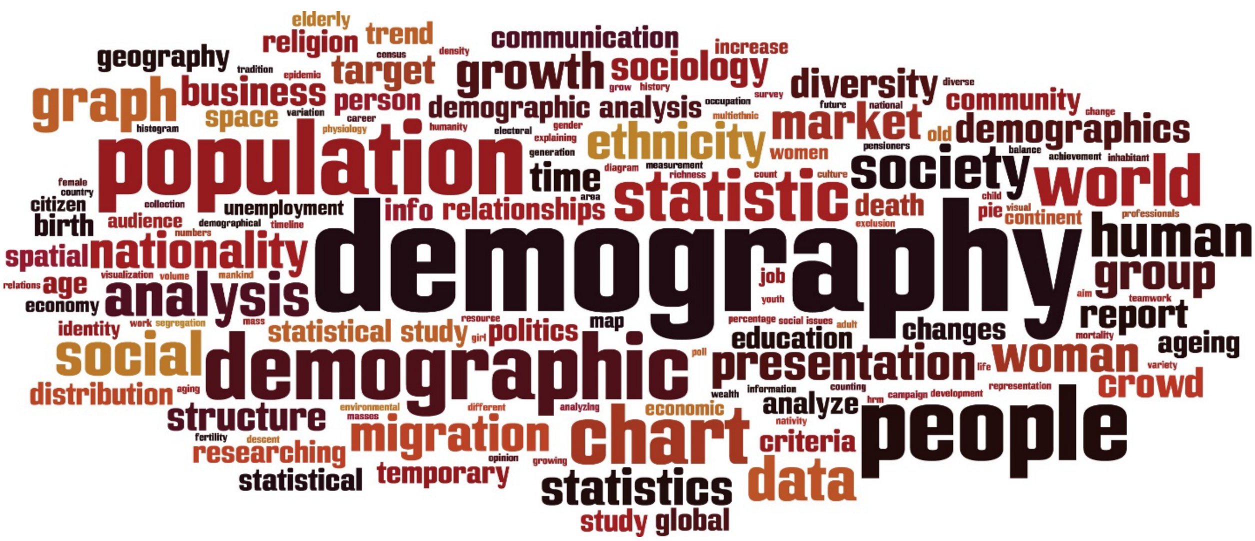
ESRD NETWORK 2023 ANNUAL REPORT

This report will cover quality improvement efforts led by End Stage Renal Disease (ESRD) Network 18 Task Order Number 75FCMC21F0005 from May 1, 2023–April 30, 2024.

ESRD Network 18

Contents

This material was prepared by HSAG: ESRD Network 18, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication Number CA-ESRD-18N4SS-06262024-01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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.

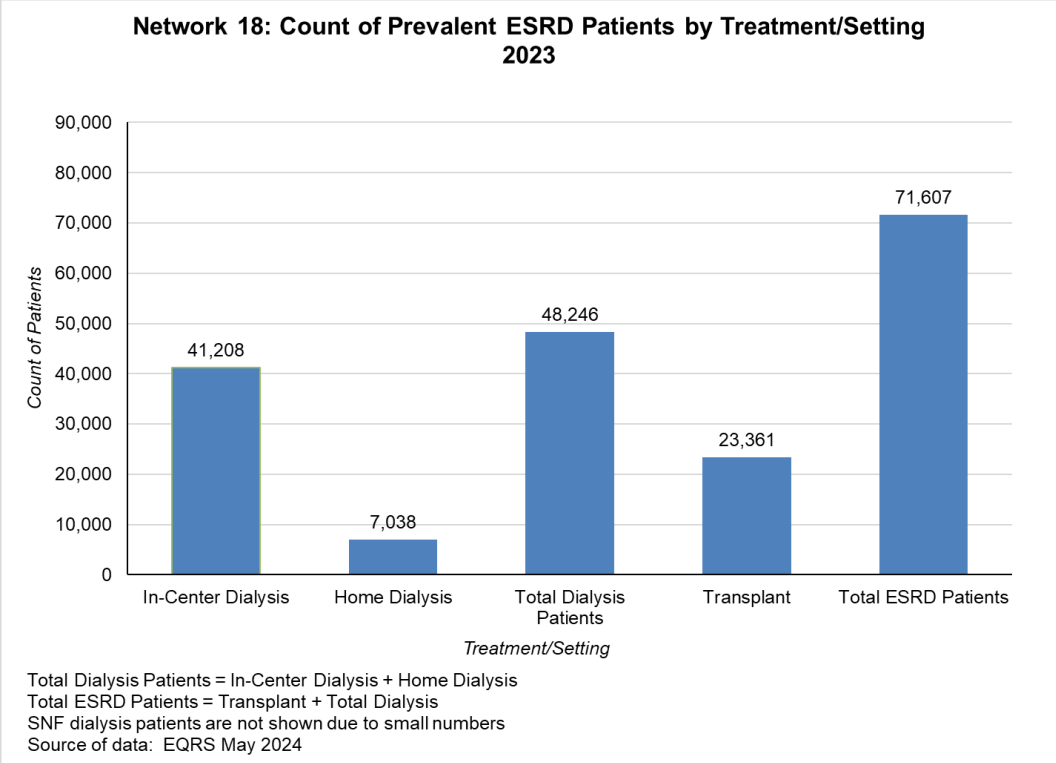
Geography and General Population

Network 18 has a combined estimated general population of 38.9 million according to the U.S. Census estimates as of July 2023.[1] 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, 2023, there were 48,246 dialysis patients and 23,361 transplant patients, for a total of 71,607 patients with ESRD in the Network 18 service area. (See Chart A) The Network saw a total of 10,472 individuals newly diagnosed with ESRD in 2023. (See Chart B) Of these patients, 14.1% (1,479) were home patients and 1.5% (162) received a transplant. As of December 31, 2023, Network 18 comprised 9.4% of the total national prevalent dialysis patient population and 8.1% of the national incident patient population. (See Charts C and D)

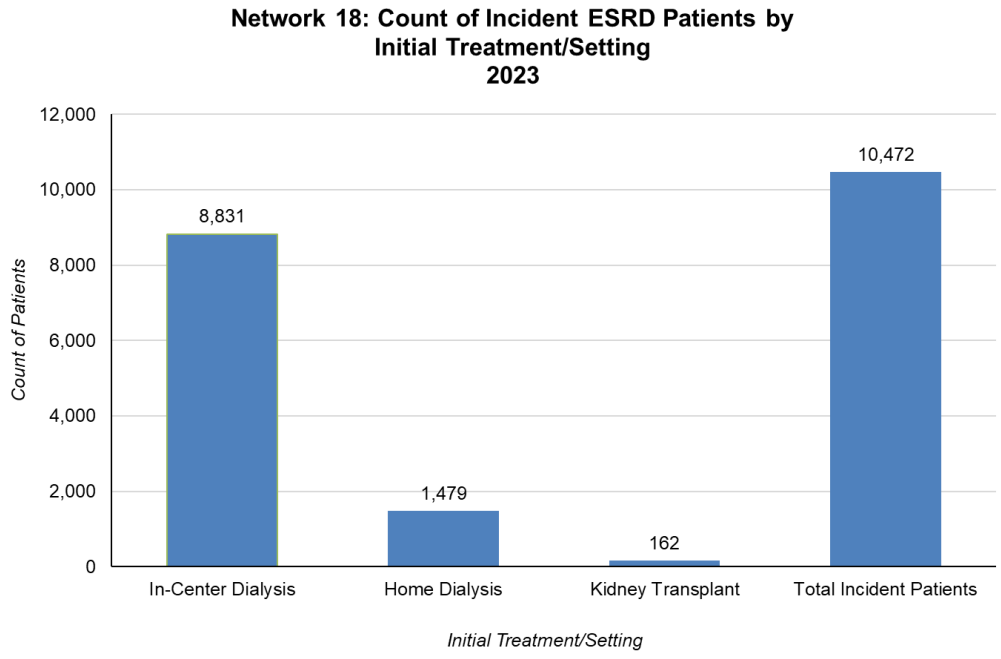
Chart A: Count of Prevalent ESRD Patients by Treatment/Setting 2023



EQRS = ESRD Quality Reporting System

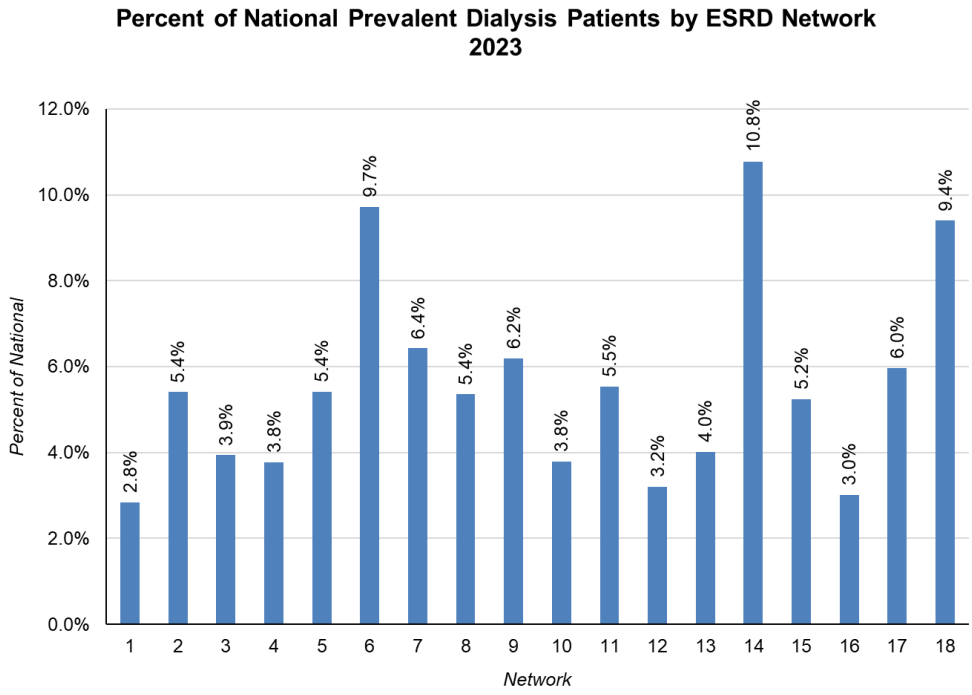
[1] United States Census Bureau. Quick Facts. Available at https://www.census.gov/quickfacts/. Accessed on June 26, 2024.

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



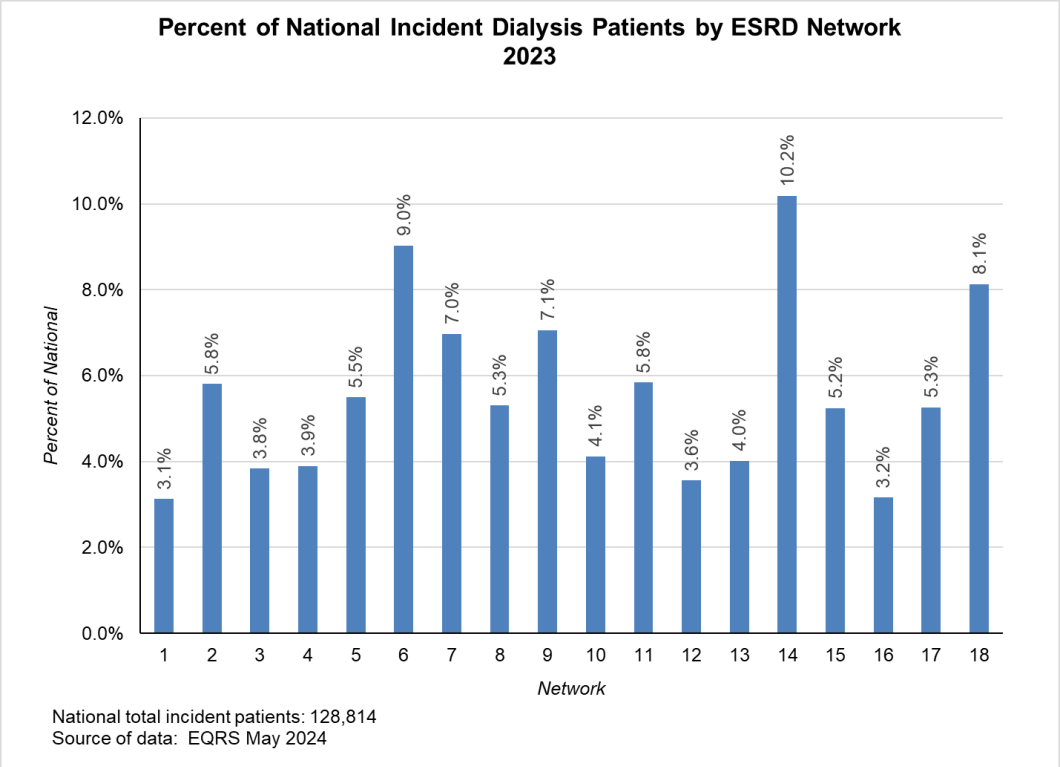
Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2024

Chart C: Percent of National Prevalent Dialysis Patients by ESRD Network 2023



National total dialysis patients: 513,225
Source of data: EQRS May 2024

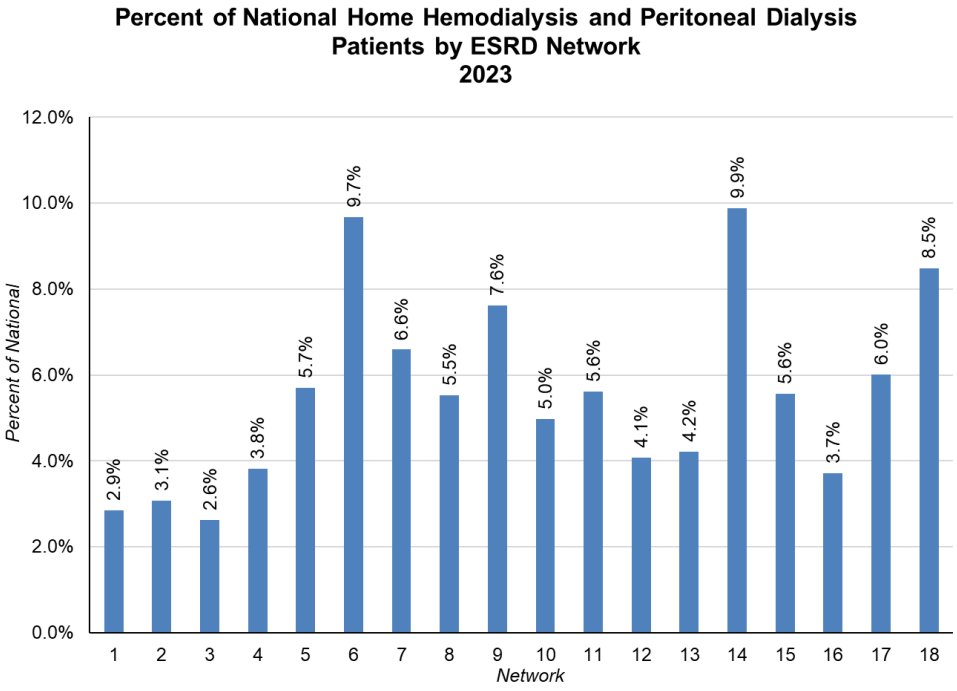
Chart D: Percent of National Incident Dialysis Patients by ESRD Network 2023



Dialysis Treatment Options

As of December 31, 2022, 85.4% of dialysis patients in Network 18 were receiving in-center hemodialysis (ICHD) treatments and 14.6% 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 8.3% of all HHD, CCPD, and CAPD patients. (See Chart E)

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

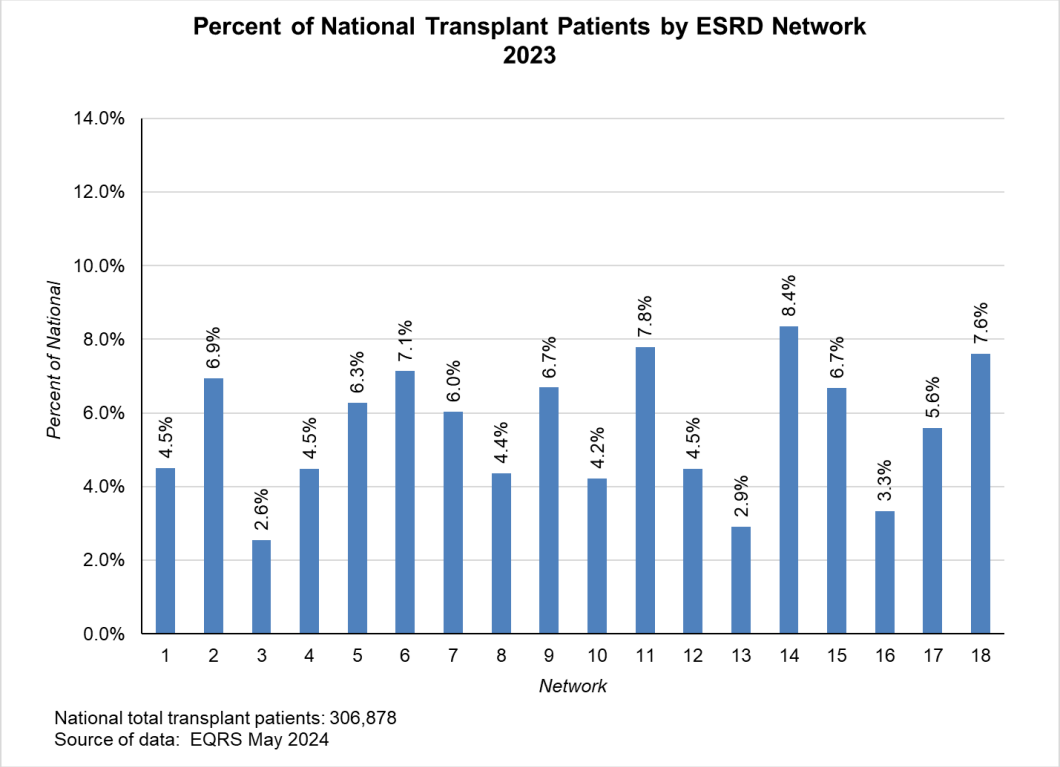


National total home hemodialysis and peritoneal dialysis patients: 82,964
Source of data: EQRS May 2024

Transplant

During 2023, transplants were completed by 14 transplant centers in the Network 18 service area. As of December 31, 2023, there were 306,878 transplant patients nationally, of which 7.6% were in Network 18. (See Chart F)

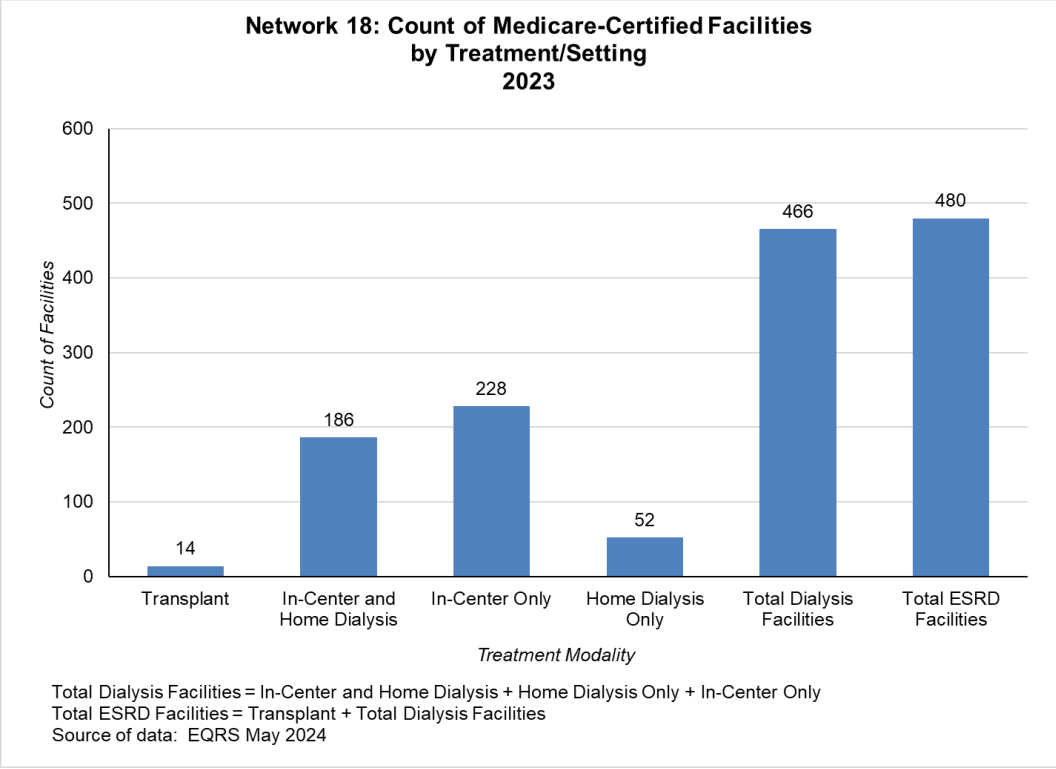
Chart F: Percent of National Transplant Patients by ESRD Network 2023



ESRD Facilities

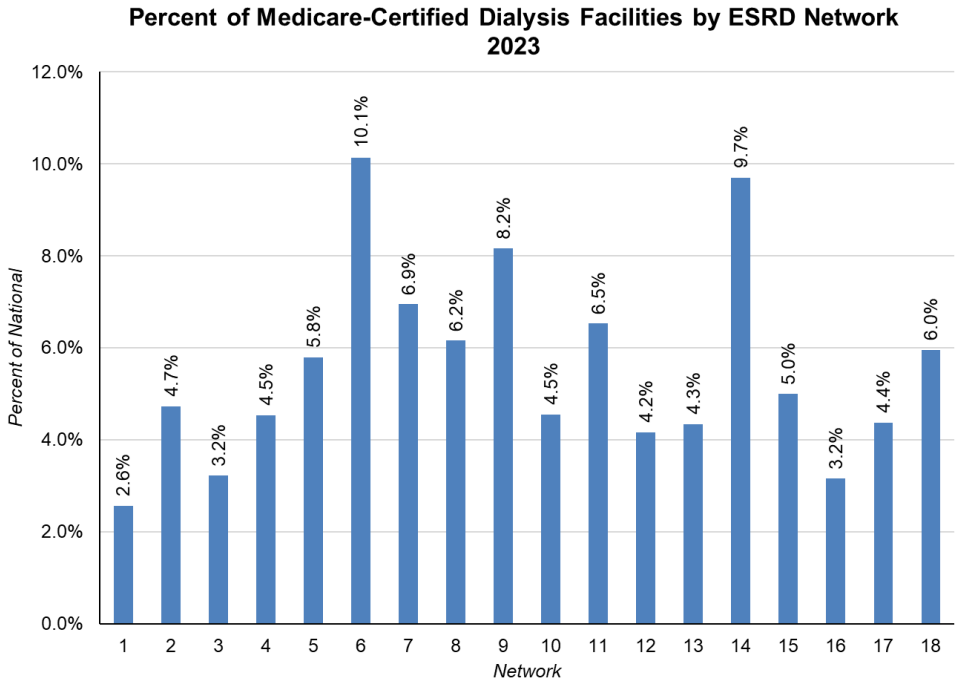
As of December 2023, Network 18's service area included a total of 480 ESRD facilities, including 466 dialysis facilities and 14 transplant facilities. (See Chart G) Nationally, Network 18 comprised 6.0% of all dialysis facilities and 6.1% of all transplant facilities. (See Chart H and See Chart I)

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



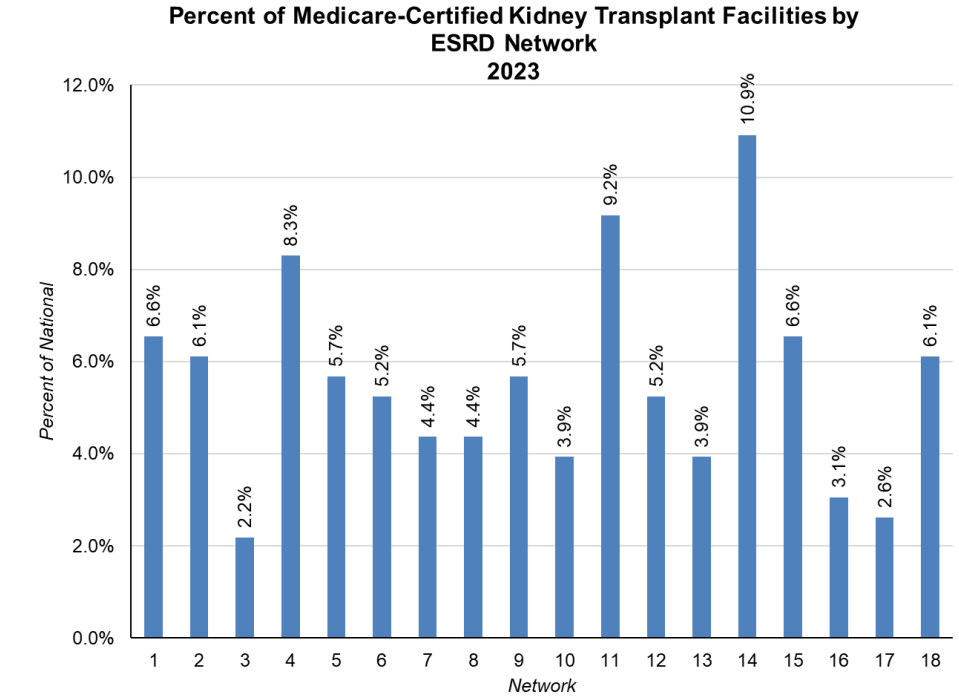
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2024

Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2023



National total ESRD Medicare-certified dialysis facilities: 7,830
Source of data: EQRS May 2024

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



National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: EQRS May 2024


compromise
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negotiation
settlement
agreement
agree
mutual
compromised
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negotiating
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successful
partnership
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understanding
argument
mediation
communication
business
deal
balance
demand
meeting
tolerance
dispute
give up
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cooperation
success
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handshake
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ESRD NETWORK GRIEVANCE AND ACCESS-TO-CARE DATA

Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. Grievances may focus on staff issues, quality-of-care issues, and/or environmental issues and fall under several categories, including clinical area of concern, general grievance, and immediate advocacy. The Network addresses immediate advocacy grievances by contacting the facility to resolve an issue within seven business days. General grievances, in which the Network addresses more complex non-quality-of-care issues, are addressed over a 60-day period. Quality-of-care grievances include more complex clinical related grievances and are addressed through records review. According to Chart J below, from May 2023 to April 2024, 5.6% of contacts to the Network were for grievances, including 3.8% for immediate advocacy, 1.5% for clinical area of concern, and 0.3% for general grievances.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns, which accounted for 69.2% of all contacts to the Network for May 2023–April 2024. (See Chart J) Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

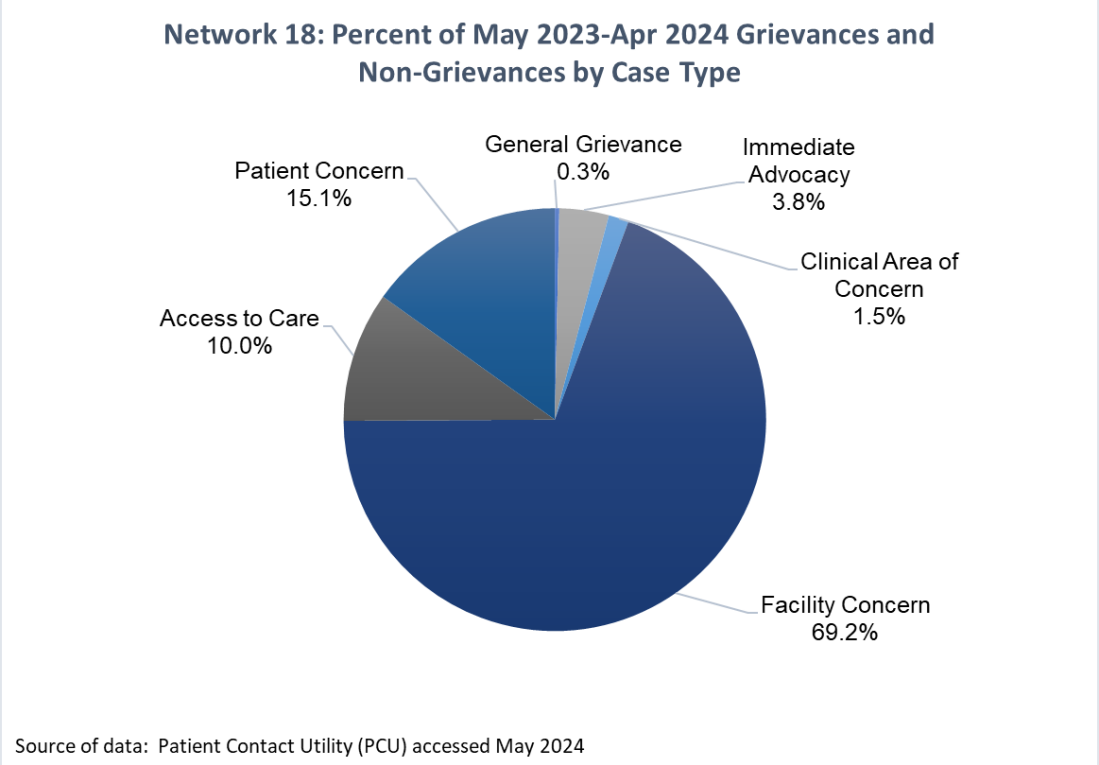
Patient Concerns

Patient concerns are general concerns or questions that patients contact the Network to discuss but are not formal complaints they want the Network to address with a facility. Patient concerns accounted for 15.1% of contacts to the Network from May 2023–April 2024. (See Chart J)

Access-to-Care Issues

The Network works with facilities and advocates for patients to avert potential access-to-care issues whenever possible. Access-to-care concerns include patients at-risk for involuntary discharge (IVD) or involuntary transfer (IVT), and patients who have not been able to permanently establish themselves with an outpatient dialysis facility. Access-to-care issues accounted for 10.0% of contacts to the Network from May 2023–April 2024. (See Chart J)

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



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


metrics
product
target
best practice
indicator
procedure
industry best
quality
process
standard
continuous
professional
management
education
business
performance
result
cost
advice
proven
technology
measurement
progress
benchmarking
development
comparing
comparison
control
time
information
strategy
industry
success
test
functional
improvement
plan
benchmark
reference
expert
measure
compare
knowledge
solution
financial
methodology
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survey

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY (QIA) DATA

Transplant Waitlist & Transplanted QIA May 2023–April 2024

Goal and Outcomes

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

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

By April 2024, the number of patients added to a transplant waitlist was 2,512, which exceeded the goal of 2,066 by 21.6%. (See Chart K) The number of patients receiving a transplant was 1,749, which exceeded the total goal of 1,579 by 10.8%. (See Chart L)

Barriers

Barriers to meeting the QIA goals included:

- Lack of a structured communication process between the dialysis facilities and transplant centers to readily track and expedite the flow of information.
- Patient level psychosocial issues, including caregiver support, insurance coverage and financial barriers.
- Long waits for scheduled appointments needed to complete the evaluation process.
- Multiple transplant centers with wide variety of referral processes and eligibility criteria leading to confusion for dialysis facility staff and patients.
- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.

Interventions

Interventions implemented included:

- Providing dialysis facilities with technical assistance to review available data, conduct a facility specific root cause analysis (RCA), and recommend resources and interventions to include in the facility's action plan.
- Building a workable, structured communication process with the transplant centers to facilitate ongoing communication for referrals, telehealth appointments, information on support groups and status updates.
- Tracking and documenting each patient's referral, evaluation, and progress through the process being added to the transplant waitlist.
- Using a Network-developed Quality Assurance and Performance Improvement (QAPI) tracking and reporting form to lead discussion of transplant and progress toward waitlisting and transplant goals in facility monthly QAPI meetings.
- Providing the following resources for facilities to use for on-going education of staff and patients related to transplant:
    - Instructions for using the ESRD National Coordinating Center's (NCC's) *Transplant Change Package*.
    - Education on receiving a kidney with a higher Kidney Donor Profile Index (KDPI) (e.g., *Better Than Dialysis Kidneys* and *Understanding the Journey from Referral to Transplant Waitlisting*) to encourage increased involvement by the interdisciplinary team (IDT) in promoting transplant.

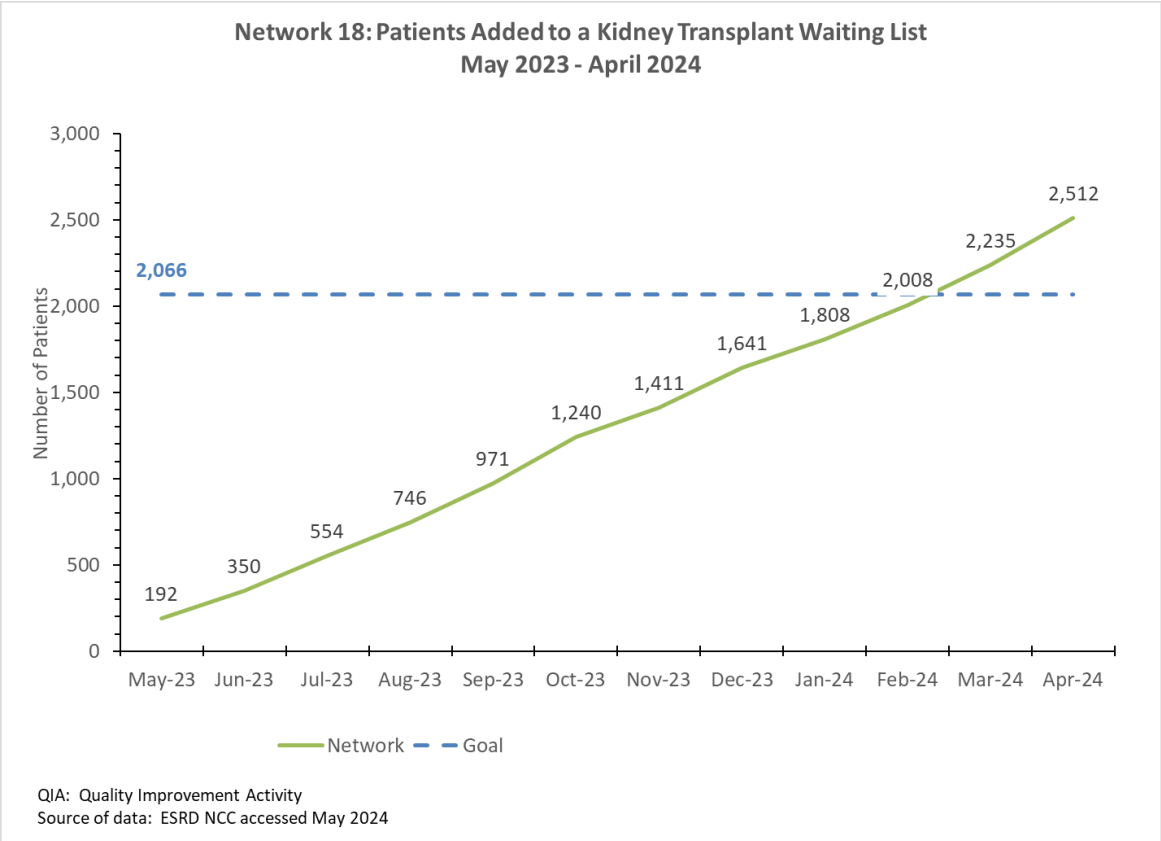
- Information regarding the ESRD Quality Reporting System (EQRS) Transplant Dashboard and how facilities can access and use it to ensure patients are aware of their transplant status.
- Engaging patients with the Kidney Transplant Hub resources.

Best Practices

Best practices identified from the QIA included:

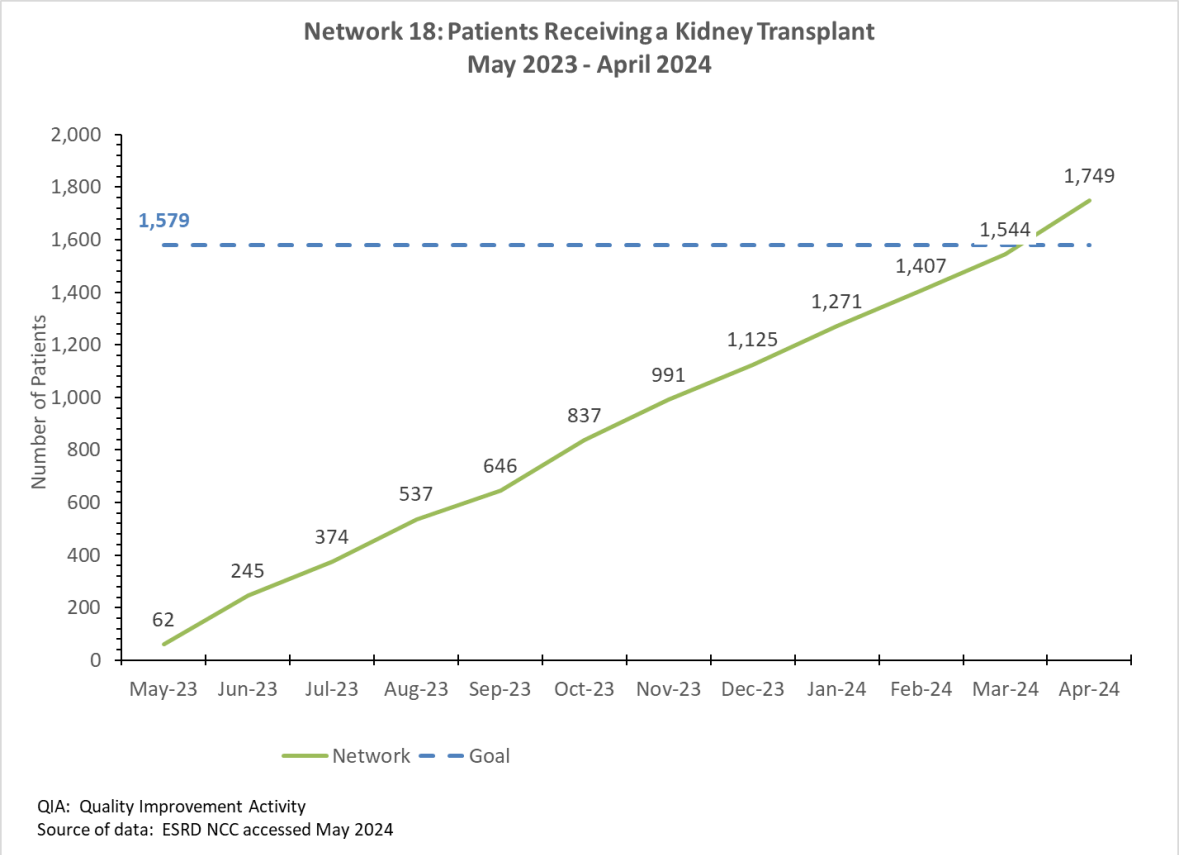
- Developing relationships with transplant coordinators to effectively communicate patient status updates consistently and to collaboratively provide the patient with support to increase the opportunity for waitlisting.
- Involving the entire team in educating and supporting patients throughout their transplant journey to manage issues and provide encouragement during the long process of waitlisting and staying prepared for transplant.
- Using the *Transplant Change Package* as a resource to overcome barriers using proven successful interventions.
- Providing case management to assist patients with their specific barriers and collaborating with transplant center staff for mitigation strategies.
- Engaging a focus group of patients to review and provide feedback on educational materials, such as high KDPI kidneys and living donation.

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



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

Chart L: Patients Receiving a Kidney Transplant May 2023–April 2024



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

Home Therapy QIA May 2023–April 2024

Goals and Outcomes

The Home Therapy QIA that was implemented May 2023–April 2024 included two goals:

- Achieve a 30% increase from the 2020 baseline in the number of incident ESRD patients who start dialysis using a home modality by April 2024.
- Achieve a 12% increase from the 2020 baseline in the number of prevalent ESRD patients who move to a home modality by April 2024.

By April 2024, 1,631 incident patients started on home dialysis and 1,527 prevalent patients transitioned to home dialysis. This is achievement of 73.7% towards the incident goal and 87.2% towards the prevalent transition goal. (See Charts M and N)

Barriers

Barriers to meeting QIA goals included:

- Lack of staff time to focus on home modality education.
- Home training nurse shortages.
- 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 to develop a "home dialysis" culture at the facility.
- Patient resistance to changing modalities due to comfort on in-center dialysis.
- Patients do not have the physical space to store supplies or perform dialysis at home.

Interventions

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

- Providing targeted technical assistance and resources to facilities based on their RCA and choice of *Home Change Package* drivers.
- Promoting communication between physicians, and in-center and home dialysis program staff to establish early education of patients regarding home modalities.
- Providing patient educational resources for use by physicians in their offices, hospitals, and acute dialysis programs.
- Collaborating with a home dialysis program to provide in-person or telehealth education to patients and families regarding home dialysis.
- Connecting interested patients with peer mentors or virtual patient support groups.
- 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*.

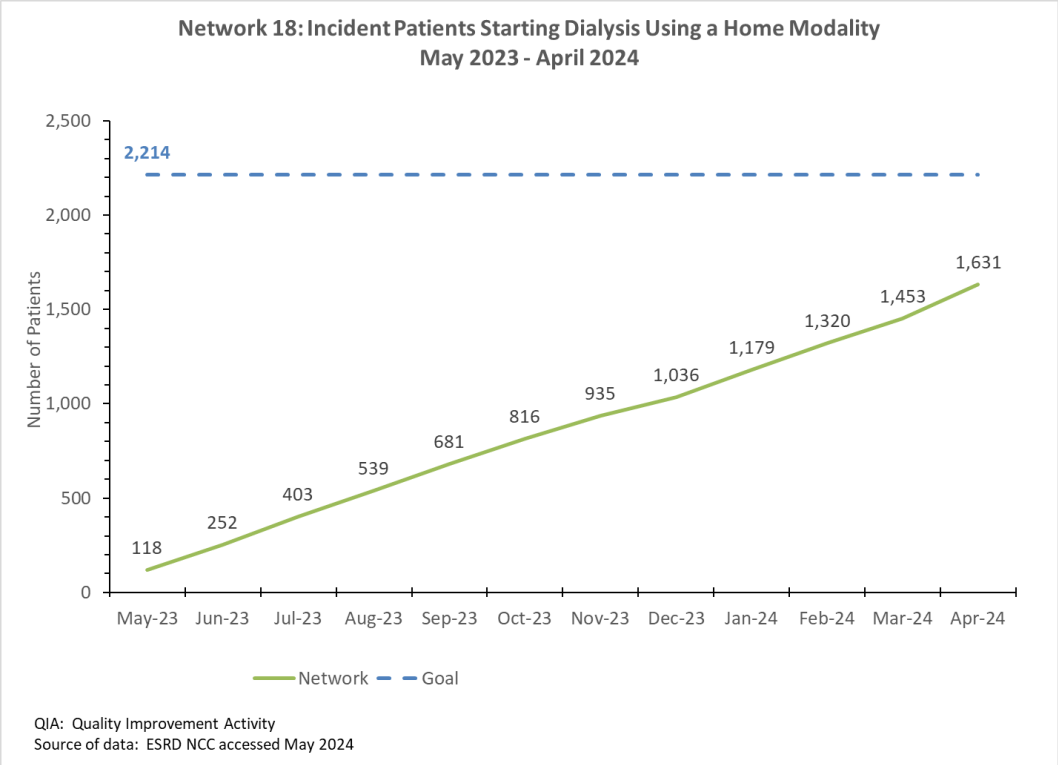
Best Practices

Best practices identified through the QIA include:

- Using the *Home Change Package* interventions to mitigate facility barriers to home dialysis.
- Implementing an "all team" approach by creating a process to educate staff so they can talk with patients and discuss progress during the monthly QAPI meetings.

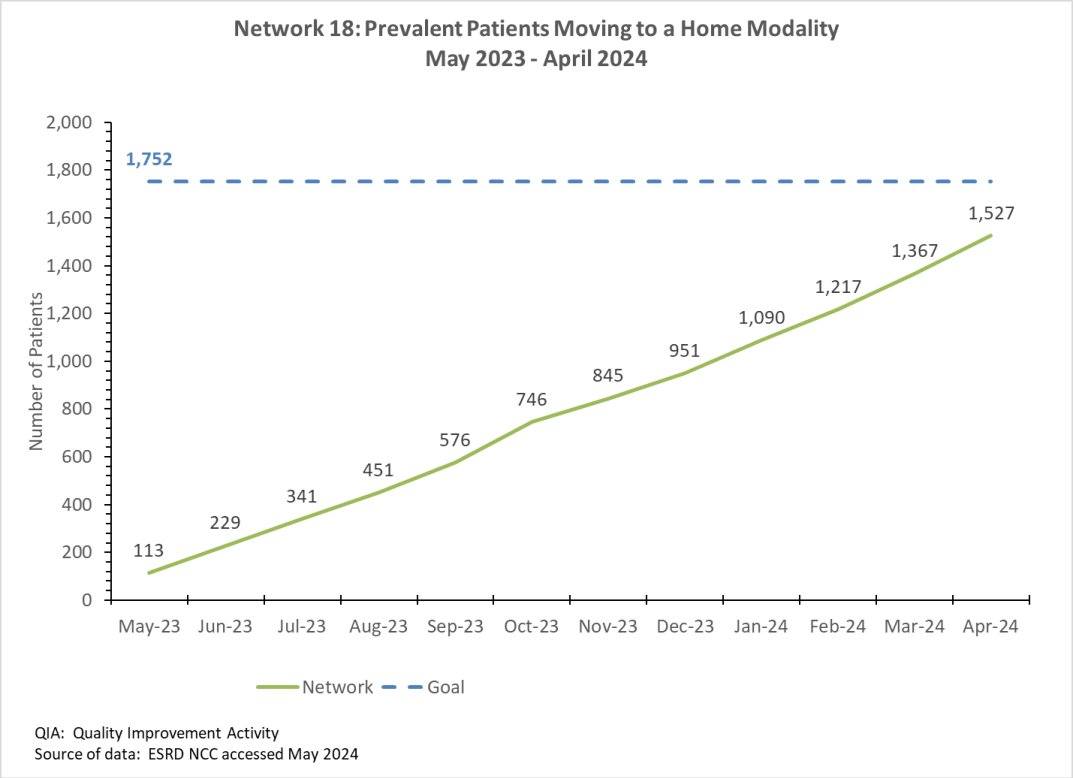
- Ensuring collaboration between the in-center dialysis facilities and home programs for continuity of patient education and care.
- Increasing collaboration between home program staff and nephrologists to assist with providing early education to office patients.
- Connecting with hospital dialysis staff in their area to promote home modalities and share resources.
- Sharing resources and information with physicians to encourage early patient referrals to home dialysis.
- Focusing on modality education with new patients before they get too comfortable on in-center dialysis.
- Distributing the article, *Traveling the U.S. with an RV and Home Hemodialysis* from Home Dialysis Central to give a specific example of patients thriving on a home modality with limited space.
- Completing home visits to evaluate the storage space available and problem solve based on the patient's individual needs.

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



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

Chart N: Prevalent Patients Moving to a Home Modality May 2023–April 2024



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

Telemedicine QIA May 2023–April 2024

Goals and Outcomes

The goal of the Telemedicine QIA was to increase the number of rural ESRD patients using telemedicine to access a home dialysis by 5% by April 2023. The Network did not have any home patients who were designated as living in a rural area based on county populations for this QIA. (See Chart O) The Network continued to distribute resources regarding the use of telemedicine and encouraged its use with all home patients.

Interventions

The following interventions were implemented:

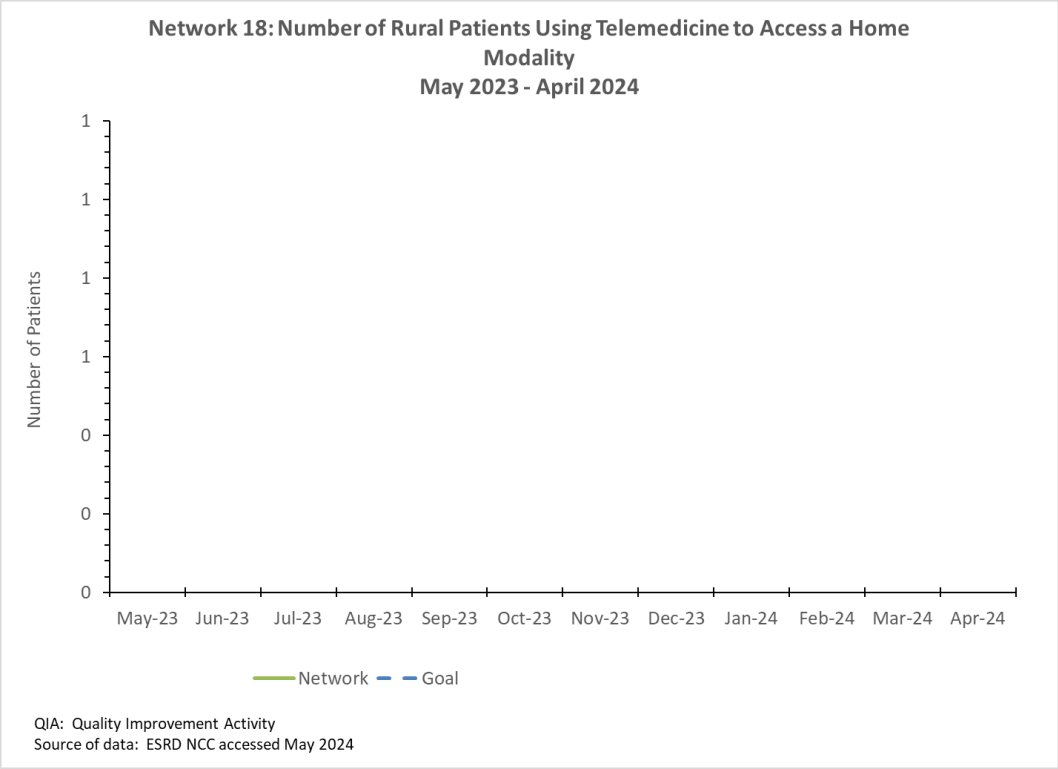
- Providing facilities with educational resources and technical assistance to implement telemedicine in the home dialysis program.
- Distributing information to all facilities regarding how to report telemedicine visits in EQRS, including a step-by-step guide to reporting.
- Reminding staff about the definition of telehealth as it relates to the QIA and tracking monthly activities.

Best Practices

Best practices identified include:

- Educating all patients regarding the option to use telemedicine.
- Exploring and addressing barriers to using telemedicine with patients (e.g., no access to broadband, language barriers).
- Using the Telehealth Tip Sheet created by the Network with FAQ's for documenting monthly visits.

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



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

Reducing ESRD Related Inpatient Admissions, 30-Day Unplanned Readmissions and Emergency Department (ED) Visits QIA May 2023–April 2024

Goals and Outcomes

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

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

Although the Network did not remain under the upper limit for Inpatient Admissions and ED Visits, it did remain under the upper limit for 30-day Readmissions. (See Charts P, Q, R)

Barriers

Barriers to achieving the QIA goals included:

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

Interventions

Dialysis facility interventions for the QIA included:

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

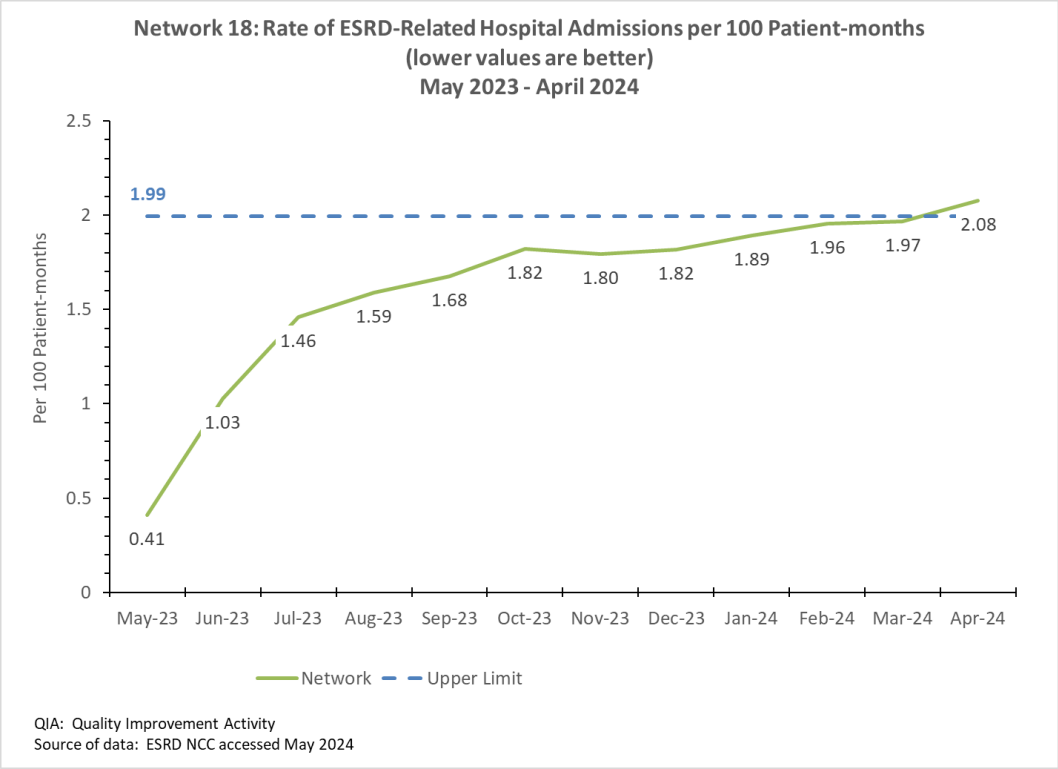
- Educating patients and staff on areas of improvement based on the RCA and action plan.
- Addressing nonadherent patients with open communication and motivational interviewing.
- Tracking and monitoring interventions, outcomes, and identified metrics to identify increases in unplanned hospital use and prevent future use.
- Engaging in technical assistance from the Network to address barriers, discuss individual patient challenges and to receive tools and strategies to keep patients out of the hospital.
- Working with patients and caregivers to better understand unplanned hospital use events to provide education and resources to avoid future hospital visits.

Best Practices

Best practices identified by QIA facilities include:

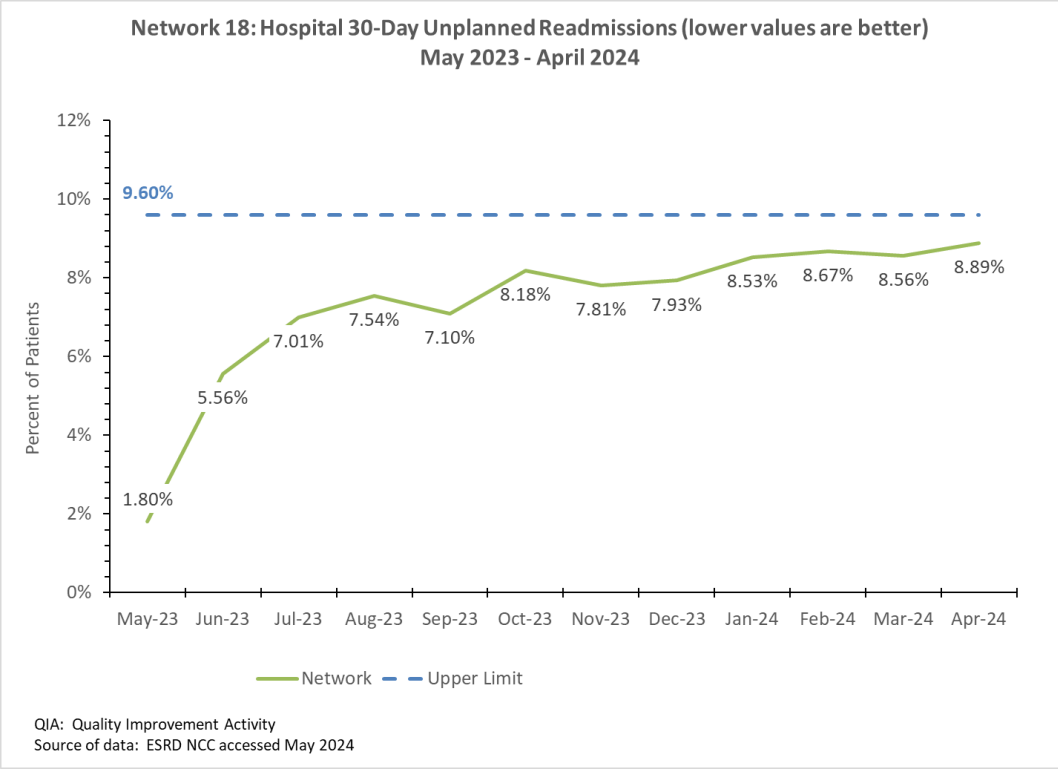
- Using a team approach to patient education, tracking of events, and implementing interventions.
- Focusing on interventions that address the top identified diagnoses, including sepsis, that cause hospital admissions and readmissions.
- Completing a post-hospitalization checklist for each patient returning to the facility with a focus on lessons learned to avoid a future hospital stay and implementing the discharge instructions.
- Communicating with hospital discharge planners before and after discharge to address barriers to successfully transitioning the patient back home and to recommend services and complete medical appointment scheduling.
- Engaging skilled nursing facility staff to communicate about patient care needs and conditions and create a plan so that unplanned hospital use is avoided.
- Focusing on patient dry weight management, including performing regular dry weight reviews, scheduling patients for additional treatments, providing enhanced patient education, and training staff on proper weighing of patients.
- Addressing patients in need of a primary care provider.
- Providing case management to patients who are high utilizers of hospital services.

Chart P: Rate of ESRD-Related Hospital Admissions per 100 Patient-Months May 2023–April 2024



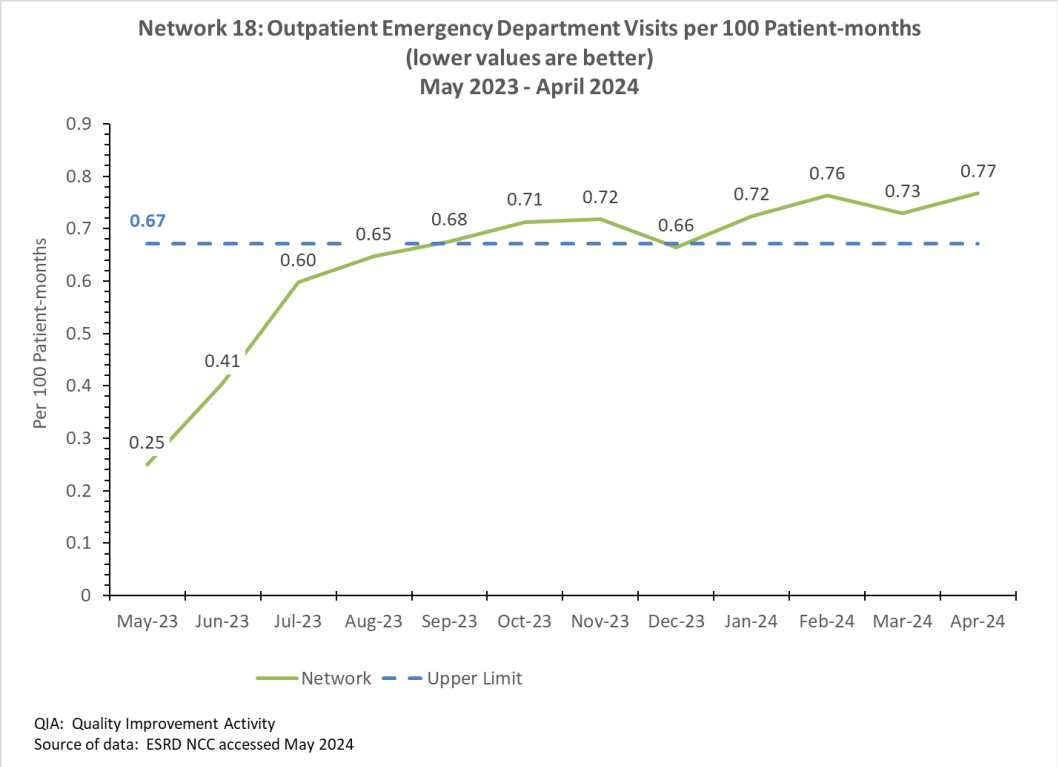
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart Q: Hospital 30-Day Unplanned Readmissions May 2023–April 2024



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

Chart R: Outpatient Emergency Department Visits per 100 Patient-months May 2023–April 2024



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

COVID-19 Vaccinations for Patients and Staff QIA May 2023–April 2024

Goals and Outcomes

The QIA focused on the following goals:

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

Barriers

Barriers to achieving the QIA goals include:

- Tracking vaccinations received by patients and staff outside the facility.
- Facilities having stopped providing the vaccination or decreased the frequency that vaccinations were offered.
- Patient and staff hesitancy and refusal based on religious and/or personal beliefs.
- Transportation barriers for patients or staff that needed to receive the vaccines outside of the facility.
- Trust barriers caused by the everchanging scientific-based information provided to the public for the different COVID-19 vaccines.
- Facility staff do not have access to National Healthcare Safety Network (NHSN), or vaccination counts are not consistently reported in NHSN.

Interventions

Interventions for the QIA include:

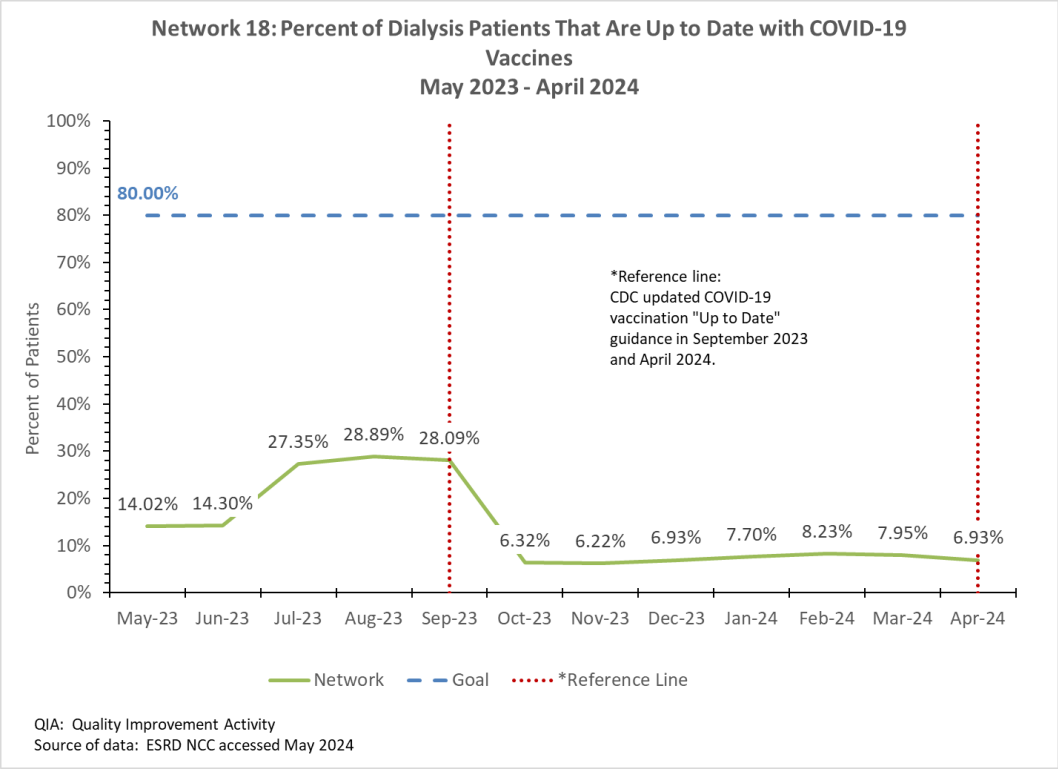
- Providing facilities with targeted technical assistance to complete an RCA and action plan related to improving COVID-19 vaccinations.
- Implementing the *Change Package to Increase Vaccinations* and its primary and secondary drivers.
- Sharing educational resources from reputable sources that facilities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

Best Practices

Best practices identified from the QIA include:

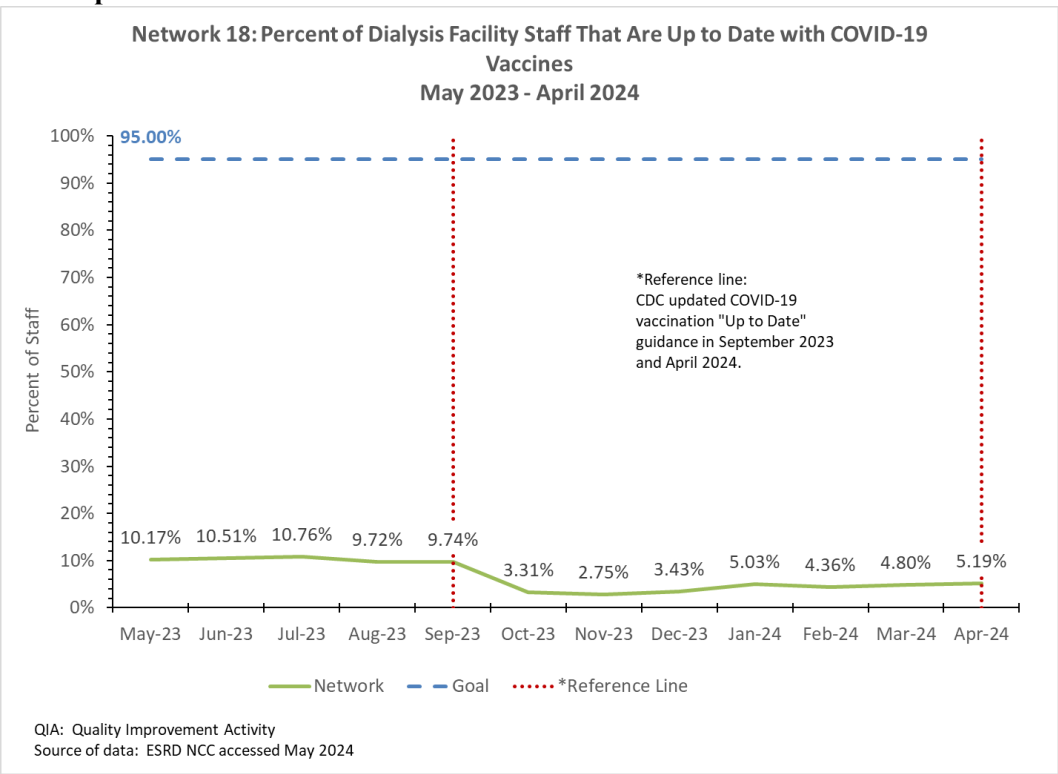
- Completing an RCA and action plan to identify barriers and implementing change ideas from the *Change Package to Increase Vaccinations* to create processes for change.
- Using Network-provided resources, such as *What Kidney Patients Need to Know About the COVID-10 Vaccine* and *Guidance to Increase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

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



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

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



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

Influenza Vaccination QIA May 2023–April 2024

Goals and Outcomes

The two primary goals of the QIA were to:

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

By April 2023, 77.9% of patients received an influenza vaccination. Reporting of staff vaccinations was limited, reflecting 44.2% of staff vaccinated for influenza by April 2024. (See Charts U and V)

Barriers

Barriers to achieving the QIA goals included:

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

Interventions

Interventions for the QIA included:

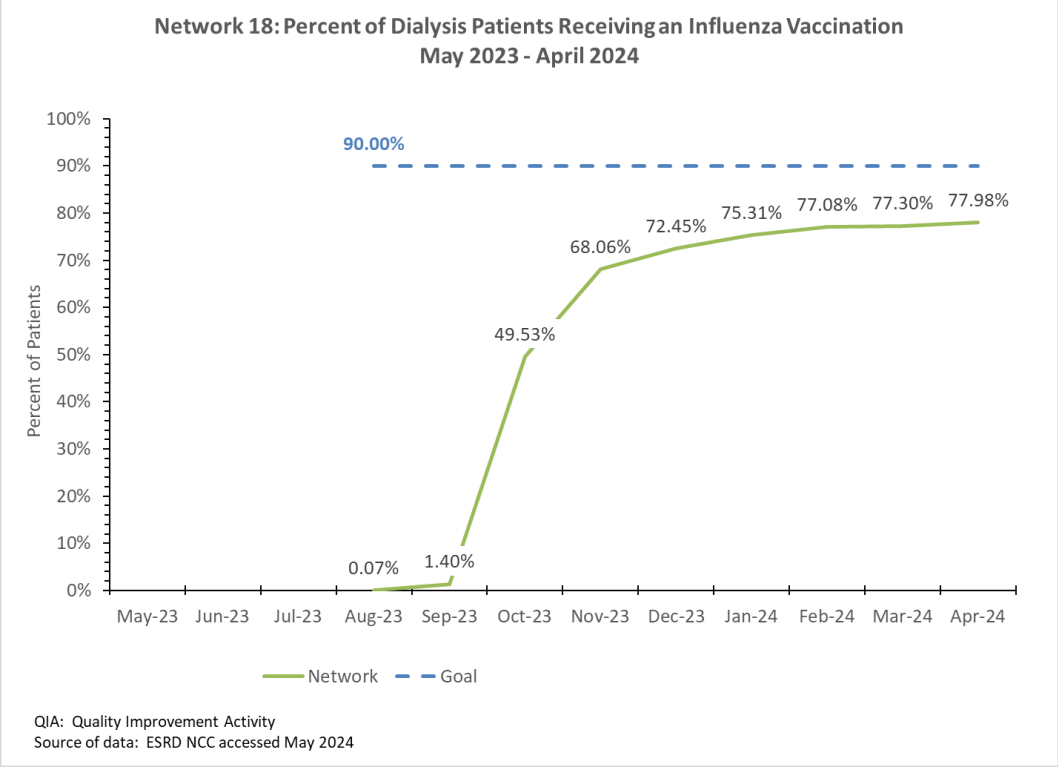
- Providing targeted technical assistance to facilities to complete an RCA and use the *Change Package to Increase Vaccinations* and its primary and secondary drivers (e.g., Achieve a High-Performing Culture and Implement Quality Improvement Strategies).
- Sharing Influenza Vaccination Campaign materials and other resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Assisting facilities with manual reporting and collaborating with corporate dialysis leadership to improve batch reporting of vaccinations in EQRS.

Best Practices

Best practices identified from the QIA include:

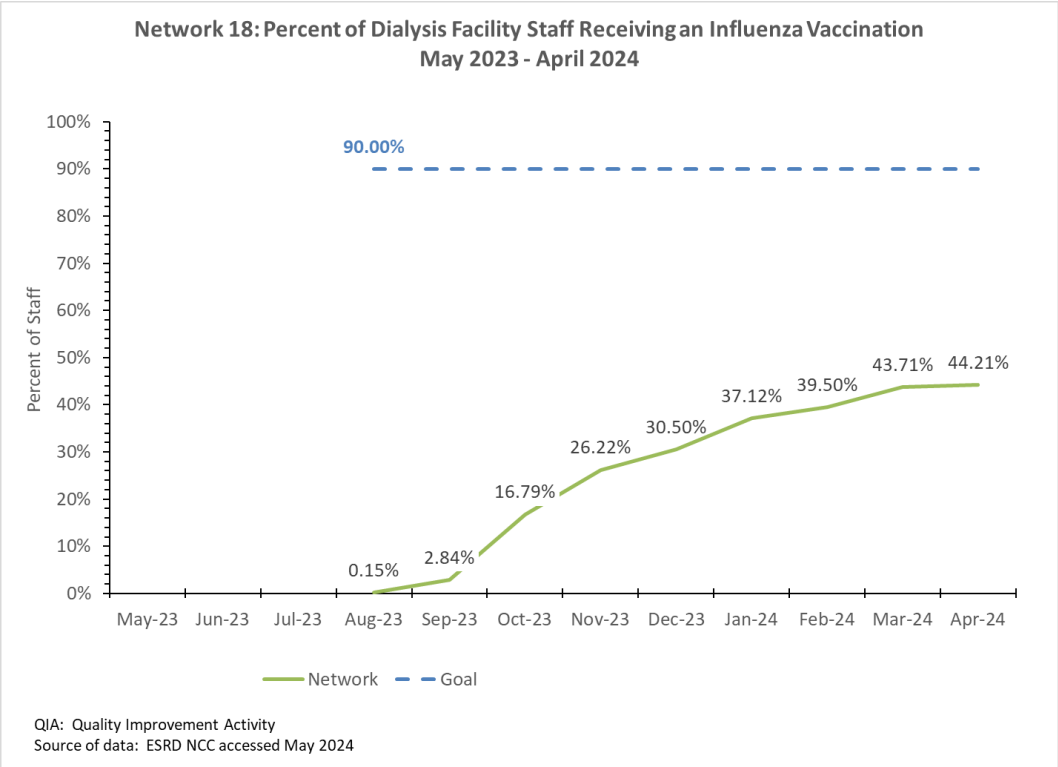
- Completing an RCA and action plan to identify barriers and implementing change ideas form the *Change Package to Increase Vaccinations*.
- Providing follow-up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Comparing internal tracking of patient and staff vaccinations to those entered in EQRS to improve reporting.
- Using Network-provided resources and tools for educating patients and staff.
- Engaging facilities to assist them with instructions for entering vaccinations in EQRS.

Chart U: Percent of Dialysis Patients Receiving an Influenza Vaccination May 2023–April 2024



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

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



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

Pneumococcal Vaccinations QIA May 2023–April 2024

Goals and Outcomes

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

By April 2024, the Network achieved a rate of 47.3%, which was 93.9% of the goal, and included 22,156 patients being fully vaccinated. (See Chart W)

Barriers

Barriers to achieving the QIA goals included:

- Patient hesitancy and refusal due to personal beliefs.
- Lack of consistent tracking and reporting of patient vaccinations in EQRS.
- Lack of facility knowledge regarding the Centers for Disease Control and Prevention (CDC) recommendations or facility policies regarding which vaccinations to provide when.

Interventions

Interventions for the QIA included:

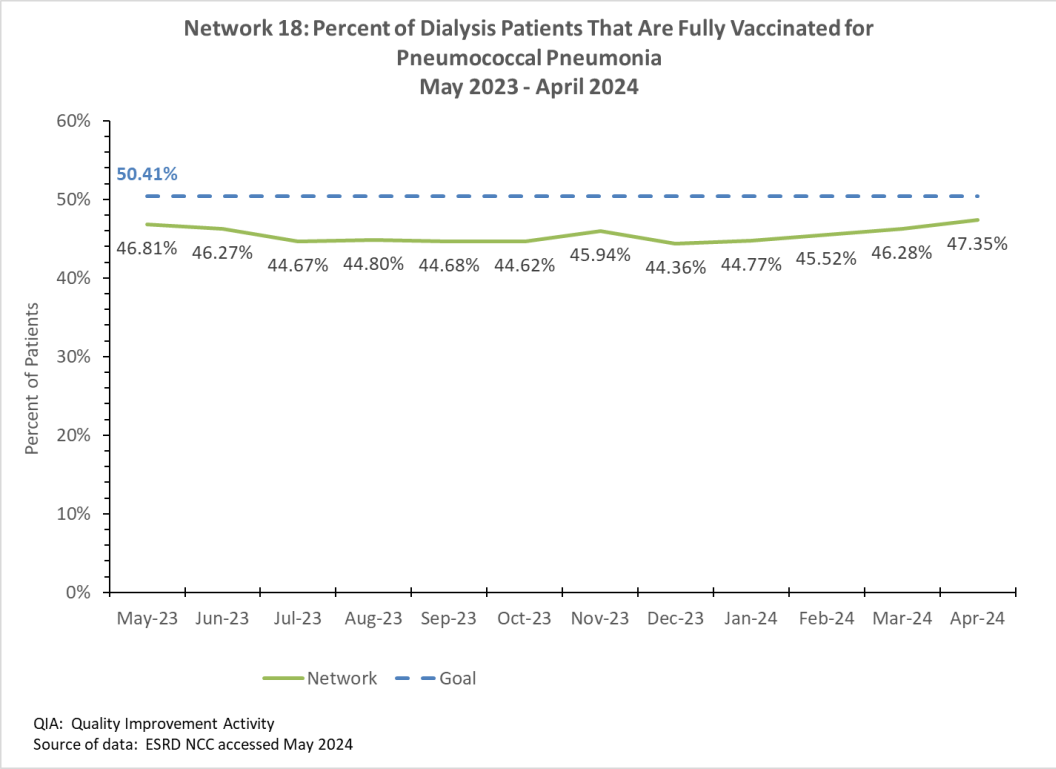
- Engaging facilities to improve their knowledge regarding the CDC recommendations for pneumococcal vaccinations.
- Providing technical assistance to individual facilities to complete RCAs and action plans using the *Change Package to Increase Vaccinations*.
- Sharing community coalition-recommended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

Best Practices

Best practices identified throughout the QIA by facilities include:

- Completing an RCA and action plan to identify barriers and implement resources and processes using change ideas from the *Change Package to Increase Vaccinations*.
- Providing follow-up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Having the facility medical director talk directly with patients about vaccinations.

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



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

Improving Nursing Home Care QIA May 2023–April 2024

Goals and Outcomes

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

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

The Network's upper limit for the QIA goal for catheter infections was set at 0.79% and the Network failed to remain under the limit with a final rate of 0.87%. (See Chart X) The Network's upper limit for the QIA goal for blood transfusions was set at 4.72% and the Network failed to remain under the limit with a final rate of 7.58%. (See Charts Y) The upper limit for the QIA goal for peritoneal catheter infections was set as 2.02% and the Network failed to remain under the limit with a final rate of 6.67%. (See Chart Z)

Barriers

Barriers to achieving the QIA goals included:

- Complex comorbidities of NH patients who require extensive medical care.
- NH staff availability and education.
- Communication barriers between dialysis and NH staff.
- NH dialysis programs do not obtain patient hospitalization records on time.

Interventions

Interventions for the QIA included:

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

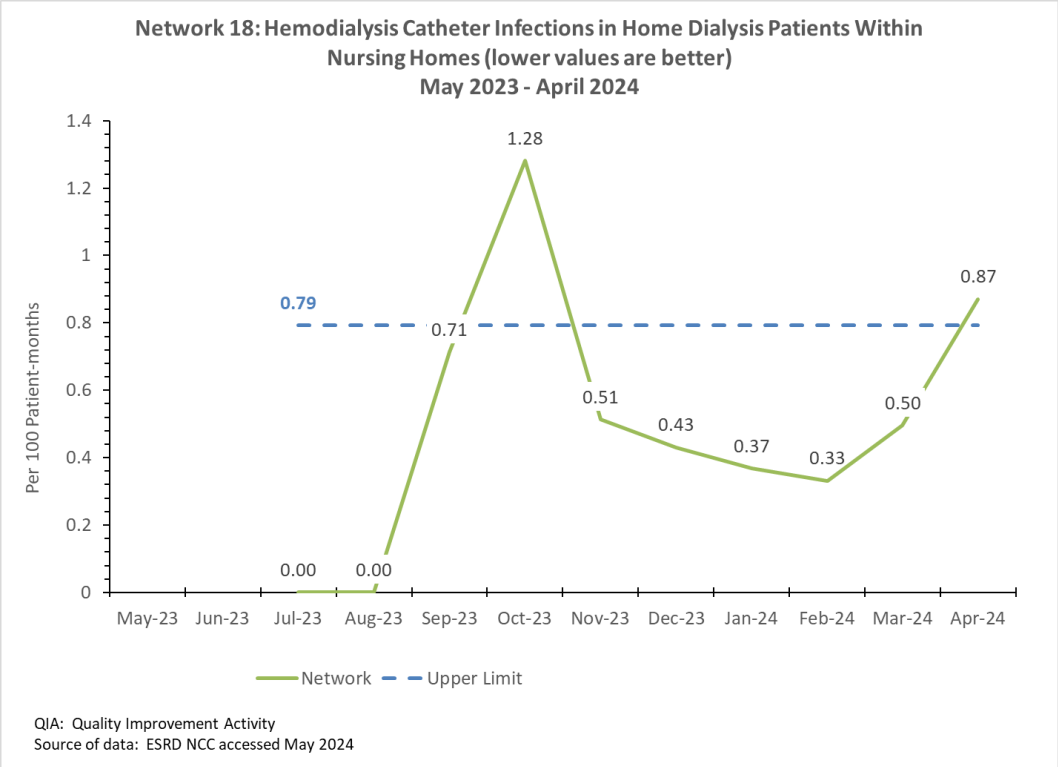
Best Practices

Best practices identified throughout the QIA by facilities include:

- Using a team approach to patient education, tracking of events, and implementing interventions.
- Conducting regular care planning and QAPI meetings with NH staff.

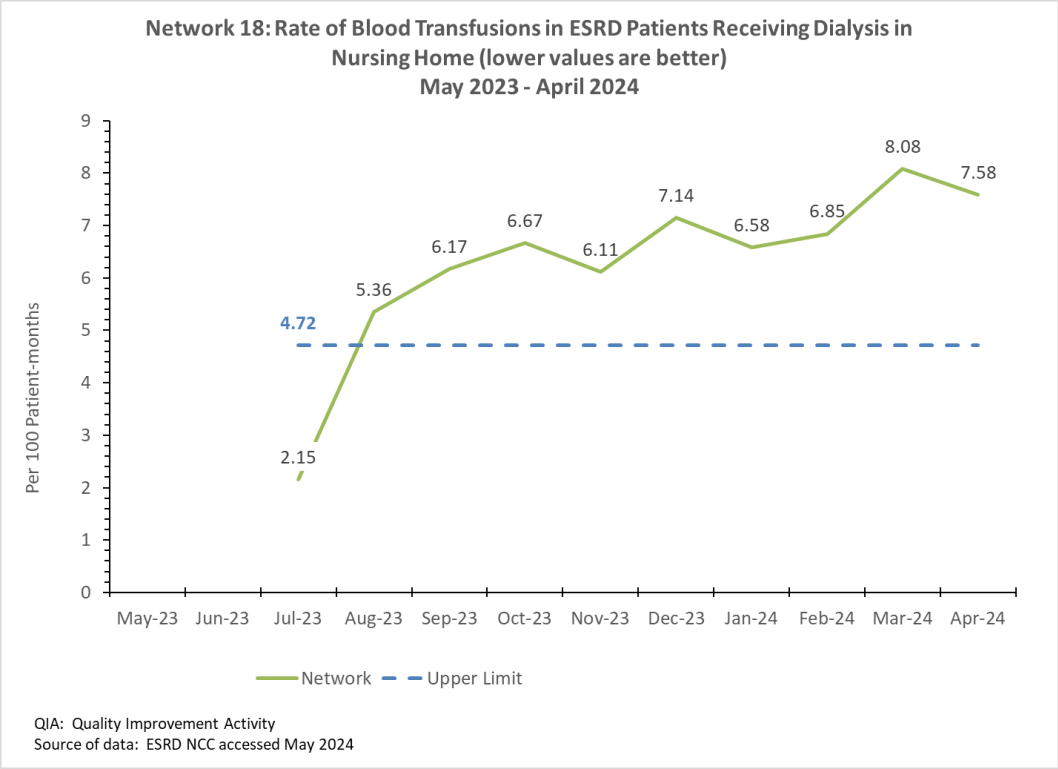
- Reviewing the QIA and goals with NH staff and dialysis NH medical directors.
- Reviewing a patient's medical records prior to admission to the NH and dialysis program.
- Setting admission hemoglobin goals and making the goals are part of the NH dialysis program's policy.
- Adopting new internal processes and policies for obtaining patient medicals records on time with education to staff.
- Utilizing the *Looking at Quality Improvement Through a Health Equity Lens* worksheet, by choosing one patient and working on one health-related social need.

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



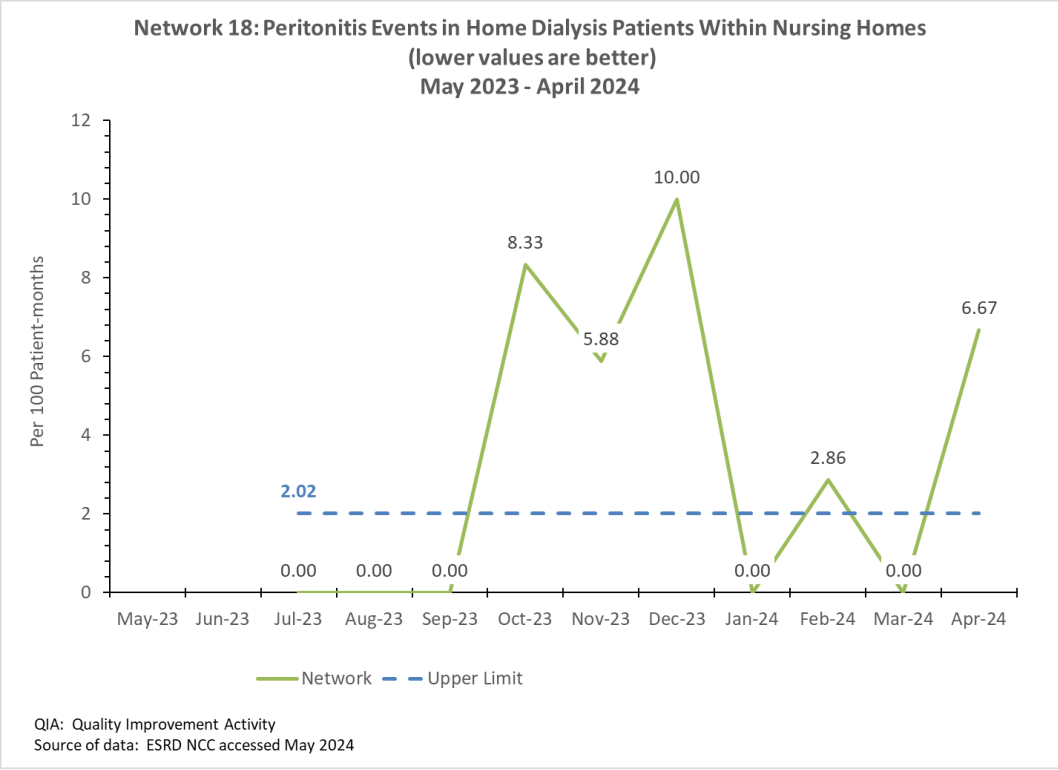
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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



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

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



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

Data Quality QIA May 2023–April 2024

Goals and Outcomes

The QIA goals included:

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

The Network could not meet the QIA goal for 2728 forms, over one year old, due to there not being enough forms in EQRS to address but was able to submit 130 forms by April 2024. The Network achieved 100.6% of the goal for 2728 forms, and 91.5% of the goal for 2746 forms, submitted in EQRS timely. (See Charts AA, BB, CC)

Barriers

Barriers to achieving the QIA goals include:

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

Interventions

Interventions for the QIA include:

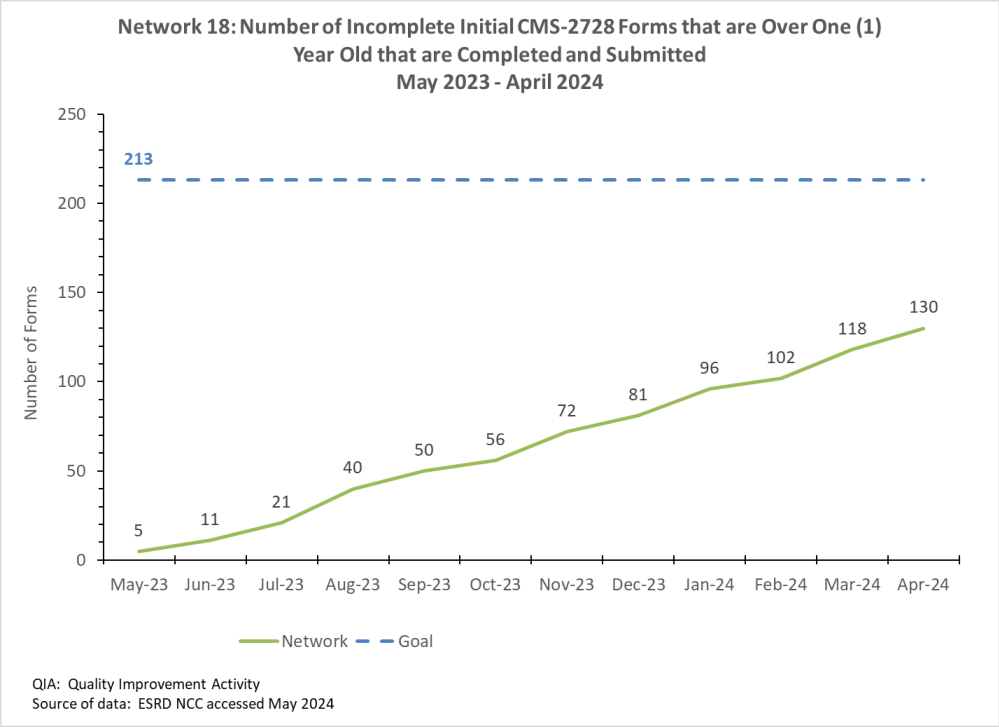
- Discussing timeliness of admissions and forms when facilities contacted the Network for technical assistance with other issues.
- Providing facilities with technical assistance to conduct an RCA, create an action plan and recommend resources for improvement (i.e., *Tips for Completing CMS 2728 and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

Best Practices

Best practices identified throughout the QIA by facilities include:

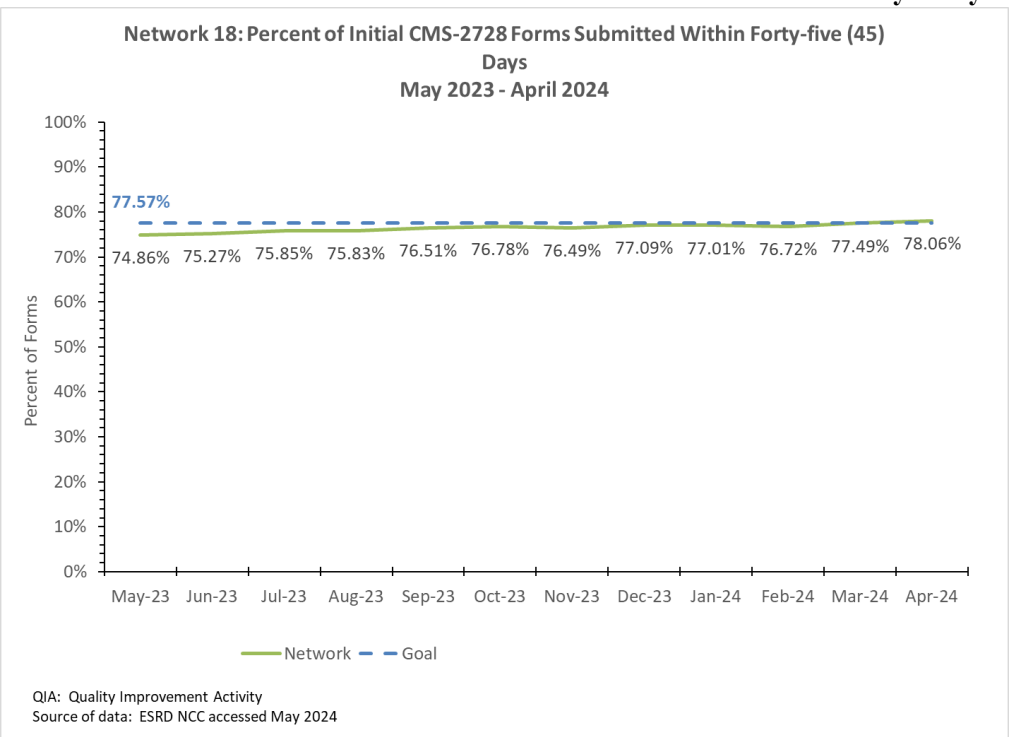
- Using a team approach to addressing areas of improvement and ensuring multiple facility staff have access to EQRS.
- Having a tracking system in place for all forms.
- Faxing 2728 forms to physician offices for signatures.
- Communicating with hospital discharge planners to obtain information needed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

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



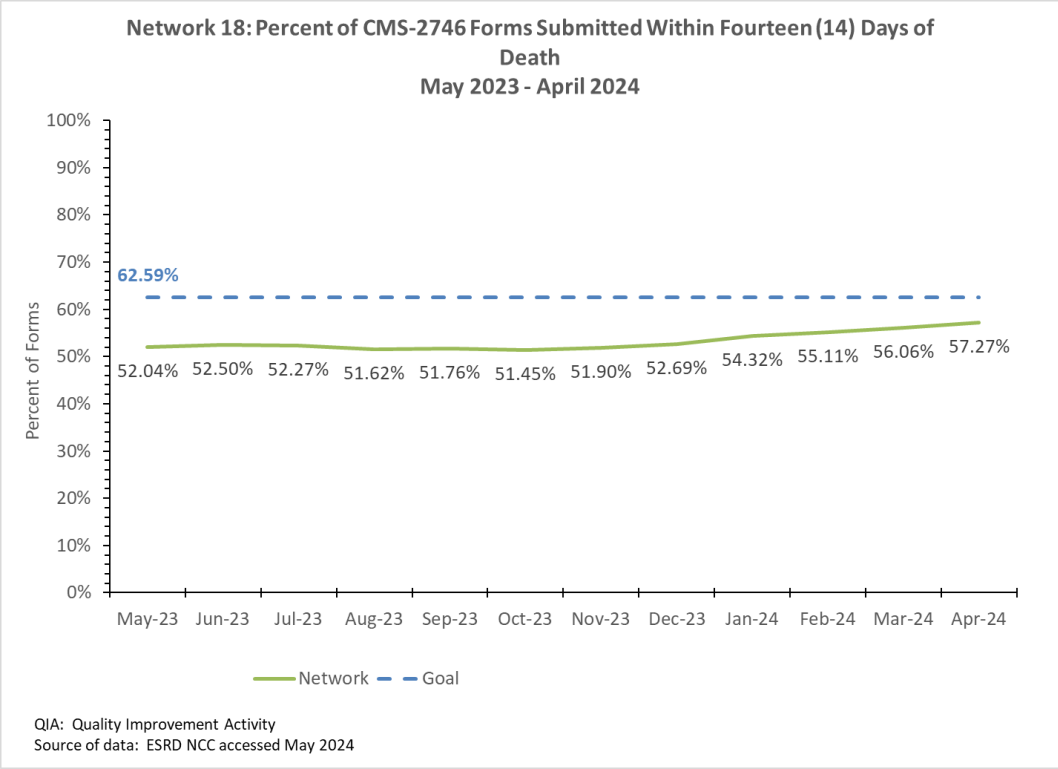
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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



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

Chart CC: Percent of CMS-2746 Forms Submitted Within 14 Days of Death May 2023–April 2024



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

Depression QIA May 2023–April 2024

Goals and Outcomes

The goal of the QIA was to achieve a 10% increase over baseline in the percentage of patients who were identified as having depression and received treatment by a mental health professional.

The Network achieved a QIA rate of 12.60%, which was 79.1% of the goal of 15.92%. (See Chart DD)

Barriers

Barriers to achieving the QIA goal include:

- Patients' level of comfort with pursuing assistance for mental health-related issues based on stigma or hoping that the condition will improve or resolve without treatment.
- Patients' reluctance to share mental health issues with facility staff or others.
- Lack of access to mental health providers due to:
    - Limited providers in certain locations.
    - Insurance coverage limitations regarding which providers can be used, especially for patients who joined Medicare Advantage plans.
    - Transportation barriers.
    - Limited access to or trust for the Internet or limited technological proficiency to use telehealth options.
- Lack of patient motivation to pursue mental health treatment, due to the demands of dialysis treatments and having other medical appointments.

Interventions

Interventions for the QIA include:

- Providing technical assistance to dialysis facilities to review available data, conduct an RCA, and identify opportunities and solutions to improve the rates of patients receiving treatment for depression.
- Disseminating educational materials to dialysis facilities via email and during technical assistance calls that could be used when conducting screenings and talking with patients. Examples include:
    - *Talking to Patients about Depression Treatment*
    - NCC Depression *Expert Teams Calls*
    - *Discussing Depression with Your Care Team*
    - NCC *Understanding Mental Health Myths and Facts*
- Creating the *ESRD Network Behavioral Health Webpage*, a listing of resources for improving the treatment of depression in patients on dialysis, including resources targeting specific unique cultural enclaves of patients, including Spanish speakers.
- Developing and disseminating the *Doctor Fax Template* to assist facilities in increasing the ease of communication with outside providers in requesting screenings and referrals.

Best Practices

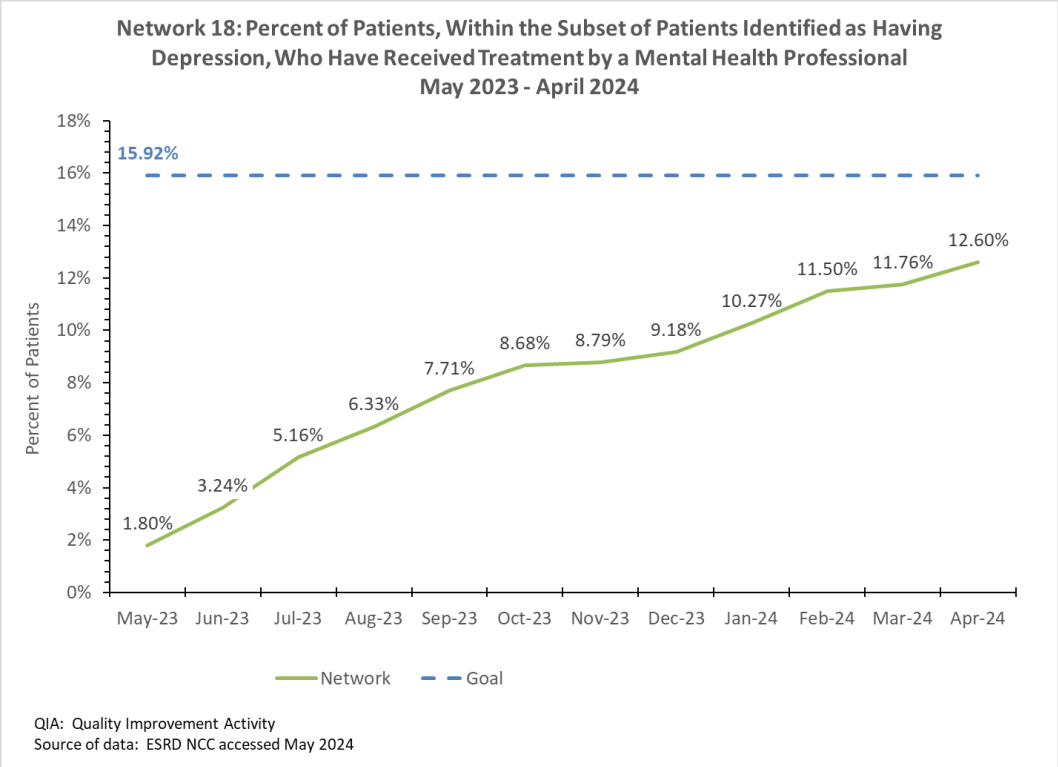
Best practices identified through the QIA include:

- Patient engagement:

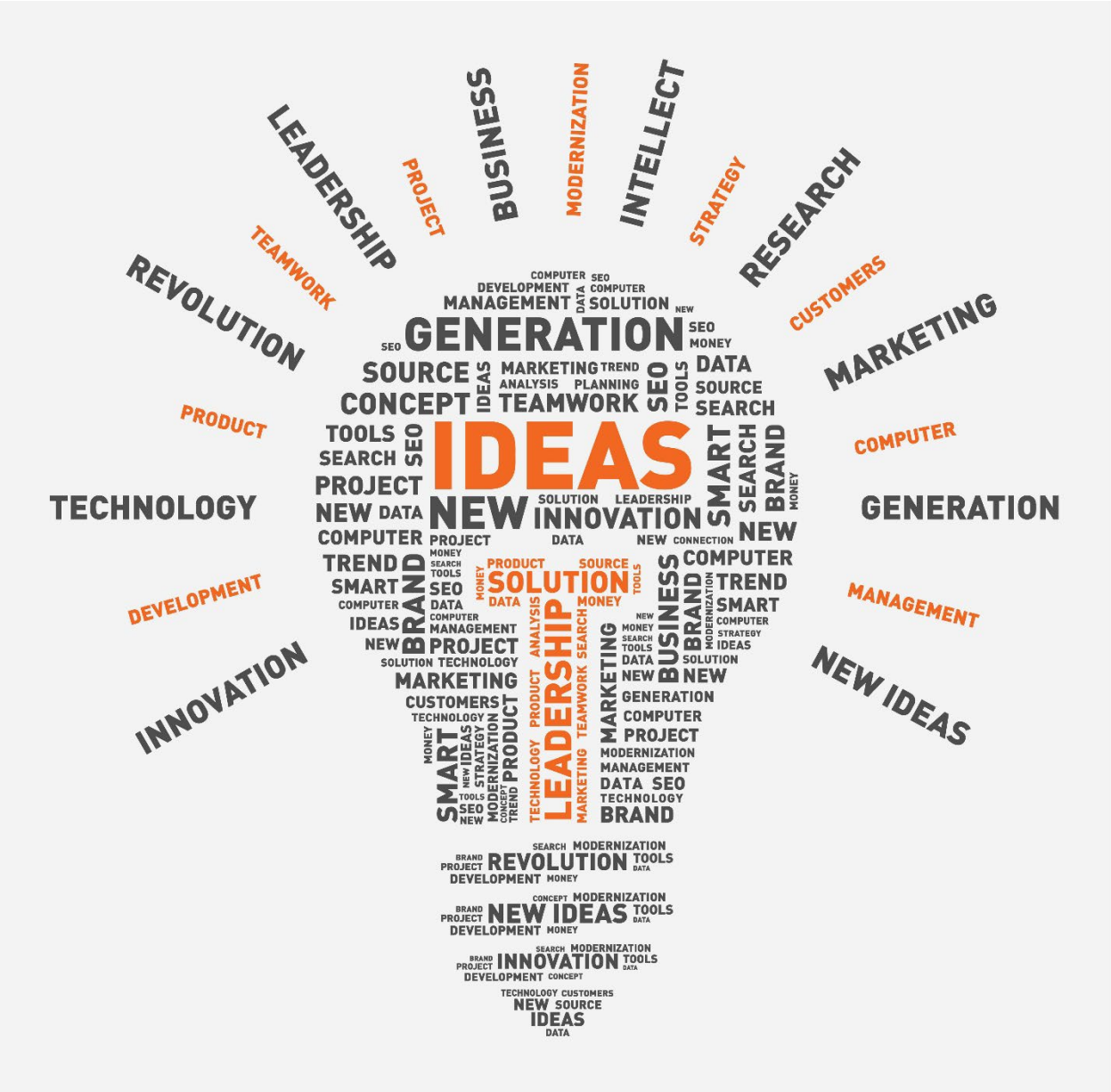
- Providing consistent education, that is easy to understand, that helps link emotions and non-traditional symptoms (i.e., difficulty making decisions) to the concept of mental health.
- Normalizing the seeking of mental health support for patients by using positive mental health language, and related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

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

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



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


LEADERSHIP
PROJECT
BUSINESS
MODERNIZATION
INTELLECT
STRATEGY
RESEARCH
TEAMWORK
REVOLUTION
CUSTOMERS
MARKETING
PRODUCT
COMPUTER
TECHNOLOGY
GENERATION
DEVELOPMENT
MANAGEMENT
INNOVATION
NEW IDEAS
IDEAS
GENERATION
NEW
SOLUTION
LEADERSHIP
INNOVATION
SOURCE
CONCEPT
TEAMWORK
MARKETING
DATA
SEARCH
SMART
BRAND
BUSINESS
TREND
PROJECT
MANAGEMENT
MARKETING
REVOLUTION
NEW IDEAS
INNOVATION

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanction

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

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

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

Recommendations to CMS for Additional Services or Facilities

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


first
infrastructure
contingency
environment
aid
continuity
public safety
ambulance
training
communications
earthquake
damage
critical
management
patient
mitigation
injury
preparedness
healthcare
plan
safety
fire
agency
planning
warning
survival
team
medical
service
help
urgent
danger
disaster
supplies
protection
emergency room
safe
jeopardy
resilience
kit
evacuation
stretcher
paramedic
business
alarm
medic
emergency
incident
equipment
disease
urgency
threat
natural disaster
information
property
natural
doctor
government
recovery
nurse
health
crisis
situation
environmental
risk management
public
response
rescue
hospital
security
room
intervention
operations
medicine
life
accident
risk
education
loss
system

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

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

Technical Assistance

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

Collaboration Activities

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

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 Kidney Community Emergency Response (KCER) as requested.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

ESRD Network 18 is tasked with providing support to dialysis facilities related to emergency preparedness, planning, and response. To ensure this support is provided, the Network:

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

Below are the emergency events Network 18 responded to during 2023.

January 2023

- **Atmospheric River** - An atmospheric river event brought heavy rainfall, flooding, mountain snow, high winds, and landslides to Southern California (CA) during the week of January 5, 2023. The Network issued a weather alert to all facilities on January 5, 2023, and monitored for impacts. One facility reported lack of access to the facility due to downed trees and mudslides. The facility was closed for one day. One facility reported a power outage and equipment failure due to the rain; patients were relocated to another facility for treatment and others were rescheduled for the next day. No other impacts were reported.

February 2023

- **Winter Storms -** A winter weather system moved across CA during the week of February 27, 2023–March 1, 2023, bringing rain, snow, gusty winds, and isolated thunderstorms to the region. The Network issued Winter Weather Alerts to all facilities on February 27, 2024, and March 1, 2023. The alerts directed facilities to educate patients on how to travel during winter weather and the communication plan if the facility is impacted. CA Department of Public Health (CDPH) advisories and information were also provided to the facilities.

  Three facilities reported power outages; one facility had no patient impacts, and two others had to relocate patients to other facilities for treatment. A facility in the mountains had no road or parking access due to snow that weekend so they opted to run patients longer the following week once access was restored.

March 2023

- **Atmospheric River -** A weather system brought rain, flooding threats, strong winds, and higher elevation snow to the region during the week of March 9, 2023. The Network issued Winter Weather Alerts to all facilities on March 9, 2023, and March 13, 2023. The Network directed facilities to inform patients of the facility's plan if impacted by the weather and to report any changes in facility operations to the Network. CDPH advisories and information were also provided in the alert. No facilities reported impacts.

August 2023

- **Hurricane Hilary -** Hurricane Hilary strengthened into a hurricane while paralleling the southwest coast of Mexico. It made landfall on Augst 20, 2023 as a tropical storm along the western Baja, CA peninsula bringing rain and flooding across Southern CA.

The Network issued a weather alert to all facilities on August 18, 2023, regarding possible impacts from Hurricane Hilary and directed facilities to prepare and inform patients of the facility's plan if impacted. Facilities were also asked to report any changes in facility operations to the Network. CDPH advisories and information were also provided in the alert.

Five facilities reported planned closures in preparation for the storm, and three facilities conducted precautionary closings and rescheduling measures. One of the facilities reported a closure for one day due to local highway closures and a second facility closed due to flooding in the facility. All patients were accounted for and treated at alternate facilities.

ACRONYM LIST APPENDIX

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