



**Looking.
Ahead.**

Community Coalitions Kick-Off Meeting

July 29, 2021

10 a.m. CT/11 a.m. ET

Qsource ESRD Networks 10 and 12



Agenda

- ❑ Welcome and Introduction of Qsource ESRD Team
- ❑ Overview of Qsource ESRD Programs/Demographics
- ❑ 2021 Quality Improvement Activities
- ❑ Overview of Community Coalitions
- ❑ What to Expect as a Coalition Member
- ❑ Homework
- ❑ Next Steps

Qsource ESRD Network Team



Stephanie Smith



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ESRD Network Program Overview

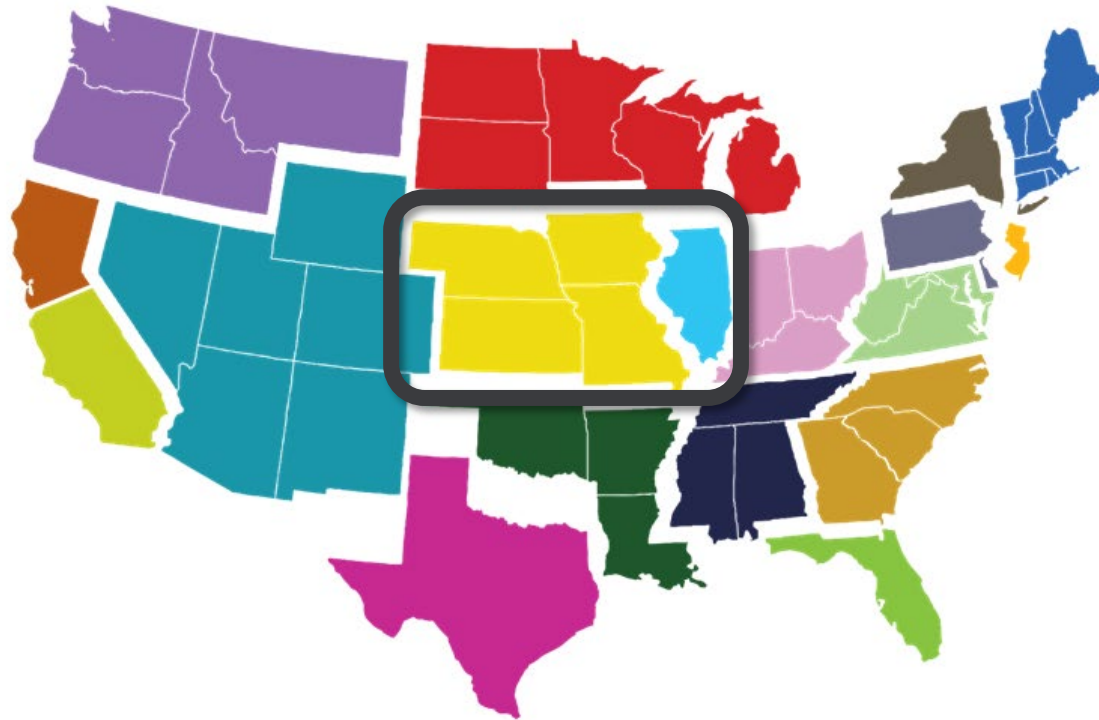
The End Stage Renal Disease Network Organization Program (ESRD Network Program) is a national quality improvement program funded by the Centers for Medicare & Medicaid Services (CMS). CMS is a federal agency, part of the U.S. Department of Health and Human Services.

Following passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other healthcare facilities were organized into networks to enhance the delivery of services to people with ESRD.

In 1978, Public Law 95-292 modified the Social Security Act to allow for the coordination of dialysis and transplant services by linking dialysis facilities, transplant centers, hospitals, patients, physicians, nurses, social workers, and dietitians into Network Coordinating Councils, one for each of 32 administrative areas.

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

Qsource ESRD Networks Service Area



 ALASKA	 PUERTO RICO	 U.S. VIRGIN ISLANDS
 HAWAII	 GUAM and MARIANA ISLANDS	 AMERICAN SAMOA

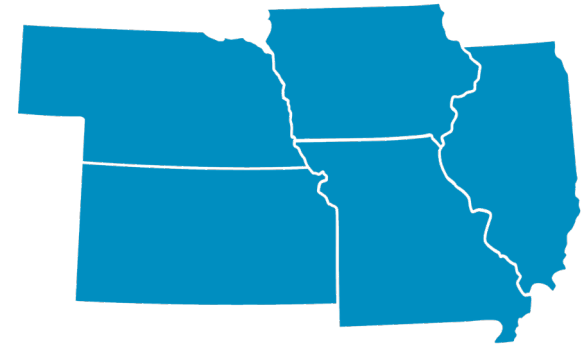
ESRD Network Regions Overview

687 total dialysis facilities

38,450 dialysis patients

21 transplant centers

21,909 kidney transplant patients



	Illinois (NW10)	Iowa	Kansas	Missouri	Nebraska	(NW12)
Medicare-Certified Dialysis Facilities	350	68	65	164	40	337
Prevalent Dialysis Patients	21,134	2,888	3,270	9,183	1,975	17,316
Medicare-Certified Transplant Facilities	9	2	1	8	1	12
Prevalent Transplant Patients	9,908	2,332	1,863	5,955	1,851	12,001

Quality Improvement Activities

Improvements Over a Five-Year Period (2021 to 2026)

National Long-Term Goals



↑ 50%



↑ 50%



↑ 25%



↑ depression screenings
75%

↑ treatment
50%



↓ catheter infections
40%

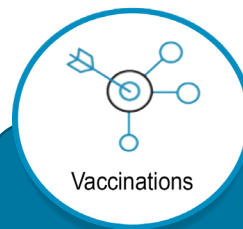
↓ peritonitis
20%

↓ blood transfusions
20%



↓ COVID-19 hospitalizations

↓ hospital admissions, 30-day unplanned readmissions, and outpatient ED visits
20%



flu for patients and staff
90%

PPSV 23 90%

↑ PPSV boosters
70%

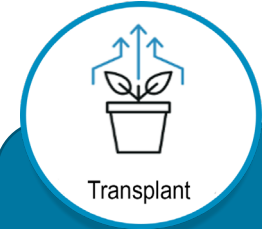
↑ PCV 13
70%



↑ incident home dialysis
60%

↑ moving to home dialysis
30%

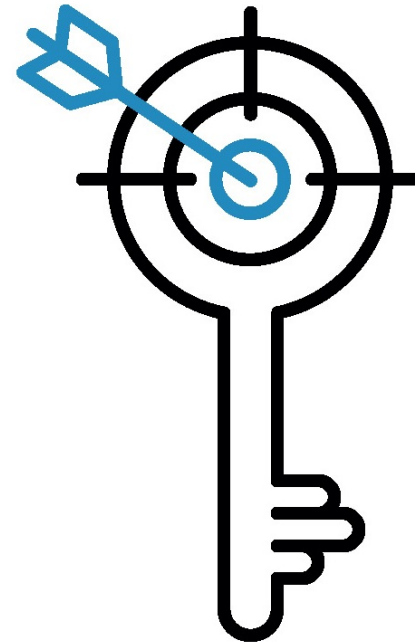
↑ rural using telemedicine
20%



↑ transplant waiting list
20%

↑ kidney transplants
30%

2021 Quality Improvement Activities and Facility Participation



Community Coalitions to Drive Improvement

CMS defines coalitions as bodies of stakeholders within a community dedicated to defining a healthcare issue within the designated community, producing a root cause analysis to identify areas for improvement, committing to work as a group to achieve quantitative aims, and implementing specific actions tied to the identified root causes that are designed to improve healthcare outcomes within the community.



Coalition Overview

Coalition	Areas of Focus
Behavioral Health	Depression screenings and treatment
Nursing Home Care <i>(dialysis patients residing in/receiving care at a nursing home)</i>	Catheter infections, peritonitis, blood transfusions
Patient Safety	COVID-19 hospitalizations, hospital readmissions, 30-day unplanned readmissions and outpatient ED visits
Transitions of Care	Flu vaccinations for patients and staff, PPSV, PPSV boosters and PCV 13 vaccinations
Home Dialysis	Increase home dialysis at onset, moving to home dialysis for prevalent patients and rural use of telemedicine
Transplant	Transplant waitlist and kidney transplants
Patient Engagement/Experience of Care	Integrate patients and family in QAPI, assist patients to develop a life plan, increase facilities with developing/supporting a peer-mentoring program

What to Expect as a Coalition Member

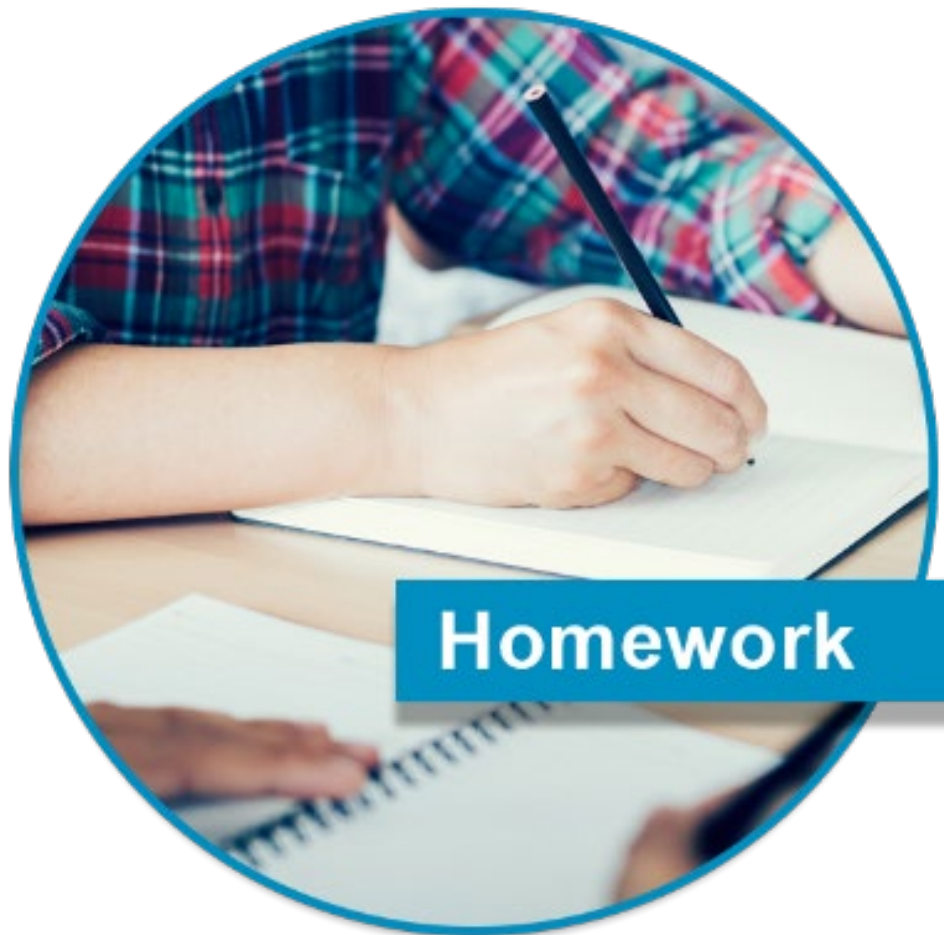
What you can expect from the Network:

- Launching and coordinating the community coalition
- Providing monthly/quarterly communication covering coalition materials

How you can help:

- Be Engaged! Attend coalition meetings and be prepared to provide your thoughts, ideas and constructive criticism. These are meant to be interactive, and we encourage discussion.
- Give at most one hour of your time per month reviewing coalition email, reviewing resources, and spreading effective practices.

Homework



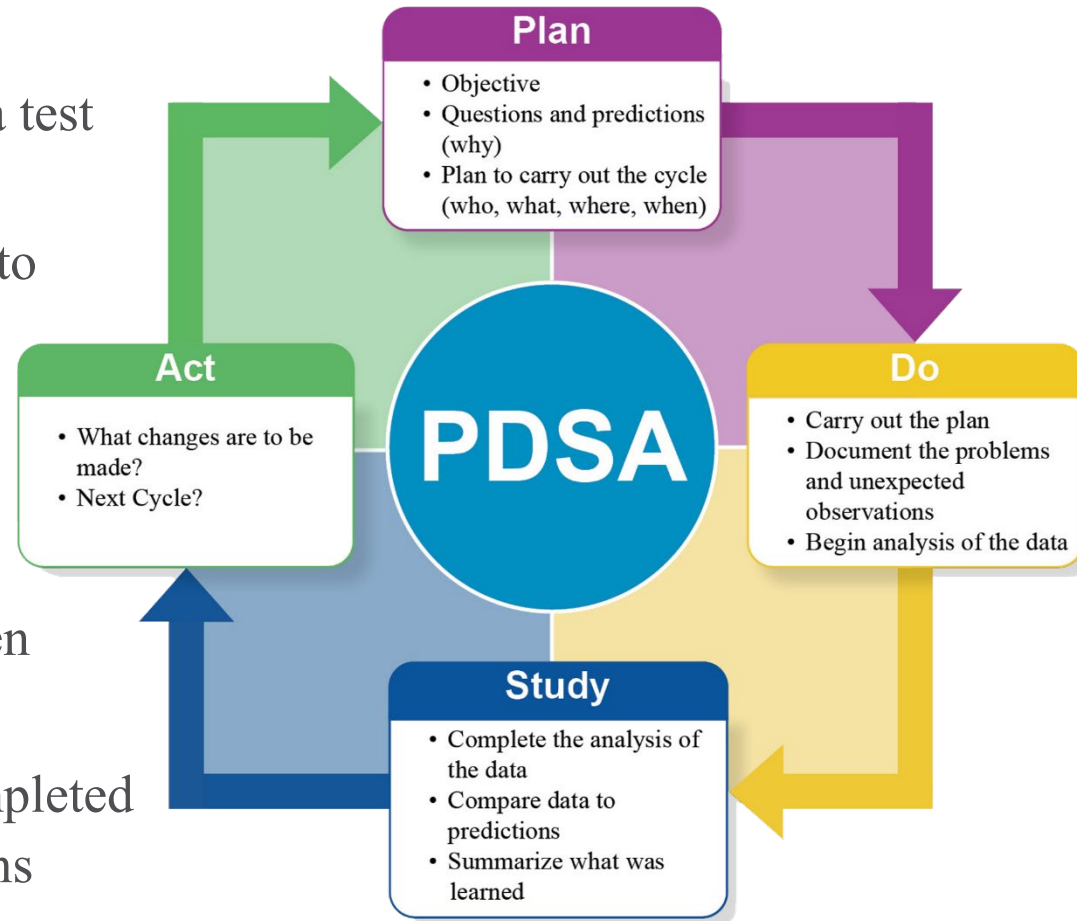
Plan Do Study Act (PDSA)

□ PDSA

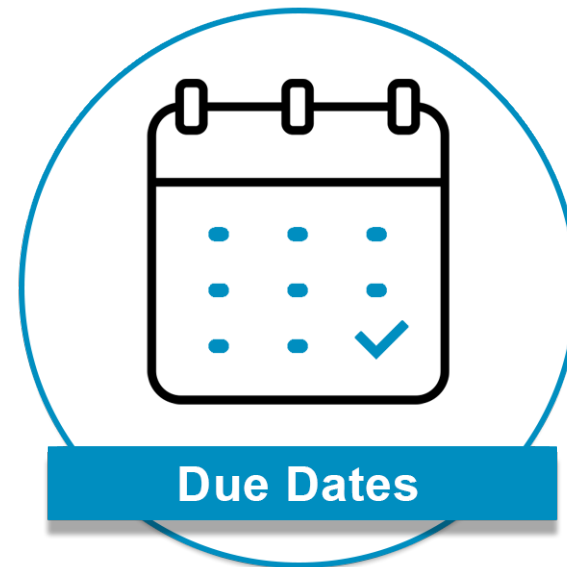
- Useful tool for documenting a test of change
- Incorporate SMART Goals into your Plan
- Identify when your plan is *not* working
- Standardize improvements
- Develop new approaches when things don't work

□ Each PDSA section will be completed in monthly feedback submissions

□ [Qsource PDSA Video](#)



Next Steps



Help Build Our Coalitions



Click to add text

[Community Coalition
Registration](#)

Questions



Contact Us



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