ESRD NETWORK 2021 ANNUAL REPORT

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

ESRD Network 12

Qsource ESRD Network 12
2021 Annual Report

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Contract Information

Contract No. 75FCMC19D0049 Task Order No. 75FCMC21F0002

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, or by fax to 816-880-9088, or by mail to 2300 Main Street, Suite 900, Kansas City, MO 64106.

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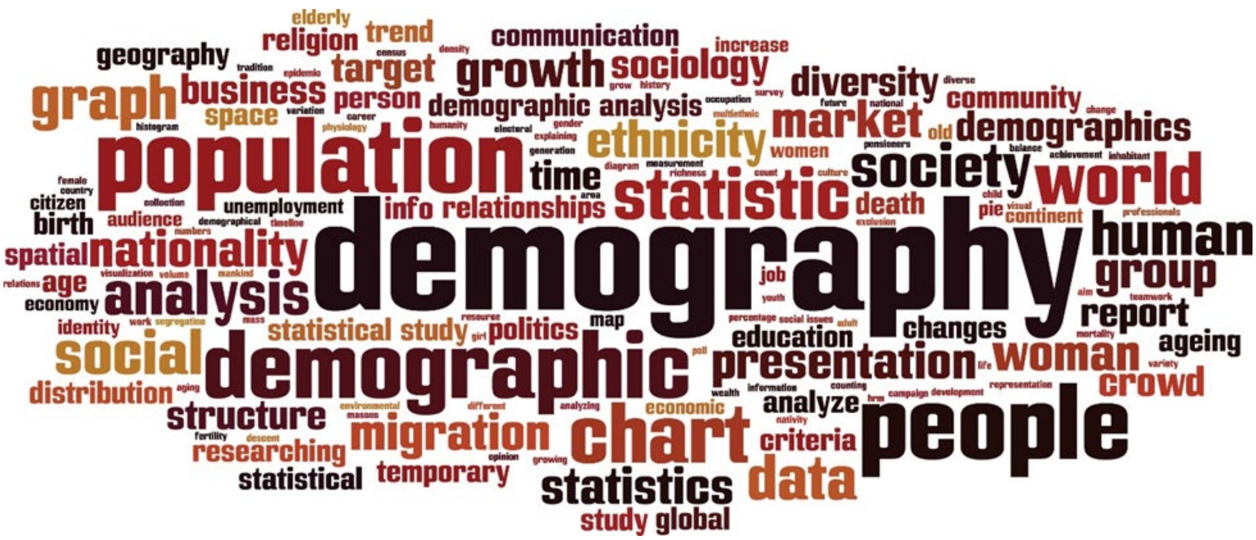
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map
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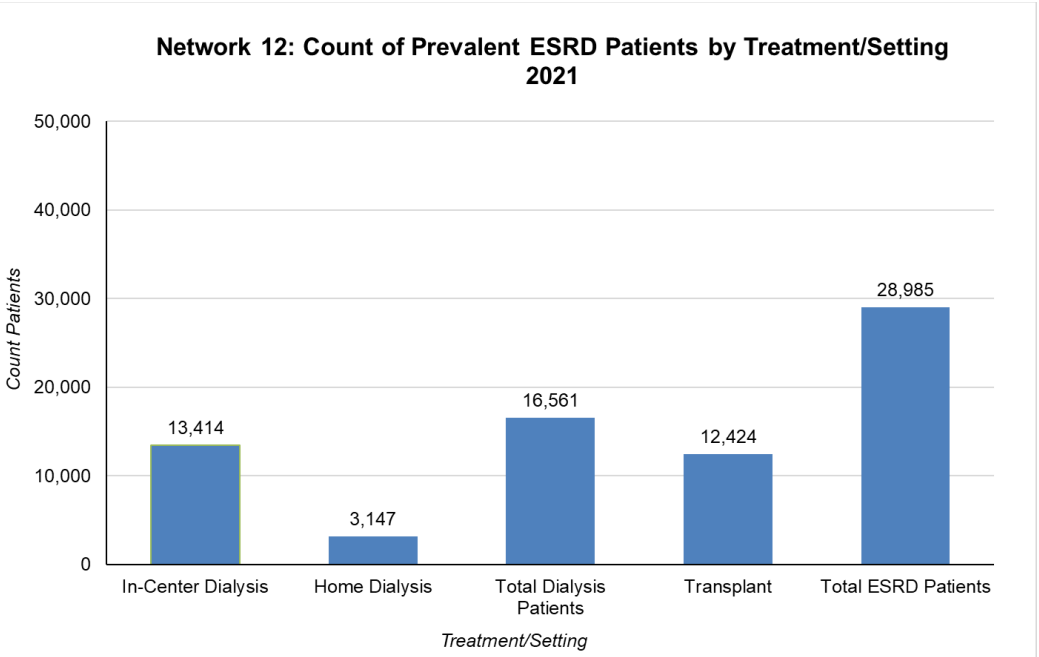
ESRD DEMOGRAPHIC DATA

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.[1]

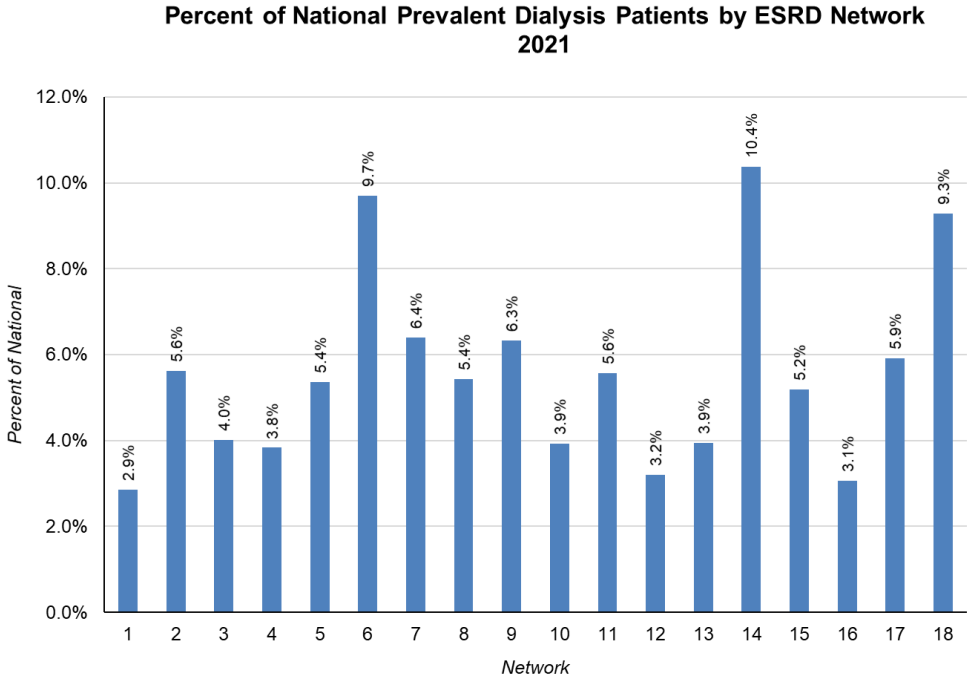
The highest concentrations of Medicare-approved dialysis facilities and transplant centers are located in the St. Louis and Kansas City, Missouri, areas. This corresponds to the density of the overall population. Ownership of the facilities within the Network 12 region includes large dialysis corporations, hospitals, independent physician/physician groups, small independent organizations, and Veterans Administration dialysis facilities.

The graphs found on the following pages provide a comparison of the number of ESRD patients (prevalence and incidence) by renal replacement therapy in the Network 12 region, the number of dialysis facilities and transplant centers in the Network 12 region, the rates of patients (prevalence and incidence) across the nation by ESRD Network region, and the rates of facilities by type (dialysis and transplant) in the nation by ESRD Network region, the rates of Home Dialysis Therapies (i.e., Home Hemodialysis and Peritoneal Dialysis) across the nation by ESRD Network region, and the rates of Transplants Patients across the nation by ESRD Network region.

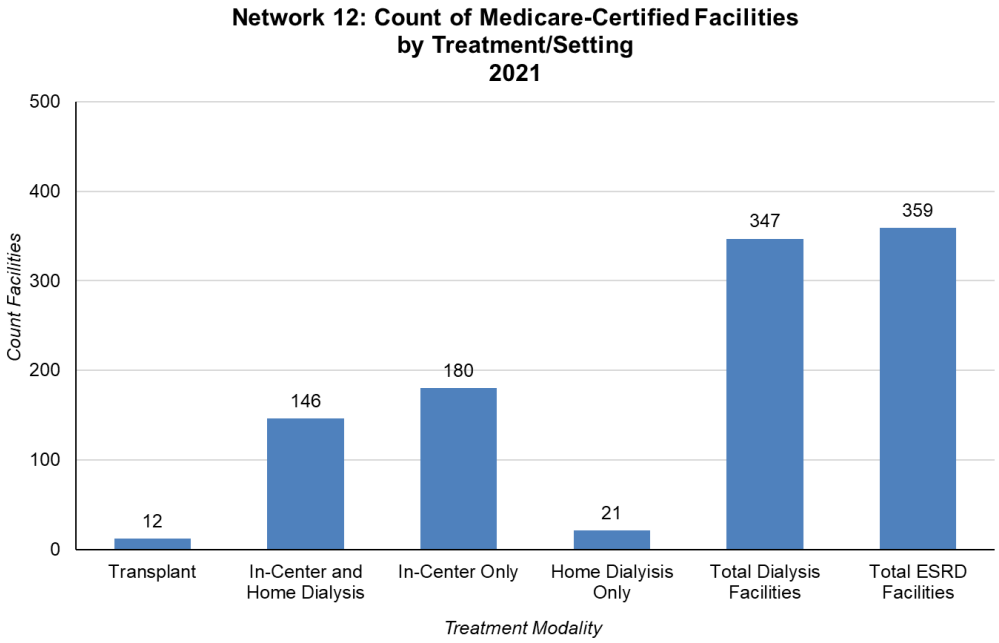
[1] [1] U.S. Census Bureau. (2019, July 1). *Quick Facts; population Estimates* (map view). Retrieved from https://www.census.gov/quickfacts/fact/map/US/PST045219



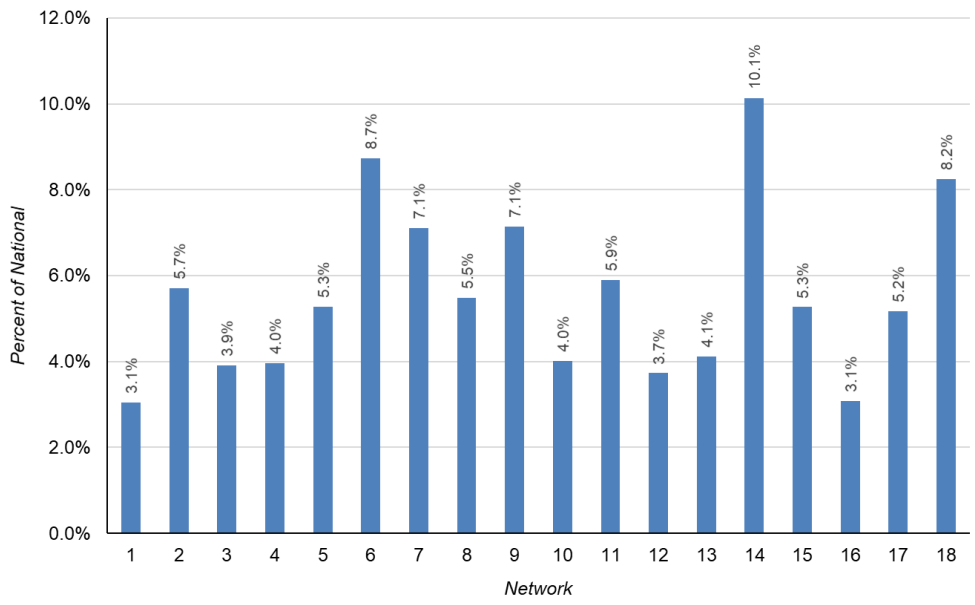
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2022



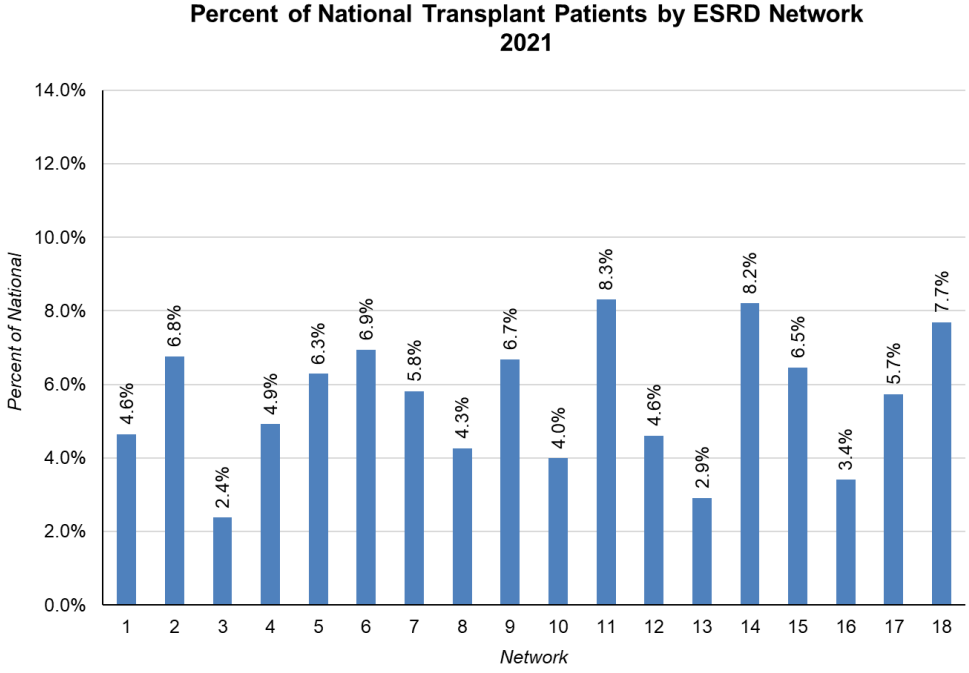
National total dialysis patients: 516,929
Source of data: EQRS May 2022



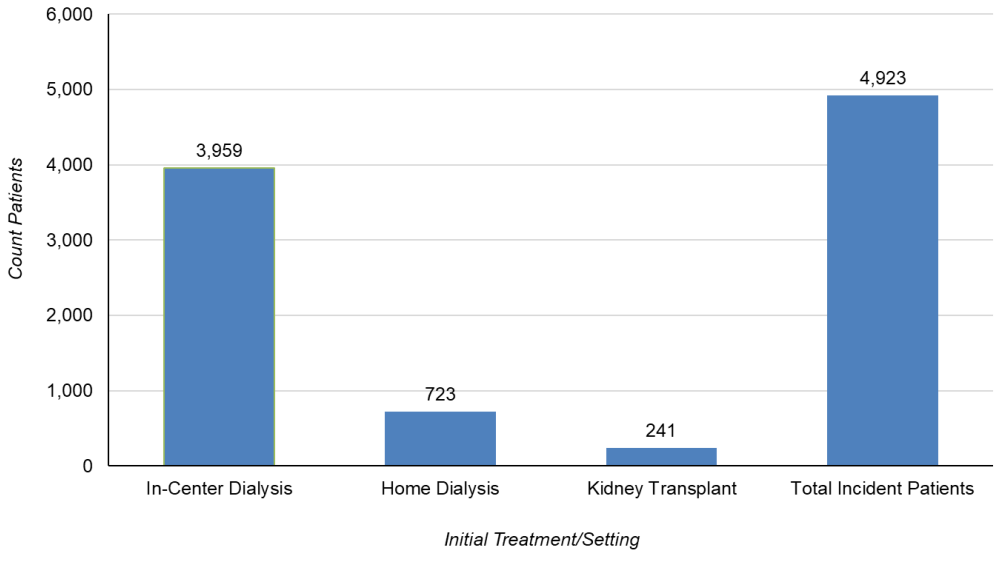
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2022



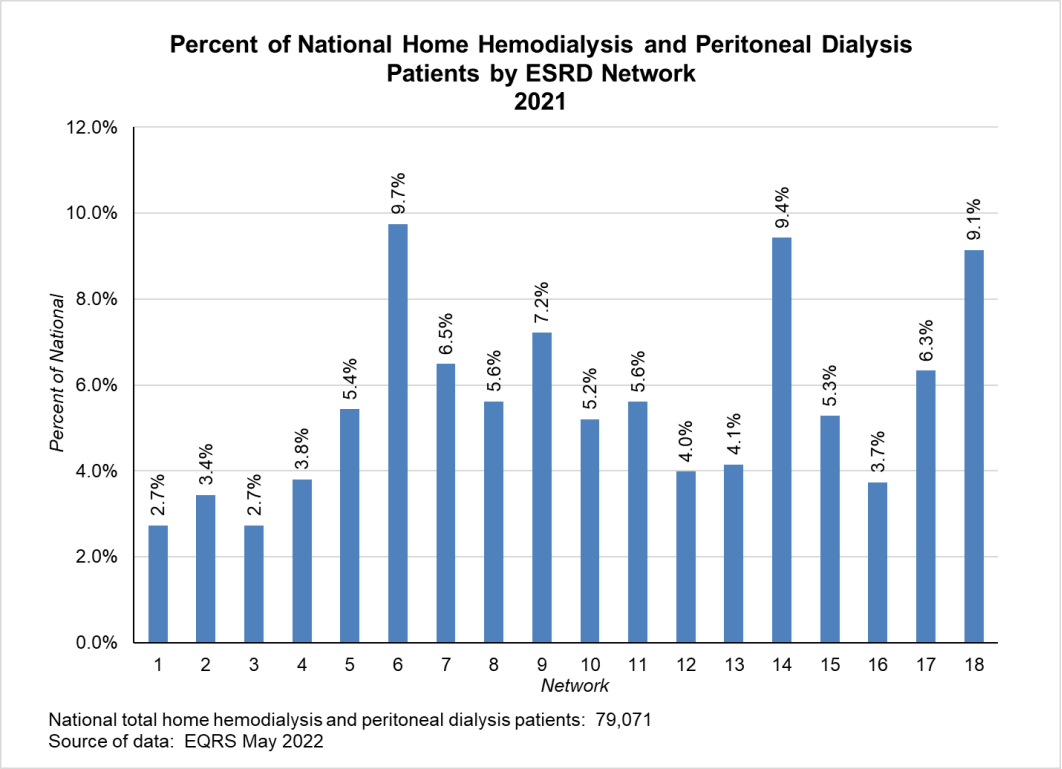
National total incident patients: 132,071
Source of data: EQRS May 2022



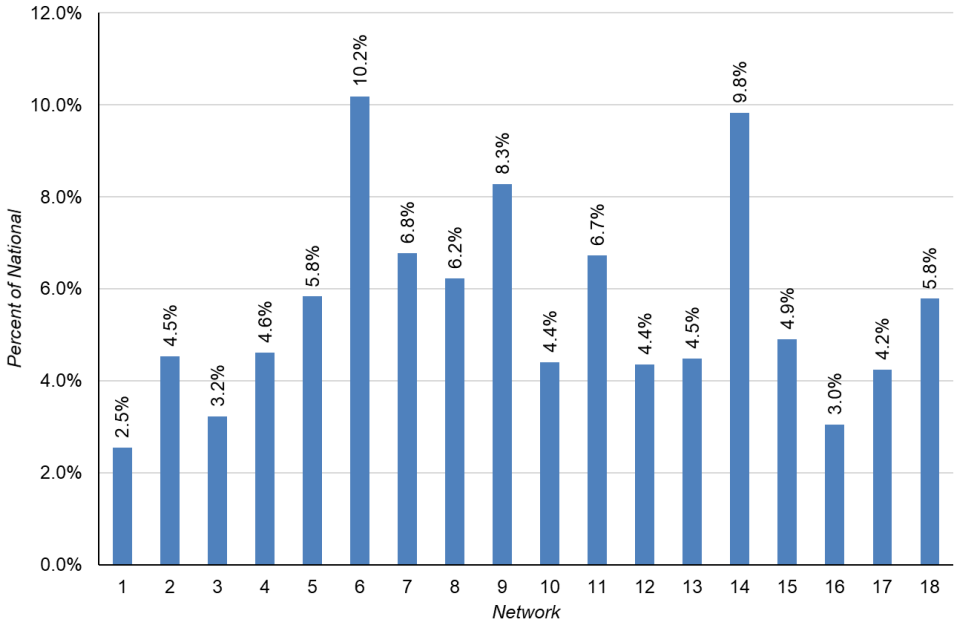
National total transplant patients: 269,424
Source of data: EQRS May 2022



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



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



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


successful
conflicting
nonstop
relief
referee
partnership
solutions
problem
settle
contract
resolve
gain
resolving
negotiating
assistance
agree
concessions
mutual
agreeing
evaluate
compromising
mutually
consensus
return
quo
acceptance
pact
arbitration
rivalry
mediation
compromised
development
solve
handshaking
half-way
settlement
agreement
cause
care
and
diplomatic
aid
understanding
conflict
argument
teamwork
claims
plan
competition
agreeable
support
dea
diplomacy
strategy
negotiation
argue
understand
confrontation
project
solution
contribution
swap
relationships
benefits
problems
charity
negotiate
achievement
handshake
profit
communication
relationship
share
grant
beneficial
tolerance
resolved
interest
confirmed
mediate
adjustment
process
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humanitarian
offer
career
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business
compromise
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solving
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charitable
adjust
quid
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intervene
adapting
adjusting
give-and-take
incompatibility
halfway
management
direction
togetherness
continuous
guidance
community
cooperation
risk
cooperate
arrangement
negotiator
help
compete
together
mediator
success
gift
guide

ESRD NETWORK 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. ESRD Network 12 responds to calls for assistance from stakeholders, including dialysis patients, caregivers, family members, dialysis clinic staff members, and physicians.

The below categories are associated with the following graphs for January to May 2021 and June 2021 to April 2022.

Access to Care: These contacts deal specifically with concerns for patients who are in danger of being involuntarily discharged (IVD) or involuntarily transferred (IVT). 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 frequent follow-up 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 involuntary discharges, allowing the patients to continue to receive outpatient dialysis care at their facility

Facility Concern: Facility concerns are brought to the Network's attention by staff members or physicians with dialysis facilities. 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: 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.

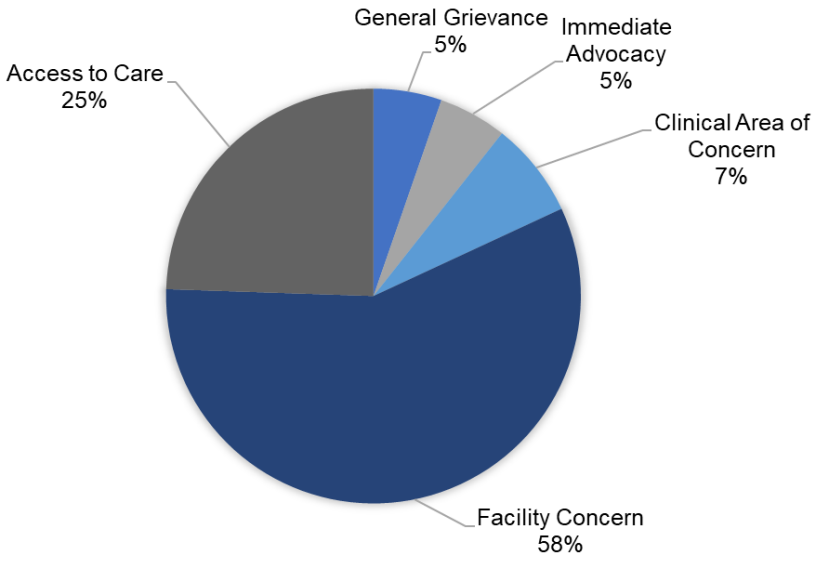
Immediate Advocacy: Patients often reach out to the Network for assistance in solving issues they are experiencing in their dialysis clinics. In the case of Immediate Advocacy, the concerns are ones that can be settled within seven calendar days and do not involve clinical issues. For issues which take 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 initiation investigation.

Clinical Quality of Care: 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. Resources shared for facility guidance may include conflict resolution tools, shared decision-making pathways, coping strategies for anger management, review of ESRD Conditions for Coverage, or meditation between the patient and facility management.

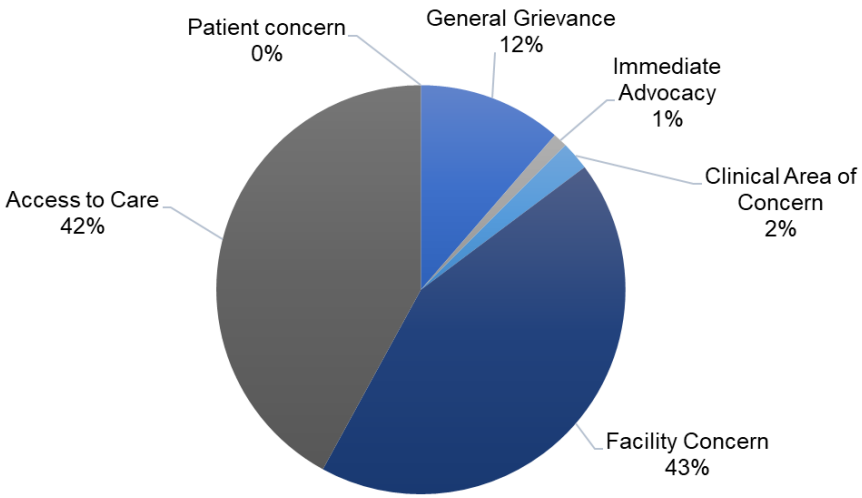
The graphs below display Network 12 grievance percentage by case type for the two time periods of January to May 2021 and June 2021 to April 30, 2022.

Network 12: Percent of Jan-May 2021 Grievances and Non-Grievances by Case Type



Source of data: Patient Contact Utility (PCU) accessed April 2022

Network 12: Percent of Jun 2021-Apr 2022 Grievances and Non-Grievances by Case Type



Source of data: Patient Contact Utility (PCU) accessed May 2022


metrics
product
target
best practice
procedure
industry best
indicator
standard
continuous
strategic
quality
process
management
professional
analysis
experience
education
identify
business
performance
result
cost
advice
proven
technology
status
evaluation
measurement
unit
skill
progress
market
best firm
specific
operational
criterion
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benchmarking
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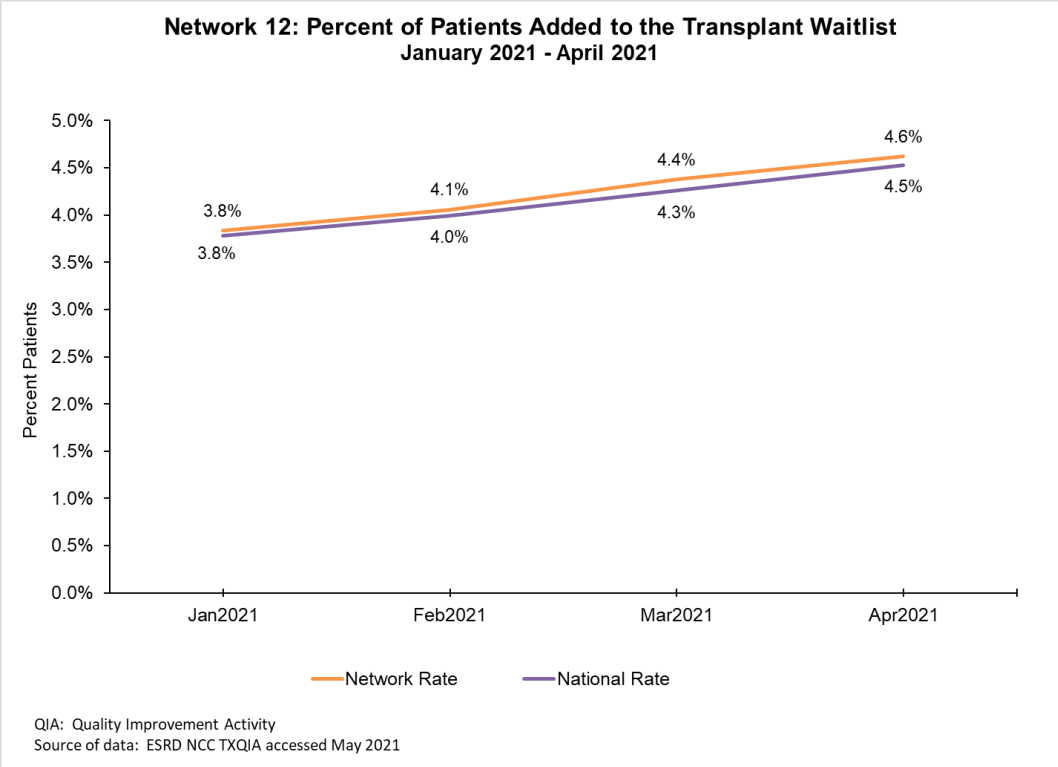
comparison
control
time
information
strategy
industry
success
training
test
functional
team
plan
benchmark
improvement
reference
expert
solution
financial
measure
methodology
compare
knowledge
service
practice
survey

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 ESRD National Coordinating Center (NCC) 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 depicted in the graph below, Network 12 was able to exceed the national rate for goal achievement.



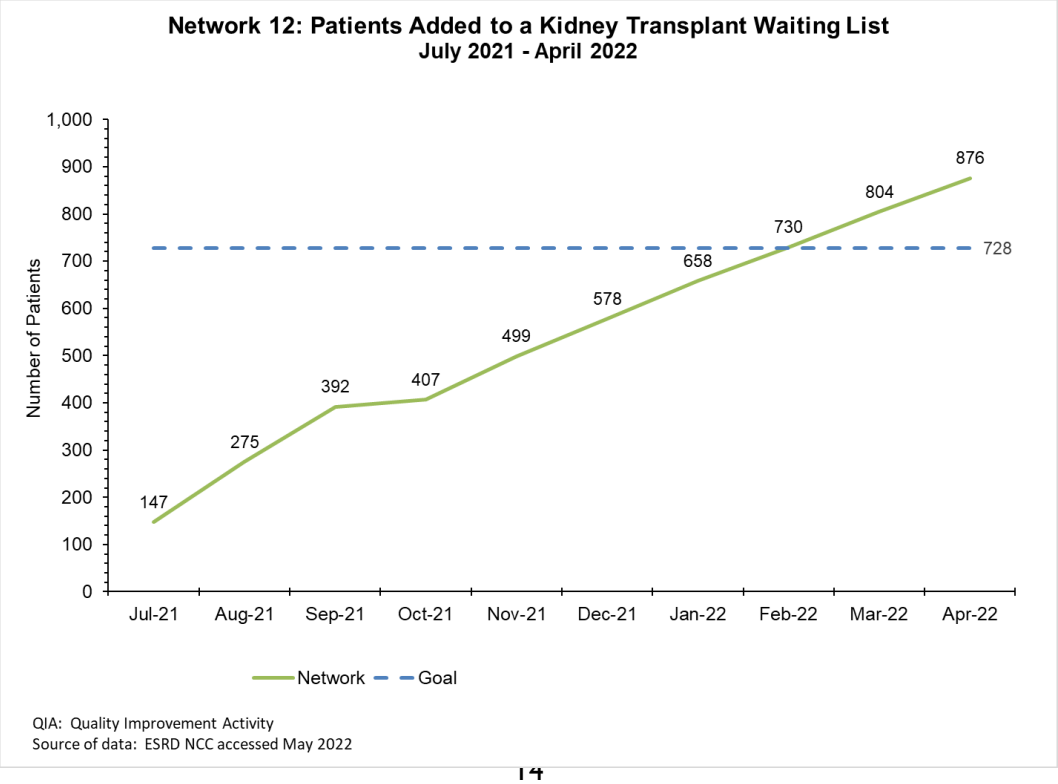
Transplant Waitlist & Transplanted Quality Improvement Activity June-April 2022

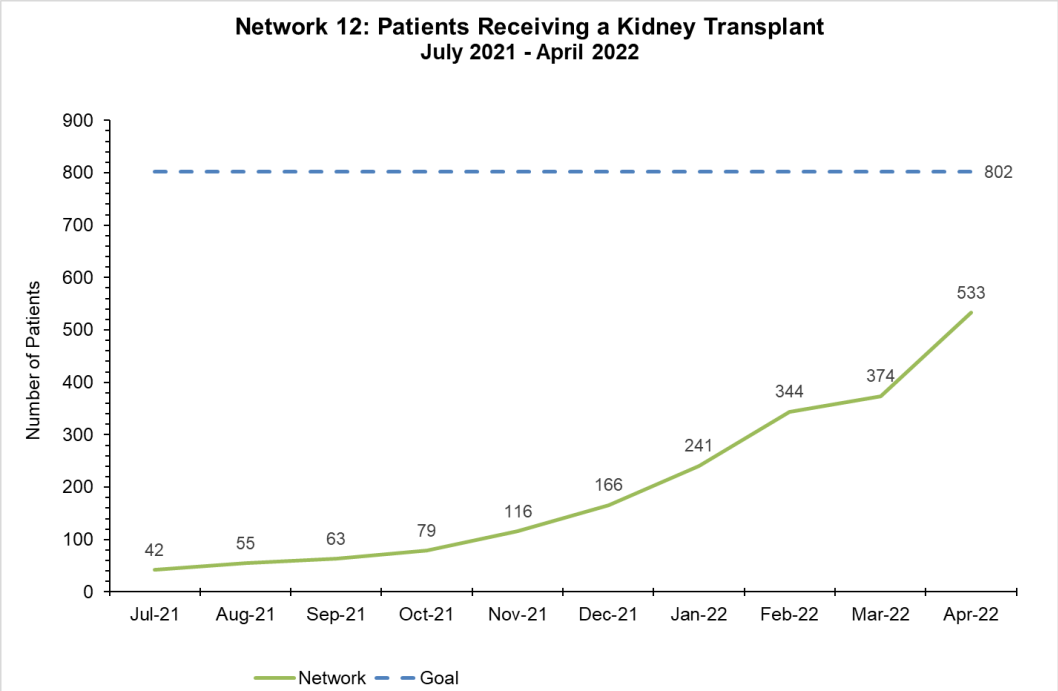
Goal: The CMS goal was to achieve a 2% increase in *both* the number of patients added to a kidney transplant waiting list *and* the number of patients receiving a kidney transplant from the baseline to the end of the base period.

QIA Detail: Network 12 shifted the transplant quality improvement activity work to reflect the start of the new contract in June 2021, beginning with an environmental scan, followed by data review, technical assistance plan development, and the planning of meaningful regional-level interventions with the Network 12 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.

The Network continued to use patient engagement and partnership by reviewing projects and resources with the Patient Advisory Council (PAC) members and PEERS in Action facility patient representatives. With the help of the ideas and suggestions from the PAC members, the Network was able to create several resources with patient input including Myths vs Facts on kidney transplant, Topics of Discussion: Transplant, a few key topics when talking with transplant team, and facility intervention idea for a dialysis facility Transplant Champion.

The graph below demonstrates that Network 12 was able to exceed the transplant metric for July 2021 to April 2022





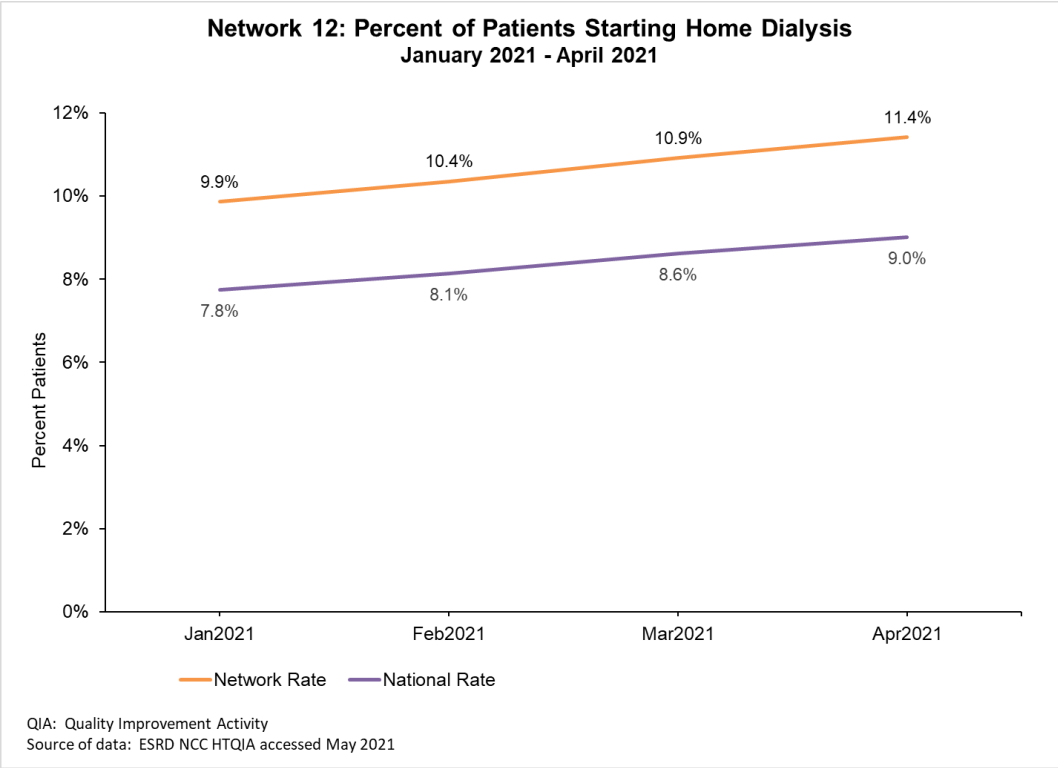
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

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.

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 ESRD National Coordinating Center (NCC) 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.

As depicted in the graph below, Network 12 was able to exceed the national rate for goal achievement.



Home Therapy Quality Improvement Activity June-April 2022

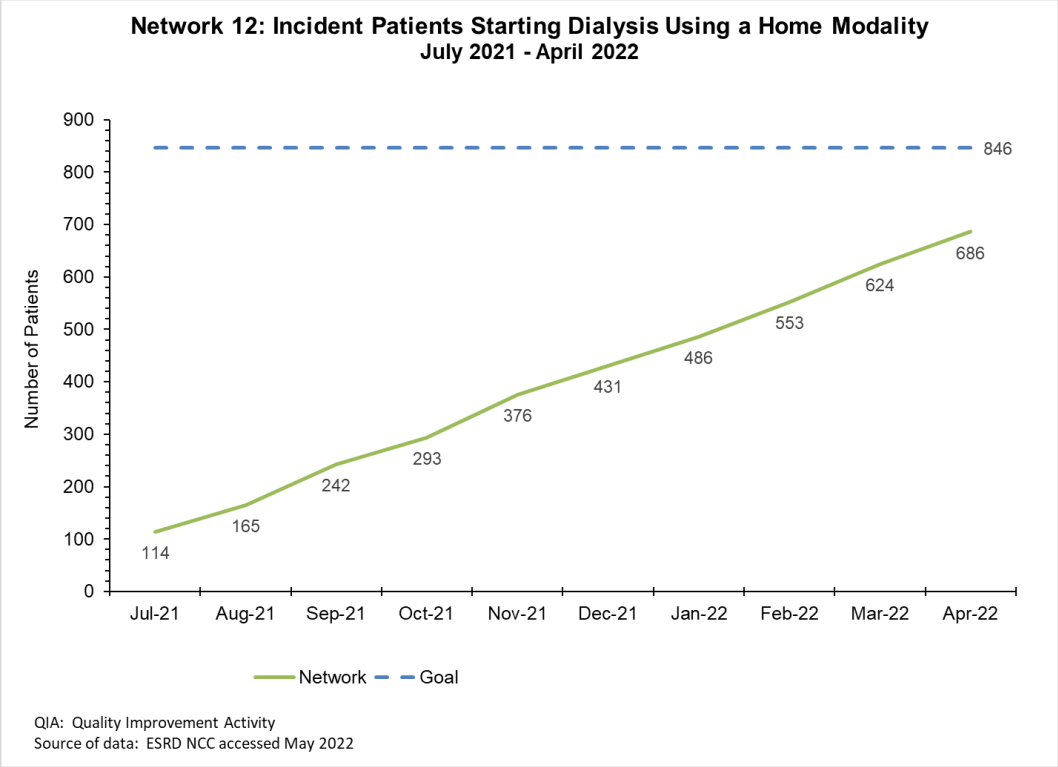
Goal: The CMS goal was to achieve a 10% increase in the number of incident patients starting dialysis using a home modality and achieve a 2% increase in the number of prevalent patients moving to a home modality based on EQRS data from baseline to the end of the base period.

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 12 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.

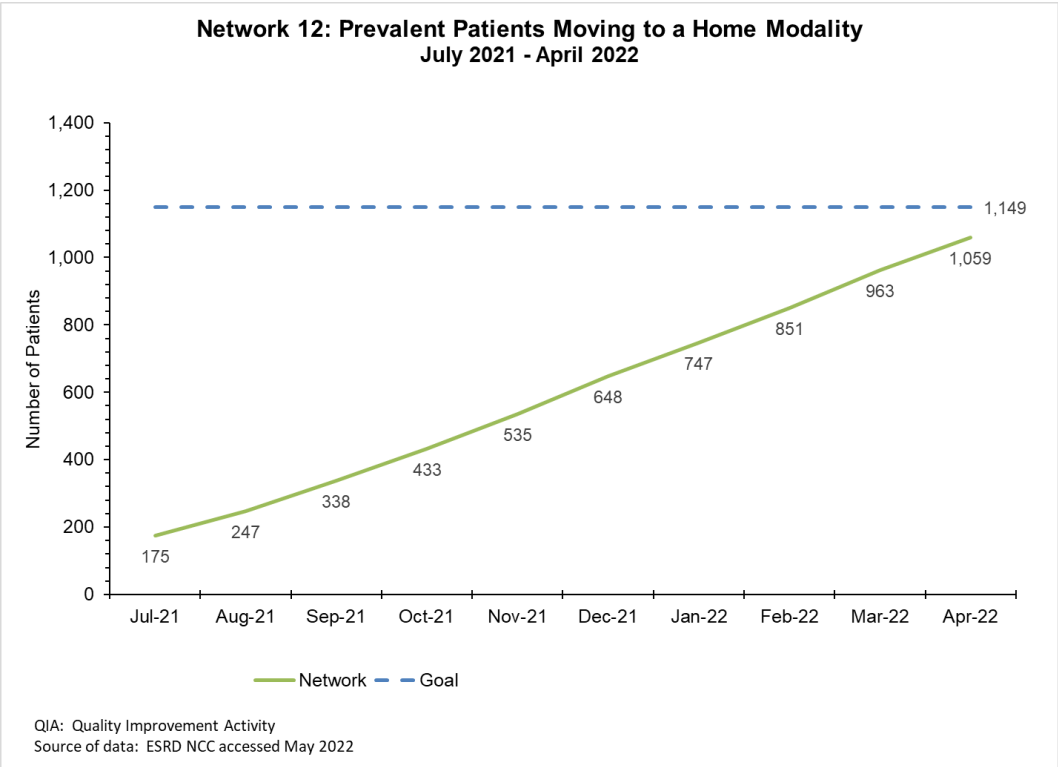
Through working with the coalition, the Network chose a Home First approach to the project, creating a plan with monthly supporting resources for encouraging incident patients to choose a home modality and for helping prevalent patients to think about whether their current modality is the best for their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

The Network continued to use patient engagement and partnership by reviewing projects and resources with the Patient Advisory Council (PAC) members and PEERS in Action facility patient representatives. With the help of the ideas and suggestions from the PAC members, the Network was able to create several resources with patient input including Possibilities of Home Dialysis, Match D Tool, and Ten Benefits of Home Dialysis.

As the graphs on the following page depicts, Network 12 fell short of the goal for both incident patients choosing a home modality and prevalent patients moving to a home modality. The Network was able to achieve 686 patients of the 846 goal for incident patients choosing a home modality, and able to achieve 1059 or the 1149 goal for prevalent patients moving to a home modality.



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

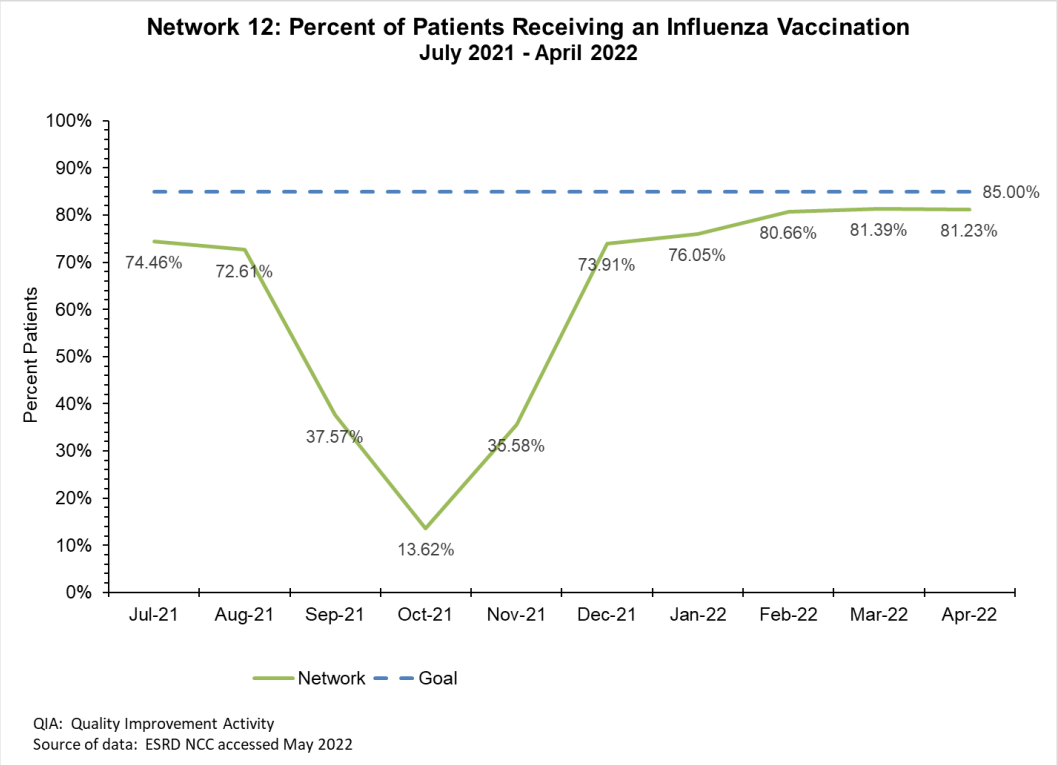


QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

Influenza June-April 2022

Goal: Achieve 85% of dialysis patients receiving an influenza vaccination based on EQRS data by the end of the base period.

The Network developed an Influenza Campaign to encourage both patients and dialysis staff to receive the vaccination. Monthly newsletters including resources about the importance of the influenza vaccine amid 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. The Network partnered with both large dialysis organizations and small dialysis organizations to monitor, track and spread education on the uptake of vaccinations within dialysis facilities. Additionally, ongoing technical assistance was provided for facilities to ensure proper entry of vaccination in the appropriate systems. 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 as demonstrated with the graph below.



COVID-19 Vaccinations Patients and Staff June-April 2022

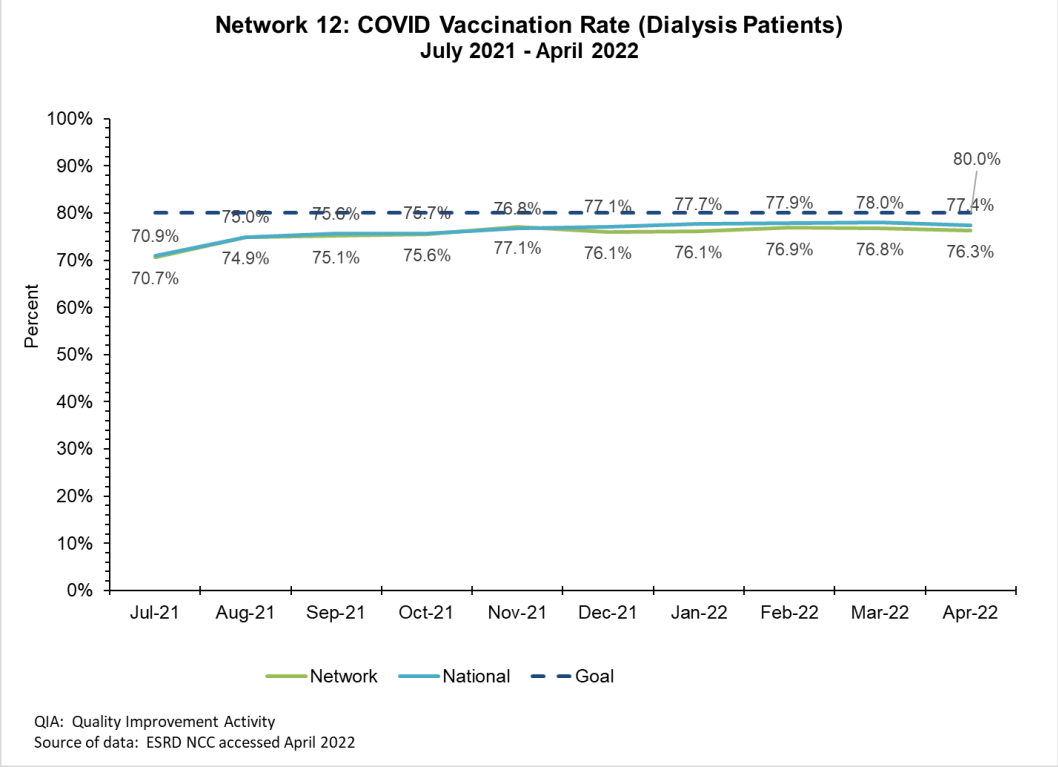
Goal: Achieve 80% of COVID-19 vaccination rate for dialysis patients and achieve 100% COVID-19 vaccination rate for dialysis staff for base period of June – April 2022.

The Network was able implement and spread a host of educational interventions toward this goal including but not limited to, monthly broad education to the Network including both patient and staff educational resources, flyers, education videos, and available webinars. The Network continued to disseminate regular updates on COVID-19 via email communication to facility leadership.

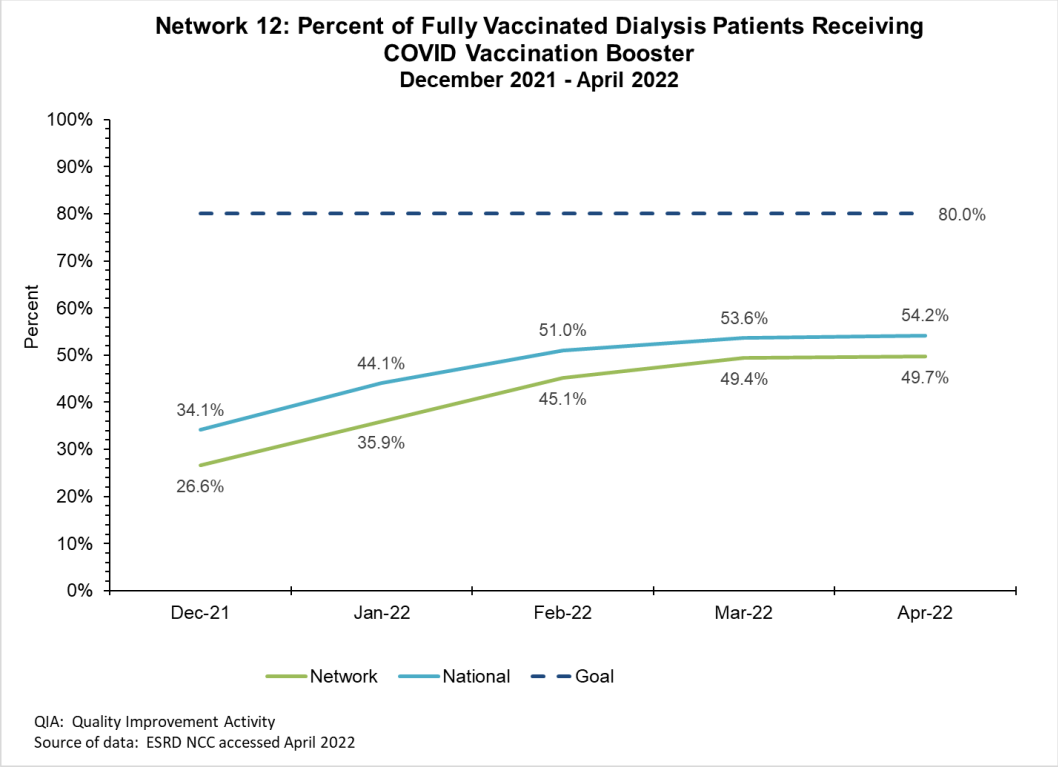
Additionally, the Network held ad hoc meetings with local hospitals and medical review board members for up-to-date information on real time issues related to COVID, including infection rates, vaccination uptake, and staffing and supply shortages as the immediate impact it had on vaccination rates and accurate reporting.

Network staff utilized COVID-19 vaccination data to determine facilities that were underperforming. The Network looked for data discrepancies for facilities with low vaccination rates and offered technical assistance for correcting vaccination data in NHSN. Facilities with barriers to vaccination in staff and/or patients were contacted and given process improvement ideas gleaned from the Community Coalition, high performing facilities, CMS, the ESRD NCC, and other stakeholders working toward solutions for vaccine hesitancy. The Network partnered with state agencies and regional leadership to spread vaccination education and accurate data reporting guidelines.

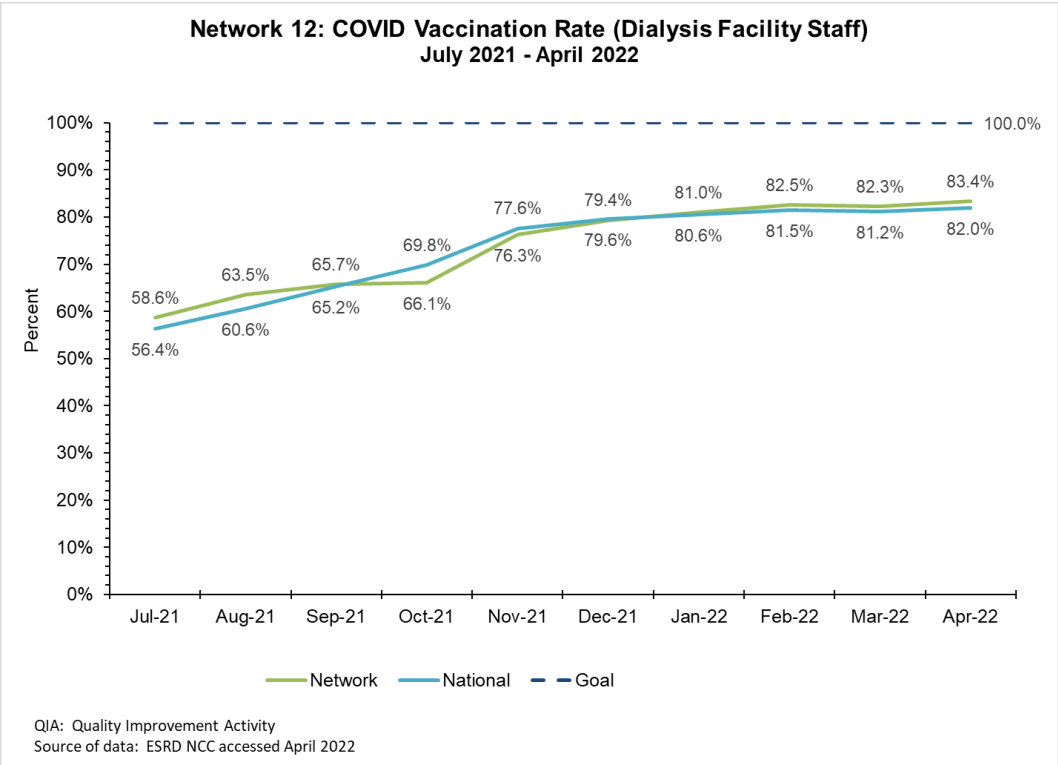
The graphs below depict the progress of Network 12 to reach COVID-19 Vaccination and Booster.



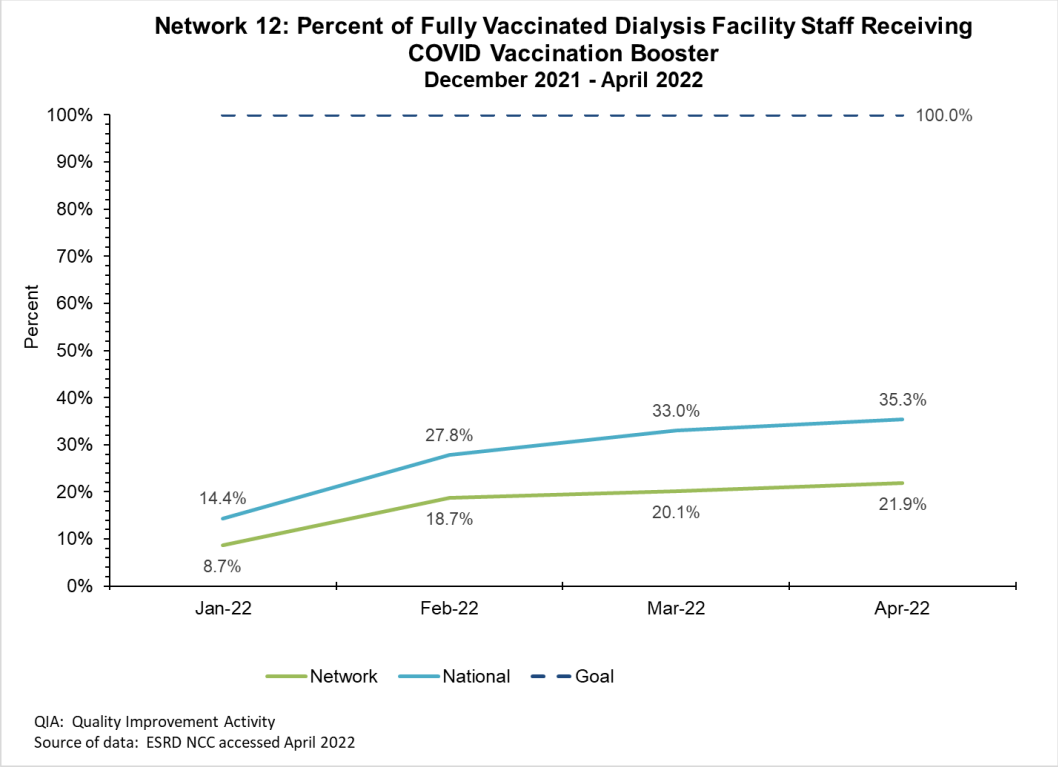
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2022



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



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



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

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

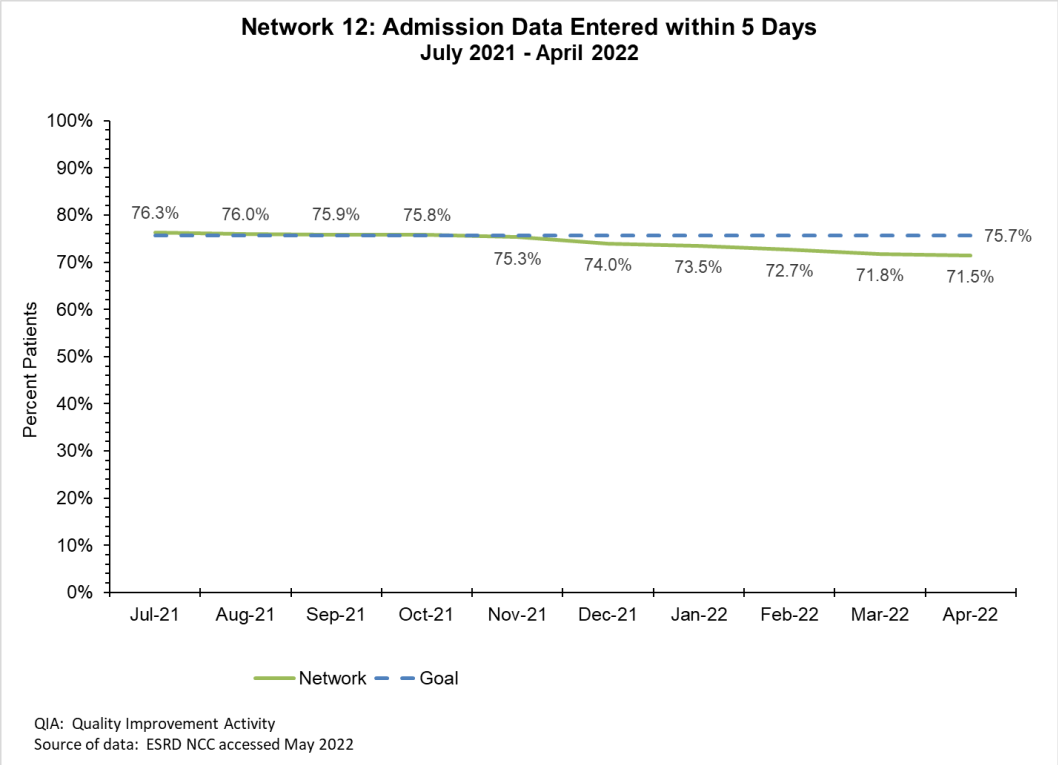
ESRD Network goals for data quality in the base period include the following:

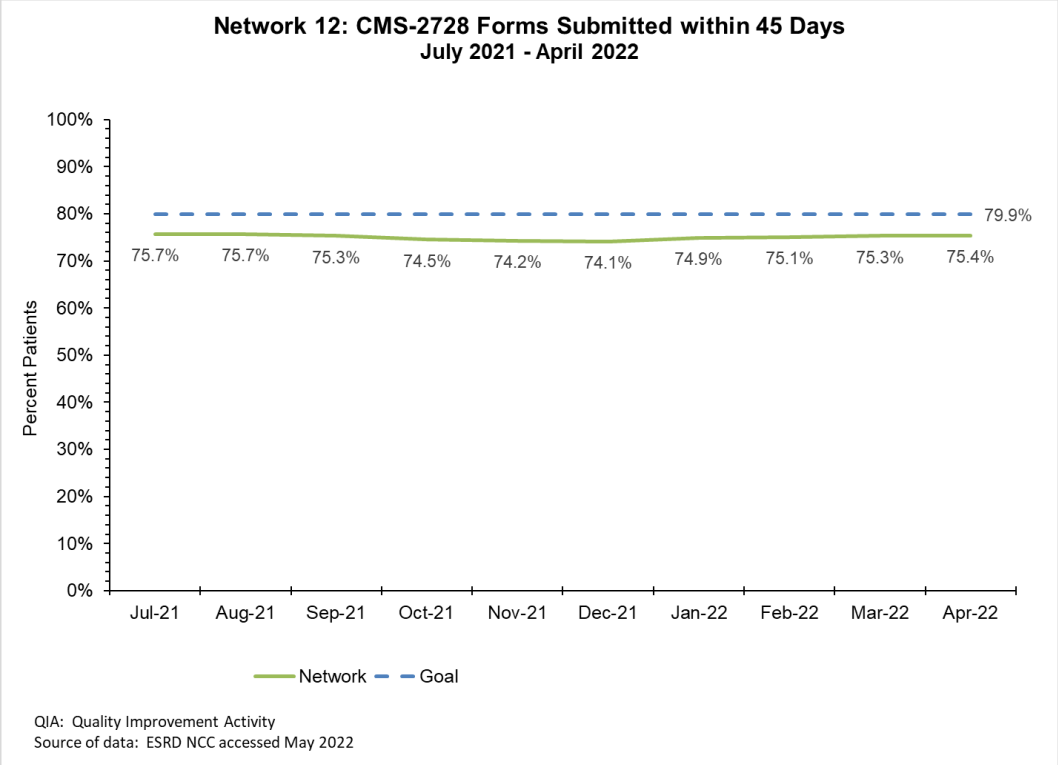
- Achieve a 2% increase in the rate of patient admission records from dialysis facilities entered within 5 business days from the baseline to the end of the base period
- Achieve a 2% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days for a 4% total increase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

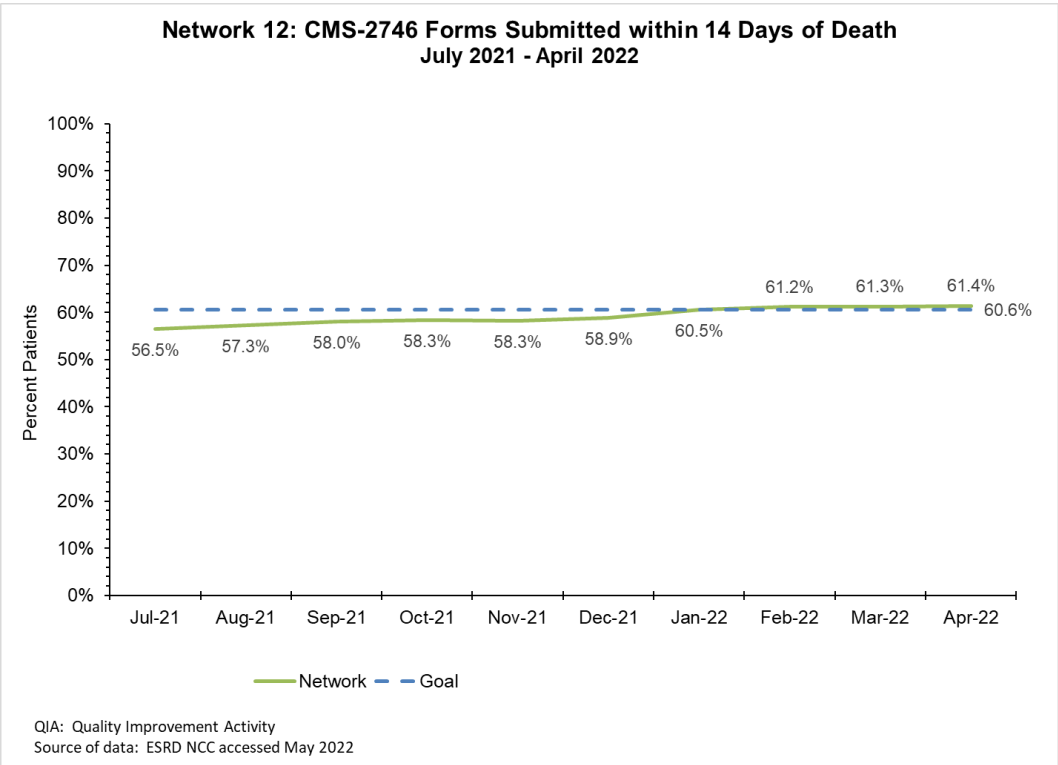
The Network participated with CMS in calls and workgroups to discuss maintenance of the registry and barriers, challenges, and solutions to the data quality metrics. The Network audited 20% of the dialysis facilities in the network service area including patient medical records to ensure the accuracy 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.

The graphs below display the available data toward these efforts at the end of the base period.





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



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

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 emergency department. 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.

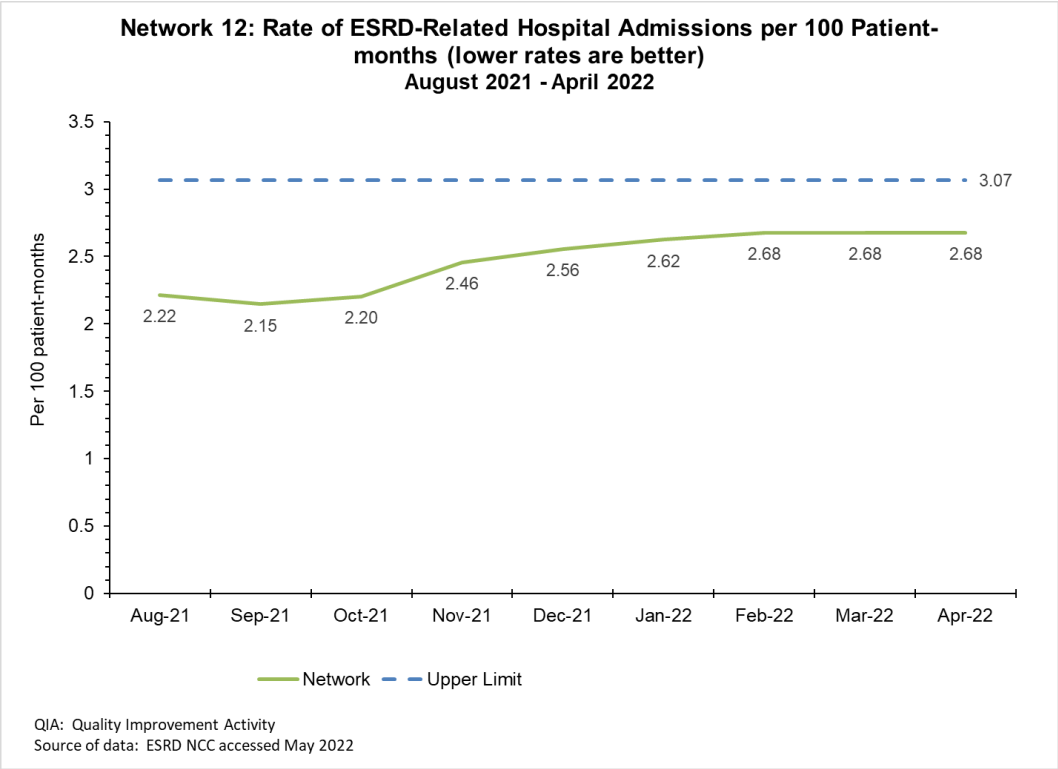
PDSA cycles were performed with interventions developed by the coalition and feedback was collected via individual clinic responses via web form or phone calls, through technical assistance, via routine regional leadership meetings, and from coalition members who were using the interventions in their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

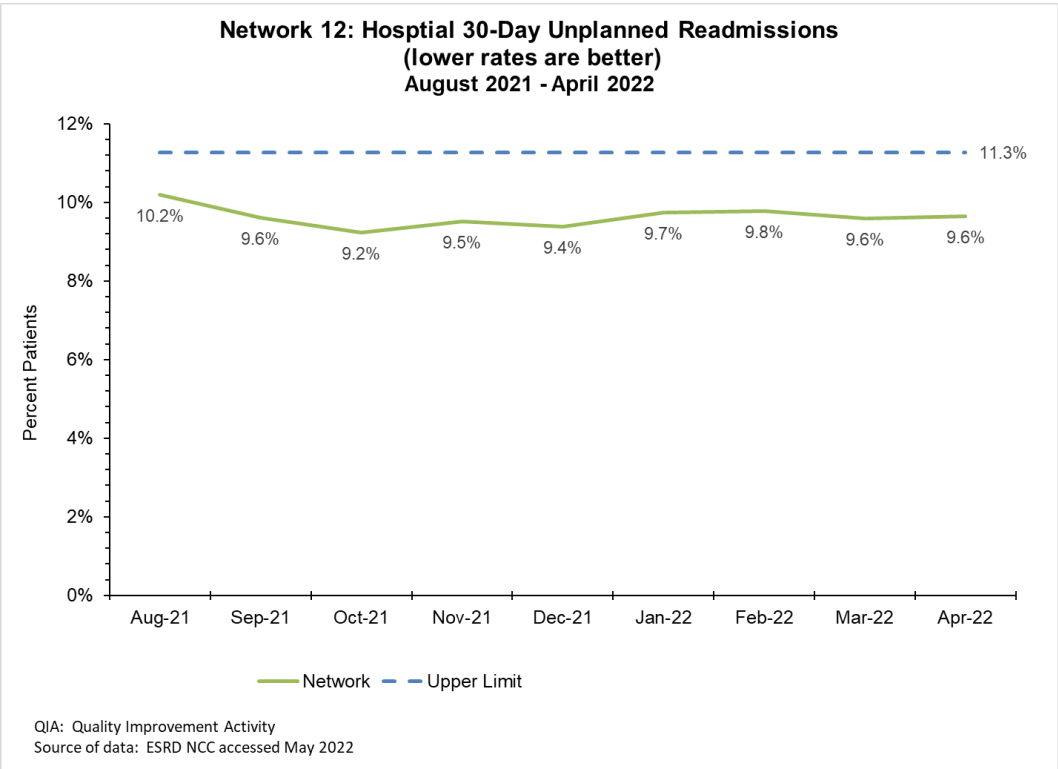
To maintain the spread of effective practices, the Network continued to share hospitalization interventions and resources created in conjunction with the community coalition via our quarterly QI Connect e-Newsletter.

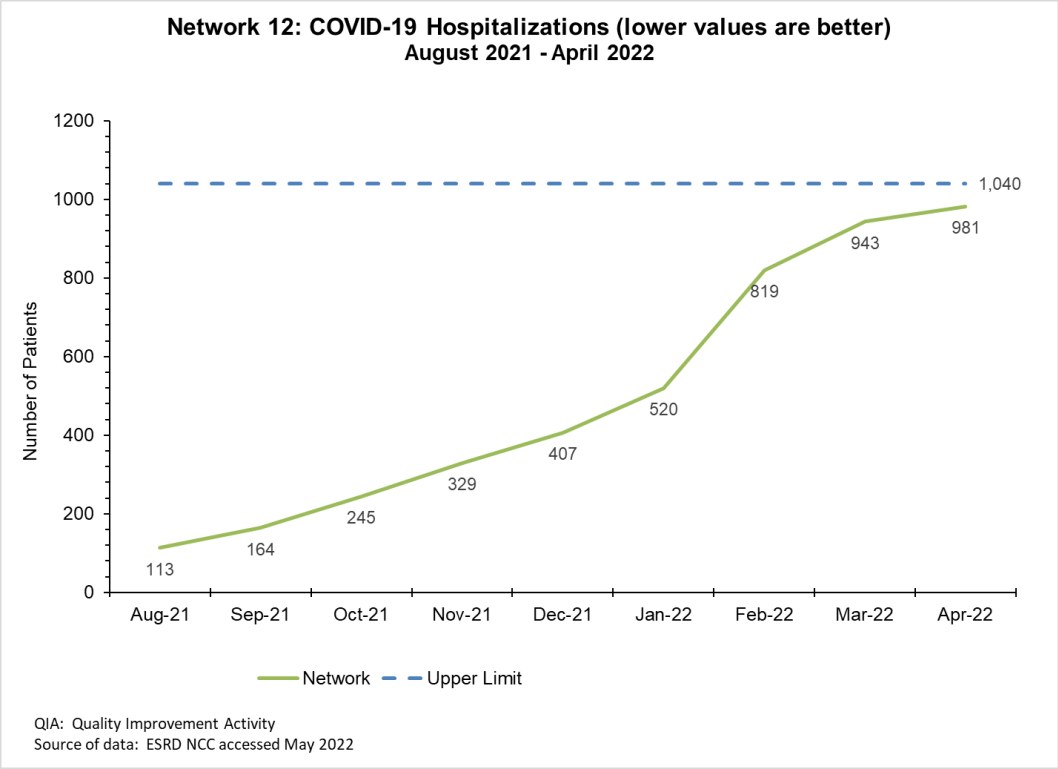
COVID Hospitalization was a major concern during this period and the Network facilitated interventions using real-time feedback from nephrologists and hospitalists in the region, updates from state health departments, state survey agencies, local emergency management groups, and Kidney Community Emergency Response (KCER). 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.

The graphs below depict Network 12 progress towards hospitalization goals.







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

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 Network identified areas of focus to begin QIA work including:

- 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 urgency by the Behavioral Health Community Coalition. 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.

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 website.

Nursing Home June-April 2022

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

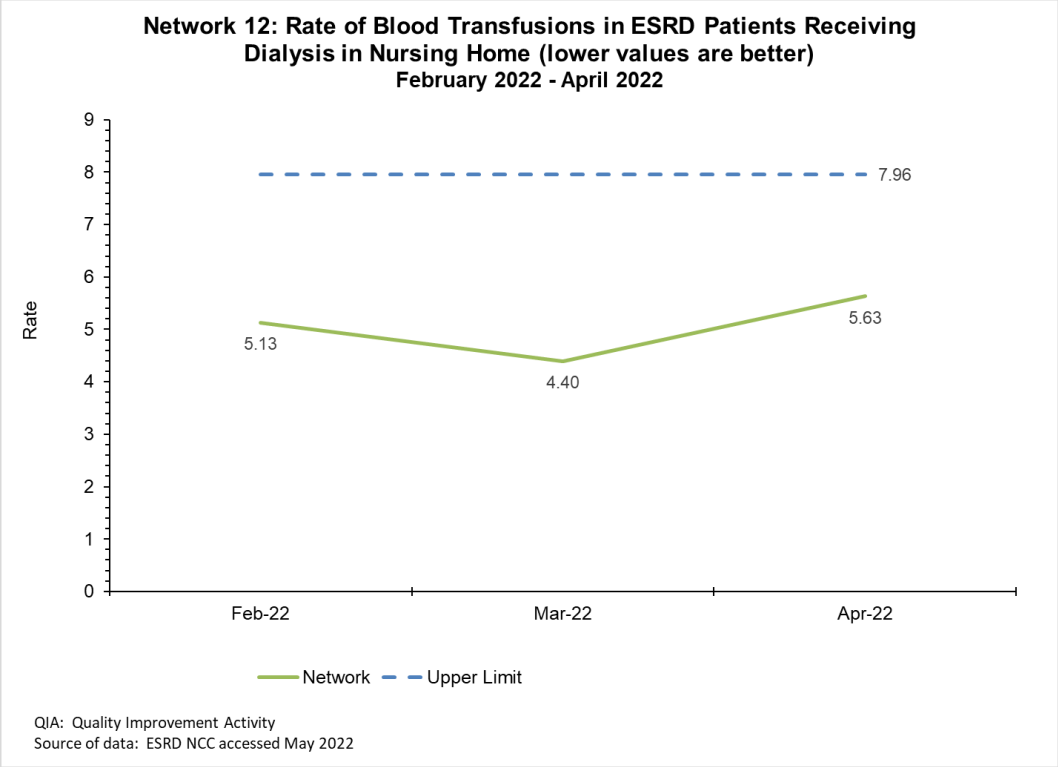
Goals for this metric included a 4% decrease over baseline in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in a nursing home, a 2% decrease in the incidence of peritonitis in dialysis patients receiving home dialysis in a nursing home, and a 2% decrease in the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

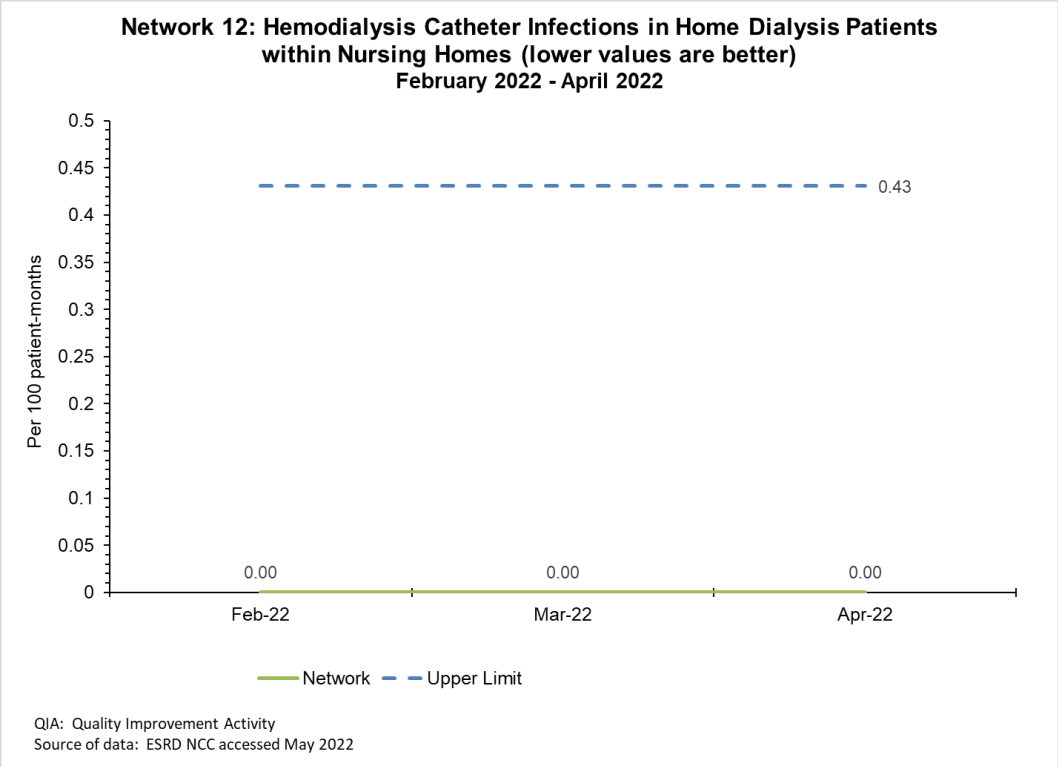
Technical assistance was provided using a Network-developed *TA Checklist,* assessing needs related to access infections, both central venous catheter and peritoneal catheter, anemia management, as well as patient shared decision making, and behavioral health. Quarterly, the Network shared a QI Connect 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.

The Network collaborated with Telligen Quality Improvement Organization 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 Network website.

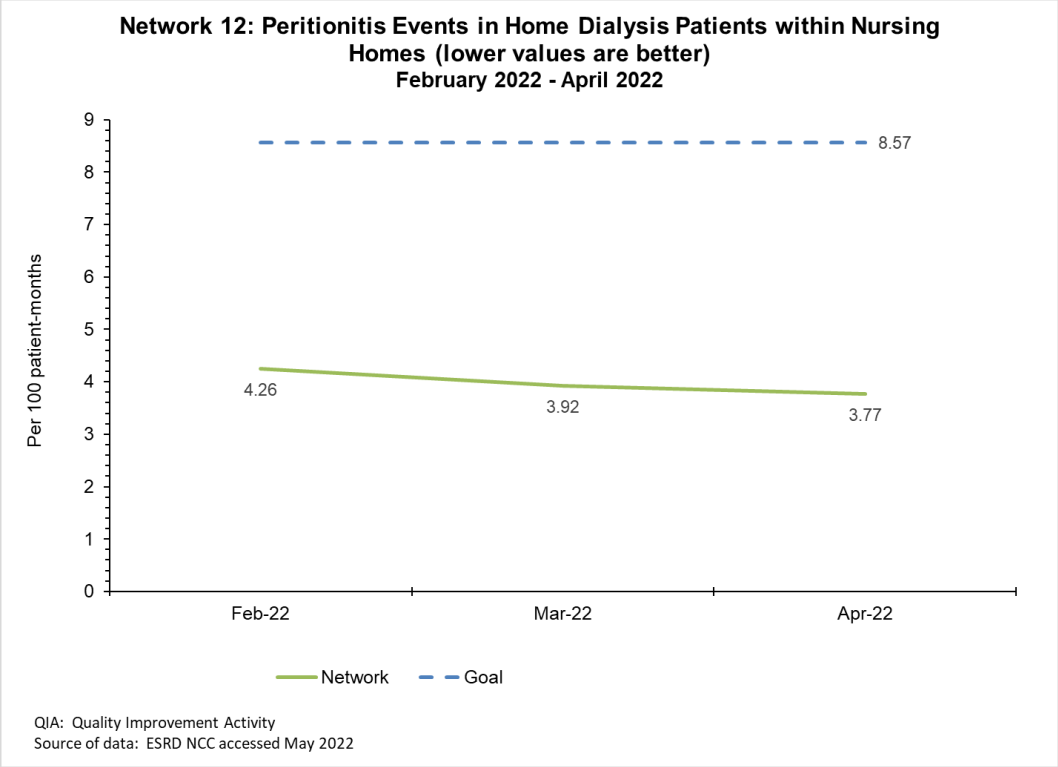
The graphs below depict Network progression toward goal achievement.



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



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



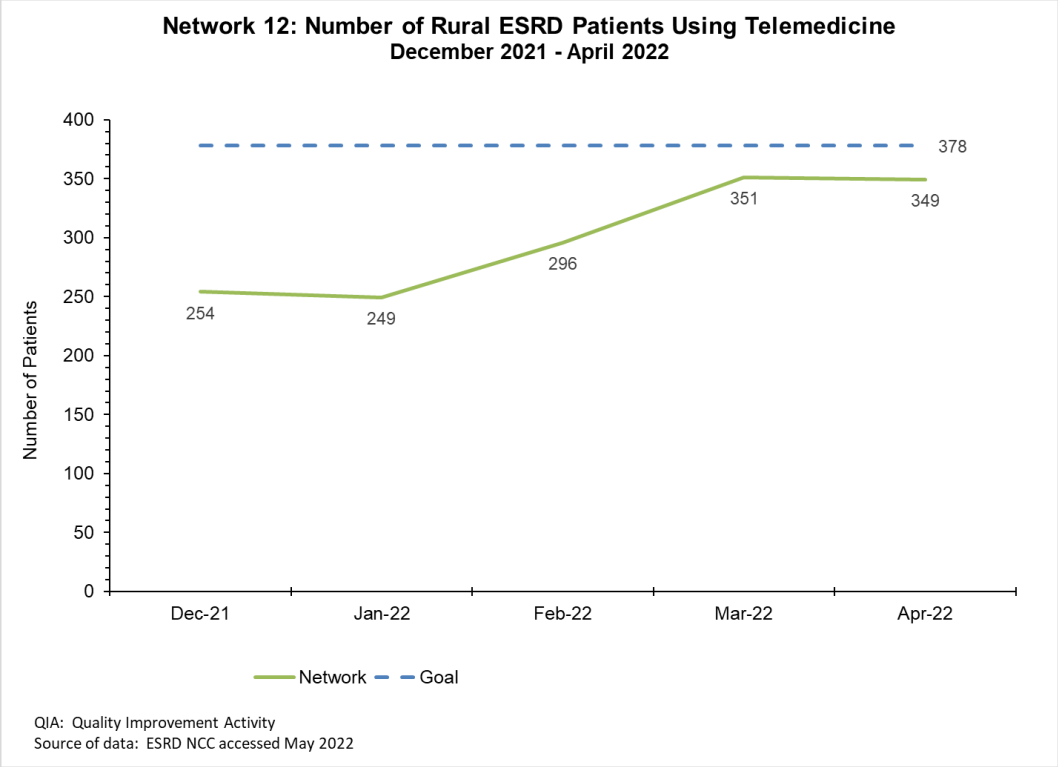
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2022

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.

The graph below shows the latest available data in support of this effort for Network 12.



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

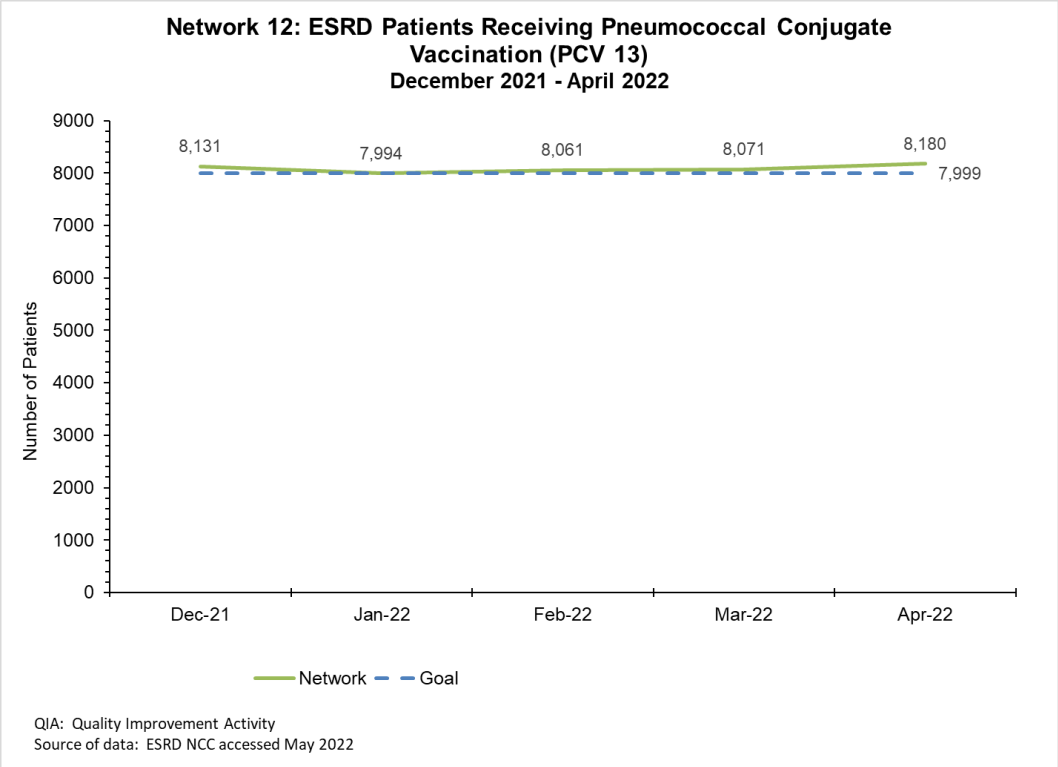
Due to contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

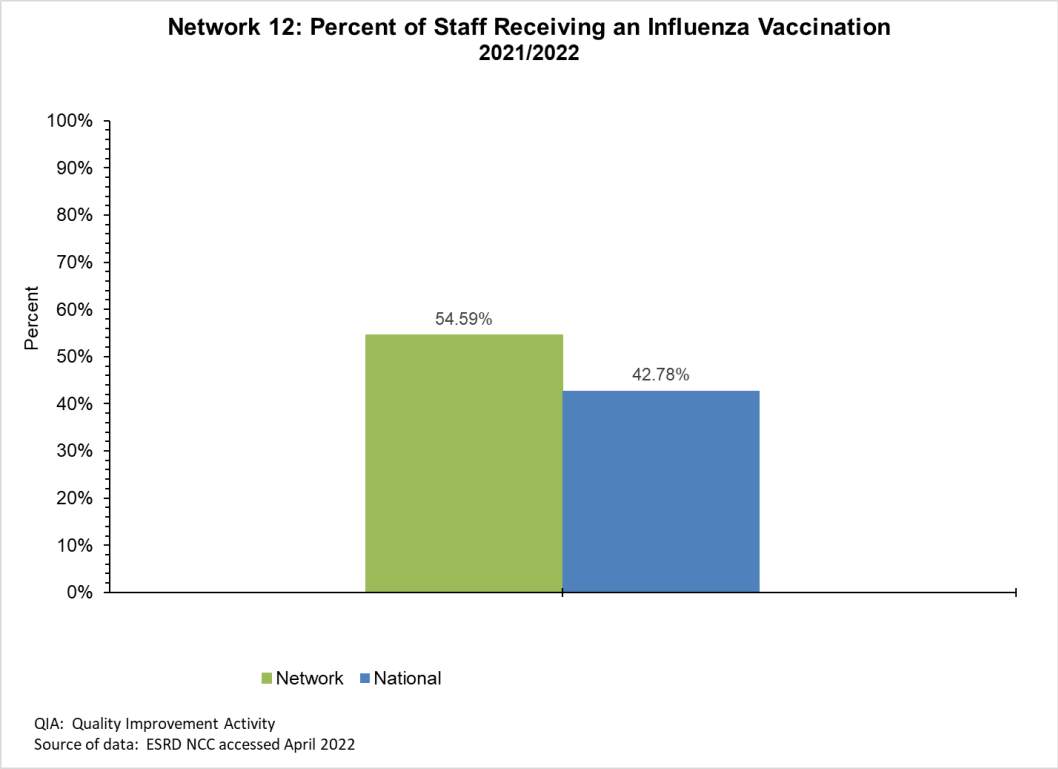
ESRD Networks were tasked with increasing by 10% the number of dialysis patients receiving a pneumococcal conjugate vaccination (PCV 13) based on EQRS data over the base period.

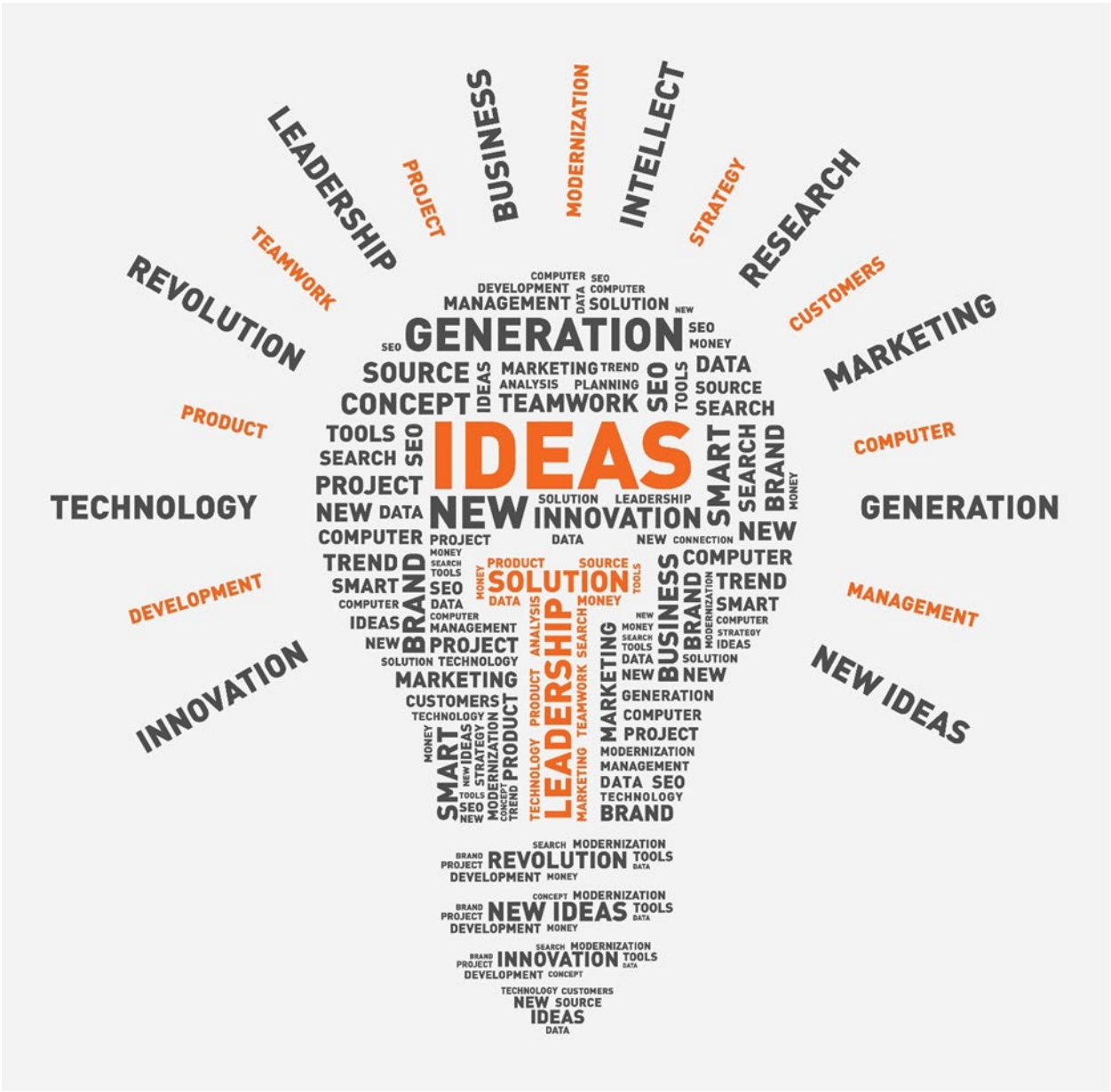
In addition to the PCV 13, Networks were expected to ensure dialysis patients receive the full series of PPSV 23 as age appropriate, with an 87% increase in the base period (less 0.25% for each month that the PPSV 23 tracking feature in EQRS was unavailable). The Network was not evaluated on this metric 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 12 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.




Network 12: Percent of Staff Receiving an Influenza Vaccination
2021/2022
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Percent
54.59%
42.78%
Network
National
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed April 2022


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
SEO
DATA
SEARCH
NEW
SOLUTION
LEADERSHIP
INNOVATION
BRAND
SMART
PROJECT
BUSINESS
MARKETING
REVOLUTION
NEW IDEAS
INNOVATION

ESRD NETWORK 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

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 this time frame.


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 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 sends out regular emails to all facilities with pertinent information, webinars and guidance from credible sources, and continued the weekly emails until present.

The Network utilizes the National Healthcare Safety Network (NHSN) COVID-19 Vaccination modules. That data is pulled down by the Networks and sent directly to the Network Coordinating Center (NCC) for tracking and reporting purposes. The Networks works with facilities that might benefit from technical assistance and support on vaccination hesitancy and data reporting accuracy from the data in NHSN. 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.

A 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. 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.

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 PEERS In Action 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.

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 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.

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. 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

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
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-acronyms/