ESRD NETWORK 2021 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 10 from January 1, 2021 – May 31, 2021 and the Base Year of Task Order Number 75FCMC21F0003, June 1, 2021 – April 30, 2022

ESRD Network 10

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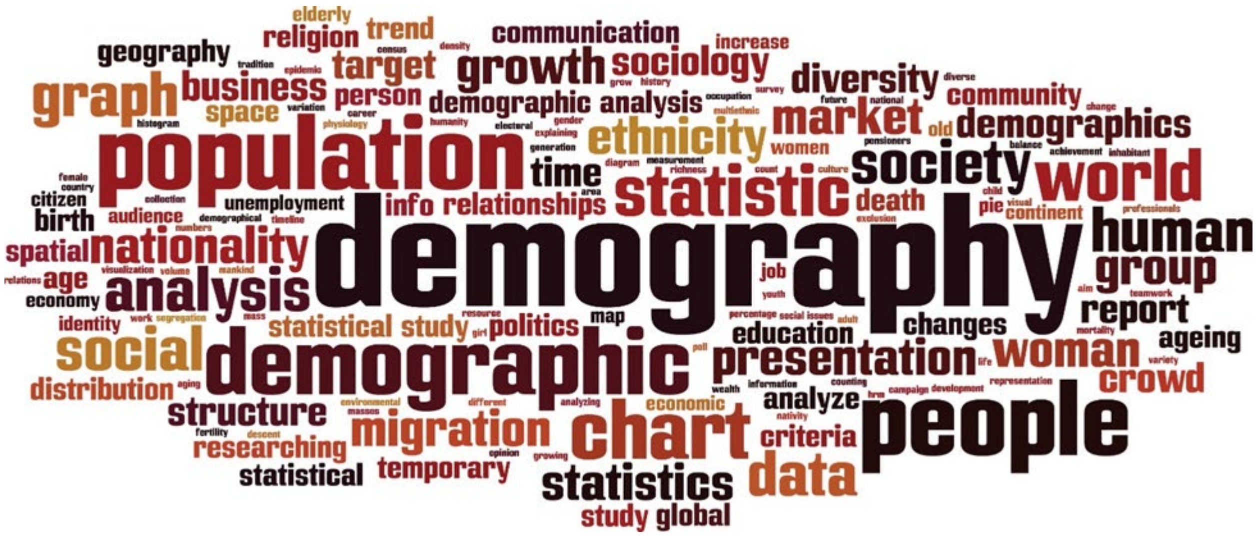
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ESRD DEMOGRAPHIC DATA

During 2021, Qsource ESRD Network 10 collaborated with its many stakeholders to improve the quality of care for 31,043 dialysis and transplant patients, receiving treatment in 360 providers of dialysis therapy and nine transplant centers in the State of Illinois. Qsource ESRD Network 10 is a 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 12,812, 508. Springfield is the capital city of the state. The top six cities by population are:

- Chicago (2.706 million)
- Aurora (199, 602)
- Schaumburg (157, 781)
- Naperville (148, 304)
- Joliet (148,009)
- Rockford (147, 651)

About one-half of the population of Illinois lives in the metropolitan Chicago area. In total, 88 percent of the population lives in urban areas and 12 percent of the population lives in rural areas. Population characteristics are illustrated in the table below.

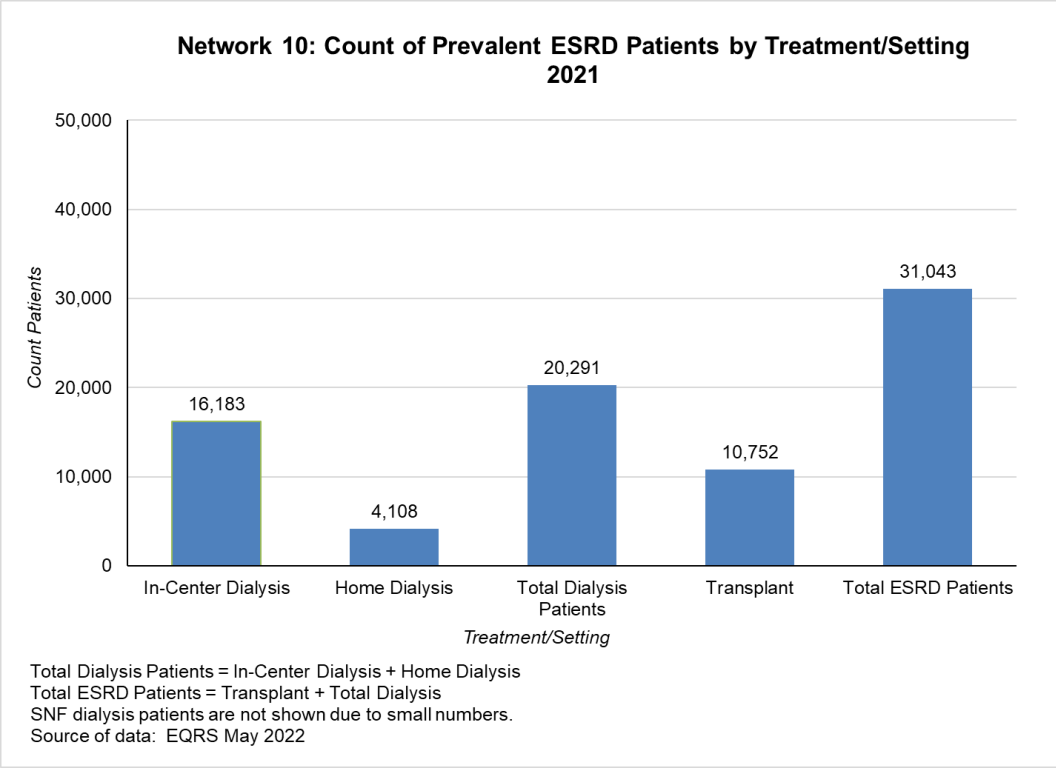
Figure 1 – 2020 Census General Population – Illinois
Race, Age, Ethnicity & Gender Information*

State	Illinois
Population	12,812,508
State Rank	5th
White	70%
Black	14%
Asian	6%
Other	6%
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

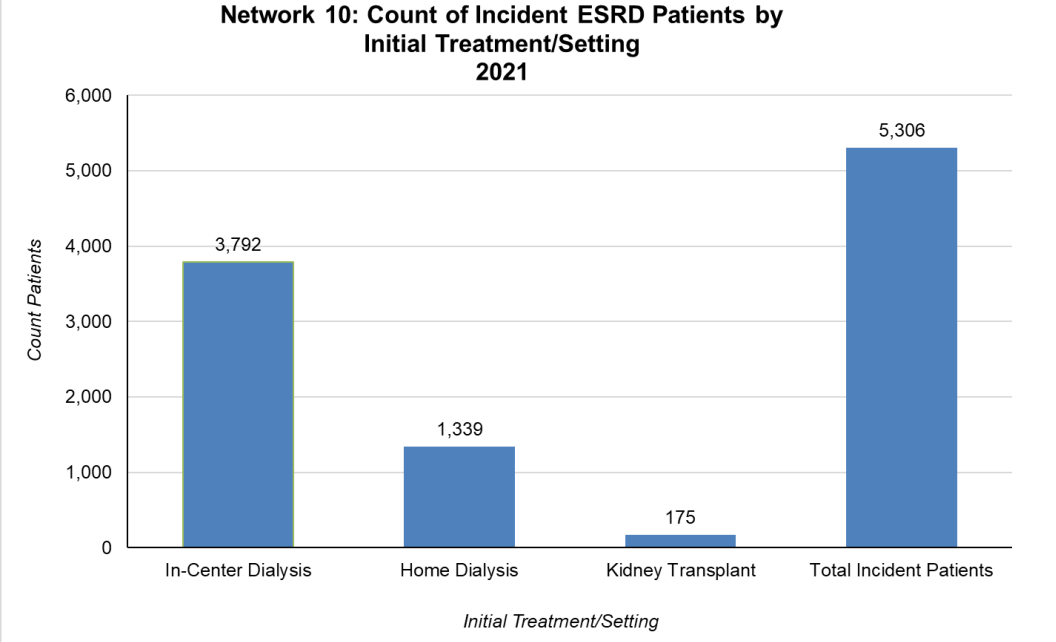
At year-end 2021, ESRD Network 10 was comprised of 360 total ESRD facilities (Graph 3), serving 31,043 dialysis patients (Graph 1). Additionally, Illinois had nine transplant centers (Graph 3) and a total of 10,752 transplant patients (Graph 1).

Graph 1: Count of network prevalent ESRD patients by treatment/setting for 2021



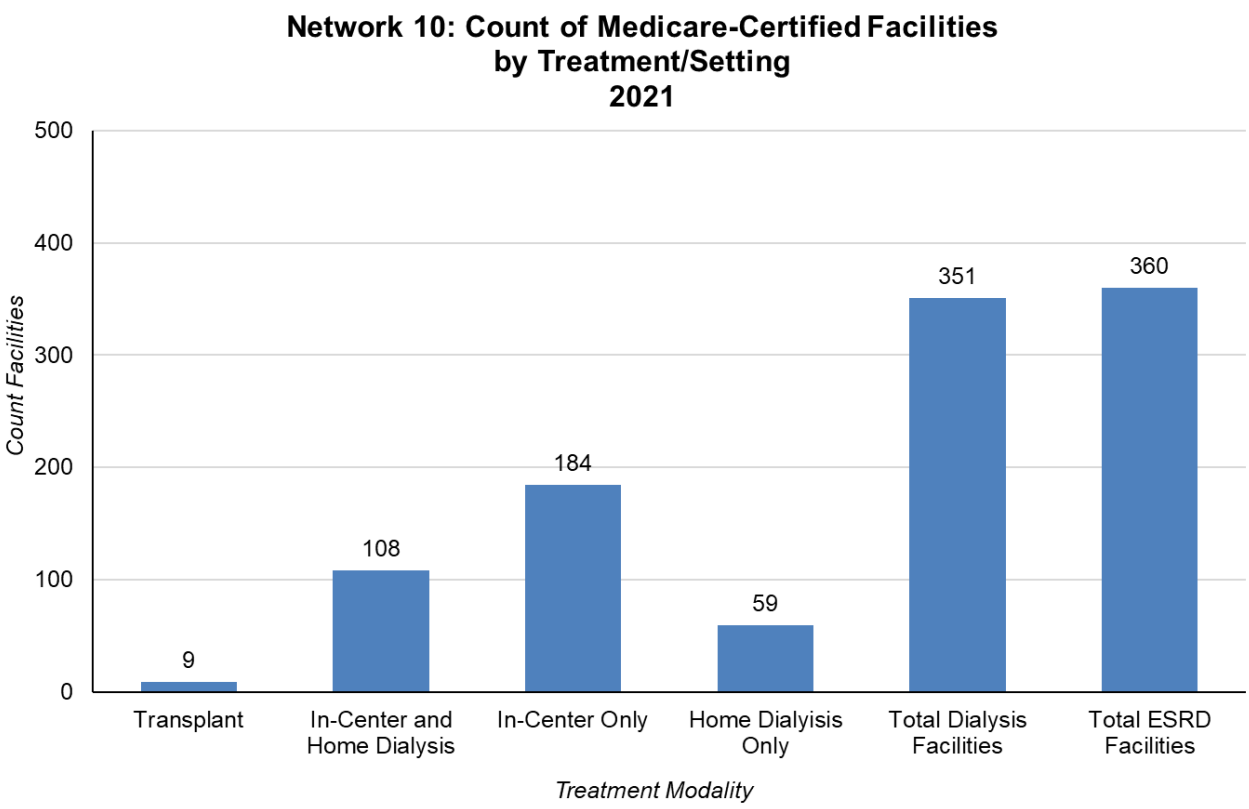
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2022

Graph 2: Count of network incident ESRD patients by initial treatment/setting for 2021



Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2022

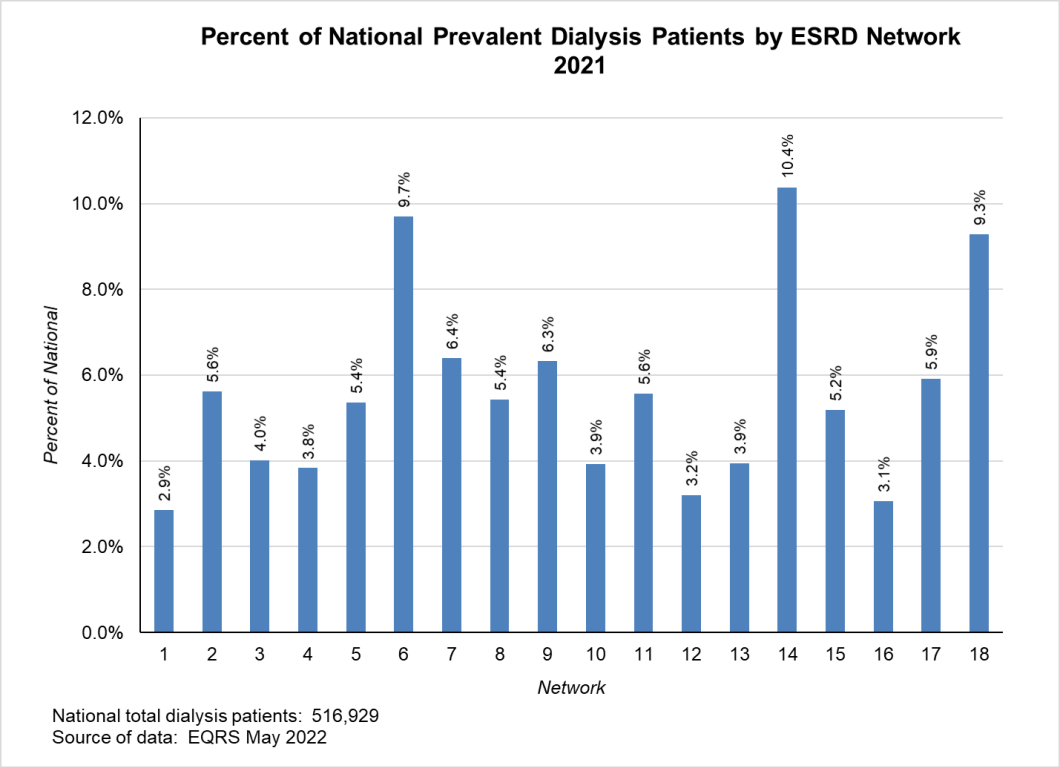
Graph 3: Count of network Medicare-certified facilities by treatment/setting for 2021



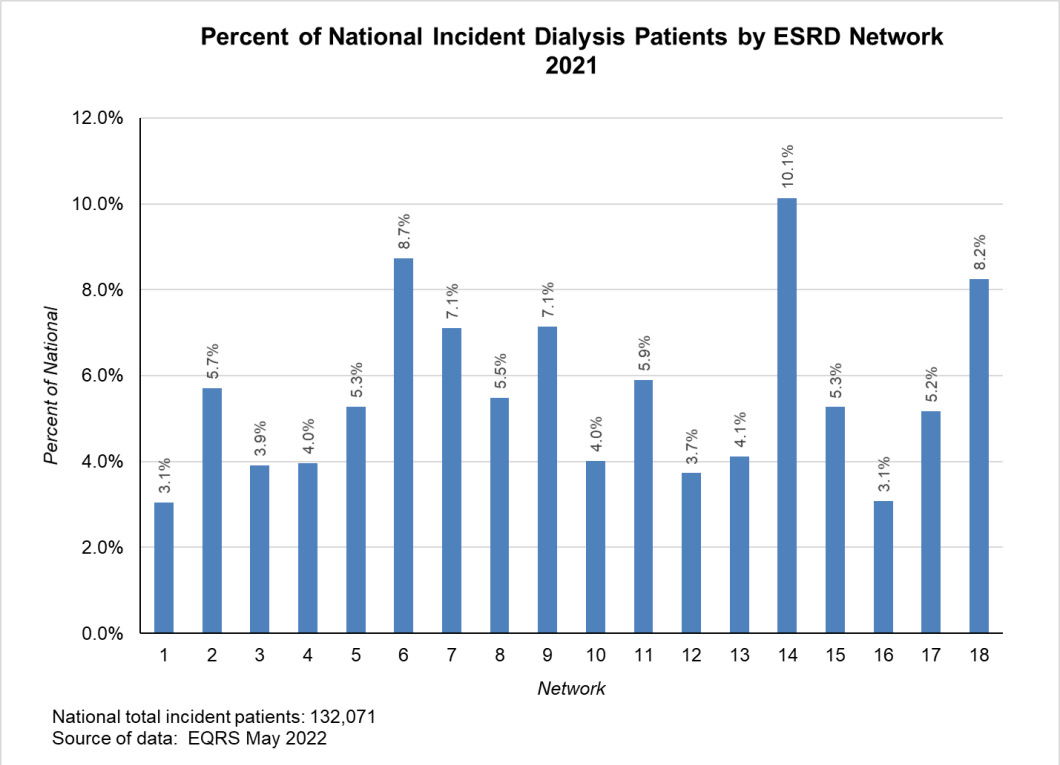
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2022

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.

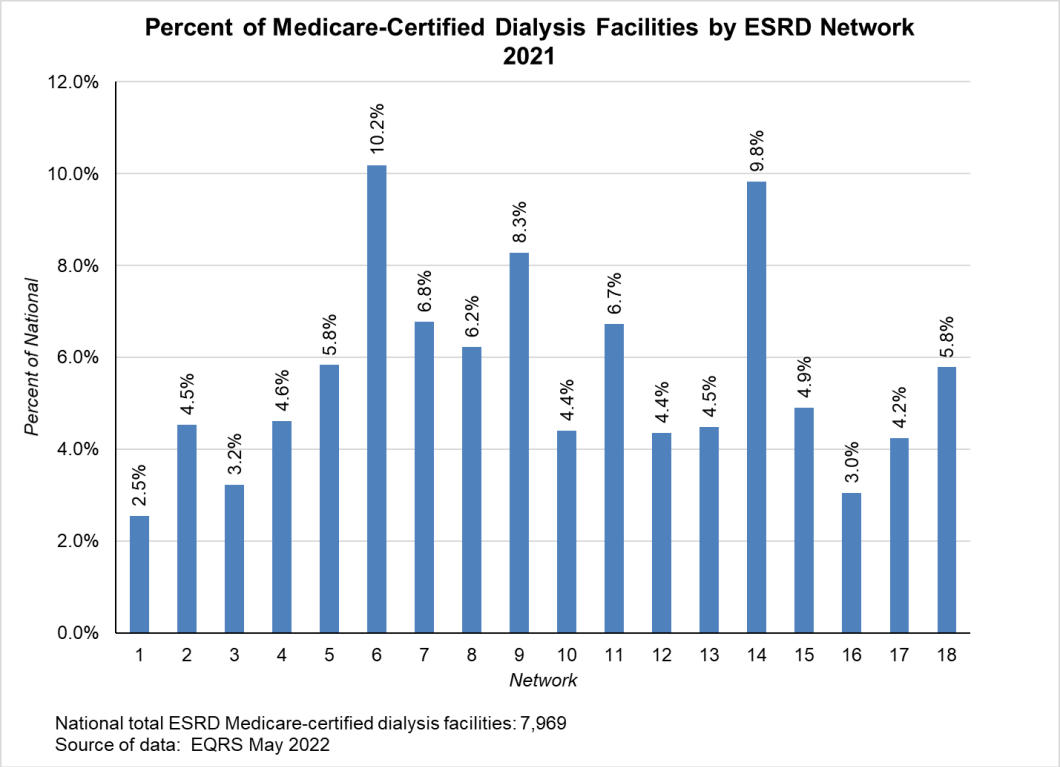
Graph 4: Percent of national prevalent dialysis patients by ESRD network for 2021



Graph 5: Percent of national incident dialysis patients by ESRD network for 2021

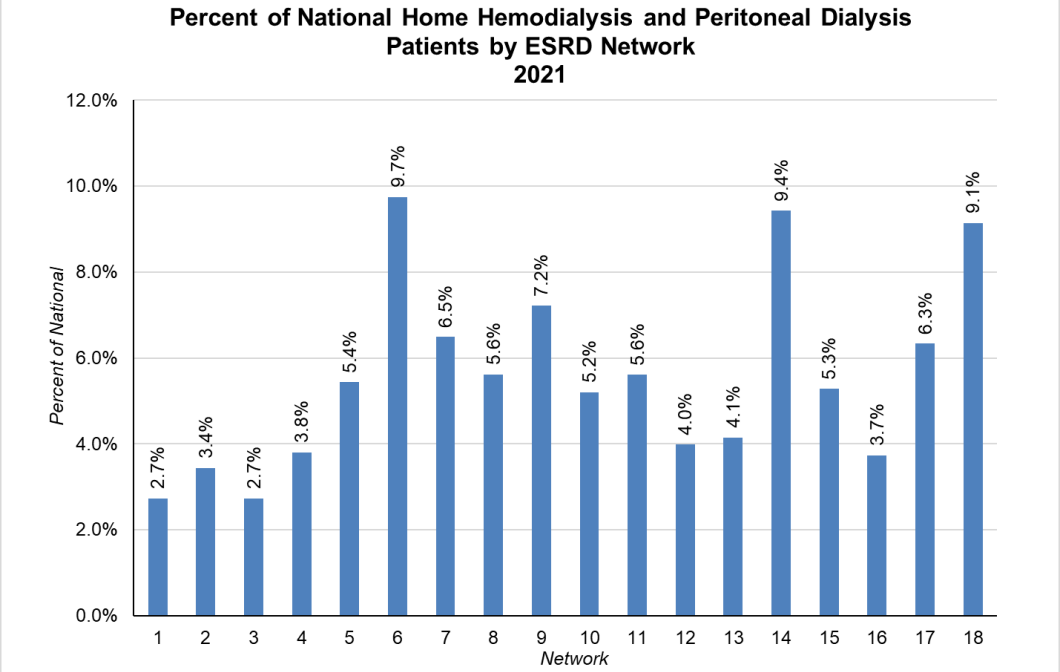


Graph 6: Percent of Medicare-certified dialysis facilities by ESRD network for 2021



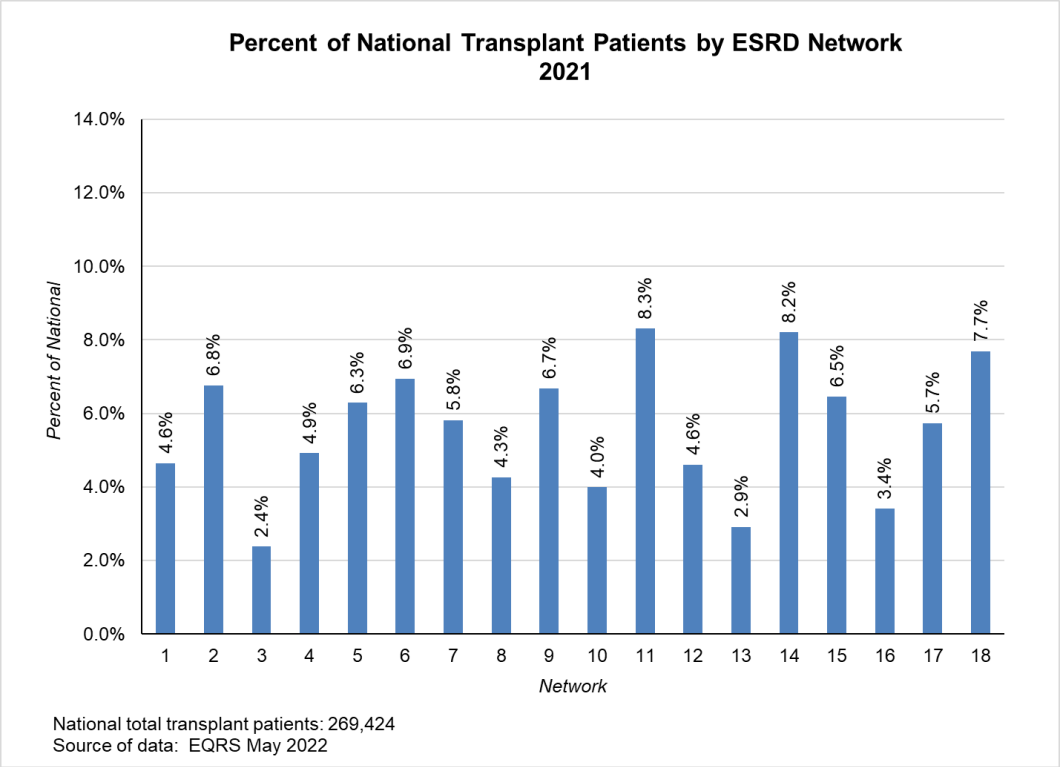
National total ESRD Medicare-certified dialysis facilities: 7,969
Source of data: EQRS May 2022

Graph 7: Percent of national home hemodialysis and peritoneal dialysis patients by ESRD network for 2021

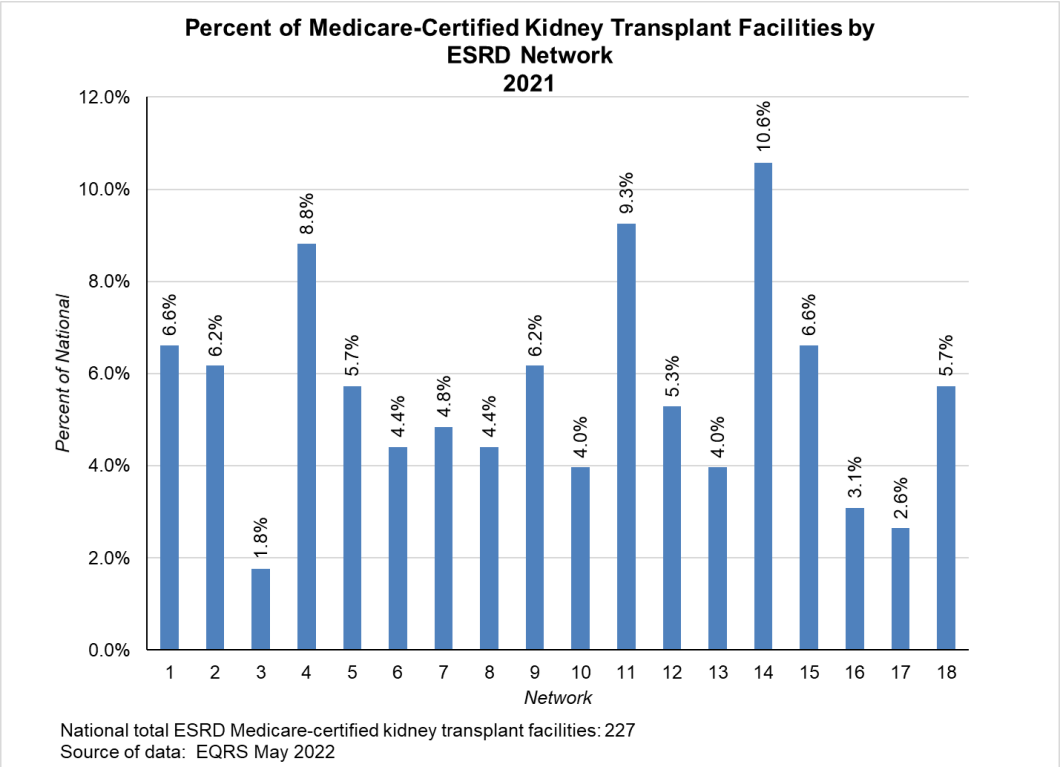


National total home hemodialysis and peritoneal dialysis patients: 79,071
Source of data: EQRS May 2022

Graph 8: Percent of national transplant patients by ESRD network for 2021



Graph 9: Percent of Medicare-certified kidney transplant facilities by ESRD network for 2021

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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 2021, the majority of contacts were received in the following CMS-defined categories:

Access to Care (44%): 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.

Facility Concern (40%): 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.

General Grievance (7%): 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 the patient perception of lack of professionalism by dialysis facility staff members.

Immediate Advocacy (5%): 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.

Clinical Quality of Care (4%): 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.

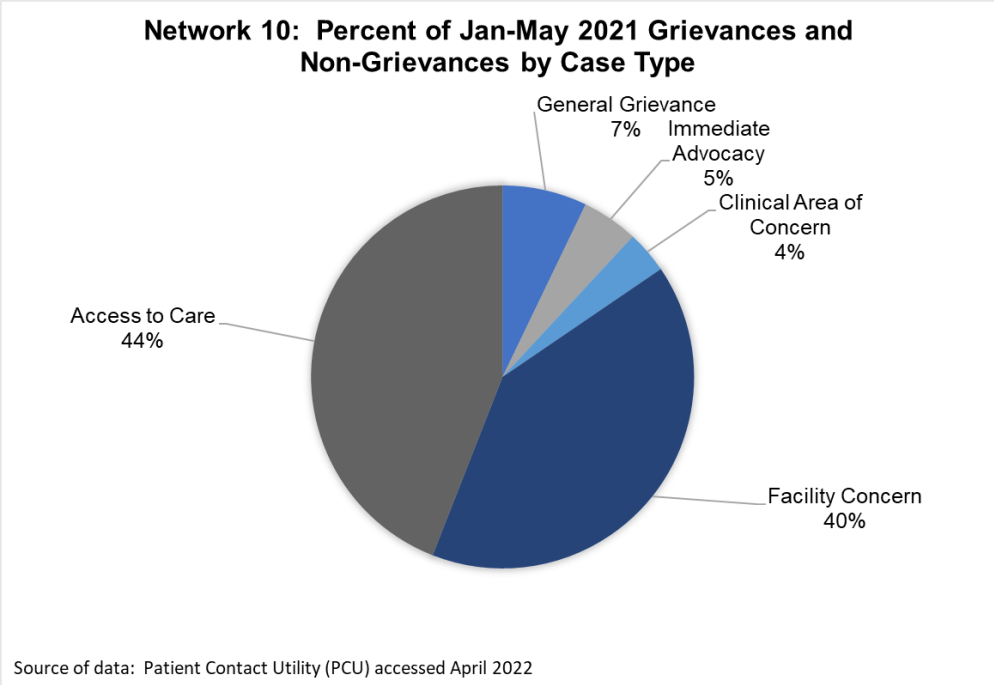
The Network uses the trending information from grievances to find existing resources or develop new resources for patients and staff to assist in solving conflicts and in improving communications for all parties. A sample of resources provided is listed below:

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.

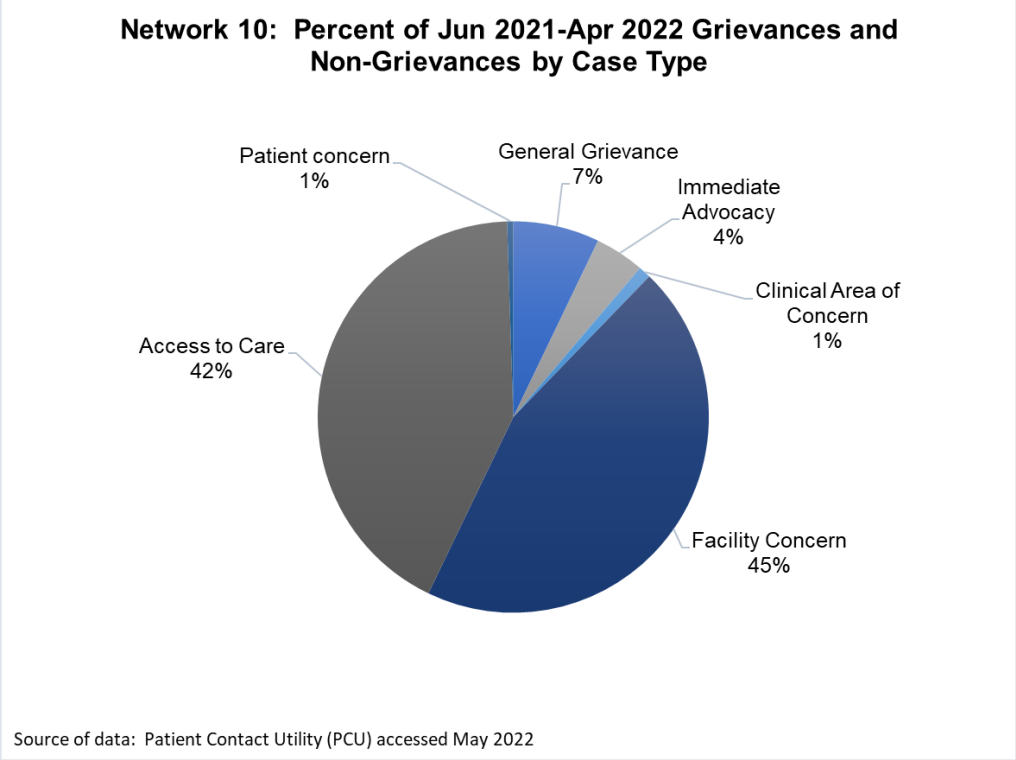
Network Interventions for Patients: educating patient on rights and responsibilities; initiating or participating in discussions about substance use/withdrawal, mental health evaluation and follow up, or other modalities; identifying providers for patients and caregivers; offered Network mediation; referred 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.

Graph 10-Percent of Grievances and Non-Grievances by Case Type for Jan-May '21



Graph 11-Percent of Grievances and Non-Grievances by Case Type for Jun '21 to Apr '22

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Qsource ESRD Network 10 completed the quality improvement activities (QIA) as outlined in the 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.

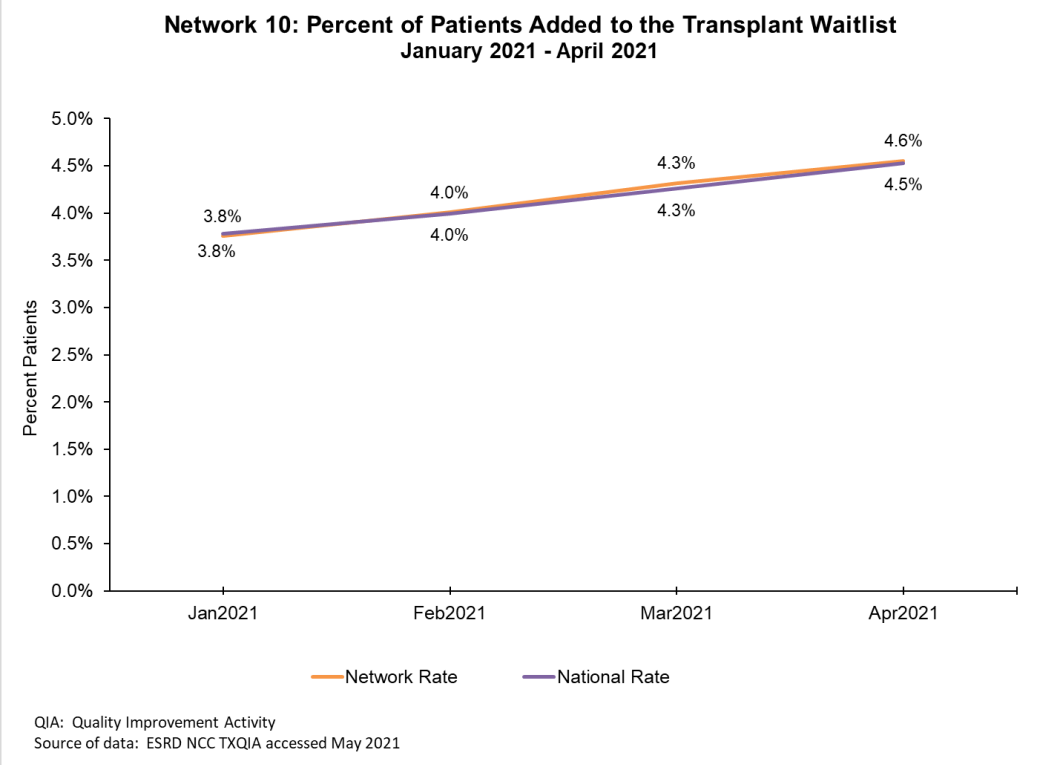
Transplant Waitlist Quality Improvement Activity through May 2021

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 through May 2021. The new contract June 2021-April 2022 the Networks focused on Quality Improvement Goals.

Despite COVID-19 challenges, the Network continued to use patient engagement and partnership, along with stakeholder feedback to continue to support ESRD patients with getting waitlisted for transplant. The Change Package to Increase Kidney Transplantation was rolled out with supporting resources for primary and secondary drivers from the change package and distributed network wide.

As of April 2021, the network exceeded the national percentage of patients added to the transplant waitlist from the period January 2021 to April 2021 (Graph 12).

Graph 12- Percent of Patients Added to Transplant Waitlist Jan '21 to Apr '21



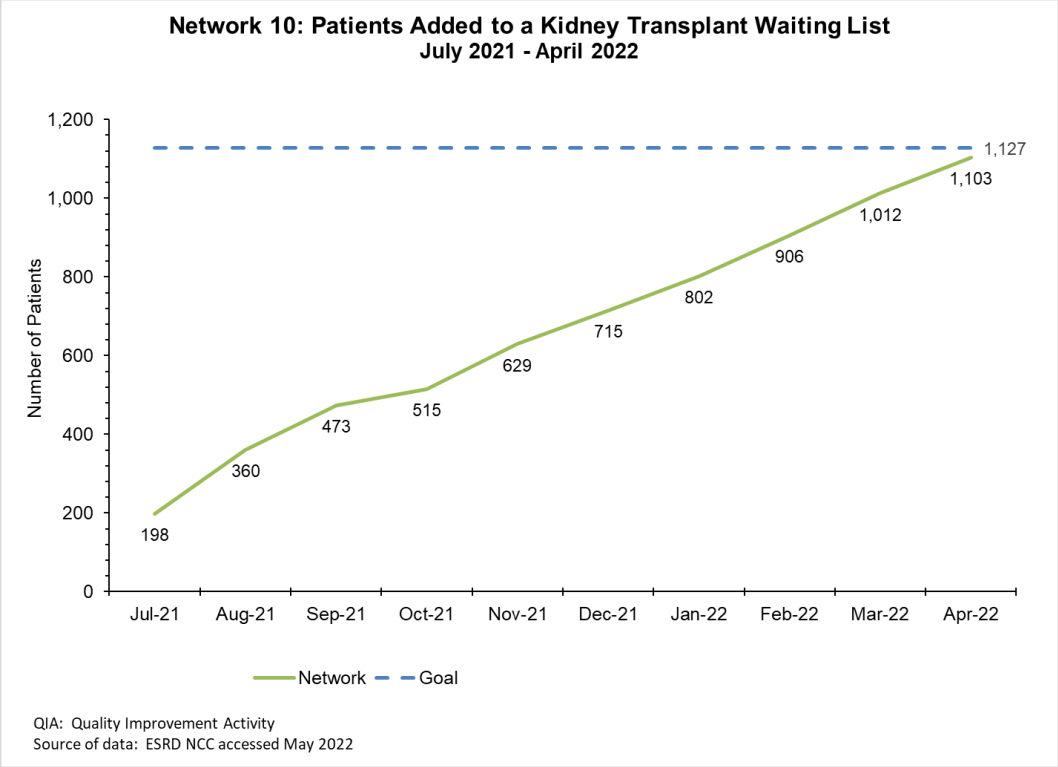
Transplant Waitlist & Transplanted Quality Improvement Activity June-April 2022

The goal for this activity was to achieve a 2% increase in *both* the number of patients added to a kidney transplant waiting list *and* the number of patients receiving a kidney transplant from the baseline to the end of the base period.

The Network shifted QIA work to reflect the start of the new contract in June 2021, beginning with an environmental scan, followed by data review, technical assistance, and development of meaningful regional-level interventions with the Network 10 Transplant Community Coalition. The coalition included subject matter experts able to assess local issues pertinent to transplant and waitlisting for ESRD patients, such as transplant programs representatives, high performing dialysis providers and clinicians, Nephrologists, Network Medical Review Board members, local hospitals, Quality Improvement Organizations, patient subject matter experts, and other kidney community stakeholders and beneficiaries, among others.

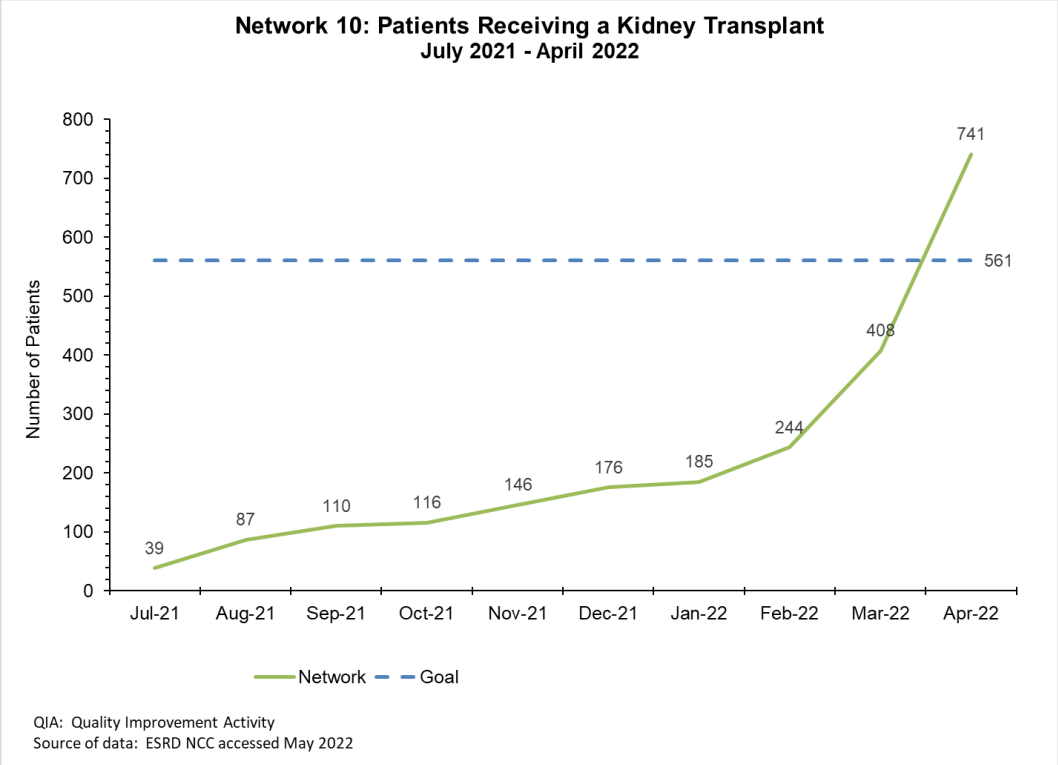
By the period ending April 2022, the Network was just shy of the goal of 1,127 patients added to the kidney transplant waiting list with 1,103 patients in the region having been added between July 2021 and April 2022 (Graph 13).

Graph 13- Patients Added to Kidney Transplant Waiting List July –21 to Apr '22



Through a dedicated and collaborative effort with dialysis providers and the transplant programs of Illinois, Network 10 exceeded the goal of patients receiving a kidney transplant with nearly 200 more patients receiving transplant than was required to meet goal. During the period from July 2021 to April 2022, 741 ESRD patients in Network 10 received a kidney transplant (Graph 14).

Graph 14- Patients Receiving a Kidney Transplant July '21 to Apr '22



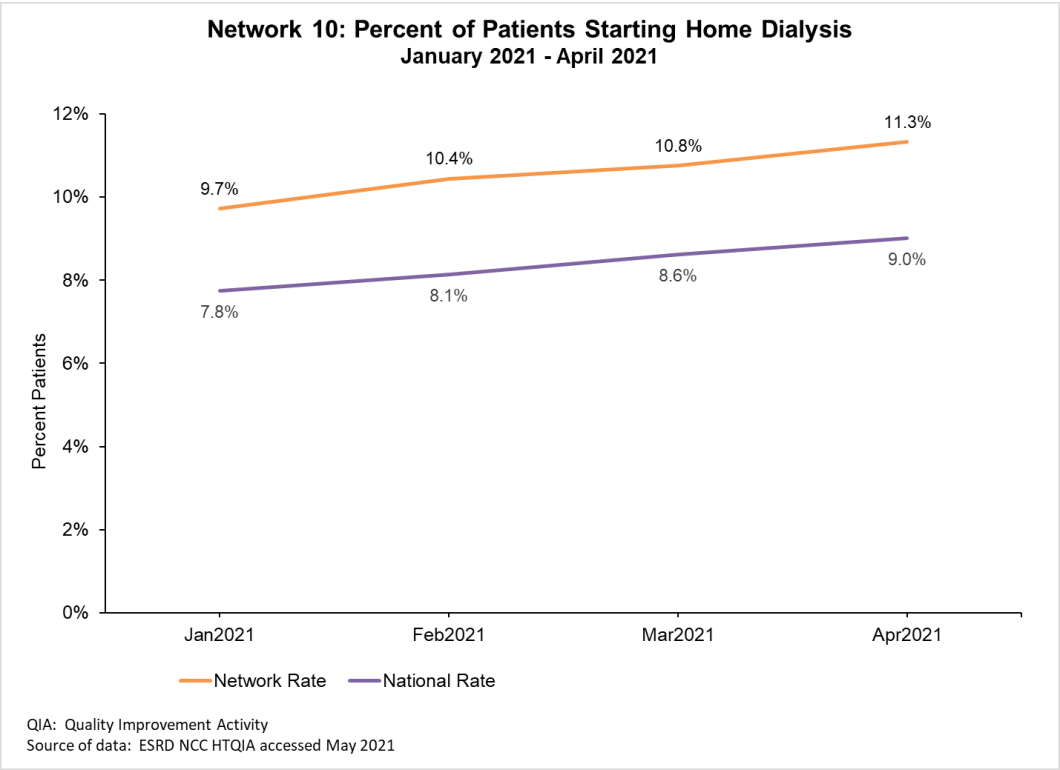
Home Therapy Quality Improvement Activity through May 2021

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 through May 2021. The new contract June 2021-April 2022 the Networks focused on Quality Improvement Goals.

In our efforts to increase home therapy choice, the Network facilitated patient engagement and partnership, facility level interventions, and stakeholder feedback to support ESRD patients moving to or choosing a home modality. The Change Package to Increase Home Dialysis was rolled out with supporting resources for primary and secondary drivers from the change package and distributed network wide.

Through technical assistance and data, we were able to gauge our efforts to remain effective in the face of COVID-19 challenges. At the end of the period from Jan 2021 to April 2021, Network 10 was 2.3% above the national average for percentage of patients starting home dialysis (Graph 15).

Graph 15- Percent of Patients Staring Home Dialysis Jan '21 to Apr '21



QIA: Quality Improvement Activity
Source of data: ESRD NCC HTQIA accessed May 2021

Home Therapy Quality Improvement Activity June-April 2022

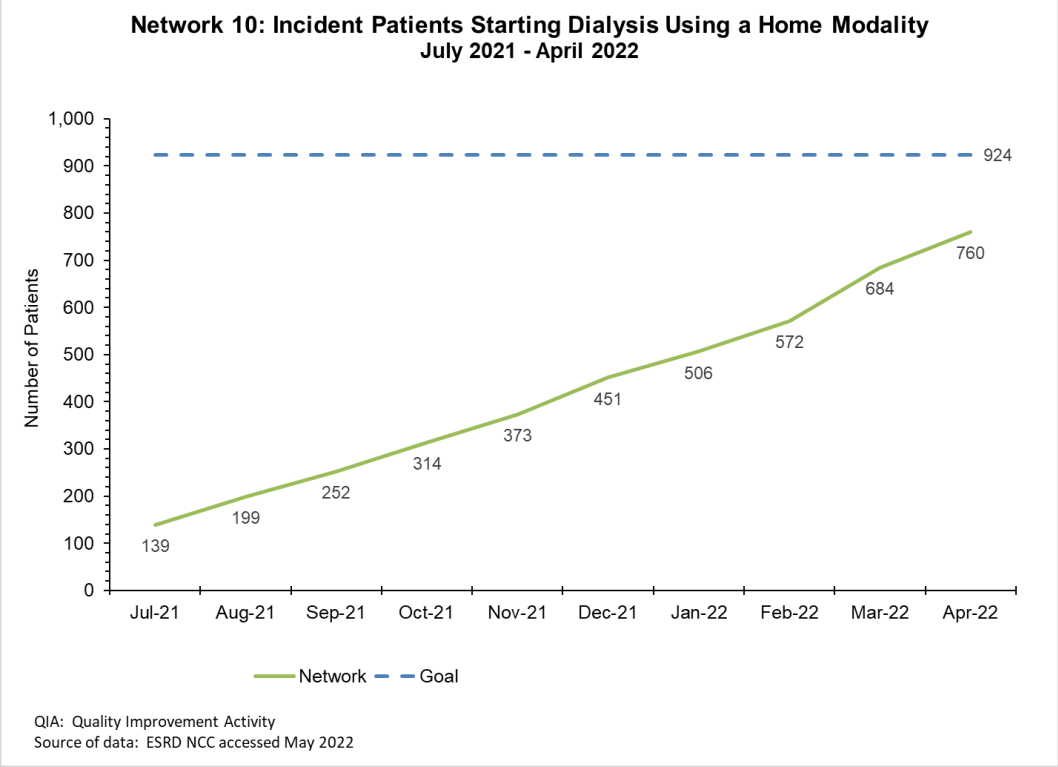
The goal for this activity was to achieve a 10% increase in the number of incident patients starting dialysis using a home modality and achieve a 2% increase in the number of prevalent patients moving to a home modality based on EQRS data from baseline to the end of the base period.

The Network shifted QIA work to reflect the start of the new contract in June 2021, beginning with an environmental scan, followed by data review, technical assistance, and development of meaningful regional-level interventions with the Network 10 Home Modality Community Coalition. The coalition included subject matter experts able to assess local issues pertinent to home modality education and training, such as modality educators and program managers, high performing dialysis providers and clinicians, Nephrologists, Network Medical Review Board members, local hospitals, Quality Improvement Organizations, patient subject matter experts, and other kidney community stakeholders and beneficiaries, among others.

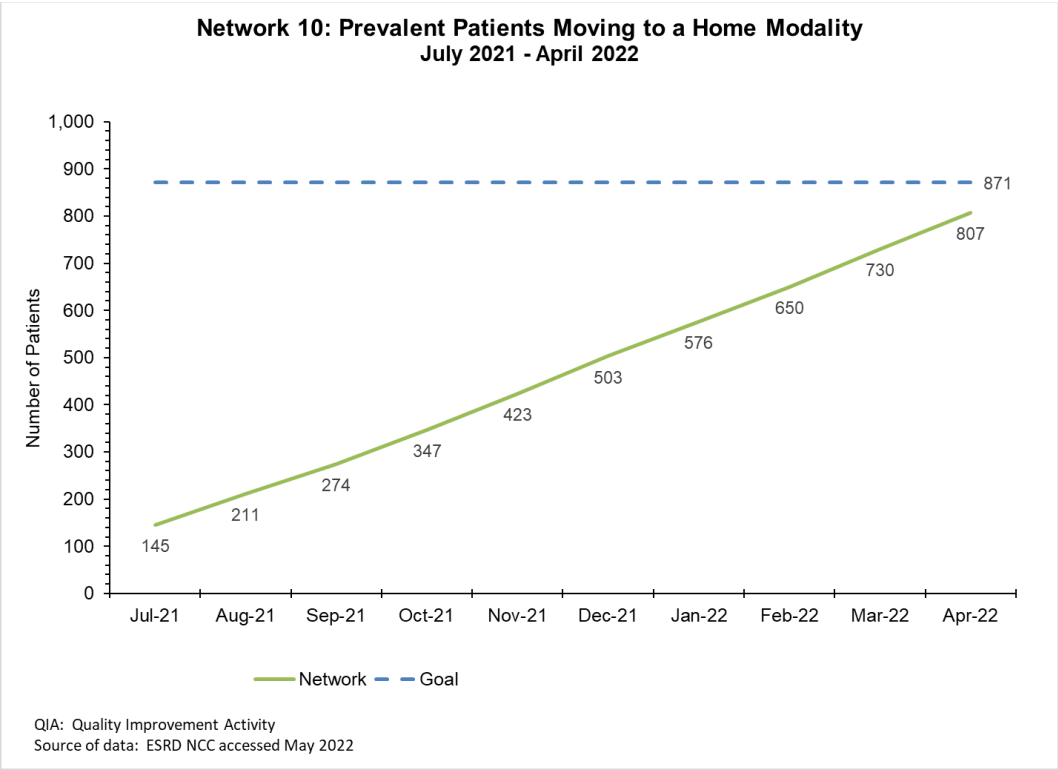
Through working with the coalition, the Network chose a Home First approach to the project, creating a plan with monthly supporting resources for encouraging incident patients to choose a home modality and for helping prevalent patients to think about whether their current modality is the best for their individual lifestyle.

At the end of the period, in April 2022, 760 incident patients in Network 10 had chosen a home modality, falling short of the goal of 924. Prevalent patients moving to home were very near goal with 807 of the needed 871 to meet goal (Graphs 16 and 17).

Graph16- Incident Patients Starting Dialysis Using a Home Modality July '21 to Apr '22



Graph17- Prevalent Patients Moving to a Home Modality July '21 to Apr '22

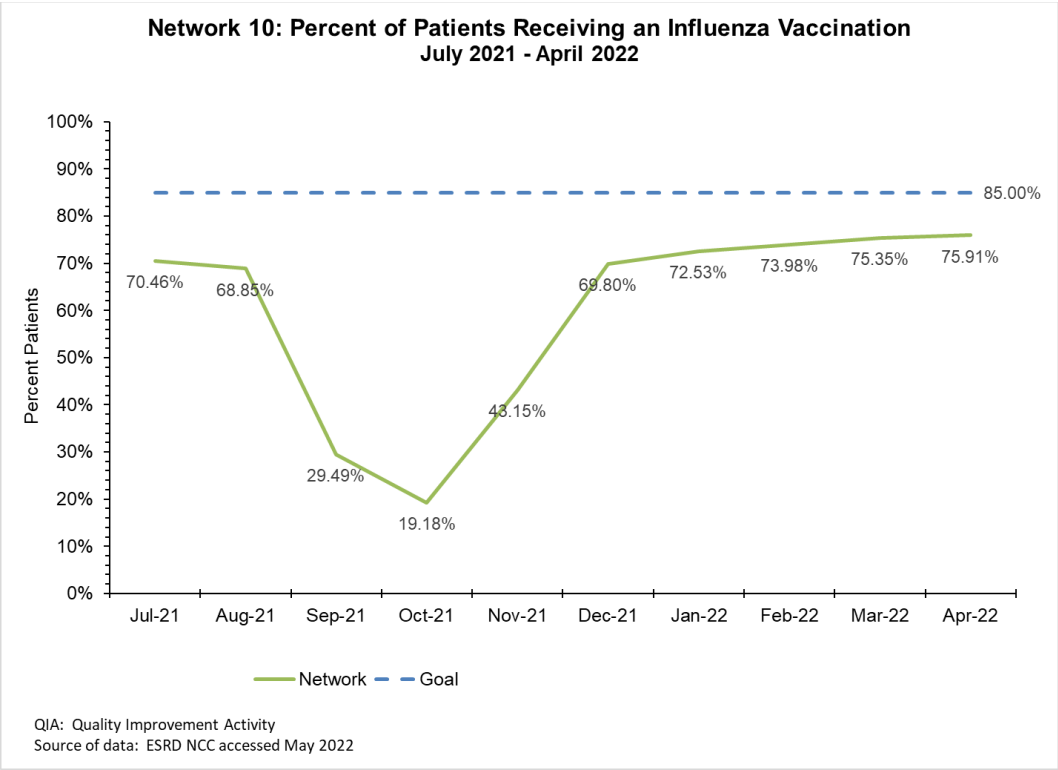


Influenza June-April 2022

ESRD Network programs were tasked with achieving 85% of dialysis patients receiving an influenza vaccination based on EQRS data by the end of the base period.

A rigorous Flu Campaign was run from the months of August 2021 through May 2022 to encourage both patients and dialysis staff to receive the vaccination. Monthly newsletters including resources about the importance of the influenza vaccine in the midst of the COVID-19 pandemic, vaccine burnout, tips for talking to patients, CDC guidelines, and reasons for patients and their family members to choose to be vaccinated. Resources were offered in both English and Spanish as about 13% of Illinois' population are primarily Spanish speaking according to the 2020 U.S. Census. Technical support and assistance was provided ongoing for clinics to ensure proper entry of vaccination. Individualized support was needed to ensure valid data entry particularly in cases where patients both reside in a nursing home and receive dialysis treatment in the nursing home setting, when the dialysis provider does not administer the vaccine, but the nursing home does. In part, due to this late discovery and barrier, the Network was unable to achieve the goal set forth for influenza vaccination in the base period (Graph 18).

Graph18- Percent of Patients Receiving an Influenza Vaccination July '21 to Apr '22



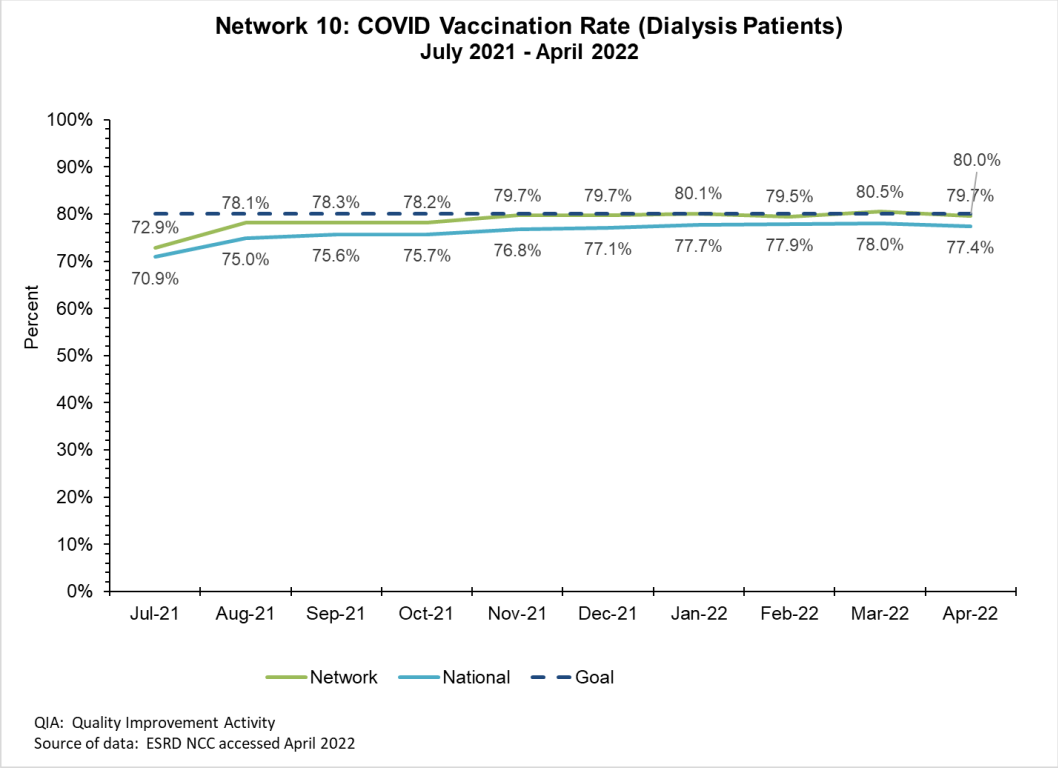
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

COVID-19 Vaccinations Patients and Staff June-April 2022

ESRD Networks were expected to achieve 80% COVID-19 Vaccination Rate for dialysis patients for primary vaccination and/or series and 100% of dialysis staff to be vaccinated against COVID-19 in the base period. Many methods of intervention and education were completed toward this effort, including but not limited to, monthly broad education to the Network including both patient and staff educational resources, flyers, short videos, webinars, printed materials mailed to facilities, printable posters and handouts, continued updates via weekly email from the CDC and local health departments, targeted technical assistance using county level information on COVID rates, ad hoc meetings with local hospitals and medical review board members for up-to-date information on real time issues related to COVID, including infection rates, vaccination clinics, and staffing and supply shortages.

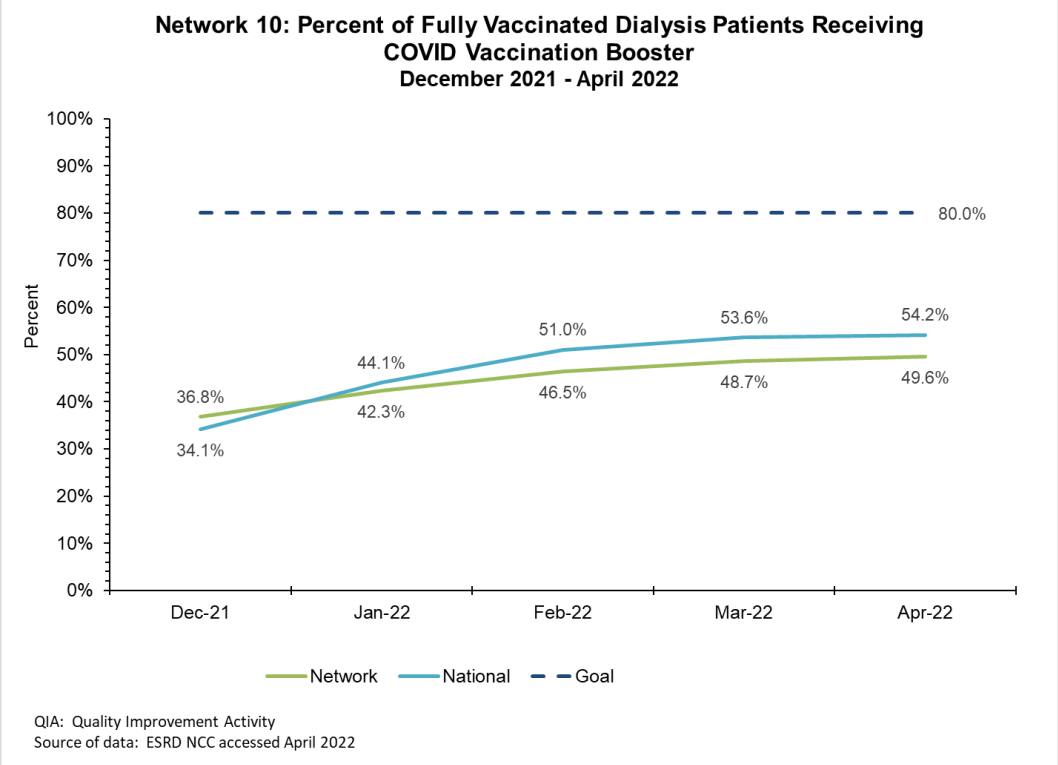
Graphs 19-22 illustrate the results of this quality improvement activity, showing that Network 10 achieved above the national average in both dialysis patient and staff vaccination rates but below the national average for boosters. While the national average was near goal for patient initial vaccination rates, it was well below goal for boosters in both populations and about 18% below goal for staff vaccinations, while the Network was closer with 88% toward goal for staff vaccinations.

Graph 19- COVID Vaccination Rate for Dialysis Patients in Base Period

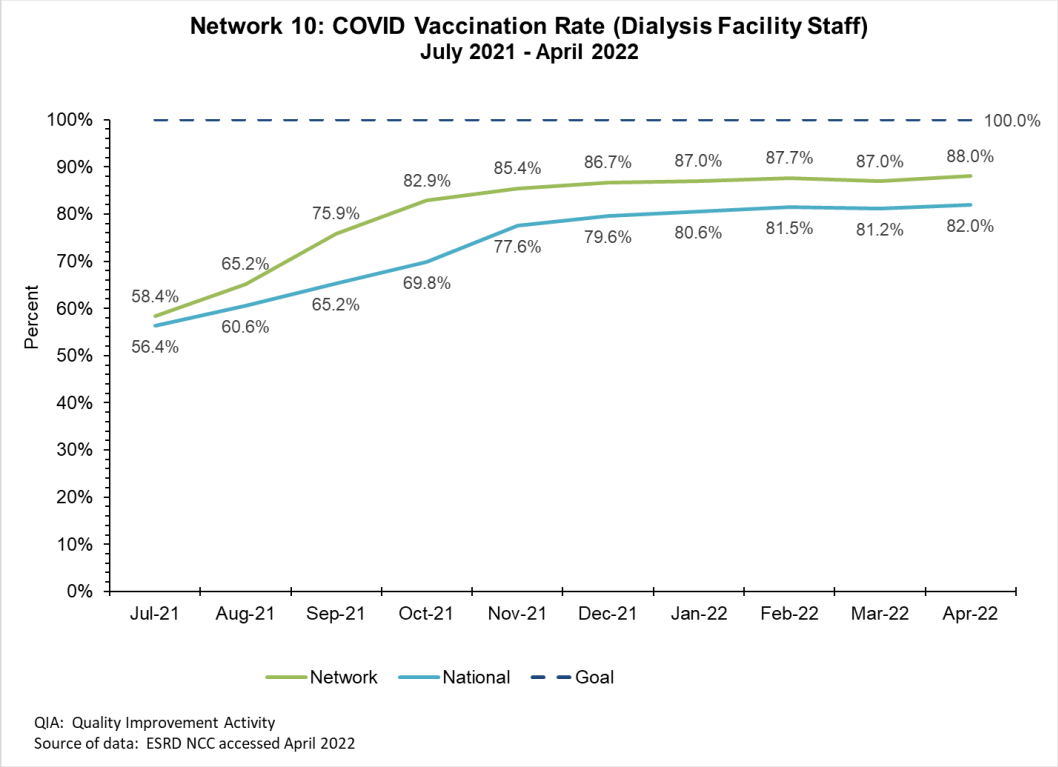


QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2022

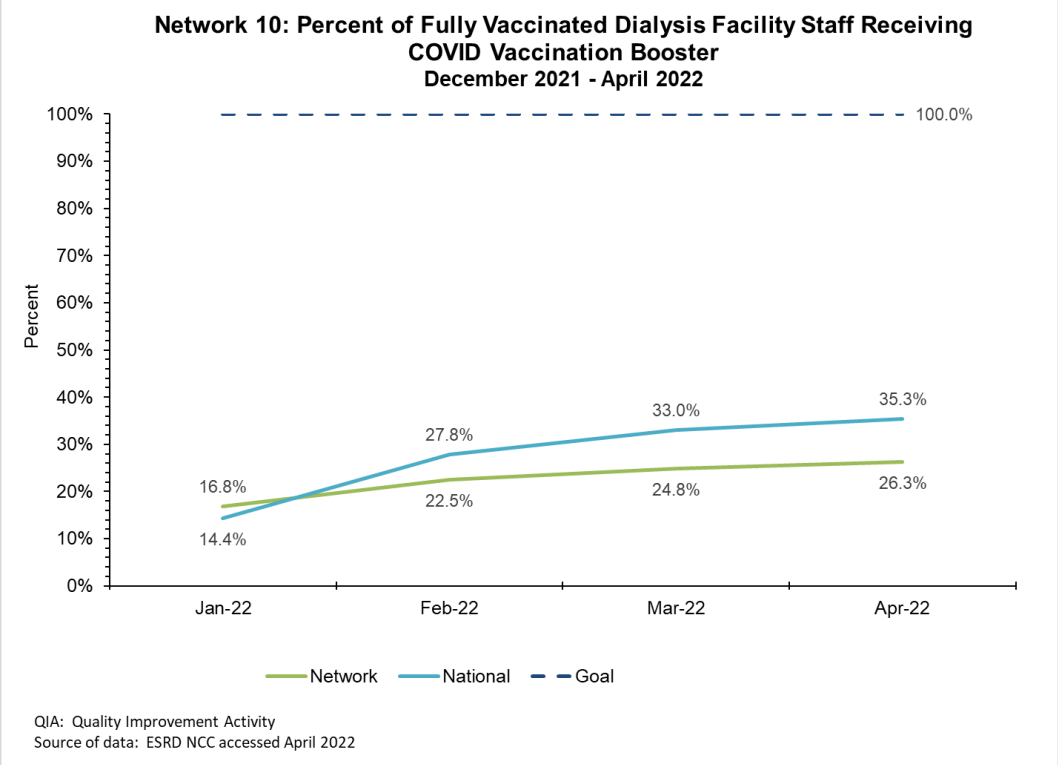
Graph 20- COVID Booster Rates for Patients in Base Period



Graph 21- COVID Vaccination Rates in Dialysis Staff in Base Period



Graph 22- COVID Vaccination Boosters in Dialysis Staff in Base Period



Data Quality (Admissions, CMS Form 2728, CMS Form 2746) June-April 2022

ESRD Network goals for data quality in the base period include the following:

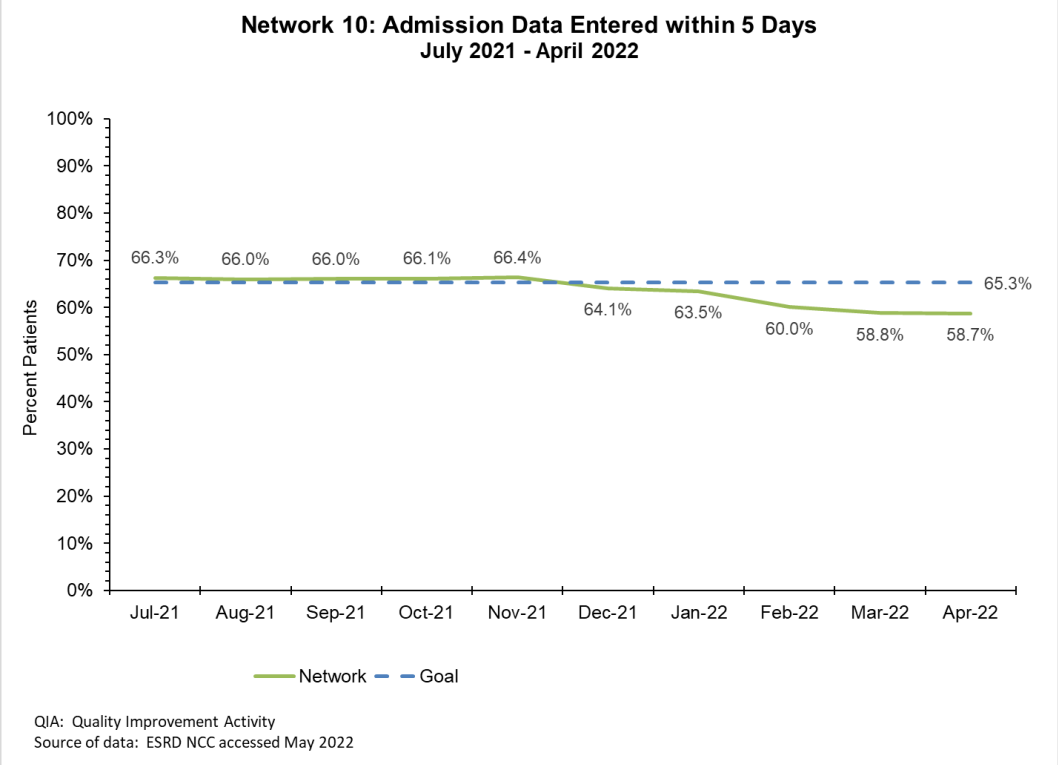
- Achieve a 2% increase in the rate of patient admission records from dialysis facilities entered within 5 business days from the baseline to the end of the base period
- Achieve a 2% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days for a 4% total increase from the baseline to the end of Option Period 1
- Achieve a 2% increase in the rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death from the baseline to the end of the base period.

The Network used reports provided by the ESRD NCC to ensure accuracy of data in EQRS to provide technical assistance to individual facilities to validate and correct patient information. The Network worked with both individual clinics and batch submitting organization in these concentrated efforts.

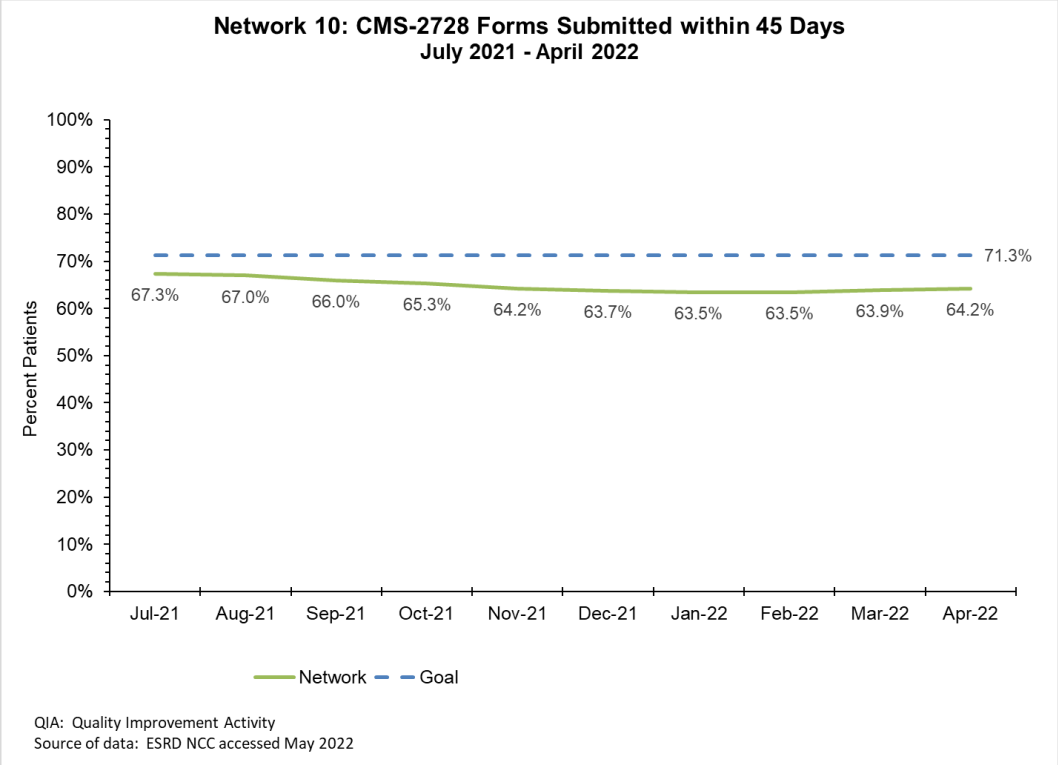
The Network participated with CMS in calls and workgroups to discuss maintenance of the registry and barriers, challenges, and solutions to the data quality metrics. The Network audited 20% of the dialysis facilities in the network service area including patient medical records to ensure the accuracy of the information on CMS-2728 forms and CMS-2746 forms in EQRS and performed routing and acute termination reports for the Social Security Administration.

Graphs 23, 24, and 25 display the available data toward these efforts at the end of the base period.

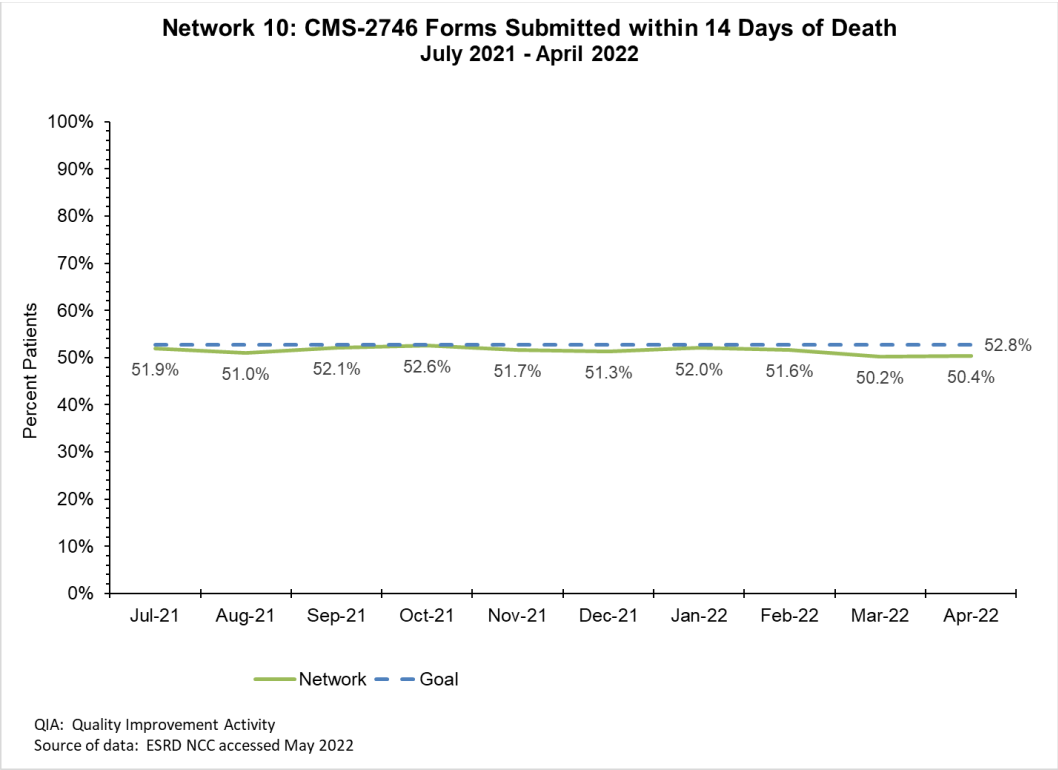
Graph 23- Admission Data Entered within 5 Days



Graph 24- CMS-2728 Forms Submitted within 45 Days



Graph 25- CMS 2746 Forms Submitted within 14 Days of Death



Hospitalization (Inpatient Admissions, ED Visits, Readmissions and COVID-19 Admissions) June-April 2022

ESRD Networks were assigned four metrics related to reduction of hospitalization for ESRD patients which included the following:

- Achieve a 2% decrease in hospital admissions for the Primary Diagnosis Categories identified by CMS from the baseline to the end of the base period.
- Achieve a 2% decrease in hospital 30-day unplanned readmissions for a diagnosis from the Primary Diagnosis Categories identified by CMS following an admission for a diagnosis from the Primary Diagnosis Categories from the baseline to the end of the base period.
- Achieve a 2% decrease in outpatient emergency department visits for a diagnosis on the Primary Diagnosis Categories identified by CMS from the baseline to the end of the base period.
- Achieve a 25% decrease in the number of COVID-19 hospitalizations in the ESRD patient population with Medicare FFS as a payer source from June 1, 2021 through April 30, 2022 compared to June 1, 2020 through April 30, 2021, based on Medicare Claims data.

The Network began the option period by performing a needs assessment with providers in the areas of hospitalizations, readmissions and outpatient emergency department (ED) visits. Medicare claims data was analyzed for comparison with ESRD patients hospitalized, readmitted, or seen in the ED. This information was then compared to primary diagnosis categories to identify the top trends for our region. Those trends were presented to the Decreasing Hospitalization Community Coalition and topics including diabetes, hypertension, sepsis, missed treatments, and cardiac and physical rehabilitation, were identified as the most effective topics for intervention.

PDSA cycles were performed with interventions developed by the coalition and feedback was collected via individual clinic responses via web form or phone calls, through technical assistance, via routine regional leadership meetings, and from coalition members who were using the interventions in their own facilities.

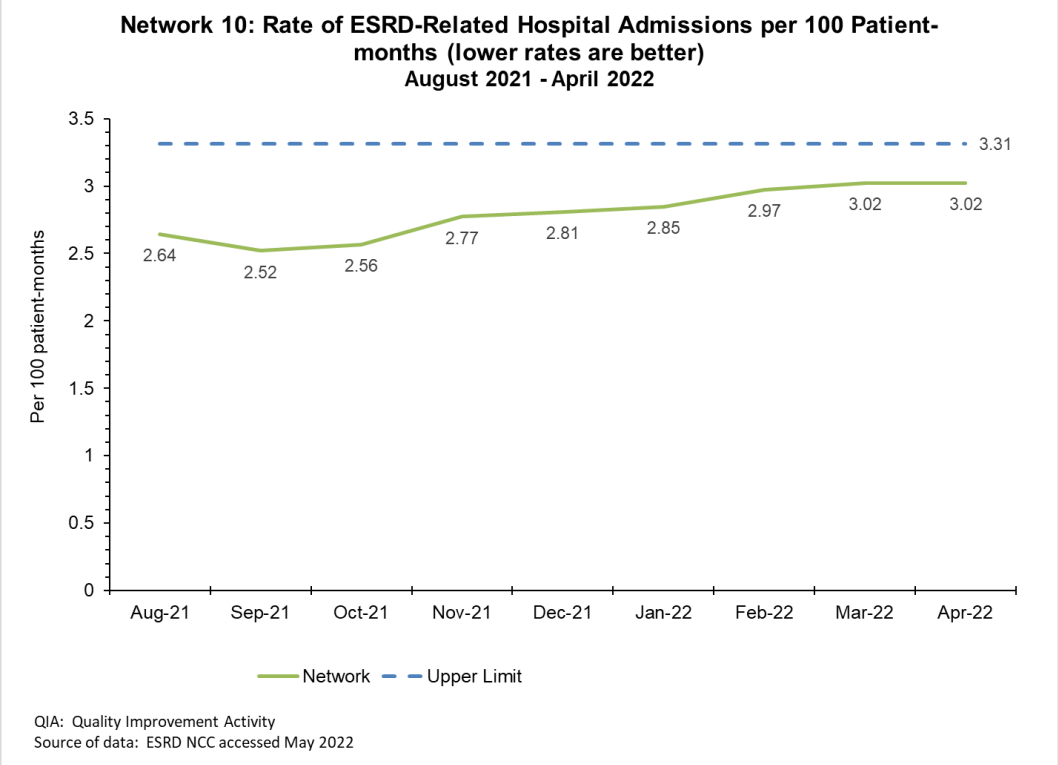
In order to maintain the spread of effective practices, the Network continued to share hospitalization interventions and resources created in conjunction with the community coalition via our quarterly QI Connect e-Newsletter.

COVID Hospitalization was a major concern during this period and the Network facilitated interventions using real-time feedback from Nephrologists and hospitalists in the region, updates from the Illinois Department of Public Health, Cook County Health Department, local emergency management groups, and the Kidney Community Emergency Response team. Barriers were identified and interventions were deployed with quick turn-around for maximum efficacy.

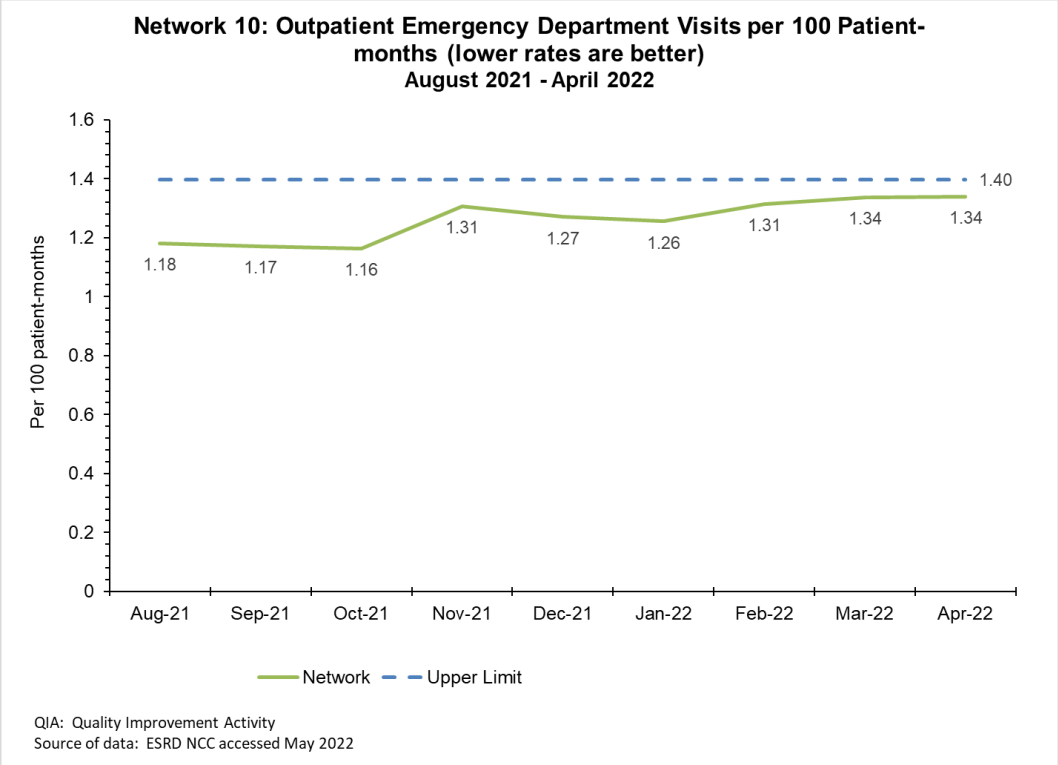
The Network created several supporting resources in the base period with input from the community coalition, medical review board, and patient advisory council including hospital transfer summary sheet, pocked ID cards for dialysis patients, patient guide for how to choose between the doctor's office, urgent care, or the emergency room, a hospitalizations workbook for patients, and numerous COVID-19 resources for control, management, and vaccination. These supporting resources are available on the ESRD Network 10 website.

As illustrated in the following graphs 26- 29 (lower rates are better), Network 10 was able to maintain these four metrics below the upper allowable limit throughout the base period. Increases in the COVID-19 hospitalization rates beginning in December 2021 through March 2022 are indicative of national COVID-19 surges with the Delta and Omicron variants and begin to level off in April 2022.

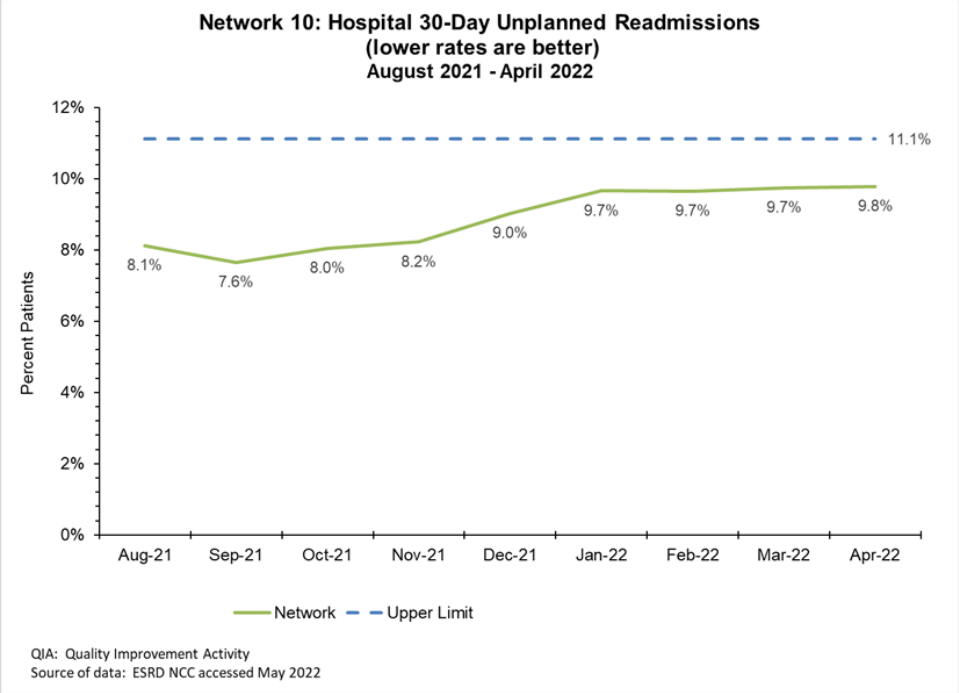
Graph 26- Rate of ESRD-Related Hospital Admissions per 100 Patient-months



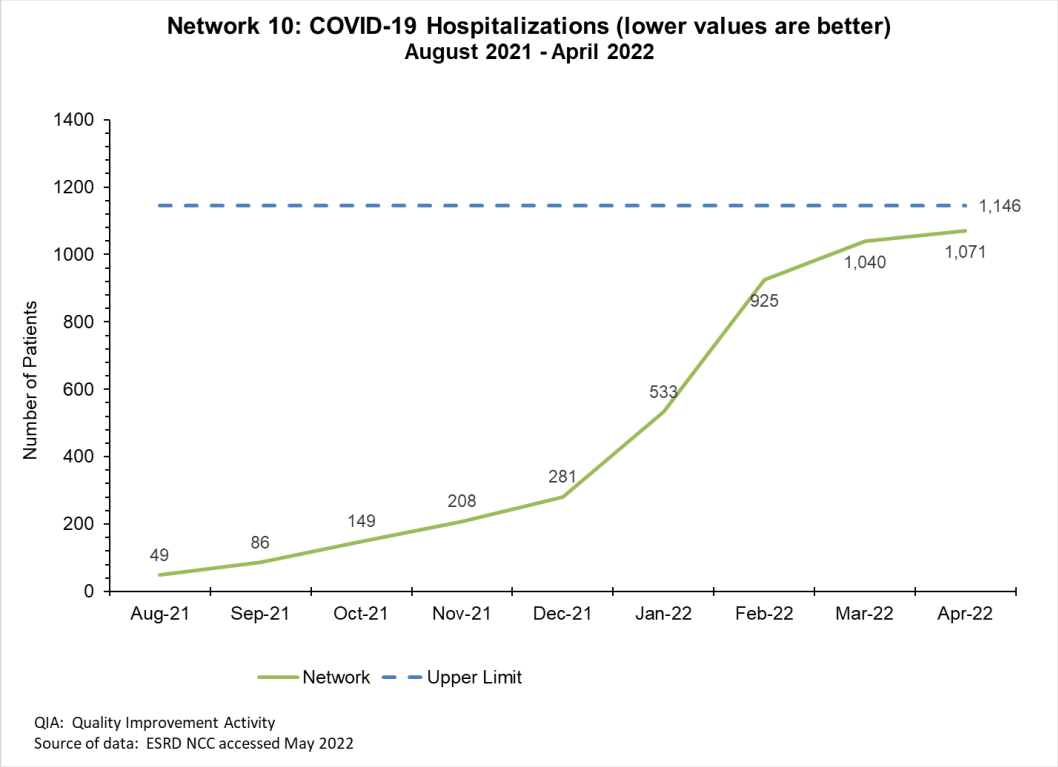
Graph 27- Outpatient Emergency Department Visits per 100 Patient-months



Graph 28-Hospital 30-Day Unplanned Readmissions



Graph 29- COVID-19 Hospitalizations Aug '21 to Apr '22



Depression June-April 2022

Due to contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

During the period of this report, there was no available data to measure the goals of 15% increase over baseline in the percentage of patients accurately screened as having depression using EQRS as the data source and a 10% increase in the percentage of patients, within the subset of patients identified as having depression, who have received treatment by a mental health professional from baseline to the end of the base period. The ESRD Network 10 quality improvement team began working toward these goals by first identifying the following barriers:

- Patients are not interested, will not participate, or refuse therapy/education/activity
- Patients who were previously diagnosed with depression, completing a current screening that does not indicate depression
- Social worker time in assessing and referring patients
- No way of knowing what depression screening follow-up or mental health treatment care is
- Lack of mental health resources and insurance coverage for mental health

The barriers were ranked in order of most urgent to least urgent by the Behavioral Health Community Coalition. While working through PDSA cycles, interventions and resources were developed by both the Behavioral Health Community Coalition and the Network 10 Patient Advisory Council to address the barriers. These interventions were deployed monthly with focus facilities, who provided feedback after completing the interventions and using the supporting resources. Based on facility feedback, coalition members determined if a resource should be adapted, adopted or abandoned. If the consensus was to adopt, the intervention was then spread to all facilities in the Network area. Through direct feedback from focus clinics, in the absence of data, the Network was still able to perform rapid cycle improvement and spread promising practices. Facility staff were encouraged to utilize a patient peer representative to assist with activities in the clinic whenever possible. The Network's Patient Advisory Council helped to develop an activity that patients could create with little help from their facility staff. This was a Gratitude Bulletin Board kit. With the bulletin board kit, many facilities were able to engage the patients to help cut out the shapes, put up the board and encourage other patients and staff to participate in sharing their gratitude. By engaging everyone in the process, it opened communication between staff and patients to encourage discussion about gratitude and feelings. The hope was to increase the patients' comfort level in talking to staff about more serious issues such as depression.

Individual Technical Assistance was provided based on data submitted to EQRS for the QIP Clinical Depression Screening and Follow-Up for the calendar years of 2021 and 2022 assessment periods. This data provided insight into facility screening practices and allowed the Network to provide meaningful technical assistance, including assisting with barriers for facilities who showed increased numbers of patients who were screened as positive for depression but no follow up was completed. The Network also worked with Behavioral Health subject matter experts to create a series of videos including tips, tools and resources for social workers for tracking, education, and monitoring of depressed dialysis patients, PHQ-9 scoring, documentation and follow-up plan, and managing the emotional side effects of dialysis 3-part series. These videos are available on the ESRD Network 10 website.

Nursing Home June-April 2022

Due to contract goal adjustments, the Network worked toward the goals of this quality improvement activity.

Goals for this metric included a 4% decrease over baseline in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in a nursing home, a 2% decrease in the incidence of peritonitis

in dialysis patients receiving home dialysis in a nursing home, and a 2% decrease in the rate of dialysis patients receiving dialysis at nursing homes that receive a blood transfusion from baseline to the end of the base period.

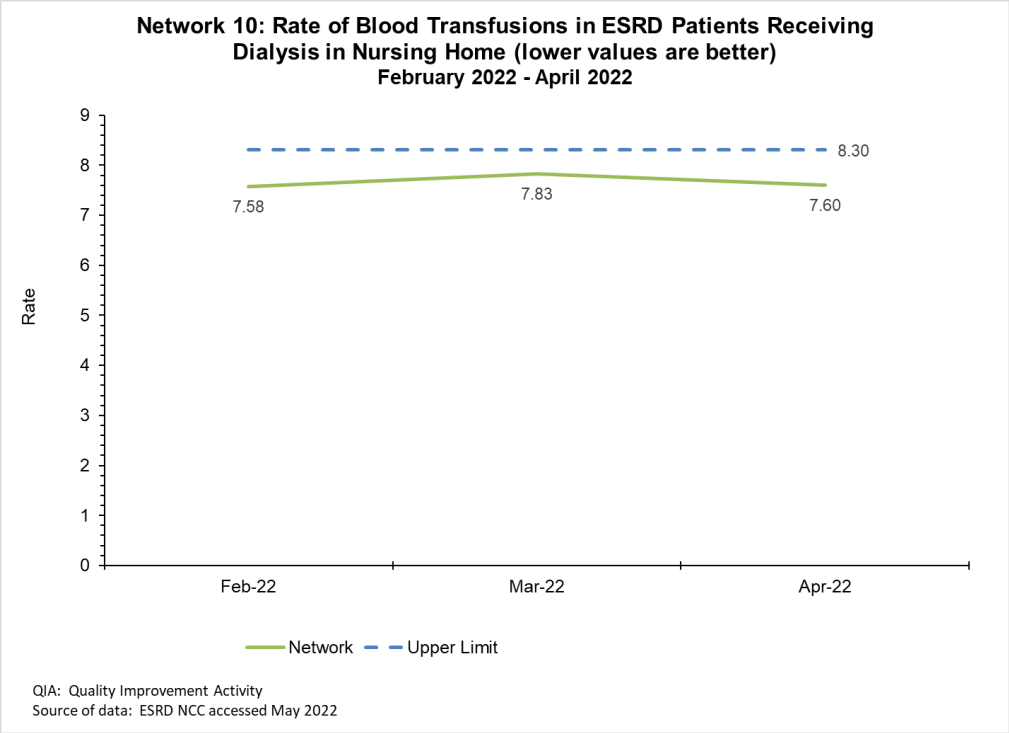
In the absence of NCC data for much of the base period, the Network relied on self-collected data to gather information from facilities providing dialysis services in the nursing home (NH) setting for NH patients. The Network then worked through the Care in Nursing Homes Community Coalition to identify barriers that impact the targeted population. Barriers were ranked from most to least urgent, and interventions were developed with the community coalition through the PDSA cycle, with the top-rated issues being addressed in the first cycle, and so forth. Applicable providers, those providing dialysis care to residents in the NH setting, were given time to utilize resources, implement suggested interventions, and provide feedback to measure progress and perform rapid cycle improvement. That data was brought back to the community coalitions and either adopted, adapted or abandoned.

Technical assistance was provided using a Network-developed *TA Checklist,* assessing needs related to access infections, both central venous catheter and peritoneal catheter, anemia management, as well as PFE, and behavioral health. The Network followed up those TA calls with targeted and individualized strategy plans and supporting resources and other information to aid in their success with these metrics. Quarterly, the Network shared a QI Connect e-Newsletter containing resources and interventions from all Objectives and Key Results including the most highly rated and beneficial resources as reported by facility staff.

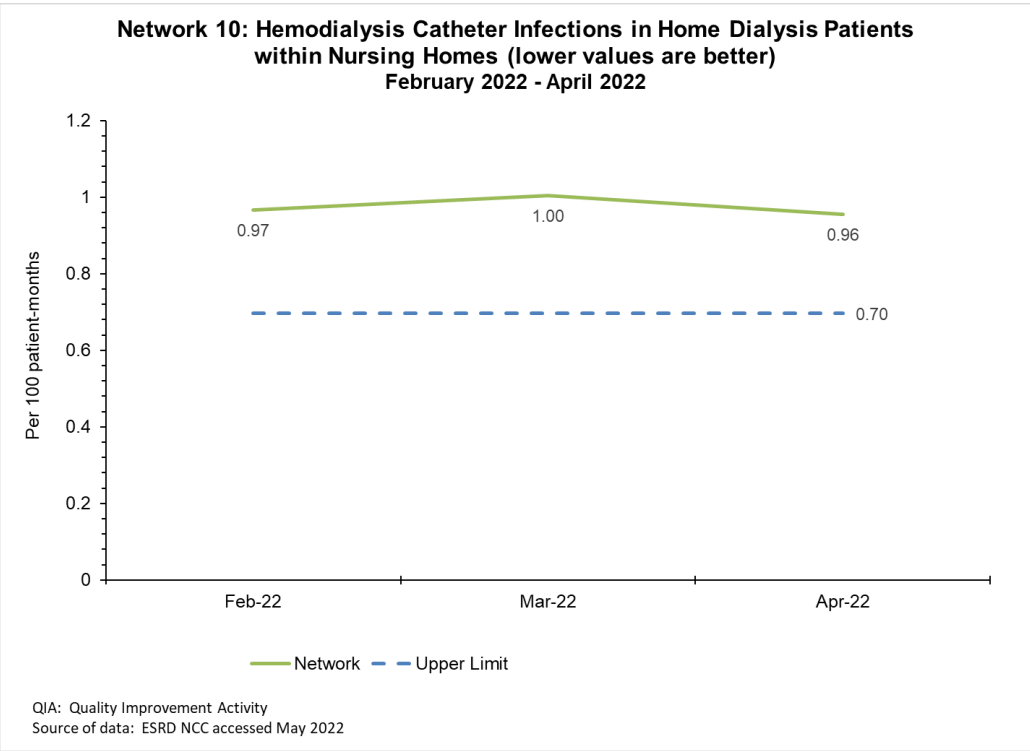
ESRD Network 10 collaborated with Telligen Quality Improvement Organization and ESRD Network 12 to create a webinar series with experts in the fields of dialysis access infection management and anemia management aimed at nursing home dialysis providers. These webinars were highly rated by attendees and made available on the ESRD Network 10 website and the Telligen website for future viewing.

Graph 30 depicts the results of the Blood Transfusion QIA, showing that Network 10 remained below the upper allowable limit for this metric. Peritonitis also remained below the upper allowable limit (Graph 32), while hemodialysis catheter infections rose above the limit in the three months of data that was available at the close of the base period (Graph 31).

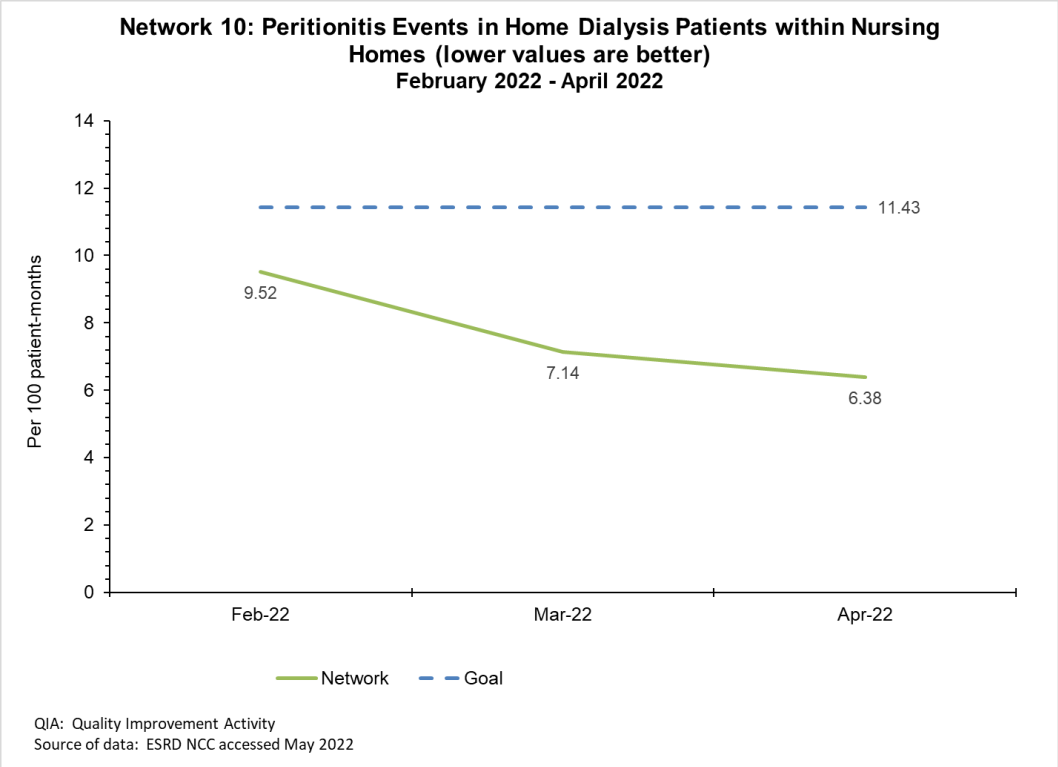
Graph 30- Rate of Blood Transfusion in ESRD Patients Receiving Dialysis in Nursing Home Feb '22 to Apr '22



Graph 31- Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes Feb '22 to Apr '22



Graph 32- Peritonitis Events in Home Dialysis Patients within Nursing Homes Feb '22 to Apr '22



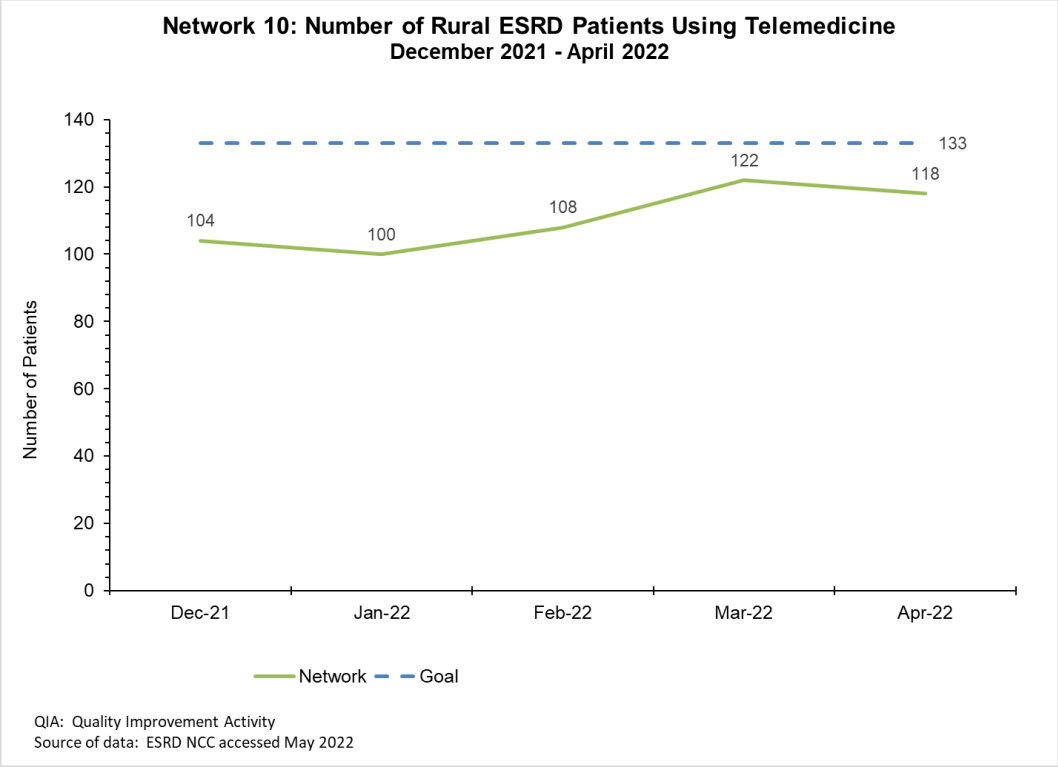
Telemedicine June-April 2022

Due to contract goal adjustments, the Network worked toward the goals of this quality improvement activity.

ESRD Networks worked toward a goal of 2% increase in the number of rural ESRD patients using telemedicine to access a home modality based on EQRS over the base period. The Network employed strategies including use of the Home Modality Community Coalition, Home Modality Change Packages from the ESRD National Coordinating Center, Qsource ESRD Networks' Telehealth Passport developed by our quality improvement team, continued support for patients through our Patient Advisory Council and Peers in Action groups, and monthly resources to focus facilities.

Graph 33 shows the latest available data in support of this effort for Network 10.

Graph 33- Number of Rural ESRD Patients Using Telemedicine Dec '21 to Apr '22



Vaccinations Pneumococcal 13 & 23 and Staff Influenza June-April 2022

Due to contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

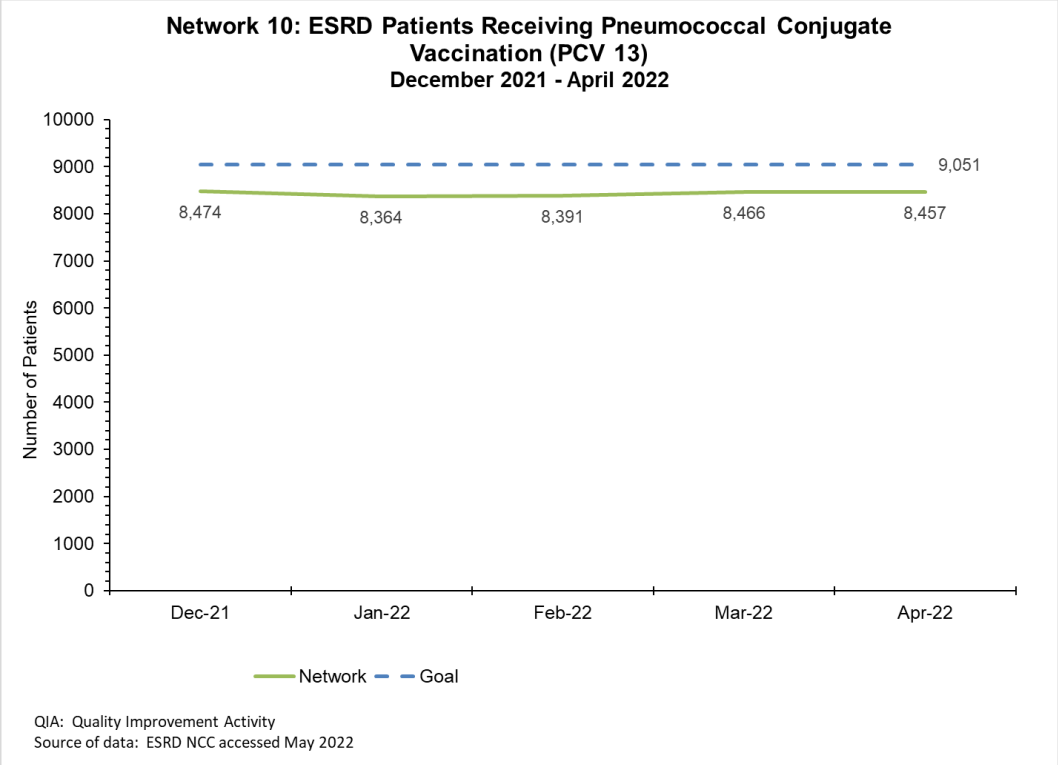
ESRD Networks were tasked with increasing by 10% the number of dialysis patients receiving a pneumococcal conjugate vaccination (PCV 13) based on EQRS data over the base period. During the period for the available data set, Network 10 had 8,457 patients who received the PCV 13 vaccination.

In addition to the PCV 13, Networks were expected to ensure dialysis patients receive the full series of PPSV 23 as age appropriate, with an 87% increase in the base period (less 0.25% for each month that the PPSV 23 tracking feature in EQRS was unavailable). The Network was not evaluated on this metric during the period as the feature remained unavailable. A 10% increase in the number of patients receiving a booster for PPSV23 and 80% of dialysis patients over the age of 65 receiving a PPSV 23 vaccination was also tied into this goal; however; the feature was unavailable, so the network was not evaluated on these metrics in this period.

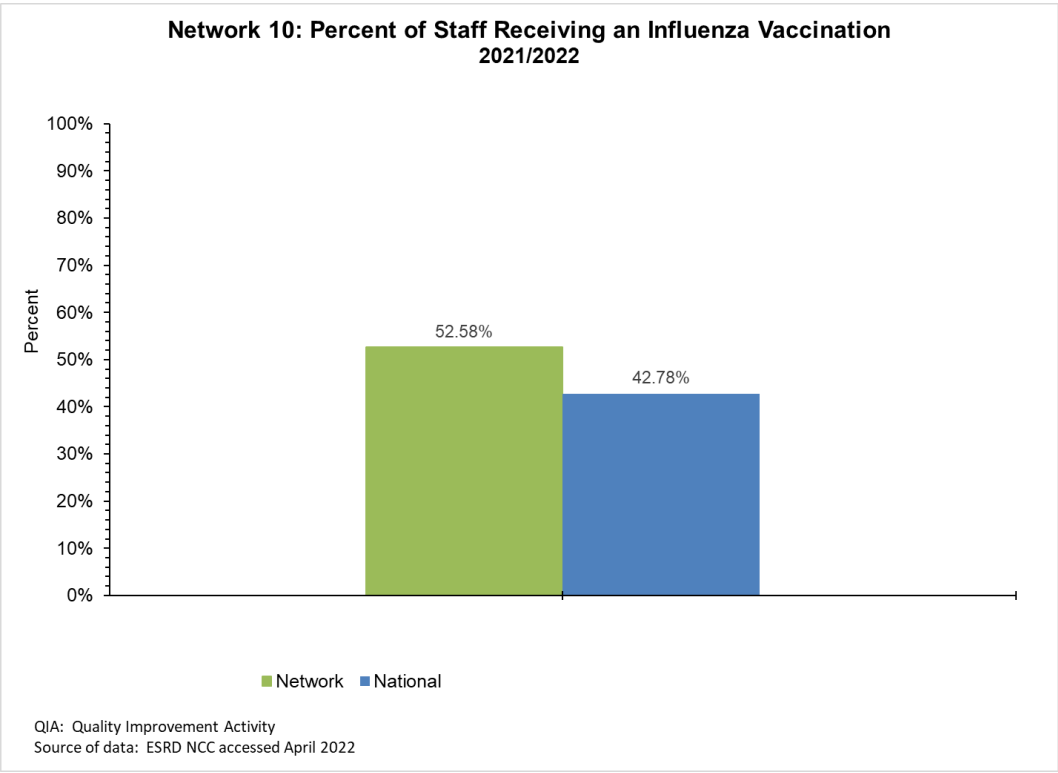
Staff influenza goal was to ensure 90% of dialysis facility staff receive an influenza vaccination by the end of the base period. Network 10 was above the national average for staff influenza vaccination rates during the period.

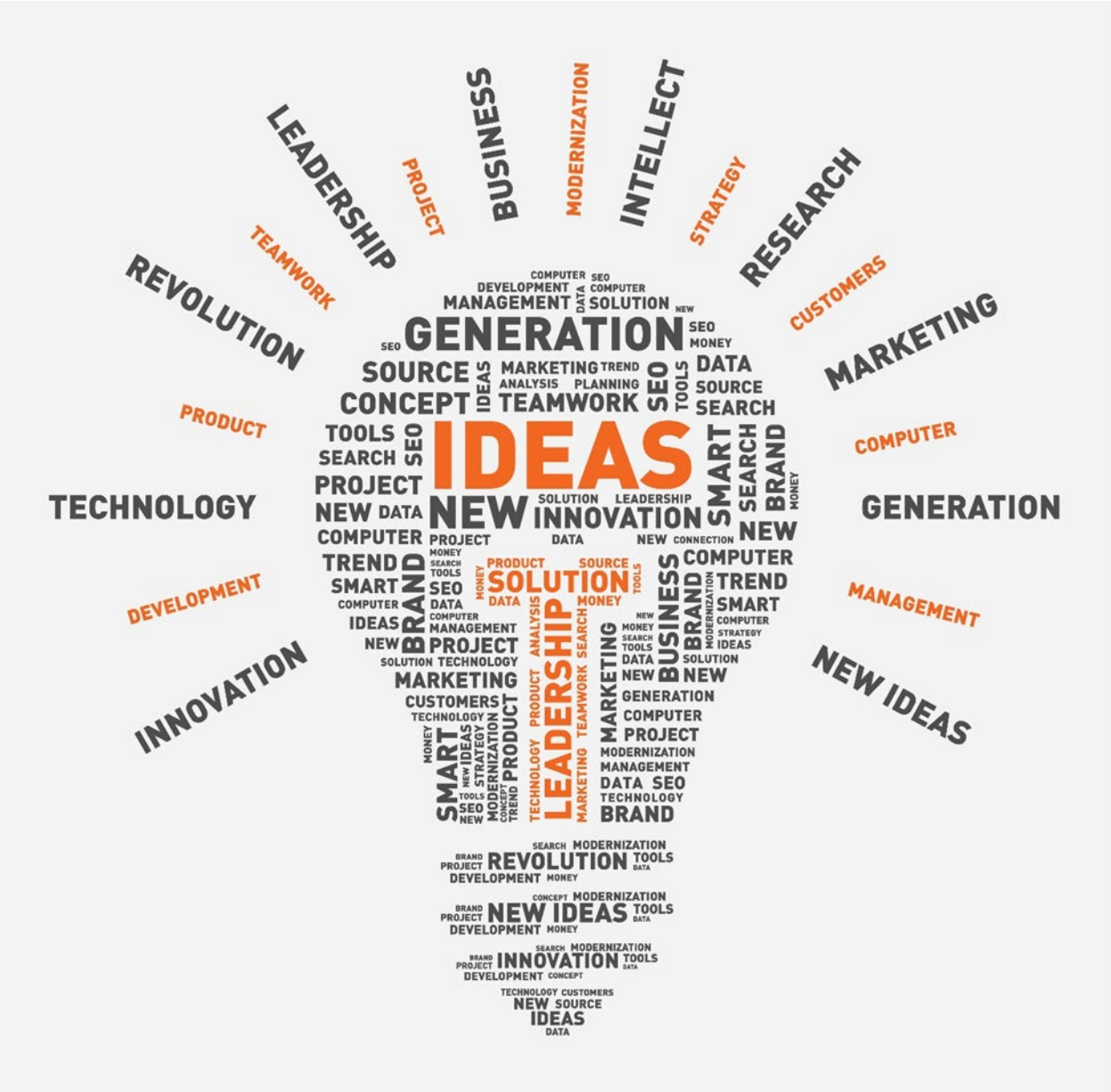
The following graphs illustrate the work toward these goals, although it is noted that contract adjustments were made during the period.

Graph 34- ESRD Patients Receiving Pneumococcal Conjugate Vaccination



Graph 35- Percent of Staff Receiving Influenza Vaccination




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

ESRD NETWORK RECOMMENDATIONS

ESRD Network 10 made no recommendations for sanctions during this period.

ESRD Network 10 made no recommendations for new services during this period.


first
infrastructure
contingency
environment
aid
continuity
public safety
ambulance
training
communications
earthquake
damage
critical
management
patient
mitigation
injury
planning
preparedness
healthcare
plan
safety
fire
agency
warning
survival
team
emergency room
medical
service
help
urgent
danger
disaster
supplies
protection
kit
evacuation
stretcher
paramedic
business
alarm
medic
safe
jeopardy
resilience
incident
equipment
disease
urgency
emergency
threat
natural disaster
natural
information
property
recovery
nurse
crisis
doctor
government
situation
health
environmental
risk management
public
response
rescue
hospital
security
room
intervention
operations
life
accident
risk
medicine
education
loss
system

ESRD NETWORK 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.

As the pandemic pushed through the period of this report, many of the initial interventions set forth by the network in 2020 were carried forward, in support of our ESRD patients and dialysis providers. The Network continued to post new and updated information to our website related to COVID-19 information and resources. Due to the large influx of new information surrounding the virus and vaccines from many different sources, Network staff continued sending out targeted emails to facilities with pertinent information, webinars and guidance from credible sources (CDC, CMS, KCER, ASPR, ASN, etc.).

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 continued efforts for tracking and reporting cases and worked alongside the Kidney Community Emergency Response team to report requested information on a weekly basis through a tracking module on the (National Healthcare Safety Network) NHSN. Weekly data is pulled down by the Networks and sent directly to the Network Coordinating Center (NCC) for the national dashboard. The information is also used by the Networks in determining clinics in need of technical assistance. Other data is also used including data from county and state level data. For example, Network staff 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 they 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 has been mental health. The Network continued efforts to promote mental wellness 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 utilizes 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.

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 the period of this report, the Network responded to individual facility-specific or regional emergencies, including:

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

During disaster events in 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