

# ESRD NETWORK 2020 ANNUAL REPORT

Qsource  
ESRD Network 12

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

## **Qsource ESRD Network 12 2020 Annual Report**

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### **Contract Information**

December 2019 – November 2020  
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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 End Stage Renal Disease (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 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, 68% (n=282 counties) have no dialysis facilities. Only one dialysis facility exists per county in 19% (n=79 counties) of the four-state region. The remaining counties (13% or n=51) have two or more dialysis facilities. 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).

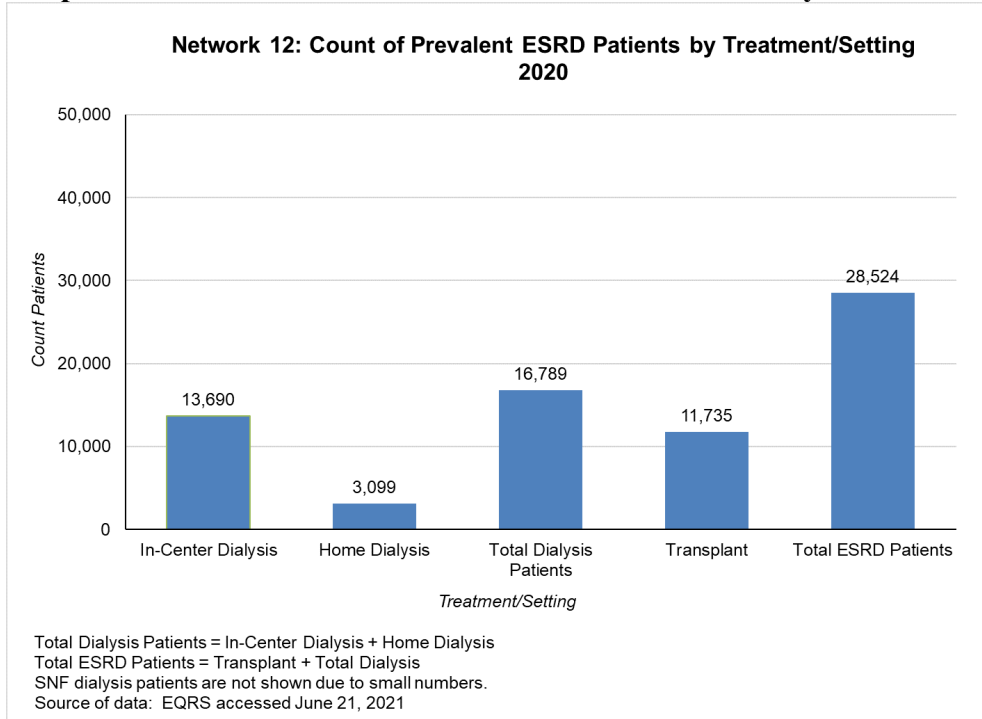
The graphs found on the following pages provide a comparison of the number of ESRD patients (prevalence and incidence) by renal replacement therapy in the Network 12 region, the number of dialysis facilities and transplant centers in the Network 12 region, the rates of patients (prevalence and incidence) 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

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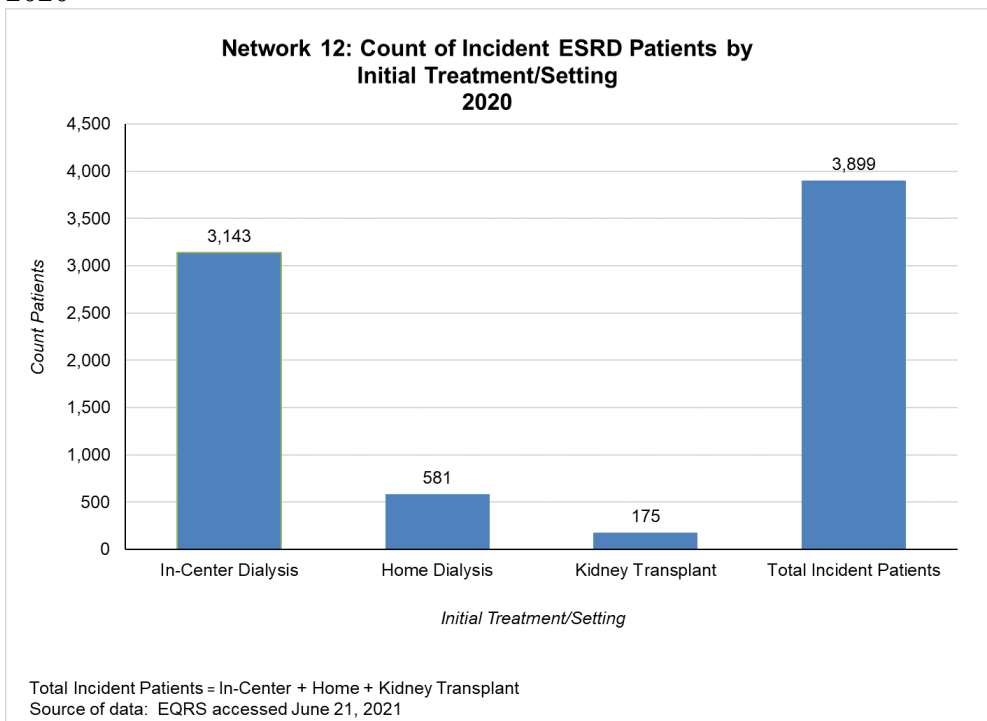
<sup>1</sup> U.S. Census Bureau. (2019, July 1). *Quick Facts; population Estimates* (map view). Retrieved from <https://www.census.gov/quickfacts/fact/map/US/PST045219>

Network region, and the rates of Transplants Patients across the nation by ESRD Network region.

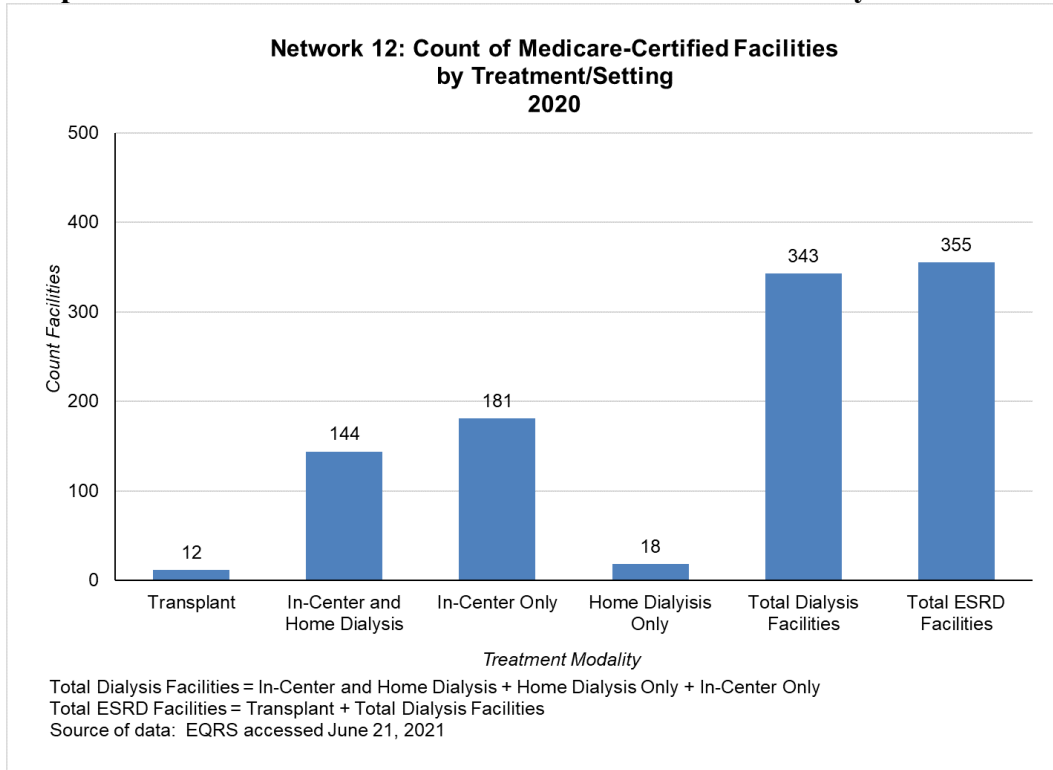
**Graph 1: Count of Network 12 Prevalent ESRD Patients by Treatment/Setting for 2020**



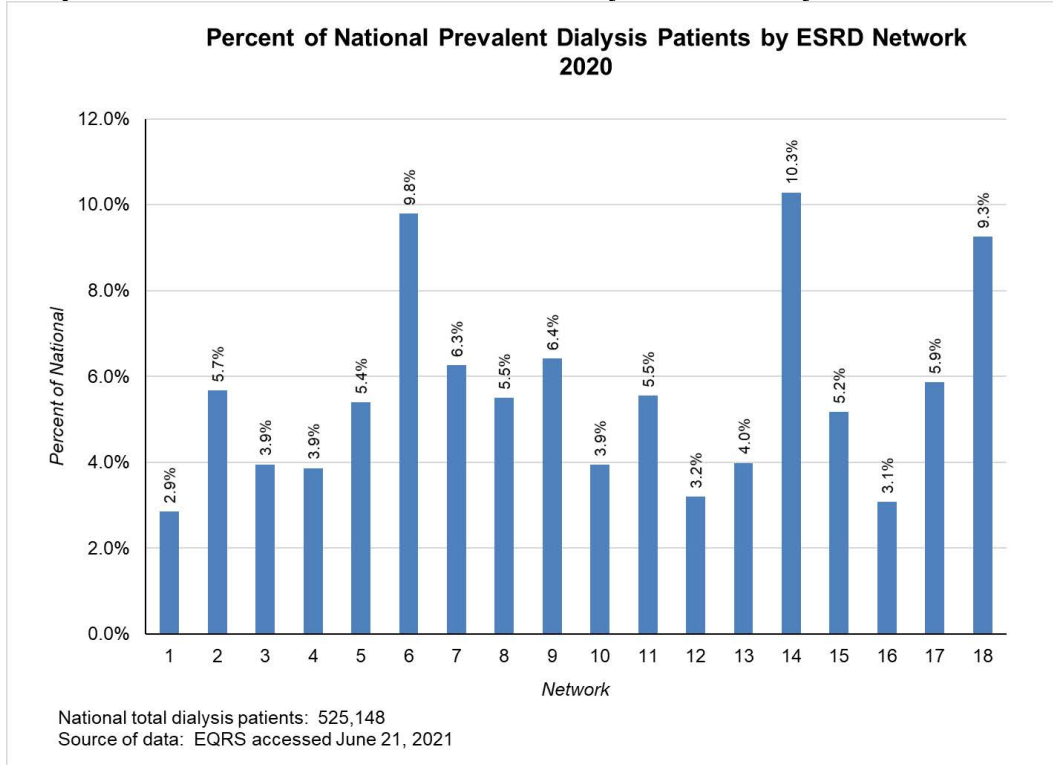
**Graph 2: Count of Network 12 Incident ESRD Patients by Initial Treatment/Setting for 2020**



**Graph 3: Count of Network 12 Medicare-Certified Facilities by Treatment/Setting for 2020**

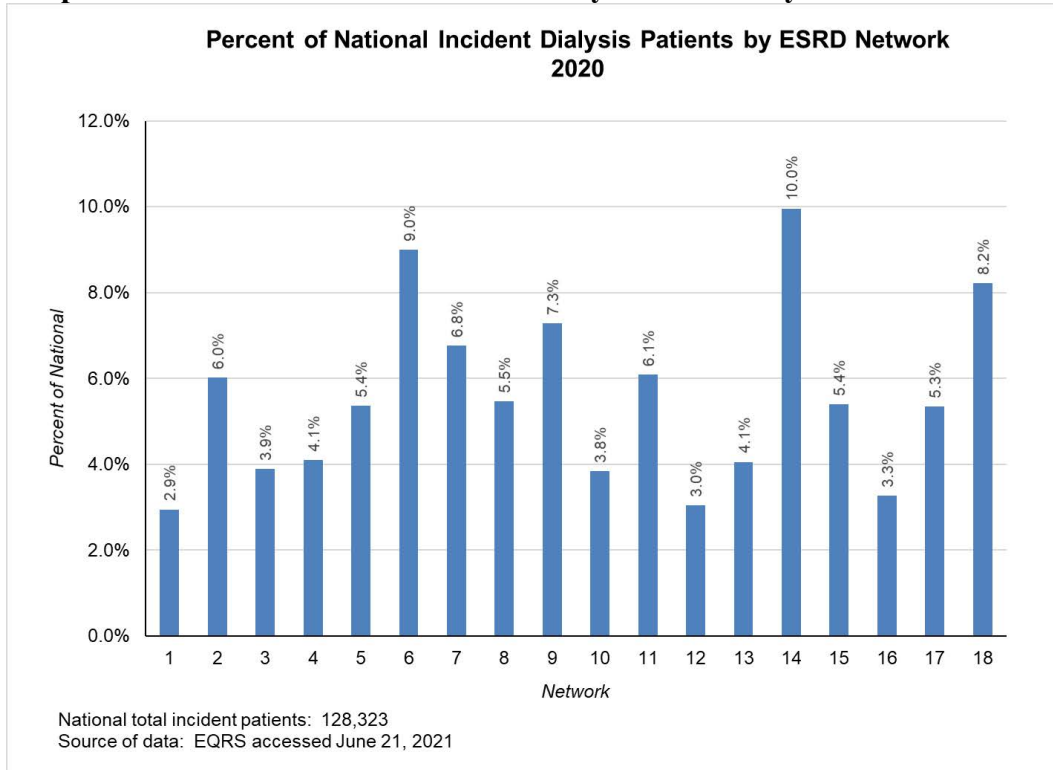


**Graph 4: Percent of National Prevalent Dialysis Patients by ESRD Network for 2020**

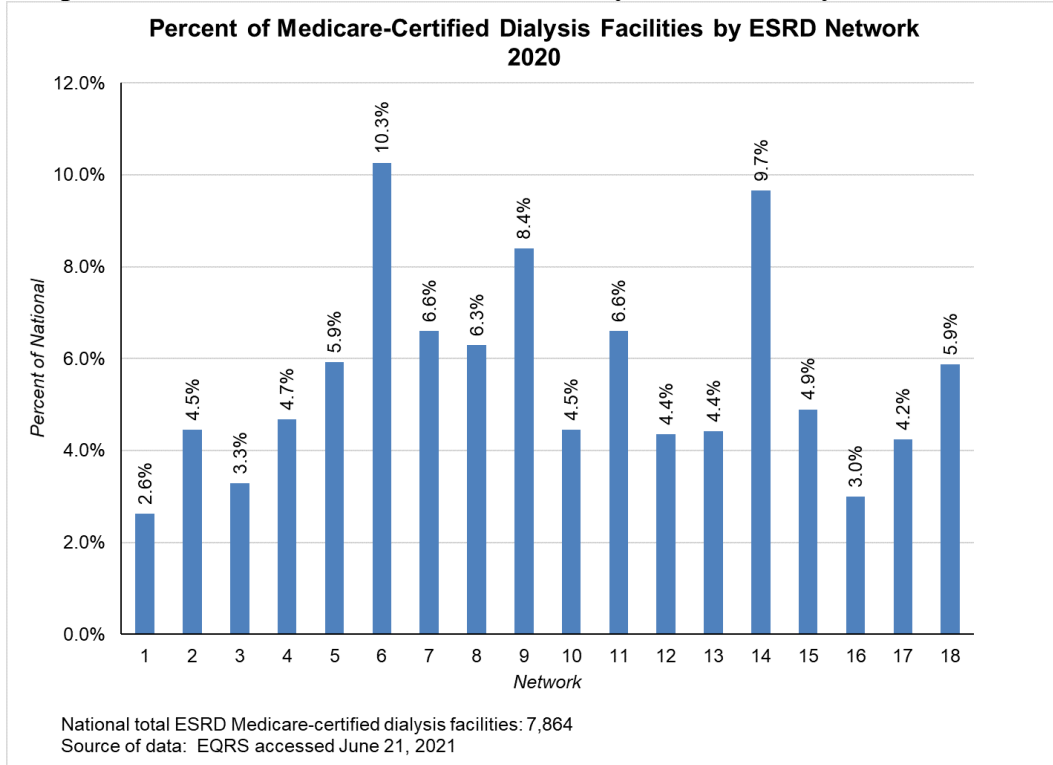




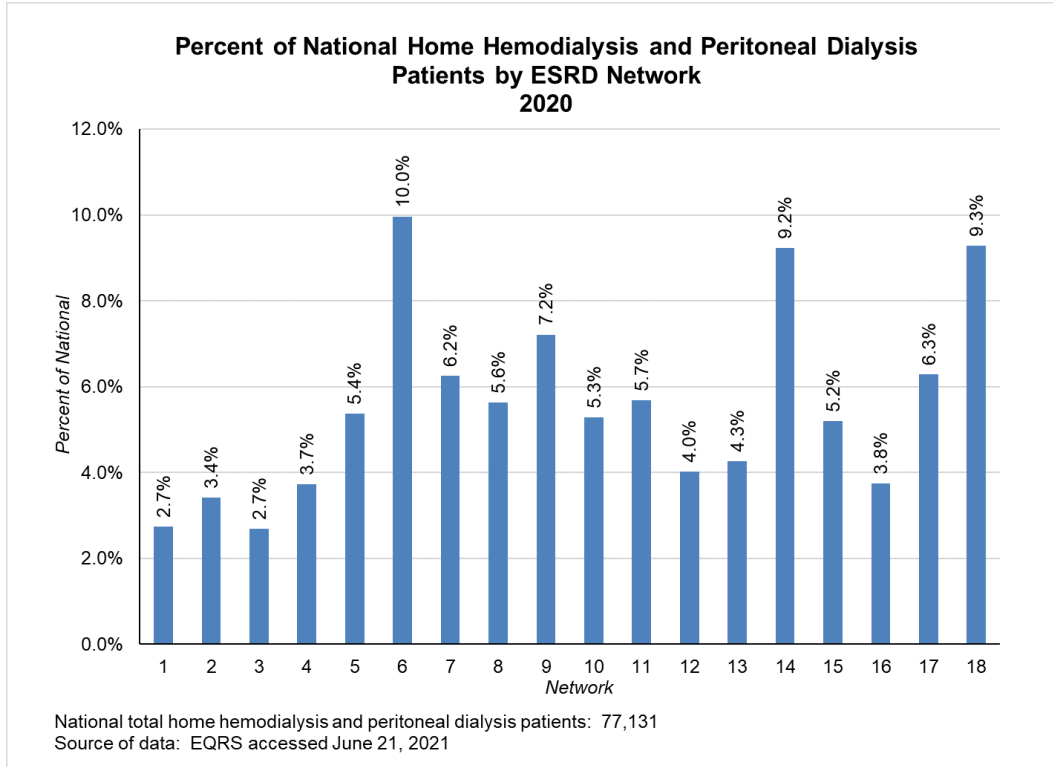
**Graph 5: Percent of National Incident Dialysis Patients by ESRD Network for 2020**



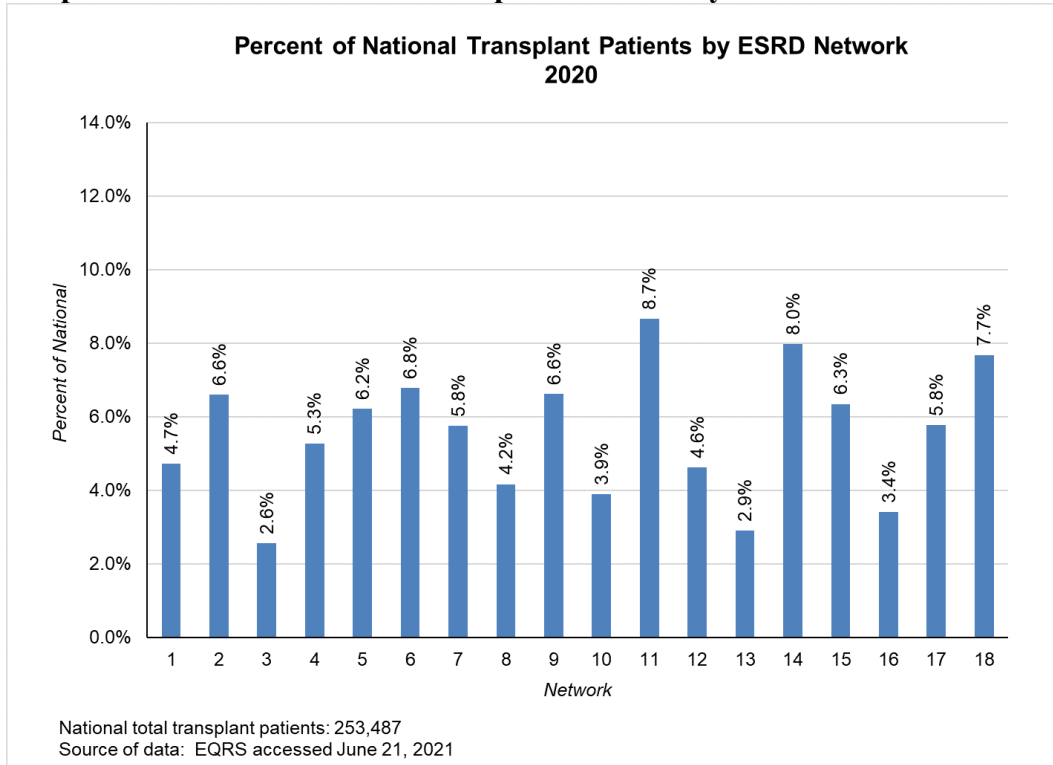
**Graph 6: Percent of Medicare-Certified Dialysis Facilities by ESRD Network for 2020**



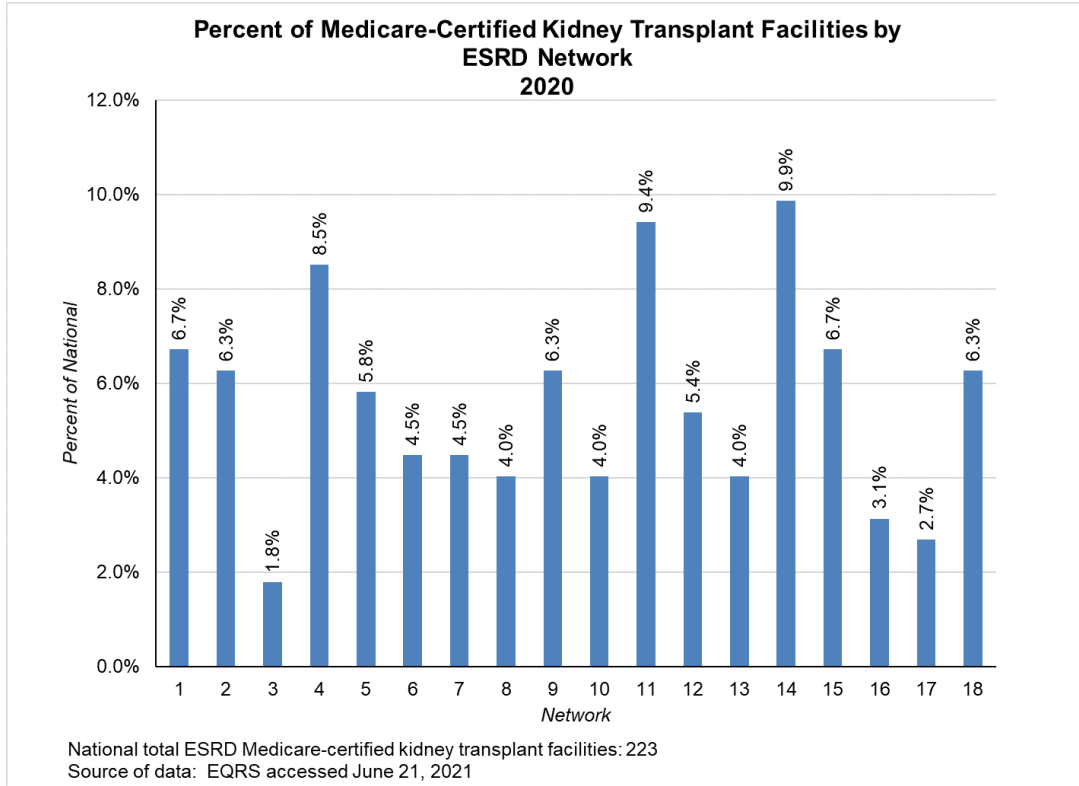
**Graph 7: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network for 2020**



**Graph 8: Percent of National Transplant Patients by ESRD Network for 2020**



**Graph 9: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network for 2020**





## **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, from December 1, 2019 through December 31, 2020, the Network opened a total of 290 grievance and non-grievance cases including 15 (6%) general grievances, 16 (5%) immediate advocacy grievance cases, 16 (6%) Clinical Quality of Care grievances, 83 (28%) access-to-care cases and 160 (55%) 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 seven days while General Grievances may take up to 60 days. Clinical Quality of Care grievances include a clinical concern which requires a registered nurse's 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. A total of 14 grievance cases were referred to the appropriate state agency.

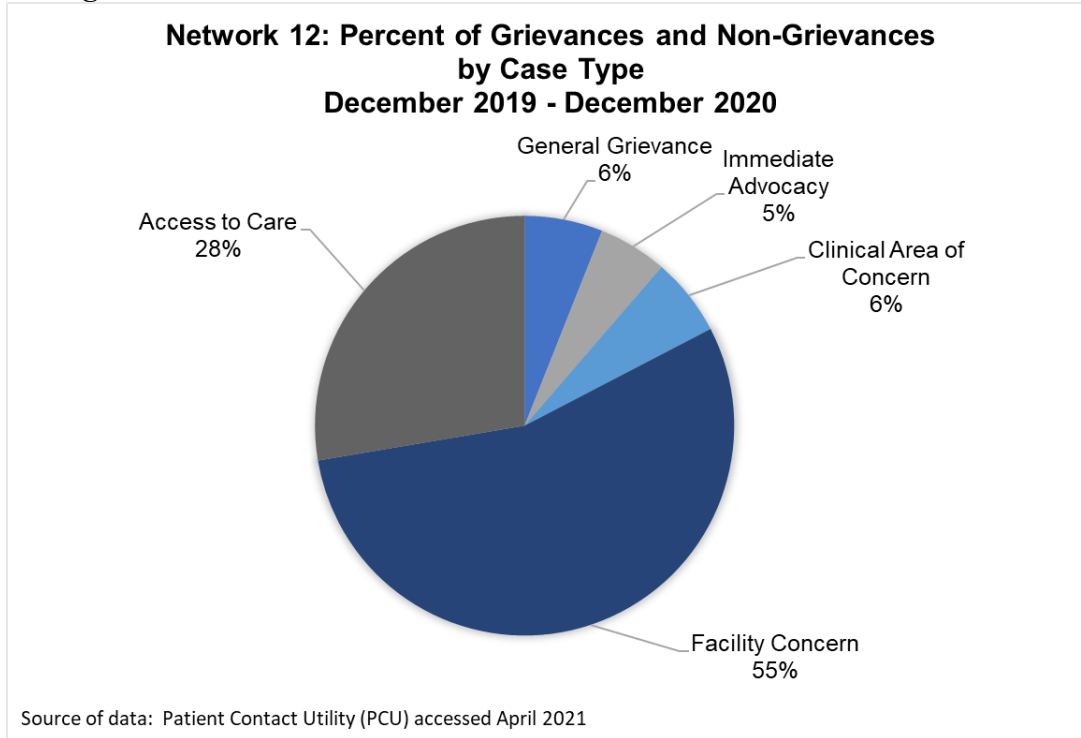
Of the grievance cases addressed by ESRD Network 12, the most common primary area of concern reported was a clinical quality of care related concerns. Clinical quality of care related concerns includes issues regarding dialysis access site issues, infection control, patient health/safety, and treatment prescriptions. This was followed by staff-related concerns (for example, communication, professionalism, or staffing ratios) and treatment-related concerns (for example, scheduling or facilities' policy and procedures). The least often reported concern was a physical environment related concern (for example, dialysis facilities' temperature or equipment). Communication and professionalism concerns related to staff interactions were commonly reported by grievants in addition to their primary concerns. Qsource ESRD Network 12 completed the contract, which required two audits in the first and third quarter of 2020 and provided facility staff with educational information and resources to address the most common grievance concerns. Due to the COVID-19 pandemic, case timelines were extended and the

Network began tracking mental health related concerns in May 2020. Mental health is broadly defined as impacting the patient's mental well-being and ability to cope.

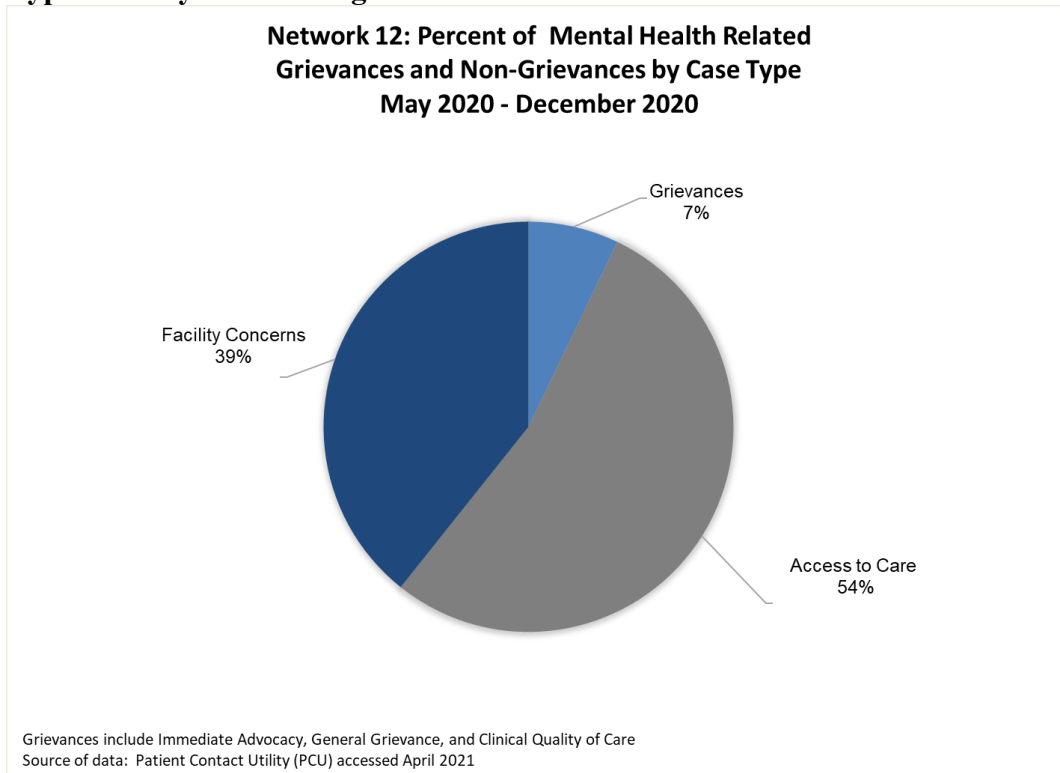
Qsource ESRD Network 12 opened to a total of 83 new access to care cases. Access to Care cases include involuntary discharges (IVD), involuntary transfers (IVT), failure to place (F2P) cases, and at-risk for IVD/IVT cases. The Network recorded 30 involuntary discharges initiated; 22 were completed and eight were reported but then were 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 patients who receive treatment in hospital emergency rooms because no outpatient facility would admit them as a patient. The majority of access to care cases Network 12 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 53 possible involuntary discharges, allowing the patients to continue to receive outpatient dialysis care at their facility.

Finally, ESRD Network 12 staff opened 177 facility concerns by providing educational information and technical assistance. Facility concerns included issues related to internal facility patient grievances, COVID-19 concerns, staff and patient educational or resource needs, and patient adherence to aspects of their dialysis treatment.

**Graph 10: Percent of Grievances and Non-Grievances by Case Type for December 2019 through December 2020 in Network 12**



**Graph 11: Percent of Mental Health Related Grievances and Non-Grievances by Case Type for May 2020 through December 2020 in Network 12**







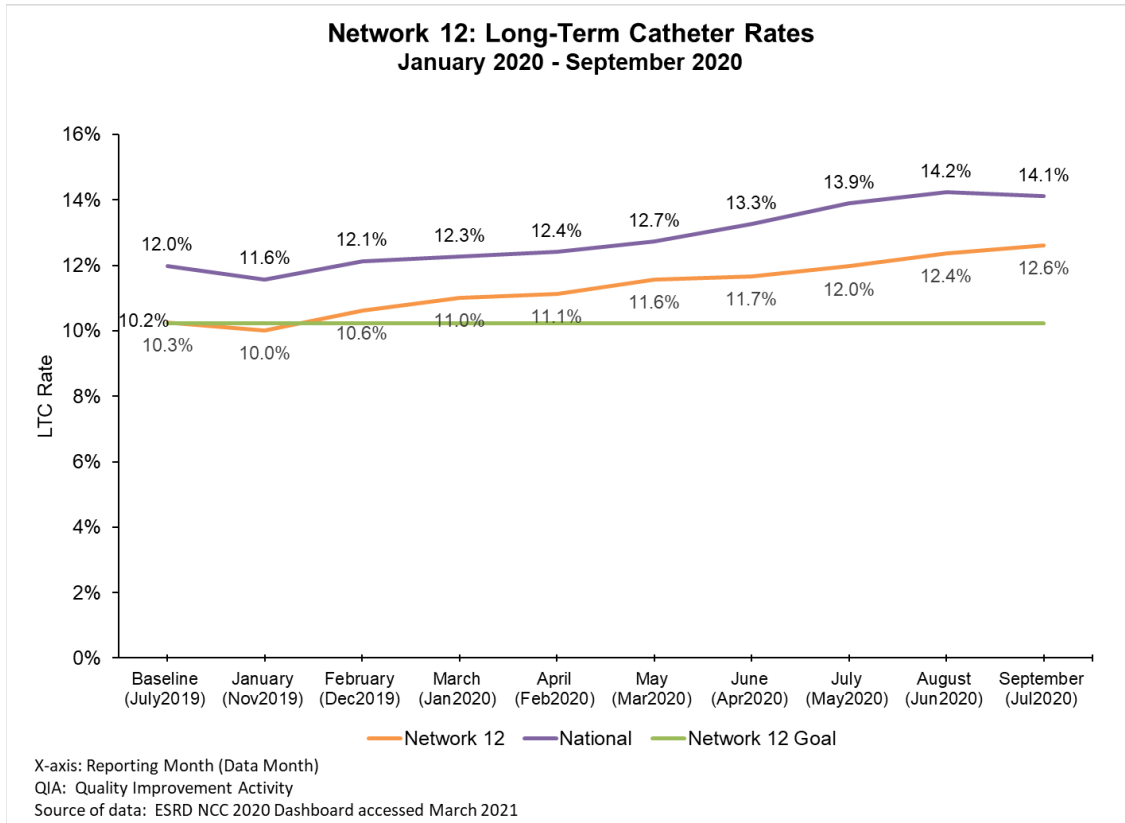


submit facility-specific outcomes, an assessment of the resources shared by the Network, the types of education and patient engagement provided during the month, and sharing measures taken to remove and prevent catheter use during the month. We changed the level of communications and our approach when the COVID-19 Pandemic hit the area in March. Using a monthly Network-wide newsletter format, we continued sharing resources, promising approaches, and patient engagement suggestions aimed at reducing 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. In addition to the monthly newsletters, we continued to support improvement and spread best practices through a centralized website that housed all QIA resources and reporting links: <https://esrdnetwork12.org/activities/2020-activities>.

Patient partnership and involvement continued as a focus for the Network in our LTC QIA work. Network 12 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 12'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 included in our patient newsletter.

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





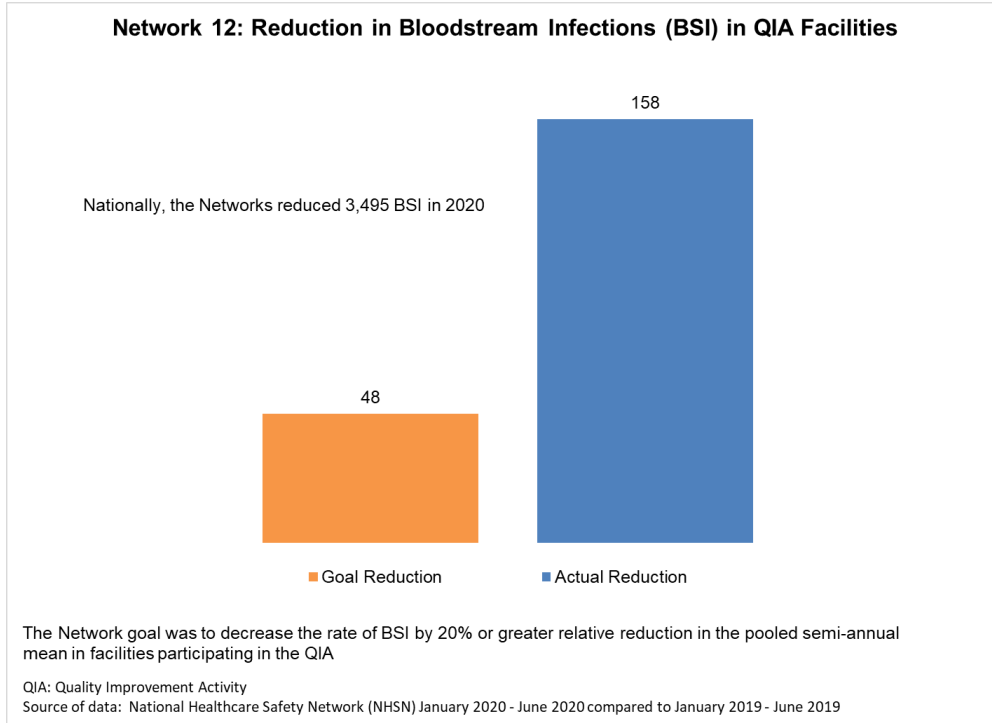
Interventions; 80% of facilities indicated the adoption of all the interventions. There is no graph available to display this metric over time.

**QIA Detail for 2020** Qsource ESRD Network 12 launched the QIA work in December 2019 with an introduction of the project during our Network Council meeting, a request for all facilities in the Network to complete a Network Participation Commitment 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, Network 12 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. This approach changed in March 2020 with the onset of the COVID-19 pandemic. Network 12 changed its communication strategy to use of a newsletter format. While continuing to share resources, promising approaches, and patient engagement suggestions, Network 12 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 contributed to a reduction in Dialysis Events. With the success of our newsletter-style communications in support of the BSI QIA, Network 12 expanded the sharing of resources with newsletters, highlighting Vaccinations and COVID-19 materials. In addition to the monthly newsletters, we continued to support improvement and spread best practices through a centralized website that housed all QIA resources and reporting links:

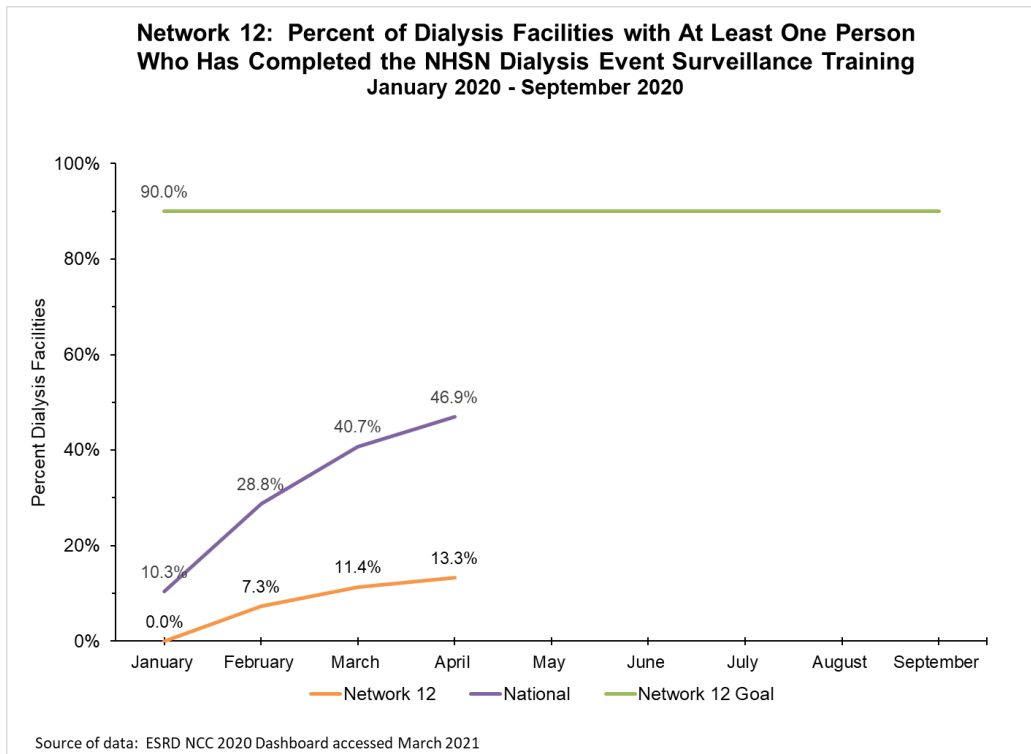
<https://esrdnetwork12.org/activities/2020-activities>.

Patient partnership and involvement continued 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 12's Patient Advisory Council provided feedback, helped develop, and reviewed educational resources, including: the BSI Bulletin Board Kit, My Kidney Kit Pages, and newsletter articles.

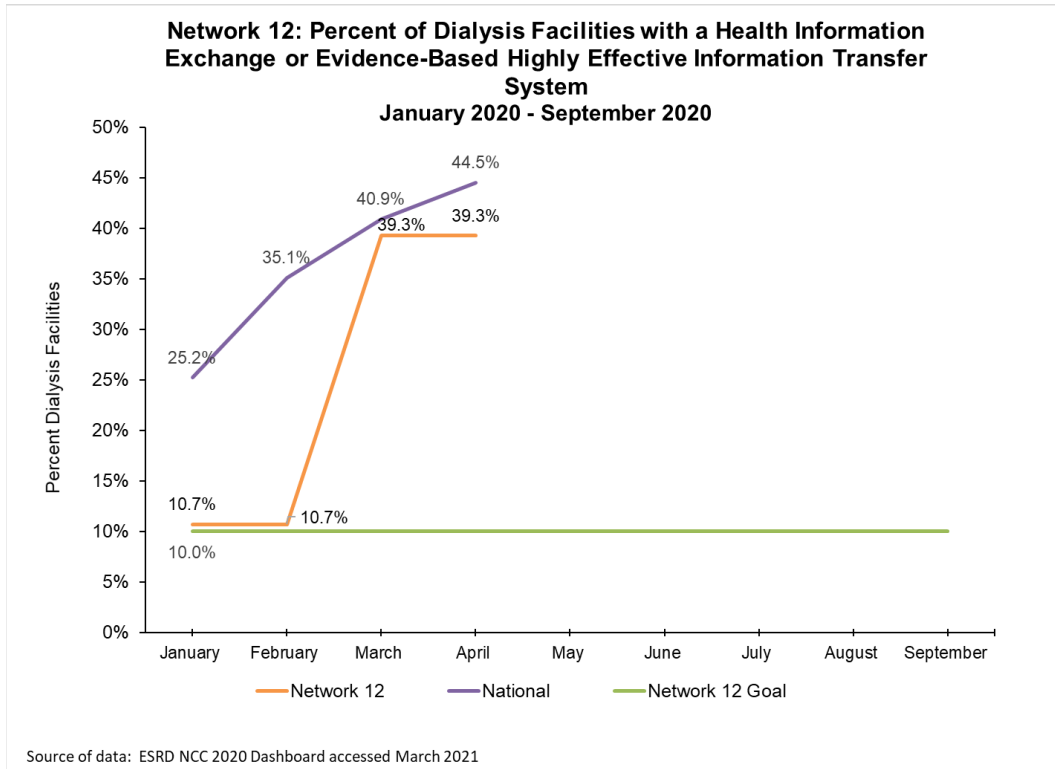
**Graph 13: Reduction in Bloodstream Infections (BSIs) in QIA Facilities in Network 12 for 2020**



**Graph 14: Percent of Dialysis Facilities with At Least One Person Who Completed the NHSN Dialysis Event Surveillance Training for January through September 2020 in Network 12**



**Graph 15: Percent of BSI QIA Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System for January through September 2020 in Network 12**



## 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 12'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 3.2% (see Graph 16). As of the data reported for September 2020, the Network was close to goal, achieving 88% 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, Qsource ESRD Network 12 exceeded goal based on 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 subject matter experts (SMEs), involve the use of a Steering Committee, collaborate with other ESRD Networks and the NCC, and include specific interventions with home dialysis experts to meet area specific needs.

Innovative approaches that were used by the Network include (1) monthly *Treatment Choice Champions (TCC)* Newsletters, (2) *Bulletin Board Kit* for Transplant, (3) facility specific progress reports, (4) *VIP Renal Review Podcast*, (5) a collaboration with the Missouri Kidney Collaborative creating a resource for patients entitled *My Transplant-Ready Workbook*, and (6) the creation of resources based on identified barriers.

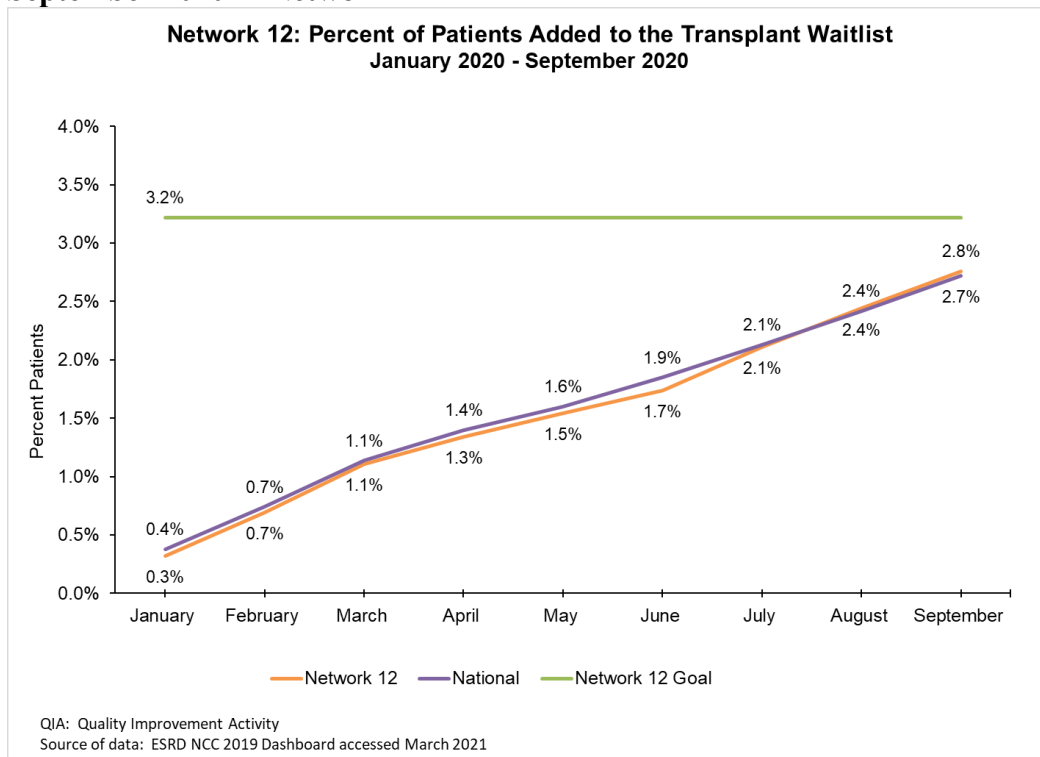
The Network continued to use patient engagement and partnership by reviewing projects and resources with the Patient Advisory Council (PAC) members. With the help of the ideas and



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 for use and included action steps that would involve Network Patient Representative (NPR) and patient engagement. The development of the Patient Podcast: VIP Renal review was another innovative approach that highlighted PAC members and their journeys with home dialysis and transplant. Other resources that were created, with the help of the PAC members, included the *Transplant Appointment Work-up Checklist* and the *Transplant Centers Mapping Tool*.

In December 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 ESRD NCC Change Package toolkit for ESRD Networks and dialysis facilities. 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 2021.

**Graph 16: Percent of Patients Added to the Transplant Waitlist for January through September 2020 in Network 12**



## 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 12'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 7.5% (see Graph 17). As of the data reported for September 2020, the Network was close to goal, achieving 96% of the targeted goal. We anticipated crossing the goal threshold by October 2020; 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.

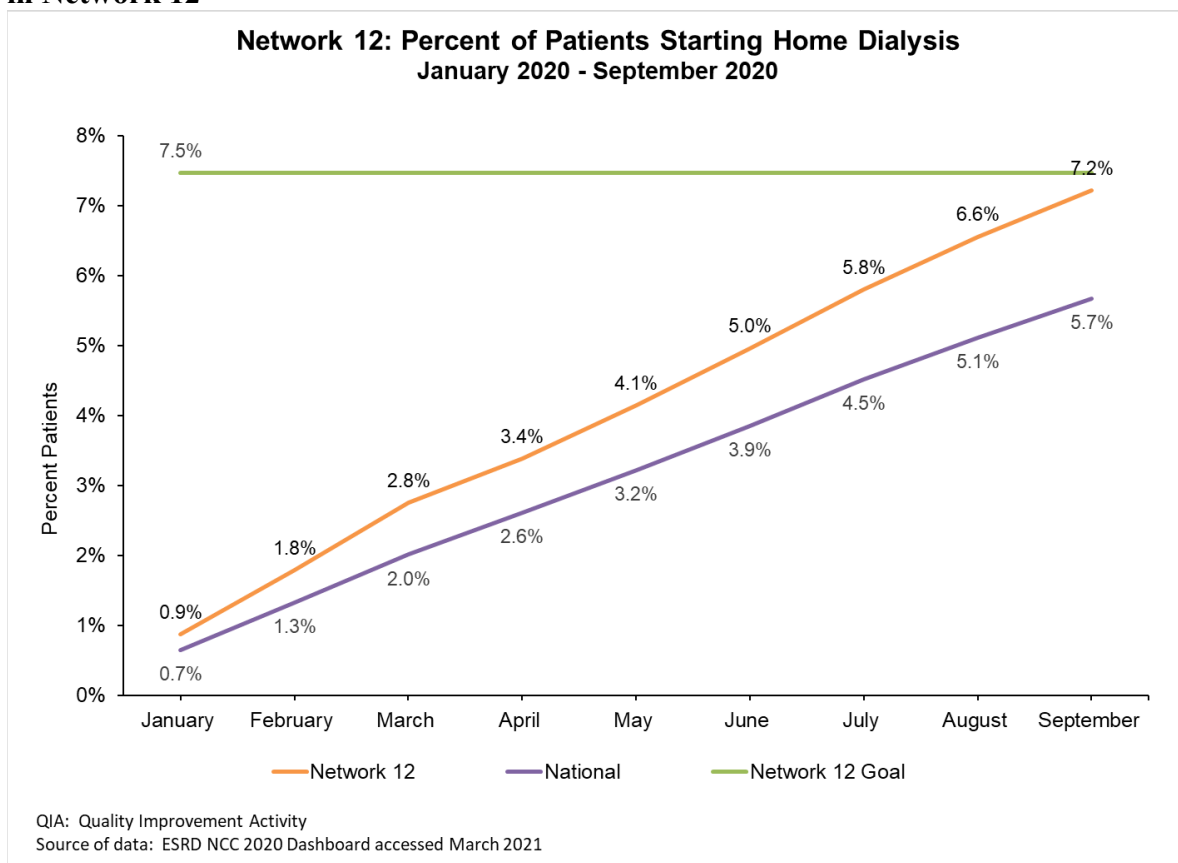
**QIA Details for 2020** The Network used was able to use rapid cycle improvement with both facilities and stakeholders. We began by sending out an environmental scan to facilities, then sent monthly scans, followed by a Process Assessment, which led to a Technical Assistance Scan and Feedback report, and completed the process with sustainability. For stakeholders we were able to conduct regularly scheduled meetings with SMEs, 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*, (6) and the *Home Is Where the Heart Is* Campaign using PAC members and Network Patient Representatives (NPRs). We were able to improve communication between in-center and home dialysis facilities by (1) meeting with the University of Iowa to identify promising practices from home programs to spread Network-wide, (2) participating in regional meetings with large dialysis organizations (LDOs) to discuss

barriers and help increase education, (3) being an active member with the Council of Nephrology Social Workers, and (4) collaborating with industry home experts to develop on-demand education.

In December 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. 33 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 2021.

**Graph 17: Percent of Patients Starting Home Dialysis for January through September 2020 in Network 12**



## 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 state of Nebraska, both urban and rural facilities, were selected to participate in this activity. This QIA had three main goals:

- (1) Patients referred to Vocational Rehabilitation (VR) and/or Employment Network (EN) should achieve a 50% relative improvement over baseline. Graph 18 shows the calculated goal for Network 12 to be 1.07%. By September 2020, the goal was exceeded with the achievement of 4.29% of eligible patients referred.
- (2) Patients utilizing VR and/or EN services should achieve a 1% relative improvement over baseline. Graph 19 shows the calculated goal for Network 12 to be 1%. By September 2020, the goal was met with the achievement of 1.23% of eligible referred patients utilizing VR and/or EN services.
- (3) Achieve at least 10 patients, within the age range of 55 through 64, referred to Vocational Rehabilitation and/or Employment Network. Although not represented in a graphic, Qsource ESRD Network 12 met this goal April 2020.

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 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 report was generated which included submission of requested data, displaying facility-specific goals, and monthly QIA outcomes.

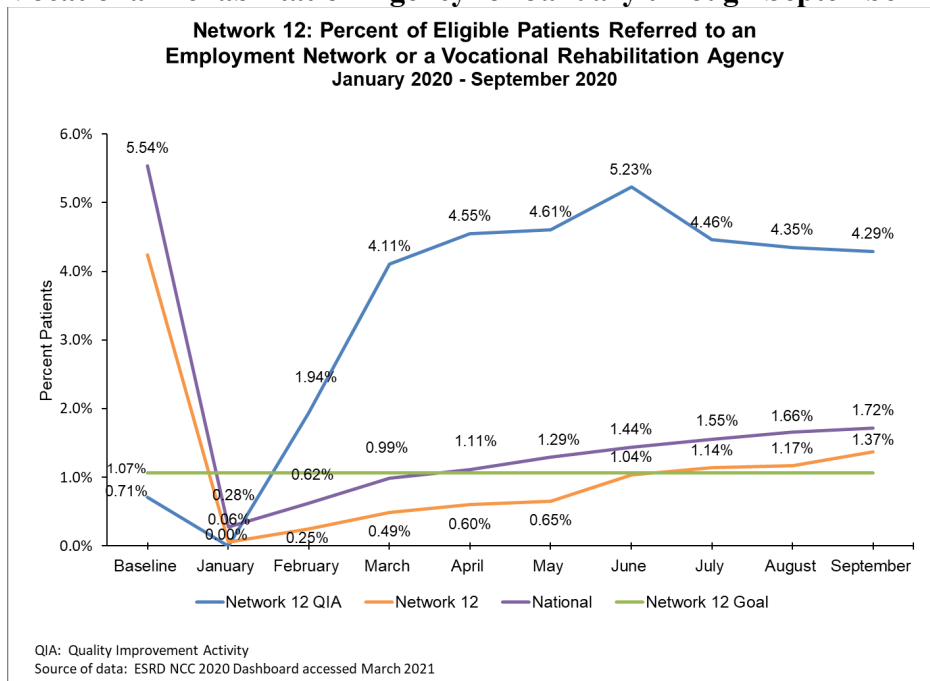
Documentation of the patient's Vocational Rehabilitation status in CROWNWeb was critical in this activity. A feedback report was designed to allow facilities to view patient statuses. This

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 utilized.

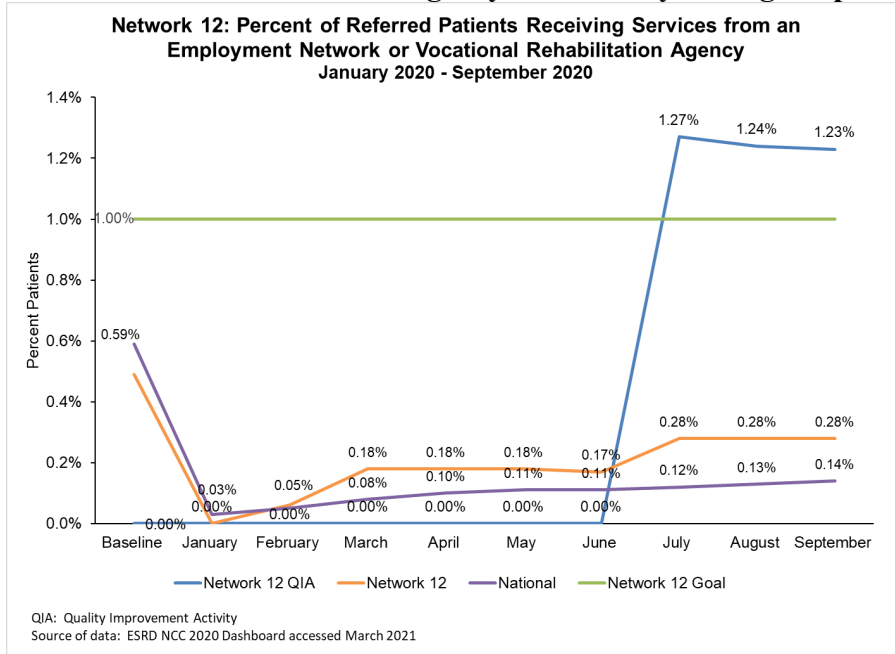
Resource development for patients and collaboration with Employment Network area partners was a key to the success of Qsource ESRD Network 12. Qsource utilized the “Ten Benefits of Vocational Rehabilitation” and a “Vocational Rehabilitation Brochure” – both were received very positively by patients. Network Patient Representatives (NPRs) were encouraged to assist facilities in their educational efforts.

Qsource ESRD Network 12 was able to partner with partners such as Easterseals to provide facility staff education on patient options. This educational webinar was very beneficial and opened communication lines for staff to advocate for patient employment services.

**Graph 18: Percent of Eligible Patients Referred to an Employment Network or a Vocational Rehabilitation Agency for January through September 2020 in Network 12**



**Graph 19: Percent of Referred Patients Receiving Services from an Employment Network or Vocational Rehabilitation Agency for January through September 2020 in Network 12**





## **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 2020, 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 these monitoring activities are recorded in our continuous quality improvement plan.

### **Recommendations for Sanctions**

No recommendations were made to CMS in the Network 12 service area during 2020.





## **ESRD NETWORK 12 COVID-19 EMERGENCY PREPAREDNESS INTERVENTION**

2020 brought the global pandemic with the introduction of the SARS-CoV2 or COVID-19 pandemic. CMS provided the Networks with several modifications to their contract to include COVID-19 response, technical assistance, data tracking and support. Network 12 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, seven (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 pandemic 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, 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, beginning in March 2020 through the end of the year, 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 Kidney Community Emergency Response (KCER) and CMS using an Emergency Situational Status Report (ESSR). The ESSR was created by the ESRD NCC and was used to track information about an emergent event, provide a list of facilities that are impacted, and describe the level of impact realized by the emergency.

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

enter 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 the Network during COVID-19 was 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 resources. If it is a patient resource, the Network utilized feedback from the Patient Advisory Council 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 many facilities providing one on one technical assistance. This included everything from lack of personal protective equipment (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 12 SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION**

ESRD Networks are required by CMS to meet emergency preparedness guidelines to ensure patient and facility safety within their Network service area. ESRD Networks must 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 case of an emergency or disaster. As part of a 2020 CMS COVID-19 contract modification, the Networks now have a phone line that is answered 24 hours a day/ seven (7) days a week in case of an emergency. The Network also has a dedicated emergency email address that is also monitored by emergency preparedness staff and the Executive Director.

ESRD Networks partner with the KCER Program during 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 2020, Network 12 worked with KCER to respond to various hazardous weather events that had potential to interrupt treatment services including hail, high winds, tornados, flooding, and powerful winter storms.

Facilities within the Network 12 service area are educated monthly on the importance of providing status updates to the Network in case of an emergency or disaster situation or facility-specific occurrence. These situations are reported to the Network by dialysis facilities 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 facility. In 2020, Network 12 responded to over 40 notifications from facilities and provided resources and guidance, as required. When the Network is aware of an impending weather event, staff send an email to the areas that will be impacted to remind them to be familiar with their emergency plan, as well as a reminder to report to the Network any impact that has occurred.

In 2020, facilities reported 11 impacts from winter storms, 19 related to pandemic and 13 others included power outages, severe storms with high winds, water system failure/water issues, and civil unrest.

Due to the COVID-19 pandemic, KCER did not perform their usual yearly Emergency Tabletop Drill. Instead, KCER and the Networks worked together on a COVID-19 After Action Report. Each Network gathered lessons learned, strengths, and areas of improvement for pandemic response. The End Stage Renal Disease Community COVID-19 After-Action Report and Improvement Plan was completed and published by KCER in November 2020 and distributed by Qsource ESRD Network 12 to all dialysis and transplant facilities in the 4-state region.

Network 12's staff utilize several means of gathering information for public health events. In the case of a public health event such as COVID-19, the Network keeps track of contact information from all the partners that are needed for information gathering via an excel spreadsheet of contacts, as well as a contact management system that was created to house facility and personnel from all facilities in the service area. During an event, the Network emergency preparedness staff use its databases to reach out to the following (as needed):

- Regional leadership from Large Dialysis Organizations (LDOs) such as DaVita, Fresenius Kidney Care and DCI, Inc.
- Independent and hospital-based facilities
- Local and State Health Departments and Emergency Managers
- Kidney Community Emergency Response (KCER)
- CMS
- Other community and/or dialysis-based organizations.

The Network utilizes a tracking spreadsheet from the NCC called an Emergency Situational Status Report (ESSR). This report is comprised of information about the event, a list of facilities that are impacted including their Medicare Provider Number, facility name, address, contact person and the status of patients at the clinic. This form is sent to the CMS COR as well as to KCER who keeps track of all ESSRs from all the Networks that are impacted.

## 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  
CCI 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-acronyms/>