ESRD NETWORK 2020 ANNUAL REPORT

ESRD Network 10

HHSM-500-2016-00010C

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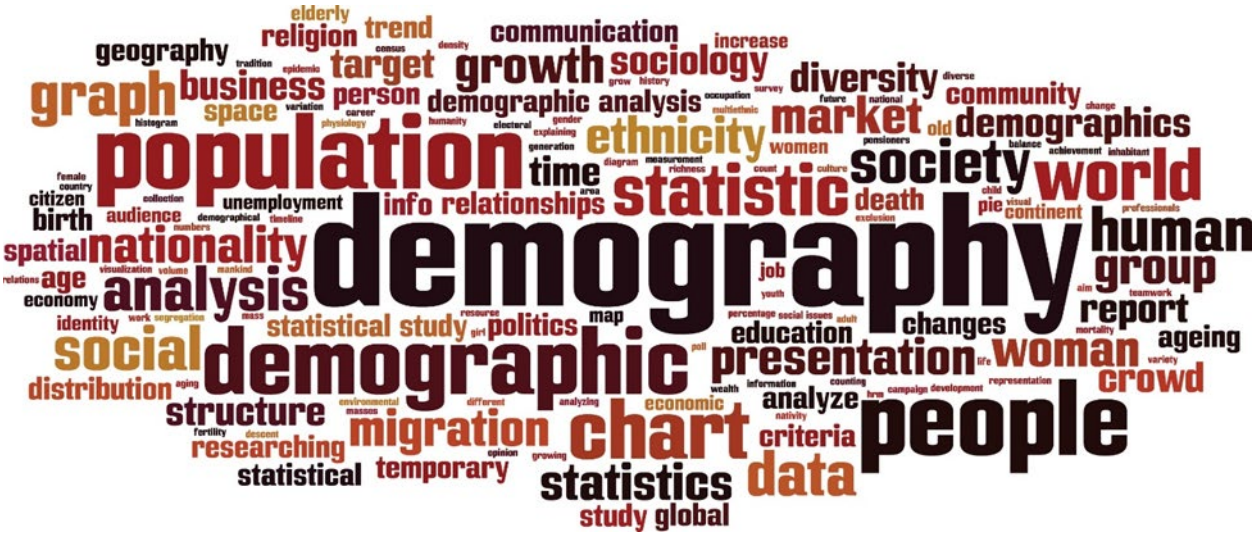
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ESRD DEMOGRAPHIC DATA

During 2020, Qsource ESRD Network 10 collaborated with its many stakeholders to improve the quality of care for 30,577 dialysis and transplant patients, receiving treatment in 359 providers of dialysis therapy and nine transplant centers in the State of Illinois. Qsource ESRD Network 10 is a member of the ESRD Networks Strategies Division of Qsource, a nonprofit, healthcare quality improvement and information technology consultancy headquartered in Memphis, Tennessee.

The total population of Illinois, the single-state area of Network 10, is 12,830,632. Springfield is the capital city of the state. The top six cities by population are:

- Chicago (2,695,598)
- Aurora (197, 899)
- Rockford (152,871)
- Joliet (147,433)
- Naperville (141,853)
- Springfield (116,250)

About one-half of the population of Illinois lives in the metropolitan Chicago area. In total, 83 percent of the population lives in urban areas and 17 percent of the population lives in rural areas. Population characteristics are illustrated in the table below.

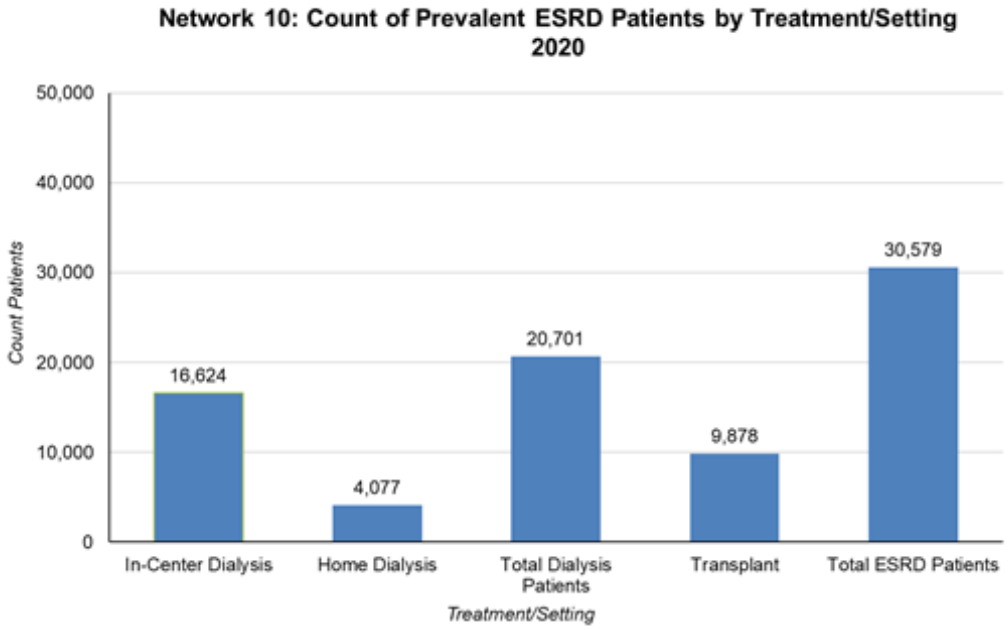
Figure 1 – 2010 Census General Population – Illinois
Race, Age, Ethnicity & Gender Information*

State	Illinois
Population	12,830,632
State Rank	5th
White	72%
Black	15%
Asian	5%
Other	8%
Hispanic (All Races)	15.8%
Under 19	24%
19 – 64	62%
65 & Over	14%
Male	49%
Female	51%

*U.S. Census Bureau
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

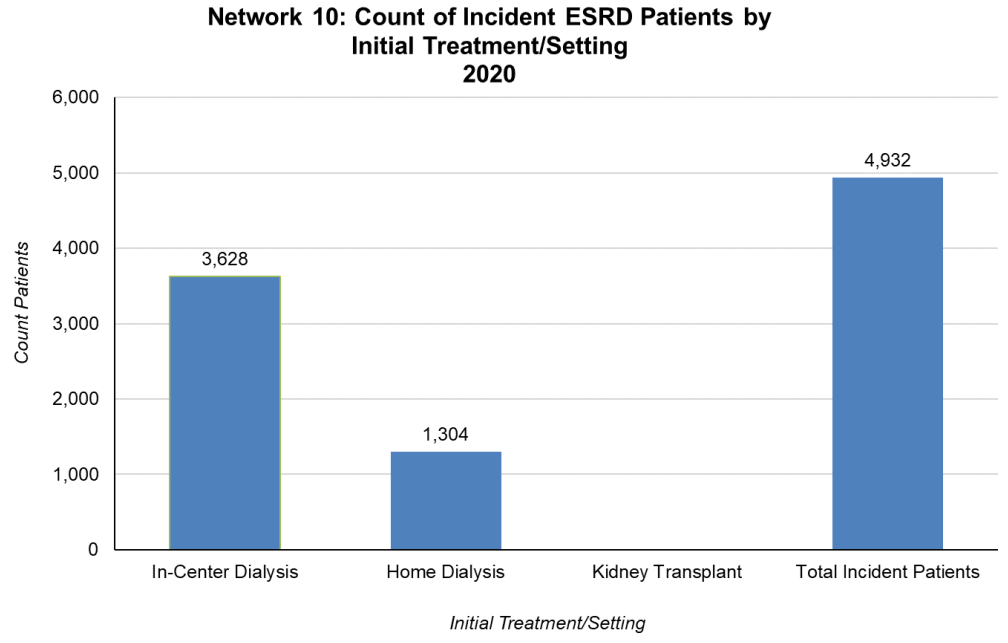
At year-end 2020, ESRD Network 10 was comprised of 359 total ESRD facilities (Graph 3), serving 30,577 dialysis patients (Graph 1). Additionally, Illinois had nine transplant centers (Graph 3) and a total of 9,676 transplant patients (Graph 1).

Graph 1-NW Count of Prevalent ESRD Patients by Treatment/Setting



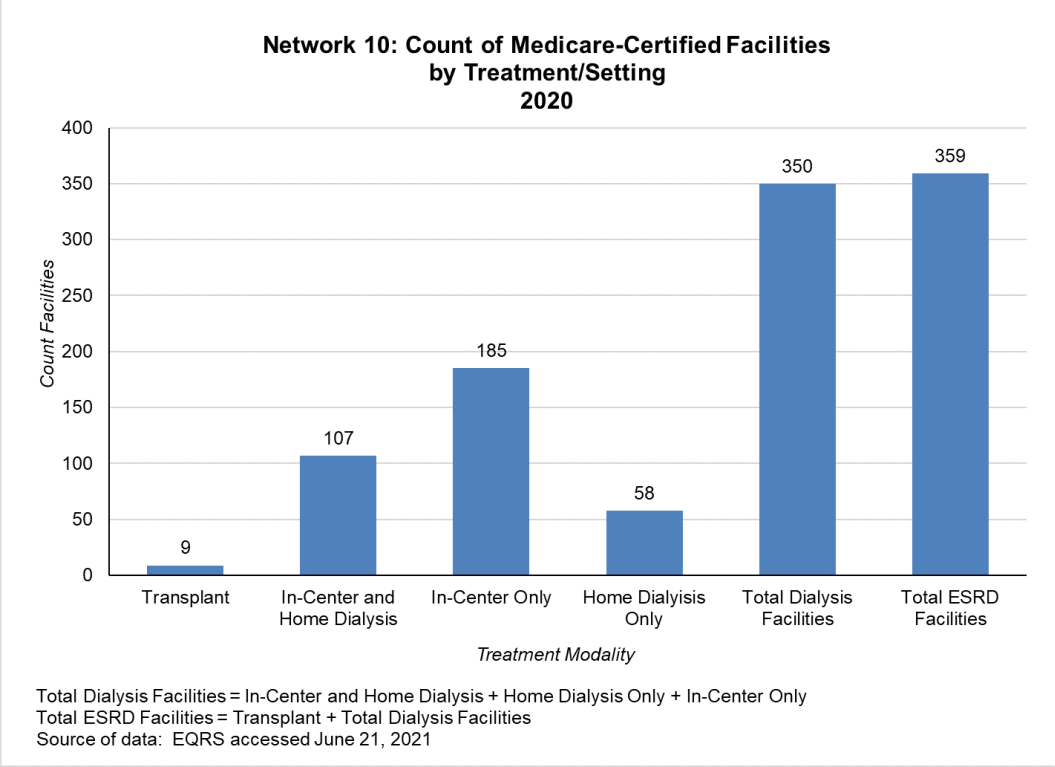
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS accessed June 21, 2021

Graph 2-NW Count of Incident ESRD Patients by Treatment/Setting



Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS accessed June 21, 2021

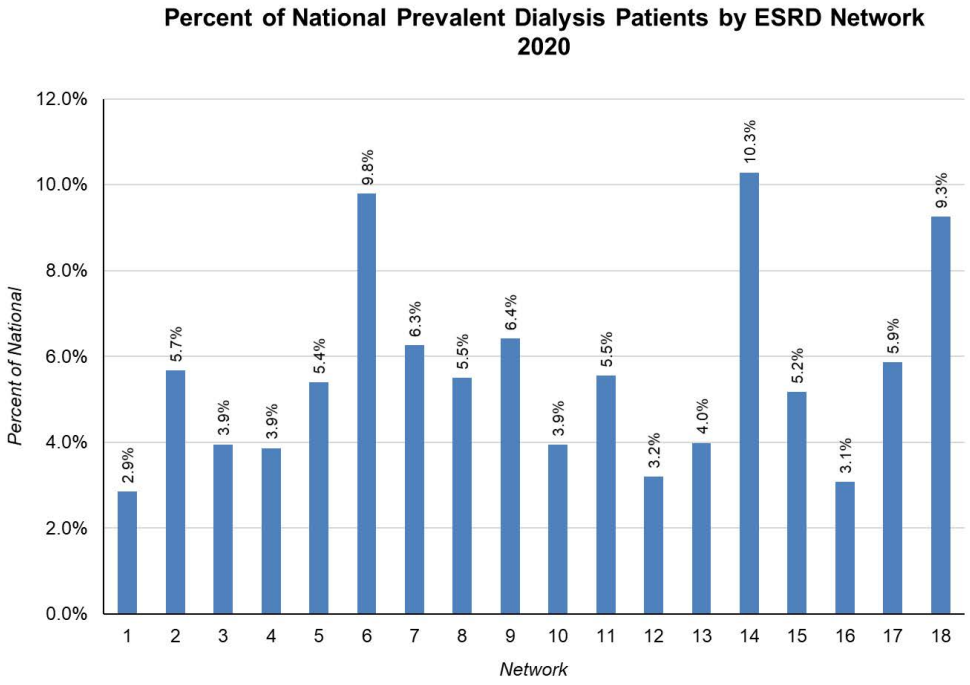
Graph 3-NW count of Medicare-certified facilities by treatment/setting



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 accessed June 21, 2021

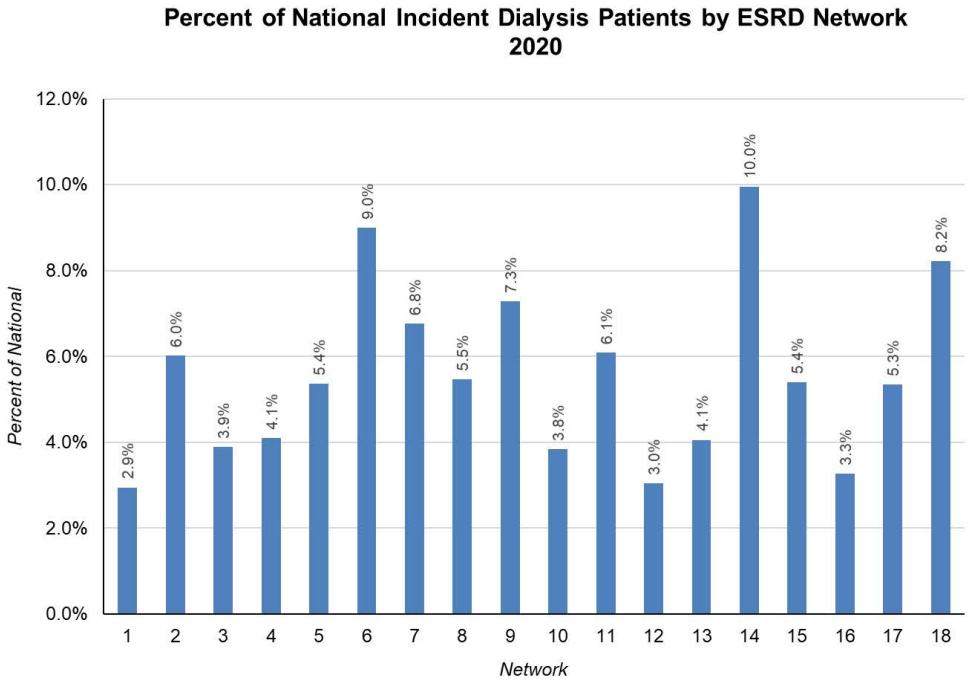
The graphs found on the following pages provide a comparison of the number of ESRD patients (prevalence and incidence) by renal replacement therapy in the Network 10 region, the number of dialysis facilities and transplant centers in the Network 10 region, the rates of patients (prevalence and incidence) 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.

Graph 4-Percent of National Prevalent Dialysis Patients by ESRD Network



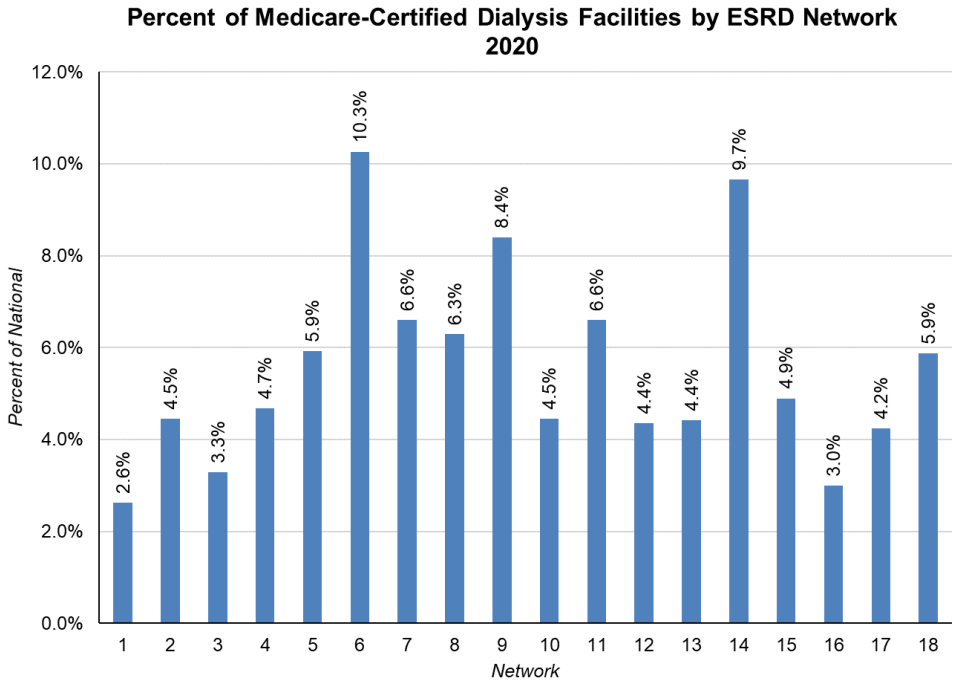
National total dialysis patients: 525,148
Source of data: EQRS accessed June 21, 2021

Graph 5- Percent of National Incident Dialysis Patients by ESRD Network



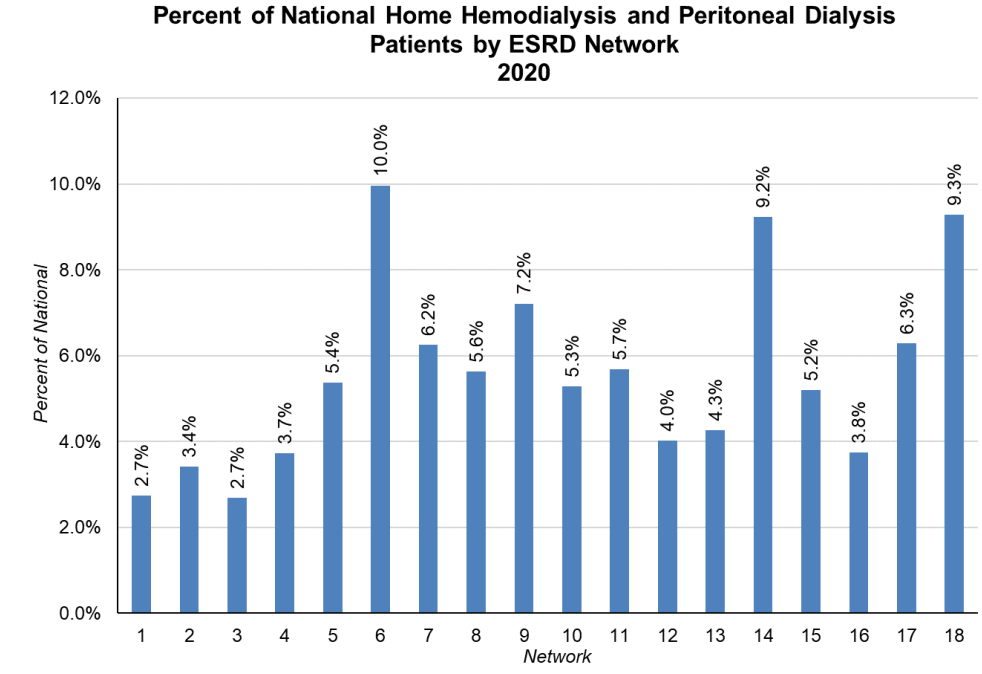
National total incident patients: 128,323
Source of data: EQRS accessed June 21, 2021

Graph 6-Percent of Medicare-Certified Dialysis Facilities by ESRD Networks in 2020



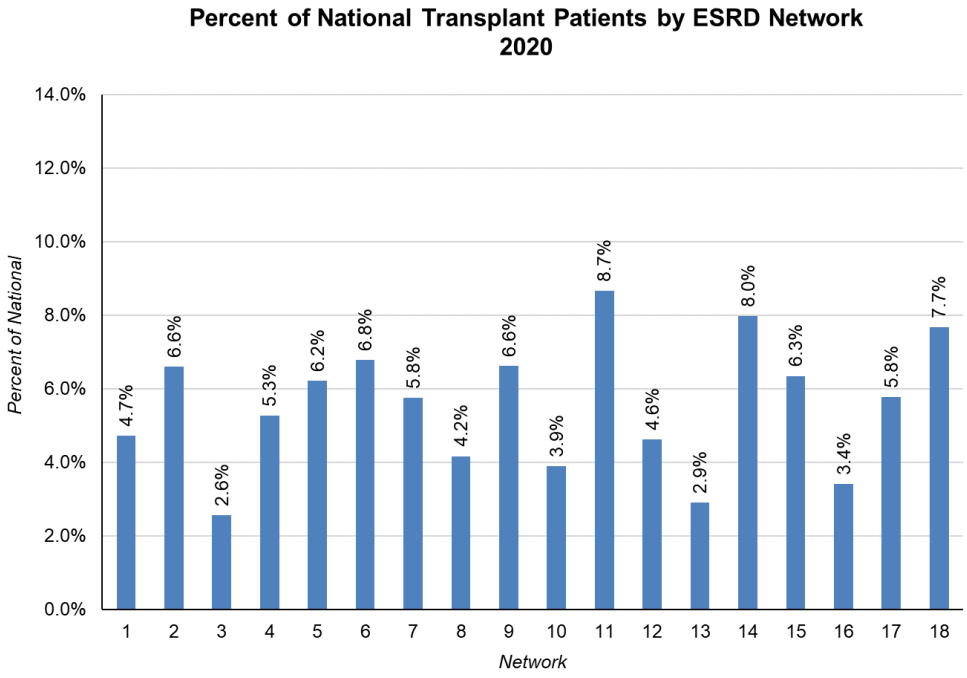
National total ESRD Medicare-certified dialysis facilities: 7,864
Source of data: EQRS accessed June 21, 2021

Graph 7-Percent of National Home Hemodialysis and peritoneal dialysis patients by ESRD Network



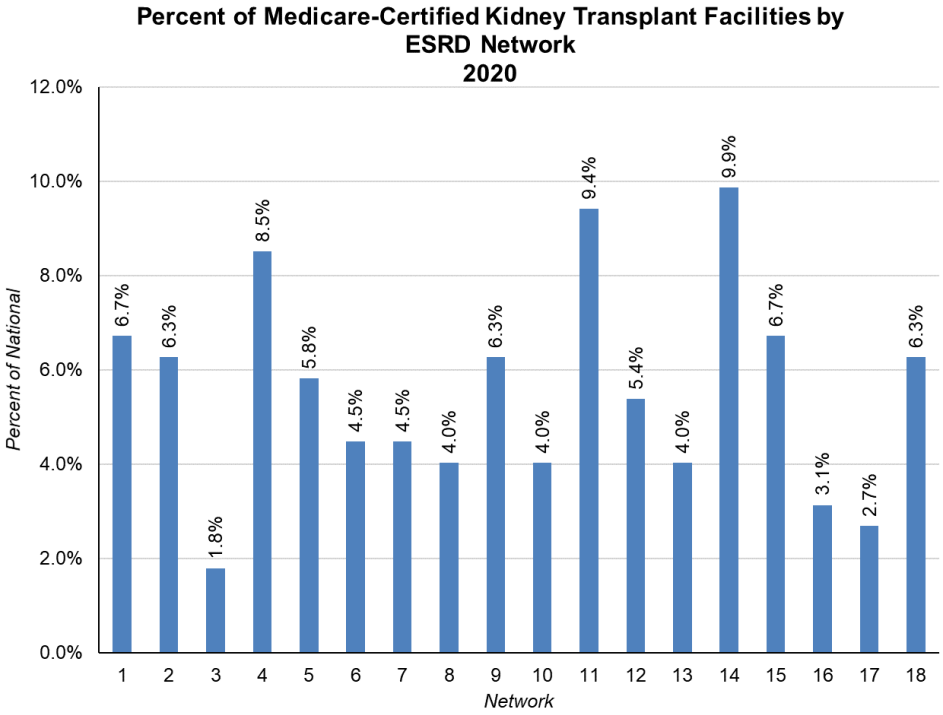
National total home hemodialysis and peritoneal dialysis patients: 77,131
Source of data: EQRS accessed June 21, 2021

Graph 8-Percent of national transplant patients by ESRD Network



National total transplant patients: 253,487
Source of data: EQRS accessed June 21, 2021

Graph 9-Percent of Medicare-Certified Kidney transplant facilities by ESRD Network



National total ESRD Medicare-certified kidney transplant facilities: 223
Source of data: EQRS accessed June 21, 2021

successful
conflicting
nonstop
relief
referee
partnership
solutions
problem
settle
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resolve
gain
resolving
assistance
negotiating
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care
and
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aid
understanding
conflict
argument
teamwork
claims
plan
competition
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relationships
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communication
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handshake
process
always
humanitarian
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grant
beneficial
tolerance
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adjustment
interest
mediate
compromise
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business
career
sacrifice
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community
cooperation
risk
cooperate
direction
adjusting
togetherness
continuous
arrangement
negotiator
help
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success
together
mediator
gift
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ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

ESRD Network 10 responds to calls for assistance from stakeholders, including dialysis patients, caregivers, family members, dialysis clinic staff members, and physicians. During 2020, the majority of contacts were received in the following CMS-defined categories:

Facility Concern (59.9%): Facility concerns are brought to the Network's attention by staff members or physicians of Network 10 dialysis clinics. Facility concerns are often made in an effort to ask for assistance with an issue before it grows to be larger concern. Facility staff members frequently call to discuss situations involving patients with behavioral issues and seek guidance to diffuse tense situations within the dialysis setting.

Access to Care (23.8%): These contacts deal specifically with concerns for patients who are in danger of being involuntarily discharged (IVD) from their dialysis clinics and also in regard to patients who have been involuntarily discharged without a placement at another unit. In many instances, ESRD Network 10 works with individual facilities to identify and address difficulties in placing or maintaining patients in treatment. These access to care cases may come to the Network's attention in the form of a grievance, or they may be initiated by facility staff. An IVD is a discharge initiated by the treating dialysis facility without the patient's agreement. An involuntary transfer (IVT) occurs when the transferring facility temporarily or permanently closes due to a merger, or due to an emergency or disaster situation, or due to other circumstances, and the patient is dissatisfied with the transfer to another facility. A failure to place is defined as a situation in which no outpatient dialysis facility can be located that will accept an ESRD patient for routine dialysis treatment.

Immediate Advocacy (4.1%): Patients often reach out to the Network for assistance in solving issues they are experiencing in their dialysis clinics. In the case of Immediate Advocacy, the concerns are ones that can be settled within seven calendar days and do not involve clinical issues. For issues which take more time, the case will be escalated to a general grievance to allow more time for investigation. The case may be escalated to a clinical quality of care grievance if clinical issues are identified during the course of the initiation investigation.

General Grievance (9.9%): These are cases of a more complex nature that do not involve clinical quality of care issues, and that need more than seven calendar days for resolution. General grievances often involve communications problems between staff and patients, disagreements over treatment times/assignments, and t40+27he patient perception of lack of professionalism by dialysis facility staff members.

Clinical Quality of Care (2.7%): These are circumstances in which the grievant alleges that an ESRD service received from a Medicare-certified provider did not meet professionally recognized standards of clinical care. Clinical QoC cases may be either 1) a patient-specific Clinical QoC case, in which the care impacted a specific patient, or 2) a general Clinical QoC case, in which two or more patients at a facility were impacted. All Clinical QoC grievances include review by a Network Registered Nurse (RN) for the clinical aspects of the case.

The Network uses the trending information from grievances to find existing resources or develop new resources for patients and staff to assist in solving conflicts and in improving communications for all parties. A sample of resources provided is listed below:

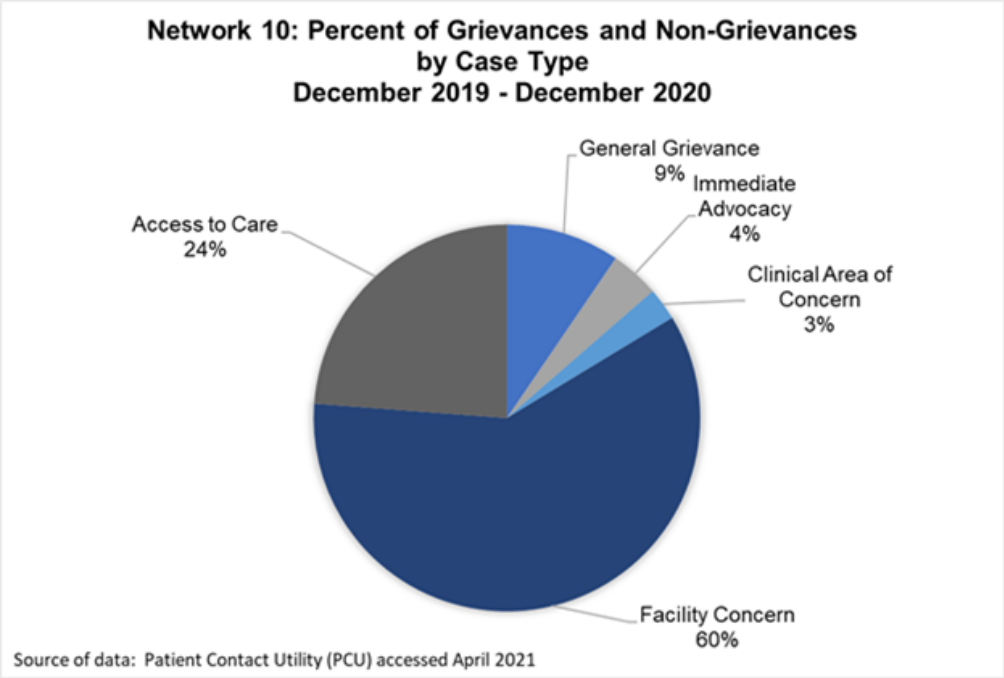
Network Interventions for Providers: referenced *Decreasing Dialysis Patient-Provider Conflict (DPC) Toolkit*; Network staff participated in care or grievance conferences; advocated for patient rights; education about *The ESRD Network Forum - Dialysis Patient Grievance Toolkit*; discussed staff professionalism, mental health evaluation and follow up needs; highlighted websites for patient and caregiver education resources; discussion of behavioral agreement or agreements for change; identifying other treatment modalities; staff education about end-of-life, palliative care, and hospice services; review of plan of care (POC); informing clinic staff about related regulations and ESRD Conditions for Coverage (CfCs) guidelines; educating about involuntary discharge (IVD) or transfer (IVT) processes; and increasing awareness about Network-specific resources, such as *Kidney Patient Views - Real Life Stories from Real Patients* podcasts.

Network Interventions for Patients: educating patient on rights and responsibilities; initiating or participating in discussions about substance use/withdrawal, mental health evaluation and follow up, or other modalities; identifying providers for patients and caregivers; offered Network mediation; referred patient, family or caregiver to ESRD website and resources, such *The ESRD Network Forum - Dialysis Patient Grievance Toolkit;* assisting patient and representatives with self-advocacy by encouraging participation in care planning; discussing depression and coping skills; coaching on communication techniques; and identifying other agencies for possible referral(s) when appropriate.

At-Risk, IVD or IVT Interventions:
Provider specific: Network contacts clinic staff, physician or physician groups, as well as Medical Directors to discuss case issues and develop solutions; educating staff about coping strategies and anger management; recommending or assisting with implementation of a behavior contract or care plan agreement, coaching clinic staff about professionalism and communication techniques, advocating for patient rights and maintaining access to care by assisting with placement if/when and IVD or IVT event occurs. Patient specific: coaching patient/family/caregivers about communication technique and self-advocacy by routinely encouraging use of *The National Forum of ESRD Networks – The Dialysis Patient Grievance Toolkit;* educating patients about anger management, coping skills and/or mental health evaluation follow up, specifically, how lack of these skills or left untreated can lead to IVD or IVT events.

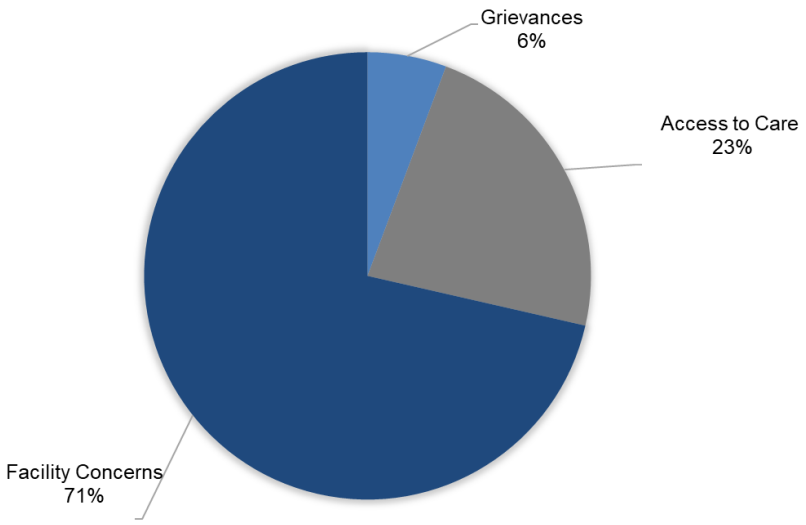
Source of data: Patient Contact Utility (PCU)

Graph 10-Percent of Grievances and Non-Grievances by Case Type for December 2019 through December 2020



Graph 11-Percent of Mental Health Related Grievances and Non-Grievances by Case Type for May 2020 through December 2020

Network 10: Percent of Mental Health Related Grievances and Non-Grievances by Case Type May 2020 - December 2020



Grievances include Immediate Advocacy, General Grievance, and Clinical Quality of Care
Source of data: Patient Contact Utility (PCU) accessed April 2021

Qsource ESRD Network 10 completed the quality improvement activities (QIA) as outlined in the 2020 Scope of Work, including contract directed change orders during pandemic response period. Although the topics of the QIAs varied, each of the project plans employed the basic elements of quality improvement:

- Conducting an environmental scan/needs assessment with participating dialysis clinics
- Training dialysis clinic staff to use quality improvement tools of root cause analysis (RCA) and plan-do-study-act cycles (PDSA)
- Provision of resources to dialysis clinics based on needs identified by the QIA participants, with the goal for the Network to achieve customer focus.
- Overall focus on Shared Decision Making, Relationship Centered Care, and Motivational Interviewing to help patients and staff understand the importance of patient involvement in their care and modality choice
- Patient engagement through encouragement of facilities recruiting a patient or patients to help teach other patients about the QIA interventions
- Rapid Cycle Improvement through consistent reassessment of resources and interventions, based on the feedback from the participating dialysis clinics and patients
- Sustainable impacts through early introduction of the concept and re-enforcement of the importance of integration into the culture of the clinic

Details for each of the QIAs follow here.

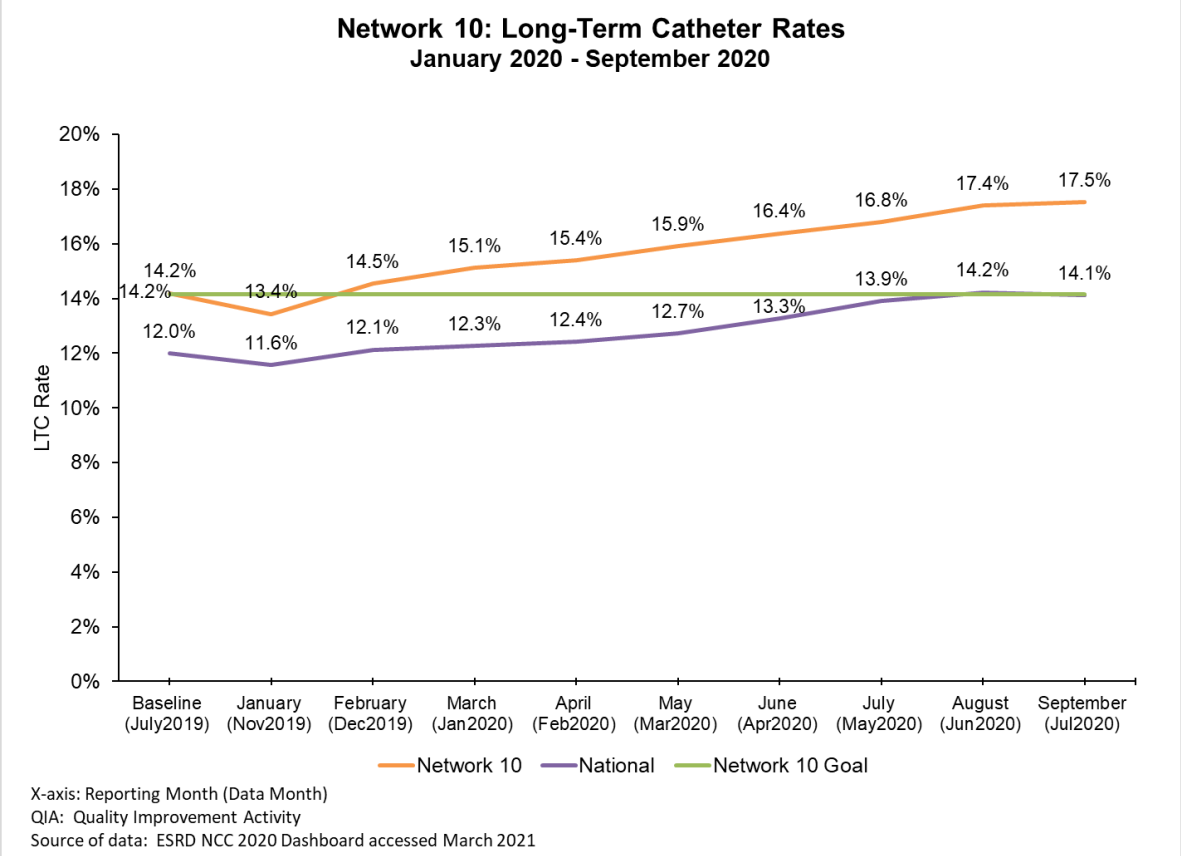
ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

Long Term Catheter Quality Improvement Activity

Goal The goal for the Long-Term Catheter Quality Improvement Activity was a relative reduction of 0.25% in the Network-wide LTC use-rate. The LTC use-rate is calculated for each month by dividing the total number of patients with a vascular access reported by the number of patients reported using a catheter for 90 days or longer. The baseline data was from July 2019. The aggregated LTC use-rate across the selected facilities at baseline was 14.2%. The source of the data was the Vascular Access module in EQRS, where information was submitted by patient each month. There was a two-month lag in data outcomes reporting; meaning that data displayed for September 2020 represented outcomes for the month of July. As demonstrated in Graph 12, ESRD Network 10 did not achieve goal with a Network-wide long-term catheter use-rate of 17.5%. *Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.*

QIA Detail for 2020 Qsource ESRD Network 10 launched the QIA work in December with an introduction of the project during a QIA Kickoff meeting, a request for all facilities in the Network to complete a QIA Acknowledgement Agreement, the sharing of Network Goals, a review of patient and family engagement. Qsource identified two cohort groups: the Focus Group (n=60) was targeted for improvement interventions and the Steering Group (n=30) was made up of top performers that were asked to evaluate materials. We started the calendar year with monthly communications to the Focus Group and bi-monthly touchpoints with the Steering Group. The Focus Group was asked to submit facility-specific outcomes, an assessment of the resources shared by the Network, the types of education and patient engagement provided during the month, and sharing measures taken to remove and prevent catheter use during the month. We changed the level of communications and our approach when the COVID-19 Pandemic hit the area in March. Using a monthly Network-wide newsletter format, we continued share resources, promising approaches, and patient engagement suggestions aimed to reduce the use of long-term catheters; however, we no longer required the facilities to submit feedback on the effectiveness or use of these tools.
Innovative approaches provided throughout the year include (1) Network-wide technical assistance environmental scans, (2) feedback reports that include the catheter use-rate data at the facility-specific level, and (3) physician-level impacts of long-term catheter use that includes data, tools and education. Patient partnership and involvement continue to be focuses for the Network in our LTC QIA work. We encouraged facilities to involve patients, family members and caregivers in the plan of care meetings, support/adjustment groups, and QAPI. Throughout the year, members of Network 10's Patient Advisory Council provided feedback, helped develop, and reviewed educational resources, including a "Be Safe: Always Keep Your Access Site Uncovered" poster for the dialysis facilities, "Keeping a Healthy Dialysis Access" information flier, and patient demonstrations of self-cannulation in print and video.

Graph 12-Long-Term Catheter Rates for January 2020 through September 2020 in Network 10



X-axis: Reporting Month (Data Month)
QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Blood-Stream Infection Quality Improvement Activity

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 20% of the dialysis facilities in the Network 10 region. Sixty-nine dialysis facilities were selected from those that ranked highest on the NHSN Excess Infection Report. Baseline data included the months of January through June 2019 and was pulled from the "Rate Table – Bloodstream Infection" report. The timeframe for remeasure was January through June 2020. Graph 13 displays the goal in terms of infections to reduce (n=46) within the cohort of facilities and the result at remeasurement (n=157), which demonstrates that ESRD Network 10 exceeded our goal in 2020.

In addition to reducing bloodstream infections, there were three additional performance metrics: (1) 90% of the dialysis facilities in the Network 10 region were to complete the CDC-required Annual

Dialysis Event Surveillance Training through an online module. Remeasurement indicated 82.6% completed this training. Graph 14 provided by the ESRD NCC displays the self-reported data collected as of April 2020, which does not indicate that we met goal; however, ESRD Network 10 continued to collect this measure and demonstrated achieving goal of this metric before the due date of September 2020.

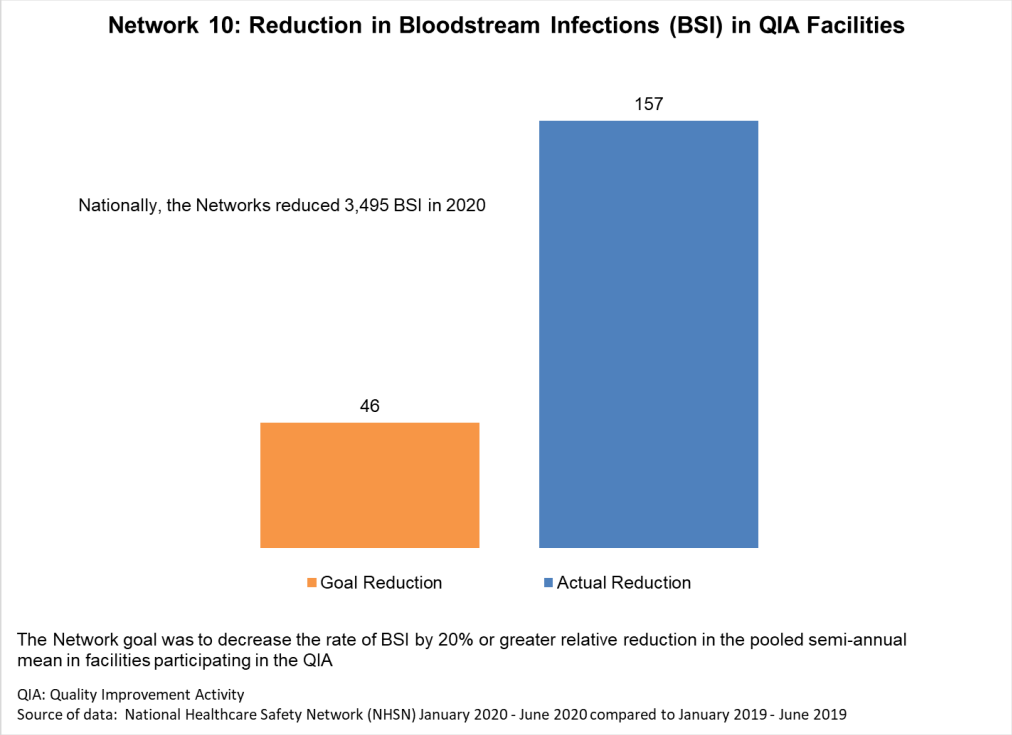
(2) 10% of the dialysis facilities in the Network 10 region were to join a health information exchange (HIE). Remeasurement indicated 59.3% of the facilities joined a HIE or evidence-based highly effective information transfer system. Graph 15 provided by the ESRD NCC displays the self-reported data collected as of April 2020.

(3) Facilities in our bloodstream infection reduction cohort (n=69) were to demonstrate a successful implementation of CDC Core Interventions. All facilities received information on the CDC Core Interventions and our environmental scan results indicated that each participating facility (100%) demonstrated the implementation of some of the CDC Core Interventions; 80% of facilities indicated the adoption of all the interventions. There is no graph available to display this metric over time.

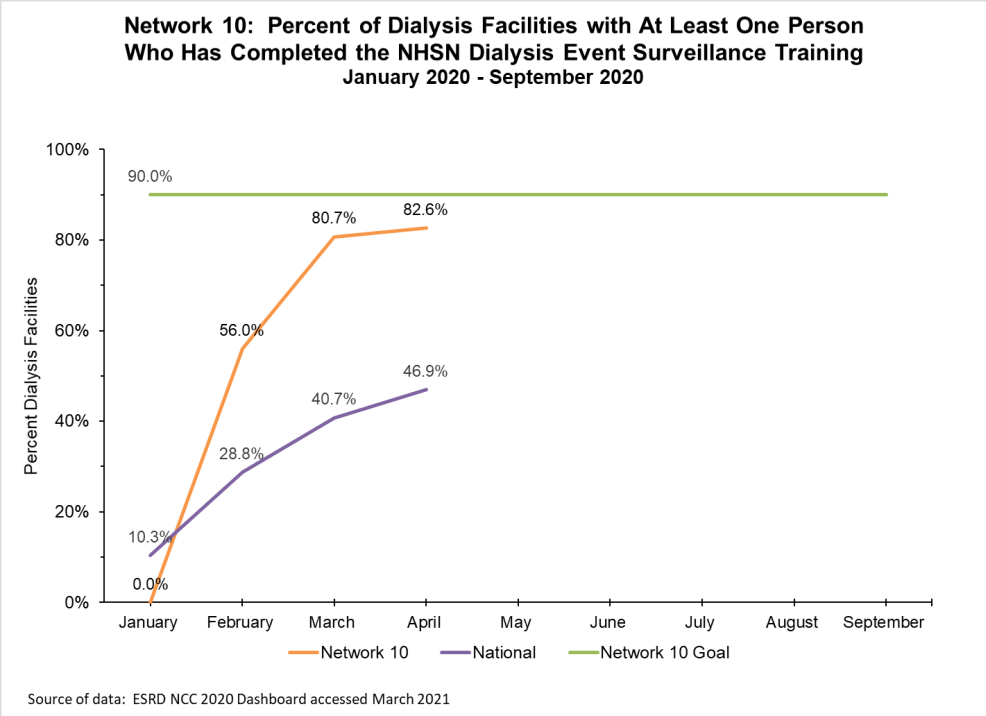
QIA Detail for 2020 Qsource ESRD Network 10 launched the QIA work in December with an introduction of the project during our QIA Kickoff meeting, a request for all facilities in the Network to complete a QIA Acknowledgement Agreement, the sharing of Network Goals, a review of patient and family engagement, and a request for each of the participating facilities in our BSI QIA cohort (n=69 facilities) to submit an acknowledgement letter. For January and February, our communications were directed to the participating facilities, requiring them to submit facility-specific outcomes, an assessment of the resources shared by the Network, the types of education and patient engagement provided during the month, and the preventive measures taken during the month. Our approach changed in March with the onset of the COVID-19 Pandemic. We changed our communication to be Network-wide in a newsletter format. While continuing to share resources, promising approaches, and patient engagement suggestions, we no longer required the facilities to submit feedback on the effectiveness or use of these tools. The Network recognized that the need at the dialysis facility was to provide safe and effective renal replacement therapy during the pandemic. In a general sense, the additional environmental precautions made by the dialysis community (i.e., pre-screening, cohorting patients, and increased surface sanitation) were the driving forces that demonstrated such a large reduction in Dialysis Events. With the success of our newsletter-style communications in support of the BSI QIA, we expanded our sharing of resources with newsletters highlighting Vaccinations and COVID-19 materials.

Patient partnership and involvement continue to be focuses for the Network in our BSI QIA work. We encouraged facilities to involve patients, family members and caregivers in the plan of care meetings, support/adjustment groups, and QAPI. Throughout the year, members of Network 10's Patient Advisory Council provided feedback, helped develop, and reviewed educational resources, including: the BSI Bulletin Board Kit.

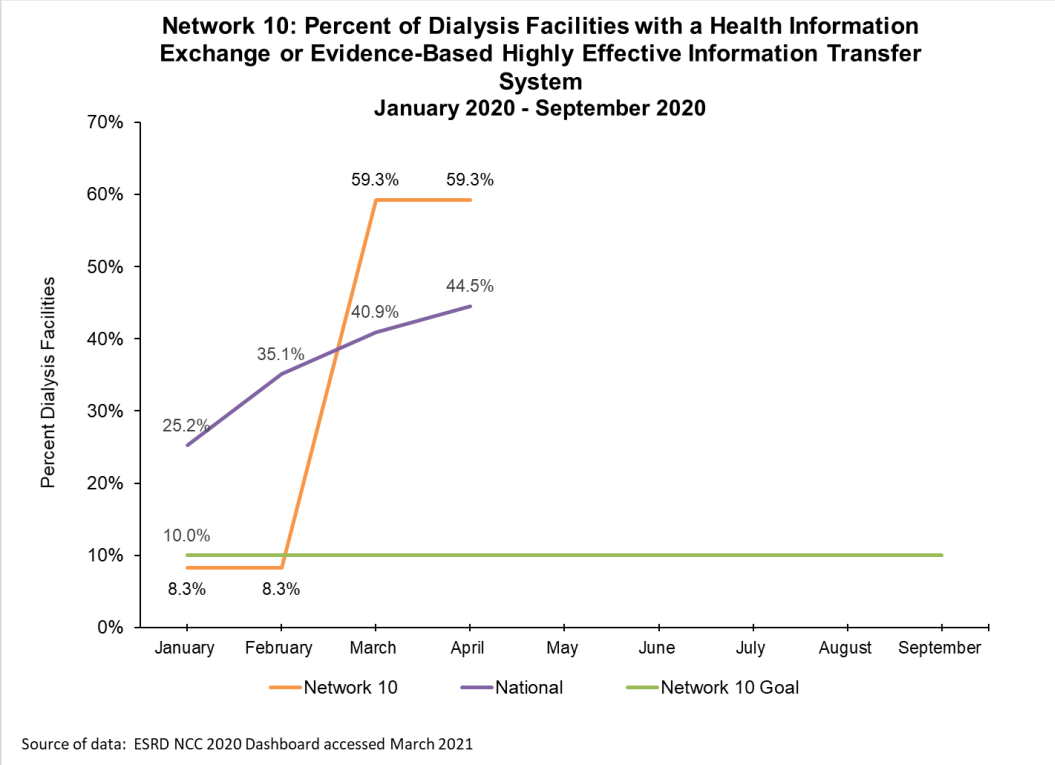
Graph 13-Reduction in Bloodstream Infections (BSI) in QIA Facilities in ESRD Network 10



Graph 14-Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training for January 2020 through September 2020 in ESRD Network 10



Graph 15-Percent of Dialysis Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System from January 2020 through September 2020 in ESRD Network 10



Transplant Waitlist Quality Improvement Activity

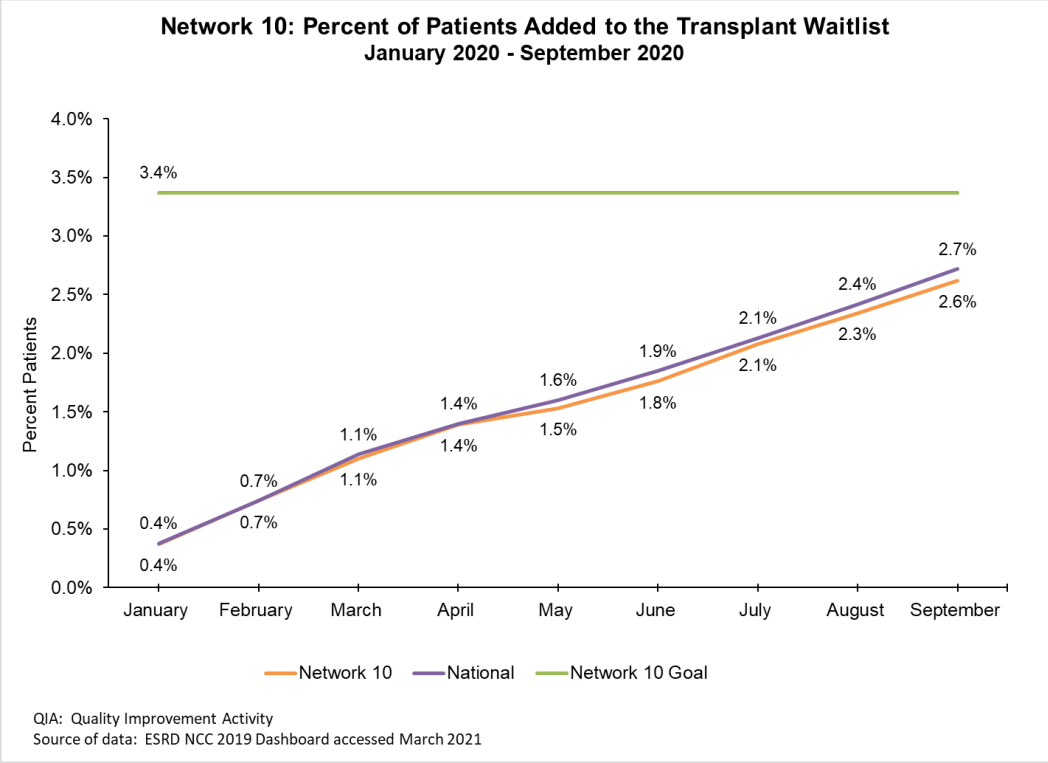
Goal The goal for this activity was to increase the Network-wide rate of patients added to a kidney transplant waiting list by at least a 1.25% relative improvement over baseline. ESRD Network 10's baseline was calculated using the ABC™ model from data available at the end of the 2019 contract cycle. The targeted Kidney Transplant Waiting List goal rate was calculated to be 3.4% (see Graph 16). As of October 2020, the Network was close to goal, achieving 80% of the targeted goal. We anticipated crossing the goal threshold by November; however, data was not available for a period of time due to EQRS being down. Anecdotally, when data was made available showing the process of this QIA, we exceeded goal given the data reported in January 2021.
Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

QIA Detail for 2020 The Network was able to use rapid cycle improvement, for the transplant QIA, by utilizing the facilities and stakeholders. For the facilities, it started with the use of a Beginning Environmental Scan, followed by monthly scans, then a Process Assessment, a Technical Assistance Scan and Feedback Report, followed by sustainability. With the help of the Stakeholders the Network was able to hold regular meetings with SME's, involve the use of a Steering Committee, collaborate with different Networks and the NCC, and include specific interventions with home dialysis experts to meet area specific needs.

The Network continued to use patient engagement and partnership by reviewing projects and resources with the PAC members. With the help of the ideas and suggestions from the PAC members, the Network was able to create a Bulletin Board kit to help with the Transplant QIA. This kit was made available for facilities to download and use and included action steps that would involve patient engagement. Other resources that were created, with the help of the PAC members, include the Transplant Appointment Work-up Checklist and the Transplant Centers Mapping Tool.

In December of 2020, the Network was informed that there would be a contract extension and was introduced to the Change Package to Increase Kidney Transplantation. The Network created monthly Transplant Change Package Newsletters that included resources based on primary and secondary drivers mentioned in the Change Package and were distributed network wide. Focus facilities were selected after reviewing high performers, low performers, and rural facilities. 32 facilities were identified as a focus group. Feedback surveys were sent out to focus facilities that evaluated resources and concepts that were listed as part of the Transplant Change Package. Results were then reviewed, and information gathered was shared in May of 2021.

Graph 16-Percent of patients added to the Transplant Waitlist for January through September 2020 in ESRD Network 10



QIA: Quality Improvement Activity
Source of data: ESRD NCC 2019 Dashboard accessed March 2021

Home Therapy Quality Improvement Activity

Goal The goal for this activity was to increase the Network-wide rate of patients starting a home dialysis therapy by at least a 2.5% relative improvement over baseline. ESRD Network 10's baseline was calculated using the ABC™ model from data available at the end of the 2019 contract cycle. The targeted Home Therapy goal rate was calculated to be 6.7% (see Graph 17). As of October 2020, the Network was close to goal, achieving 88% of the targeted goal. We anticipated crossing the goal threshold by October; however, data was not available for a period of time due to EQRS being down. Anecdotally, when data was made available showing the process of this QIA, we exceeded goal given the data reported in January 2021.

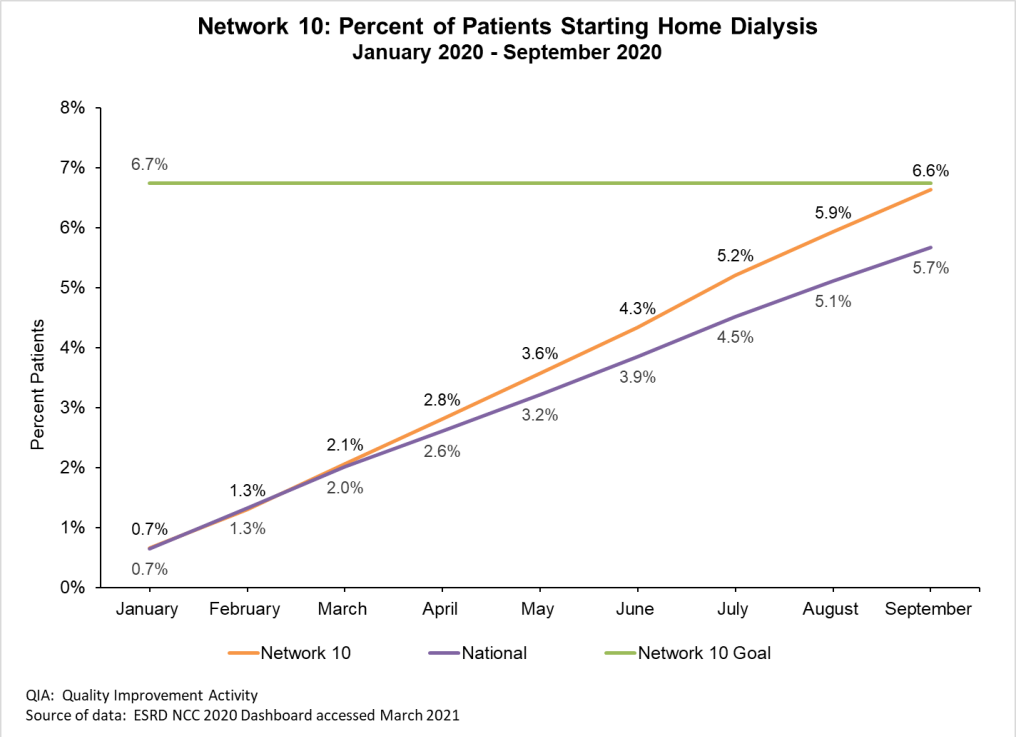
Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

QIA Details for 2020 The Network used was able to use rapid cycle improvement with both facilities and stakeholders. We began by sending out an environmental scan to facilities, then sent monthly scans, followed by a Process Assessment, which led to a Technical Assistance Scan and Feedback report, and completed the process with sustainability. For stakeholders we were able to conduct regularly scheduled meetings with subject matter experts, involved the use of a Steering Committee, collaborated with the ESRD NCC and other Networks, and created specific interventions with Home Dialysis Experts to meet area specific needs.

Innovative approaches that we used for this QIA include (1) a monthly newsletter, (2) facility specific progress reports, (3) Bulletin Board Kit for Home Dialysis, (4) collaboration with Dialyzors United creating an animated video, (5) stakeholder collaboration creating a webinar for Nursing Home staff about the Possibilities of Dialysis.

In December of 2020, the Network was informed that there would be a contract extension and was introduced to the Change Package to Increase Home Dialysis. The Network created monthly Home Dialysis Change Package Newsletters that included resources based on primary and secondary drivers mentioned in the Change Package and were distributed network wide. Focus facilities were selected after reviewing high performers, low performers, and rural facilities. 34 facilities were identified as a focus group. Feedback surveys were sent out to focus facilities that evaluated resources and concepts that were listed as part of the Home Dialysis Change Package. Results were then reviewed, and information gathered was shared in May of 2021.

Graph 17-Percent of Patients Starting Home Dialysis for January 2020 through September 2020 in ESRD Network 10



QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Population Health Focus Pilot Project Quality Improvement Activity

Goal Qsource ESRD Network 10 chose QIA C: Support of Gainful Employment of ESRD Patients with the intent to assist ESRD patients with seeking gainful employment/job training/higher education and/or returning to work in 35 dialysis facilities in the Network 10 region. Goals for the QIA included that 95% of patients would be screened for interest in vocational rehabilitation services, a 50% increase from baseline in the rate of eligible patients referred during the remeasurement period for employment network services in closed CROWNWeb data from September 30, and a 1% of the denominator population receiving services in the same data period. Additional goals for this QIA included referral of at least 10 eligible patients between the ages of 55-54 and successful incorporation of six identified attributes into the QIA. Those attributes include: (1) Boundarilessness and Unconditional Teamwork, (2) Customer Focus, (3) Innovation, (4) Patient and Family Engagement, (5) Rapid Cycle Improvement, (6) Sustainability.

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

QIA Detail for 2019 Qsource ESRD Network 10 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 10 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.

The Network provided technical assistance to facilities including a tutorial for documenting VR status in CROWNWeb, a recorded walk-through on how to complete this documentation correctly, a Best Practices checklist for evaluating patients for Vocational Rehabilitation, and a conversation starter and goal planning sheets to help patients set SMART goals toward returning to work. Network 10 also focused on patient education about federal and state programs for returning to work, stories from patients who have used VR services for work or school, and information on how working and staying active can benefit patient health.

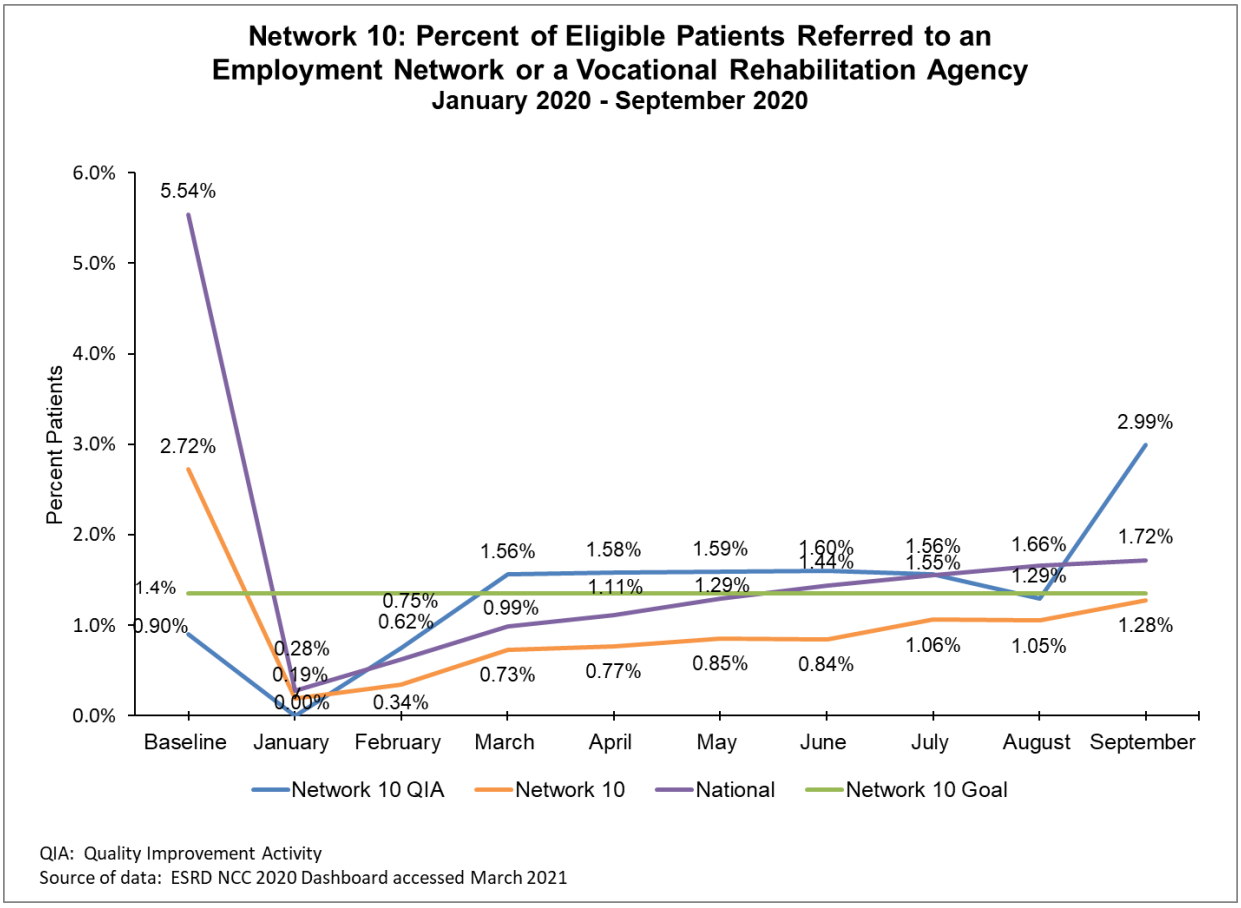
The Network also focused on teaching staff how to use Motivational Interviewing to speak to patients about modality choices that better support patients returning to work such as home dialysis or transplant. Shared Decision Making and Relationship Centered Care, along with goal planning sheets for patients and teach-back training were also done within the cohort, with a goal to teach staff the importance of individualized care.

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. Additionally, Qsource ESRD Network 10 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.

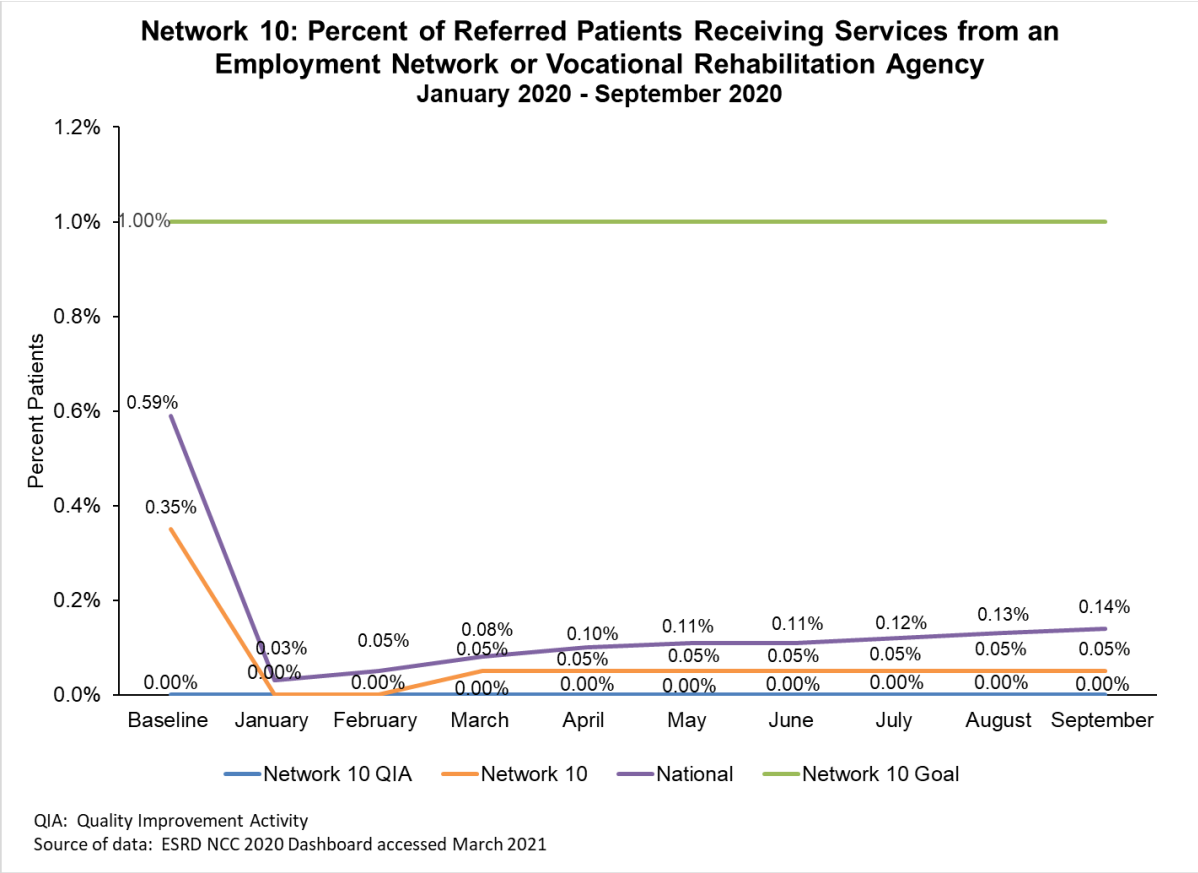
Qsource ESRD Network 10 partnered with both national and local employment networks to provide education to dialysis facilities on the Ticket to Work program and helping patients with employment using social security work incentives.

Graph 18-Percent of Eligible Patients Referred to an Employment Network or a Vocational Rehabilitation Agency for January 2020 through September 2020 in ESRD Network 10



QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Graph 19-Percent of Referred Patients Receiving Services from an Employment Network or Vocational Rehabilitation Agency for January 2020 through September 2020 in ESRD Network 10

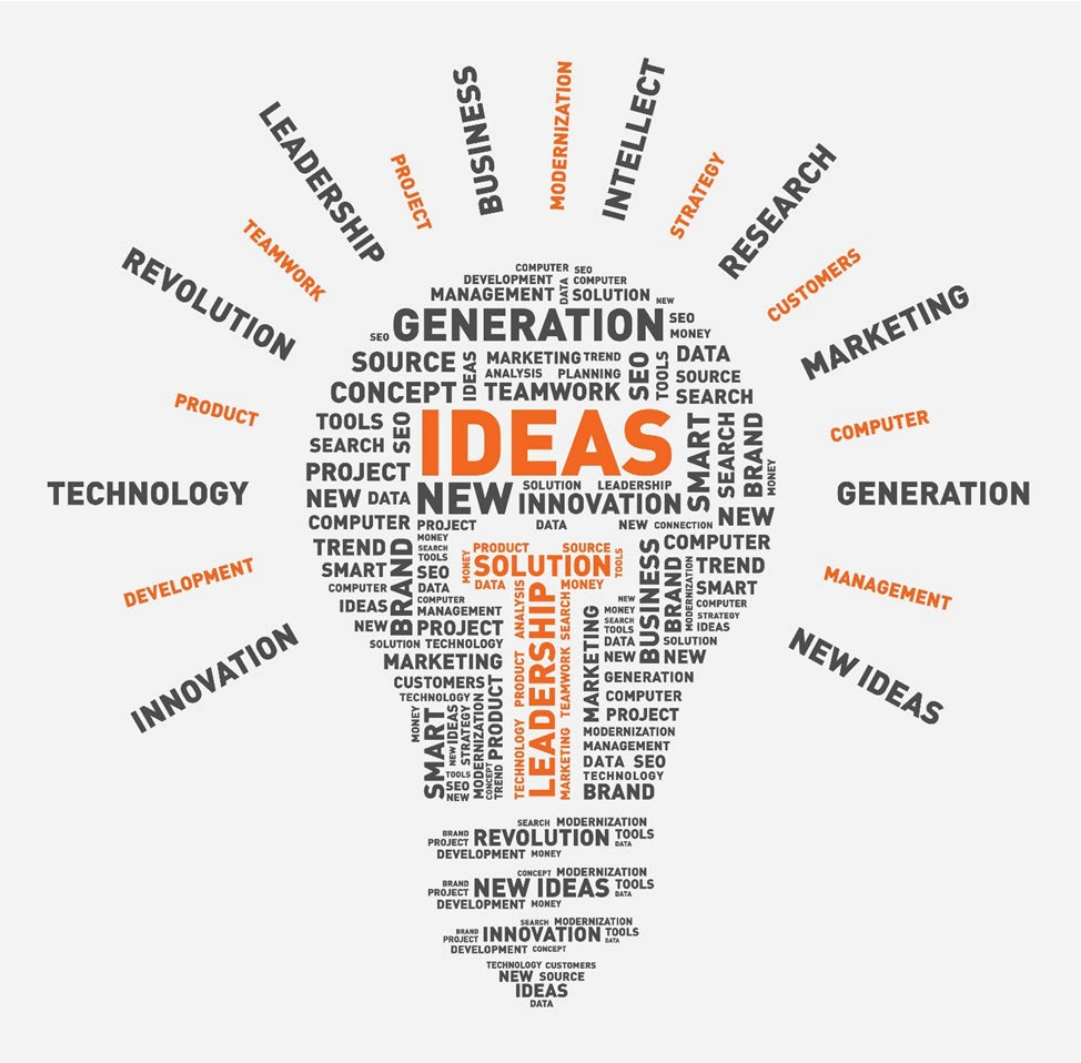


QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

ESRD NETWORK RECOMMENDATIONS

ESRD Network 10 made no recommendations for sanctions during 2020.

ESRD Network 10 made no recommendations for new services during 2020.



ESRD NETWORK 10 COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

2020 brought the global pandemic with the introduction of the SARS-CoV2 or COVID-19 virus. CMS provided the Networks with several modifications to their contract to include COVID-19 response, technical assistance, data tracking and support. Network 10 implemented many new procedures in the wake of the pandemic. One of the first action steps was to create a phone extension that would be answered 24 hours a day, 7 days a week in case any patient or facility needed immediate assistance. The Network also implemented a new portion of their website that is dedicated to COVID-19 information and resources. Due to the large influx of new information surrounding the virus from many different sources, Network staff started sending out a weekly email to all facilities with all pertinent information, webinars and guidance from credible sources (CDC, CMS, KCER, ASPR, ASN, etc.) and continued the weekly emails until present.

Promotion, support and guidance on Telehealth also became a focus for the Networks in the wake of COVID-19. Networks were tasked with disseminating up-to-date guidance on telehealth and telemedicine. Network staff developed a Telehealth Passport to walk patients through the steps of using telehealth in their care.

The Network was also tasked through much of 2020 with tracking the number of patient and staff positive cases, persons under investigation (PUI) or presumed positive patients/staff awaiting testing results, patients/staff that recovered after diagnosis and patients/staff deaths due to COVID-19. In the beginning, this was self-reported data from the individual clinics that was turned in weekly to KCER and CMS using an Emergency Situational Status Report (ESSR). In late 2020, the CDC developed a tracking module on the (National Healthcare Safety Network) NHSN site and all facilities switched to reporting directly in the NHSN. That weekly data is pulled down by the Networks and sent directly to the Network Coordinating Center (NCC) to be put into a national dashboard. The information on this weekly dashboard is used by the Networks in determining hot spot areas, areas where there has been a

doubling of cases from one week to the next. Network staff also look at counties where there is accelerated spread. When those counties are identified, the Network reaches out by email to let the facilities know there is an increased risk in their county and are provided additional resources. The Networks also look at state health department data to identify areas where the general population is seeing an increase in cases in order to reach out to facilities in those areas to let them know to be more aware of their infection prevention efforts.

Another focus of ESRD Network 10 during COVID-19 is mental health. The Network produced many resources for patients and staff regarding coping, taking care of yourself while taking care of others and ways to find on-line support groups.

Patient and facility grievances related to COVID-19 are captured in the Patient Contact Utility (PCU) in the event of a patient concern or facility concern regarding a patient issue as well as an internal excel tracking form. Depending on the issue, Network staff will utilize resources that have already been created to disseminate to the facility/patient or will work with the quality improvement, patient services and marketing team to develop a resource. If it is a patient resource, the Network utilized feedback from the PAC and Network Patient Representatives to refine the tool. Once a resource has been created, it is posted to the website and sent via email to all facilities for use. Tracking of the downloads of the resources are done by the marketing team and used to track use.

In 2020, the Network reached out to over 80 facilities providing one on one technical assistance. This included everything from lack of PPE, ways to improve screening, lack of testing supplies, poor communication with nursing homes regarding the COVID status of their shared patients, mental health support, policy development, assistance with NHSN tracking, and resource development.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

The Network is a resource for its providers during disasters. The Network routinely contacts dialysis units within areas where disasters have been reported, such as floods, tornadoes, snowstorms, water issues, and power outages. Network 10 has an emergency back-up agreement in place with ESRD Network 6 in the event the Network office would close.

During 2020, the Network responded to ten individual facility-specific or regional emergencies, including:

- Snow/Winter Storm
- Water System Break
- Water Main Break

During disaster events in 2020 ESRD Network 10, facilities were contacted by Network staff to monitor their open and closed status and to offer Network assistance. The open and closed status of affected facilities was provided to the CMS Regional Office.

The Network staff worked throughout the year to remind facilities of their role in the event of an emergency or disaster. The Network routinely sends emergency preparedness information to all facility administrators prior to impending storms. The information provides disaster preparedness resources for patients and staff. Reminders to update facility disaster plans are included with the information sent.

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.

2728 ESRD Medical Evidence Report
2744 Annual Facility Survey Form
2746 Death Notification Form

A
AAKP American Association of Kidney Patients
AAMI Association for the Advancement of Medical Instrumentation
ACO Accountable Care Organizations
AHCPR Agency of Health Care Policy and Research
AHRQ Agency for Healthcare Research and Quality
AHQA American Health Quality Association (QIOs)
AJKD American Journal of Kidney Disease
AKF American Kidney Fund
AKI Acute Kidney Injury / Acute Renal Failure
AMA American Medical Association
ANNA American Nephrology Nurses' Association
ARF Acute Renal Failure
ASN American Society of Nephrology
AV Arteriovenous
AVF Arteriovenous Fistulae
AVG Arteriovenous Graft

B
BAC Beneficiary Advisory Council (Forum) BFR Blood Flow Rate
BIC Beneficiary Identification Code
BIPA Benefits Improvement and Protection Act
BUN Blood Urea Nitrogen

BOD Board of Directors
BSA Body Surface Area
BSN Bachelor of Science in Nursing
BSW Bachelor of Social Work
BUN Blood Urea Nitrogen
BV Blood Volume

C
CAD Cadaveric Donor
CAHPS Consumer Assessment of Healthcare Providers and Systems
CAN Chronic Allograft Nephrology
CAPD Continuous Ambulatory Peritoneal Dialysis
CCHT Certified Clinical Hemodialysis Technician
CCl Creatinine Clearance
CCPD Continuous Cycling Peritoneal Dialysis
CCSQ Centers for Clinical Standards & Quality (CMS)
CCT Controlled Clinical Trial
CDC Centers for Disease Control and Prevention
CDE Certified Diabetes Educator
CDN Certified Dialysis Nurse
CDS Core Data Set
CEU Continuing Education Unit
CfC Conditions for Coverage
CHT Certified Hemodialysis Technician
CKD Chronic Kidney Disease
CME Continuing Medical Education
CMHCB Care Management for High Cost Beneficiaries
CMMI Center for Medicare and Medicaid Innovation (CMS)
CMO Chief Medical Officer
CMS Centers for Medicare & Medicaid Services CMSDC CMS Data Center
CMSW Certified Master of Social Work
CNN Certified Nephrology Nurse
CNSW Council of Nephrology Social Workers
CO Central Office (CMS)
COB Coordination of Benefits
COI Conflict of Interest
COPs Conditions of Participation
CPHQ Certified Professional in Healthcare Quality
CPM Clinical Performance Measures
CQI Continuous Quality Improvement
CQISCO Consortium for Quality Improvement & S & C Operations (CMS, Regional Offices)
CRI Chronic Renal Insufficiency
CROWN Consolidated Renal Operations in a Web-enabled Network
CRRT Continuous Renal Replacement Therapy
CSC Computer Sciences Corporation
CV Curriculum Vitae

D
DEPCH Division of ESRD, Population and Community Health (CMS)
DFC Dialysis Facility Compare
DHHS Department of Health and Human Services

DHIT Division of Health Information Technology (CMS)
DHR Department of Human Resources
DM Data Manager
DOPPS Dialysis Outcomes Practice Patterns Study
DON Director of Nursing
DOQI Dialysis Outcomes Quality Initiative
DPC Decreasing Dialysis Patient/Provider Conflict
DPMCE Division of Program, Management, Communication and Evaluation (CMS)
DQIIMT Division of Quality Improvement Innovations Model Testing (CMS)
DQM Division of Quality Measurement (CMS)
DRG Diagnosis Related Group
DTCP Division of Transforming Clinical Practices (CMS)
DVA Department of Veteran's Affairs
DVIQR Division of Value, Incentives & Quality Reporting (CMS)
DW Dry Weight

E
EC Executive Committee of the Network
ED Executive Director
EDAC Executive Director Advisory Council (Forum)
EDEES ESRD Data Entry and Editing System
eGFR Estimated Glomerular Filtration
EGHP Employer Group Health Plan
EHR Electronic Health Record
ELAB Electronic collection of lab data
eKt/V Equilibrated Kt/V (See Kt/V)
EOB Explanation of Benefits
EPO Epogen or Erythropoietin
EQRS ESRD Quality Reporting System
ESCO ESRD Seamless Care Organizations
ESRD End Stage Renal Disease
eSOURCE ESRD Software for our Users in Renal Care Environments

F
FDA Food & Drug Administration
FF Fistula First
FFBI Fistula First Breakthrough Initiative
FFS Fee For Service
FI Fiscal Intermediary
FMQAI Florida Medical Quality Assurance, Inc (QIO)
FNP Family Nurse Practitioner
FORUM Forum of ESRD Networks
FPR Final Project Report
FY Fiscal Year

G
GAO General Accounting Office
GFR Glomerular Filtration Rate
GTL Government Task Leader (CMS)

H

HAI Healthcare-Associated Infections
HbsAb Hepatitis B surface antibody
HbsAg Hepatitis B surface antigen
HBV Hepatitis B Virus
HCFA Health Care Financing Administration (Now CMS)
HCQIP Health Care Quality Improvement Program
HCT Hematocrit
HD Hemodialysis
HENs Hospital Engagement Networks
HGB Hemoglobin
HHA Home Health Agency
HHD Home Hemodialysis
HHS Department of Health and Human Services
HIC Health Insurance Claim
HIE Health Information Exchange
HIPAA Health Information Portability and Accountability Act
HIT Health Information Technology
HMO Health Maintenance Organization
Hx History

I
ICD-9-CM International Classification of Disease, 9th Revision, Clinical Modification
ICH CAHPS In-Center Hemodialysis
CAHPS IHI Institute for Healthcare Improvement
IM Information Management
IOM Institute of Medicine
IPD Intermittent Peritoneal Dialysis
IPRO Island Peer Review Organization (QIO)
IPP Innovation Pilot Project
ISHD International Society of Hemodialysis
IT Information Technology
IV Intravenous
IVD Involuntary Discharge
IVT Involuntary Transfer

J
JAMA Journal of the American Medical Association
JASN Journal of the American Society of Nephrology
JCAHO Joint Commission on Accreditation of Healthcare Organizations

K
Kt/V A method to measure adequacy of dialysis. K = the dialyzer clearance, t = time on dialysis, and V =volume of water in the patient's body.
KCER Kidney Community Emergency Response
KCP Kidney Care Partners
KCQA Kidney Care Quality Alliance (part of KCP)
KDIGO Kidney Disease: Inspiring Global Outcomes
KDOQI Kidney Disease Outcomes Quality Initiative
KEEP Kidney Early Evaluation Program
KPAC Kidney Patient Advisory Council (KPAC)

L
LAN Learning & Action Network LCSW Licensed Clinical Social Worker
LDO Large Dialysis Organization
LISW Licensed Independent Social Worker
LMSW Licensed Master of Social Work
LORAC Life Options Rehabilitation Advisory Council
LPN Licensed Practical Nurse
LRD Living Related Donor
LRD Licensed Registered Dietician
LTFU Lost to Follow-Up
LURD Living Unrelated Donor

M
M+C Medicare + Choice
MAC Medical Advisory Council (Forum)
MCO Managed Care Organization
MD Medical Doctor
MDH Medicare Dependent Hospital
MDO Medium Dialysis Unit
MedPAC Medicare Payment Advisory Commission
MEI Medical Education Institute
MPH Master of Public Health
MRB Medical Review Board
MSN Master of Science in Nursing
MSW Master of Social Work
MU Meaningful Use

N
NANT National Association of Nephrology Technicians/Technologists
NC Network Council
NCC Network Coordinating Council
NCQA National Committee for Quality Assurance
NEJM New England Journal of Medicine
NEPOP New ESRD Patient Orientation Packet
NHHD Nocturnal Home Hemodialysis
NHSN National Healthcare Safety Network
NIDDK National Institute for Diabetes and Digestive and Kidney Diseases
NIH National Institutes of Health
NIP National Improvement Plan
NIPD Nocturnal Intermittent Peritoneal Dialysis
NKDEP National Kidney Disease Education Program
NKF National Kidney Foundation
NKR National Kidney Registry
NN&I Nephrology News & Issues
NPP Narrative Project Plan
NPSF National Patient Safety Foundation
nPCR Normalized Protein Catabolic Rate
NQF National Quality Forum
NQS National Quality Strategies (CMS)
NRAA National Renal Administrators Association
NVAII National Vascular Access Improvement Initiative

O
OAGM Office of Acquisition & Grants Management (CMS)
OCSQ Office of Clinical Standards and Quality
ODIE Online Data Input and Edit
OGC Office of General Council (CMS)
OHRP Office of Human Research Protection
OIC Opportunity to Improve Care
OIG Office of Inspector General (CMS)
ONC Office of the National Coordinator for Health Information Technology
OPO Organ Procurement Organization
OPTN Organ Procurement and Transplant Network
ORD Office of Research and Demonstrations
ORS Office of Regulatory Services
OSCAR Online Survey Certification Reporting
OSHA Occupational Safety and Health Administration
OY Option Year

P
PA Physician's Assistant
PAR Patient Activity Report
PCP Primary Care Physician
PCT Patient Care Technician
PCU Patient Contact Utility
PD Peritoneal Dialysis
PFCC Patient & Family Centered Care
PfP Pay for Performance
PfP Private for Profit
PFP Priority Focus Process
PhD Philosophy Doctorate
PHIPP Population Health Innovation Pilot Project
PID Project Idea Document
PIP Performance Improvement Plan
PKCI Peer Kidney Care Initiative
PKD Polycystic Kidney Disease
PMMIS Program Management and Medical Information System
PO Project Officer (CMS)
PPS Prospective Payment System
PRO Peer Review Organization (Now called QIO)
PSC Patient Services Coordinator
PSD Patient Services Director

Q
QA Quality Assurance
QAPI Quality Assurance and Performance Improvement
QCPC Quality Conference Planning Committee (Forum)
QI Quality Improvement
QIA Quality Improvement Activity
QID Quality Improvement Director
QIG Quality Improvement Group (CMS)
QIIG Quality Improvement and Innovation Group (CMS)

QIO Quality Improvement Organization (Formerly PRO)
QIP Quality Improvement Project
QIS Quality Improvement Specialist
QMHAG Quality Measurement & Health Assessment Group (CMS)
QMVIG Quality Measurement & Value-Based Incentive Group (CMS)
QNET Quality Net (Exchange vs. Conference)

R
RD Registered Dietician
REBUS Renal Beneficiary Utilization System
REMIS Renal Management Information System
RHIT Registered Health Information Technician
RN Registered Nurse
RO Regional Office (CMS)
ROPO Regional Office Project Officer
RPA Renal Physicians' Association
RSN Renal Support Network

S
SA State Agency/ State Survey Agency
SC Subcutaneous
SIMS Standard Information Management System
SKF Skilled Nursing Facility
SLE Systemic Lupus Erythematosus
SME Subject Matter Expert
SOD Statement of Deliverables
SOW Statement of Work
SSA Social Security Administration
SSN Social Security Number

T
TCPI Transforming Clinical Practice Initiative (CMS)
TCV Total Cell Volume
TEP Technical Expert Panel
TQE Total Quality Environment
Tsat Transferring Saturation
TX Transplant

U
UKM Urea Kinetic Modeling
UNOS United Network of Organ Sharing
UPI Unique Patient Identifier
UPIN Unique Physician Identification Number
URR Urea Reduction Ratio
USRDS United States Renal Data System
USAT Unit Self-Assessment Tool

V
VA Veteran's Administration or Veteran's Affairs
VHA Veteran's Health Administration
VISION Vital Information System to Improve Outcomes in Nephrology

VR Vocational Rehabilitation

W X Y Z
WHO World Health Organization

ADDITIONAL ACRONYM AND GLOSSARY RESOURCES

Baxter Renal Glossary of Terms Associated with Kidney Disease
http://www.renalinfo.com/us/resources/glossary/index.html NKF

Glossary of Terms http://www.nkfi.org/education/glossary-of-terms#.VXByf2fbKUk

FMC Glossary
http://www.ultracare-dialysis.com/Footer/Glossary.aspx

National Center for Biotechnology Information Acronyms and Abbreviations
http://www.ncbi.nlm.nih.gov/books/NBK84563/

Renal Support Network
http://www.rsnhope.org/programs/kidneytimes-library/article-index/renal-acronym