ESRD NETWORK 2024 ANNUAL REPORT

ESRD Network 7

This report will cover quality improvement efforts led by ESRD Network 7 Task Order Number 75FCMC21F0001 from May 1, 2024–April 30, 2025.

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ESRD Demographic Data

ESRD Network 7

Health Services Advisory Group (HSAG) as Network 7, works with patients, dialysis facilities, and transplant centers in the state of Florida. Specifically, HSAG works to improve the quality of care and quality of life for patients with End Stage Renal Disease (ESRD). HSAG has held the Network 7 contract for 21 years.

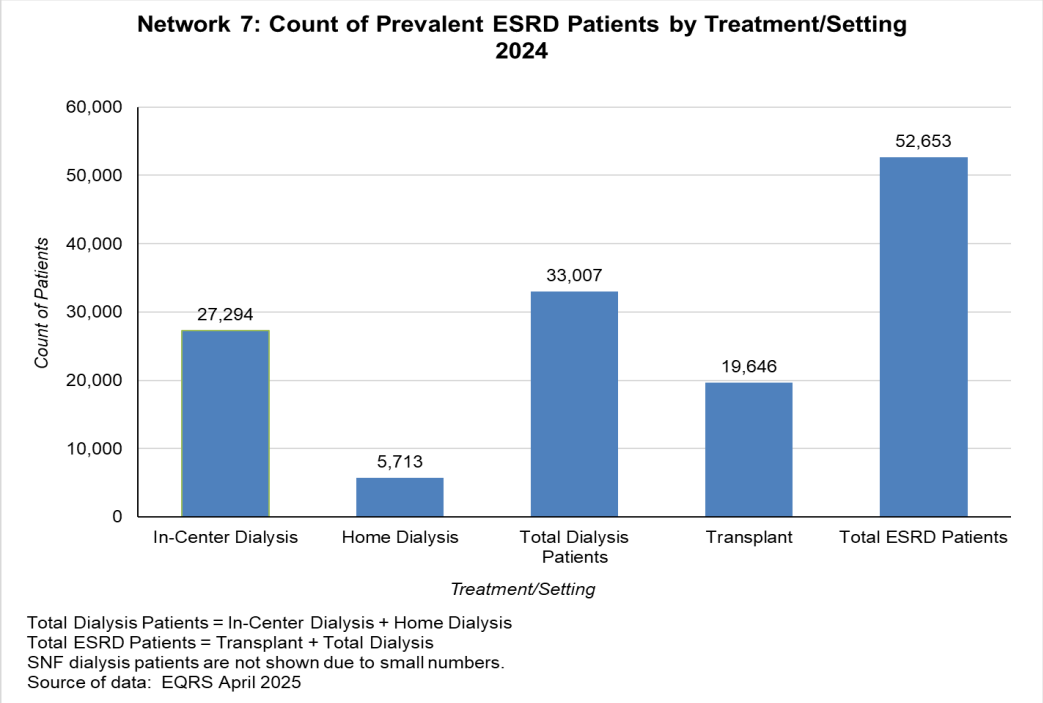
Geography and General Population

The state of Florida covers 53,625 square miles and is bordered by Alabama, Georgia, the Gulf of America, and the Atlantic Ocean. According to the most recently available information from the U.S. Census Bureau, Florida's population was estimated at 23,372,215 in July 2024.[1] This represented an 8.5 percent increase from the April 2020 population base estimate. The state of Florida ranks as the third largest in population in the nation.

ESRD Population

As of December 31, 2024, there were 33,007 dialysis patients and 19,646 transplant patients for a total of 52,653 patients with ESRD in the Network 7 service area. (See Chart A) The Network saw a total of 8,921 individuals newly diagnosed with ESRD in 2024. (See Chart B) Of these patients, 1,536 were home patients and 267 received a transplant. As of December 31, 2024, Network 7 comprised 6.40 percent of the total national prevalent dialysis patient population and 6.90 percent of the national incident patient population. (See Charts C and D, respectively)

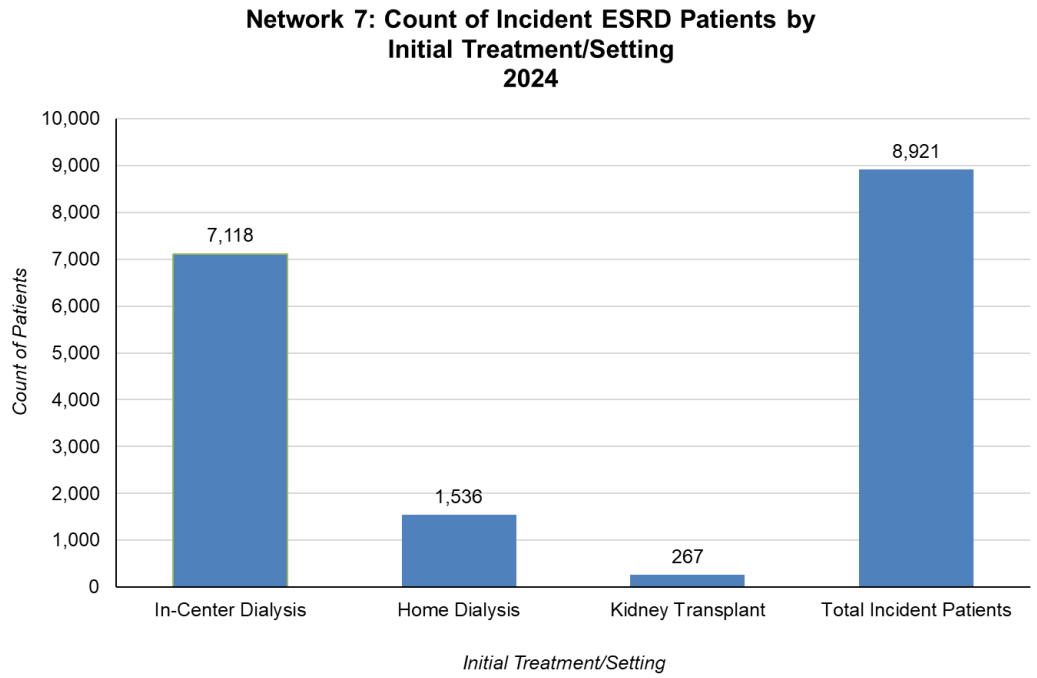
Chart A: Count of Prevalent ESRD Patients by Treatment/Setting 2024



EQRS = ESRD Quality Reporting System

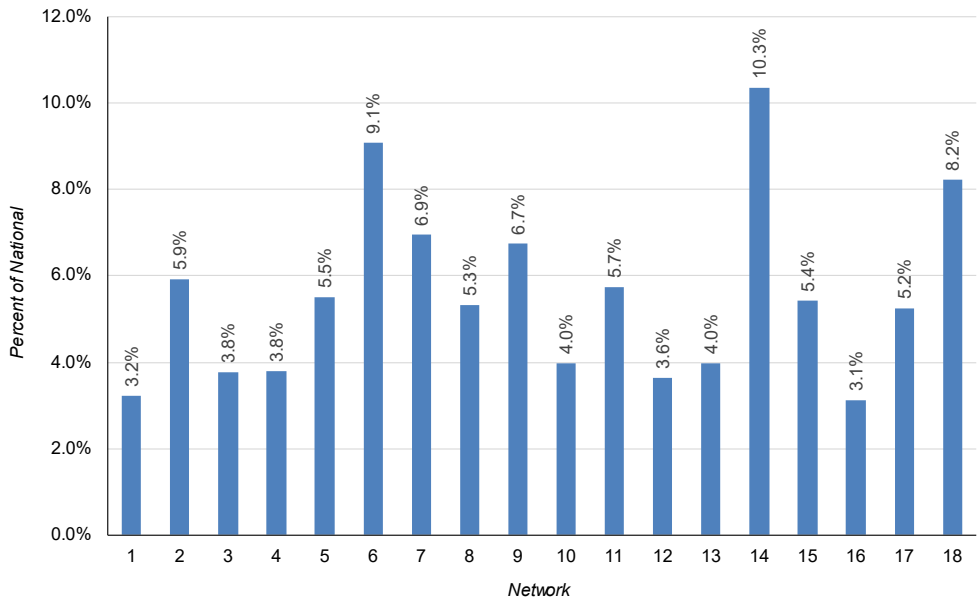
[1] United States Census Bureau. Quick Facts. Available at https://www.census.gov/quickfacts/fl. Accessed on June 11, 2025.

Chart B: Count of Incident ESRD Patients by Initial Treatment/Setting 2024



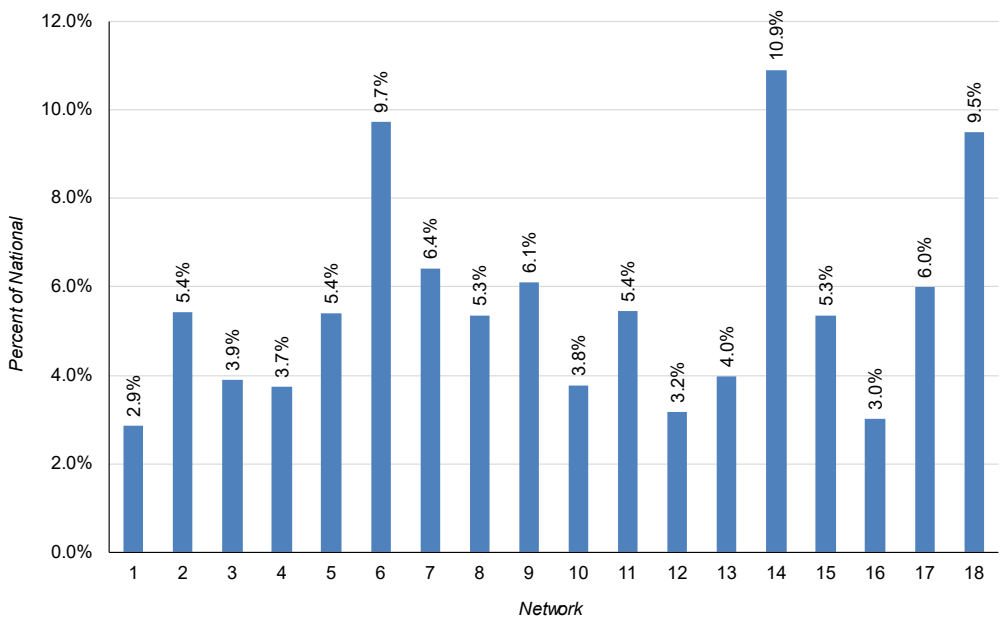
Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS April 2025

Chart C: Percent of National Incident Dialysis Patients by ESRD Network 2024



National total incident patients: 128,443
Source of data: EQRS April 2025

Chart D: Percent of National Prevalent Dialysis Patients by ESRD Network 2024

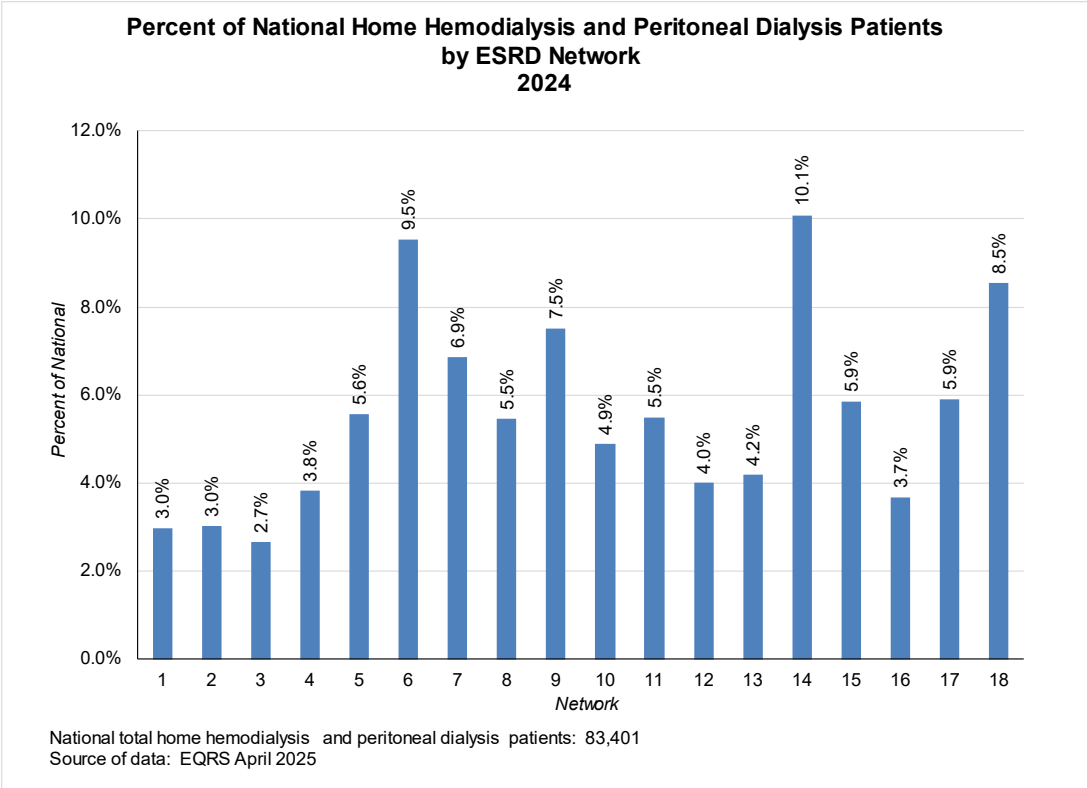


National total dialysis patients: 514,546
Source of data: EQRS April 2025

Dialysis Treatment Options

As of December 31, 2024, 27,294 (82.69%) of Florida's prevalent dialysis patients were receiving in-center hemodialysis (ICHD) treatments and 5,713 (17.30%) were using a home dialysis modality, including continuous cycling peritoneal dialysis (CCPD), continuous ambulatory peritoneal dialysis (CAPD), or home hemodialysis (HHD). (See Chart A) This is a 0.7-point increase in patients using home dialysis from 2023. Nationally, the Network comprised 6.90 percent of all HHD, CCPD, and CAPD patients. (See Chart E)

Chart E: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2024

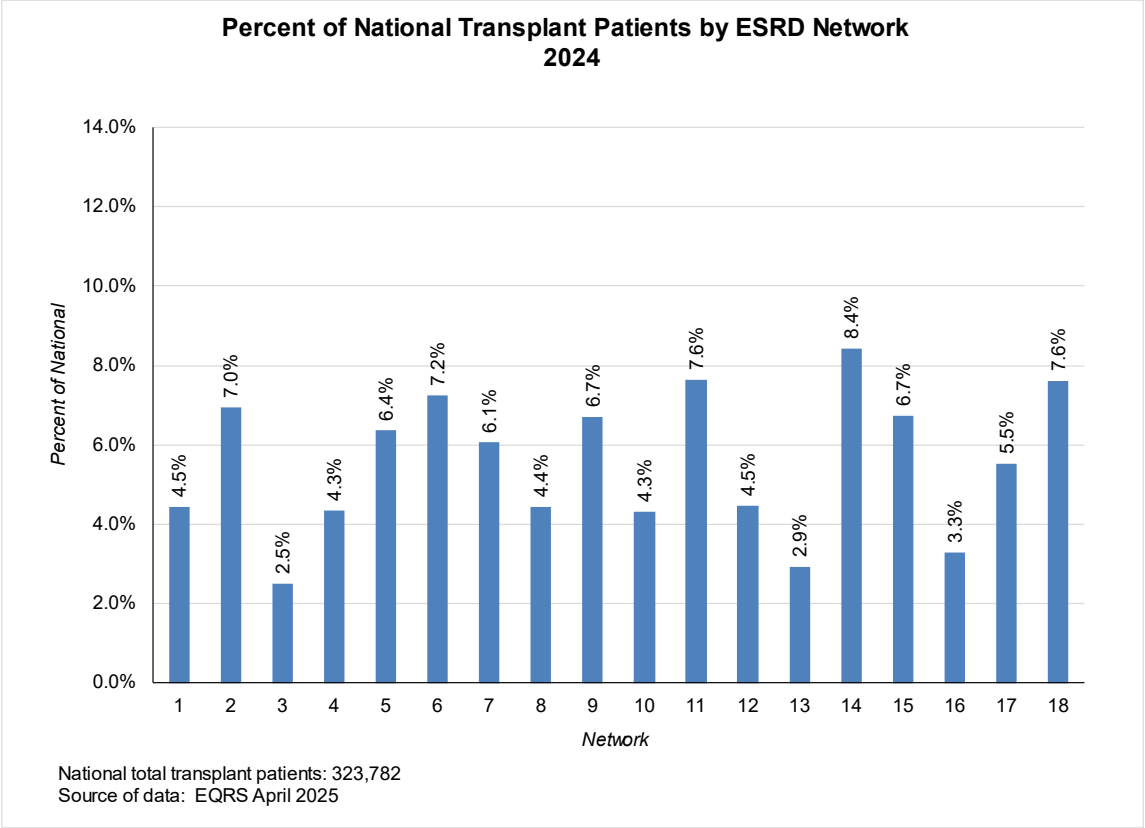


National total home hemodialysis and peritoneal dialysis patients: 83,401
Source of data: EQRS April 2025

Transplant

During 2024, transplants were completed by 10 transplant centers in the state of Florida. As of December 31, 2024, there were 323,782 transplant patients nationally, of which 6.10 percent were in Network 7. (See Chart F)

Chart F: Percent of National Transplant Patients by ESRD Network 2024

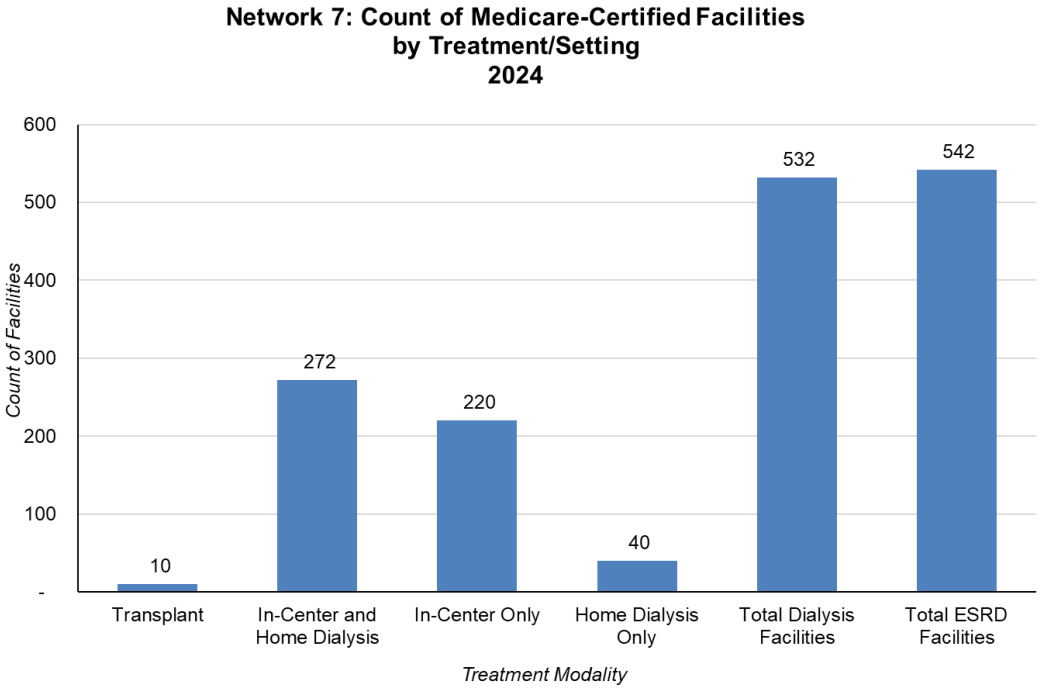


National total transplant patients: 323,782
Source of data: EQRS April 2025

ESRD Facilities

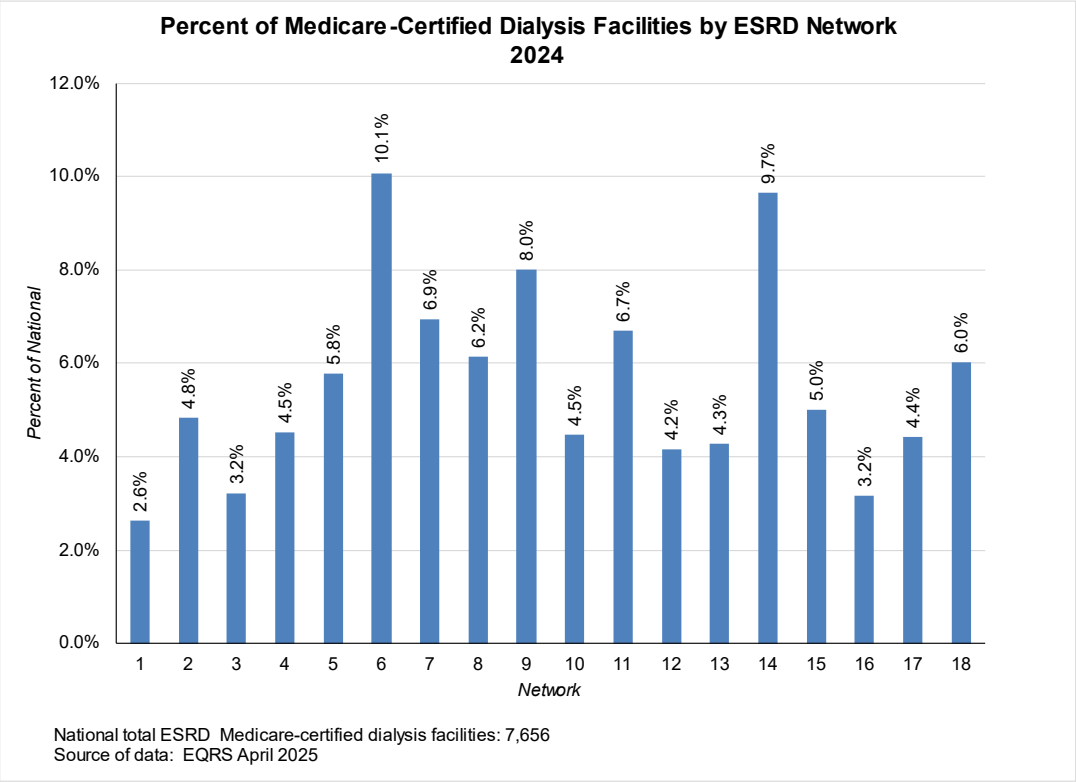
As of December 2024, the Network 7 service area included a total of 542 ESRD facilities, including 532 dialysis facilities and 10 transplant facilities. (See Chart G) Most of Florida's dialysis facilities were owned by two large dialysis organizations (LDOs): DaVita Kidney Care (DVA) and Fresenius Kidney Care (FKC). These two corporations owned and/or operated 72.10 percent of Florida's 532 dialysis facilities as of the end of 2024. Nationally, Network 7 comprised 6.90 percent of all dialysis facilities and 4.40 percent of all transplant facilities. (See Charts H and I, respectively)

Chart G: Count of Medicare-Certified Facilities by Treatment/Setting 2024



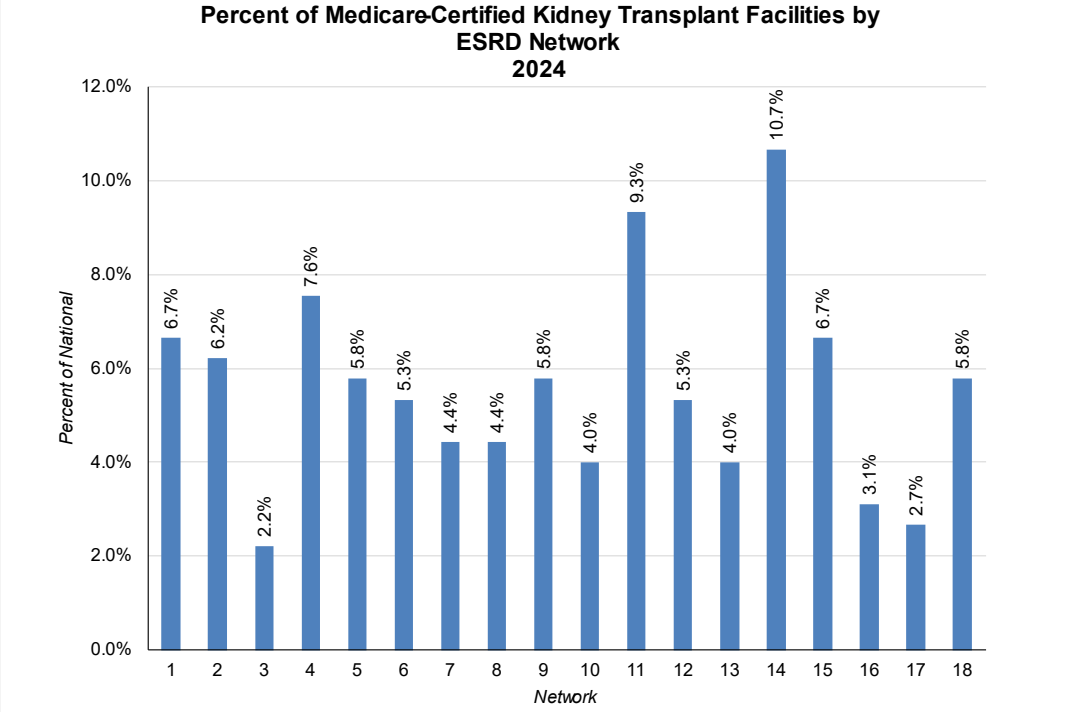
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS April 2025

Chart H: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2024



National total ESRD Medicare-certified dialysis facilities: 7,656
Source of data: EQRS April 2025

Chart I: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2024



National total ESRD Medicare-certified kidney transplant facilities: 225
Source of data: EQRS April 2025

Transplant Waitlist & Transplanted Quality Improvement Activity (QIA) May 2024–April 2025

Goals and Outcomes

The Transplant QIA implemented May 2024–April 2025 included two goals:

- Achieve a 14.00 percent increase in the number of patients added to a kidney transplant waiting list by April 2025, using the calendar year 2020 as a baseline.
- Achieve a 20.00 percent increase in the number of patients receiving a kidney transplant by April 2025, using the calendar year 2020 as a baseline.

By March 2025, the number of patients added to a transplant waitlist was 2,110, which exceeded the goal of 1,607. (See Chart J) The number of patients receiving a transplant was 1,156, which did not meet the goal of 1,470. (See Chart K) Additional QIA data were not available after March 2025.

Barriers

Barriers to meeting the QIA goals included:

- Patients' inability to meet the criteria for transplant referral or to complete the evaluation process.
- Patient-level psychosocial issues, including caregiver support, insurance coverage, and financial barriers.
- Lack of collaborative case management and consistent follow-up by dialysis facilities with transplant centers.
- Staffing vacancies at transplant centers, which restrict the number of patients who can be managed on the waiting list and/or transplanted.
- A decrease in available organs from outside the local organ procurement organization (OPO) service area due to changes in the kidney allocation system and other transplant centers increasing their acceptance of organs.

Interventions

Interventions that were implemented included:

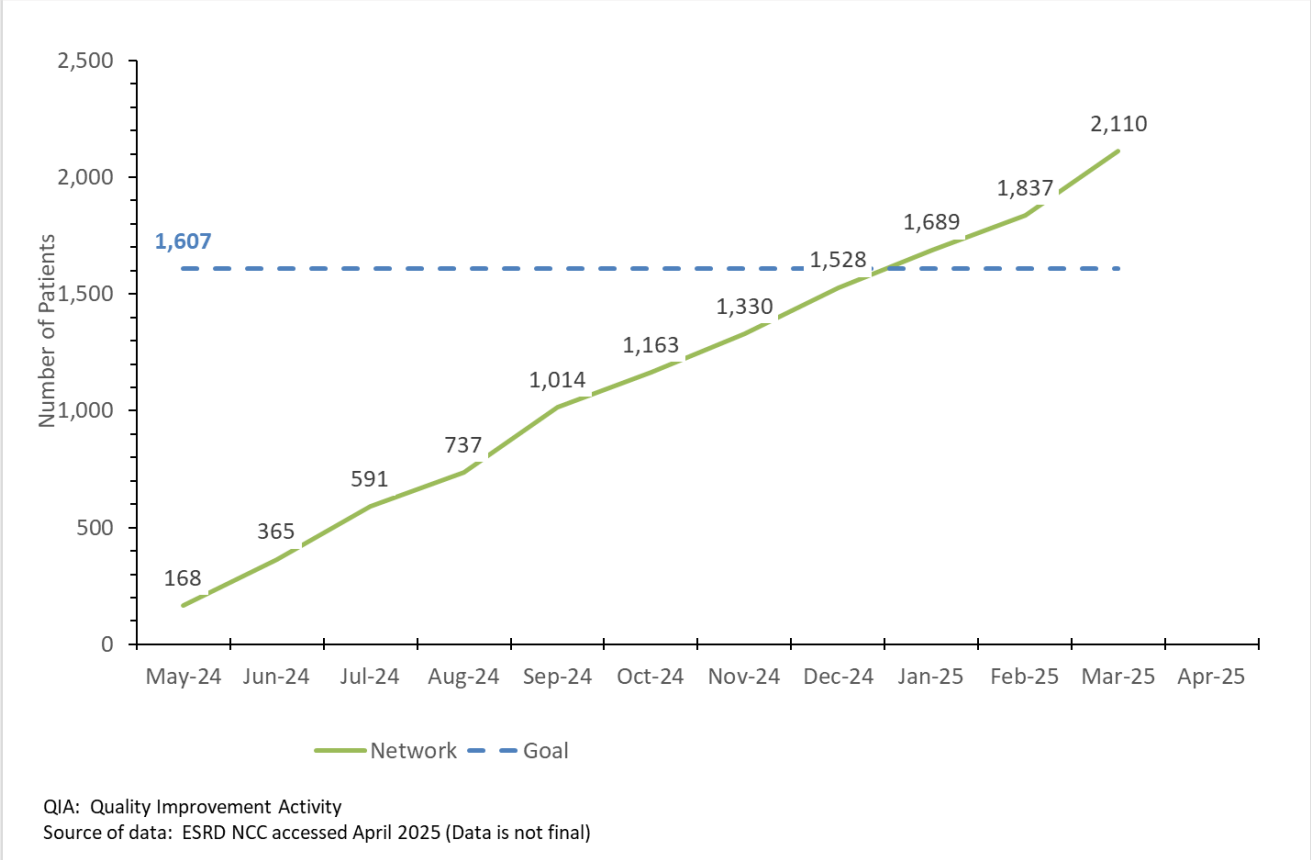
- Providing dialysis facilities with technical assistance to review available data, conduct a facility-specific root cause analysis (RCA), and implement recommended resources and interventions for the facility's action plan.
- Coaching dialysis facilities on how to implement the following tools for improvement:
  - A Change Package to Increase Kidney Transplantation
  - ESRD Quality Reporting System (EQRS) Transplant Dashboard
  - The Network-developed Transplant Ready Review Checklist
- Educating dialysis staff and patients regarding transplant options and processes (e.g., Kidney Donor Profile Index [KDPI] information).
- Using a Network-developed Quality Assurance and Performance Improvement (QAPI) tracking and reporting form to lead discussions of progress toward waitlisting and transplant goals in the facilities' monthly QAPI meetings.

Best Practices

Best practices identified from the QIA included:

- Tracking and documenting all patients' referral, evaluation, and progress through the process of being added to the transplant waitlist.
- Developing relationships with transplant coordinators to effectively and consistently communicate patient status updates and to collaboratively provide patients with support to be waitlisted.
- Involving the entire care team in educating and supporting patients throughout their transplant journey and providing encouragement during the long process of waitlisting and staying transplant-ready.
- Providing staff education/in-services on the importance of transplant and motivational interviewing to encourage patients to consider transplant and complete the evaluation.
- Using the *Transplant Change Package* as a resource to overcome barriers using proven successful interventions.

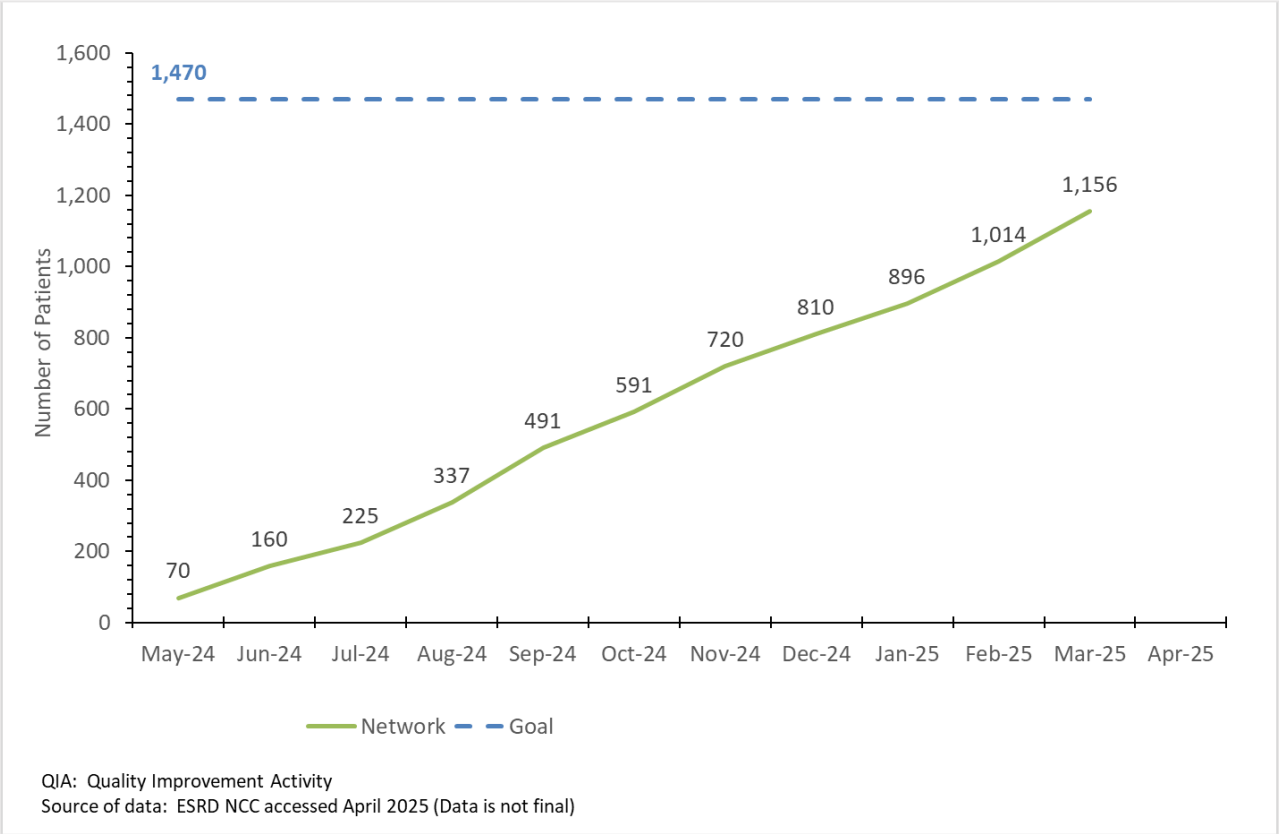
Chart J: Patients Added to the Transplant Waiting List May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

ESRD NCC = ESRD National Coordinating Center

Chart K: Patients Receiving a Kidney Transplant May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Home Therapy (Incident & Prevalent Using Home) QIA May 2024–April 2025

Goals and Outcomes

The Home Therapy QIA that was implemented May 2024–April 2025 included two goals:

- Achieve a 15.00 percent increase from the 2023–2024 baseline in the number of incident ESRD patients who start a home modality within 90 days of starting dialysis.
- Achieve an 8.00 percent increase from the 2023–2024 baseline in the number of prevalent ESRD patients who move to a home modality.

By March 2025, the Network achieved 69.30 percent of the goal with 1,483 incident patients starting on home dialysis. The Network also had 1,216 prevalent patients transition to a home modality, which resulted in meeting 76.80 percent of the goal. (See Charts L and M, respectively) Additional QIA data were not available after March 2025.

Barriers

Barriers to meeting QIA goals included:

- Lack of education provided to in-center dialysis staff about home dialysis that prevented the development of a "pro-home dialysis" culture at the facility.
- Patients who are resistant to changing modalities due to their comfort with in-center dialysis.
- Unavailable physical space for patients to store supplies or perform dialysis at home.
- Nursing shortages to train for home modalities.

Interventions

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

- Using the *Change Package to Increase Home Dialysis Use* as a resource to overcome barriers and create new action plans.
- Providing targeted technical assistance and resources to facilities based on their RCAs.
- Collaborating with a home dialysis program to provide in-person or telehealth education to interested patients and families regarding home dialysis.
- Providing patients and staff with home modality education that incorporates the patient voice.
- Providing additional education to in-center dialysis staff using new materials, resources, or unique learning strategies (e.g., dialysis bingo or other games).
- Creating and distributing the Network resource, *Home Dialysis Group Training Best Practices*.

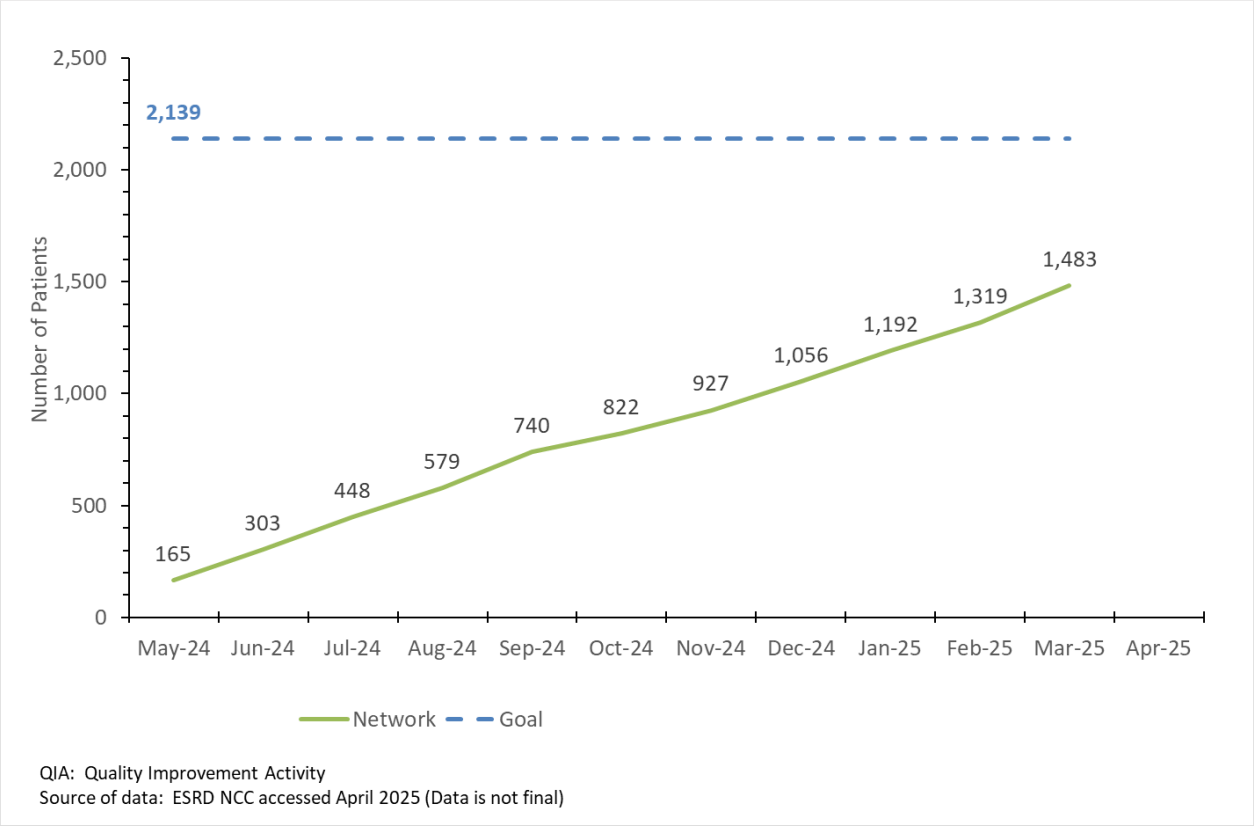
Best Practices

Best practices identified through the QIA included:

- Implementing an "all team" approach by creating a process to educate staff so they can talk with patients about their modality options.
- Ensuring collaboration between in-center dialysis facilities and home programs for continuity of patient education and care.
- Focusing on modality education with new patients before they get too reliant on in-center dialysis.

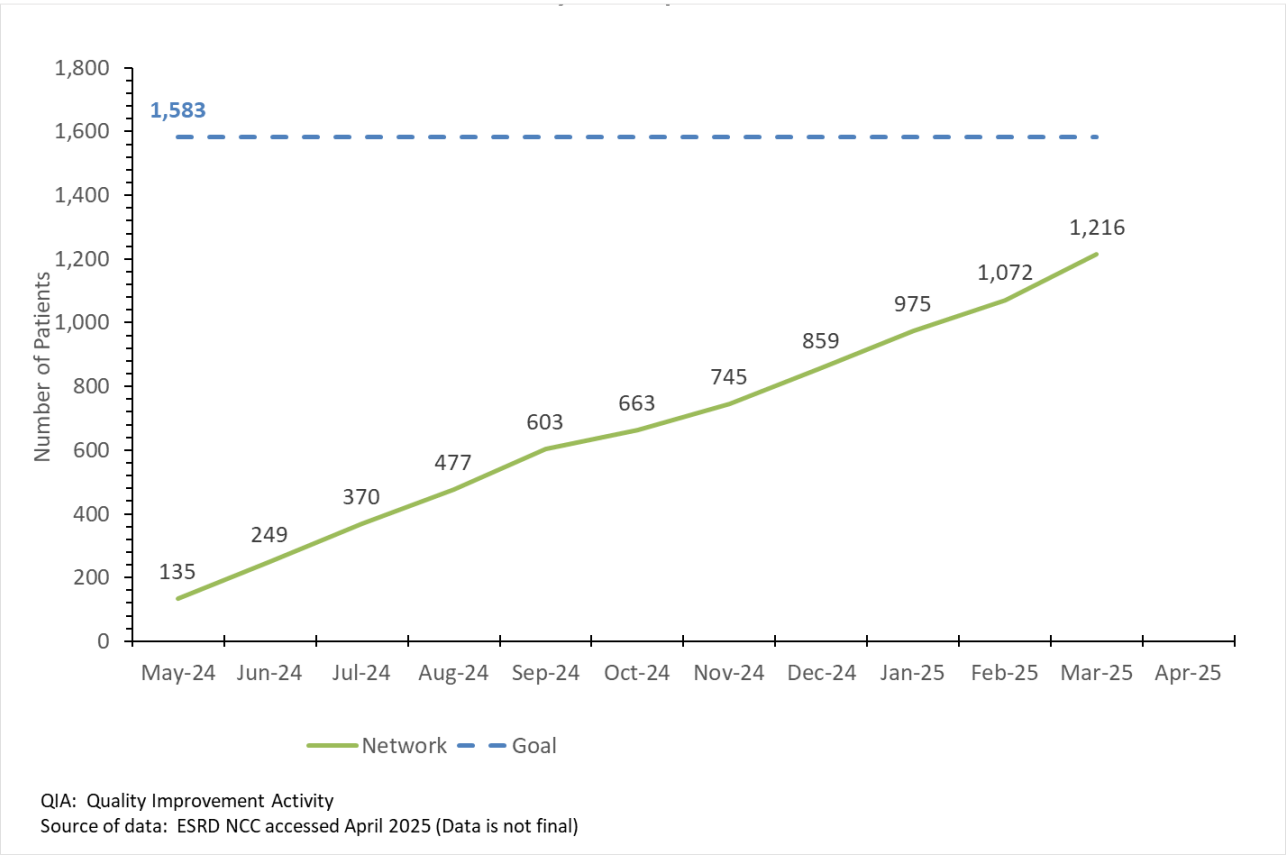
- Distributing the article, *Traveling the U.S. with an RV and Home Hemodialysis*, from Home Dialysis Central to give a specific example of patients thriving on a home modality with limited space.
- Completing home visits to evaluate the storage space available and problem-solve based on patients' individual needs.

Chart L: Count of Incident Patients Starting Dialysis Using a Home Modality (May 2024–March 2025)



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Chart M: Count of Prevalent Patients Moving to a Home Modality (May 2024–March 2025)



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Patient Influenza Vaccination QIA May 2024–April 2025

Goal and Outcomes

The goal of the QIA was to achieve a patient influenza vaccination rate of 80.00 percent by April 2025. By March 2025, 73.06 percent of patients received an influenza vaccination. (See Chart N) Additional QIA data were not available after March 2025.

Barriers

Barriers to achieving the QIA goal included:

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

Interventions

Interventions for the QIA included:

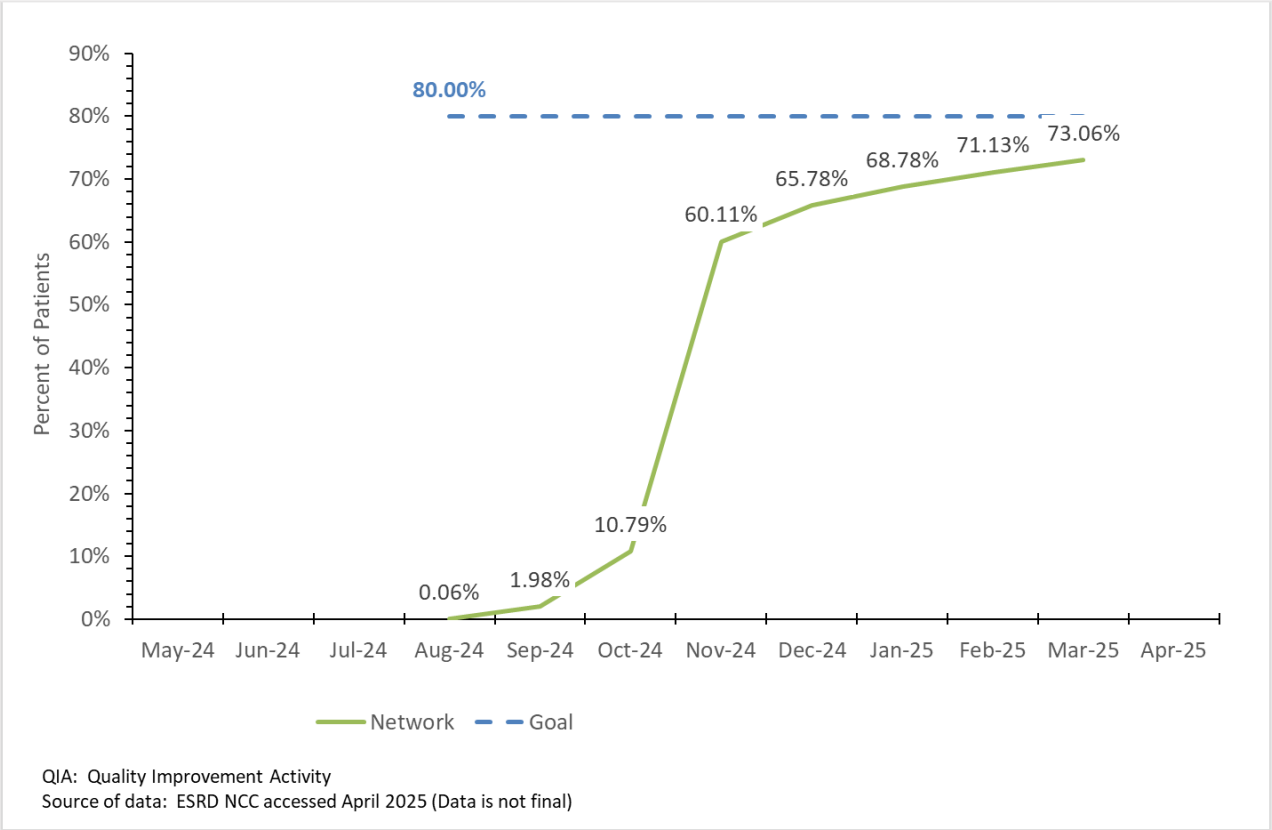
- Providing targeted technical assistance to facilities to complete RCAs and use the *Change Package to Increase Vaccinations* and its primary and secondary drivers (e.g., *Achieve a High-Performing Culture and Implement Quality Improvement Strategies*).
- Promoting the use of state vaccination registries to identify vaccinations that patients received outside of the facility so they could be documented in EQRS.
- Sharing influenza vaccination educational materials and other resources from reputable sources that facilities could use to educate patients and staff during vaccination conversations.
- Assisting facilities with instructions to manually report vaccinations to EQRS or to contact corporate leadership to improve EQRS batch vaccination reporting.

Best Practices

Best practices identified from the QIA included:

- Completing an RCA and action plan to identify barriers and implement interventions from the *Change Package to Increase Vaccinations*.
- Comparing internal tracking of patient vaccinations to those entered in EQRS to identify patients without a reported vaccination.
- Providing follow-up education and offering vaccinations to patients and staff who previously refused or were initially hesitant.
- Using Network-provided resources and tools for educating patients and staff.
- Engaging facilities via technical assistance to enter vaccinations in EQRS.
- Having the facility medical director talk directly with patients about vaccinations.

Chart N: Percent of Patients Receiving an Influenza Vaccination May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Pneumococcal Vaccination QIA May 2024–April 2025

Goal and Outcomes

The QIA goal was to increase the percentage of patients who were up to date for pneumococcal pneumonia vaccinations by 10.00 percent over baseline by April 2025.

By March 2025, the Network achieved a rate of 52.91 percent, which exceeded the goal of 44.69 percent, and included 16,372 patients being up to date for vaccinations. (See Chart O) Additional QIA data were not available after March 2025.

Barriers

Barriers to achieving the QIA goal included:

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

Interventions

Interventions for the QIA included:

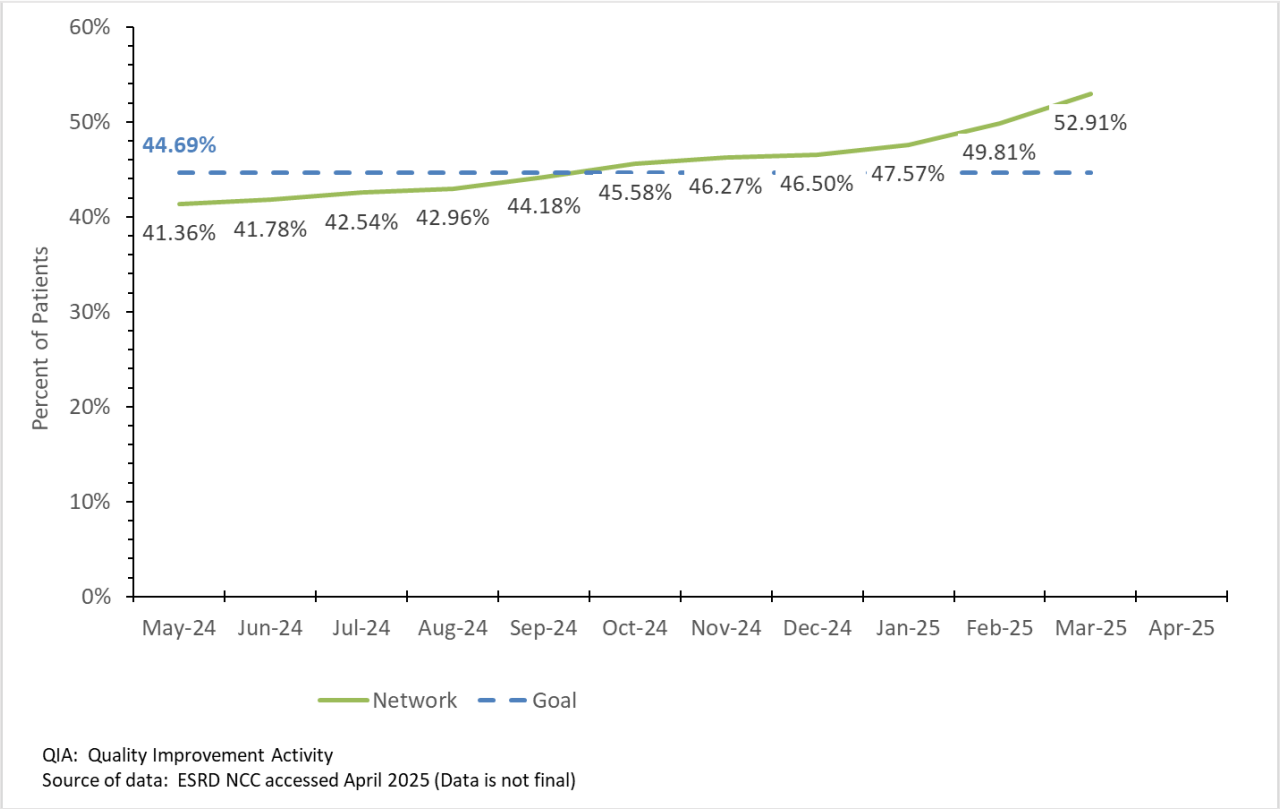
- Providing technical assistance to individual facilities to complete RCAs and action plans using the *Change Package to Increase Vaccinations*.
- Sharing reputable, community coalition-recommended educational resources that facilities could use to educate patients during vaccination conversations.
- Engaging facilities to improve their knowledge regarding the CDC recommendations for pneumococcal vaccinations.
- Coaching facilities to obtain access to EQRS, review the vaccination dashboard, identify patients needing vaccinations, and report vaccinations.

Best Practices

Best practices identified throughout the QIA by facilities included:

- Completing a facility-specific 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.
- Comparing vaccinations documented in internal systems to those reported in EQRS.

Chart O: Percent of Dialysis Patients Who Are Up to Date for Pneumococcal Pneumonia Vaccinations May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Data Quality QIA (CMS-2728 and CMS-2746 Forms) May 2024–April 2025

Goals and Outcomes

The QIA goals included:

- Achieving a 9.00 percent increase in CMS-2728 forms submitted within 45 days of the date the patient started chronic dialysis at the current facility.
- Achieving a 14.00 percent increase in CMS-2746 forms submitted within 14 days of the date of death.

By March 2025, the Network exceeded the goal of 84.36 percent and achieved 87.07 percent of 2728 forms' timeliness. The Network also exceeded the goal of 68.26 percent and achieved 72.18 percent of 2746 forms' timeliness. (See Charts P and Q, respectively)

Barriers

Barriers to achieving the QIA goals included:

- Lack of dialysis facility staff knowledge of submission time requirements and/or consistent facility processes to submit forms on time.
- Difficulty obtaining patient and physician signatures and/or the needed medical records to complete forms on time.
- Delays with facilities documenting patient admissions and/or discharges then delays 2728 and 2746 forms that appear as due in the facility's EQRS dashboard.

Interventions

Interventions for the QIA included:

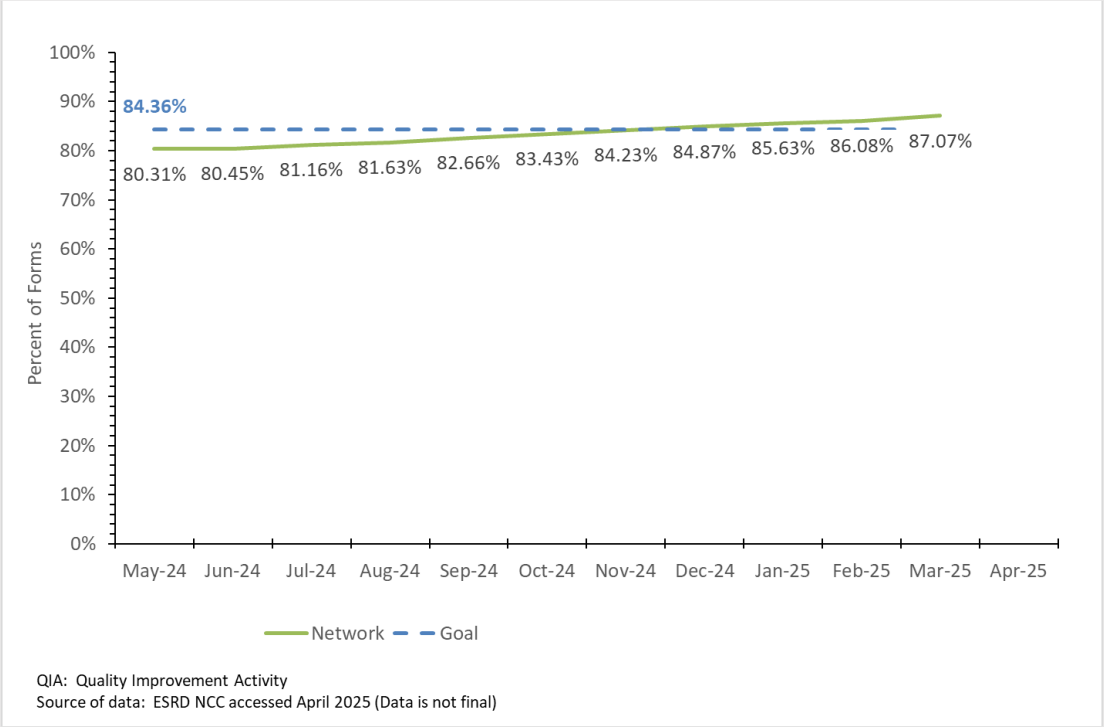
- Discussing timeliness of admissions and forms when facilities contact the Network for technical assistance with other issues.
- Providing facilities with technical assistance to conduct RCAs, create an action plan, and implement recommend resources for improvement (e.g., *Tips for Completing CMS 2728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

Best Practices

Best practices identified throughout the QIA by facilities included:

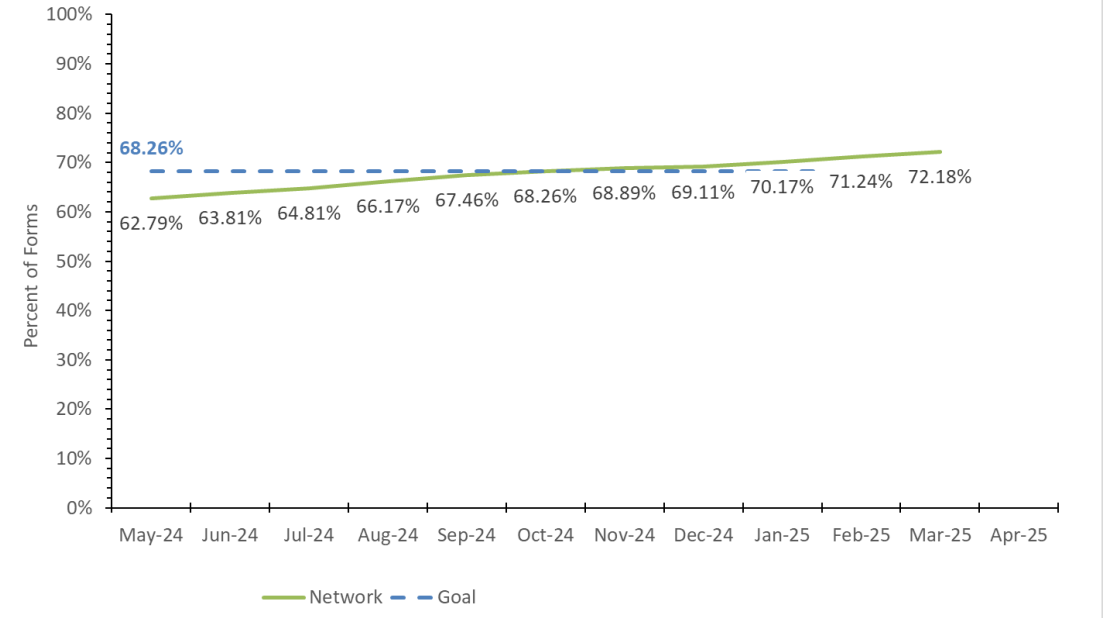
- Using a team approach to address areas of improvement and ensure multiple facility staff have access to EQRS.
- Having a tracking system in place for all admissions, discharges, and forms.
- Faxing 2728 forms to physician offices for signatures.
- Communicating with hospital discharge planners to obtain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

Chart P: Percent of Initial CMS-2728 Forms Submitted Within Forty-Five (45) Days May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Chart Q: Percent of CMS-2746 Forms Submitted Within 14 Days of Death May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Hospitalizations and Emergency Department (ED) Visits QIA May 2024–April 2025

Goals and Outcomes

The QIA goals included reducing the following by 9.00 percent by April 2025:

- The rate of ESRD-related hospital admissions.
- The rate of ESRD-related ED visits.

Although the Network was unable to meet the goals for this QIA, facilities reported that the technical assistance and change ideas from the *Change Package to Reduce Hospitalizations* were helpful in developing processes to monitor and address patient hospitalizations. (See Charts R and S, respectively)

Barriers

Barriers to achieving the QIA goals included:

- Lack of patient and staff education regarding:
    - The importance of preventing, identifying, and fully treating any signs, symptoms, or active diagnosis of sepsis.
    - Comorbid condition follow-up.
    - The advantages of using 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. This barrier prevented dialysis staff from assisting patients prior to escalation or repeated hospital use.
- Patients who do not attend regular treatments, refuse to discuss their dialysis plan with facility staff prior to seeking hospital care, and are not motivated to follow an outpatient treatment routine.
- Facility staff not fully engaging patients with education and follow-up 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 patients with follow-up.
- High patient hospital admission rates with a claim code of sepsis, due to patients receiving a sepsis evaluation and only a small percentage of the admissions being an actual sepsis event.

Interventions

Interventions for the QIA included:

- Providing facilities with targeted technical assistance to conduct a facility-specific RCA, identify opportunities for change, and to develop an action plan to address unplanned hospital use.
- Using the *Change Package to Reduce Hospitalizations* to identify and implement change 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 interdisciplinary team (IDT) during monthly QAPI meetings.
- Tracking and monitoring interventions, outcomes, and metrics to identify increases in unplanned hospital use and prevent future use.

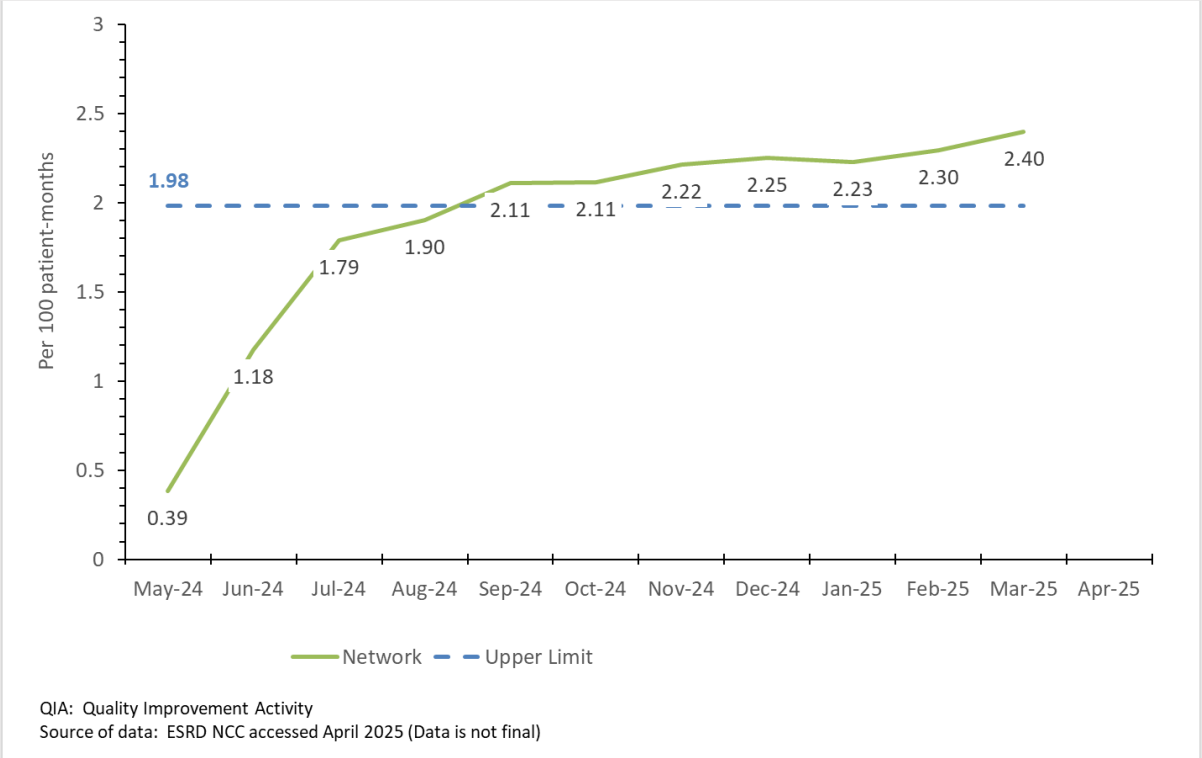
- Educating patients and staff on sepsis prevention and the areas of improvement identified in the RCA and action plan.
- Addressing nonadherent patients with open communication and motivational interviewing, and educating them regarding negative outcomes (e.g., increased risk of hospitalization and death) when routine dialysis is shortened or missed.

Best Practices

Best practices identified by QIA facilities included:

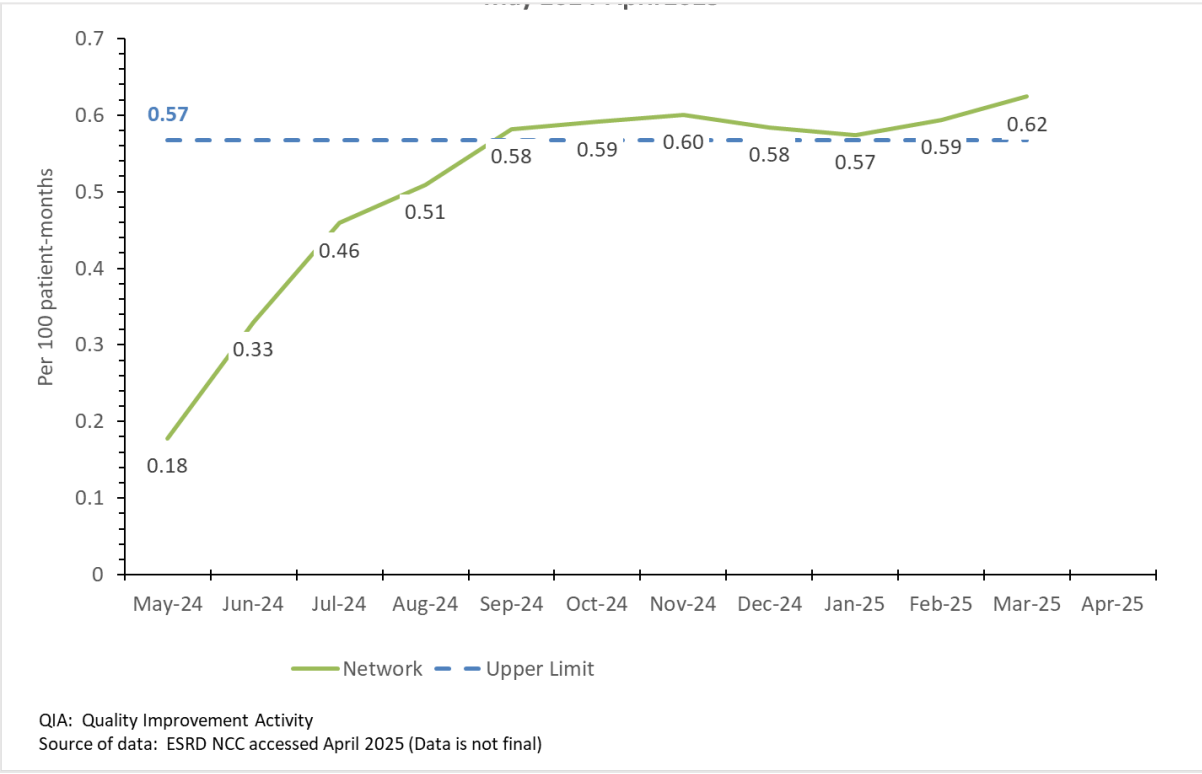
- Using a team approach to educating patients, tracking events, and implementing interventions.
- Focusing on interventions that address the top-identified diagnoses that cause hospital admissions and readmissions, including sepsis.
- Completing a post-hospitalization checklist for all patients returning to the facility, emphasizing lessons learned to avoid future hospital stays and discharge instruction implementation.
- Communicating with hospital discharge planners pre- and post-discharge to address barriers to successfully transitioning the patient back home. Further, these communications should include recommending services and completing medical appointment scheduling.
- Engaging skilled nursing facility staff to communicate patient care needs and implement a plan to avoid unplanned hospital use.
- 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.
- Assisting patients with finding a primary care provider, including the use of Federally Qualified Health Care Center resources in the area.
- Providing case management and close follow-up to patients who are high utilizers of hospital services.

Chart R: Rate of ESRD-Related Hospital Admissions per 100 Patient-Months May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)

Chart S: Rate of Outpatient ED Visits per 100 Patient-Months May 2024–March 2025



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2025 (Data is not final)


compromise
negotiate
negotiation
settlement
agreement
agree
mutual
compromised
compromising
concessions
acceptance
negotiating
contract
successful
partnership
understanding
argument
communication
business
deal
dispute
give up
balance
meeting
tolerance
demand
benefit
cooperation
arrangement
success
mediation
conflict
relationship
strategy
argue
handshake
beneficial
share
give
risk
debate
truce
discussion
discuss
adjustment
solution
problem
settle
resolve
pact

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 clinically related grievances and are addressed through records review. From May 2024 to March 2025, 6.60 percent of contacts to the Network were for grievances. (See Chart T) This includes 3.90 percent for immediate advocacy, 2.20 percent for clinical areas of concern, and 0.50 percent for general grievances.

Facility Concerns

In addition to grievances, the Network also responded to facility concerns. Such concerns accounted for 47.60 percent of all contacts to the Network for May 2024–March 2025. (See Chart T) Facility concerns included contacts received from ESRD facilities and providers related to managing difficult patient situations, requests for technical assistance, and other concerns.

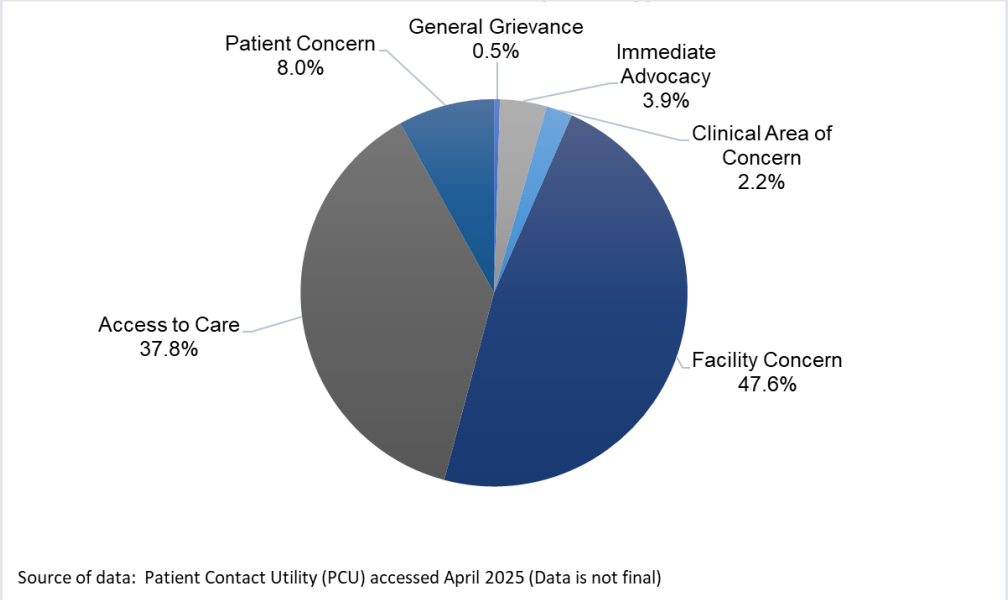
Patient Concerns

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 8.00 percent of contacts to the Network from May 2024 to April 2025. (See Chart Q)

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 37.80 percent of contacts to the Network from May 2024 to March 2025. (See Chart T)

Chart T: Percent of Grievances and Non-Grievances by Case Type May 2024–March 2025



Source of data: Patient Contact Utility (PCU) accessed April 2025 (Data is not final)


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

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 2024. The Network regularly interacted with facilities regarding QIAs and projects, patient grievances, data reporting, and the provision of technical assistance and education.

In 2024, 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 in-center hemodialysis self-training, 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
planning
preparedness
healthcare
plan
safety
fire
agency
warning
survival
team
medical
service
help
urgent
danger
disaster
supplies
protection
emergency room
safe
jeopardy
resilience
kit
evacuation
stretcher
paramedic
business
alarm
medic
incident
equipment
disease
emergency
urgency
threat
natural disaster
information
property
recovery
nurse
natural
crisis
doctor
government
situation
health
environmental
risk management
public
response
rescue
hospital
security
room
intervention
life
accident
risk
operations
medicine
education
loss
system

ESRD Network Significant Emergency Preparedness Intervention

ESRD Network 7 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 Kidney Community Emergency Response (KCER) Program, healthcare coalitions, state and local emergency response partners, 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 facility information 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.

Below are the emergency events Network 7 responded to during 2024:

May 2024

- **Tallahassee area storm related power outage**—The Tallahassee area of Florida (FL) experienced high winds and rain that caused power outages and downed trees on May 10, 2024. The Network contacted area facilities for operational and patient status updates. Six of the seven facilities in the area lost power for 1–2 days and either used a generator or transferred patients to facilities with generators. All facilities were back on city power by May 13, 2024, and all patients were accounted for.

August 2024

Hurricane Debby—Hurricane Debby made landfall in Steinhatchee, FL, on August 5, 2024, as a Category 1 hurricane. At landfall, maximum sustained winds were estimated to be around 80 miles per hour (mph). The storm brought heavy rainfall, strong winds, and flash flooding as it moved across the Southeast before moving offshore along the coast of Georgia on August 6, 2024.

Prior to the storm approaching, the Network sent providers weather alerts and contacted facility leadership regarding closure plans. Providers reported pre-planned closures of facilities in preparation of the storm, and all facilities re-opened without issue except for one that had electrical issues. All patients were accounted for, and no patient placement issues were reported.

September 2024

Hurricane Helene—Hurricane Helene made landfall on the night of September 27, 2024, in the Big Bend Region of FL (Taylor County) as a Category 4 hurricane. Maximum sustained winds of 140 mph were reported. The intensity of the storm caused significant damage impacting homes, infrastructure, and local ecosystems. In addition to rain and wind, the storm caused excessive storm surge in areas along Florida's west coast causing flooding in rural and urban areas.

The Network activated its command center on September 23, 2024, to monitor and track the storm's predicted landfall and issued weather alerts to Florida dialysis facilities throughout the week. The Network attended pre-storm calls with KCER and dialysis providers where it provided information on activation of the E-Plus patient tracking program and details regarding reporting open/closed status after the storm. The Network also provided dialysis planning reports

during Florida Hospital Association (FHA) calls and collected planned closure information from facilities in the impact area.

The Network was in contact with independent facilities and corporate leadership for small, and medium organizations after the storm passed to collect open/closed status and identify any patient needs. Multiple facilities remained closed for 1–2 days after the storm passed because of power and water outages but then reopened without any other issues. No patient issues were reported.

October 2024

- **Hurricane Milton—**Hurricane Milton formed as a tropical depression in the Gulf of America on October 5, 2024, and became a hurricane on October 6, 2024. It strengthened into a Category 5 hurricane before making landfall in the west central region of FL. The storm brought heavy rainfall and hurricane-force winds as it moved across multiple states. Impacts included widespread power outages, and flooding.

  The Network was activated to monitor and track the storm's predicted landfall and issued weather alerts to Florida dialysis facilities on October 7, 2025, and October 8, 2025. The Network collected planned closure information from facilities and activated its 1-800 phone line to assist patients and facilities after the storm passed.

  After the storm left FL, the Network collected facility open/close status from independent and small organization facilities and addressed patient calls for dialysis placement. Multiple facilities remained closed after the storm passed because of power outages or flooding in the area. The Network assisted dialysis providers with locating missing patients using the E-Plus system and monitored the event until all facilities were back open on municipal power and all patients were accounted for. The Network distributed financial and emotional support resources to all dialysis facility social workers as they became available after the storm.

Acronym List Appendix

This appendix contains an acronym list created by the Kidney Patient Advisory Council (KPAC) of the National Forum of ESRD Networks. The Network is grateful to the KPAC for creating this list of acronyms to assist patients and stakeholders in improving the annual report's readability.