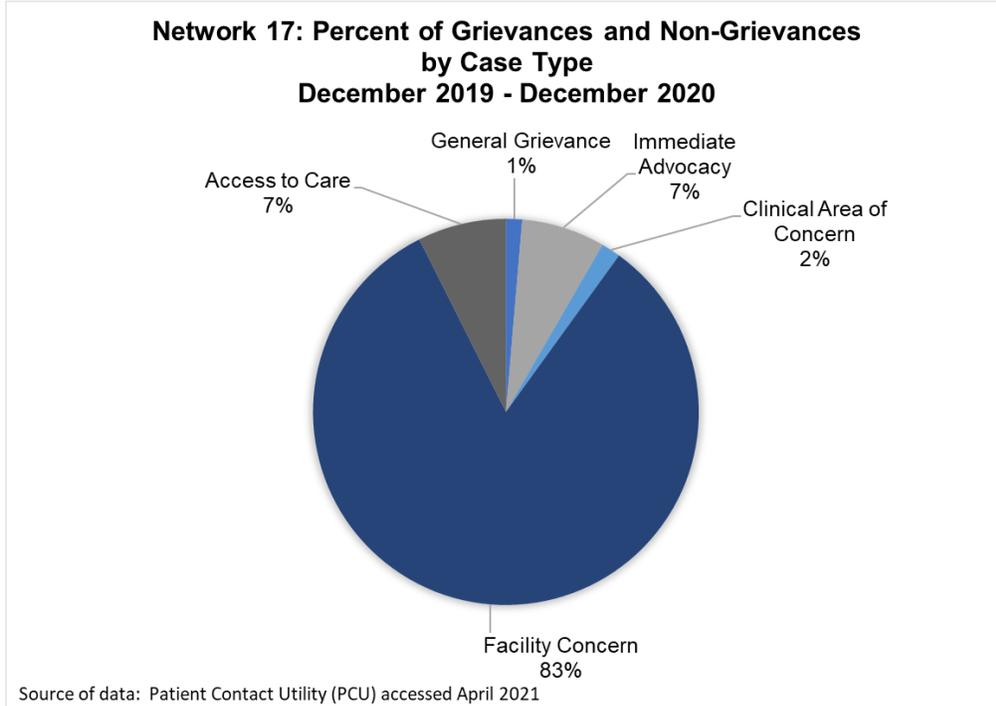
The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. During 2020, access-to-care issues accounted for 7% of contacts to the Network (see Chart I).

### Mental Health Related Cases

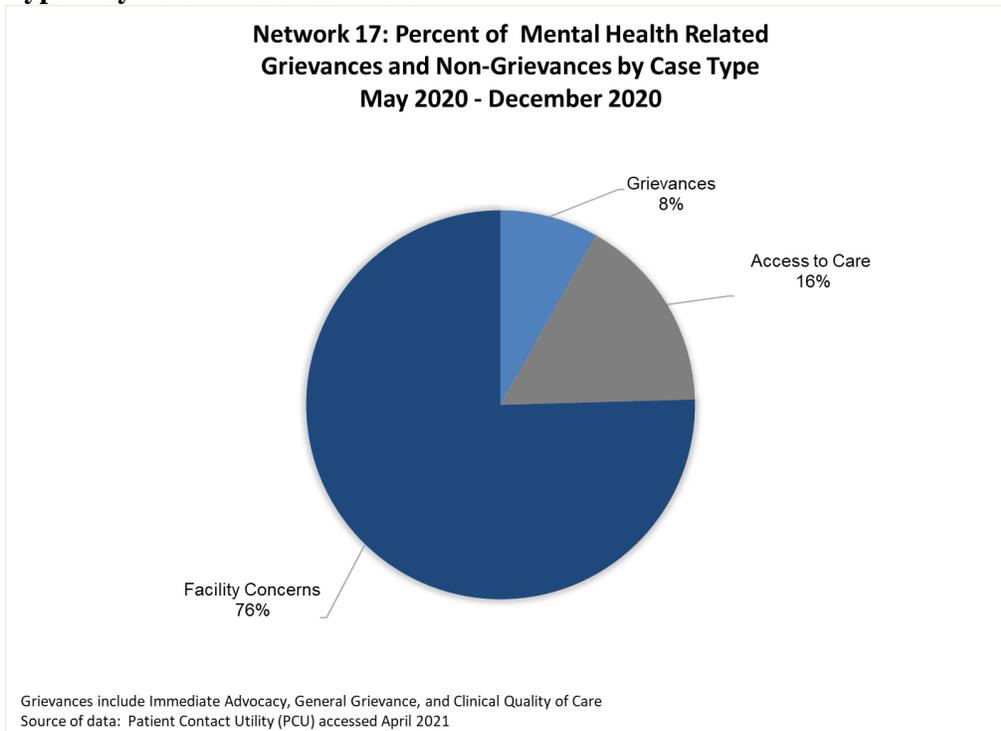
The Networks began tracking cases that included staff or patient mental health concerns per CMS instruction in May of 2020 in response to growing reports of mental health distress caused by the Severe Acute Respiratory Syndrome (SARS) – Coronavirus Disease of 2019 (COVID-19) pandemic. During 2020, 76.0% of all mental health cases were facility concerns, 16.0% were access-to-care cases, and 8.0% were grievances (see Chart J).

To address the rising mental health distress in the ESRD community, the Network began spreading resources through monthly Network-wide emails as well as during calls with dialysis facilities. During calls with dialysis facilities where mental health distress was reported, the Network assisted staff with understanding mental health issues and supported their ability to respond to and cope with these types of patient concerns. Resources shared with facilities included the [\*Dialysis Patient Depression Toolkit and the COVID-19 Mental Health Toolkit\*](#).

**Chart I: Network 17: Percent of 2020 Grievances and Non-Grievances by Case Type December 2019 – December 2020**



**Chart J: Network 17: Percent of Mental Health Related Grievances and Non-Grievances by Case Type May 2020 – December 2020**





# ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

## Long-Term Catheter (LTC) QIA

During 2020, the Network conducted a QIA to reduce LTC (catheter in use for 90 days or longer) use across all facilities in the Network service area. The Network also implemented enhanced interventions for a cohort of 28 facilities, with approximately 2,597 patients, that had LTC rates over 15%.

### Goals and Outcomes

Using the Achievable Benchmark of Care model, the goal was to reduce the LTC rate by at least 0.25% among facilities in the Network service area. Using July 2019 CROWNWeb data, a baseline rate of 10.49% was established with a goal rate of 10.24%. The Network's rate of LTCs in September of 2020 was 11.9% (see Chart K). Additionally, the cohort of 28 facilities had a collective baseline of 18.71% (486/2,597) and a 2.0% reduction goal of 16.70%. The 28 facilities reduced their LTC rate to 16.17% (422/2,609), which exceeded the 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.

### Barriers

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

- Delayed and/or cancelled surgical procedures.
- Patients skipping or cancelling vascular access appointments due to fear of exposure to the virus.
- Delayed cardiac clearance and post-surgical follow up appointments.
- Delayed vascular access work-up and surgical appointments due to patients having to be tested for COVID-19 prior and patients testing positive for COVID-19.

Additional barriers to reducing LTCs reported by facilities included:

- Patients refusing to have a timely permanent access placement.
- Lack of surgeon availability to place permanent accesses or conduct timely access interventions.
- Medical ineligibility for a permanent access or exhausted access sites.
- Insurance issues or no insurance.
- Rescheduling or missed appointments.
- Patient requiring multiple surgeries and/or access complications or slowly maturing accesses.
- Transportation issues getting to appointments.
- Large numbers of admissions at the facility.
- Patient with access but does not allow cannulation.
- Patients transitioning to home dialysis that want to delay access placement.
- Delayed processes or no process in place to address patients with Acute Kidney Injury (AKI).

### Interventions

Interventions for the QIA included:

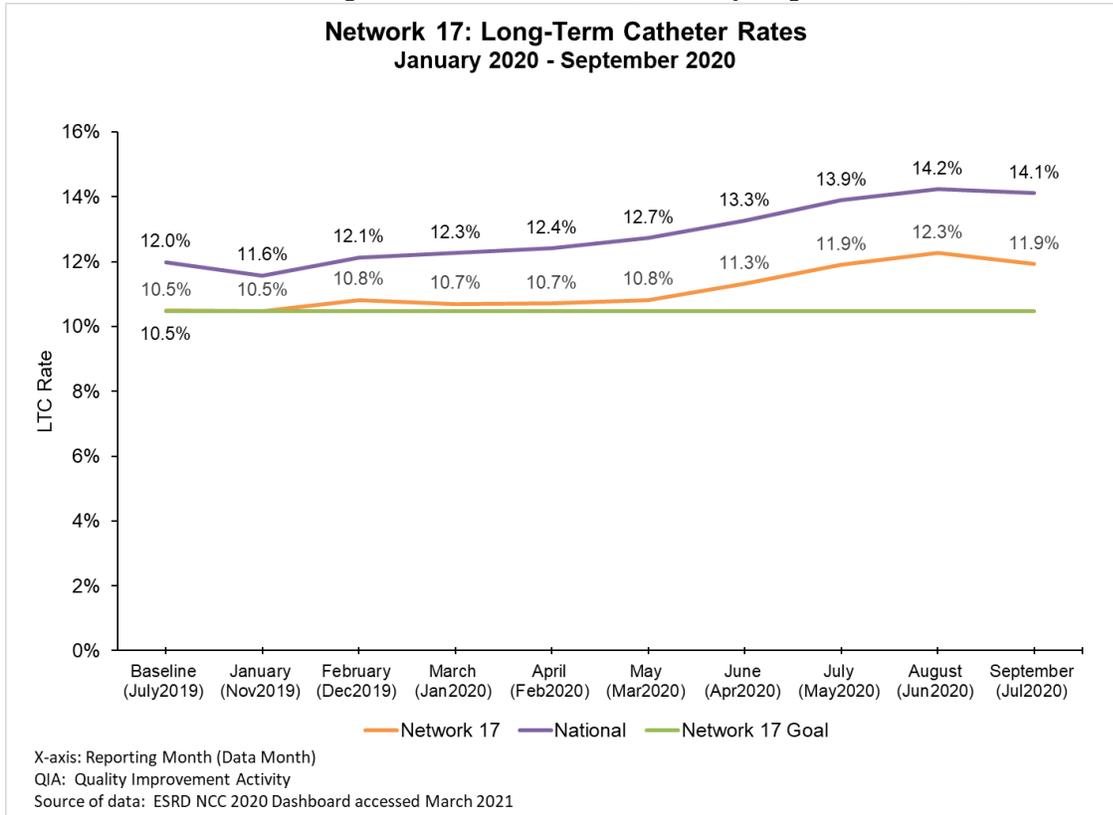
- Requiring facilities to complete a monthly root cause analysis (RCA) to identify barriers to LTC reduction and ensure use of the Plan Do Study Act (PDSA) cycle for rapid cycle improvement.
- Assisting facilities with establishing and enhancing vascular access processes including:
  - Appointing a dedicated vascular access manager.
  - Building relationships and collaborate closely with the vascular access surgeons and vascular access centers.
  - Using a tracking and monitoring tool for central venous catheter (CVC) surveillance and reduction and to review at monthly QAPI meetings.
  - Tracking and monitoring where patients are in the process of having a permanent access placed and catheter removed.
  - Addressing vascular access placement in patients with Acute Kidney Injury (AKI) at admission and routinely thereafter, document the process in QAPI minutes and share the process with appropriate staff.
  - Providing a vascular access appointment reminder sheet to the patient when a vascular access related appointment is scheduled.
  - Educating and refer all newly admitted patients for a permanent vascular access within two weeks of admission.
  - Educating and re-educating direct patient care staff on the different vascular access types using the following education:
    - [\*Your CVC: What You Need to Know\*](#) informational trifold pamphlet
    - *Fistula First Hemodialysis Vascular Access* handout
- Providing individual facility feedback and/or recommendations as needed.
- Monitoring monthly submitted self-reported vascular access data to address facility and patient needs and monitor facility improvement via the Network's Internal Quality Improvement tracking.

## Best Practices

Best practices identified by QIA facilities included:

- Conducting a meeting with the local surgeon(s) office(s) to address delays caused by the COVID-19 pandemic and safety precautions patients could expect at the office and surgical centers.
- Developing a process to provide patients with VA education and referral to a vascular surgeon upon initiation of dialysis.
- Using a tracking and monitoring process tool for addressing LTCs.
- Implementing use of the [\*Vascular Access Appointment Sheet\*](#) anytime a patient has a vascular access appointment.

**Chart K: Network 17: Long-term Catheter Rates (January–September 2020)**



## Bloodstream Infection (BSI) QIA

During 2020, the Network conducted a QIA to reduce dialysis event rates, specifically BSIs, by improving infection control practices. The QIA was designed to support the National Action Plan to Prevent Healthcare-Associated Infections (HAIs) and the Centers for Disease Control and Prevention (CDC) Core Interventions for Dialysis BSI Prevention Program. The QIA included 20% of facilities in the Network service area with the highest BSI rates based on the January-June 2019 National Healthcare Safety Network (NHSN) Excess Infection Report. This group was comprised of 58 facilities with approximately 5,496 patients.

### Goals and Outcomes

The Network used the NHSN Excess Infection Report to target facilities for the QIA. The facilities included in the cohort were ranked between 1 and 53 on the report and have an average BSI rate per 100 patient-months of 0.96 (317/32,971). This is compared to the mean rate of 0.39 for Network 17 and 0.52 for NHSN, which is a difference of 0.57 and 0.44, respectively. The goal was to achieve at least a 20.0% relative reduction in the pooled-mean rate of BSIs from January–June 2020 and to prevent at least 63 BSIs. By the conclusion of the QIA, the aggregate BSI rate decreased from 0.96 to 0.51, and 154 BSIs were prevented, exceeding the goal (see Chart L).

The QIA goals also included having at least 90% of facilities complete the *NHSN Dialysis Event Surveillance* training and to assist 10% of facilities in the Network service area with joining a Health Information Exchange (HIE) or other highly effective system to obtain blood culture information. Due to the COVID-19 pandemic, the Network continued to encourage facilities to engage in these two activities but was not evaluated on the results after April 2020. However, by April 30, 2020, 40.8% of all dialysis facilities had completed the *NHSN Dialysis Event Surveillance Training*, and 13.9% of facilities had gained access to an HIE or another evidence-based highly effective information transfer system (see Charts M and N).

### Barriers

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

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

### Interventions

Interventions implemented during the QIA included:

- Directing facilities to have staff complete the following training courses:
  - *Infection Prevention in the Dialysis Setting*.
  - *NHSN Dialysis Event Surveillance*.
- Distributing patient education related to hand hygiene, including the Network's interactive patient learning module, *Test your Hand Hygiene Knowledge*.
- Collecting and trending facility data to conduct rapid cycle improvement.
- Providing education on the CDC's *Core Interventions for Dialysis BSI Prevention*.
- Having facilities complete the CDC BSI prevention audit tools for staff.

- Posting the CDC's *Days Since Last BSI* poster in the facility.
- Having patients complete CDC BSI prevention hand hygiene audit tools on staff.
- Obtaining access to a Health Information Exchange (HIE) or another evidence-based highly effective information transfer system.
- Using the Network's *Medical Records Request* form to obtain hospital records.
- Reviewing BSIs in QAPI meetings using the Network's *BSI QIA QAPI Form*.

Additional interventions implemented during the QIA in response to the COVID-19 pandemic included:

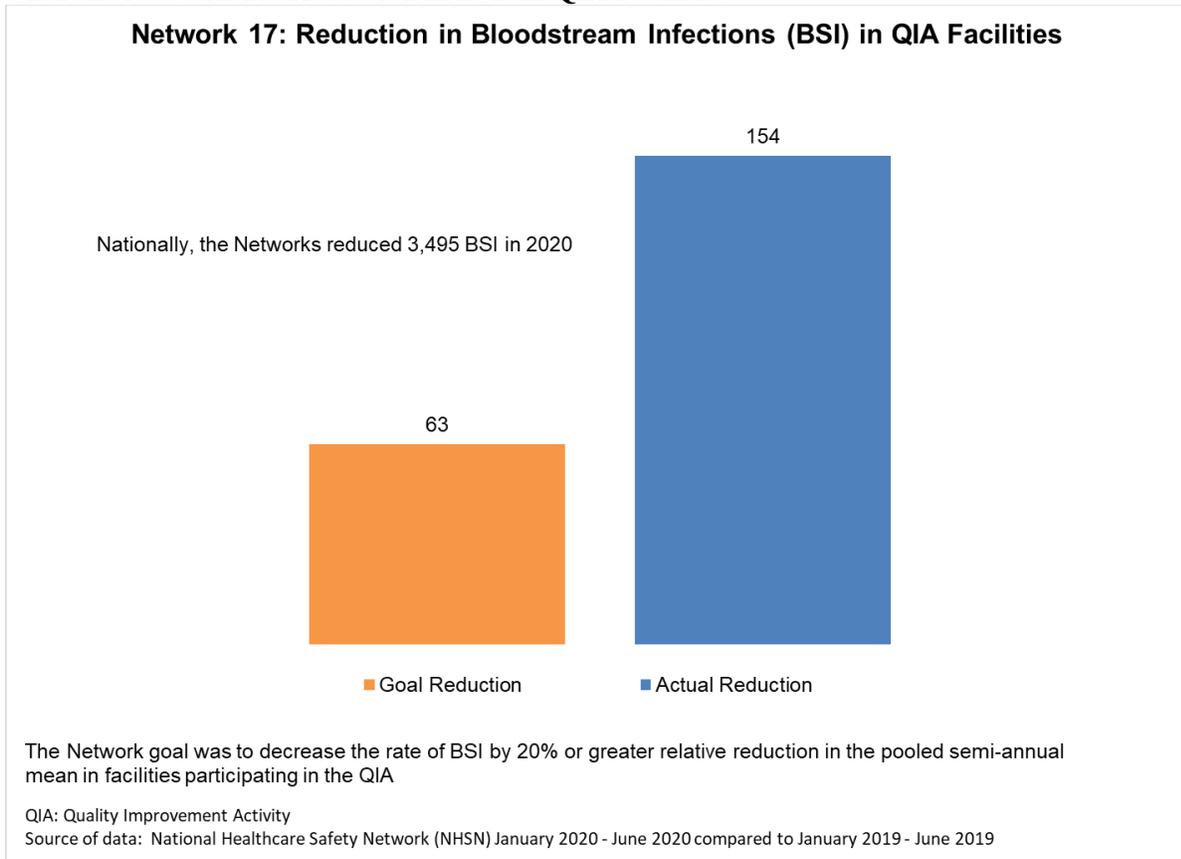
- Disseminating the ESRD National Coordinating Center's (NCC) *Hand Sanitizer Audit Tool* for staff and patients to complete starting in July 2020.
- Encouraging facilities to utilize the resources on the CDC's Coping with Stress webpage to assist patients and staff with their stress and fears related to COVID-19.
- Inviting QIA facilities to attend CDC Clinician Outreach and Communication Activity webinars, including the one titled, *Testing and Treatment of 2020-2021 Seasonal Influenza During the COVID-19 Pandemic*.
- Obtaining information from the local hospitals and vascular access centers regarding their policies and procedures related to COVID-19 and informing patients about this information to keep them safe.
- Posting the NCC *Mask Up!* Campaign poster in a location visible to patients and staff to educate on the importance of masks during the COVID-19 pandemic.
- Providing the [Benefits of a Flu Vaccination 2018-2019](#) flyer to each patient upon entry to the facility during the COVID-19 screening.

## Best Practices

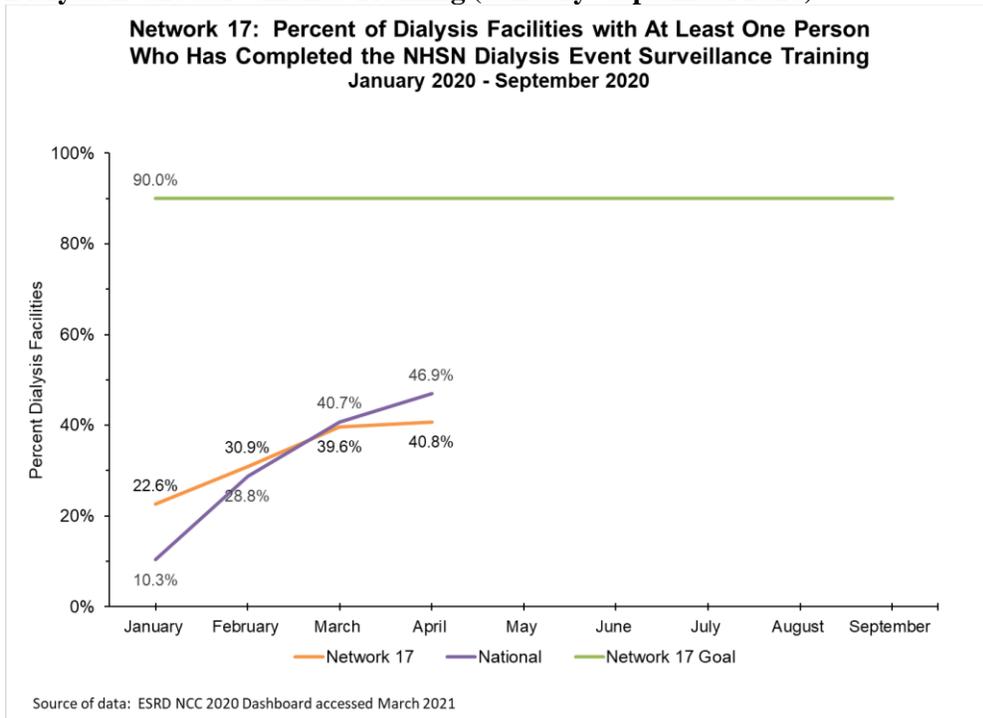
Infection prevention protocols put in place due to the COVID-19 pandemic resulted in the below best practices that were reported by facilities to have possibly reduced the spread of infectious agents and lower the rates of catheter infections and influenza viruses.

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

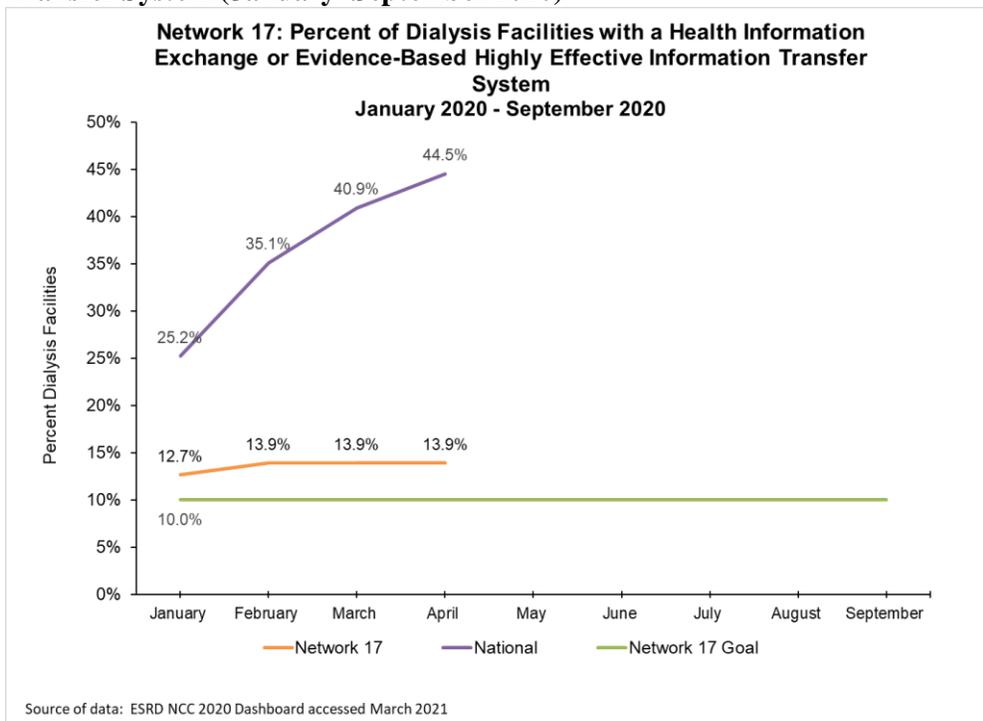
**Chart L: Network 17: Reduction in BSIs in QIA Facilities**



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



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



## Transplant Waitlist QIA

The 2020 Transplant Waitlist QIA was intended to support the transplant initiatives set forth in the Executive Order on Advancing American Kidney Health (AAKH), the Transplant Learning Collaborative and the ESRD Treatment Choices (ETC) Model Test Learning Collaborative. The Network aimed to improve the transplant waitlist rate across all facilities in its service area, while implementing enhanced quality improvement efforts in 30 focus facilities with low rates of adding patients to a transplant list, impacting approximately 3,707 hemodialysis patients.

### Goals and Outcomes

The primary goal of the QIA was to increase the rate of patients added to a transplant waiting list in the Network service area by at least 1.25%, using the Achievable Benchmark of Care (ABC), by September 30, 2020. The baseline rate was established as 3.12% and the goal was set at 3.19%. The focus facility goal was to increase the rate of patients added to a transplant waitlist by 1.5% from the baseline of 1.74% to a goal of 3.24%. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. However, by September 2020, the rate of patients added to a transplant waitlist was 2.6%, an 83.7% achievement toward the total goal (see Chart O). The focus facilities improved their overall rate by 1.01%, ending with an overall rate of 2.75%.

### Barriers

Barriers to meeting the QIA goals included:

- Patient fears of going to a hospital or transplant center due to the COVID-19 pandemic.
- Procedures necessary to complete the transplant work-up that were delayed or cancelled due to the COVID-19 pandemic.
- Long wait times between referral and evaluation due to a backlog of patients waiting for education classes and/or evaluations.
- Lack of in person meetings at transplant centers and patient problems navigating technology for virtual appointments slowed the evaluation process.
- Dialysis facility staff limitations with implementing new interventions and the inability to host educational Lobby Days due to the COVID-19 pandemic.
- Patient refusals that were not COVID-19 related, for reasons such as:
  - The process to get waitlisted is lengthy, extensive, and time consuming.
  - Transplant centers have too many guidelines that patients do not think they can meet.
- Patients lacking a support person and/or support system.

### Interventions

Interventions implemented to increase the number of patients added to a transplant waitlist included:

- Providing resources that included credible information from the CDC and NCC for patients in both English and Spanish related to staying safe during a pandemic, including going out into the community.
- Disseminating transplant related resources including:

- [\*The Transplant Referral Guide.\*](#)
- [\*The Transplant Preparation Checklist.\*](#)
- [\*Why Not Consider Transplant? Questionnaire.\*](#)
- [\*Turning Negatives into Positives handout.\*](#)
- Building a workable, structured communication process with the transplant centers to facilitate ongoing communication for referrals, telehealth appointments, information on support groups and status updates.
- Encouraging facilities to check the transplant center websites regularly for current information.
- Tracking and documenting each patient's referral, evaluation, and movement through the steps to transplant wait listing.
- Providing additional information on:
  - Support group information for patients.
  - Where to get help with medications.
  - How to access transplant center websites for current information on changes to center operations due to COVID-19.
  - The availability of telehealth during the pandemic.
  - Transplant centers continuing to accept referrals throughout the pandemic.

## **Best Practices**

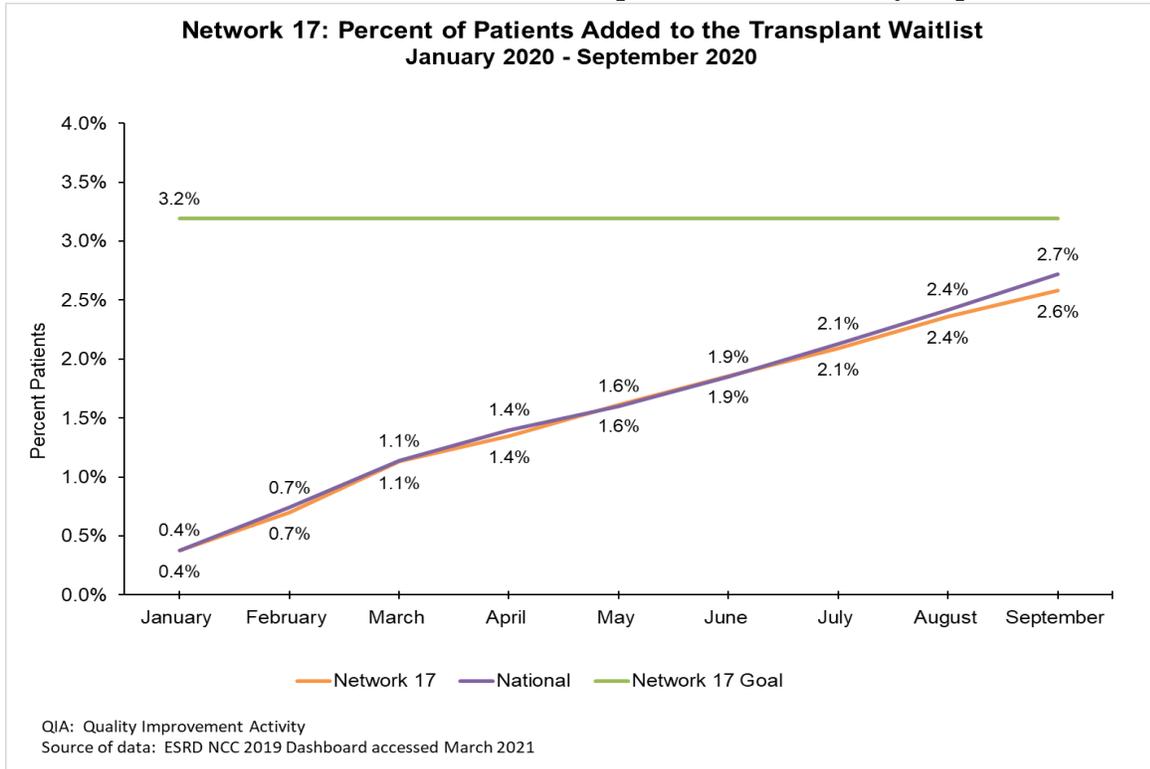
Best Practices identified from the QIA include:

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

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

- Accessing transplant center websites to stay current on changes to center operations.
- Using telehealth for transplant center evaluations.
- Continuing to submit referrals to transplant centers during the pandemic.

**Chart O: Percent of Patients Added to the Transplant Waitlist (January–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 Advancing American Kidney Health (AAKH), specifically, improving care coordination and patient education for people living with kidney disease and their caregivers and enabling more person-centric transitions to safe and effective treatments for kidney failure. The Network QIA included enhanced efforts with a focus group of 41 facilities, home dialysis program collaboration, and statewide education and technical support.

### Goals and Outcomes

The goal of the QIA was to increase the rate of patients dialyzing on a home modality in the Network service area by at least 2.5%, using the Achievable Benchmark of Care (ABC), by September 2020. Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. However, the Network exceeded the QIA goal with a final rate of 5.14% and 1,645 patients transitioning to home dialysis (see Chart P). Additionally, the Network's focus group increased their overall rate of patients transitioning to home dialysis from a baseline of 1.90% to 3.18% for a 1.3% improvement.

### Barriers

Barriers to meeting QIA goals included:

- In-center staff focus on COVID-19 pandemic response.
- Patients were reluctant to change modalities during the COVID-19 pandemic.
- Insufficient home dialysis staff to educate and train patients.
- Lack of a home dialysis program within the in-center facility, necessitating patient referral to another facility.
- Patients with multiple medical comorbidities who were not eligible to dialyze at home.
- Lack of a formal tracking process for timely follow-up of patients in need of education and referral.
- Facilities were unable to host in center Lobby Days to showcase dialysis equipment and engage patients to speak with other patients who were dialyzing at home.
- Physician-related barriers such as lack of education or interest in home modalities or an unwillingness to refer patients outside of the facility.

### Interventions

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

- Promoting communication between home dialysis programs, physicians, and, hospital discharge planners to support transitioning interested patients to home dialysis.
- Providing educational resources to referring physicians and hospital discharge planners in support of early patient education including:
  - *How I Took the Road Home* video, poster and handout.
  - *Uncovering Myths about Home Dialysis* booklet.
  - *Consider Your Dialysis Choice* handout.

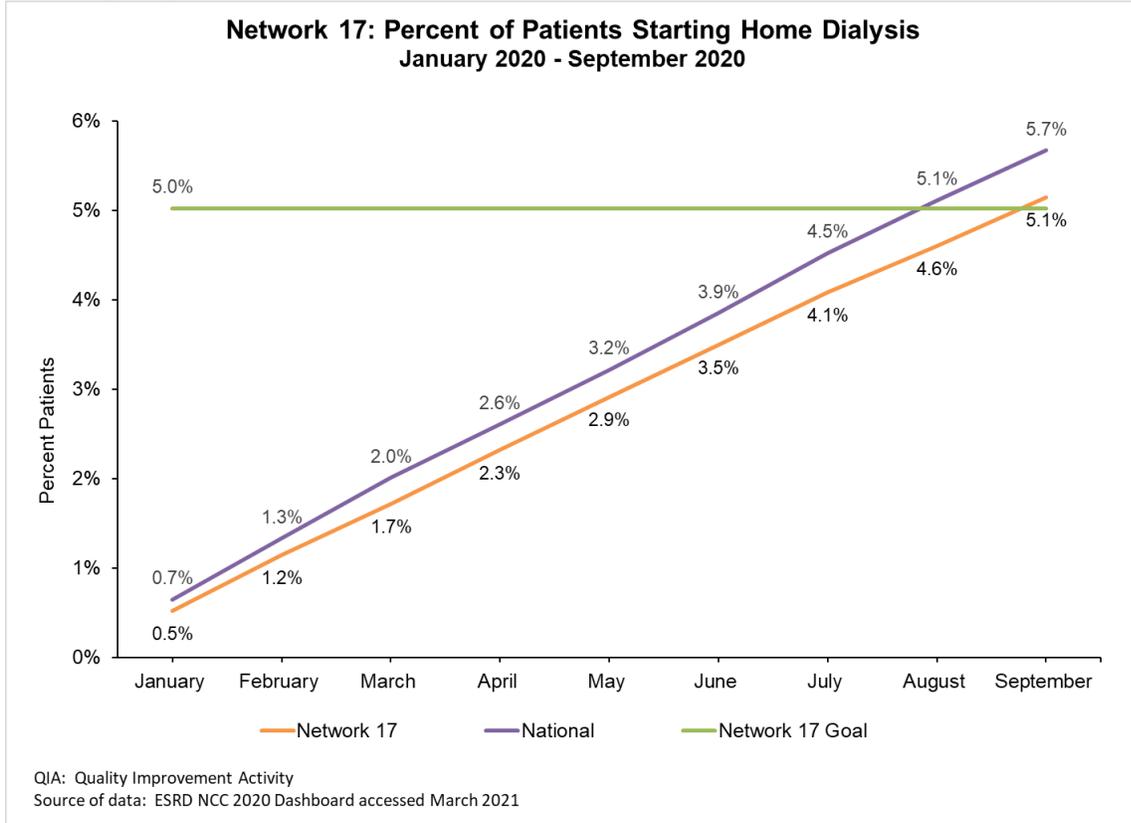
- *The KidneyHub.org* mobile web tool
- *Could Home Dialysis Be a Choice for Me?* patient checklist
- Identifying a Home Champion to assist patients transitioning through the home dialysis process.
- Collaborating with a home dialysis program to educate staff, patients, and their caregivers regarding home dialysis in person or virtually due to COVID-19.
- Implementing a bulletin board in the facility to facilitate education and communication between the home program and interest patients.
- Discussing interested patients and next steps for transitioning them to home dialysis with the Interdisciplinary Team (IDT) and Medical Director during monthly QA meetings.
- Promoting the engagement of a patient peer mentor to assist with educating patients virtually if available.
- Collecting monthly reporting from QIA facilities to show progress and address barriers to goals.
- Using a home dialysis patient tracker to monitor patients through the steps to home dialysis.
- COVID-19 resources provided including the following:
  - CMS ESRD Provider Telehealth/Telemedicine [guidelines](#)
  - The CDC's COVID-19 *Keeping Patients on Dialysis Safe* factsheet
  - The NCC's *4 Ways to Empower Yourself to Cope with COVID-19* flyer in [English](#) and [Spanish](#)
  - [Patient Telehealth and Telemedicine Education webpage](#)
  - The CDC's *Coronavirus Disease 2019 (COVID-19) Outpatient Dialysis Facility Preparedness [Assessment Tool](#)*.
  - ESRD NCC COVID-19 [Quickinar](#) recordings and events.

## Best Practices

Best practices identified through the QIA include:

- Utilizing a facility Home Champion to educate and assist patients through the process of transitioning to home dialysis.
- Communicating with a home program for support with educating patients.
- Utilizing a tracker to provide timely follow up of patients transitioning to home dialysis.
- Discussing interested patients during monthly QAPI meetings with the IDT and Medical Director.
- Creating an educational home dialysis bulletin board as a means of communicating with patients in lieu of in person Home Lobby Days due to COVID-19.
- Providing home dialysis options through tele education enabling the home nurse to see the patient's home environment during COVID-19.
- Discussing the checklist titled, *Could Home Dialysis Be a Choice for Me?* with patients.
- Using additional resources provided by the Network and the ESRD NCC for patient and staff education.

**Chart P: Percent of Patients Starting Home Dialysis  
(January–September 2020)**



## Population Health Focus Pilot Project Quality Improvement Activity (PHFPQ)

The 2020 PHFPQ QIA focused on assisting ESRD patients with seeking gainful employment and/or returning to work or school. The Network identified 25 facilities, including three rural facilities, potentially impacting 3,038 patients for inclusion in the QIA.

### Goals and Outcomes

The three primary goals of the QIA were to:

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

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. However, at the completion of the QIA in September 2020, the Network QIA facilities had exceeded all three QIA goals. The Network exceeded the rate of patients referred by 27.07%, the rate of patients receiving VR/EN services by 0.31% and the number of patients between the ages of 55 and 64 referred by 275 patients (see charts Q and R).

### Barriers

Barriers for the QIA included:

- Closing of VR offices or reduction in staff in open offices led to slower responses to applications and interviews being scheduled virtually.
- Decrease in patient interest to travel to VR offices for an appointment because of the COVID-19 pandemic.
- Inaccurate data caused by the lack of reporting updated information in the CROWNWeb system due to:
  - QIA leads, who were typically facility social workers, did not have access to CROWNWeb.
  - Lack of staff education about the importance of updating patient VR status in CROWNWeb once they are screened, referred, and start receiving VR services.
- Patients are fearful of losing their health-insurance and financial benefits.
  - 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.
  - Lack of education of staff and patients in QIA facilities about the availability of VR/EN services, how they can be used to maximize patient income, and benefits for people interested in returning to work or school.
- Many patients are disease burdened, experience frequent hospitalizations, and have low levels of independence.

### Interventions

Interventions for the QIA included:

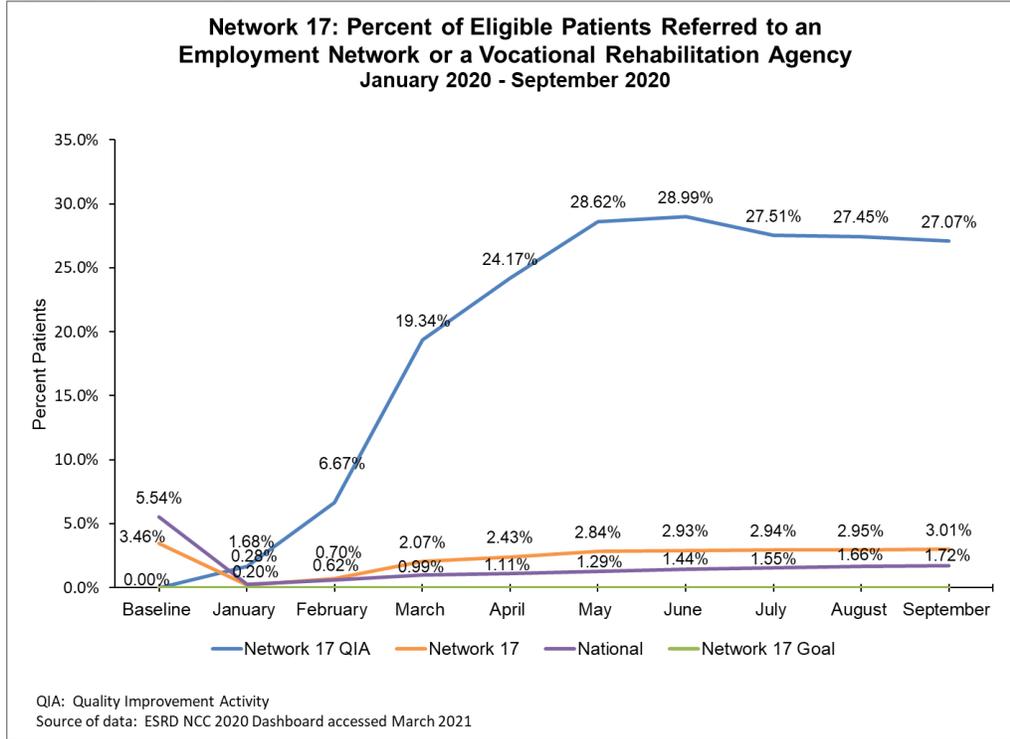
- Partnering with VR and/or EN service providers to address the facility referral processes, patient-level barriers and the development of patient-level resources for facilities and patients.
- Providing facilities with links to the Social Security Ticket to Work (WISE) Webinars available on demand.
- Creating a blog post for the Social Security website about the journey of a dialysis patient returning to work.
- Enlisting a patient and/or family member who has been through the VR/EN process to share feedback and identify possible barriers for interested patients.
- Providing staff education to increase their knowledge of VR/EN resources to identify patient interest and better assist them through the VR/EN process.
- Disseminating patient educational resources regarding available VR/EN services and how to access them in addition to sharing patient testimonials for increasing patient engagement and interest.
- Providing supportive resources to assist the facility QIA leads with establishing routine tracking and monitoring processes including.
- Identifying more than one CROWNWeb user in each facility to be responsible for entering VR/EN data into CROWNWeb.
- Collecting monthly data and feedback from focus facilities regarding QIA activities and outcomes.

### **Best Practices**

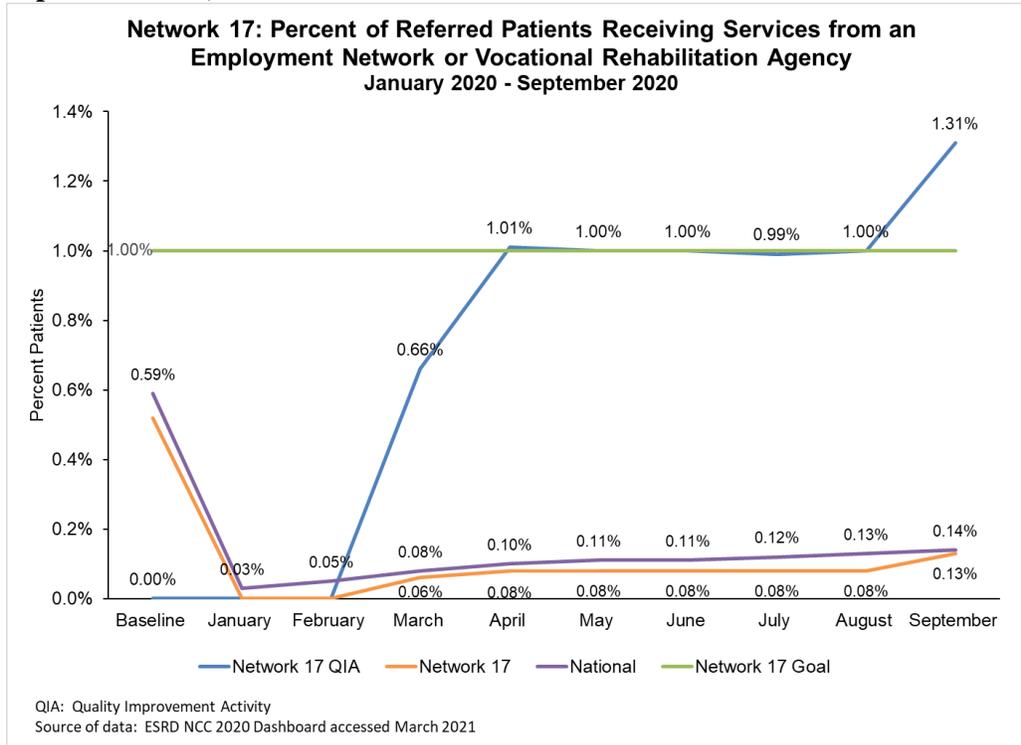
Best practices identified throughout the QIA by facilities include:

- Partnering with VR and/or EN service providers despite their limited hours and staff during the COVID-19 pandemic.
- Providing the facilities with links to “working from home” websites since most patients were afraid to go back into a socially busy environment.
- Sharing links on the Social Security website to patient testimonies since peer to peer mentoring was not an option during COVID.
- Providing patients with educational resources to dispel the myths about losing financial or medical benefits if they returned to school or work.
- Tracking and monitoring patients screened and referred to VR/EN services.
- Hosting a VR Lobby Day and/or creating a VR bulletin board as a means of sharing educational resources on the benefits of returning to school or work.
- Identifying and discussing patient VR/EN status using the Network’s *VR QIA QAPI Form* during monthly meetings with the IDT and Medical Director.

**Chart Q: Percent of Eligible Patients Referred to an EN or a VR Agency (February–September 2020)**



**Chart R: Percent of Referred Patients Receiving Services from an EN or a VR Agency (February–September 2020)**





## **ESRD NETWORK RECOMMENDATIONS**

### **Recommendations for Sanction**

Section 1881(c) of the Social Security Act states that the ESRD Network can recommend to Centers for Medicare & Medicaid Services (CMS) the imposition of a sanction when an ESRD provider is not cooperating in achieving Network goals. The Federal Regulations that implement this statute are found in 42 CFR §405.2181. The Network maintained a cooperative and collaborative partnership with ESRD providers in all activities in 2020. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2020, the Network did not identify any facilities that warranted a recommendation for sanctions.

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

During 2020, the Network did not identify a need for additional services or facilities in the Network 17 service area.



# ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

HSAG: ESRD Network 17 became aware of COVID-19 concerns in January 2020 by monitoring national news and through updates provided by the Kidney Community Emergency Response (KCER) Program that included Centers for Disease Control and Prevention (CDC) guidance. The Network also attended a Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) stakeholder listening session related to COVID-19 that was conducted on January 30, 2020. As the pandemic continued the Network was able to use its agile structure and emergency preparedness experience to adjust to the needs of patients and facilities. The Network's response included an all-team approach and routine assessment of needs and distribution of current information, resources and data targeted technical assistance.

## Technical Assistance

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

- Screening procedure guidance.
- Communication with nursing homes by providing recommendations and communication tools.
- Telehealth guidance.
- CDC disinfection and infection prevention guidance.
- Patient and staff educational materials on hand washing, hand sanitizer, mask wearing, social distancing; and coping with stress.
- Support and empathy regarding the staff working long hours, working hard to keep the facility COVID-19 free and to keep patients and staff safe from illness.
- COVID-19 vaccination planning, tracking, and reporting

## Collaboration Activities

### Public Health Departments and Health Care Coalitions

The Network joined various Department of Public Health calls and maintained situational awareness for its services area to share relevant information with all facilities. The Network consulted with various Departments of Health and connected dialysis facilities with healthcare coalitions (HCC). State and county level information was obtained through collaboration with state and county Health Departments and HCCs.

### State Survey Agencies (SAs)

The Network provided emergency response updates during bi-monthly SA meetings and spoke with the SA District Offices and facilities as they performed/underwent COVID-19 site visits. The Network collaborated with the SA to address recurring COVID-19 questions from facilities pertaining to patients refusing to wear masks, facility visitor policy changes, policy changes regarding patients eating and drinking on the treatment floor, telehealth, and the distance required between dialysis stations.

### KCER

The Network worked closely with KCER by participating in KCER COVID-19 Status calls, completing After-Action Report Hot wash questions from KCER/Healthcare Ready, and consulting with and

providing updates to KCER regularly. The Network also participated on the COVID-19 ESRD Network and KCER calls.

### **PSMEs**

The Network requested PSME assistance in creating a Frequently Asked Questions (FAQ) document focusing on patient concerns about COVID-19. PSMEs were asked to submit questions or concerns they, their family, or others in the kidney community have about COVID-19. The Network shared PAC SME responses with the KCER Learning and Action Network (LAN) Coordinators.

## **Data Collection Activities**

### **KCER Reporting**

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

### **NHSN Reporting**

The Network notified and updated all facilities regarding the COVID-19 reporting transition to National Healthcare Safety Network (NHSN) starting in November 2020. The Network disseminated NHSN enrollment instructions and information regarding the NHSN COVID-19 dialysis reporting module to all facilities in the Network service area. The Network identified facilities currently not enrolled in NHSN and provided step-by-step instructions for NHSN enrollment and individualized technical assistance via phone and email to ensure all facilities were able to enroll in NHSN and initiate the process of accessing NHSN and entering data.

## **Facility Education**

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

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

- Encouraged facilities to start planning for other emergencies such as wildfire, power shutoffs, and hurricanes and provided resources from ASPR TRACIE, CDC, FEMA, PG&E, and the U.S. Department of the Interior.
- Had 100% (318/318) of dialysis facilities attest that they have been educated and that staff has the knowledge to effectively triage and determine appropriate actions to ensure a patient with COVID-19 or suspected of being infected with COVID-19 receives treatment in an appropriate care setting.

## Patient Education

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

## Patient and Family Engagement at the Facility Level

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

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

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

## ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

ESRD Network 17 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. The Network conducts a risk assessment and submits an emergency plan annually to CMS. The Network works closely with the KCER Program and other stakeholders to ensure patients have access to dialysis before and after an emergency event.

When a storm is approaching, the Network issues weather preparedness alerts to facilities in the affected areas. The Network collects information from facilities related to planned closures prior to an event and then monitors and tracks the open and closed status of facilities and the location of patients during the response. Support and resources regarding disaster preparedness and response are also provided to patients and staff who contact the Network's toll-free helpline.

Below are the emergency events Network 17 responded to during 2020.

### February 2020:

- **Tropical Invest 93P, 96P and Tropical Cyclone Vicky**

The Network monitored Tropical Invest 93P, 96P, and Tropical Cyclone Vicky, which moved over American Samoa on February 18, 2020. The two facilities on island educated their patients on disaster procedures and planned for an early closing prior to the arrival of dangerous weather conditions. All patients were accounted for. One facility experienced very brief power outages, but this did not impact operations as they had a generator. The Network provided support, remained in contact with facility staff, and submitted status reporting to KCER and CMS related to the incident.

### June 2020:

- **Quail Fire and Grant Fire**

The Network monitored the Quail Fire, which started on June 6, 2020, and the Grant Fire, which started on June 12, 2020. The Quail Fire burned 1,837 acres in Solano County and was active for three days. The Grant Fire burned 5,042 acres in Sacramento County and was active for five days. The Network reached out to the facilities closest to the fires as evacuations were ordered in some areas. All patients were accounted for and there was no impact to facility operations.

### July 2020:

- **Hurricane Douglas**

The Network monitored Hurricane Douglas, which first formed near Hawaii on February 21, 2020. A Network alert was distributed on February 22, 2020 to all facilities on island and their management. Providers closely monitored the hurricane and planned to reschedule treatments if needed. They were also in contact with their local Hawaii Healthcare Emergency Management Office. Shelters were opened and FEMA pre-positioned generators in various parts of the islands. Fortunately, the hurricane grazed the islands, which kept the worst of the weather associated with Douglas just offshore. There was no impact to the Hawaiian facilities' operations or patients' access to care.

## August 2020:

- **Northern California Heatwave**

On August 13, 2021, the Network was notified about a Level II Excessive Heat Warning for California and sent an alert to all potentially impacted facilities. The Network reminded facilities about the importance of partnering with their local HCCs and provided related resources from KCER, NKF, and the National Weather Service. One facility lost power for one day and offered to transfer patients to a nearby facility for one treatment.

- **Northern California Wildfires**

The Governor of California declared a state of emergency on August 18, 2020 and secured a Presidential Major Disaster Declaration on August 22, 2020, to support the state's response to the following Northern California Fires:

- **CZU Lightning Complex:** The CZU Lightning Complex started on August 16, 2020 and was 100% contained by September 22, 2020. The fires within the CZU Lightning Complex burned 86,509 acres in San Mateo and Santa Cruz counties. It is California's 12<sup>th</sup> most destructive fire in history.
- **August Complex:** The August Complex started on August 16, 2020 and was 100% contained by November 11, 2020. The fires within the August Complex burned 1,032,648 acres in Mendocino, Humboldt, Trinity, Tehama, Glenn, Lake, and Colusa counties. It is California's largest fire and 17<sup>th</sup> most destructive fire in history.
- **LNU Lightning Complex:** The LNU Lightning Complex started on August 17, 2020 and was 100% contained by October 2, 2020. The fires within the LNU Lightning Complex burned 363,220 acres in Napa, Sonoma, Lake, Yolo, and Solano counties. It is California's fifth largest fire, 11<sup>th</sup> most destructive fire, and 16<sup>th</sup> deadliest fire in history.
- **SCU Lightning Complex:** The SCU Lightning Complex started on August 18, 2020 and was 100% contained by October 1, 2020. The SCU Lightning Complex burned 396,624 acres in Santa Clara, Alameda, and Stanislaus counties. It is California's third largest fire.
- **Butte/Tehama/Glenn Lightning Complex:** The Butte/Tehama/Glenn Lightning Complex (Tehama/Glenn Zone) started on August 19, 2020 and was 100% contained on October 9, 2020. It burned 19,609 acres in Tehama and Glenn counties.
- **North Complex Fire:** The North Complex started on August 17, 2021 and was announced 100% contained by December 3, 2020. The fires within the North Complex burned 318,935 acres in Butte, Plumas, and Yuba counties. It is California's sixth largest fire, fifth most destructive fire, and fifth deadliest fire in history.

The Network reminded all facilities to update staff and patient contact information, remind patients about the 3-day diet, partner with their local HCC, and provided resources related to wildfires and power shutoffs during COVID-19 from ASPR/TRACIE, CDC, FEMA, Healthcare Ready, PG&E, the Red Cross, US Department of the Interior, and the US Fire Administration. All facilities were advised to notify the Network and their local California Department of Public Health District Office if their operations were impacted.

The fires caused multiple roadway closures, declines in air quality, and mandatory evacuations in some areas. All patients and staff were accounted for during the evacuations and any patients and staff that had to evacuate were able to stay with family, friends, or at a nearby hotel and then were eventually able to return home. Facilities continued to operate, many with air scrubbers and only one facility lost power for one day. No additional impacts to facility operations were reported.

### **September 2020:**

- **Glass Fire**

The Glass Fire started on September 27, 2020 and was 100% contained by October 20, 2020. It burned 67,484 acres in Napa and Sonoma counties and is the 10<sup>th</sup> most destructive fire in California history. None of the facilities in Napa and Sonoma counties were impacted and facilities were able to locate all patients who were evacuated.

- **Planned Public Safety Power Shutoffs (PSPS)**

The Network was notified on September 9, 2020 about potential PSPS events in 22 counties and sent an alert to all facilities in the potentially impacted regions. The Network reminded facilities about notifying the Network and their local CDPH district office if their operations were impacted and provided educational resources related to power outages. One facility lost power but there was no interruption to their operations as they were prepared with a mobile generator. Another facility's HVAC system failed for 24 hours so they installed two portable air conditioning units from a local vendor while the system was repaired and was able to treat all patients without disruption.

### **October 2020:**

- **PSPS**

The Network was notified on October 13, 2020 about potential PSPS events in 21 counties and in 19 counties on October 19, 2020. Alerts were distributed to all facilities in the potentially impacted regions and they were reminded to notify the Network and their local CDPH district office if their operations were impacted. Resources related to power outages were also provided. One facility was impacted by both PSPS events but was able to continue providing treatments as they had a mobile generator on site ready to use.

### **December 2020:**

- **PSPS**

The Network was notified on December 4, 2020 about potential PSPS events in 14 counties and sent an alert to all facilities in the potentially impacted regions. The Network reminded facilities about notifying the Network and their local CDPH district office if their operations were impacted and provided resources related to power outages. One facility was impacted but did not have any disruption in services as they had a mobile generator and stayed in close contact with PG&E and their emergency management team.

- **Hawaii Earthquake**

The Network received a report about an earthquake on the Big Island that occurred on December 21, 2020, which signaled the beginning of volcanic activity in the Kilauea volcano. The nearest facility reported no impact to operations or access to care.

## ACRONYM LIST APPENDIX

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

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