

ESRD NETWORK 2021 ANNUAL REPORT

Health Services
Advisory Group
(HSAG): End Stage
Renal Disease (ESRD)
Network 18

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ESRD DEMOGRAPHIC DATA

ESRD Network 18

As part of the Health Services Advisory Group (HSAG) team, Network 18 works with patients, dialysis facilities and transplant centers in thirteen counties in Southern California to improve the quality of care and quality of life for ESRD patients. HSAG has held the Network 18 contract since June of 2021.

Geography and General Population

Network 18 has a combined estimated general population of 21.1 million according to the U.S. Census estimates as of July 2021. The service area is very diverse with rural farming areas and sparsely populated remote desert and mountain areas, as well as densely populated cities.

ESRD Population

As of December 31, 2021, there were 48,031 dialysis patients and 20,706 transplant patients, for a total of 68,737 patients with ESRD in the Network 18 service area (See Chart A). The Network saw a total of 10,891 individuals newly diagnosed with ESRD in 2021 (See Chart B). Of these patients, 14.5% (1,583) were home patients and 2.0% (217) received a transplant. As of December 31, 2021, Network 18 comprised 9.3% of the total national prevalent dialysis patient population and 8.2% of the national incident patient population (see Charts C and D).

Chart A: Count of Prevalent ESRD Patients by Treatment/Setting 2021

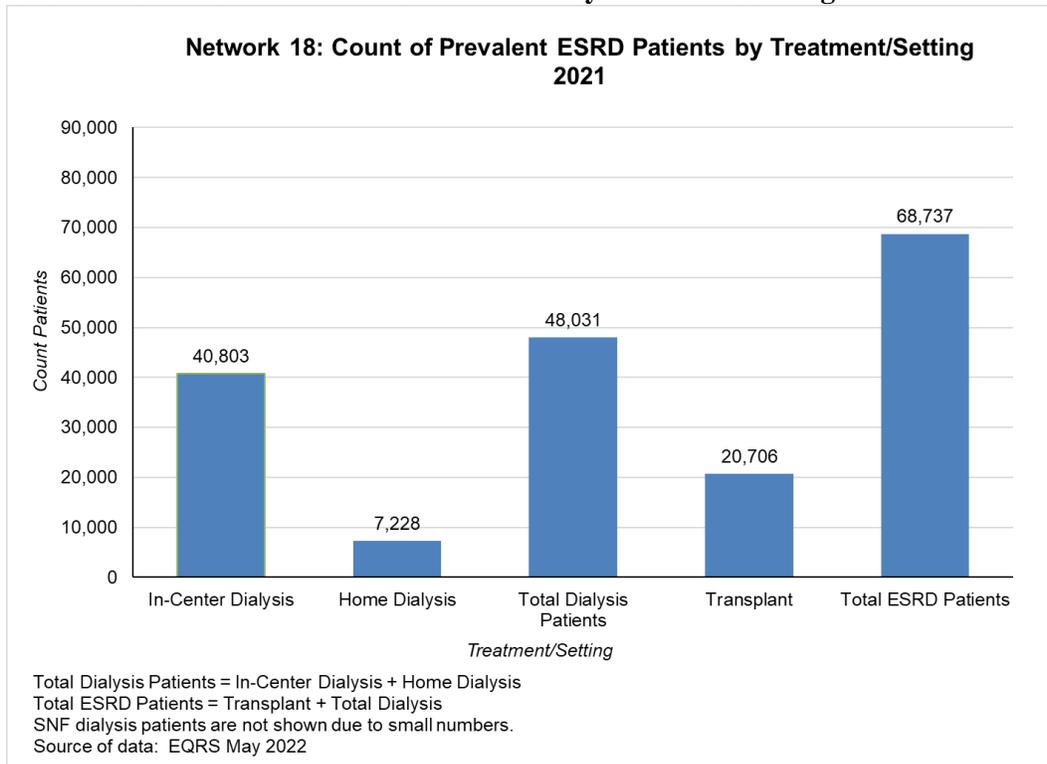


Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2021

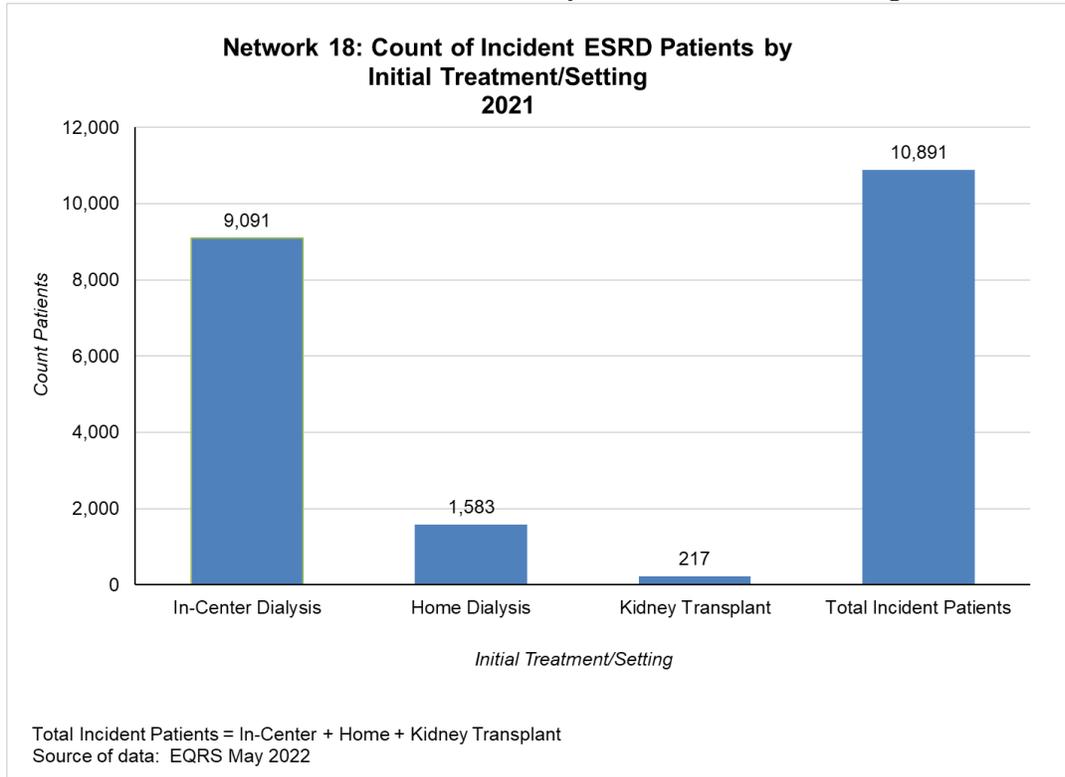


Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2021

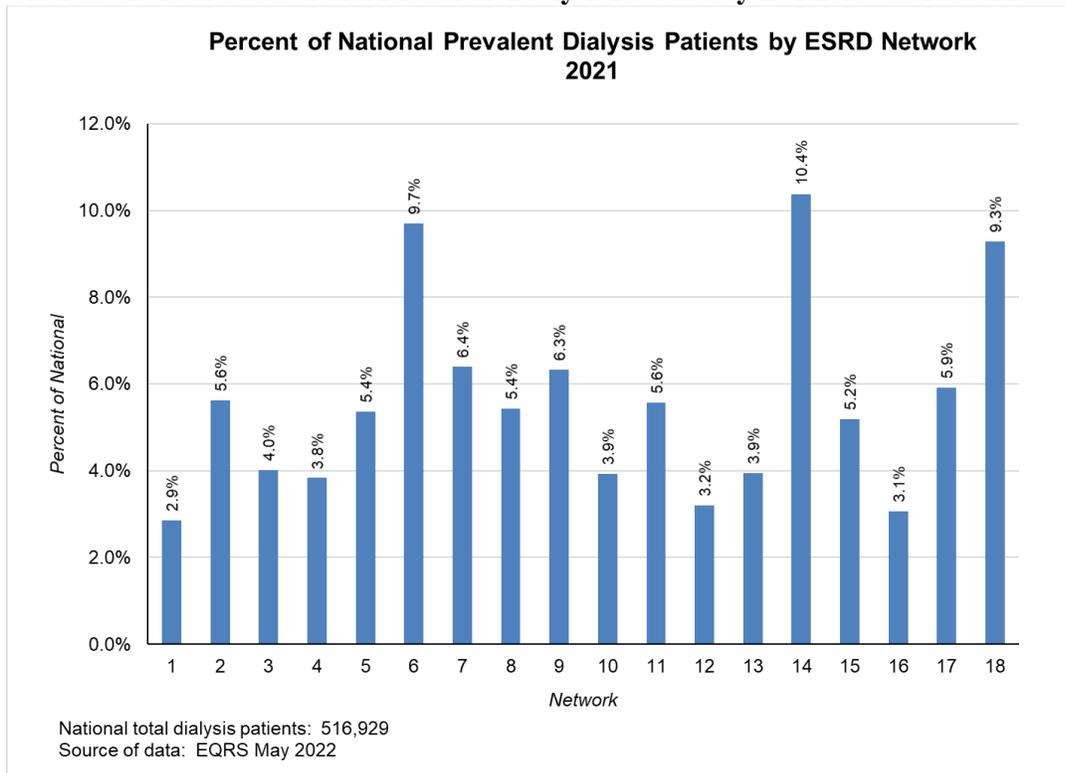
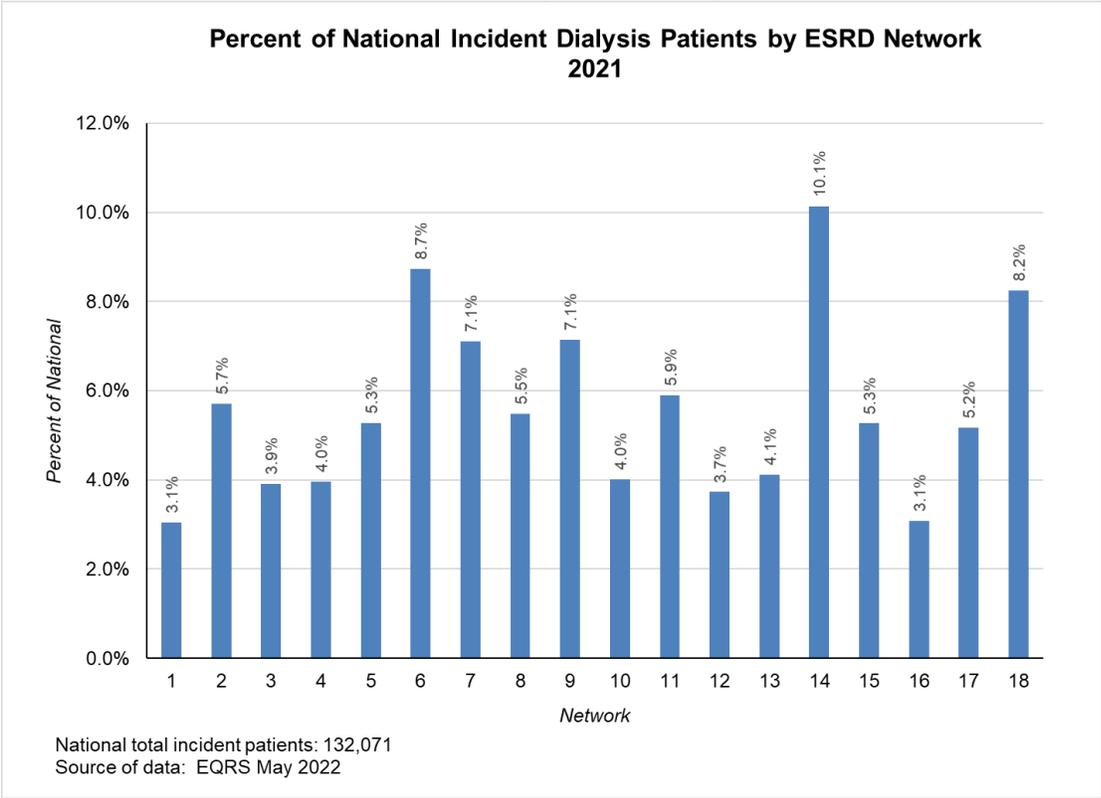


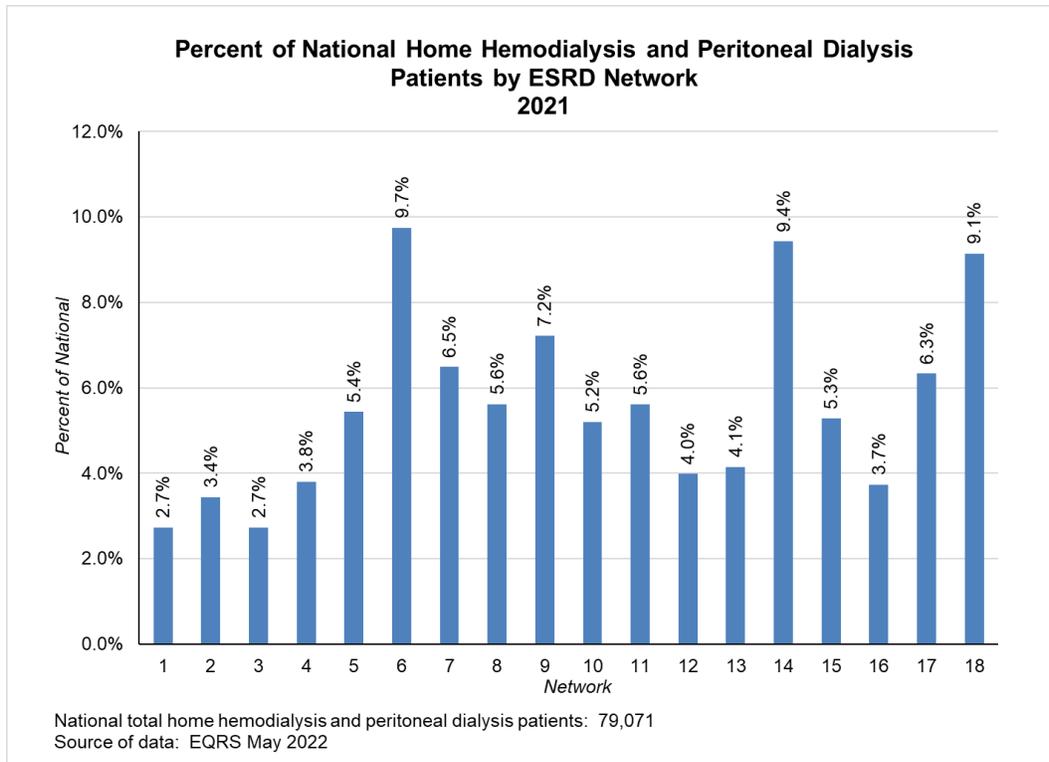
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2021



Dialysis Treatment Options

As of December 31, 2021, 84.9% of dialysis patients in Network 18 were receiving in-center hemodialysis (ICHD) treatments and 15.0% were using a home dialysis modality, including continuous-cycling peritoneal dialysis (CCPD), continuous-ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD). (See Chart A). Nationally, the Network comprised 9.1% of all HHD, CCPD, and CAPD patients. (See Chart E)

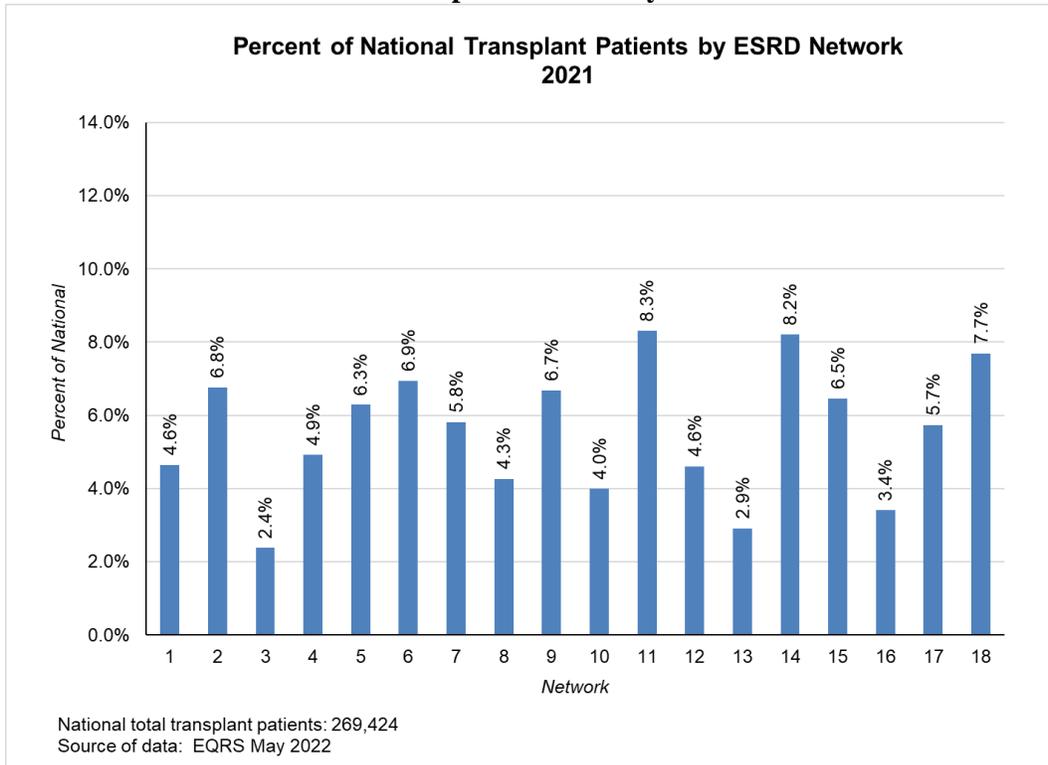
Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2021



Transplant

During 2021, transplants were completed by 13 transplant centers in the Network 18 service area. As of December 31, 2021, there were 269,424 transplant patients nationally, of which 7.7% were in Network 18. (See Chart F)

Chart F: Percent of National Transplant Patients by ESRD Network 2021



ESRD Facilities

As of December 2021, Network 18's service area included a total of 474 ESRD facilities, including 461 dialysis facilities and 13 transplant facilities (See Chart G). Nationally, Network 18 comprised 5.8% of all dialysis facilities (See Chart H) and 5.7% of all transplant facilities (see Chart I).

Chart G: Network 18: Count of Medicare-Certified Facilities by Treatment/Setting 2021

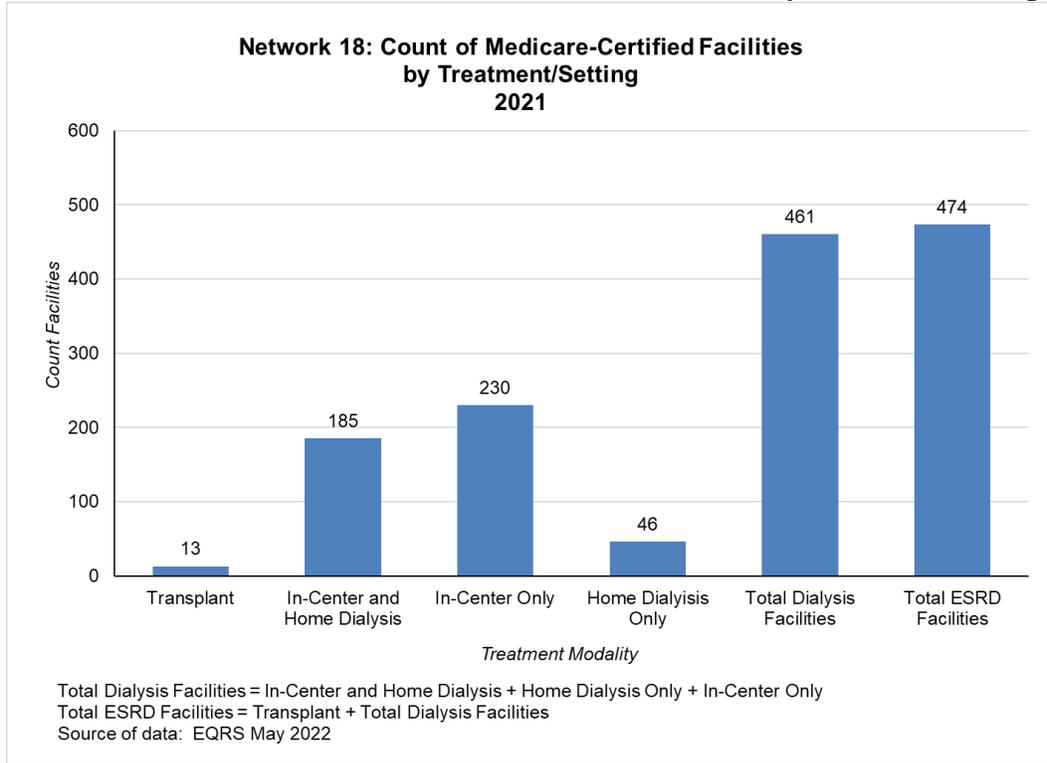


Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2021

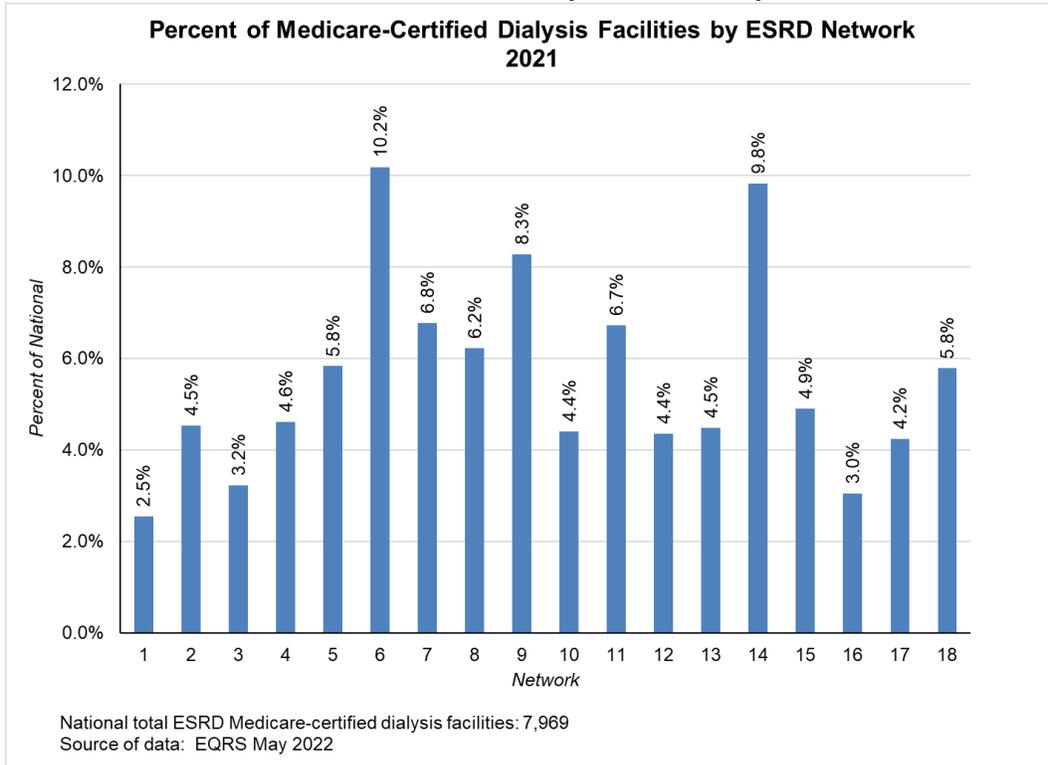
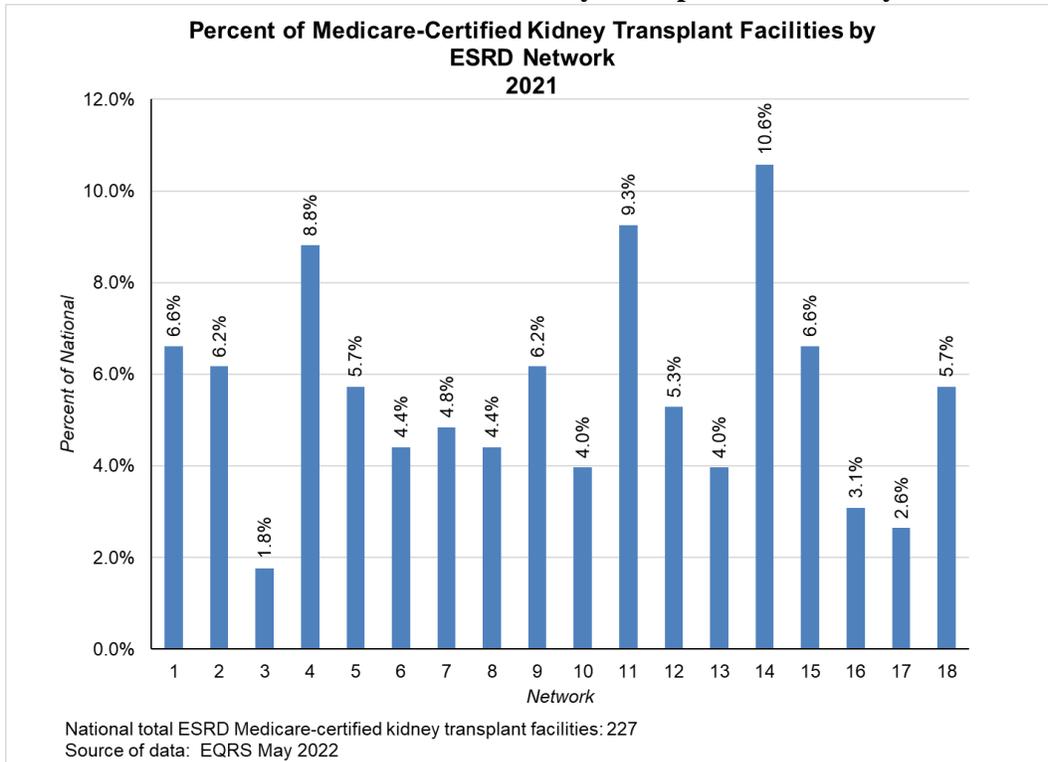


Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2021



ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. Immediate advocacy grievances are addressed by the Network contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances are addressed through records review and the grievant receives an outcome letter. According to Chart J below, from January-May 2021, 18% of contacts to the Network were for grievances, including 5% for immediate advocacy, 5% for General Grievance, and 8% for Clinical Area of Concern. From June 2021-April 2022, 14% of contacts to the Network were related to grievances, including 12% for Immediate Advocacy, 1% for General Grievances and 1% for Clinical Area of Concern (See Chart K).

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 72% of all contacts to the Network for January 2021-May 2021 and 65% of all contacts for June 2021-April 2022 (See Charts J and K). Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

Access-to-Care Issues

The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. Access-to-care issues accounted for 10% of contacts to the Network from January-May 2021 and 12% of contacts for June 2021-April 2022 (See Charts J and K).

Chart J: Network 18: Percent of Grievances and Non-Grievances by Case Type January-May 2021

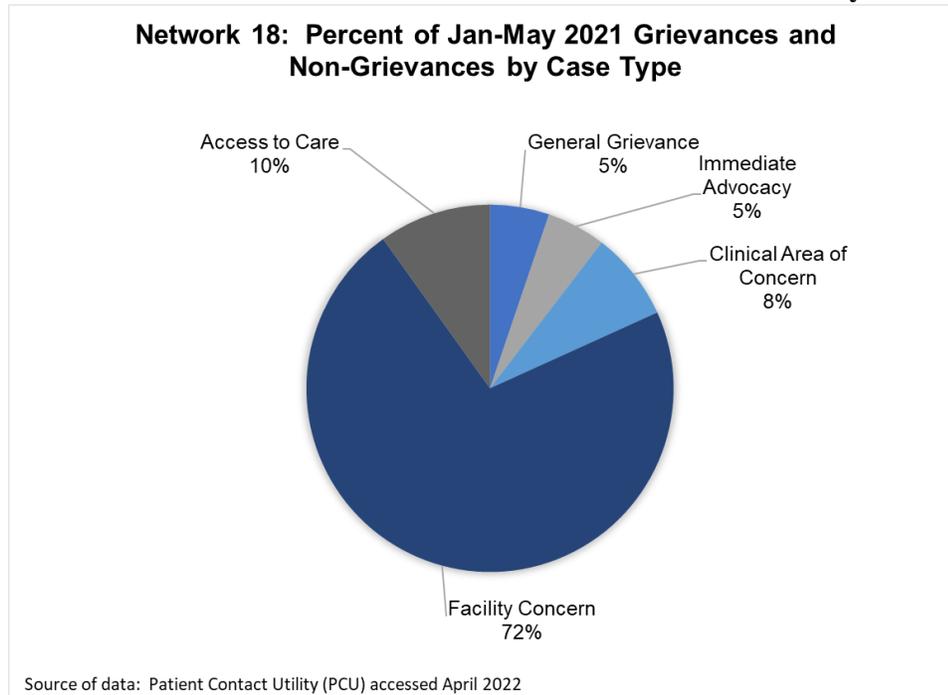
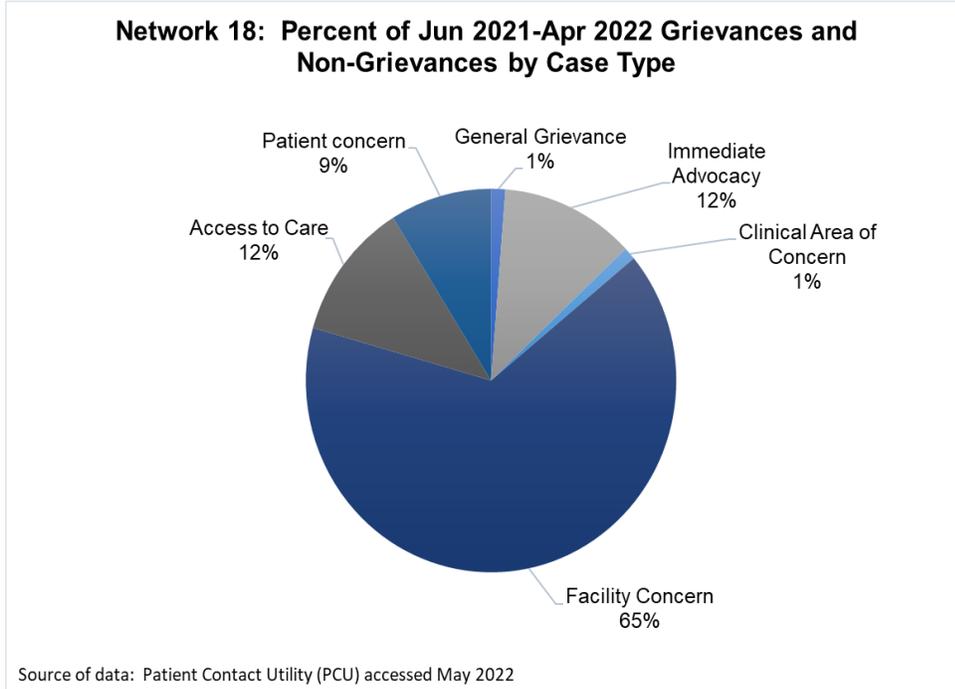


Chart K: Network 18: Percent of Grievances and Non-Grievances by Case Type June 2021-April 2022

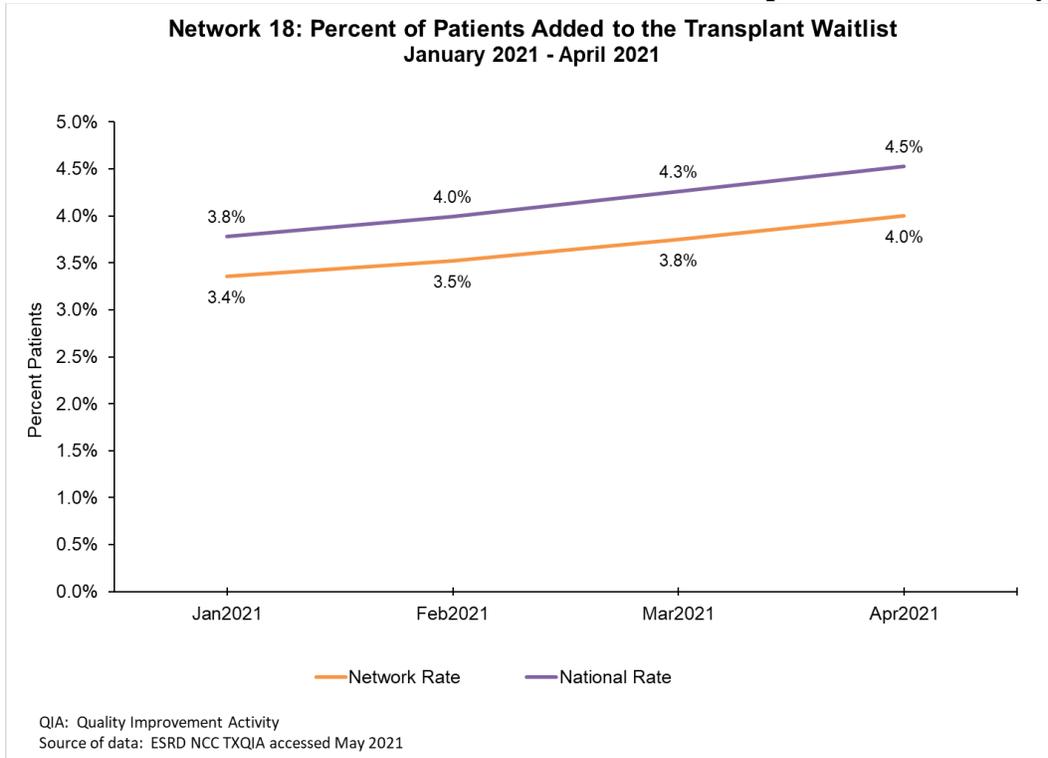


ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist QIA January-May 2021

The Transplant Waitlist QIA implemented January-May 2021 aimed to improve the transplant waitlist rate across all facilities in the Network service area. The Network increased the percentage of patients added to the waitlist from 3.4% in January 2021 to 4.0% in April 2021 (See Chart L). 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 through May 2021. During the new contract for June 2021-April 2022, the Network focused on quality improvement goals.

Chart L: Network 18 Percent of Patients Added to the Transplant Waitlist January-April 2021



Transplant QIA June 2021-April 2022

Goal and Outcomes

The Transplant QIA implemented June 2021-April 2022 included two goals:

- Achieve a 2% increase in the number of patients added to a kidney transplant waiting list by April 2022, using calendar year 2020 as a baseline.
- Achieve a 2% increase in the number of patients receiving a kidney transplant by April 2022, using calendar year 2020 as a baseline.

By April 2022, the number of patients added to a transplant waitlist was 1,876, which was 97.0% of the goal of 1,933 (See Chart M). The number of patients receiving a transplant was 1,400, a 97.3% achievement toward the total goal of 1,438 (See Chart N).

Barriers

Barriers to meeting the QIA goals included:

- Lack of a structured communication process between the dialysis facilities and transplant centers to readily track and expedite the flow of information.
- Long waits for rescheduled appointments after cancellations from the COVID-19 pandemic.
- Backlog of patients waiting for education classes and/or evaluations.
- Facility staff limitations with implementing new interventions and the inability to host educational Lobby Days due to the COVID-19 pandemic.
- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.

Interventions

Interventions implemented included:

- Building a workable, structured communication process with the transplant centers to facilitate ongoing communication for referrals, telehealth appointments, information on support groups and status updates.
- Tracking and documenting each patient's referral, evaluation, and movement through the steps to being added to the transplant waitlist.
- Providing the following resources for facilities to use for on-going education of staff and patients related to transplant:
 - [ESRD NCC](#) Transplant Change Package
 - [Kidney Transplant Hub](#) resources for patients

Best Practices

Best practices identified from the QIA included:

- Developing a process for ongoing communication with patients and dialysis staff to demystify and normalize the idea of transplant.
- Procuring relationships with transplant coordinators to effectively communicate and collaborate regarding patient referrals, evaluation support, and waitlisting.

- Involving the entire team in educating and supporting patients during their transplant journey to manage issues and provide encouragement during the long process of waitlisting and staying prepared for transplant.
- Facilitating engagement between transplant mentors and patients to increase patient interest in transplant and motivate patients to follow through with the process of referral and evaluation.

Chart M: Network 18 Count of Patients Added to the Transplant Waiting List July 2021-April 2022

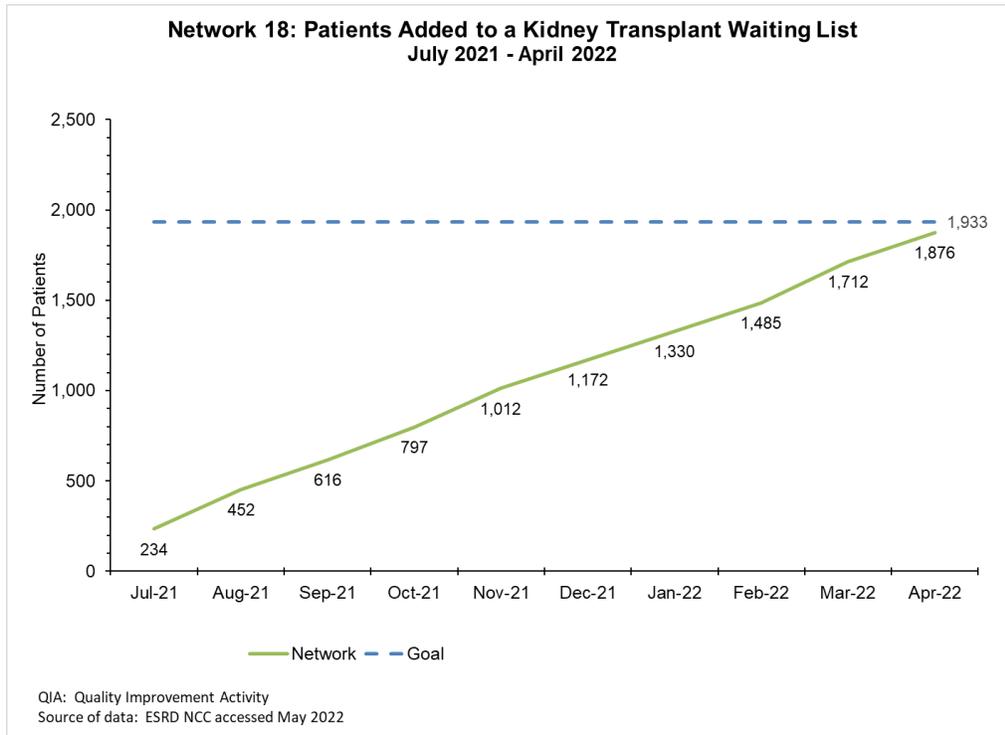
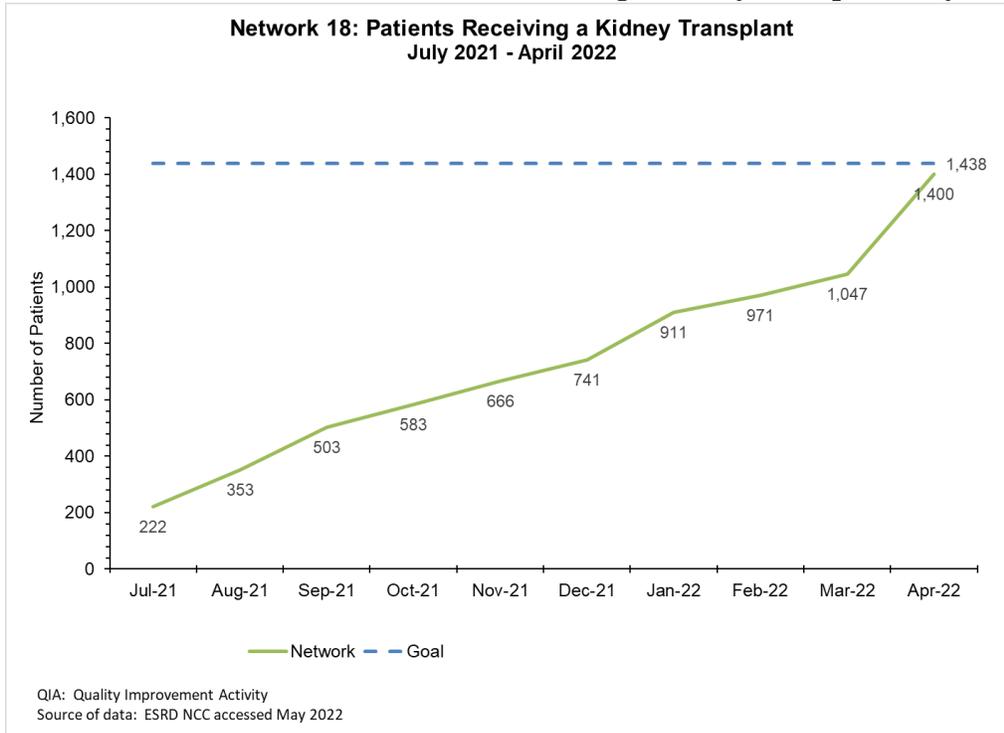


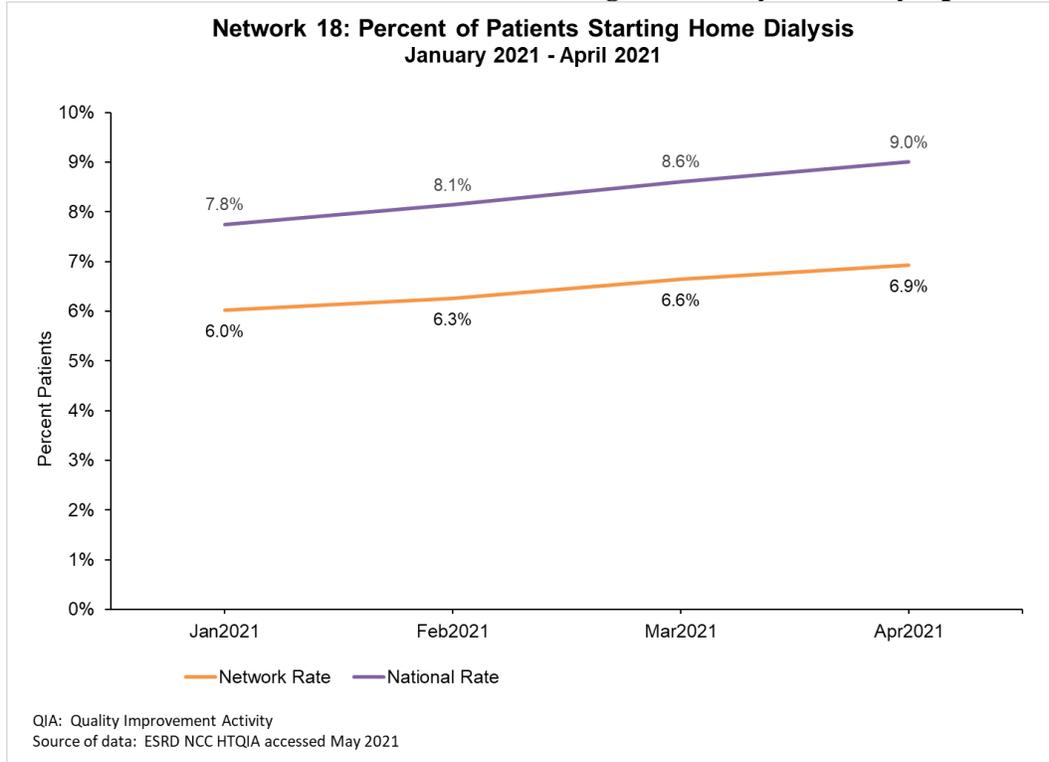
Chart N: Network 18 Count of Patients Receiving a Kidney Transplant July 2021-April 2022



Home Therapy QIA January-May 2021

From January-May 2021, the Network conducted a QIA to support the CMS goal of increasing the rates of patients dialyzing at home. As a result, the percent of patients transitioning to home dialysis increased from 6.0% in January to 6.9% in April 2021 (See Chart O). Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked towards the goal of this QIA but was not evaluated on results through May 2021. During the new contract for June 2021-April 2022, the Networks focused on quality improvement goals.

Chart O: Network 18 Percent of Patients Starting Home Dialysis January-April 2021



Home Therapy QIA June 2021-April 2022

Goals and Outcomes

The Home Therapy QIA implemented June 2021-April 2022 included two goals:

- Achieve a 10% increase in the number of incident patients that start dialysis using a home modality by 10% by April 2022, using calendar year 2020 as a baseline.
- Achieve a 2% increase in the number of prevalent patients that move to a home modality by April 2022, using calendar year 2020 as a baseline.

By April 2022, the Network achieved 76.0% of the goal for incident patients starting on home dialysis and 86.6% of the goal for moving prevalent patients to a home modality (See Charts P and Q).

Barriers

Barriers to meeting QIA goals included:

- Pandemic related staffing shortages at dialysis facilities.
- Patients having to be referred to another facility and long wait times to train due to the lack of home nurses.
- Lack of physicians advocating for home dialysis, providing early education to patients, and offering patients the option to start dialysis on a home modality.
- Lack of education provided to in-center dialysis staff about home dialysis in order to develop a “home dialysis” culture at the facility.
- Home dialysis staff’s inability to host educational Lobby Days due to the COVID-19 pandemic.
- Patient resistance to changing modalities.

Interventions

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

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

Best Practices

Best practices identified through the QIA include:

- Using the Home Change Package interventions to mitigate facility barriers to home dialysis.
- Including an “All Team” approach to creating a process to educate staff and then patients and discuss progress during the monthly QAPI meetings.

- Implementing a tracker to monitor patients through the steps to home training.
- Identifying an in-center Home Champion to educate patients and bridge the transition for patients to the home program.
- Ensuring collaboration between the in-center dialysis facilities and home programs for continuity of patient care.
- Educating patients and staff using the ESRD NCC patient booklet, *Uncovering Myths About Home Dialysis: Myth vs. Reality* and the patient videos for peer to peer messaging found on the [Home Dialysis Central website](#).
- Sharing resources and information with physicians to encourage early patient referrals to home dialysis.
- Using the [ESRD NCC Peer Mentoring Resources](#) for recruiting and training a patient peer mentor to discuss home dialysis with interested patients.

Chart P: Network 18: Incident Patients Starting Dialysis Using a Home Modality July 2021-April 2022

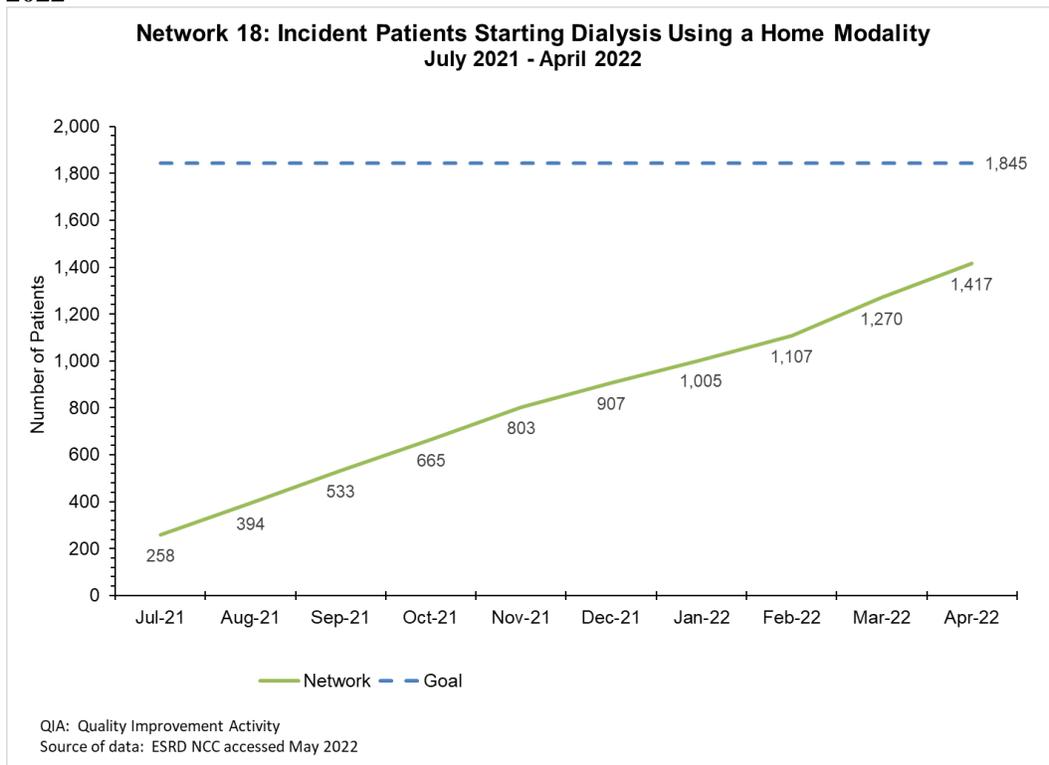
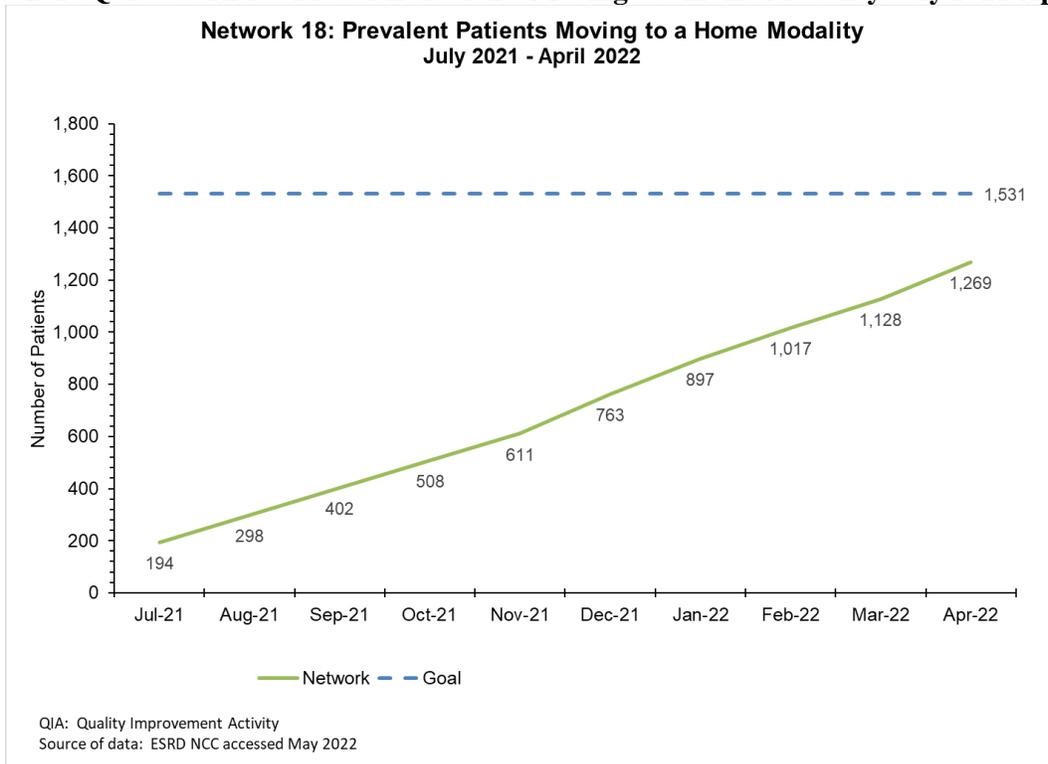


Chart Q: Network 18: Prevalent Patients Moving to a Home Modality July 2021-April 2022



Telemedicine QIA June 2021-April 2022

Goals and Outcomes

The goal of the Telemedicine QIA was to increase the number of rural patients using telemedicine to engage in home dialysis by 2% by April 2022. The Network achieved 100% of the QIA goal with two patients using telemedicine by April 2022. (See Chart R)

Barriers

Barriers for the QIA included:

- Lack of patient confidence in participating in telemedicine.
- Physician preference for in-person monthly visits.
- Lack of reporting of patient telemedicine visits by facilities in EQRS.

Interventions

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

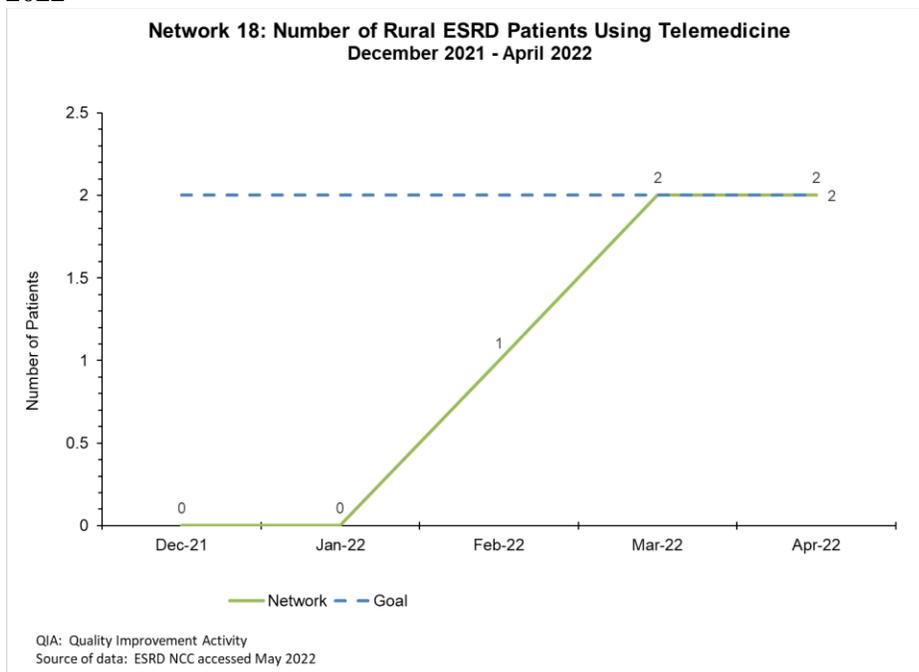
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information regarding to all facilities regarding how to report telemedicine visits in EQRS.

Best Practices

Best practices identified through the QIA include:

- Educating all patients regarding the option to use telemedicine.
- Exploring and addressing barriers to using telemedicine with patients (e.g., no access to broadband, language barriers).

Chart R: Network 18: Number of Rural ESRD Patients Using Telemedicine December 2021 -April 2022



Improving Transitions of Care QIA June 2021-April 2022 [Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions and Emergency Department (ED) Visits QIA]

Goals and Outcomes

The Network's Transitions of Care QIA focused on reducing the following by 2% by April 2022:

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

The Network did not remain under the upper limit rate set for inpatient admissions, 30-day unplanned readmissions, or ED visits. (See Charts S, T, U).

Barriers

Barriers to achieving the QIA goals included:

- Dialysis facility staffing shortages.
- Patient and staff educational needs.
- Patient treatment nonadherence.

Interventions

Interventions for the QIA included:

- Conducting a facility level root cause analysis (RCA) and developing an action plan.
- Reviewing available data to identify trends and areas of improvement.
- Discussing the QIA, RCA, action plan, interventions and outcomes with the IDT during monthly QAPI meetings.
- Educating patients and staff on areas of improvement based on the RCA and action plan.
- Tracking and monitoring interventions, outcomes, and identified metrics.
- Engaging in community coalitions to learn and share best practices.

Best Practices

Best practices identified throughout the QIA by facilities include:

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

Chart S: Network 18: Rate of ESRD-Related Hospital Admissions per 100 patient-months August 2021-April 2022 (Lower rates are better)

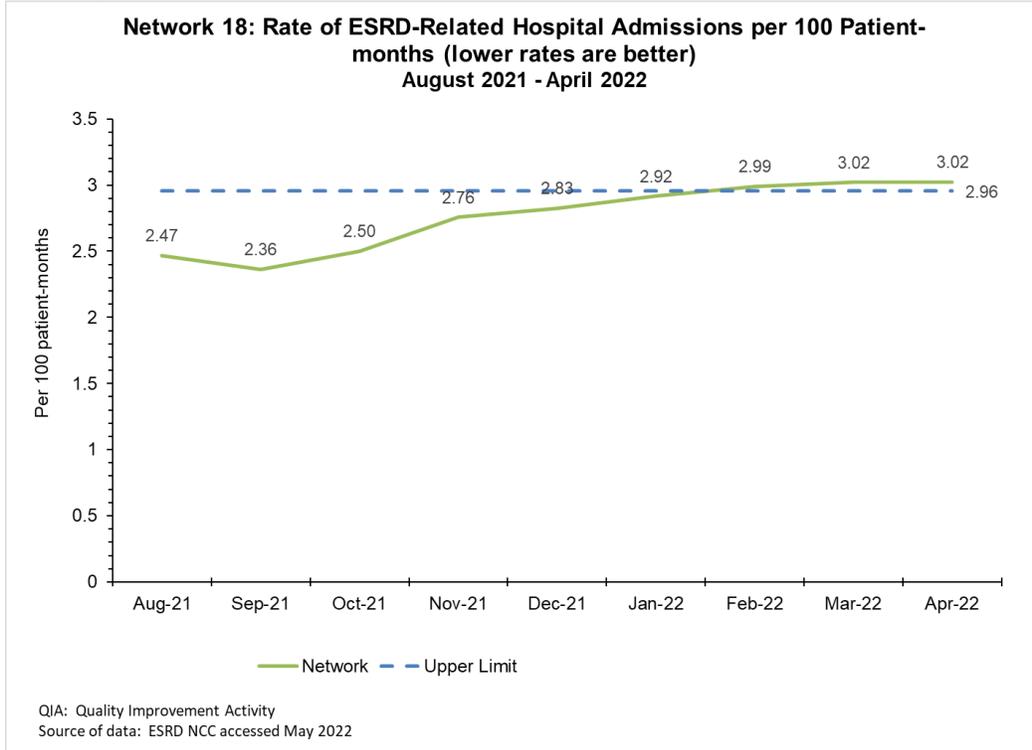


Chart T: Network 18: Hospital 30-Day Unplanned Readmissions August 2021-April 2022 (Lower rates are better)

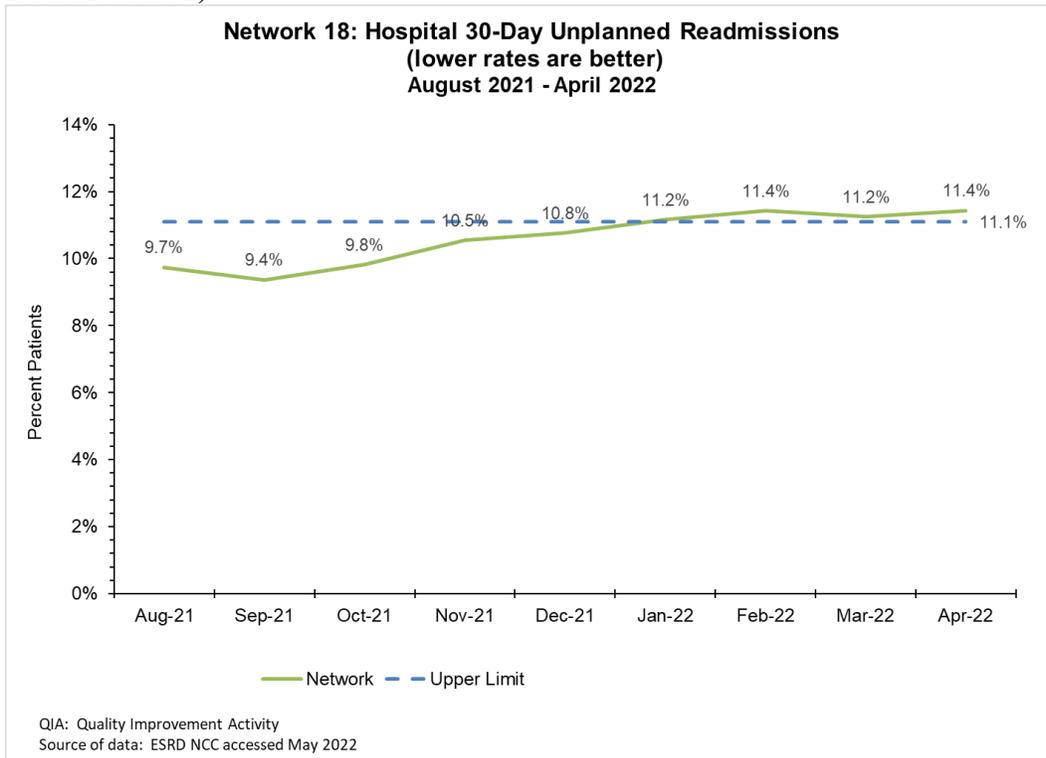
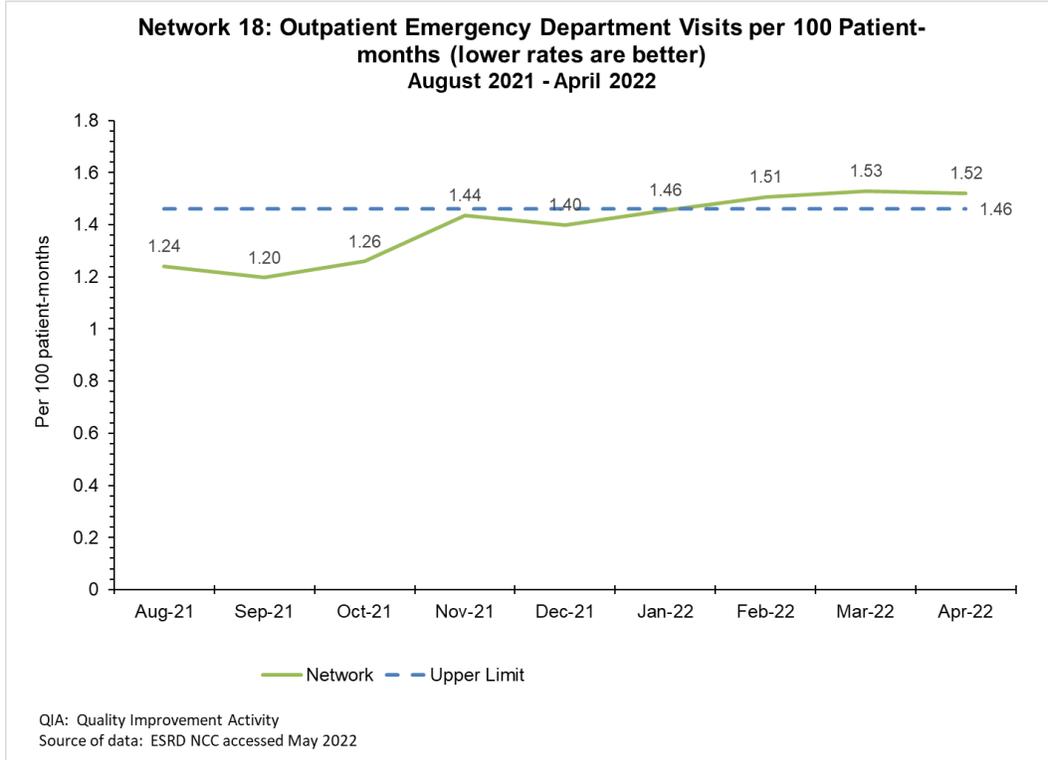


Chart U: Network 18: Outpatient Emergency Department Visits per 100 patient-months August 2021-April 2022 (Lower rates are better)



Reducing COVID-19 Related Hospitalizations June 2021-April 2022

Goals and Outcomes

From June 2021-April 2022, the Network focused on reducing COVID-19 hospitalizations by 25% from the baseline. The Networks upper limit for the QIA goal was set as 2,625 admissions. The Network remained under the limit and only experienced 1,469 admissions during the QIA, which was a relative decrease of 58.0% from baseline (See Chart V).

Barriers

Barriers to achieving the QIA goal included:

- Dialysis facility staffing shortages in COVID-19 cohort facilities.
- Transportation to COVID-19 cohort facilities.
- COVID-19 surges impacting multiple hospitals, dialysis facilities and patients at one time.
- Availability of outpatient interventions for patients at higher risk for complications related to COVID-19.
- Vaccination hesitancy.

Interventions

Interventions for the QIA included:

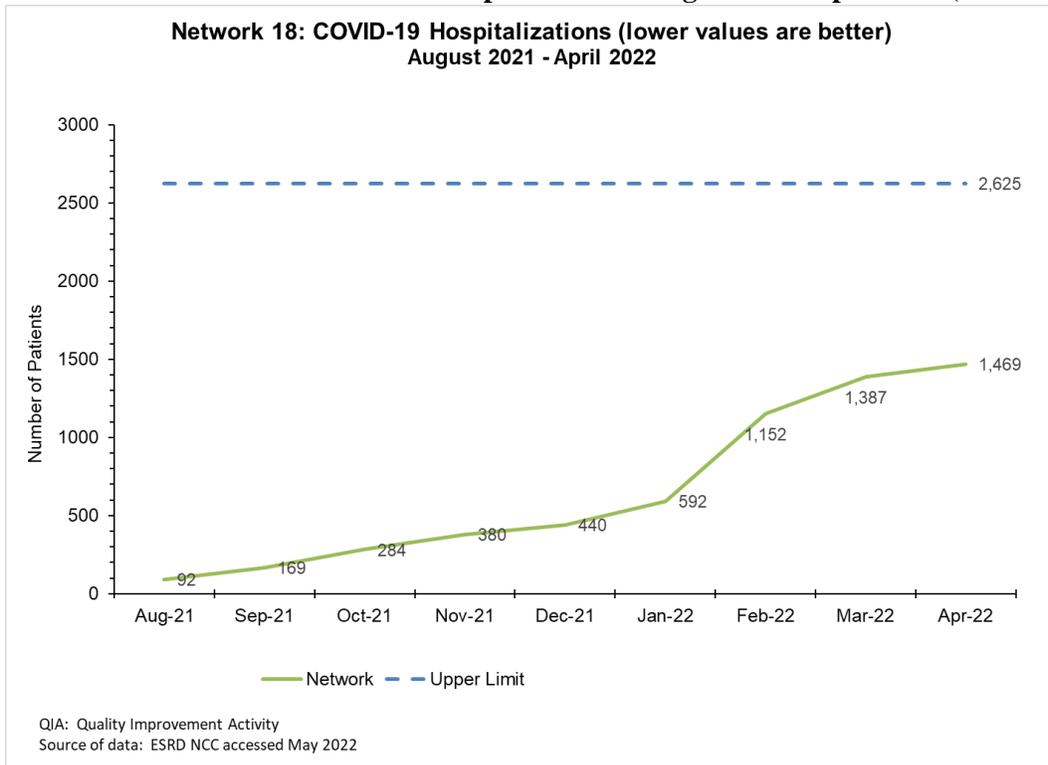
- Reviewing available data to identify facilities with increases in cases and providing focused technical assistance to address barriers.
- Sharing patient and staff educational resources and tools.
- Discussing response plans and interventions for implementation with dialysis facility corporate leadership.
- Distributing information and availability regarding outpatient interventions for patients at high risk for complications related to COVID-19 with all facilities.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Educating patients and staff on identifying and communicating exposure and symptoms for COVID-19.
- Implementing consistent screening processes for patients and staff.
- Establishing cohort facilities and shifts.
- Engaging community partners to address transportation needs.
- Tracking and monitoring patient and staff status and quarantining needs.
- Sharing staff among multiple facilities or rotating staff who work in cohort facilities.
- Re-engaging patients and staff regarding vaccinations and boosters.

Chart V: Network 18: COVID-19 Hospitalizations August 2021-April 2022 (Lower rates are better)



COVID-19 Vaccinations for Patients and Staff QIA June 2021-April 2022

Goals and Outcomes

The QIA focused on the following goals:

- Achieve a COVID-19 patient vaccination rate of 80% by April 2022.
- Achieve a COVID-19 patient booster vaccination rate of 80% by April 2022.
- Achieve a COVID-19 staff vaccination rate of 100% by April 2022.
- Achieve a COVID-19 staff booster vaccination rate of 100% by April 2022.

The Network provided resources and best practices to all facilities and used available data to identify low performers for focused technical assistance. By April 2022, the Network achieved a COVID-19 patient vaccination rate of 80.3% and a patient booster vaccination rate of 58.7% (See Charts W and X). For COVID-19 staff vaccinations, a rate of 92.9% was achieved with a booster rate of 67.9% (See Charts Y and Z).

Barriers

Barriers to achieving the QIA goals include:

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

Interventions

Interventions for the QIA include:

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

- Disseminating community coalition resources such as Motivational Interviewing techniques and best practices.

Best Practices

Best practices identified through the QIA include:

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

Chart W: Network 18: COVID-19 Vaccinations Rate (Dialysis Patients) July 2021-April 2022

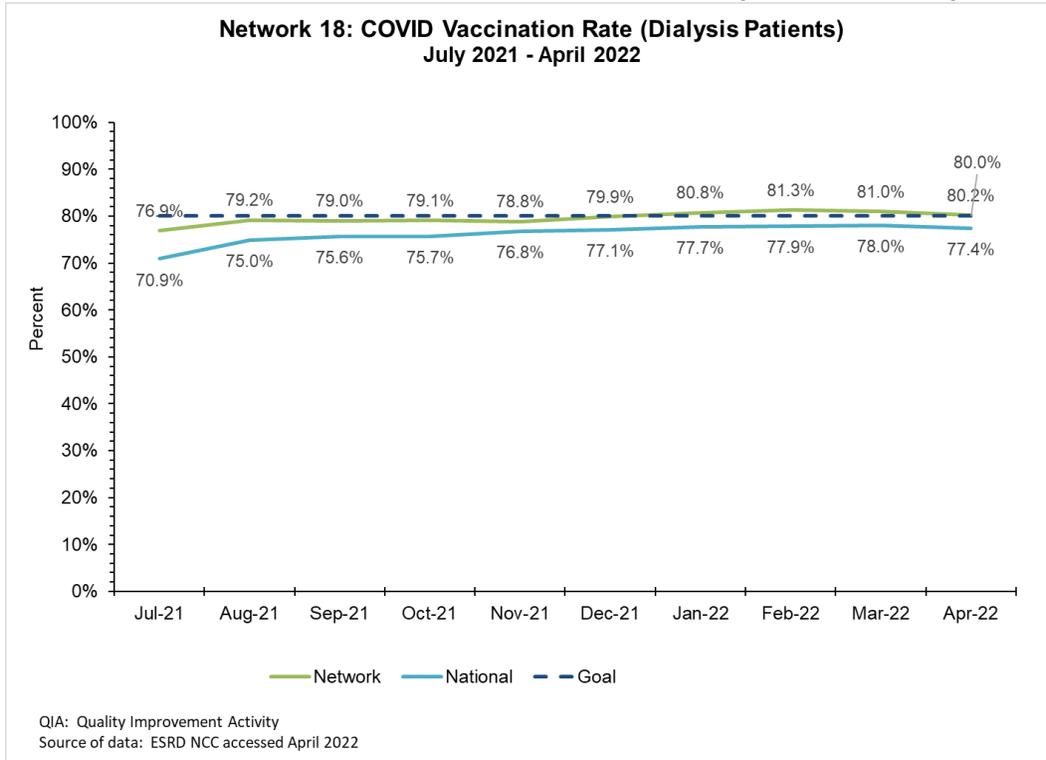


Chart X: Network 18: Percent of Fully Vaccinated Dialysis Patients Receiving COVID Vaccination Booster December 2021-April 2022

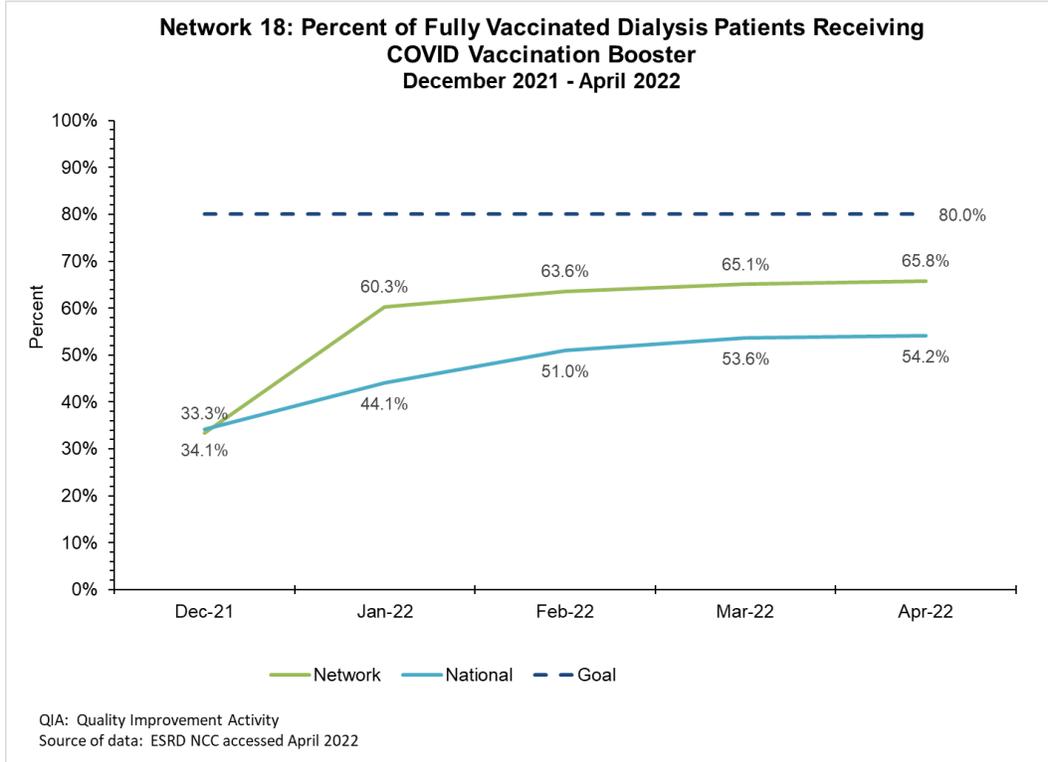


Chart Y: Network 18: COVID Vaccination Rate Dialysis Facility Staff July 2021-April 2022

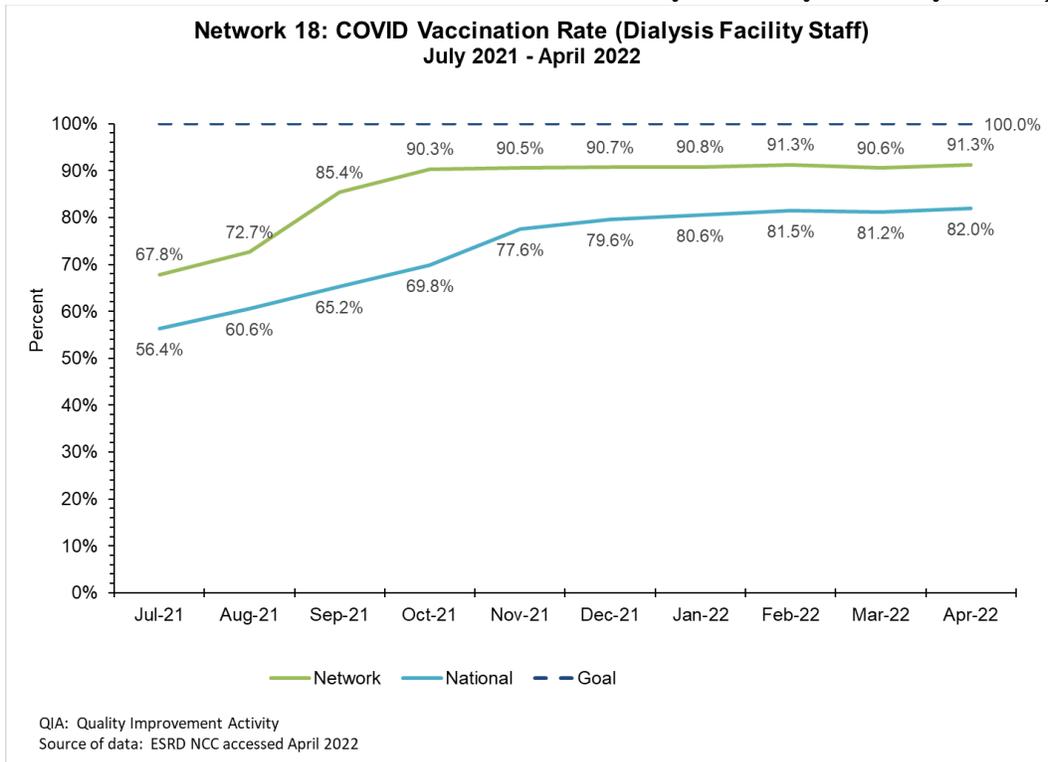
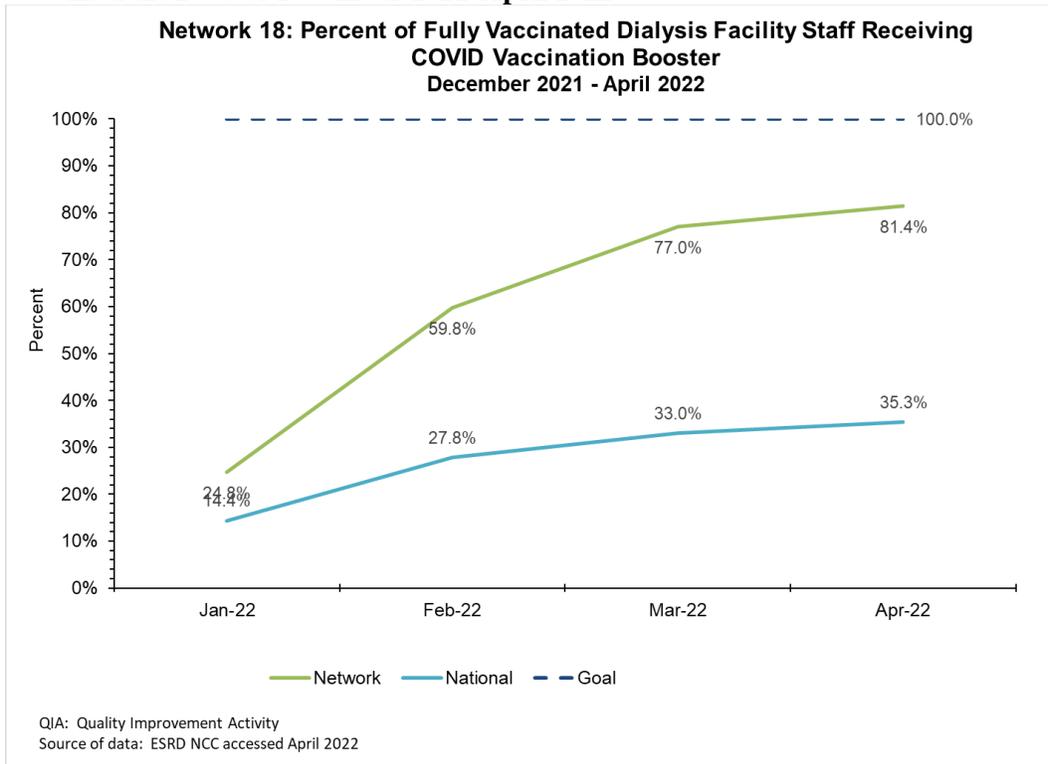


Chart Z: Network 18: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID Vaccinations Booster December 2021-April 2022



Influenza Vaccination QIA June 2021-April 2022

Goals and Outcomes

The two primary goals of the QIA were to:

- Achieve a minimum of 85% of ESRD patients receiving an influenza vaccination by April 2022.
- Achieve a minimum of 90% of ESRD facility staff receiving an influenza vaccination by April 2022.

The Network provided resources and best practices to all facilities and used available data to identify low performers for focused technical assistance. By April 2022, 79.13% of patients received an influenza vaccination, which is 93.0% towards the QIA goal (See Chart AA). Reporting of staff vaccinations was limited reflecting 42.78% of staff vaccinated for influenza by April 2022 (See Chart BB).

Barriers

Barriers to achieving the QIA goals included:

- Tracking patients and staff who received the influenza vaccine externally from the dialysis facility.
- Delays with vaccine availability due to the COVID-19 pandemic causing facilities to start administering the vaccine later in the year.
- Patient and staff hesitancy and refusal due to personal, religious, or political beliefs.
- Data reporting challenges including non-enrolled or newly certified facilities not reporting, or facilities not having appropriate staff to report consistently.

Interventions

Interventions for the QIA included:

- Engaging facilities to complete an RCA and action plan related to increasing influenza vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities.
- Assisting facilities with obtaining access to EQRS and NHSN and providing instructions for reporting vaccinations.
- Disseminating community coalition resources such as Motivational Interviewing techniques and best practices.

Best Practices

Best practices identified through the QIA include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Tracking and reporting patient and staff vaccinations received internally and externally.
- Utilizing Network provided resources and tools for educating patients and staff.

- Engaging non-enrolled and newly certified facilities to assist them with getting access to EQRS and NHSN.
- Using Motivational Interviewing techniques when discussing vaccinations with patients and staff.

Chart AA: Network 18: Percent of Patients Receiving an Influenza Vaccination July 2021-April 2022

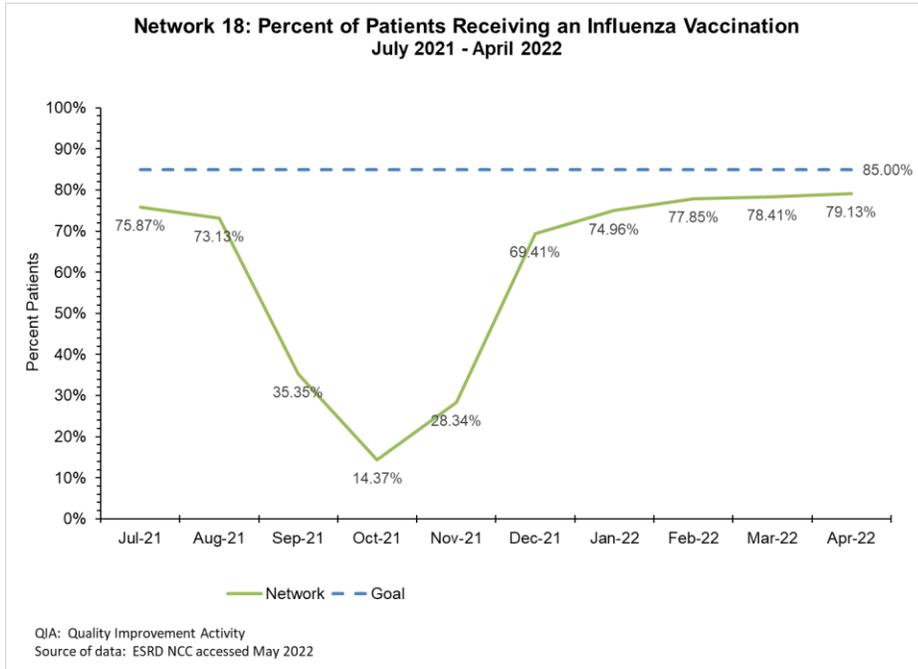
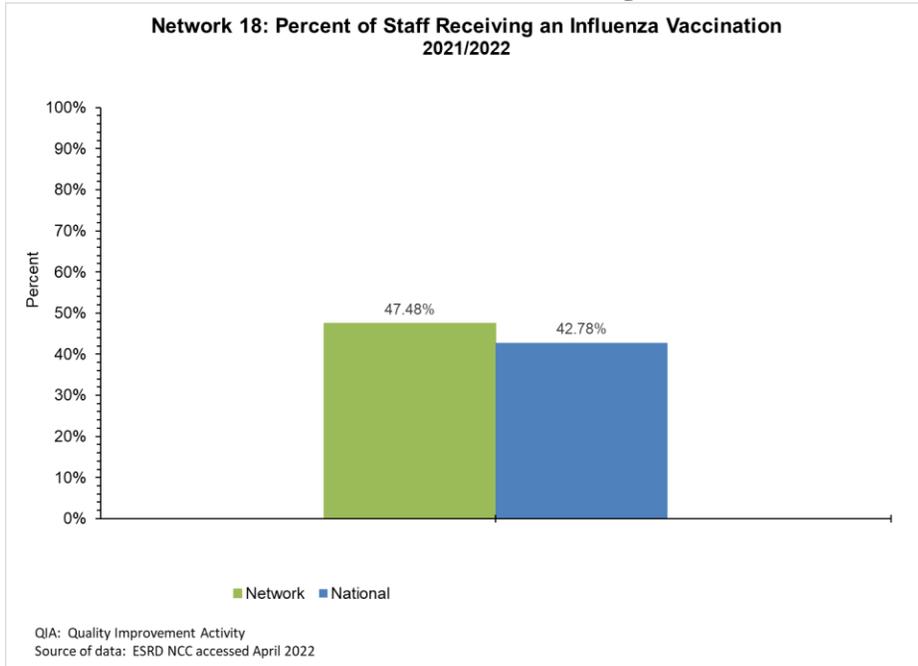


Chart BB: Network 18: Percent of Staff Receiving an Influenza Vaccination 2021-2022



Pneumococcal Vaccination QIA June-April 2022

Goals and Outcomes

The primary goals of the QIA were to:

- Achieve a 10% increase in ESRD patients receiving a Pneumococcal Conjugate vaccination 13 (PCV13) by April 2022.
- Achieve a minimum of 87% of ESRD patients receiving a Pneumococcal Polysaccharide 23 (PPSV 23) vaccination by April 2022.
- Achieve an increase of 10% of ESRD patients receiving PPSV 23 booster vaccination by April 2022.
- Achieve a minimum of 80% of ESRD patients over the age of 65 receiving a PPSV 23 vaccination by April 2022.

The QIA aimed to assist dialysis facilities by providing focused technical assistance, educational opportunities and best practices identified from community coalitions to improve patient care. By April 2022 the Network achieved 99.9% of the PCV13 goal, with 20,421 patients vaccinated (See Chart CC). Due to limited data availability for PPV23 vaccinations, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

Barriers

Barriers to achieving the QIA goals included:

- Patient hesitancy and refusal due to personal beliefs.
- Lack of consistent tracking and reporting of patient vaccinations in EQRS.

Interventions

Interventions for the QIA included:

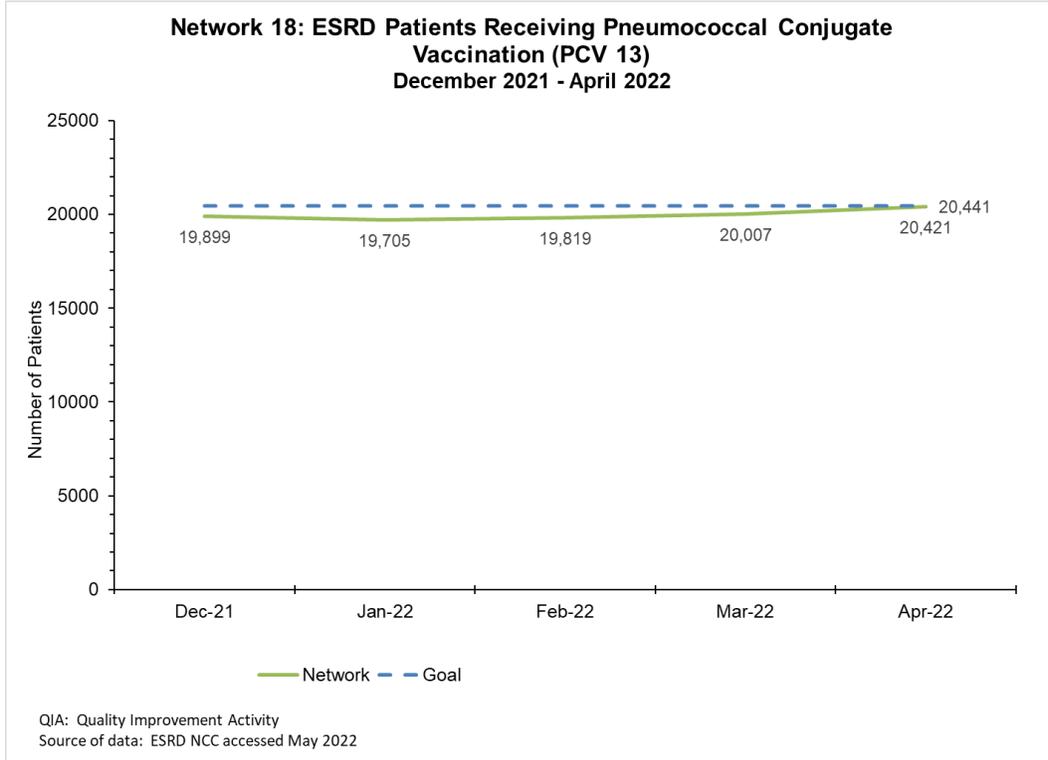
- Engaging facilities to complete an RCA and action plan related to increasing pneumococcal vaccinations.
- Sharing educational resources from reputable sources that facilities could use to educate patients during vaccination conversations.
- Providing technical assistance, including sharing best practices, to low performing facilities.
- Assisting facilities with obtaining access to EQRS and providing instructions for reporting vaccinations.

Best Practices

Best practices identified throughout the QIA by facilities include:

- Completing an RCA and action plan to identify barriers and implement resources and processes for change.
- Providing follow up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.

**Chart CC: Network 18: ESRD Patients Receiving Pneumococcal Conjugate Vaccination (PCV 13)
December 2021-April 2022**



Improving Nursing Home Care QIA June-April 2022

Goals and Outcomes

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

- Achieving a 1.36% relative decrease in the rate of catheter infections by April 2022.
- Achieving a 0.64% relative decrease in the rate of peritoneal catheter infections by April 2022.
- Achieving a 0.64% relative decrease in the rate of blood transfusions by April 2022.

The Network did not meet the goal for catheter infections with a negative 184.26% relative reduction but did meet the goal for blood transfusions with a 36.0% relative reduction. (See Charts DD and EE). There were no patients identified as receiving peritoneal dialysis in a NH in Network 18 during the contract year.

Barriers

Barriers to achieving the QIA goals included:

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

Interventions

Interventions for the QIA included:

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

Best Practices

Best practices identified throughout the QIA by facilities include:

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

Chart DD: Network 18: Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes February 2022-April 2022 (Lower values are better)

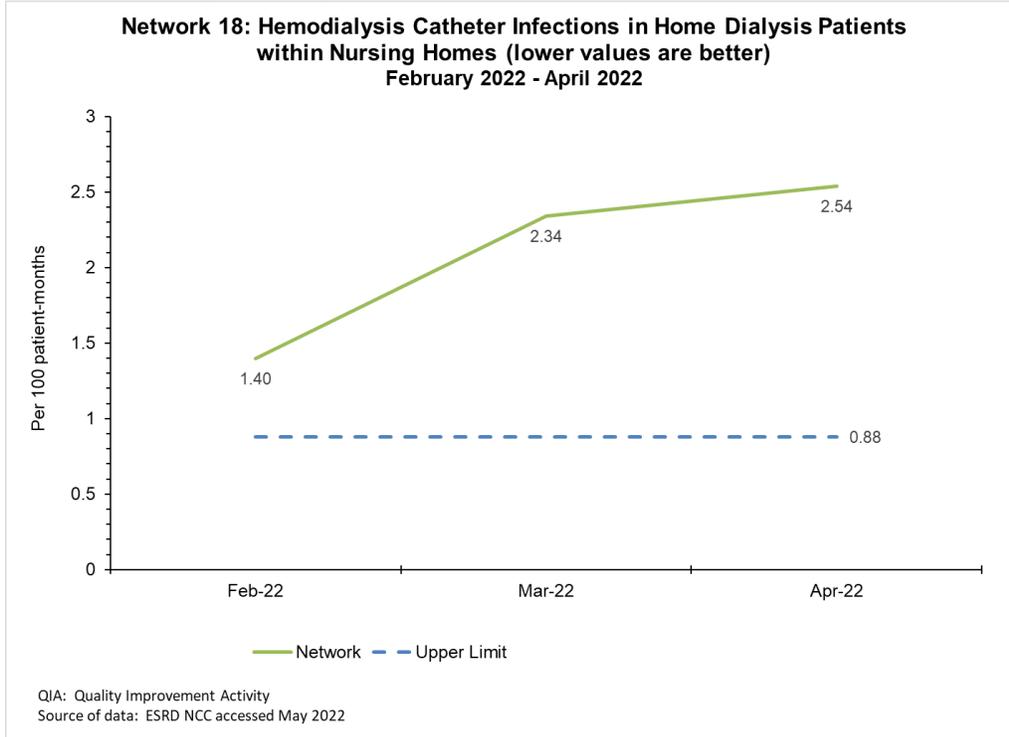


Chart EE: Network 18: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in a Nursing Home February 2022-April 2022 (lower values are better)

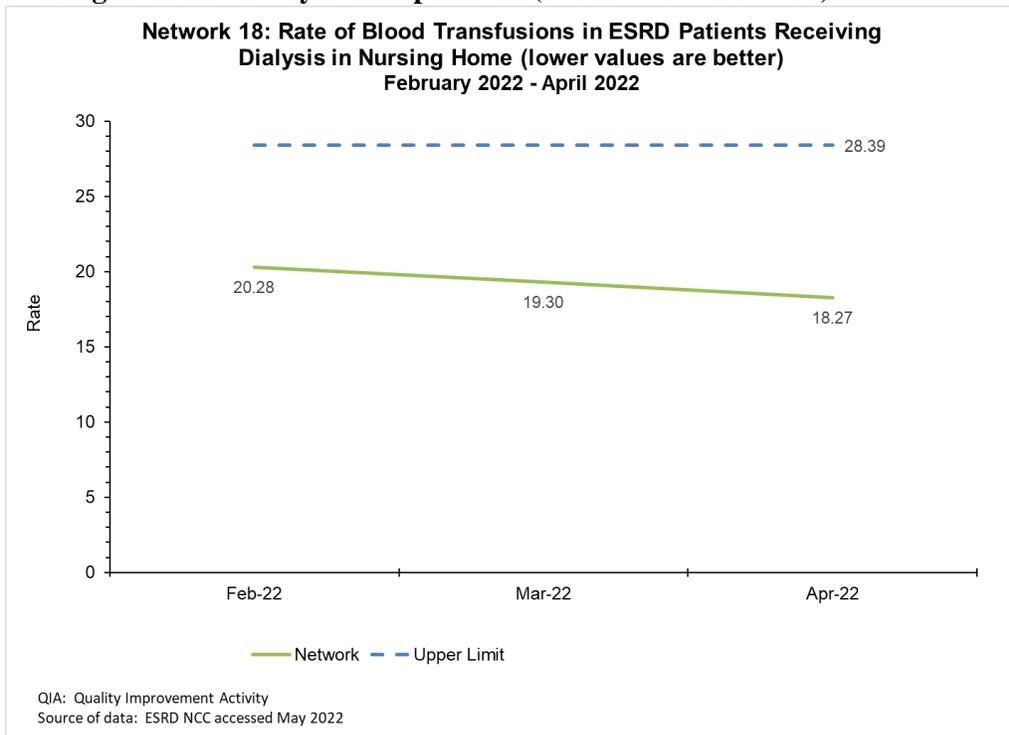
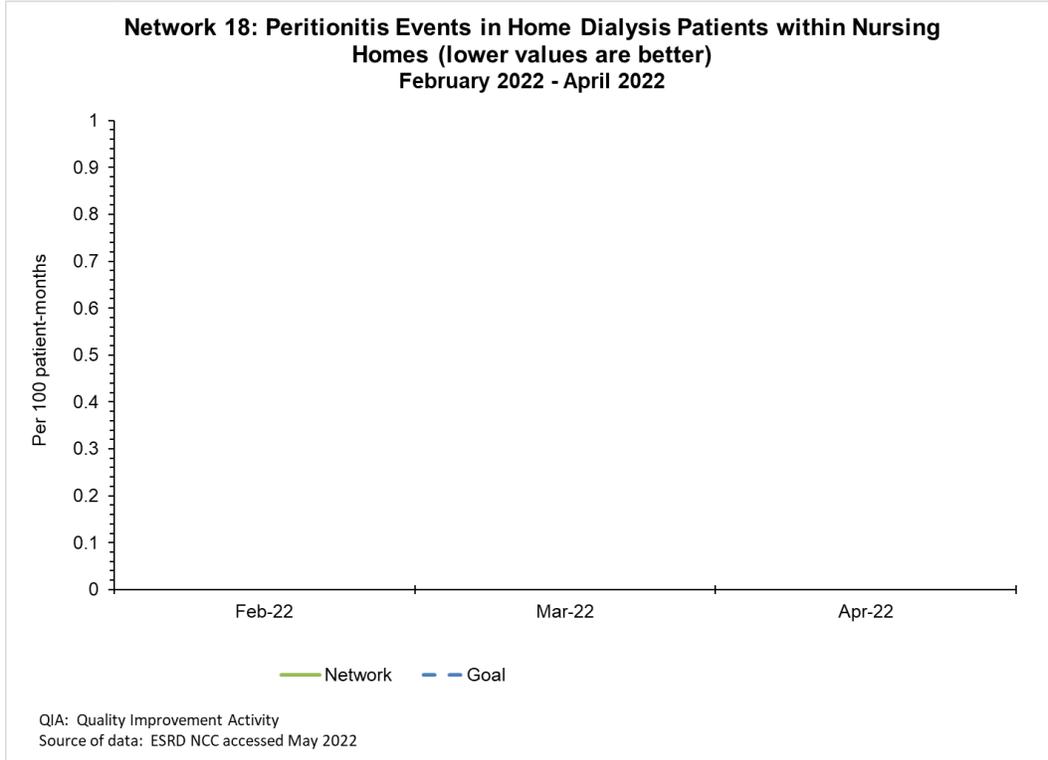


Chart FF: Network 18: Peritonitis Events in Home Dialysis Patients within Nursing Homes February 2022-April 2022 (lower values are better)



Data Quality QIA (Admissions, CMS Form 2728, CMS Form 2746) June 2021-April 2022

Goals and Outcomes

The Network's Data Quality QIA focused on improving the timeliness of submission in EQRS for the following by 2% by April 2022:

- Patient admissions data entered within five business days.
- CMS-2728 forms submitted within 45 business days.
- CMS-2746 forms submitted within 14 days of the date of death.

The QIA aimed to assist dialysis facilities by providing focused technical assistance, educational resources and feedback reports to improve data and forms submissions. The Network provided resources to all facilities via monthly emails and worked with a group of lower performing facilities on more intensive interventions.

By April 2022, the Network achieved 92.1% of the goal for admissions, 90.1% of the goal for 2728 forms and 84.9% of the goal for 2746 forms entered.

Barriers

Barriers to achieving the QIA goals include:

- Lack of dialysis facility staff time to follow up on information needed or to enter data in EQRS timely.
- Difficulty obtaining needed medical records and/or patient and physician signatures to complete forms.

Interventions

Interventions for the QIA include:

- Discussing timeliness of admissions and forms when facilities contacted the Network for technical assistance with other issues.
- Supplementing technical assistance with electronic resources (e.g., EQRS Data Management Guidelines).
- Recommending facilities focus on a key barrier for one form (e.g., physician signatures for 2728) at a time, implement an intervention (e.g., using a team approach), and test that strategy over 1-2 months.
- Focusing on identifying and completing specific forms that are coming due.
- Distributing facility-specific data reports for review, comparison, and benchmarking with internal data during QAPI meetings.

Best Practices

Best practices identified throughout the QIA by facilities include:

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

Chart GG: Network 18: Admission Data Entered within 5 Days July 2021-April 2022

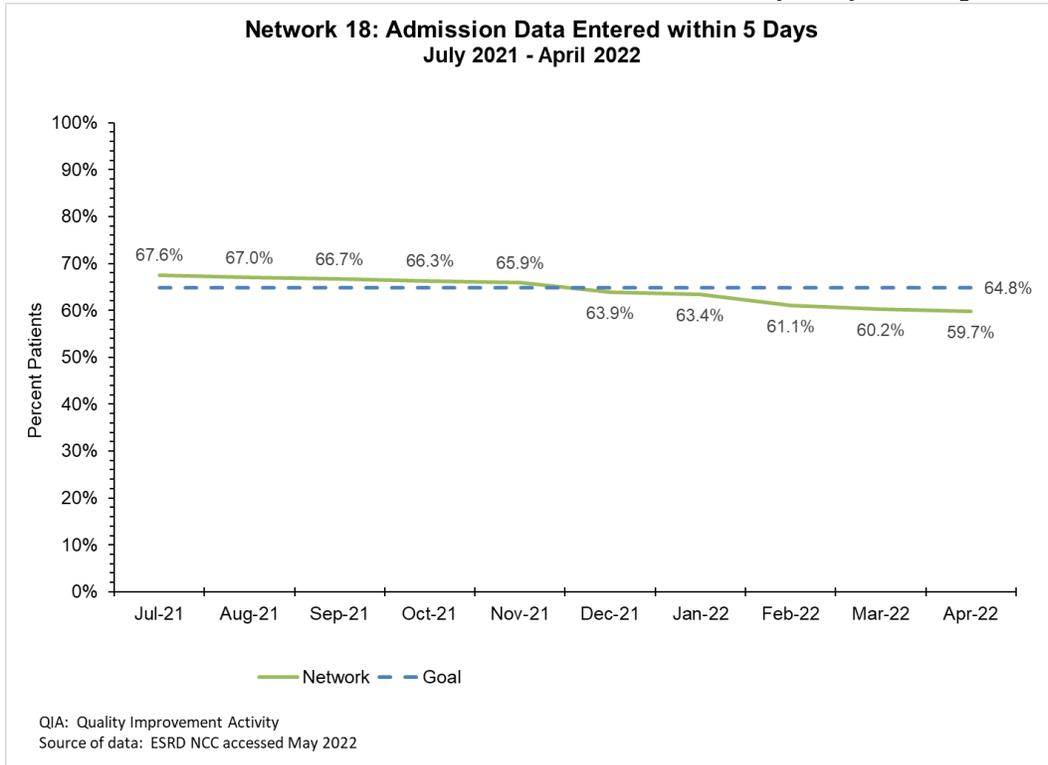


Chart HH: Network 18: CMS-2728 Forms Submitted within 45 Days July 2021-April 2022

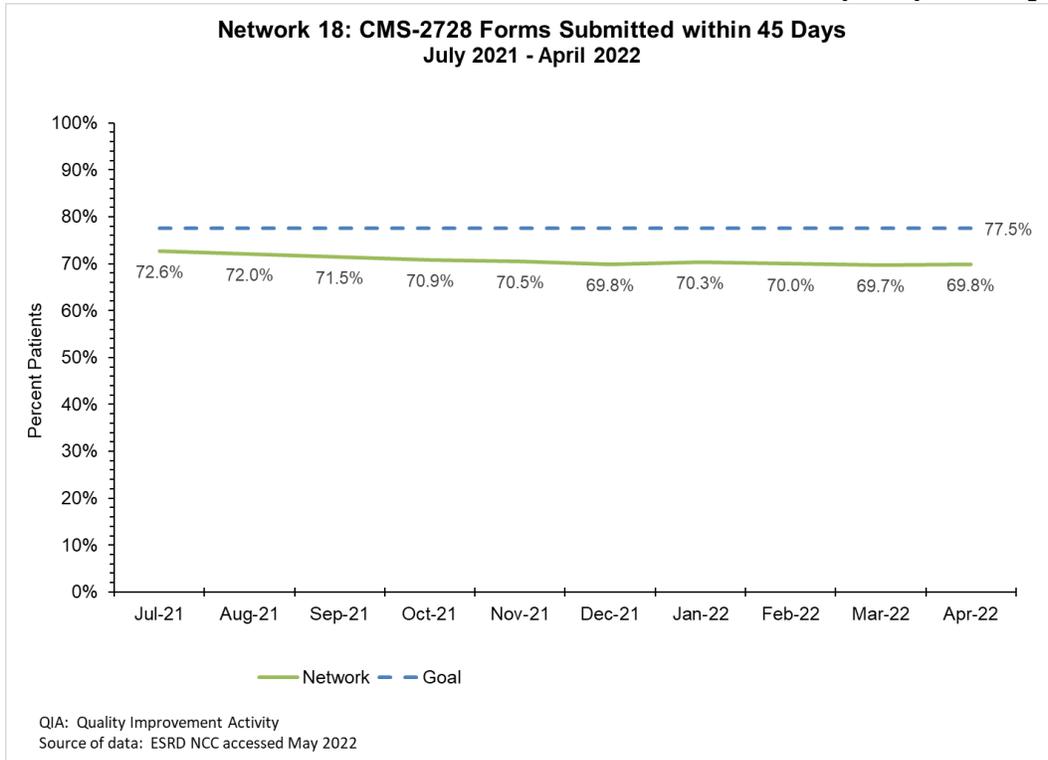
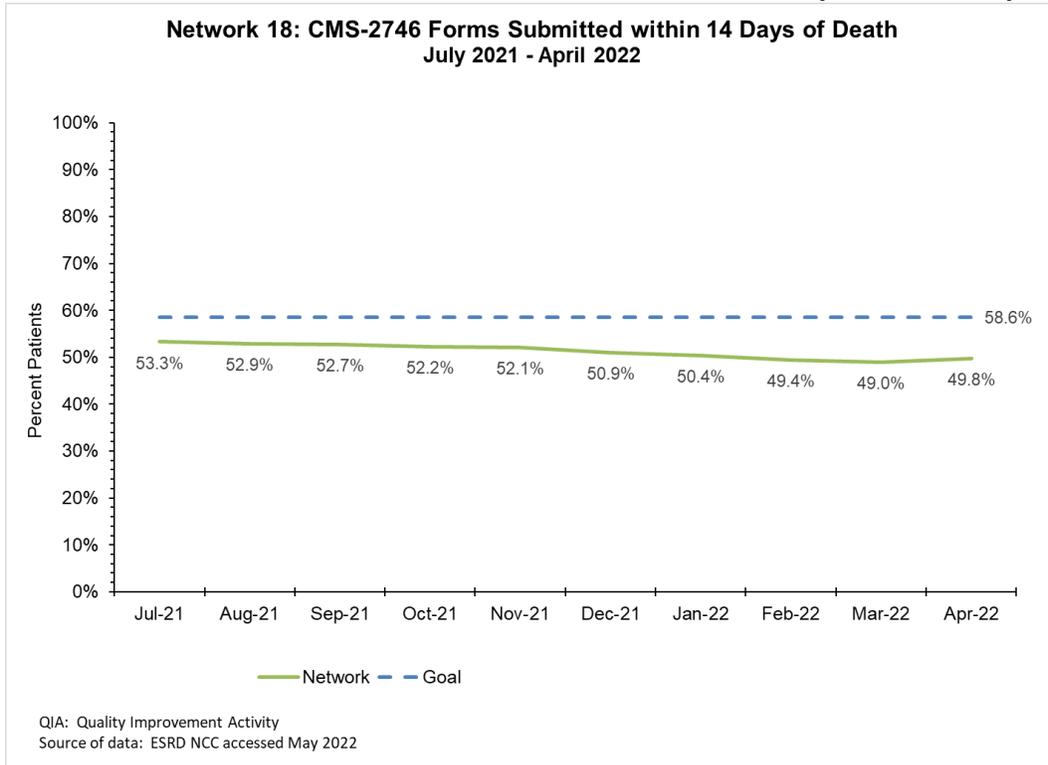


Chart II: Network 18: CMS-2746 Forms Submitted within 14 Days of Death July 2021-April 2022



Depression QIA June-April 2022

Goals and Outcomes

The QIA goals include:

- Achieving a 15% increase in the percentage of patients accurately identified as having depression through QIP.
- Achieving a 10% increase in the percentage of patients identified as having depression through QIP, who are treated by a mental health professional.

Due contract goal adjustments, the Network worked towards the goals of this QIA but was not evaluated on results through April 2022.

Barriers

Barriers identified by facilities include:

- Patients from certain cultural backgrounds can be reluctant to share mental health issues with individuals perceived to be “outside” their cultures.
- Lack of access to mental health providers, due to limited providers in certain locations or insurance coverage limits which providers can be used.
- Lack of patient motivation to pursue mental health support, due to already having to contend with the demands of dialysis treatment.

Interventions

Interventions for the QIA include:

- Conducting an environmental scan to assess how dialysis providers were providing depression screenings, what education was being provided, and what needs they had to provide mental health services in the dialysis facility.
- Disseminating educational materials to dialysis facilities via email and during technical assistance calls that could use when conducting screening and talking with patients. Examples include:
 - American Hospital Association’s (AHA) [People Matter, Words Matter](#) materials.
 - [Self-Management for Depression Zone Tool](#).

Best Practices

Best practices identified through the QIA include:

- Expanding the concept of “mental health provider” as many patients seek mental health support or treatment outside of the traditional office setting, such as through their faith community or from a community elder.
- Normalize seeking mental health support for patients by using mental health positive language, and related resources, as part of an overall strategy to increase patient comfort with discussing mental health issues.
- Providing context for mental health issues for patients by using easy to understand education that helps link emotional feelings to the concept of mental health.

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

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

In 2021, the Network did not identify any facilities that warranted a recommendation for sanctions.

Recommendations to CMS for Additional Services or Facilities

The Network did not make any recommendations to CMS for additional facilities in its service area in 2021.

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

During 2021, the Network continued to use its agile structure and emergency preparedness experience to adjust to the needs of patients and facilities during the COVID-19 pandemic. The Network's pandemic response included an all-team approach and routine assessment of needs and distribution of current information, resources, and data-targeted technical assistance.

Technical Assistance

The Network reviewed weekly KCER COVID-19 facility data and the COVID-19 Dashboard and identified facilities to target for data-driven technical assistance calls from January 1–December 31, 2021. Technical assistance included screening procedure guidance, CDC disinfection and infection prevention guidance, patient and staff educational materials on hand washing, hand sanitizer, mask wearing, social distancing, and coping with stress and COVID-19 vaccination planning, tracking, and reporting.

Collaboration Activities

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

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

Data Collection and Reporting Activities

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

Patient and Facility Education

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

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

ESRD Network 18 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.

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. Resources regarding disaster preparedness and response are provided to patients and staff via email to all facilities and discussed during technical assistance calls when facilities contact the Network's toll-free helpline. During 2021 the Network monitored for fires via Cal Fire and the InciWeb Information System and contacted local facilities to determine any impacts to the provision of outpatient dialysis services.

Below are the emergency events Network 18 responded to during 2021.

June 2021:

- The Network distributed the CAHAN Extreme Temperatures Notification to all facilities via email on 6/26/2021. The notification included reminders for facilities to:
 - Report requirements and procedures to use if they needed to evacuate and move patients due to the heat.
 - Ensure they had contingency plans in place to deal with the loss of air conditioning, or in the case when no air conditioning is available.
 - Take measures to ensure patients and residents are free of adverse conditions that may cause heat-related health complications.
- The Network received a report from a facility that had to transfer all patients to other facilities on 6/26/2021 due to air conditioning issues. The facility reopened as of 7/12/2021.

ACRONYMLIST 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.