ESRD NETWORK 2018 ANNUAL REPORT

Qsource ESRD
Network 12
CMS Contract
Number: HHSM-500-2016-00012C

Qsource ESRD Network 12 Annual Report

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Contract Information

December 2017 – November 2018
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Sponsoring Agency

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services

Written Materials Disclaimer

This report was prepared by Qsource ESRD Network 12 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.

To File a Grievance

If you are a kidney patient and you would like to file a grievance, please contact Qsource ESRD Network 12 by telephone at 1-800-444-9965, or by email at net12@nw12.esrd.net, or by fax to 816-880-9088, or by mail to 920 Main Street, Suite 801, Kansas City, MO 64105.

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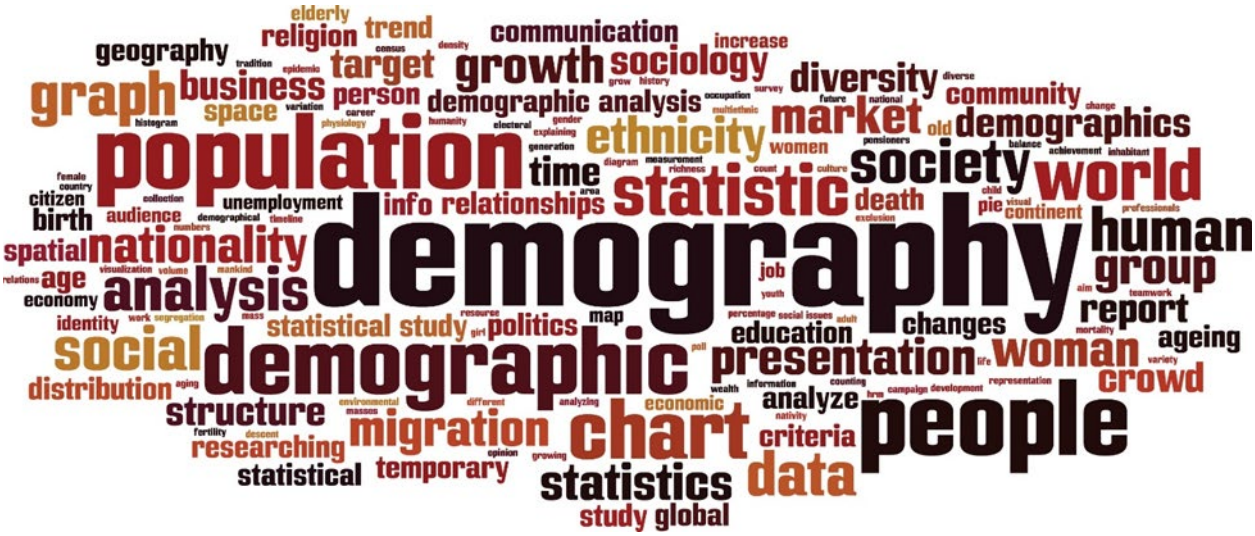
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aim
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tradition
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census
density
grow
history
diverse

ESRD NETWORK 12 DEMOGRAPHIC DATA

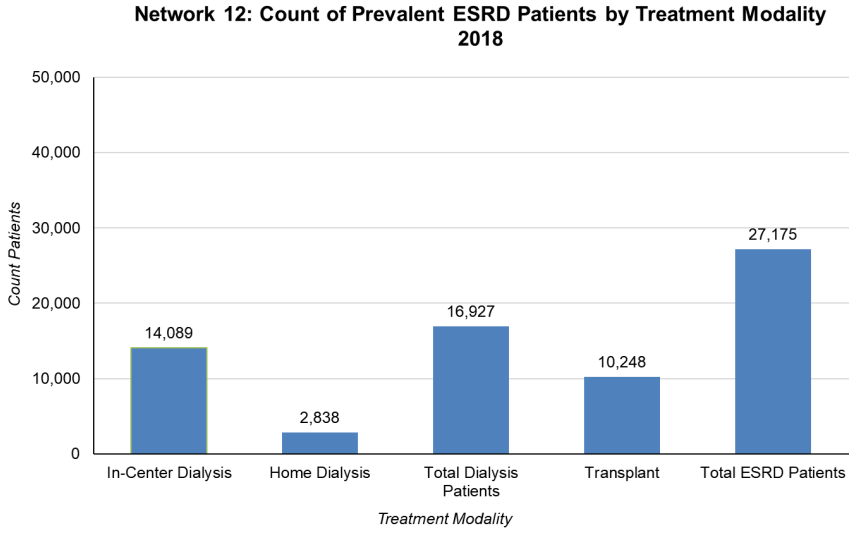
Qsource is an independent, not-for-profit corporation that holds the Centers for Medicare & Medicaid contracts for ESRD Networks 10 and 12. Qsource maintains offices in Kansas City, Missouri, for the administration of ESRD Network 12, and Indianapolis, Indiana, for the administration of ESRD Network 10. This Annual Report addresses the contract requirements of ESRD Network 12, which has responsibility for the four states of Iowa, Kansas, Missouri, and Nebraska. This region covers approximately 285,604 square miles with a population base of an estimated 14 million persons, according to the U.S. Census Bureau's 2018 estimates.[1]

The highest concentrations of Medicare-approved dialysis facilities and transplant centers are located in the St. Louis and Kansas City, Missouri, areas. This corresponds to the density of the overall population. Out of the 412 total counties of Iowa, Kansas, Missouri and Nebraska, 59.5% (*n*=245 counties) have no dialysis units. Only one dialysis facility exists per county in 25% (*n*=103) of the counties in the four-state region. Ownership of the facilities within the Network 12 region includes large dialysis corporations, hospitals, independent physician/physician groups, and small independent organizations. It should be noted that there are four Veterans Administration dialysis facilities (two in Missouri, one in Iowa and one in Nebraska) and one Veterans Administration transplant center (in Iowa).

The graphs found on the following pages provide a comparison of the number of ESRD patients by renal replacement therapy in the Network 12 region, the number of dialysis facilities and transplant centers in the Network 12 region, and the rates of patients by treatment modality and facility by type across the nation.

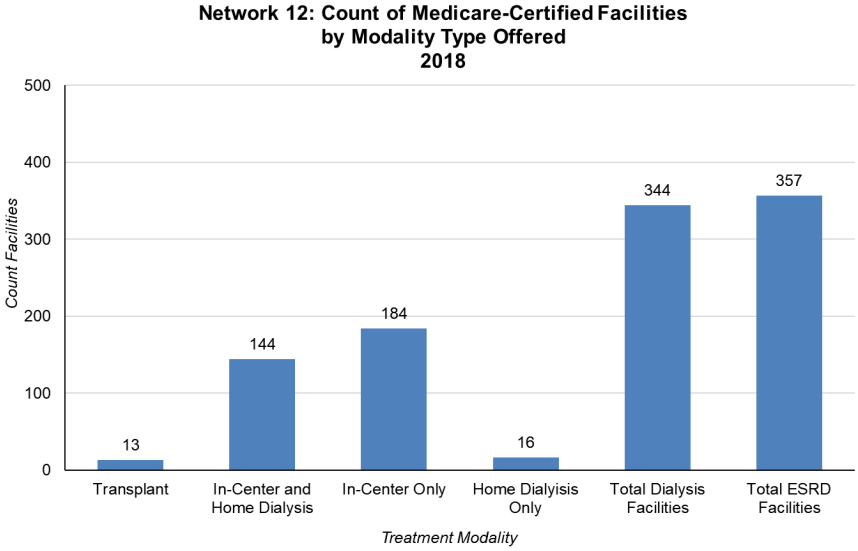
[1] U.S. Census Bureau. (2018, July 1). *Quick Facts: Population Estimates* (map view). Retrieved from https://www.census.gov/quickfacts/fact/map/US/PST045218

Graph 1



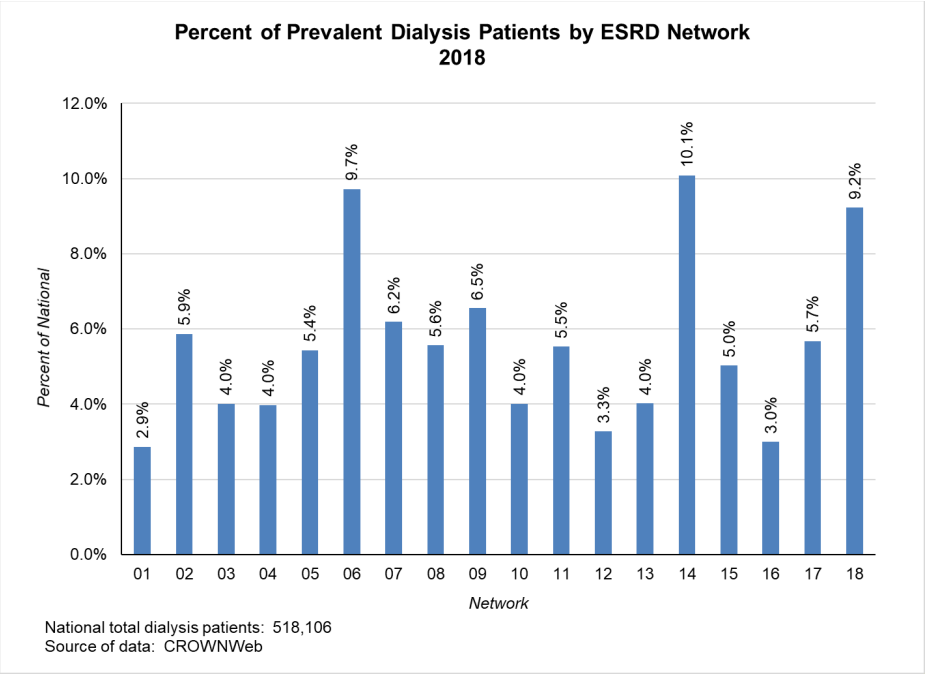
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: CROWNWeb

Graph 2

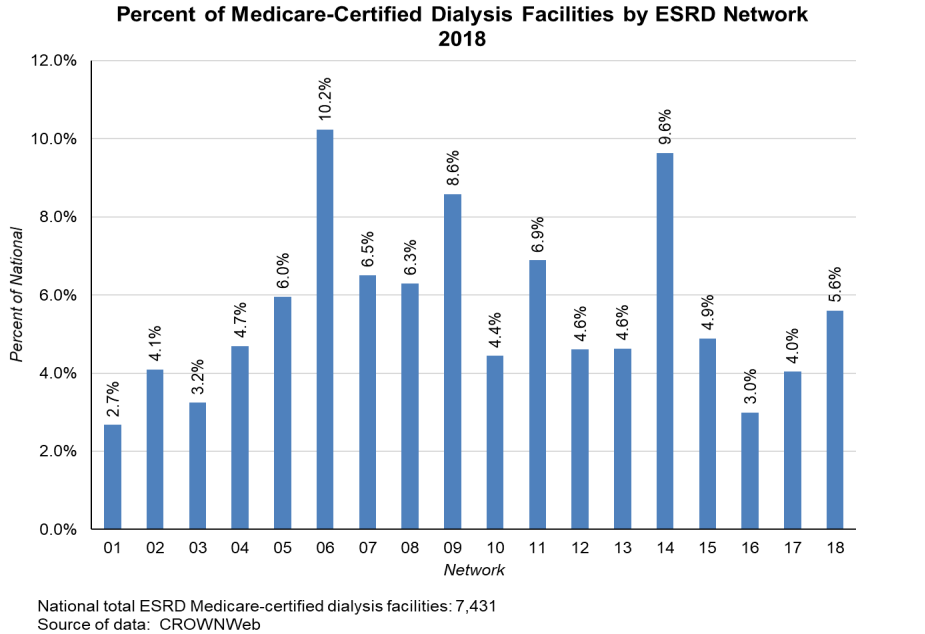


Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: CROWNWeb

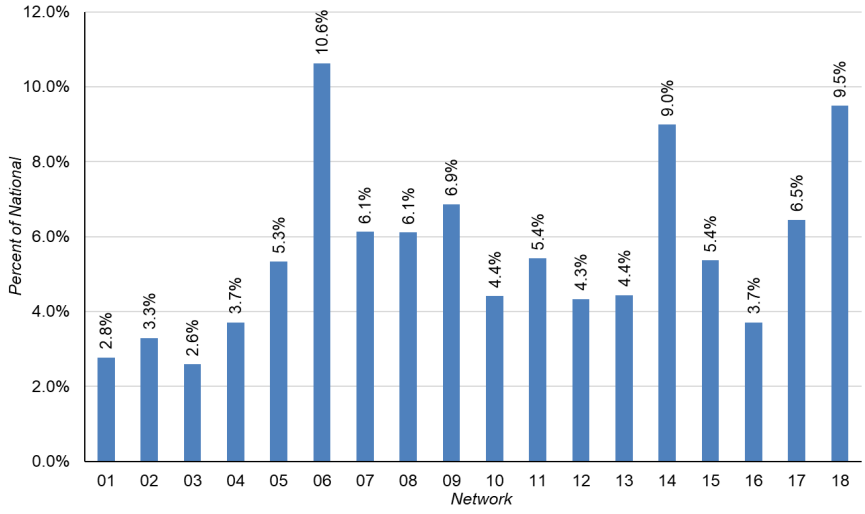
Graph 3



Graph 4

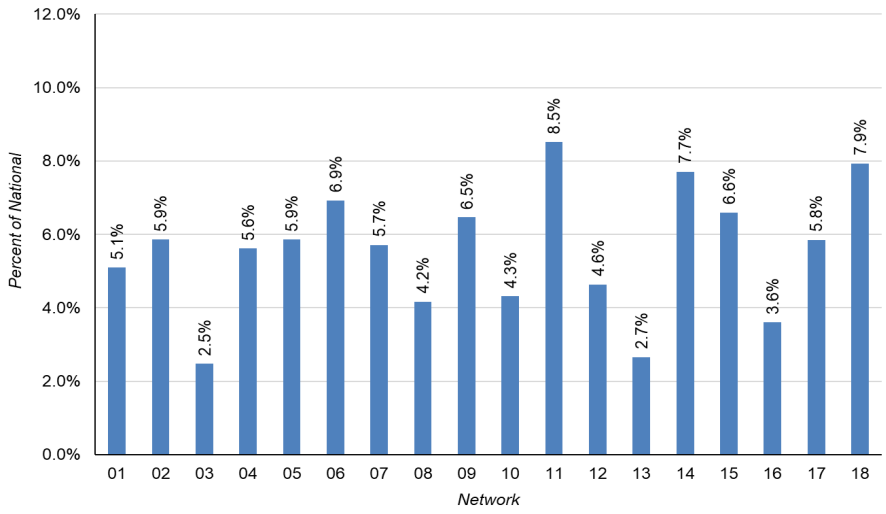


Graph 5



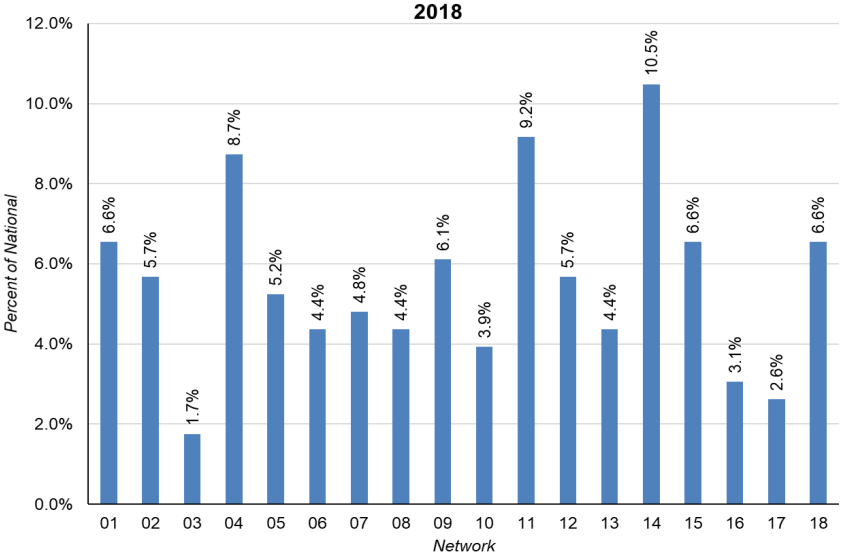
National total home hemodialysis and peritoneal dialysis patients: 61,826
Source of data: CROWNWeb

Graph 6



National total transplant patients: 221,497
Source of data: CROWNWeb

Graph 7



National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: CROWNWeb


compromise
business
deal
communication
negotiate
mutual
agree
concessions
negotiating
compromising
compromised
acceptance
settlement
agreement
understanding
argument
negotiation
argue
tolerance
meeting
demand
balance
give up
benefit
dispute
discuss
debate
truce
discussion
arrangement
cooperation
success
risk
mediation
solution
adjustment
share
beneficial
handshake
give
partnership
contract
successful
resolve
problem
settle
pact
strategy
relationship
conflict
teamwork
diplomacy
charity
humanitarian
process
always
grant
claims
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competition
agreeable
support
understand
confrontation
achievement
project
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solving
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management
halfway
incompatibility
guidance
community
cooperate
negotiator
mediator
together
help
compete
continuous
togetherness
adjusting
direction
intervene
adapting
give-and-take
middleman
challenge
arrange
swapping
quid
ceo
charitable
adjust
confirmed
mediate
contribution
swap
benefits
problems
relationships
diplomacy
and
diplomatic
aid
handshaking
half-way
development
solve
arbitration
rivalry
mutually
evaluate
agreeing
assistance
quo
return
consensus
cause
care
relief
referee
gain
resolving
conflicting
nonstop
solutions
gift
guide

ESRD NETWORK 12 GRIEVANCE AND ACCESS TO CARE DATA

Qsource ESRD Network 12 responds to grievances and access to care cases for ESRD patients in the states of Kansas, Missouri, Iowa, and Nebraska. In 2018, the Network responded to a total of 42 grievances, 96 access-to-care cases, and 53 facility concerns.

Of the 42 grievance cases opened in 2018, the primary area of concern reported was clinical quality of care — which is a concern regarding the patient's dialysis access, safety, or prescription. This was followed by treatment-related concerns (for example, scheduling or facility policy and procedures); staff-related concerns (for example, staff professionalism, communication, or staffing ratios); environmental concerns (for example, dialysis unit temperature); and disruptive behaviors of another patient.

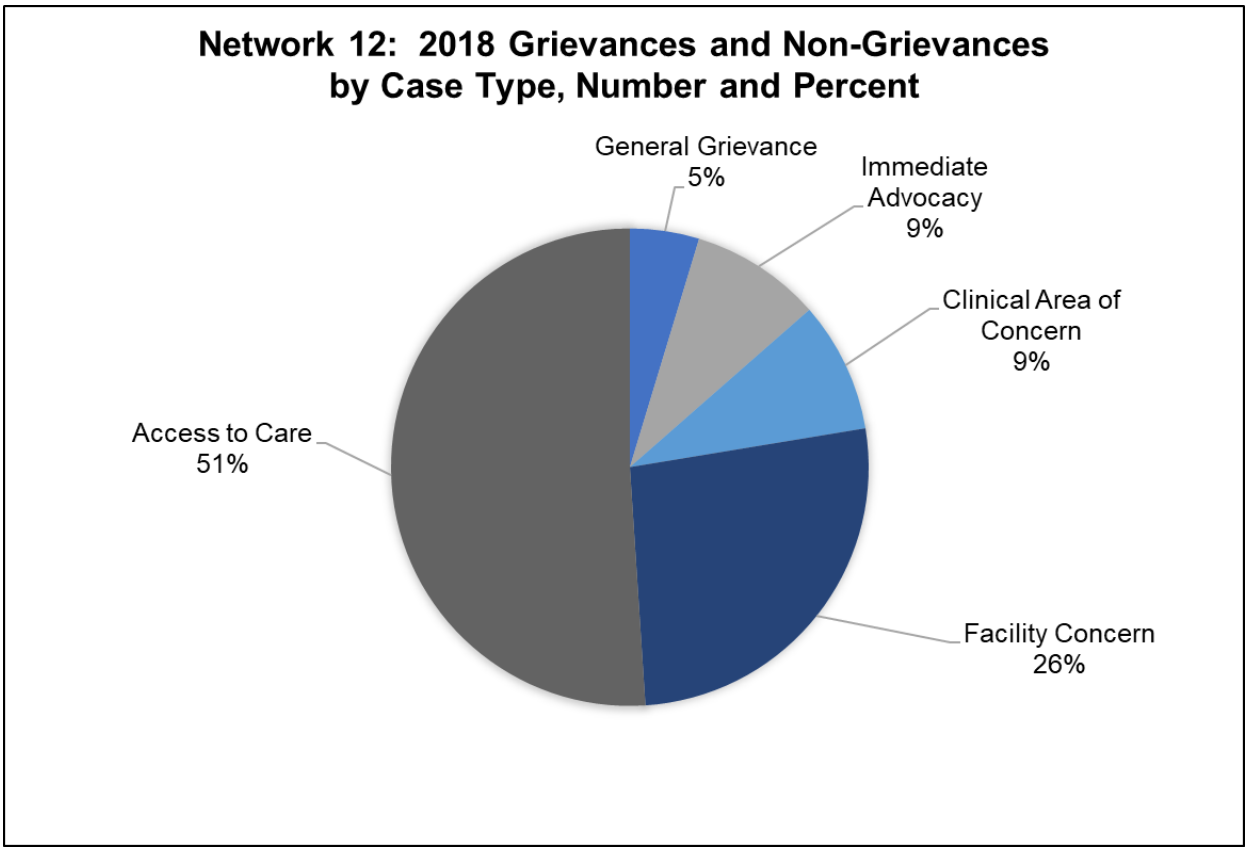
The Network addressed grievance cases as Clinical Quality of Care concerns, which required an RN review; immediate advocacy cases; or general grievances. A few grievance cases were not processed due to not receiving the patient's consent. A total of five grievance cases were referred to the appropriate state agency.

With regard to Access to Care concerns, Qsource ESRD Network 12 responded to a total of 341 events. Access to Care events includes involuntary discharge (IVD), involuntary transfers (IVT), and failure to place cases and all follow-up (touchpoints). The Network recorded 14 involuntary discharge/transfers and 12 failure-to-place cases. The majority of IVD/IVTs were due to immediate severe threat.

All at-risk cases are followed by the Network staff; for these cases, there were a total of 278 communication touchpoints that included 76 new at-risk cases. The frequency of touchpoints (at least once/month) contributed to the Network's ability to record 37 averted at-risk for involuntary discharge events for the 2018 calendar year.

In addition, 53 facility concerns were brought to the Network's attention by facility staff.

Chart 1



Source of data: Patient Contact Utility (PCU)


metrics
product
best practice
target
procedure
industry best
indicator
quality
process
standard
continuous
strategic
analysis
professional
experience
management
identify
education
business
performance
result
cost
advice
proven
method
status
technology
measurement
unit
skill
progress
market
rate
best firm
specific
operational
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development
evaluation
comparing
benchmarking
comparison
control
time
information
industry
success
strategy
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functional
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improvement
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expert
solution
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compare
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LONG TERM CATHETER QUALITY IMPROVEMENT ACTIVITY

Goal

The goal is a two percentage point reduction in the use of long term catheters (LTCs) from within 38 facilities that are also participating in the Bloodstream Infection QIA. The LTC use rate is calculated for each month by dividing the total number of patients using a catheter for 90 days or longer by the total number of patients with a vascular access reported. Baseline was data from June 2017. The aggregated LTC use rate across the selected facilities at baseline was 20.1%. The goal was identified as a LTC use rate of 18.1%. Measures were reported monthly from January through September. There was a three month lag in reporting; meaning that data displayed for September 2018 represented outcomes for the month of June.

QIA Detail for 2018

The long term catheter (LTC) reduction project was a component of the Bloodstream Infection Quality Improvement Activity. The LTC activity targets facilities that had a long-term catheter rate (i.e., catheter in use for 90 days or longer) above 15% at baseline (i.e., June 2017). Facilities were tasked with reducing their LTC use rate by 2 percentage points by June 2018.

As demonstrated in Graph 8, Network 12 exceeded the goal, achieving a reduction of 3.4 percentage points.

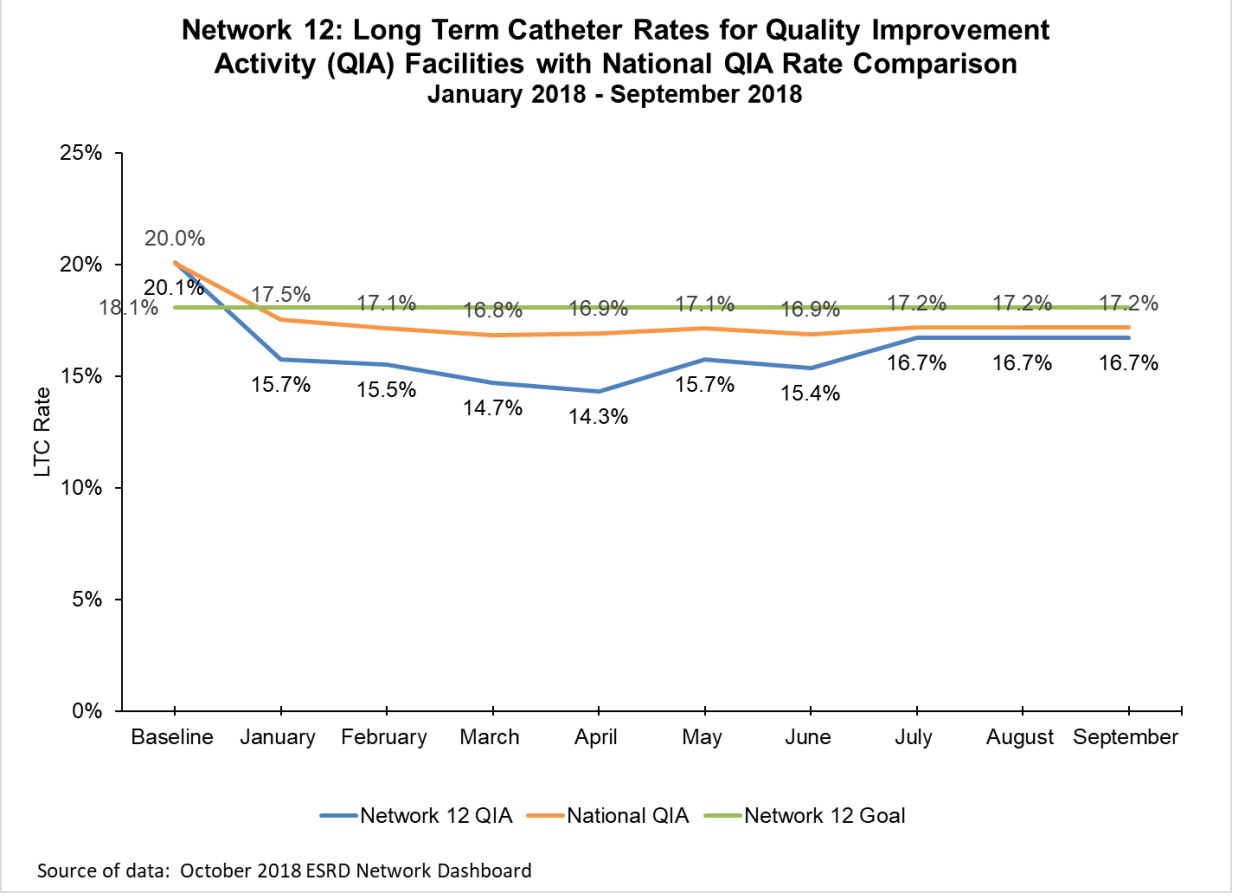
Network 12 found great success in a monthly intervention strategy that consisted of the sharing of a patient resource, staff resource, patient engagement activity, and interim data. Resources were both created by ESRD Network 12 and borrowed and adapted from other Networks or stakeholders to fit the needs of our Network. There were plenty of resources that were hands-on tools including catheter monitoring tool, catheter removal tracking tool, and vascular access planning guide. Successful ongoing interventions were CDC audits, which included catheter connection and disconnection for staff. Major highlights of the project were opportunities for patients to engage in their own learning with videos, by encouraging them to perform hand hygiene audits and gamification (e.g., crossword puzzles, BINGO, word searches).

Stakeholder involvement proved to be a vital component in the success of the LTC project. Network 12 staff successfully partnered with the states of Kansas and Nebraska — joining the respective states' Health Associated Infection and Antibiotic Resistance Advisory Groups. Additional educational resources and tools were used during the QIA for patient and staff education. These resources were

provided by various organizations including Centers for Disease Control and Prevention, the American Society of Nephrology, and the Forum of ESRD Network.

There were many identified best practices throughout the project to assist facilities in development of sustainable practices. The best practice utilized by majority of facility participants was the development of a vascular access champion. The vascular access champion is a person within the clinic who works as a liaison between the patient, care team, and vascular access center to coordinate care of a permanent access. One large dialysis organization identified this person as an All Access Manager, helping patients identify the best access/modality option for their lifestyle. Additional adopted best practices include the continuation of CDC's infection prevention audits, tracking of catheters removed in a central place within dialysis facility for all staff to monitor, celebrating catheter removal, and sharing success stories with patients and staff.

Graph 8



Source of data: October 2018 ESRD Network Dashboard

BLOOD STREAM INFECTION QUALITY IMPROVEMENT ACTIVITY

Goal

Reduce bloodstream infection rate within approximately half of Network service area dialysis facilities by 20% or greater reduction in the semi-annual pooled mean, with focus on 20% of facilities, from the cohort, with the highest rates of bloodstream infections from baseline January to June 2017.

QIA Detail for 2018

Qsource ESRD Network 12 made significant headway in helping facilities across our service area increase their culture of safety by providing educational resources on bloodstream infections, encouraging attendance on national webinars that focused on bloodstream infections, and supporting infection prevention interventions for both patients and staff.

For facilities participating in the Bloodstream Infection Quality Improvement Activity (QIA), the Network shared a patient resource, a staff resource, and a patient engagement activity, and asked facilities to perform an intervention monthly. Additionally, facilities were required to report each month from January to September on facility-specific updates including number of infections, infection source, patient census, and education or preventive measures taken by the facility.

A major component of QIA success was the variety of resources available for use to educate facility staff and patients. Of the many resources shared, participating facilities found good use from the CDC Sepsis Education Tools, Network 12 My Kidney Kit Patient Education handouts, Hand Hygiene Tips, and Assessment tools for both patients and dialysis staff to check skills on hand washing.

One intervention that was well received was the infection prevention pledges created by the Network. Both patient and staff infection prevention pledges were initiated as a QIA intervention in facilities to celebrate World Hand Hygiene Day by having their staff and patients pledge to practice proper hand hygiene and hold accountability for all patients and staff within the facility.

Patient engagement remains a priority with all QIAs. To engage patients in infection prevention measures, the QIA offered opportunities for patients to engage in their learning with videos and encouraged them to perform hand hygiene audits and play games (e.g., crossword puzzles, BINGO, and word searches).

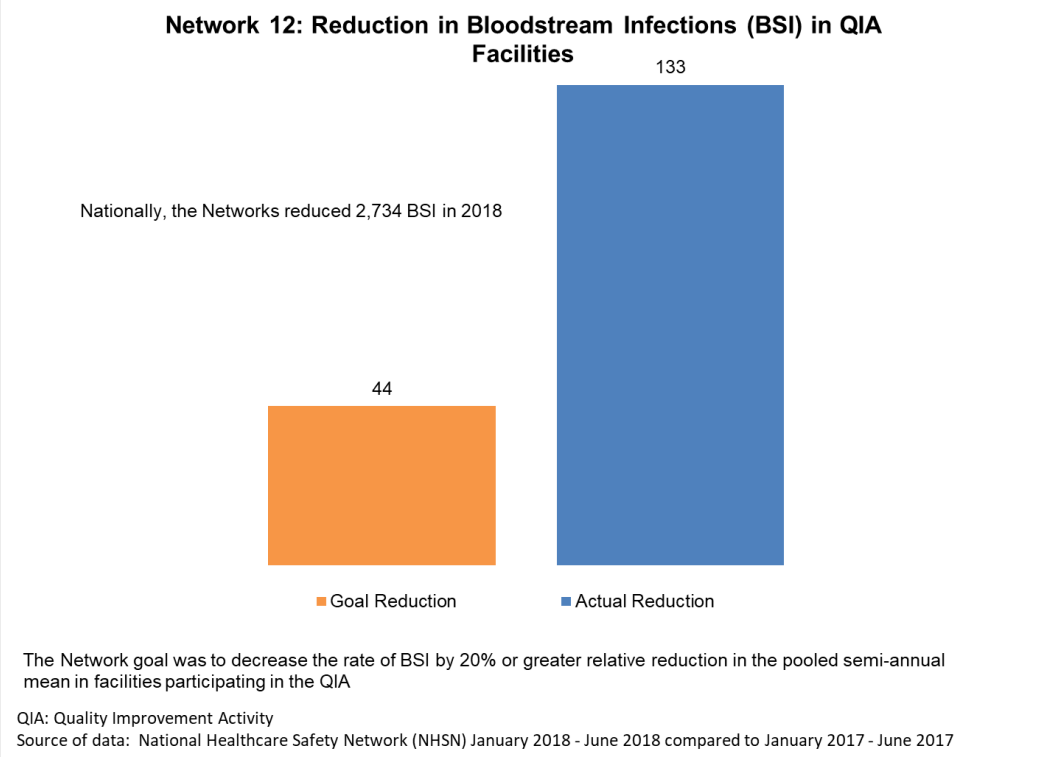
The Network partnered with community leaders, patients, and other stakeholders. Many resources were shared from national organizations such as the American Society on Nephrology, the Forum of ESRD Networks and Centers for Disease Control and Prevention. Through our participation in the

Healthcare-Associated Infection and Antibiotic Resistance Advisory Groups for Nebraska and Kansas we were able to incorporate education back to participating dialysis facilities, as well as engage with and collaborate with Quality Innovation Network-Quality Improvement Organizations, and Hospital Improvement Innovation Networks. The ESRD Network presented on infection prevention practices in dialysis units to the Greater Omaha Area Association for Professionals in Infection Control and Epidemiology.

Network 12 identified many best practices throughout the QIA that would assist dialysis facilities in establishing processes for sustainability. One of the most notable best practices came from a few facilities in St. Louis, MO. Two facilities worked closely with the Infection Preventionist from Barnes Jewish Hospital. The Infection Preventionist attended monthly Quality Improvement meetings. During these meetings, the entire staff worked to investigate all bloodstream infections, identify interventions to treat and prevent infections, and track infection trends.

Other best practices implemented by facilities included development of more patient engagement activities, working across their corporate structure to collaborate with other area facilities, establishment of an in-center Infection Control Manager to monitor BSIs, and engaging all staff in infection prevention.

Graph 9

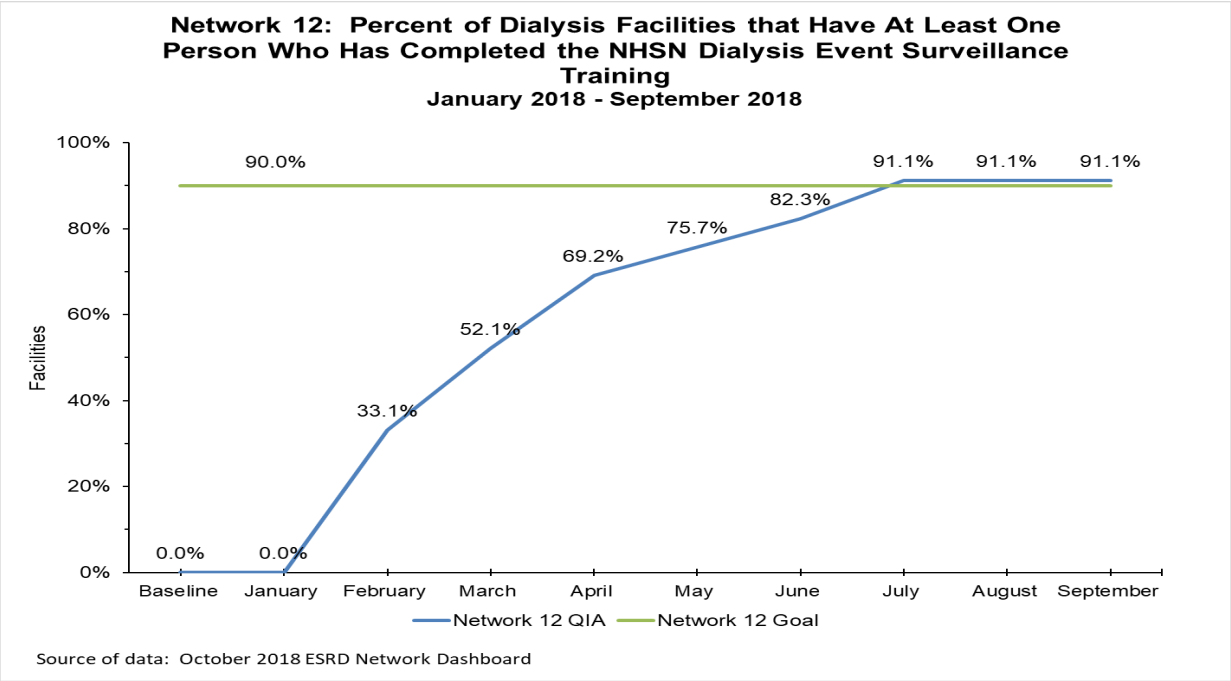


Within the BSI Quality Improvement Activity, the ESRD Network Contract also instructed ESRD Networks to support dialysis facilities in completion of annual NHSN Dialysis Event Surveillance training and to join a Health Information Exchange, an information transfer system to receive pertinent patient health information.

Metric: Assist at least 90% of facilities in the Network service area in completion of the online NHSN Dialysis Event Surveillance training to be completed by at least one staff member

Detail for 2018: For 2018, ESRD Network 12 surpassed this goal with 91.1% of facilities as evidenced in Graph 10.

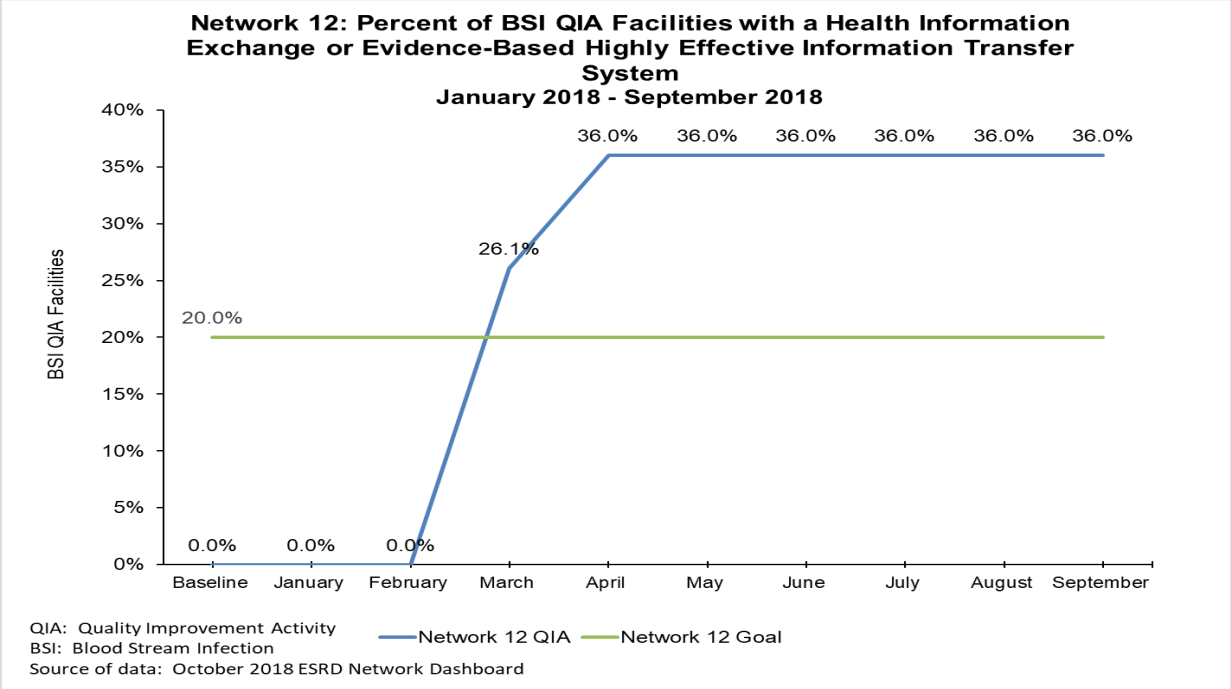
Graph 10



Metric: Assist at least 20% of bloodstream infection QIA cohort in joining a Health Information Exchange or another evidence-based highly effective information transfer system.

Detail for 2018: ESRD Network 12 surpassed this goal with a 36.0% achievement rate as demonstrated by Graph 11.

Graph 11



QIA: Quality Improvement Activity
BSI: Blood Stream Infection
Source of data: October 2018 ESRD Network Dashboard

TRANSPLANT WAITLIST QUALITY IMPROVEMENT ACTIVITY

Goal

Demonstrate at least a 10 percentage point increase in the rate of prevalent dialysis patients placed on the transplant waitlist within 30% of Network area facilities.

QIA Detail for 2018

In 2018, 99 facilities in ESRD Network 12 participated in the Transplant Quality Improvement Activity (QIA). As displayed in Graph 12, Network 12 was able to achieve growth — increasing the rate from 8.0% (baseline: October 2016–June 2017) to10.4% (re-measurement: January 2018–September 2018) of prevalent dialysis patients on the UNOS transplant waitlist at participating facilities.

In order to engage facility participation in the Transplant QIA, a variety of interventions, resources, patient engagement activities, and national webinars were provided. All facilities began the QIA with the completion of an environmental scan to assess current facility processes in place. The environmental scans resulted in finding many opportunities for improvement at the facility level. Network 12 provided the technical assistance to align the facility-level opportunity with interventions that resulted in positive change for the QIA.

Monthly from January to September, QIA cohort facilities were provided with a patient resource, a staff resource, and a suggested patient engagement activity. Facilities were required to complete a communication form to share with the Network their progress toward the QIA goal. The monthly information tracking form included the number of patients educated on kidney transplant, number of patients referred to a transplant, and description of patient engagement activities held at the facility.

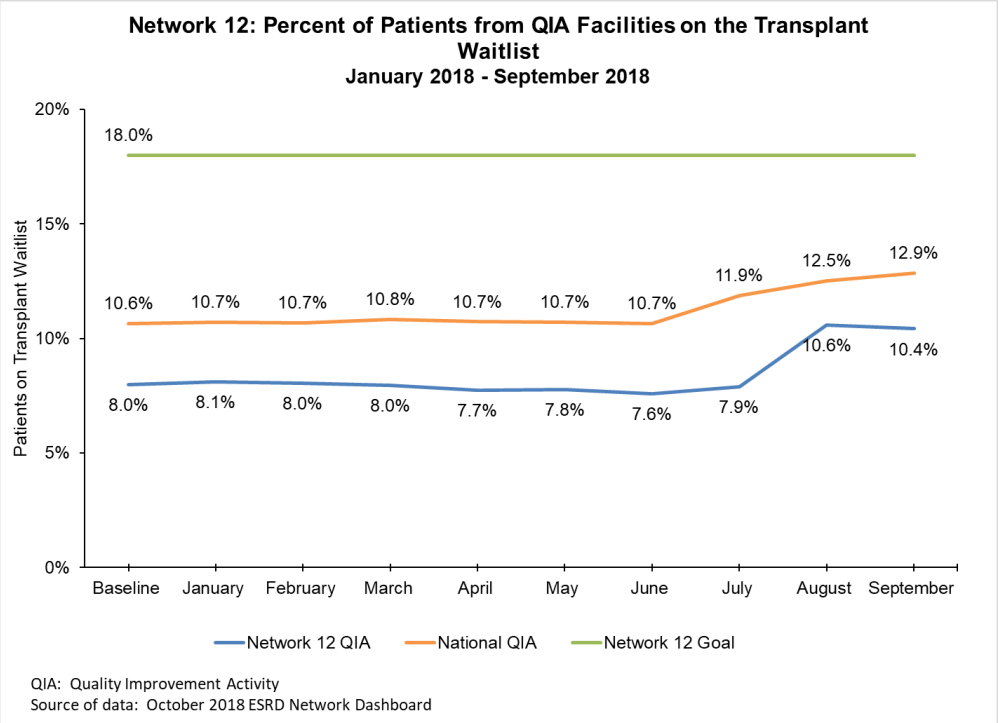
As an innovative resource, the Transplant Baseball Playbook was developed by Network 12 staff and the Network 12 Patient Advisory Council. The purpose of the Transplant Baseball Playbook was to engage staff to share and educate patients on kidney transplant, and to assist patients in their own care through development of a step by step walkthrough to transplant workup and placement on the UNOS waitlist. Additional interventions shared included My Transplant Coach, an online decision aid from Explore Transplant, and Network 12 My Kidney Kit transplant education handouts.

Patients at participating QIA facilities were surveyed to collect input on their liking and understanding of resources provided during the QIA, and level of education on transplant options provided by their dialysis staff. Of the patients surveyed, 92% stated they feel comfortable with the information they received about transplant, and 80% stated their dialysis staff helped them through steps to get waitlisted.

An important component to the QIA success was the involvement of stakeholders. In 2018, Network staff visited transplant centers to continue ongoing communication with all transplant centers across the Network region. In 2018, ESRD Network 12 in partnership with Nebraska Medicine Transplant Center hosted its first Transplant Symposium in Omaha, NE. The symposium included representation from multiple transplant centers in the Network 12 region, dialysis facility nurses, dialysis technicians, social workers, and patients. ESRD Network 12 also partnered with Gift of Life to educate staff and patients on the Gift of Life transplant mentor program, and hosted an online free webinar for living donation in July 2018.

The Network identified many best practices throughout the quality improvement activity shared by dialysis facilities to establish processes for sustainability. One best practice was transplant lobby days with transplant center representatives visiting the dialysis center. Other facilities identified engagement of corporate senior leadership in transplant education for staff as an opportunity for sustainability. Other best practices included bulletin boards on frequently asked questions for patients, and invitation notices to transplant center coordinators to attend facility Quality Assessment and Performance Improvement (QAPI) meetings. At these meetings, the staff discussed the status of patients on the UNOS transplant waitlist.

Graph 12



QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard

HOME THERAPY QUALITY IMPROVEMENT ACTIVITY

Metric

Demonstrate at least a 10 percentage point increase in the rate of prevalent dialysis patients who start home dialysis training within 30% of facilities in the Network area.

QIA Detail for 2018

In 2018, 99 facilities in ESRD Network 12's service area participated in the Home Therapy Quality Improvement Activity (QIA). Network 12 was able to show growth — increasing the rate from 1.1% (baseline: October 2017–June 2018) to 8.4% (re-measurement: January 2018–September 2018) of prevalent dialysis patients training for a home modality from January–September 2018.

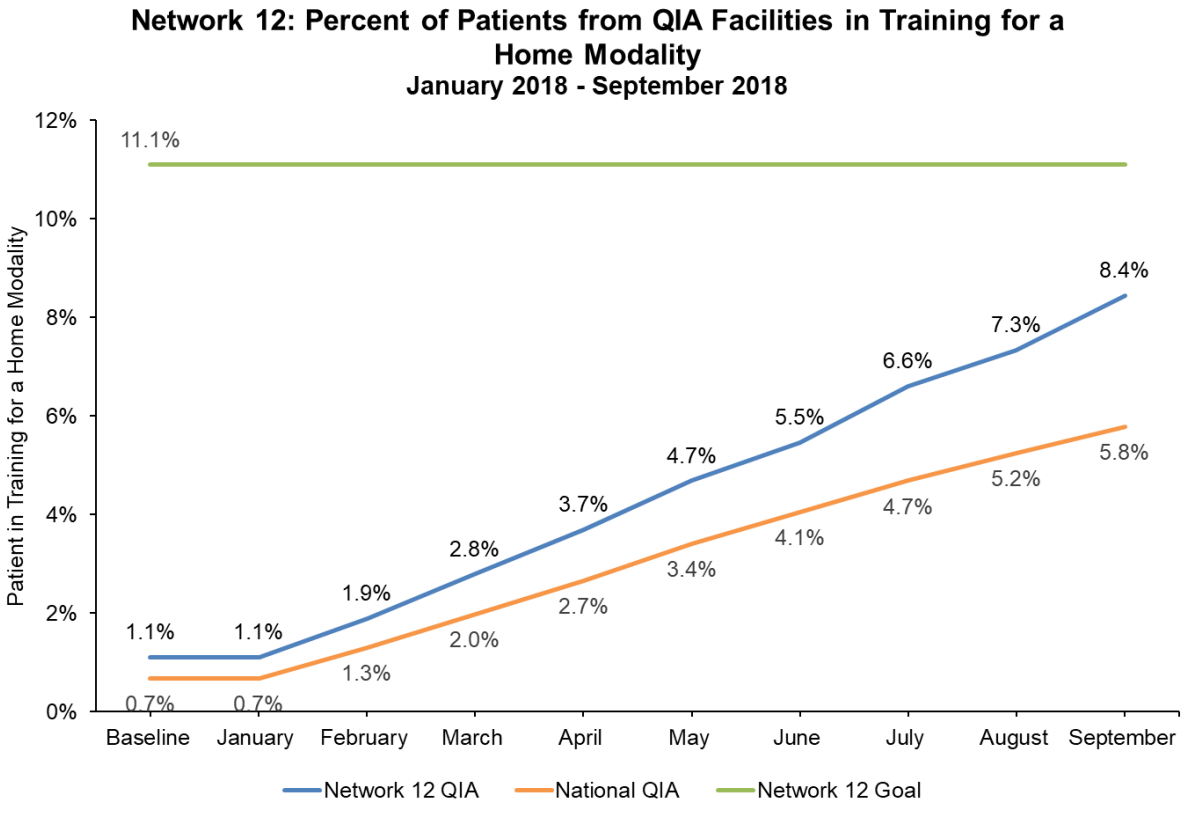
As a method to engage facility participation, a variety of home modality interventions, resources, patient engagement activities, and national webinars were provided. All facilities began the quality improvement activity with completion of an environmental scan to assess current facility processes in place, evaluate current education on home dialysis for patients and staff, address the facility's ability to refer interested patients to home dialysis centers, acknowledge barriers with current processes, and help facilities brainstorm improvement opportunities.

Network 12 provided multiple resources and interventions to support participants throughout the QIA, given the needs demonstrated in the results of the environmental scan. An initial resource provided to overcome communication barriers was The Heartland Huddle, a series of communication tools created by Network 12 to guide staff in development and delivery of effective communication when speaking with in-center patients about modality options. Other resources developed include the Home Baseball Playbook—as an innovative approach to assist staff in continuous education on home dialysis options and to encourage patients through the process of starting a home therapy. The Baseball Playbook included patient tracking tools, bulletin board suggestions, patient tips on baseball cards, and coaching tips to provide technical assistance to participating facilities from the Network staff.

QIA cohort facilities were required to complete a communication form monthly to share with the Network progress made toward the QIA goal. The monthly information tracking form encouraged facilities to evaluate their current progress in patient education by identifying the number of patients educated on home dialysis each month and the number of patients scheduled for home training each month and sharing barriers or examples of successful patient engagement.

The Network identified many best practices throughout the QIA shared by dialysis facilities to establish processes for sustainability. A well-received intervention was a patient navigator. A patient navigator is a home dialysis patient who visits the in-center unit to talk with patients interested in home dialysis. Peer-to-peer patient support is widely accepted as a successful intervention for all ESRD patients. One large dialysis corporation found much success in the utilization of the Match–D program to support renal staff in assessment of suitability of home dialysis options for patients. Another best practice was the shift from vascular access manager to all access managers, making a staff person responsible for educating patients on home dialysis during education on vascular accesses.

Graph 13



QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard

POPULATION HEALTH FOCUS PILOT PROJECT QUALITY IMPROVEMENT ACTIVITY

Metric

Positively impact the quality of life of ESRD patients with a focus on mental health in three key areas: (1) complete 100% depression screening for all patients in project cohort facilities, (2) achieve a 10% decrease of patients who screened positive for clinical depression but have no follow-up plan, and (3) reduce the effect of an identified disparity for the target population within the facilities in the project.

QIA Detail for 2018

ESRD Network 12 worked with 36 dialysis facilities to promote quality of life, mental health, and depression awareness. As demonstrated in the graphs below, the Network achieved:

1) A reduction of 25.8 percentage points in the rate of prevalent dialysis patients who were not screen for clinical depression (Graph 14) from baseline (October 2016–June 2017) to re-measurement (January 2018–September 2018).
2) A low percentage in the rate of prevalent dialysis patients who were screened for depression, tested positive, but did not have a follow-up plan (Graph 15) from baseline (October 2016–June 2017) to re-measurement (January 2018–September 2018).
3) A reduction in the gender disparity with depression screenings of prevalent dialysis patients (Graph 16) from baseline (October 2016–June 2017) to re-measurement (January 2018–September 2018.

Monthly, the Network shared a patient resource, a staff resource, and a patient engagement activity and asked the facilities to perform an intervention. We offered opportunities for patients to engage in their care by offering innovative non-pharmacologic approaches to the treatment of depression. Interventions were identified from "Learning and Action Network" calls — facilitated by the ESRD National Coordinating Center (ESRD NCC), which brought together patients, dialysis providers, and community stakeholders to share promising approaches or tools to achieve improvement. Facilities were asked to educate staff and patients on depression signs and symptoms and provided with strategies to help patients improve their quality of life. The Network shared information on laughter therapy, gratitude, journaling, goal setting, vocational rehabilitation, and games – like "Quality of Life BINGO" developed by the Network for this QIA.

With the documentation of depression screenings in CROWNWeb being a major driver in the success of this project, an initial report was designed to allow facilities the ability to easily identify patients who required screening and documentation follow-up. Additionally, the Network developed and provided participating facilities with a CROWNWeb documentation guide to walk through technical steps for QIA completion. As an innovative approach to assist facilities, Network staff offered frequent one-on-one technical support sessions to address any barriers and walk through process improvements with participating facilities.

Network 12 partnered with many community leaders, patients, and other stakeholders during the project. As an innovative approach and to increase reach, Network 12 was able to collaborate on a webinar with the Forum of ESRD Networks, the National Kidney Foundation, and the American Association of Kidney Patients to present the new Dialysis Patient Depression Toolkit. The Network participated in a workgroup with ESRD Networks 10, 11, and 14 to collaborate on project interventions and resources, as well as share successes and barriers faced.

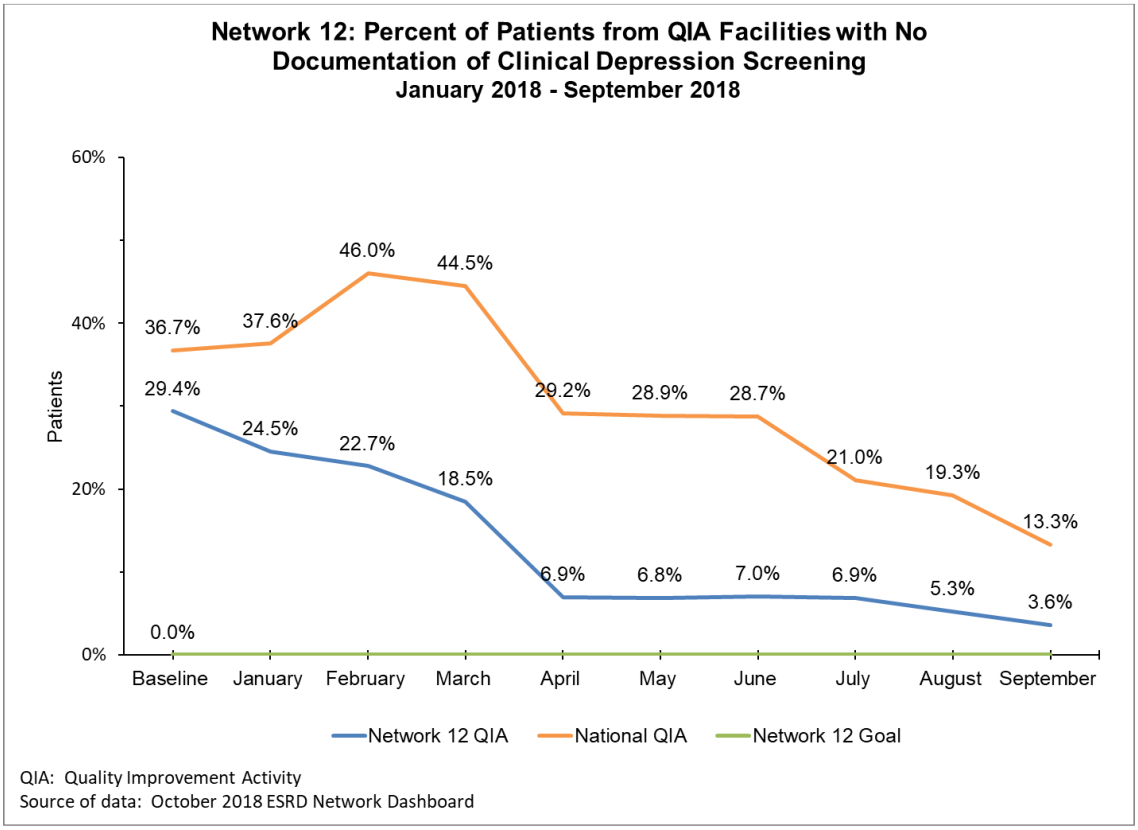
Patients at participating QIA facilities were surveyed to collect data on their experience with depression and to rate their likeliness of communicating with their dialysis care team about how they feel. Of the patients surveyed, 81.4% of males and 90.5% of females stated they felt comfortable talking to dialysis staff about depression, while 88.4% of males and 88.1% of females stated they had hobbies and/or activities to keep them busy.

Resource development for patients was a huge part of our QIA success. Network 12 was able to partner with community partners such Home Dialysis Central, Life Options, and Mental Health America of the Heartland. The Network 12 Patient Advisory Council (PAC) proved to be a true asset to this quality improvement activity. The PAC reviewed all resources prior to QIA cohort patient distribution, and assisted with the creation of the Myths vs Facts sheet on Depression.

The Network identified many best practices throughout the QIA shared by dialysis facilities to establish processes for sustainability. (1) Social Workers from a small dialysis organization identified that mental health and depression are best managed with an interdisciplinary team approach for holistic patient care. As a result, the team focused on internal policy revisions. (2) Materials developed by Qsource were provided, including a care-team approach to managing

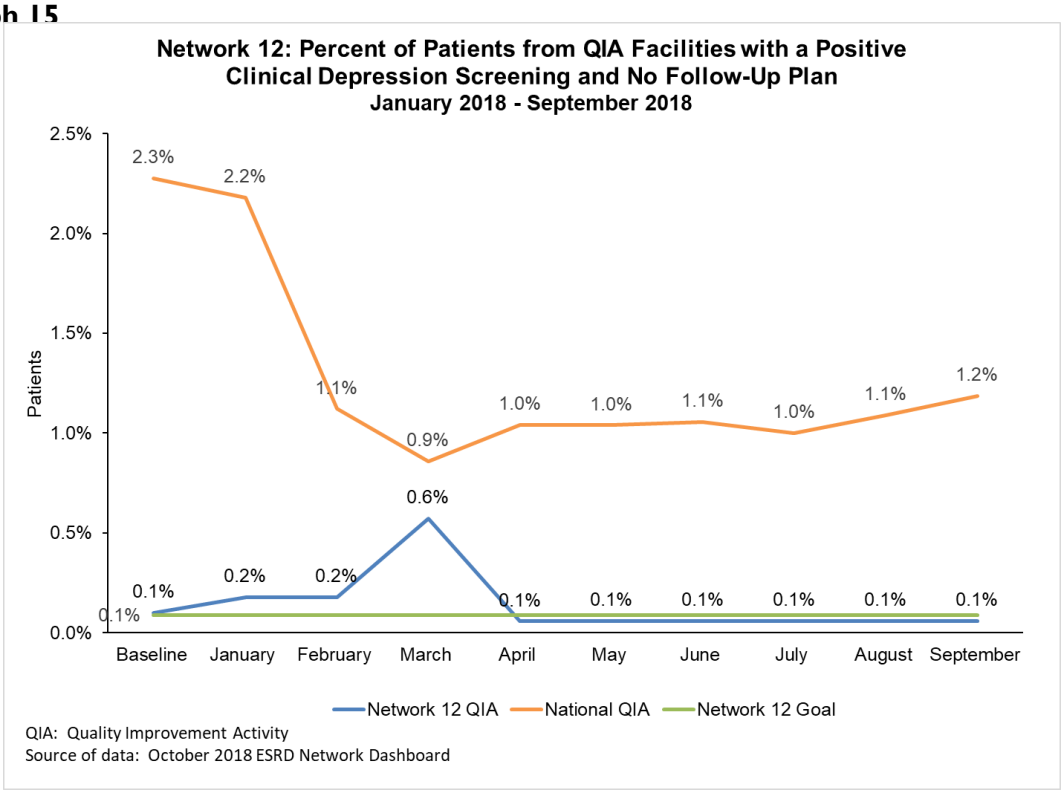
depression and depression education for staff and patients. (3) The use of the 5 Diamond Patient Safety Program module, with a focus on depression in dialysis, was recommended. (4) The use of non-pharmacologic therapies at the dialysis clinic was included. (5) It was also recommended to increase patient involvement with activities, (6) assist patients in setting goals, and (7) listening to the patient's voice when creating educational handouts and activities.

Graph 14



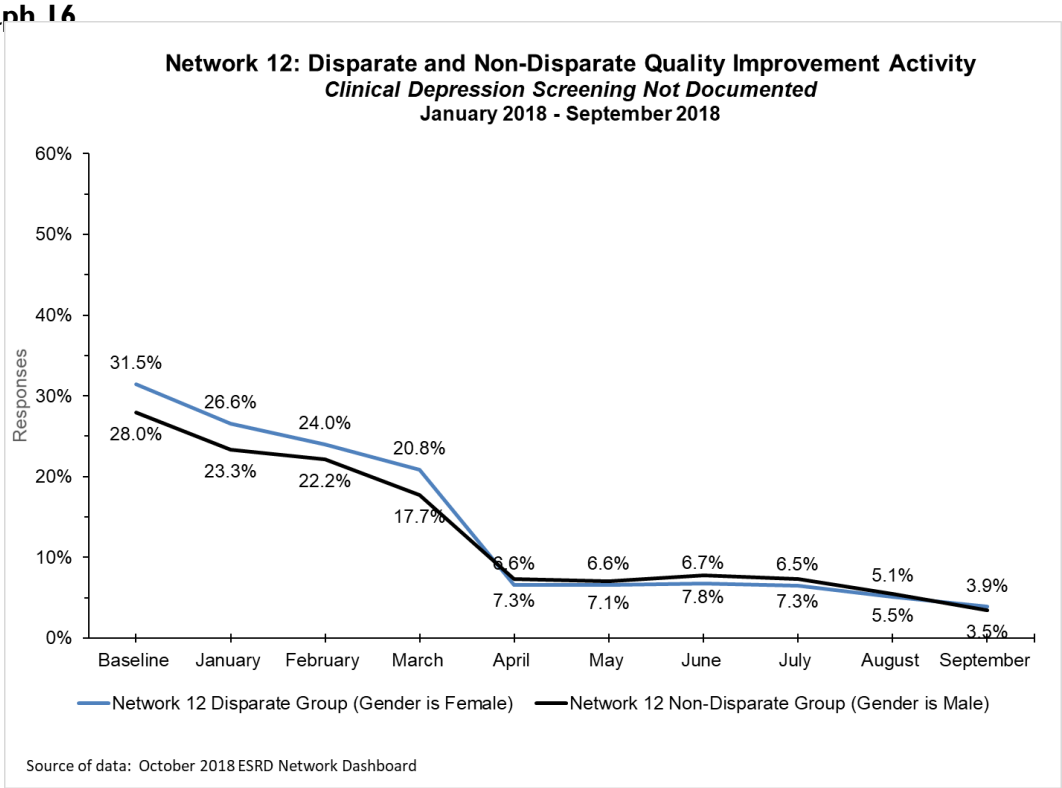
QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard

Graph 15

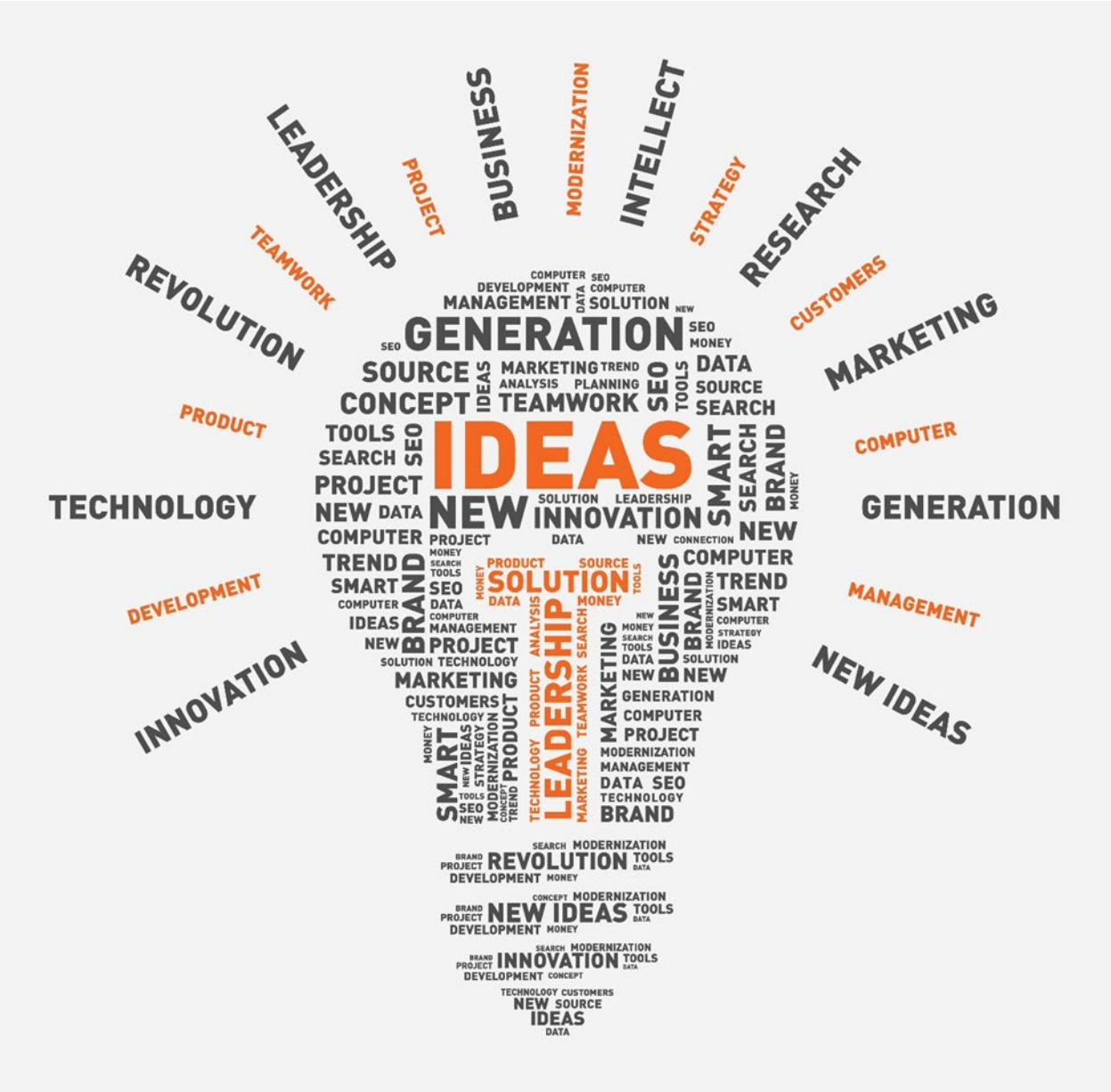


QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard

Graph 16



Source of data: October 2018 ESRD Network Dashboard


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

ESRD NETWORK RECOMMENDATIONS

Recommendations for CMS for Additional Services for Facilities

Qsource ESRD Network 12 routinely receives requests from dialysis organizations performing market research as they consider expanding their services in the four-state area. No specific recommendations for additional services or facilities are of note for this report.

Facilities That Consistently Failed To Cooperate With Network Goals

In 2018, Qsource ESRD Network 12 did not identify any facility that consistently failed to cooperate with Network goals.

Network 12 monitors performance of facilities with respect to Quality Improvement Activities (QIAs) and the data quality management guidelines through compliance analysis and project performance milestone achievement. Results of this monitoring activity are recorded in our continuous quality improvement plan.

Recommendations for Sanctions

No recommendations were made to CMS for additional services or facilities in the Network 12 area during 2018.


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
equipment
disease
emergency
incident
urgency
threat
natural disaster
information
property
recovery
nurse
natural
crisis
doctor
government
situation
health
environmental
risk management
public
response
rescue
hospital
security
room
intervention
operations
medicine
life
accident
risk
education
loss
system

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

As a component of the contract held with CMS, ESRD Networks are required to meet various emergency preparedness guidelines to ensure patient and facility safety within their Network service areas. ESRD Networks are required to provide a working phone system to be reached by patient and dialysis or transplant staff in the event of an emergency or disaster, maintain a working website to post information of benefit to patients and providers during an emergency or disaster, and provide information to educate patients and facilities on safety interventions and resources that are available in the event of an emergency or disaster.

ESRD Networks partner with the Kidney Community Emergency Response (KCER) Program in the vast majority of all emergency and disaster situations. KCER works with the Network to provide technical assistance to kidney organizations and other stakeholders for continued coordination of care and access to services. In 2018, Network 12 worked with KCER to respond to various hazardous weather events that had potential to interrupt treatment services including hail, high winds, tornados, flooding, and powerful winter storms.

Facilities within the Network 12 service area are educated on the importance of providing status updates to the Network in the event of an emergency or disaster situation or facility-specific occurrence. These situations are reported to the Network when they have the potential to affect the status of a dialysis or transplant centers regular operations. Facility-specific occurrences are situations such as staffing concerns that will delay opening of a dialysis unit, disturbances to water, gas leaks, or physical damage to the plant. In 2018, Network 12 responded to several notifications and provided resources and guidance as required. Facilities are reminded throughout the year on both the importance and methods of reporting to the Network any impacts from emergencies or disasters.

In November 2018, ESRD Network 12 participated in the KCER Emergency Table Top Preparedness Drill as part of a national exercise. Emergency subject matter experts developed realistic emergency exercises that Network staff were instructed to work through. The overall goal of the drill was to test Network staff abilities to handle emergency situations including the

effectiveness of Network policies and procedures and competence of communication with all parties, and to identify if the Network can remain functional as a resource during emergency situations. The staff at Network 12 successfully completed all exercises and identified improvement opportunities including hard copy back-up lists of current facilities and emergency points of contact and maintaining a list of emergency management offices, utility companies, and health departments in the four states.

ACRONYM LIST APPENDIX

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