

# ESRD NETWORK 2019 ANNUAL REPORT

Qsource ESRD  
Network 12

CMS Contract  
Number:  
HHSM-500-2016-  
00012C

## **Qsource ESRD Network 12 2019 Annual Report**

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### **Contract Information**

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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 [ESRDNetwork12@qsource.org](mailto:ESRDNetwork12@qsource.org), or by fax to 816-880-9088, or by mail to 920 Main Street, Suite 801, Kansas City, MO 64105.

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## ESRD NETWORK 12 DEMOGRAPHIC DATA

Qsource is an independent, not-for-profit corporation that holds the Centers for Medicare & Medicaid Services (CMS) 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 2019 estimates.<sup>1</sup>

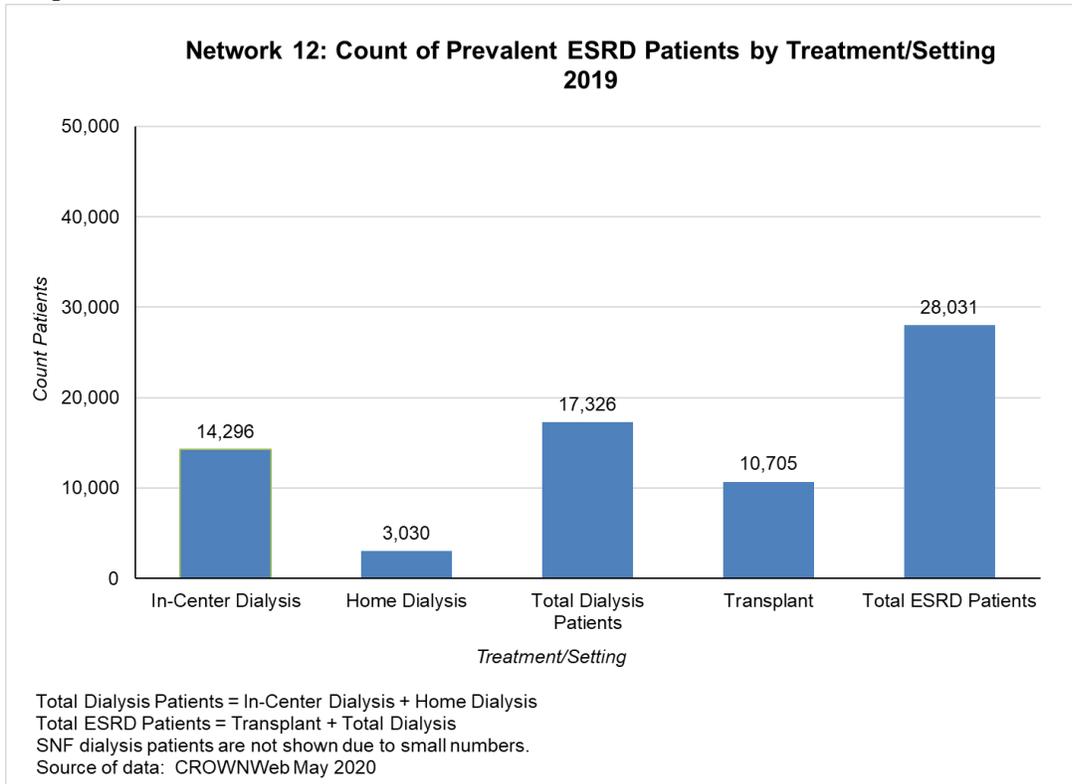
The highest concentrations of Medicare-approved dialysis facilities and transplant centers are located in the St. Louis and Kansas City, Missouri, areas. This corresponds to the density of the overall population. Out of the 412 total counties of Iowa, Kansas, Missouri, and Nebraska, 60% (n=245 counties) have no dialysis facilities. Only one dialysis facility exists per county in 25% (n=103 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 in the Network 12 region 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 (prevalence and incidence) by renal replacement therapy in the Network 12 region, the number of dialysis facilities and transplant centers in the Network 12 region, the rates of patients (prevalence and incidence) across the nation by ESRD Network region, and the rates of facilities by type (dialysis and transplant) in the nation by ESRD Network region, the rates of Home Dialysis Therapies (i.e., Home Hemodialysis and Peritoneal Dialysis) across the nation by ESRD Network region, and the rates of Transplants Patients across the nation by ESRD Network region.

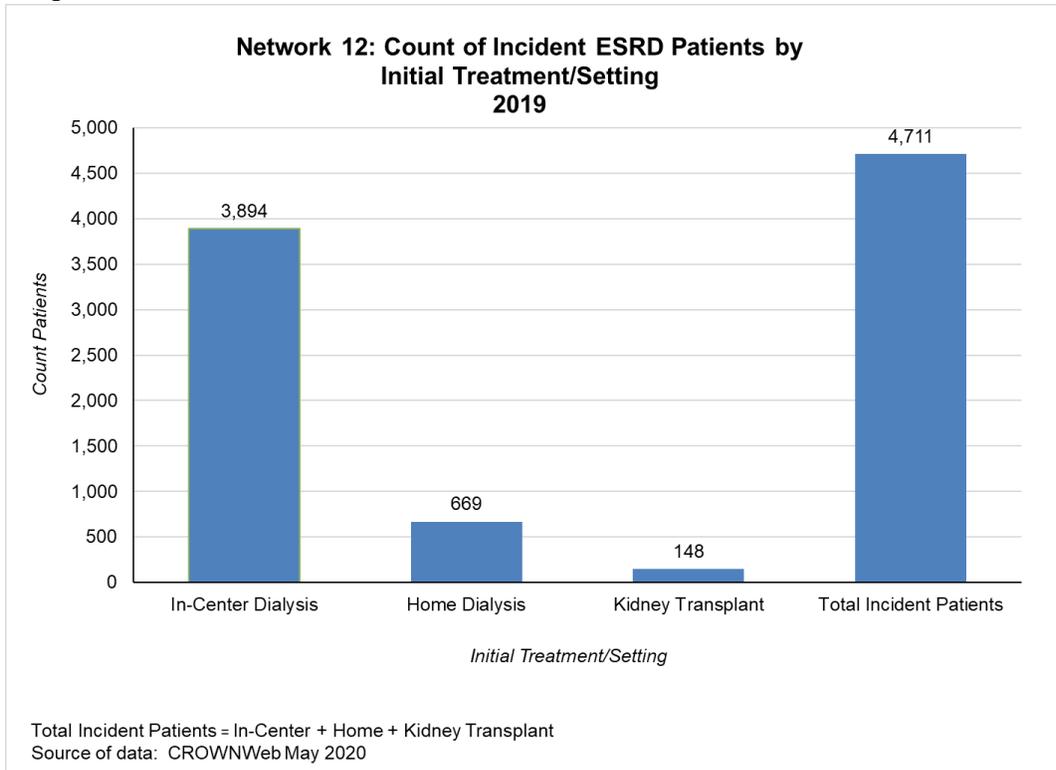
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<sup>1</sup> U.S. Census Bureau. (2019, July 1). *Quick Facts; population Estimates* (map view). Retrieved from <https://www.census.gov/quickfacts/fact/map/US/PST045219>

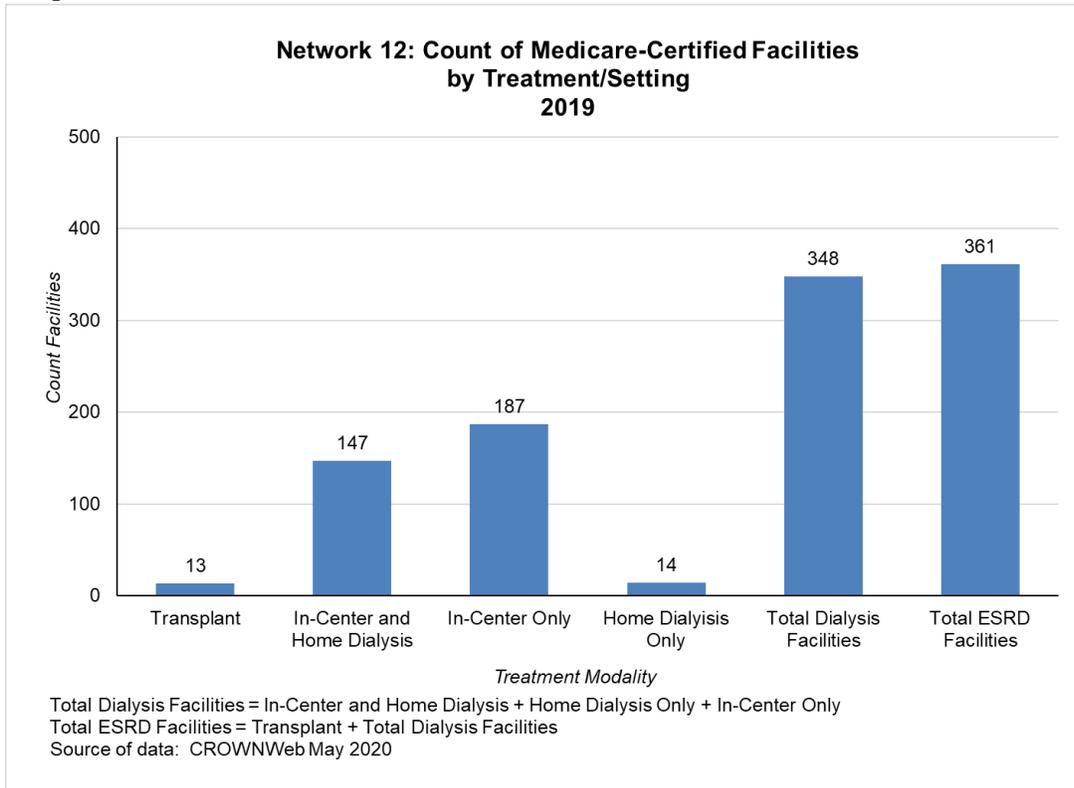
Graph 1



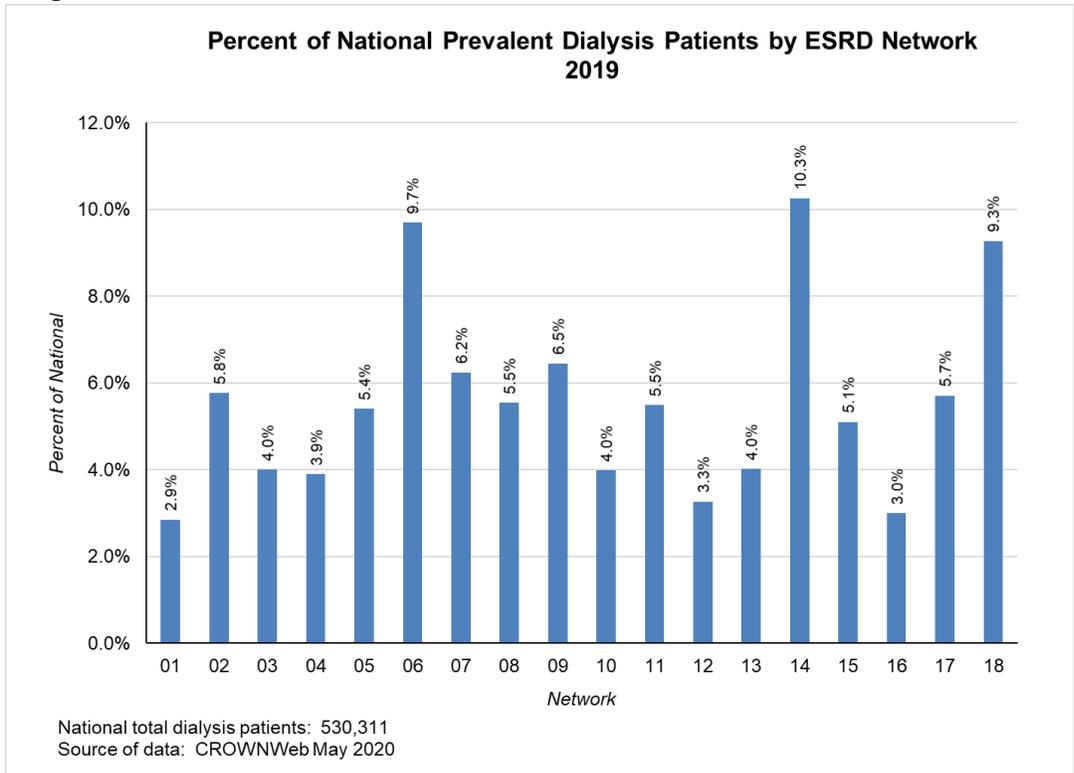
Graph 2



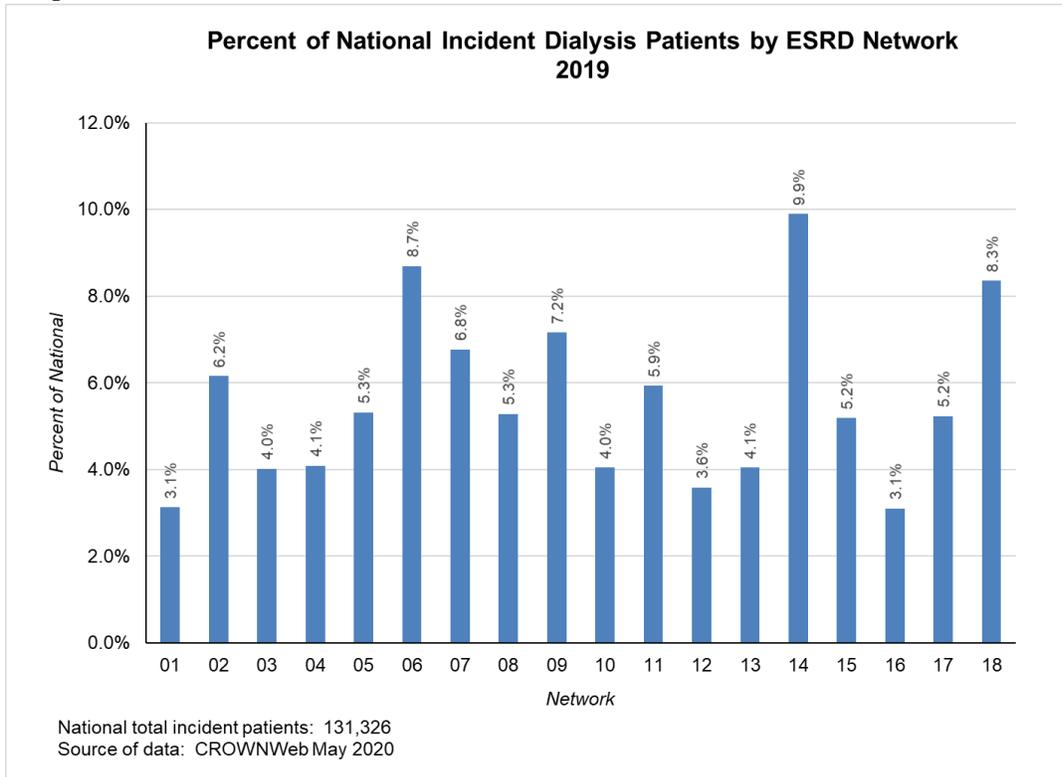
Graph 3



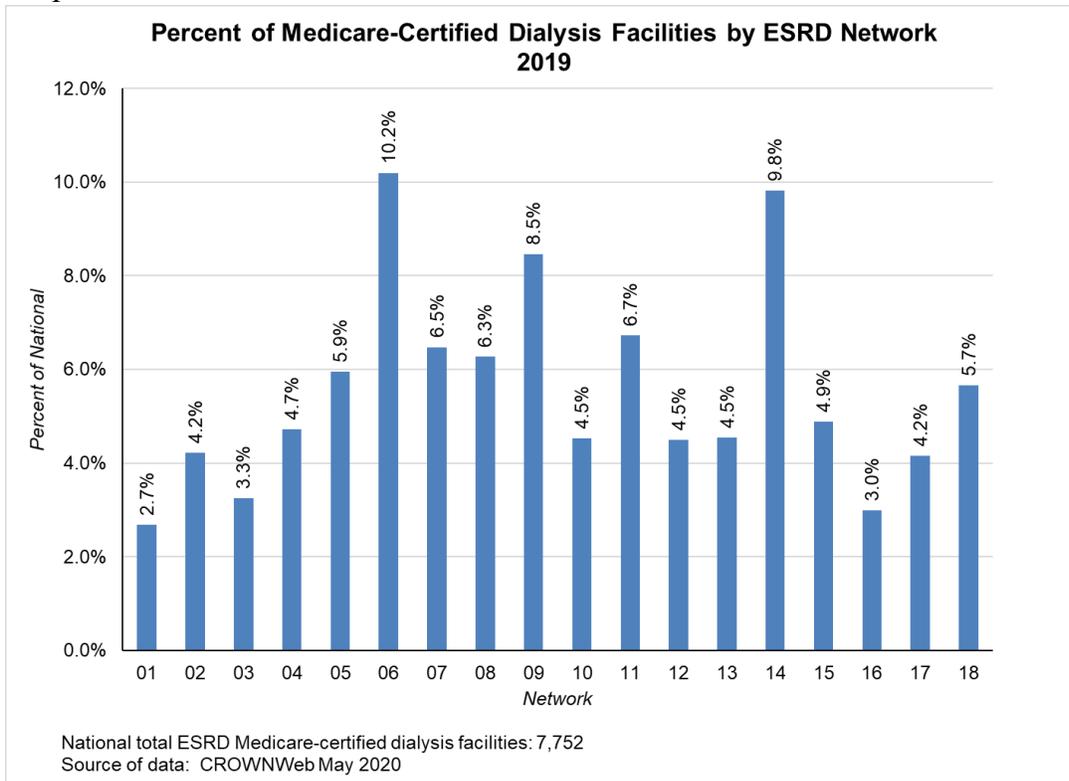
Graph 4



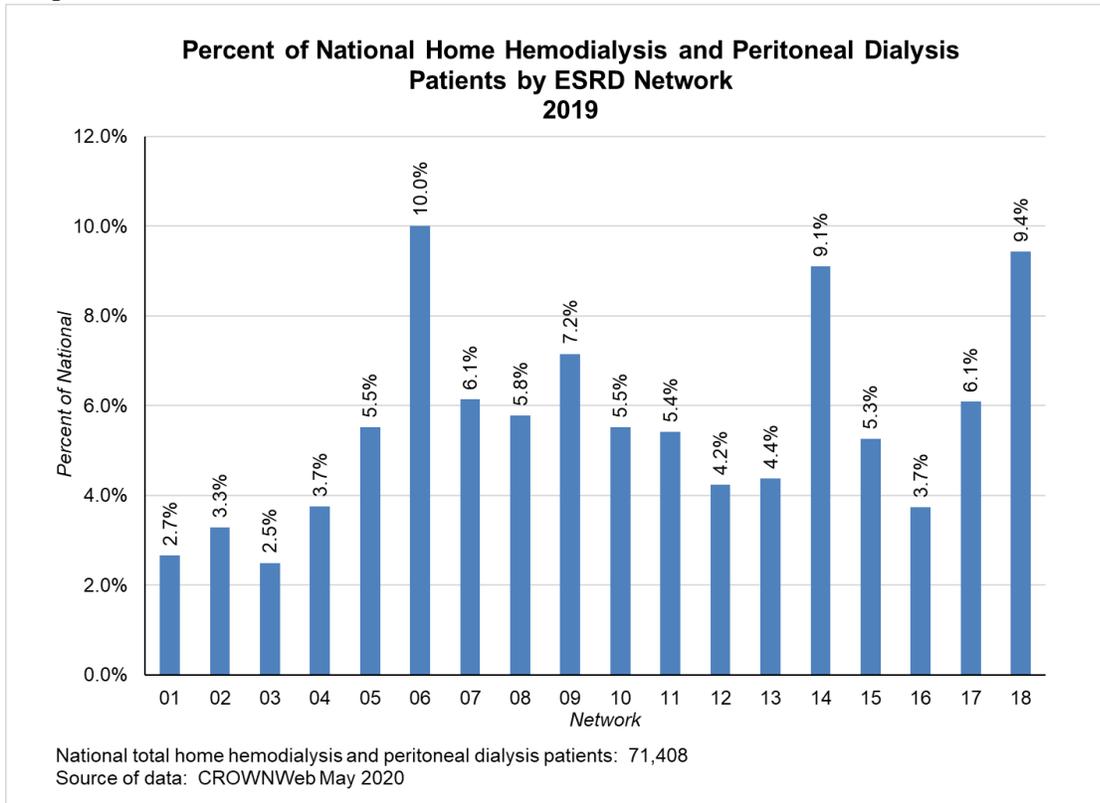
Graph 5



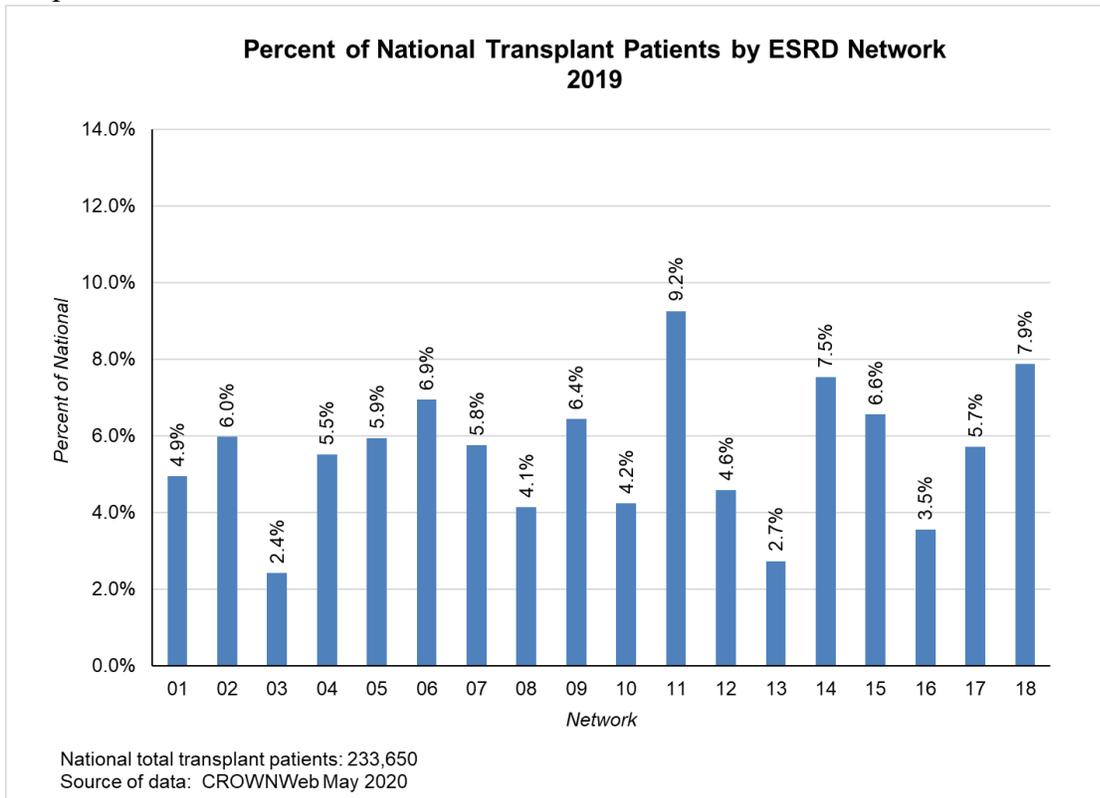
Graph 6



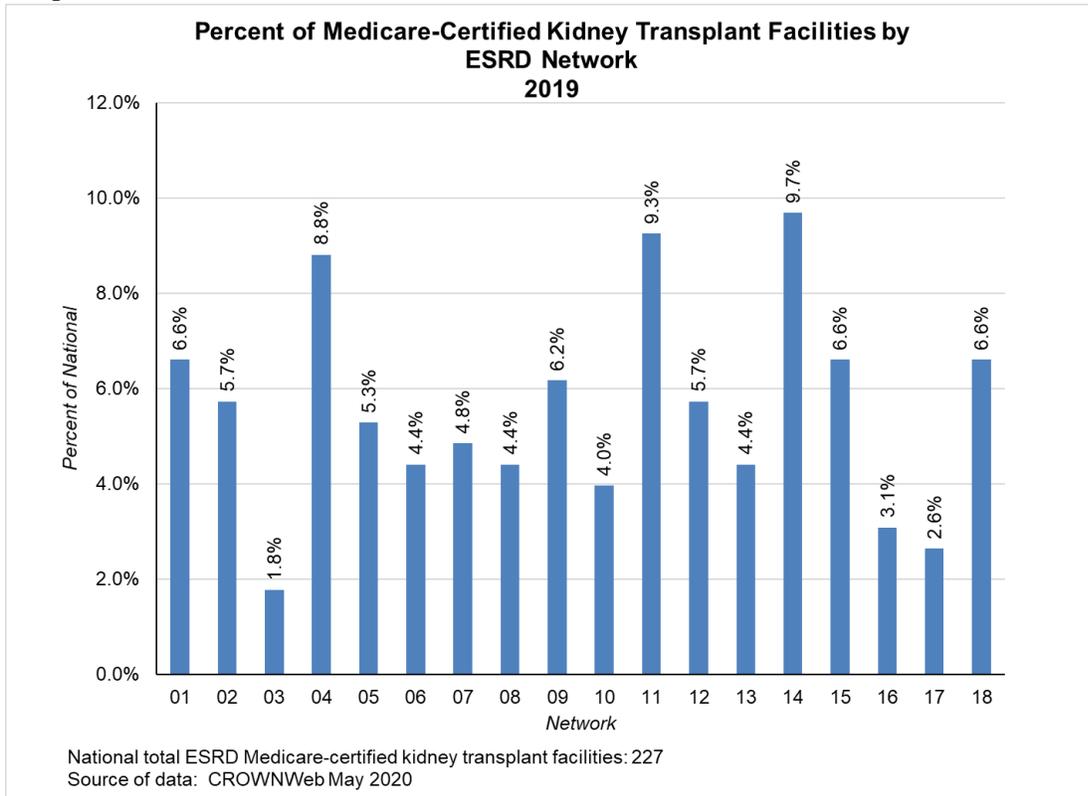
Graph 7



Graph 8



Graph 9





## **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. As shown in Graph 10, the Network addressed a total of 191 grievance and non-grievance cases including eight (4%) general grievances, 11 (6%) immediate advocacy grievance cases, 20 (11%) Clinical Quality of Care grievances, 71 (37%) access-to-care cases and 81 (42%) facility concerns.

The Network categorizes and addresses grievances according to the case types defined by CMS. Immediate Advocacy cases are concerns that are not clinical in nature and can be addressed quickly within 7 days while General Grievances may take up to 60 days. Clinical Quality of Care grievances include a clinical concern which requires a registered nurse review of medical record documentation and may take up to 60 days. The Network reviews each grievance in accordance with CMS guidance and provides facility staff with recommendations for quality improvement to improve patient satisfaction and communication. When the Network identifies a concern related to the End Stage Renal Disease Conditions for Coverage and/or an issue which places patients' health and safety in danger, the case is referred to the appropriate state agency. Nine grievance cases were referred to the appropriate state agency.

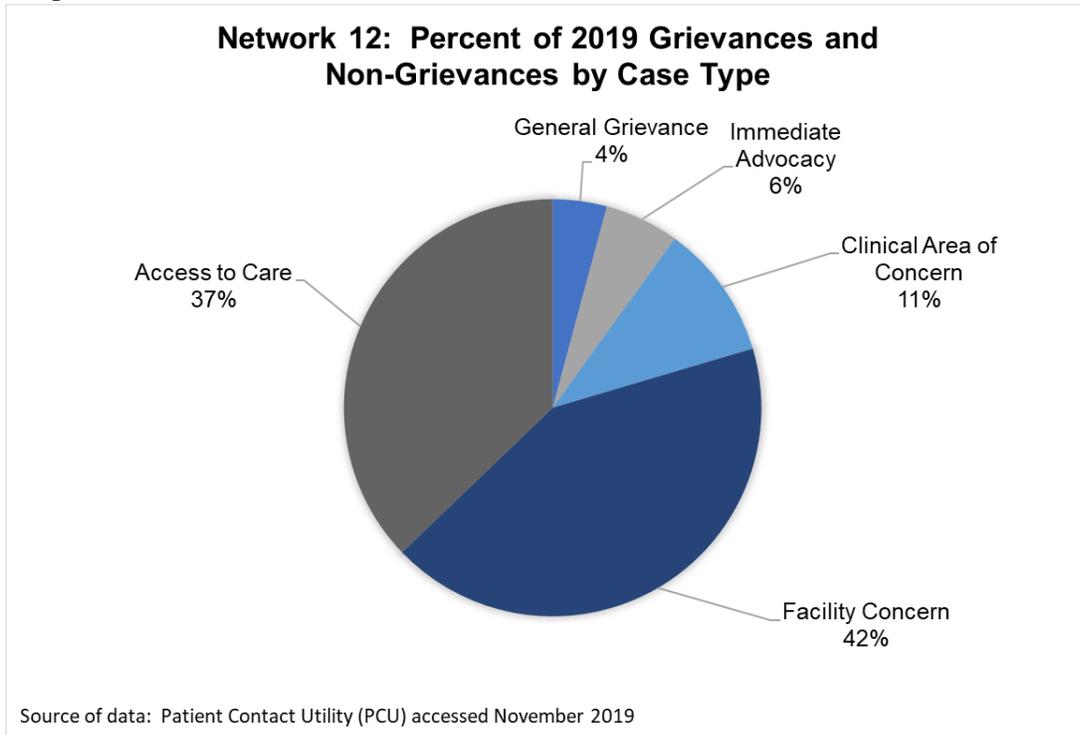
Of the grievance cases addressed by ESRD Network 12, the most common primary area of concern reported was a clinical quality of care related concern. Clinical quality of care related concerns includes issues regarding dialysis access site issues, infection control, patient health/safety, and treatment prescriptions. This was followed by treatment-related concerns (for example, scheduling or facility policy and procedures) and staff-related concerns (for example, staff professionalism, communication, or staffing ratios). The least often reported concern was a physical environment related concern (for example, dialysis facility temperature or equipment). Communication and professionalism concerns related to staff interactions were commonly reported by grievants in addition to their primary concerns. The Network completed two audits in the first and third quarter of 2019 and provided facility staff with educational information to address most common grievance concerns.

Qsource ESRD Network 12 responded to a total of 71 access to care cases. Access to Care cases include involuntary discharges (IVD), involuntary transfers (IVT), failure to place (F2P) cases,

and at-risk for IVD/IVT cases. The Network recorded ten involuntary discharges and one involuntary transfer completed (three IVDs were reported then averted). The majority of IVD/IVTs were due to immediate severe threat. Failure to place cases include patients who were involuntarily discharged and were not placed at another dialysis facility as well as patient(s) who receive treatment in hospital emergency rooms because no outpatient facility would admit them as a patient. The majority of access to care cases the Network addresses are at-risk for involuntary discharge/transfer cases. Patients may be at risk due to ongoing disruptive or abusive behavior, non-payment, medical need or termination by physician (non-sanctioned reason for discharge). These cases require monthly follow-up (touchpoints) and remain open until the patient is no longer at-risk for IVD. These frequent touchpoints allow the Network to work with facility staff to provide intervention recommendations and have contributed to the Network's success in averting 46 possible involuntary discharges allowing the patients to continue to receive outpatient dialysis care at their facility.

Finally, ESRD Network 12 staff addressed 81 facility concerns by providing educational information and technical assistance. Facility concerns include issues related to internal facility patient grievances, staff and patient educational or resource needs, and patient adherence to aspects of their dialysis treatment.

Graph 10





## Long Term Catheter Quality Improvement Activity

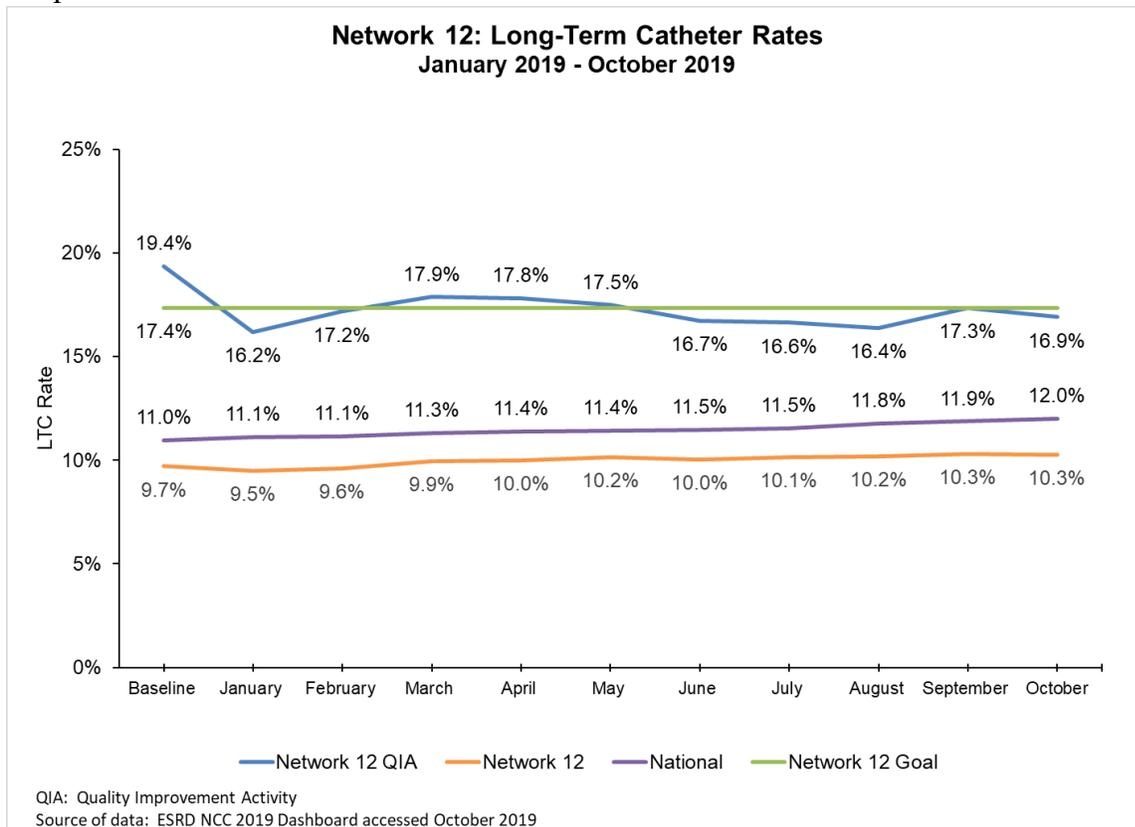
**Goal** The goal was a reduction of two percentage points in the use-rate of long-term catheters (LTCs) from within 40 dialysis facilities that are also participating in the Bloodstream Infection Quality Improvement Activity (QIA). The LTC use-rate is calculated for each month by dividing the total number of patients with a vascular access reported by the total number of patients reported using a catheter for 90 days or longer. The baseline was data from July 2018. The aggregated LTC use-rate across the selected facilities at baseline was 19.4%. The goal was identified as a LTC use-rate of 17.4%. Measures were reported monthly from January through September. The source of the data was the Vascular Access module of CROWNWeb, where information was submitted per month and per patient. There was a three-month lag in data outcomes reporting; meaning that data displayed for September 2019 represented outcomes for the month of June. As demonstrated in Graph 11, Qsource ESRD Network 12 achieved the goal, reaching a reduction of 2.5 percentage points.

**QIA Detail for 2019** Qsource ESRD 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 facility specific data. Resources were created by Qsource, sourced, or adapted from other Networks and stakeholders to fit the needs of our Network region. These resources were provided by various organizations including the Centers for Disease Control and Prevention (CDC), the American Society of Nephrology, and the Forum of ESRD Networks. There were plenty of resources that 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 include catheter connection and disconnection. Another successful intervention developed by Qsource ESRD Network 12 was the initiation of the collaborative learning cohort webinars titled Roundtable Calls. Roundtable Calls were held every other month with presenters including a stakeholder, patient subject matter expert, and/or a dialysis facility representative. On the calls best demonstrated practices, steps to overcome barriers, and any successfully used tools and processes were shared out with the QIA facilities. To drive patient involvement, many interventions were developed for patient engagement including videos, bulletin board and lobby day material, and patient focused hand-hygiene audits. ESRD Network 12 Patient Advisory Council and staff developed a series of

patient led calls to promote peer-to-peer support and education titled Very Important Patient – Peer-to-Peer Sharing Calls. The calls were shared throughout the Network region in various formats and featured subject matter experts from our Patient Advisory Council to discuss importance of infection prevention and tips to stay health both in-center and at home.

There were many identified best practices throughout the QIA to assist facilities in development of sustainable practices. An example of a best practice that was utilized by 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 placement and care of a permanent access. Large dialysis organizations identified this person as an All Access Manager – helping patients identify the best access and modality option for their lifestyle. Additional adopted best practices included the continuation of CDC’s infection prevention core interventions, tracking of catheters removed in a central place within a dialysis facility for all staff to monitor, celebrating catheter removal with the patient, and sharing success stories with patient and staff.

Graph 11



## Bloodstream Infection Quality Improvement Activity

**Goal** The goal was a 20% relative reduction in the semi-annual pooled mean of bloodstream infections as recorded in the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) within 70 dialysis facilities. These facilities were selected from those that ranked highest on the NHSN Excess Infection Report and that made up twenty percent of the overall number of dialysis facilities in the Network 12 region. Baseline included data for January through June 2018 as reported in NHSN and pulled from the “Rate Table – Bloodstream Infection” report. The timeframe for remeasure was January through June 2019. Graph 12 displays the goal in terms of infections (n=45) and the result at remeasurement (n=120 infections); demonstrating that Qsource ESRD Network 12 exceeded our goal in 2019.

In addition to reducing bloodstream infections, there were two additional performance metrics. Graph 13 shows Qsource achieved the goal of demonstrating at least 90% of dialysis facilities in the Network 12 region in completing the online NHSN Dialysis Event Surveillance annual training. Graph 14 shows Qsource surpassed the goal of demonstrating at least 20% of the bloodstream infection quality improvement activity cohort of facilities with joining a Health Information Exchange (or another evidence-based highly effective information transfer system).

**QIA Detail for 2019** 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 infection reduction best practices, and support of 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, a patient engagement activity, and asked facilities to perform an intervention monthly. Additionally, facilities were required to report each month from January through September on facility-specific outcomes, such as the number infections, infection source, patient census, types of education, and preventive measure taken to address every BSI.

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 reported using CDC Sepsis Education Tools, Network 12 “My Kidney Kit” Patient Education Handouts, Huddle Sheets, Hand Hygiene Tips and Audits, and Assessment Tools for both patients and dialysis staff to check skills on hand washing.

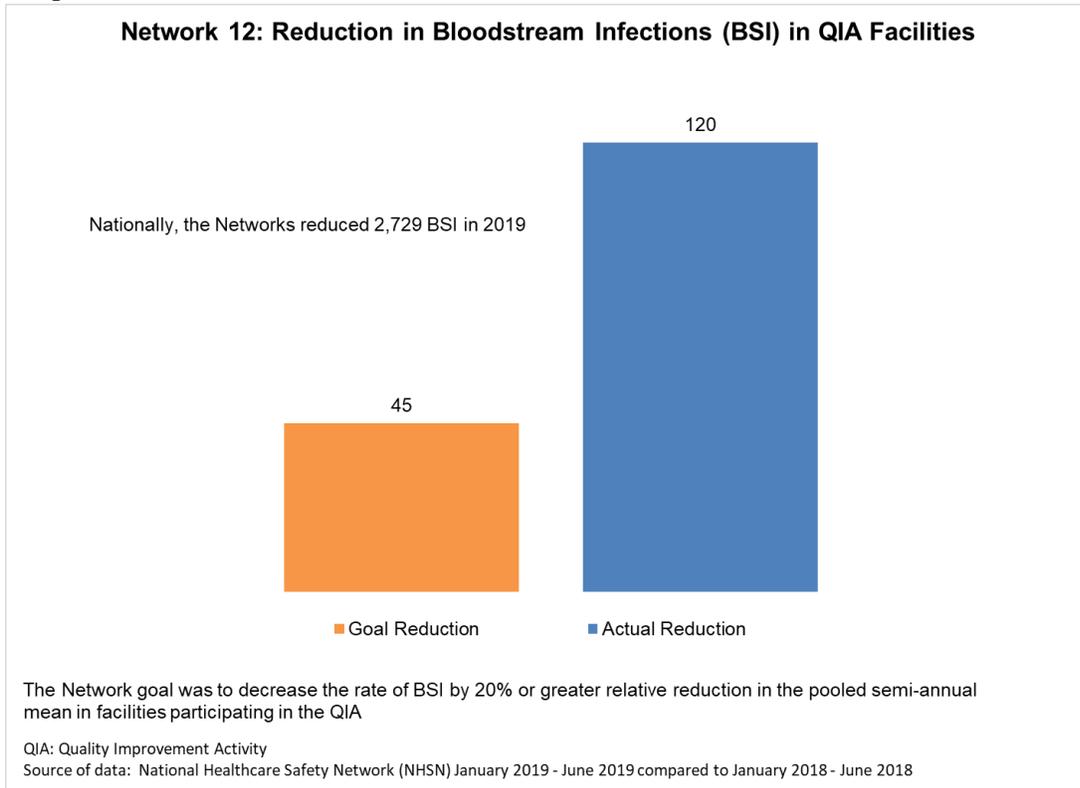
An additional intervention that was well received was the infection prevention pledges, created by Qsource ESRD Network 12. Both patient and staff pledges were initiated as a QIA intervention to celebrate World Hand Hygiene Day, having staff and patients pledge to practice proper hand hygiene, and hold accountability for all patients and staff within the facility.

Patient engagement remained a priority in this QIA. To engage patients on infection prevention measures, we offered monthly engagement resources such as learning through videos, performing hand hygiene audits, and involvement through facility interactive activities during treatment.

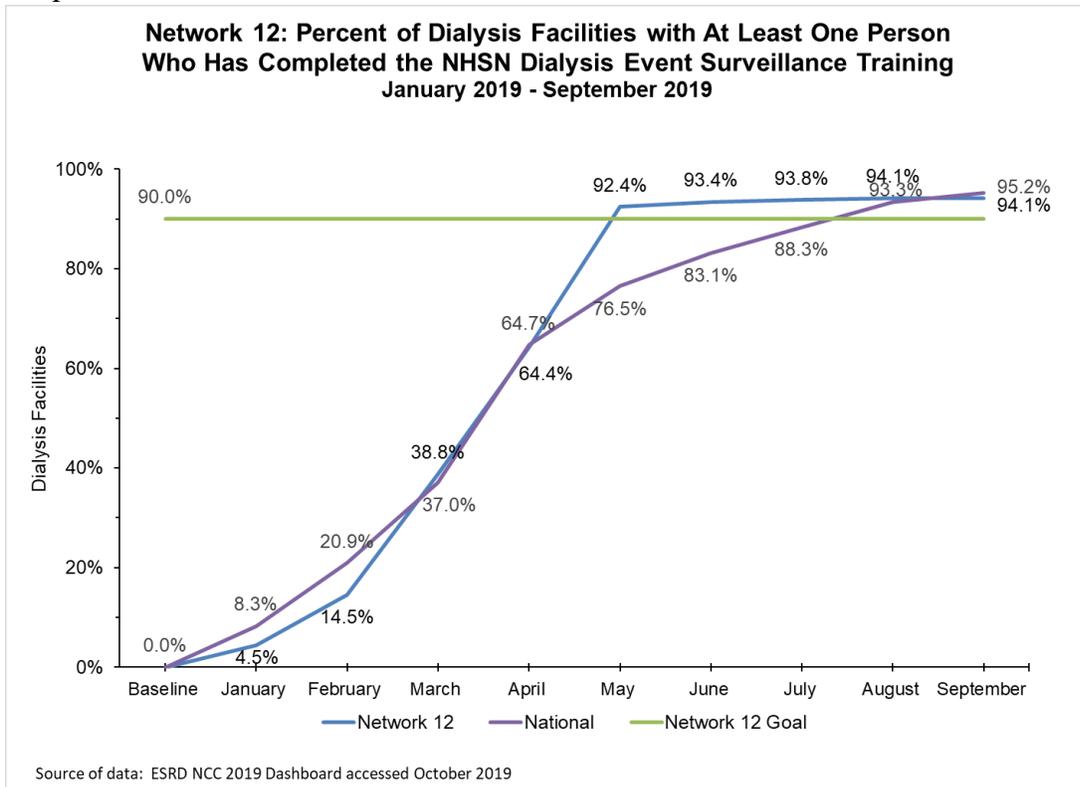
Qsource ESRD Network 12 partnered with community leaders, patients, and other stakeholders. Many resources were shared from national organization such as the American Society of Nephrology, the Forum of ESRD Networks, and the Centers for Disease Control and Prevention. Through our participation in the 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 and collaborate with Quality Innovation Network Quality Improvement Organizations, and with Hospital Improvement Innovation Networks.

Qsource ESRD Network 12 identified many best practices throughout the QIA that would assist dialysis facilities in establishing processes for sustainability. Working across their corporate structure, several dialysis facilities shared they have established an in-center Infection Control Manager who monitors bloodstream infections, engage staff in prevention education, perform interventions recommended by the CDC, and engages patients with education through partnering with their Network Patient Representative, a patient volunteer that assists the facility in peer-to-peer communication and support.

Graph 12



Graph 13

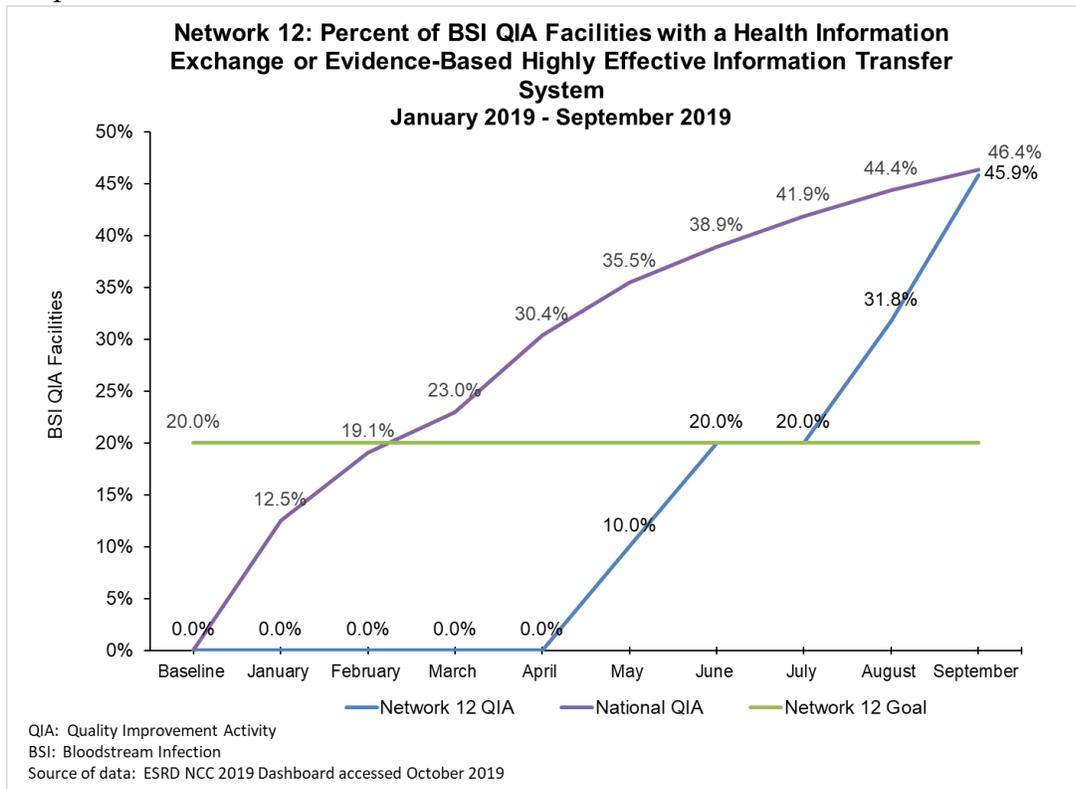


Within the BSI Quality Improvement Activity, the ESRD Network Contract also instructed ESRD Networks to support dialysis facilities in completion of annual NHSN Dialysis Event Surveillance training and to join a Health Information Exchange, an information transfer system to receive pertinent patient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

**Metric:** Assist at least 90% of facilities in the Network service area in completion of the online NHSN Dialysis Event Surveillance training.

**Detail for 2019:** For 2019, ESRD Network 12 surpassed this goal with 94.1% of facilities as evidenced in Graph 13.

Graph 14



**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 2019:** ESRD Network 12 surpassed this goal with a 45.9% achievement rate as demonstrated by Graph 14.

## Transplant Waitlist Quality Improvement Activity

**Goal** The goal was to demonstrate an increase in the rate of patients added to the transplant waitlist within 30% of the dialysis facilities in the Network 12 region. Graph 15 compares the results of the quality improvement activity cohort of dialysis facilities (n=103 units), the entire Network 12 region (n=338 units), and the nation. Qsource ESRD Network 12 was successful in demonstrating an increase in the rate of patients across time.

**QIA Detail for 2019** In 2019, 103 facilities in the Network 12 region participated in the Transplant Waitlist Quality Improvement Activity (QIA). To begin the QIA, facilities were instructed to complete an environmental scan to assess current facility processes and to identify opportunities for improvement at the facility level. Monthly, Qsource ESRD Network 12 engaged facility participation in the Transplant Waitlist QIA through the sharing of a variety of interventions, resources, patient engagement activities, and ESRD National Coordinating Center Learning & Action Network event webinars. As a method to keep facilities engaged and display their QIA participation, a monthly report was generated which included submission of requested data, displaying facility-specific goal, and monthly QIA outcomes.

An important component to the QIA success was the involvement of stakeholders. In 2019, Qsource staff visited many transplant centers in the Network service area to continue outreach, communication, and collaboration across the Network 12 region. The partnership with Nebraska Medicine Transplant Center continued with the Transplant Symposium in Omaha, NE in March 2019 that featured representation from most of region transplant centers and organ procurement organizations. The conference was attended by nurses, dialysis facility staff, educators, and physicians.

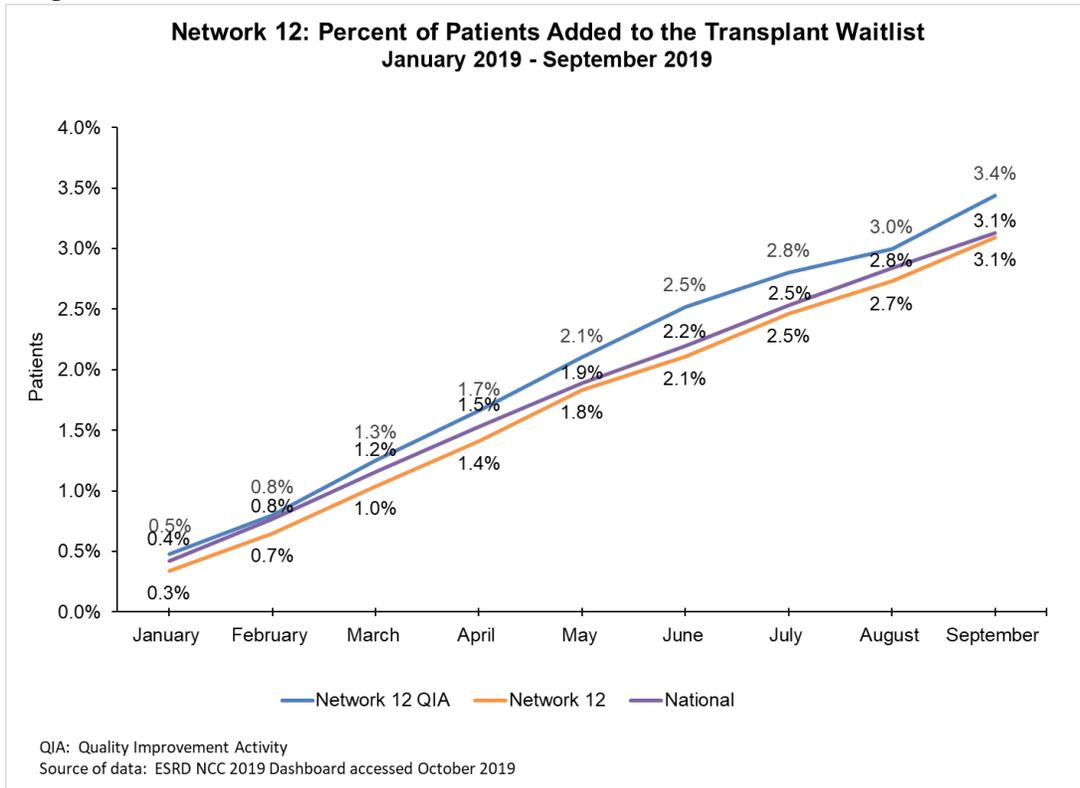
To improve communication between dialysis facilities and transplant centers the Network engaged in various onsite educational events including social worker conferences, transplant workgroups, and train the trainer events. Dialysis facilities were encouraged to attend and participate in these events at no cost to spread knowledge and promising practices back to all staff and patients. Qsource ESRD Network 12 shared innovative ideas throughout the quality improvement activity about kidney transplant including multi-listing at different transplant

centers, high risk kidney education, transplant medication, and returning to work with a kidney transplant.

One innovative approach taken by ESRD Network 12 was the April Transplant Facebook Campaign that generated significant online reach and patient engagement. Another successful intervention deployed by Network 12 were collaborative learning webinars titled Roundtable Calls. Roundtable Calls were held every other month (February, April, June, August) with presenters including a stakeholder, patient subject matter expert, and/or a dialysis facility representative. On the calls best demonstrated practices, steps to overcome barriers, and any successfully used tools and processes were shared out with the QIA facilities. One of the most well received Roundtable Calls was on increased risk kidneys and how to educate patients on their options.

To drive patient involvement, many interventions were developed for patient engagement including patient-centered bulletin board and lobby day material, handouts and patient sharing calls. ESRD Network 12 Patient Advisory Council and staff developed a series of patient led calls to promote peer-to-peer support and education titled Very Important Patient – Peer-to-Peer Sharing Calls. The calls were shared throughout the Network region for all patients to attend and featured subject matter experts from our Patient Advisory Council to share their journey with kidney disease and kidney transplantation. Additional successful interventions deployed by the participating dialysis facilities included inviting transplant center coordinators to attend the dialysis facility's Quality assessment and Performance Improvement meetings, where they could have discussions about the patients' status on the UNOS kidney transplant wait list.

Graph 15



## Home Therapy Quality Improvement Activity

**Goal** The goal was to demonstrate an increase in the rate of patients starting a home dialysis therapy within 30% of the dialysis facilities in the Network 12 region. Graph 16 compares the results of the quality improvement activity cohort of dialysis facilities (n=103 units), the entire Network 12 region (n=338 units), and the nation. Qsource ESRD Network 12 was successful in exceeding the national rate at which patients started a home dialysis therapy from January through September 2019.

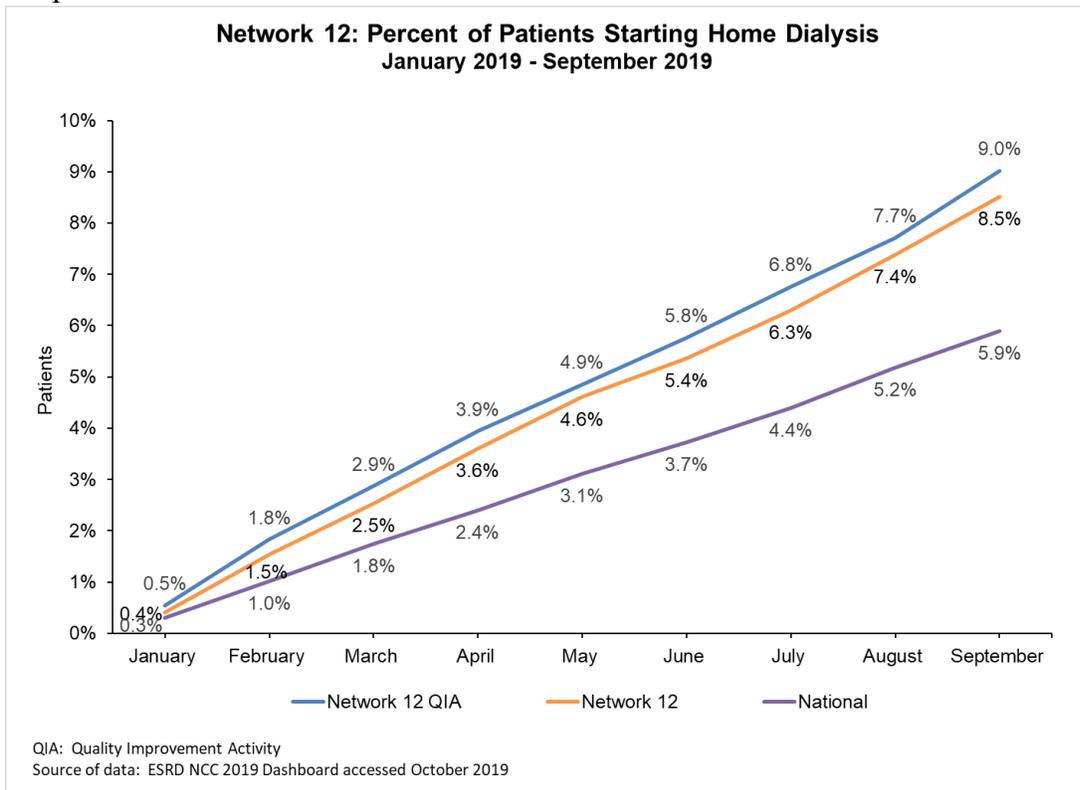
**QIA Detail for 2019** In 2019, 103 facilities in the Network 12 region participated in the Home Therapy Quality Improvement Activity (QIA). Facilities began the QIA with the completion of an environmental scan to assess current facility processes and to identify opportunities for improvement at the facility level. Monthly, Qsource ESRD Network 12 engaged facility participation in the Home Therapy QIA through the sharing of a variety of interventions, resources, patient engagement activities, and ESRD National Coordinating Center Learning & Action Network event webinars. As a method to keep facilities engaged and display their QIA participation, a monthly report was generated which included submission of requested data, displaying facility-specific goal, and monthly QIA outcomes.

Qsource ESRD Network 12 developed innovative interventions to provide technical assistance to facilities to promote modality education to both patients and staff. One well received intervention was the collaborative learning webinars titled Roundtable Calls that featured an area stakeholder, patient subject matter expert and/or a dialysis facility representative. Various topics were addressed including support of care partners, self-cannulation, home set-up, and telehealth. Qsource ESRD Network 12 staff hosted an in-person patient meeting titled Living Well with Kidney Disease in the Kansas City metropolitan area. The patient meeting included a panel of kidney disease patients that shared their personal experience and answered audience questions. A well-known home dialysis community stakeholder, Denise Eilers, was the keynote speaker for the patient event.

Qsource ESRD Network 12 identified many best practices throughout the QIA shared by dialysis facilities to establish processes for sustainability. A well-received intervention was using the Network Patient Representative (NPR) as a patient-peer resource, developing materials such as

patient-centered bulletin board education, and utilizing home navigators, patients that have moved to home dialysis that then returns to the in-center dialysis facility to share personal stories of their journey to a home modality. Another well noted sustainable practice was the introduction of transitional care units. Dialysis facilities initiated a process to soft-land new ESRD patients into dialysis treatment by having smaller units with increased modality education, fewer patients, and steady staff.

Graph 16



## Population Health Focus Pilot Project Quality Improvement Activity

**Goal** Qsource ESRD Network 12 selected the focus to positively impact the quality of life of ESRD patients through Gainful Employment. Thirty-four dialysis facilities located in the Kansas City metropolitan area were selected to participate in this activity. This QIA had two main goals: (1) increase the rate of eligible patients referred to Vocational Rehabilitation services by ten percentage points over baseline, and (2) increase the rate of eligible patients receiving Vocational Rehabilitation services by five percentage points over baseline. Qsource ESRD Network 12 exceeded both goals, demonstrated by Graph 17 (i.e., 27.5% of eligible patients referred to a vocational rehabilitation agency) and Graph 18 (i.e., 11.5% of eligible patients receiving services from a vocational rehabilitation agency).

**QIA Detail for 2019** Qsource ESRD Network 12 deployed the same approach to this QIA as those previously reported. Facilities began the quality improvement activity (QIA) with the completion of an environmental scan to assess current facility processes and to identify opportunities for improvement at the facility level. Monthly, Qsource ESRD Network 12 engaged facility participation in the Gainful Employment QIA through the sharing of a variety of interventions and resources for patients and facility staff. As a method to keep facilities engaged and display their QIA participation, a monthly report was generated which included submission of requested data, displaying facility-specific goal, and monthly QIA outcomes.

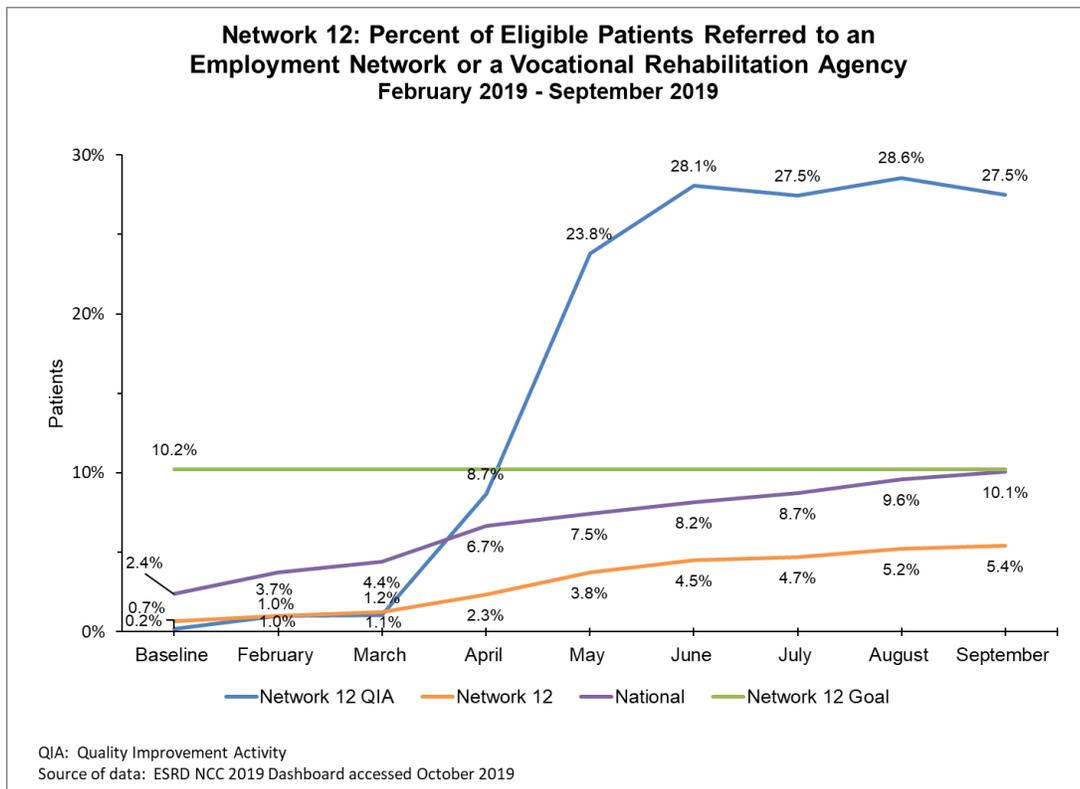
Documentation of the patient's Vocational Rehabilitation status in CROWNWeb was critical in this activity. Often, this status is overlooked or is not current. A feedback report was designed to allow facilities to view patient statuses. This gave focus to those patients that should be considered eligible, ensure the status reflects their current situation, and flags records for updating as needed. In addition to the feedback report, a quick start guide to updating the Vocational Rehabilitation status field in CROWNWeb was created.

Resource development for patients was a huge part of our QIA success. Qsource created "Ten Benefits of Vocational Rehabilitation" and a "Vocational Rehabilitation Brochure" – both were received very positively by patients. Network Patient Representatives (NPRs) were encouraged to assist facilities in their educational efforts. NPRs reported they helped with bulletin board creation, sharing their stories on ways they sought or maintain employment while on dialysis,

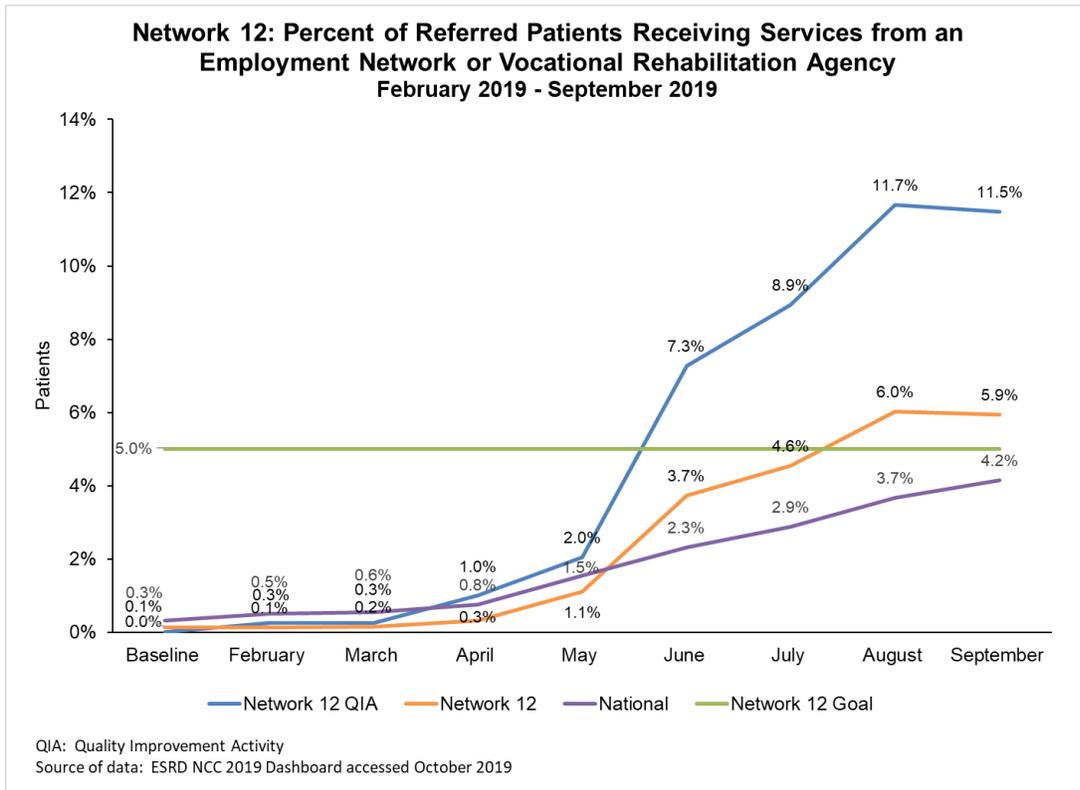
and assisted in Lobby Days at the dialysis facility. Additionally, Qsource ESRD Network 12 collaborated with transplant centers and other Networks in the development of a resource that explains the additional benefits afforded to individuals with Medicare who seek vocational rehabilitation services and receive additional years of immunosuppressant medication support following transplantation.

Qsource ESRD Network 12 was able to partner with employment networks in the Kansas City area to provide education to dialysis facilities on the Ticket to Work program and helping patients with employment using social security work incentives.

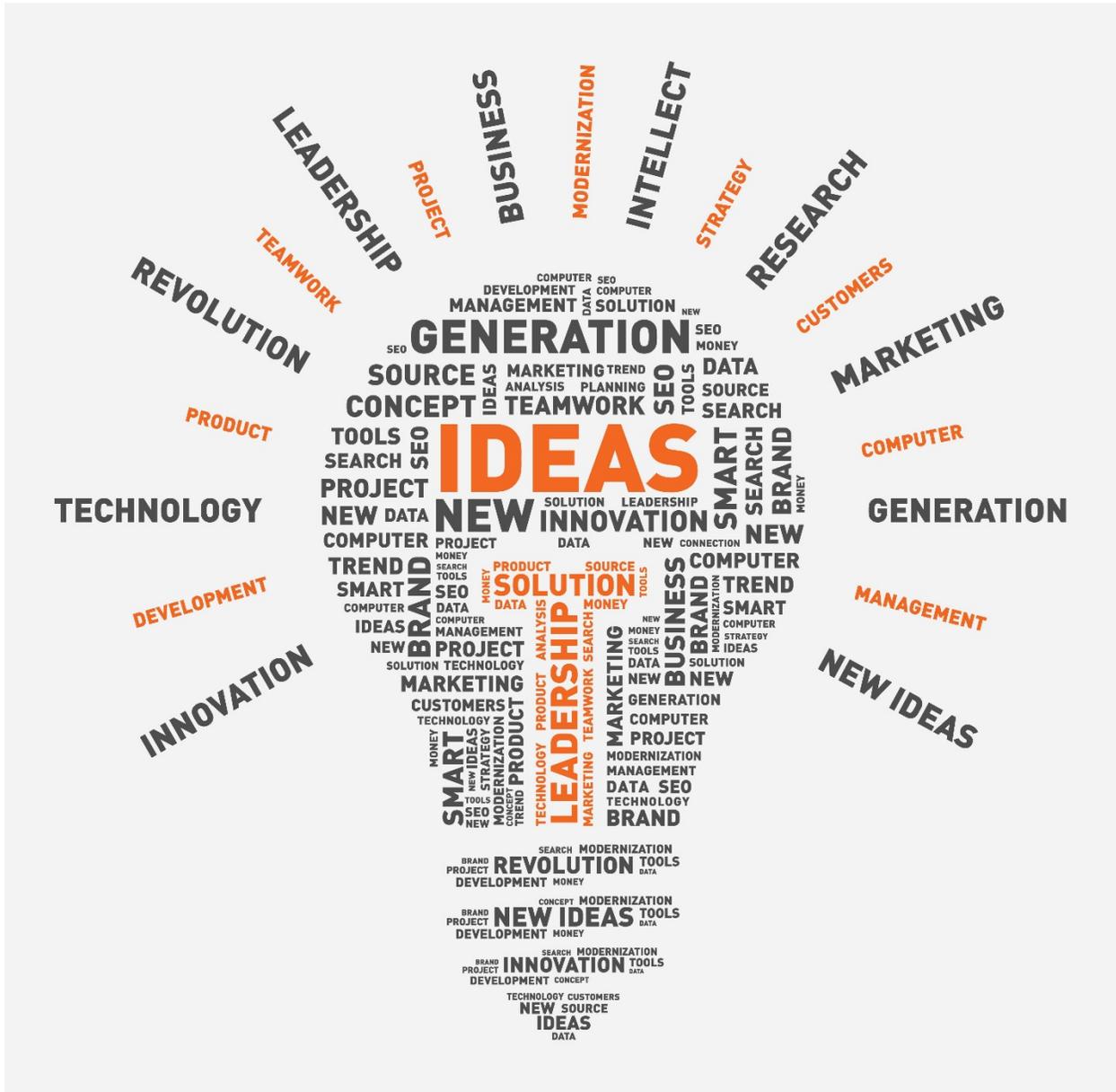
Graph 17



Graph 18



# ESRD NETWORK 12 RECOMMENDATIONS



## **ESRD NETWORK 12 RECOMMENDATIONS**

### **Recommendations for CMS for Additional Services or 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 2019, Qsource ESRD Network 12 did not identify any facility that consistently failed to cooperate with Network goals.

Qsource monitors performance of facilities with respect to Quality Improvement Activities 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 in the Network 12 service area during 2019.



## **ESRD NETWORK 12 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 area. 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 most 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 2019, 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.

2019 brought the “Great Flood of 2019” which caused significant flooding along the Missouri, Mississippi and Arkansas rivers affecting all four of the states in our service area. Flooding started in March as heavy rains fell on frozen ground quickly overwhelming communities with rising water. January to May 2019 was the wettest on record for the U.S. Network 12 submitted eight emergency situational status reports (ESSR) to KCER related to the flooding ranging from complete closure of a facility to scheduled and staffing changes due to flooding issues.

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 2019, 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 2019, ESRD Network 12 participated in the KCER Emergency Tabletop 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 the need to have all emergency information on a corporate SharePoint sight for easy access by all staff and bi-yearly contact with emergency management activities. These opportunities were incorporated into the Network 12 internal quality program.

## 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 especially the KPAC.