ESRD NETWORK 2022 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 12 Task Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.

ESRD Network 12

Qsource ESRD Network 12
2022 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

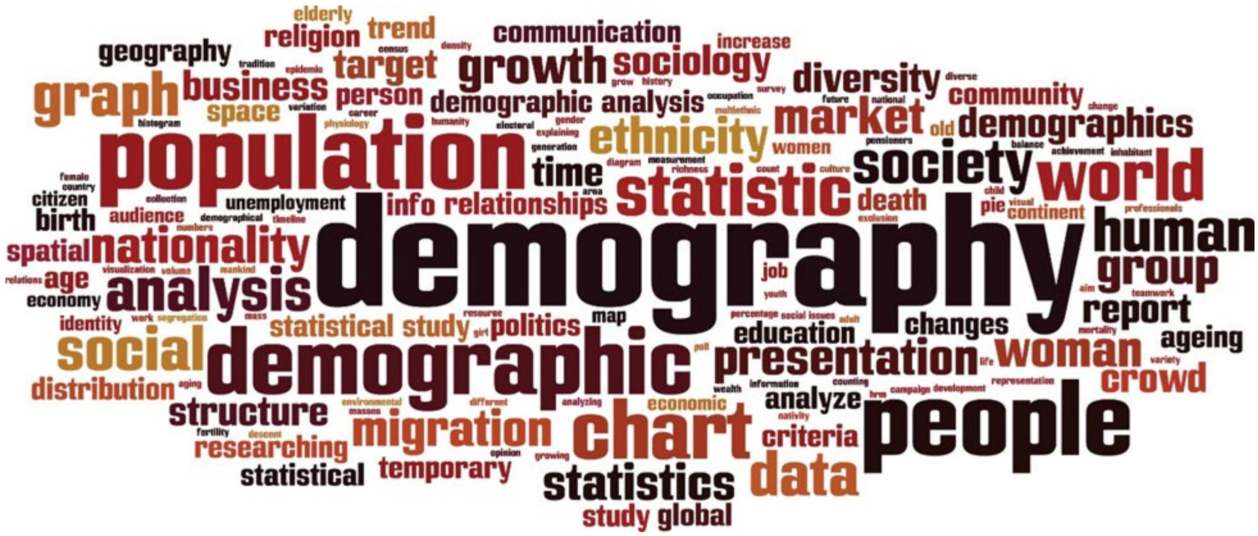
Written Materials Disclaimer

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

Contents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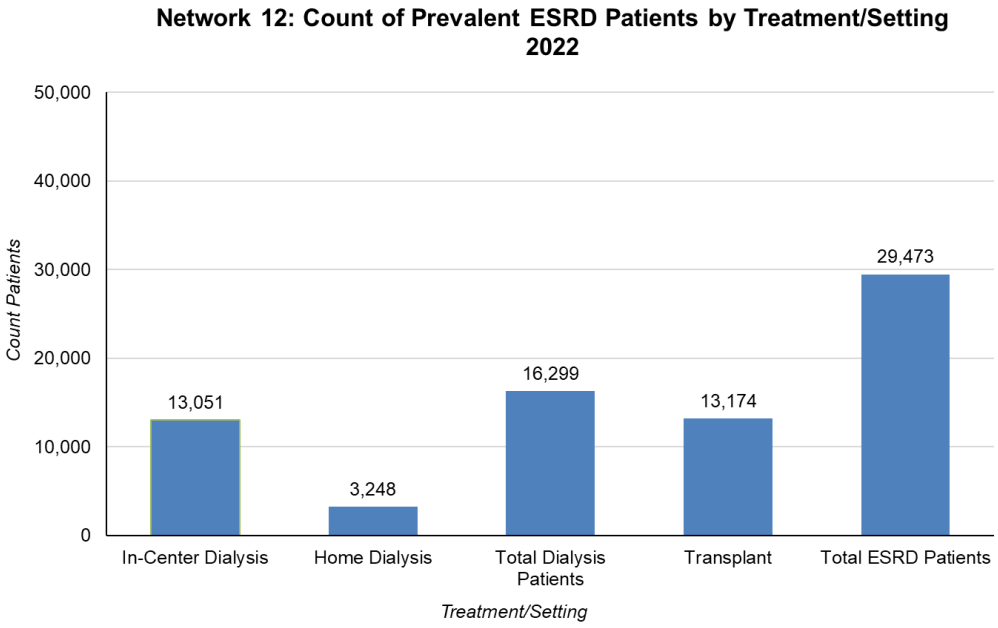
ESRD Demographic Data

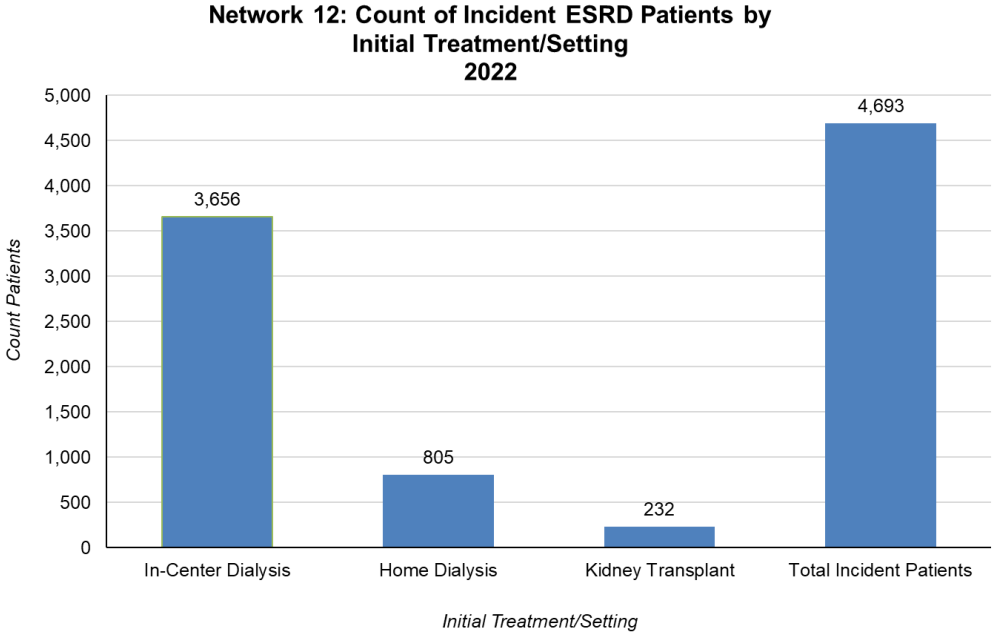
Qsource is an independent, not-for-profit corporation that holds the Centers for Medicare & Medicaid Services (CMS) contracts for End Stage Renal Disease (ESRD) Networks 10 and 12. Qsource maintains offices in Kansas City, Missouri, for the administration of ESRD Network 12, and Indianapolis, Indiana, 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.

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.

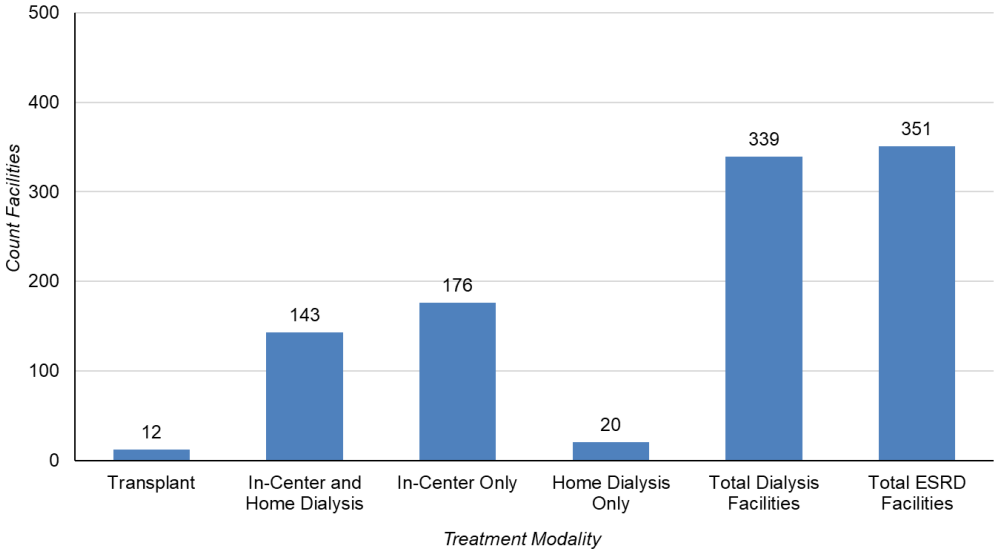
The graphs found on the following pages provide a comparison of the number of ESRD patients (prevalence and incidence) by renal replacement therapy in the Network 12 region, the number of dialysis facilities and transplant centers in the Network 12 region, the rates of patients (prevalence and incidence)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



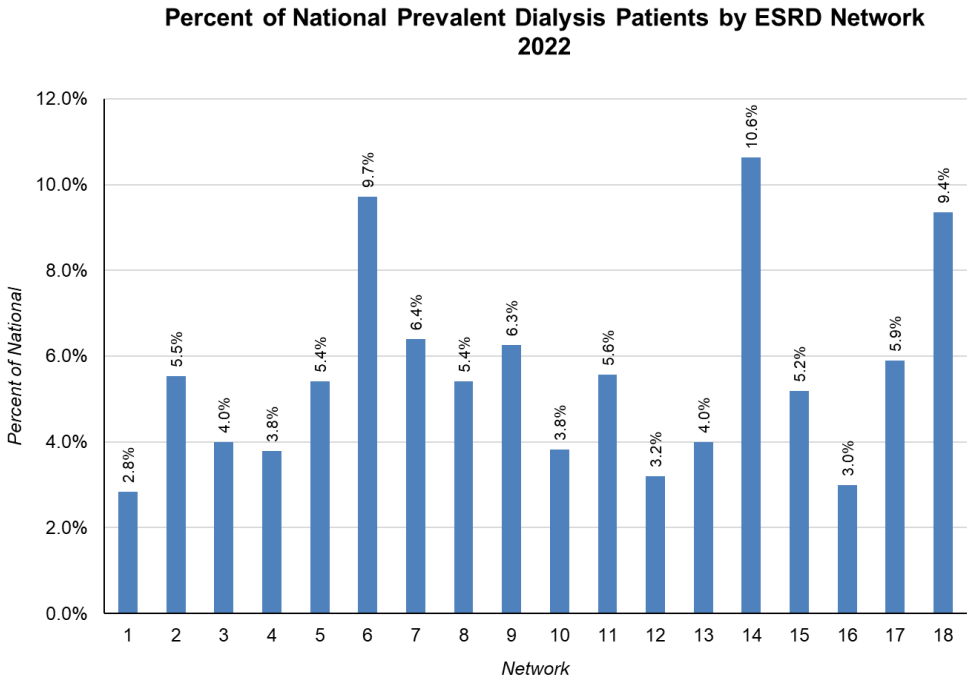
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2023



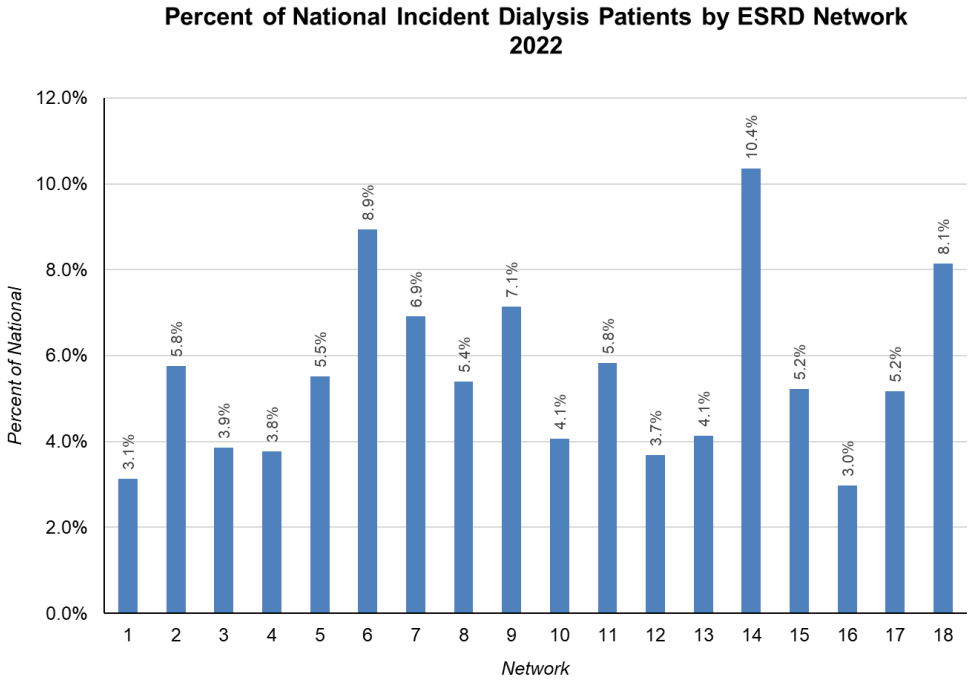
Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2023



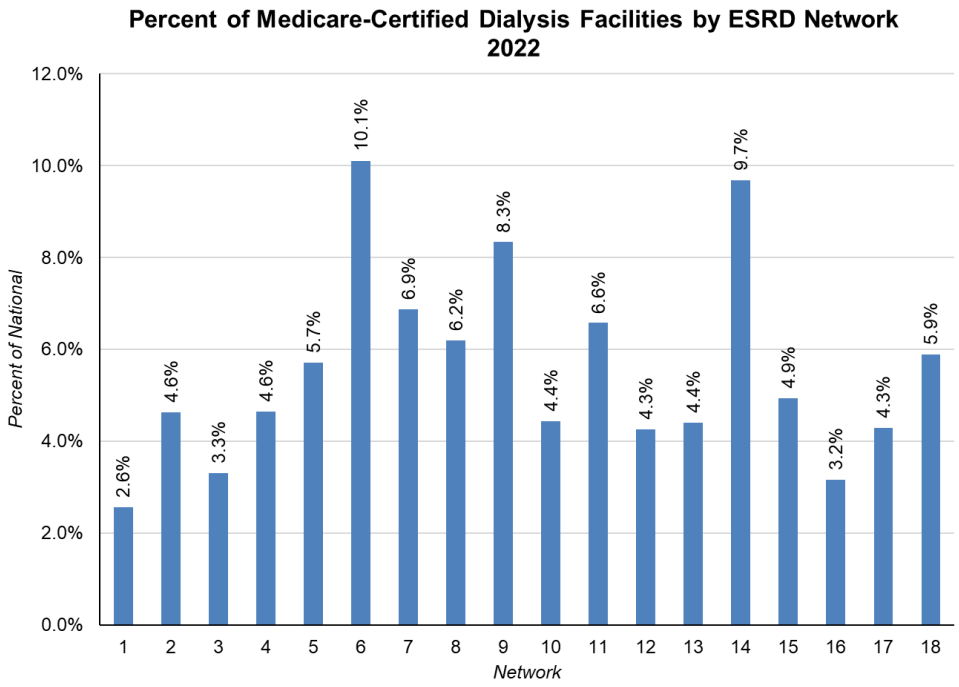
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: EQRS May 2023



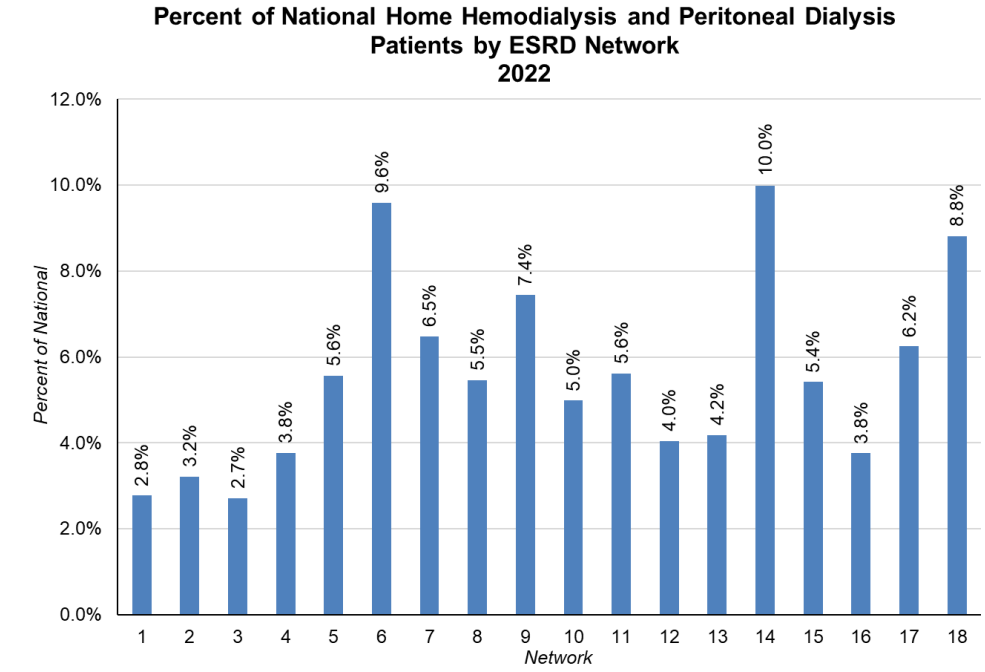
National total dialysis patients: 430,015
Source of data: EQRS May 2023



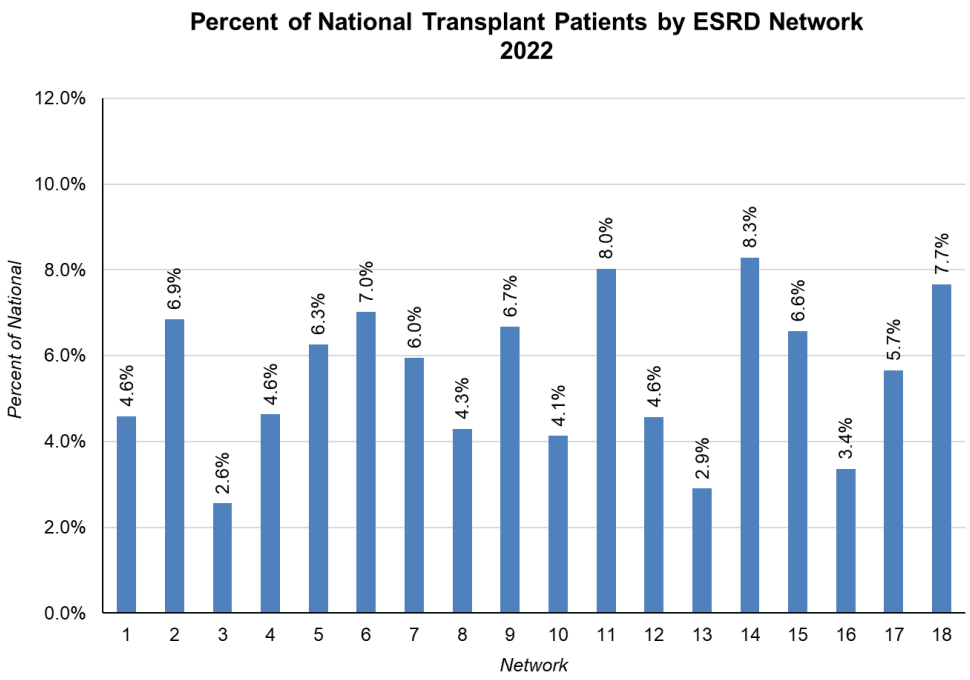
National total incident patients: 127,256
Source of data: EQRS May 2023



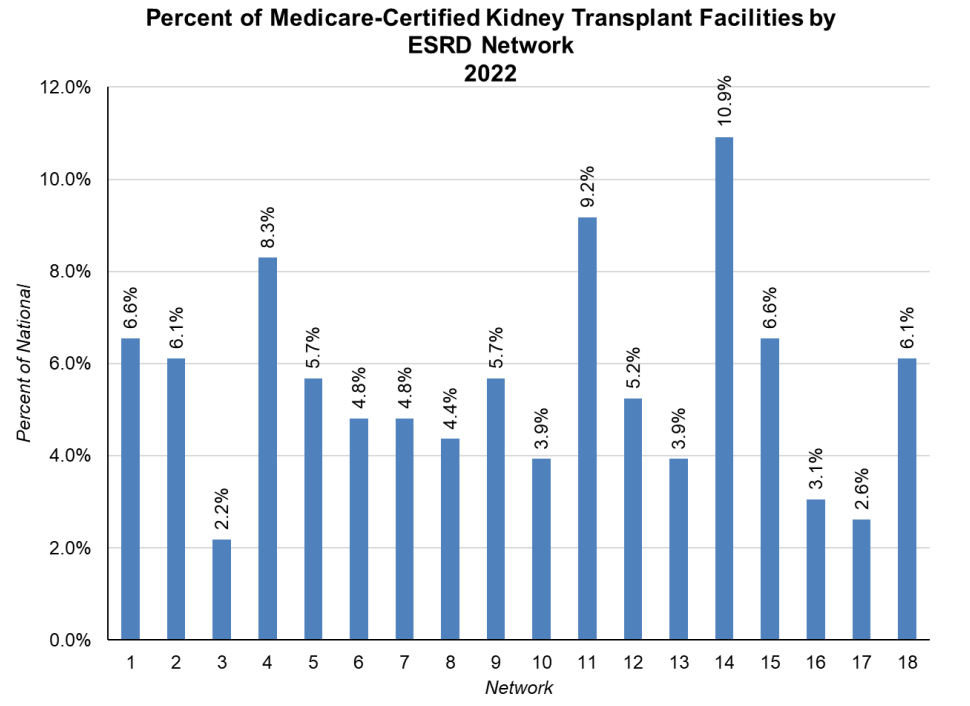
National total ESRD Medicare-certified dialysis facilities: 7,967
Source of data: EQRS May 2023



National total home hemodialysis and peritoneal dialysis patients: 80,460
Source of data: EQRS May 2023



National total transplant patients: 288,023
Source of data: EQRS May 2023



National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: EQRS May 2023


compromise
negotiate
negotiation
settlement
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understanding
communication
business
compromised
compromising
mutual
agree
concessions
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adjustment
debate
truce
discussion
discuss
give
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settle
resolve
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beneficial
risk

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 2022 to April 2023.

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.

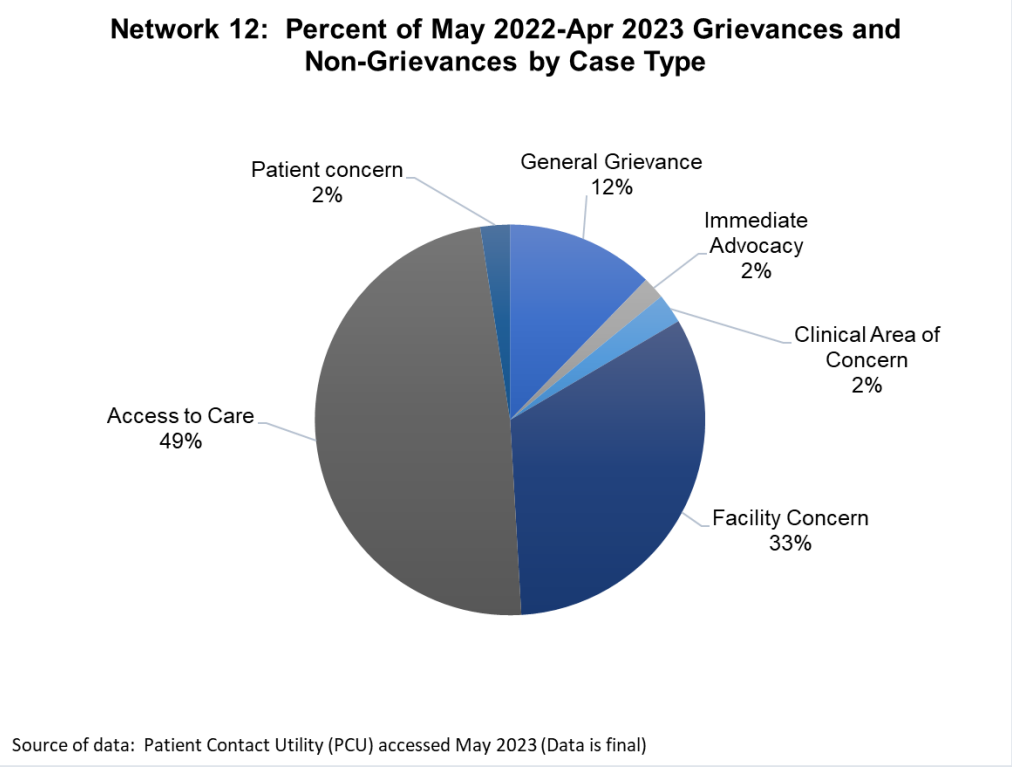
General Grievance: These are cases of a more complex nature that do not involve clinical quality of care issues, and that need more than seven calendar days for resolution. General grievances often involve communications problems between staff and patients, disagreements over treatment times/assignments, 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.

Source of data: EQRS Patient Contact Utility (PCU)

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product
best practice
target
procedure
industry best
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standard
continuous
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evaluation
measurement
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skill
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best firm
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criterion
development
comparing
benchmarking
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industry
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information
strategy
success
training
test
functional
team
benchmark
improvement
plan
reference
expert
solution
financial
measure
methodology
compare
knowledge
service
survey
practice

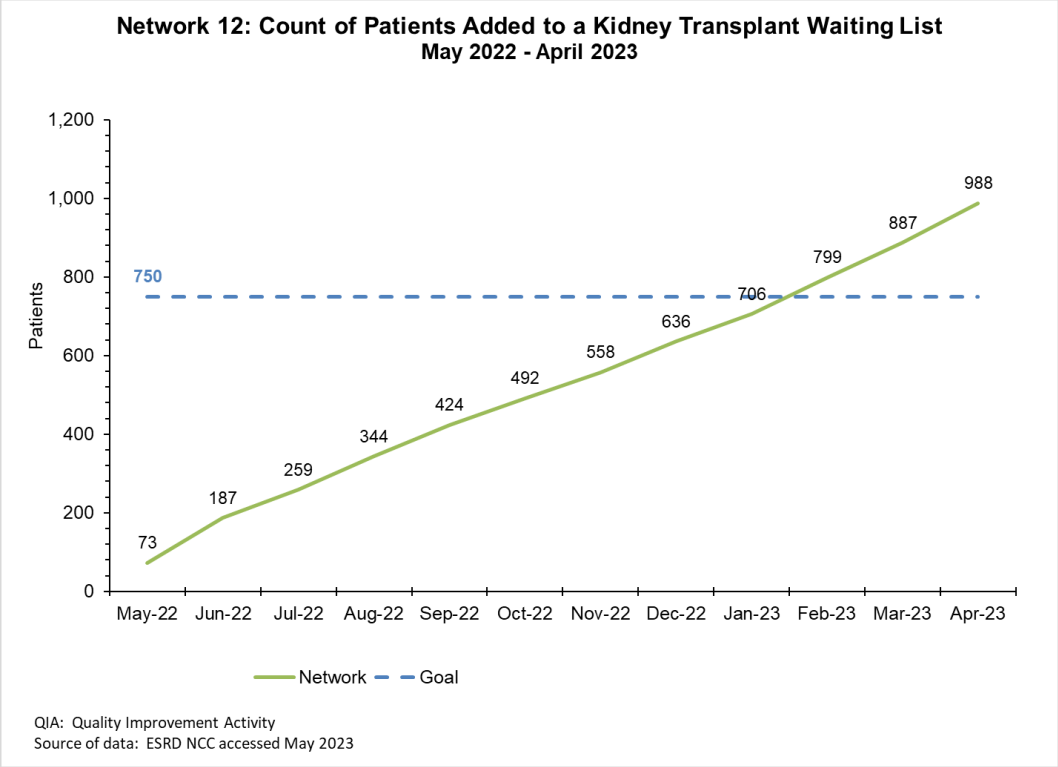
Transplant Waitlist & Transplanted May 2022-April 2023

The CMS goal was to achieve a total of 5% increase in the number of patients added to a kidney transplant waiting list and a total of 6% increase in the number of patients receiving a kidney transplant from the baseline to the end of the option period.

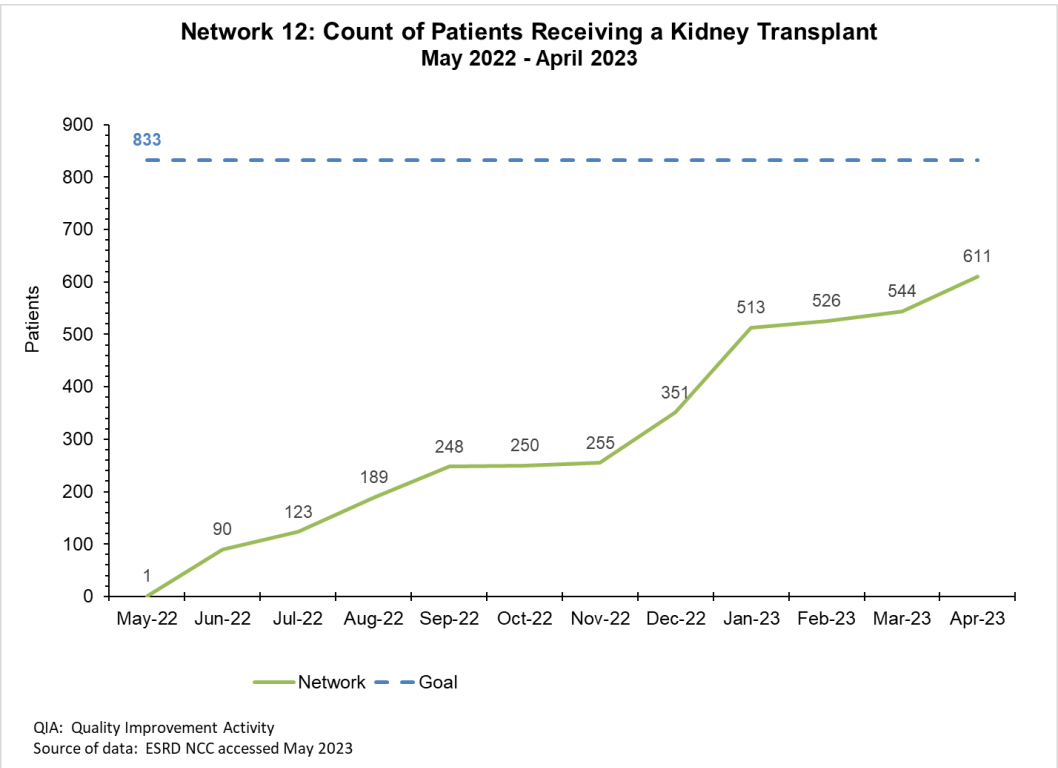
From May 2022 to April 2023 Network 12 implemented quality improvement activities for both transplant metrics. To begin, facilities were instructed to complete an environmental scan to assess current facility processes and to identify opportunities for improvement at the facility level. Monthly, Qsource ESRD Network 12 engaged facility participation through the sharing of a variety of interventions, resources, patient engagement activities, and virtual learning sessions. As a method to keep facilities engaged and build collaborative relationships, facilities were a part of the Transplant Community Coalition alongside valuable stakeholders including transplant centers, nephrologist, transplant surgeons, patient subject matter experts, and other kidney community stakeholders and beneficiaries, among others.

One approach taken by ESRD Network 12 was to improve the communication with the transplant centers through Quarterly Transplant Collaboration Connection Calls. The Connection Calls concentrated on communication between dialysis facilities and transplant centers, challenges and wins identified by the transplant centers, and areas of intervention deployment. Additionally, the Network engaged in various onsite educational events including conferences, transplant workgroups, and patient educational events. Qsource ESRD Network 12 focused on health equity needs throughout the quality improvement activity with patient education tailored to include multi-listing at different transplant centers, high risk kidney education, transplant medication accessibility, and post kidney transplant workplace opportunities.

The graph below demonstrates the progress for each Transplant metric. As shown, Network 12 exceed the metric for kidney transplant waitlisting. However, network 12 was unable to meet the kidney transplanted metric.



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023



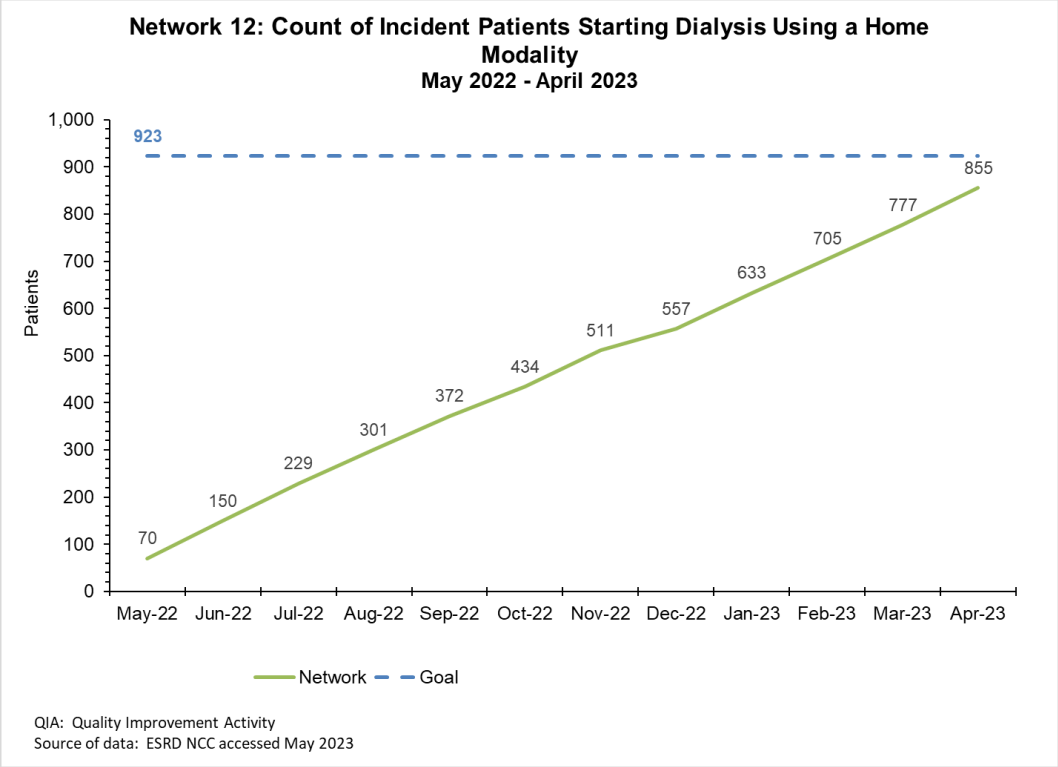
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Home Therapy May 2022-April 2023

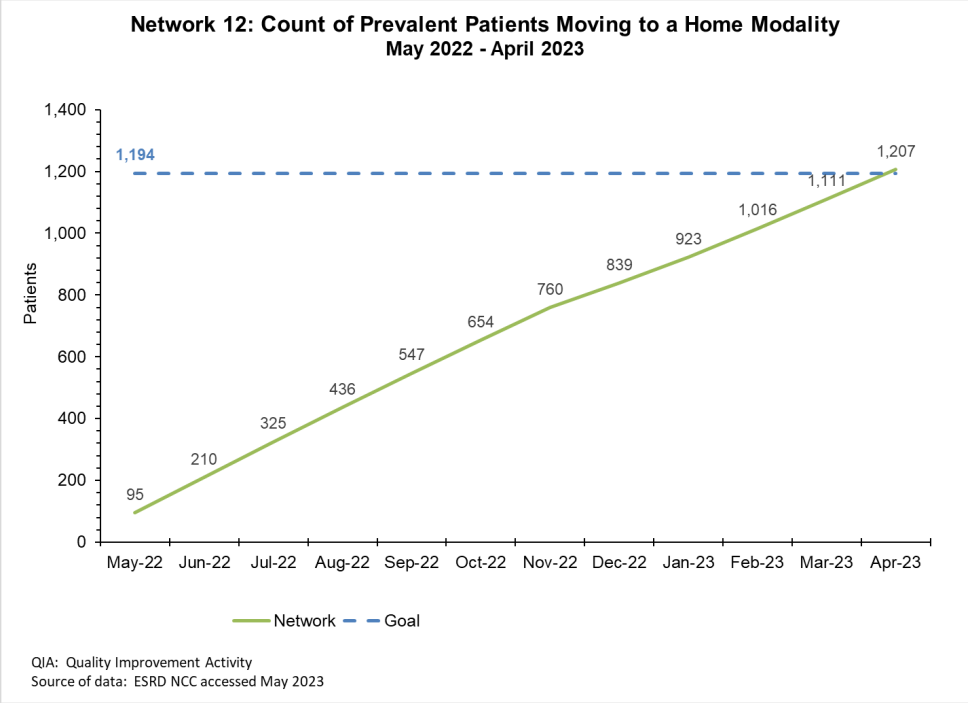
The CMS goal was to achieve a total 20% increase in the number of incident patients starting dialysis using a home modality and achieve a total 6% increase in the number of prevalent patients moving to a home modality based on EQRS data from baseline to the end of the option period.

The Network continued quality improvement work to reflect the start of the new contract in May 2022, beginning with an environmental scan, followed by data review of facility level performance, technical assistance planning, and development of meaningful regional-level interventions with facilities in Network 12. A large component of success was the Community Coalition which included subject matter experts able to assess local issues pertinent to home modality education and training. Members of the coalition consisted of 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.

To drive patient involvement, many interventions were developed for patient engagement and care partner education. Network 12 initiated a campaign titled, *Home First Approach* to promote incident patient introductions to home dialysis through support of their primary care physician, nephrologist, and dialysis care team. The campaign was combined with peer-to-peer connection efforts, virtually and in-person, that joined current home dialysis patients with new start ESRD patients interested in home dialysis. Topics of peer mentoring included support of care partners, self-cannulation, home set-up, working with dialysis care staff and telehealth. As the graph indicates, Network 12 was on track to meet the incident patients starting dialysis using a home modality metric, just shy of the goal.



Qsource ESRD Network 12 developed innovative interventions to provide technical assistance to facilities to promote modality education to both patients and staff. Successful collaborations with regional leaders, coalition members and medical review board staff brought additional awareness to changes in facility electronic medical records system that captured additional information for patient centered choice, advanced assessment questions for providers to promote patient advocacy, and additional efforts with staff engagement in their continuous team approach for patient education efforts. As indicated in the graph below, Network 12 met the CMS metric for prevalent patients moving to a home modality from May 2022 – April 2023.



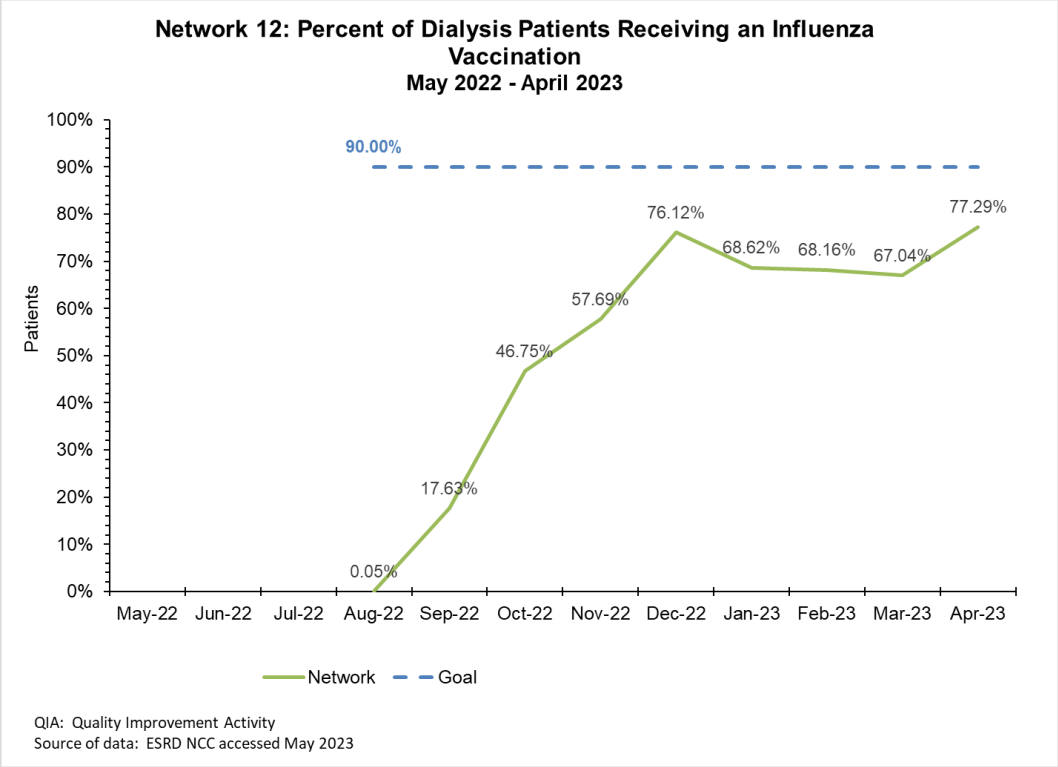
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Influenza Vaccinations (Patient and Staff) May 2022-April 2023

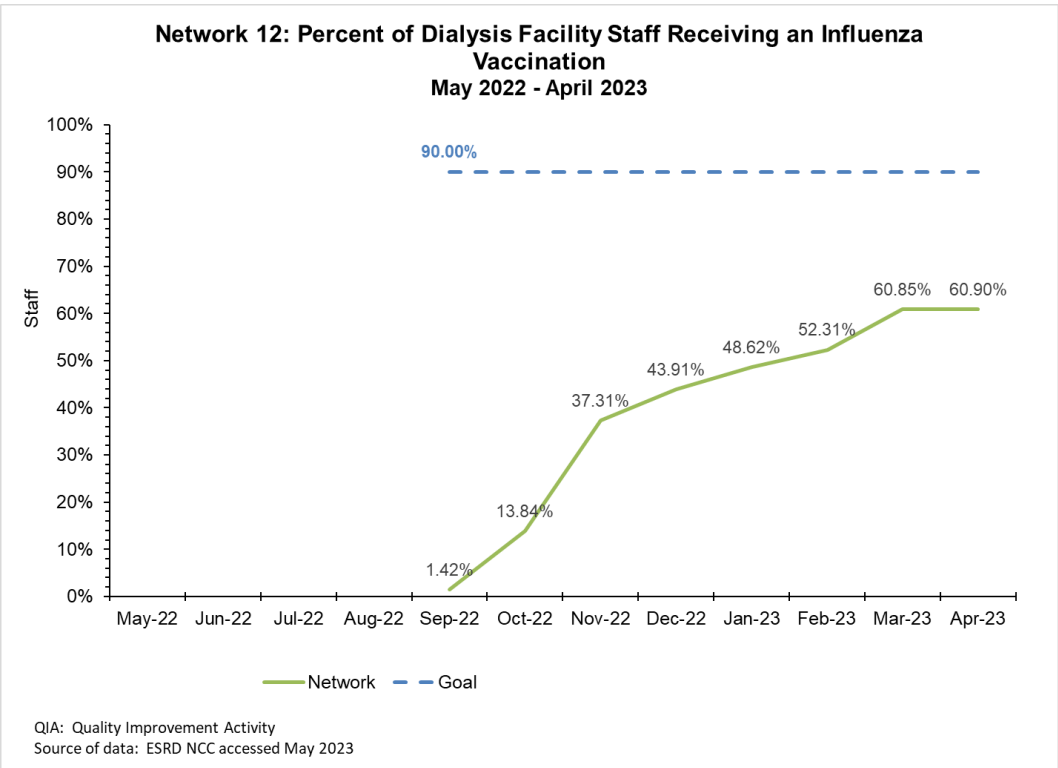
The CMS goal was to achieve 90% of dialysis patients receiving an influenza vaccination based on EQRS data and ensure a minimum of 90% of dialysis facility staff receive an influenza vaccination annually, measured using National Healthcare Safety Network (NSHN) data.

The Network developed and distributed credible information focused on influenza vaccination for both patients and dialysis of vaccination adherence. Monthly education included resources on the importance of the influenza vaccine amid COVID-19, vaccine communication strategies to focus on burnout, and up-to-date CDC immunization recommendations. Network 12 focused on health disparities with vaccination knowledge & compliance through education distribution in multiple languages, partnering with area community organization such as churches and health agencies. 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. Several barriers were reported to both NHSN and CMS for corporate level reporting errors throughout the year that had a suspected impact on the accuracy of the reflected data. Ongoing technical assistance was provided for facilities to ensure proper entry of vaccination in the appropriate systems.

The Network was unable to achieve the goal set forth for influenza vaccination during this period as demonstrated with the graphs below.



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

COVID-19 Vaccinations (Patients and Staff) May 2022-April 2023

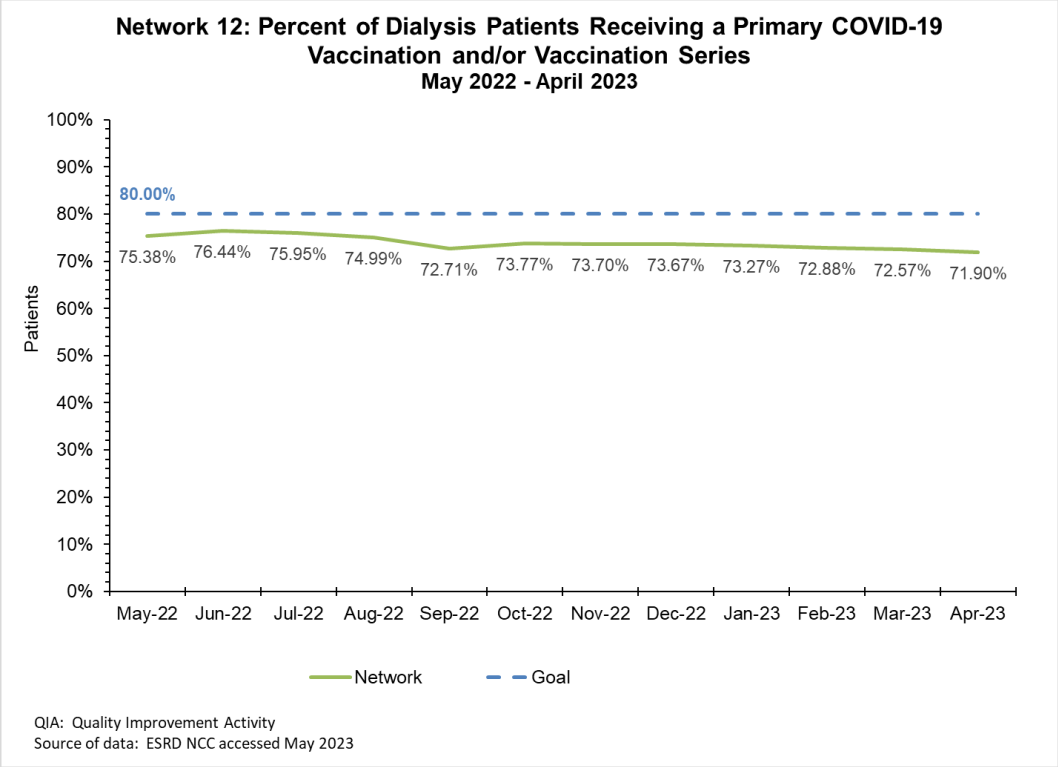
The CMS goal was to achieve 80% COVID-19 Vaccination Rate for dialysis patients for primary vaccination and/or series and 100% of dialysis staff to be vaccinated against COVID-19 from May 2022 – April 2023.

The Network was able implement and spread educational interventions toward this goal including but not limited to, monthly broad education to the Network including both patient and staff printable posters, educational videos, learning action sessions, and targeted technical assistance using state and county level information and distribution of latest guidance on vaccination and booster education.

Additionally, the Network worked collaboratively with local health associations, QIOs and medical review board members for up-to-date information on real time issues related to COVID-19, including infection rates, vaccination uptake, and staffing and supply shortages on the ongoing 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.

As depicted in the graphs below, Network 12 did not meet the COVID-19 metrics for primary COVID-19 vaccinations for patients or staff nor the COVID-19 booster for patients or staff.



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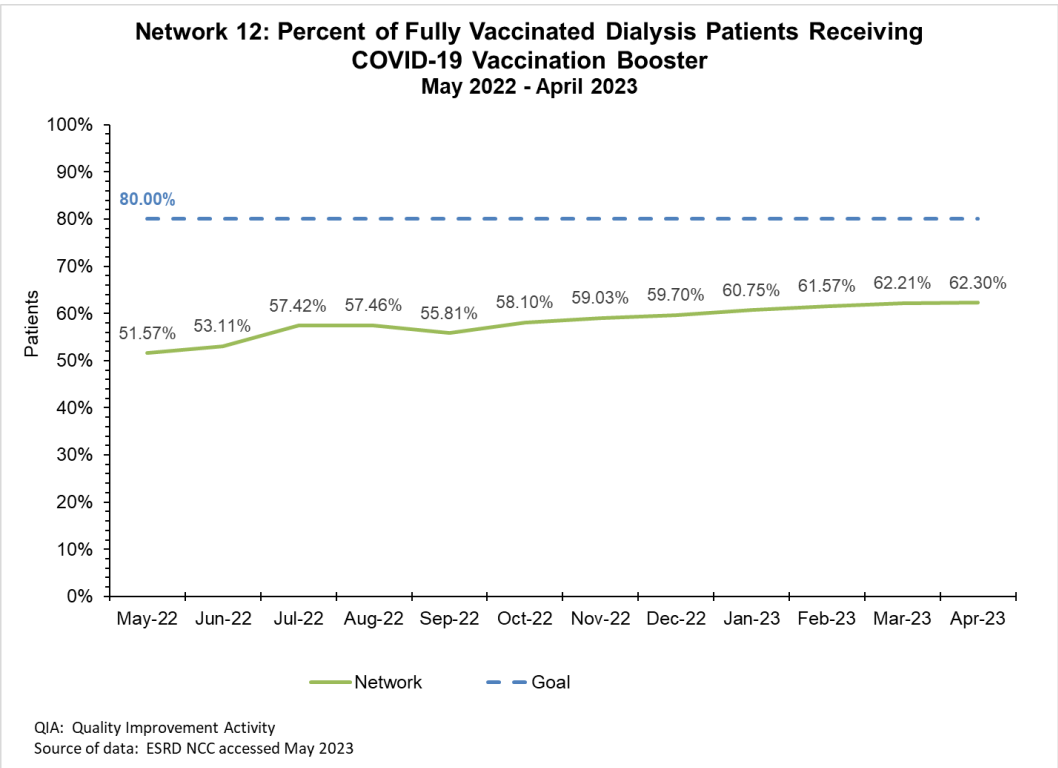

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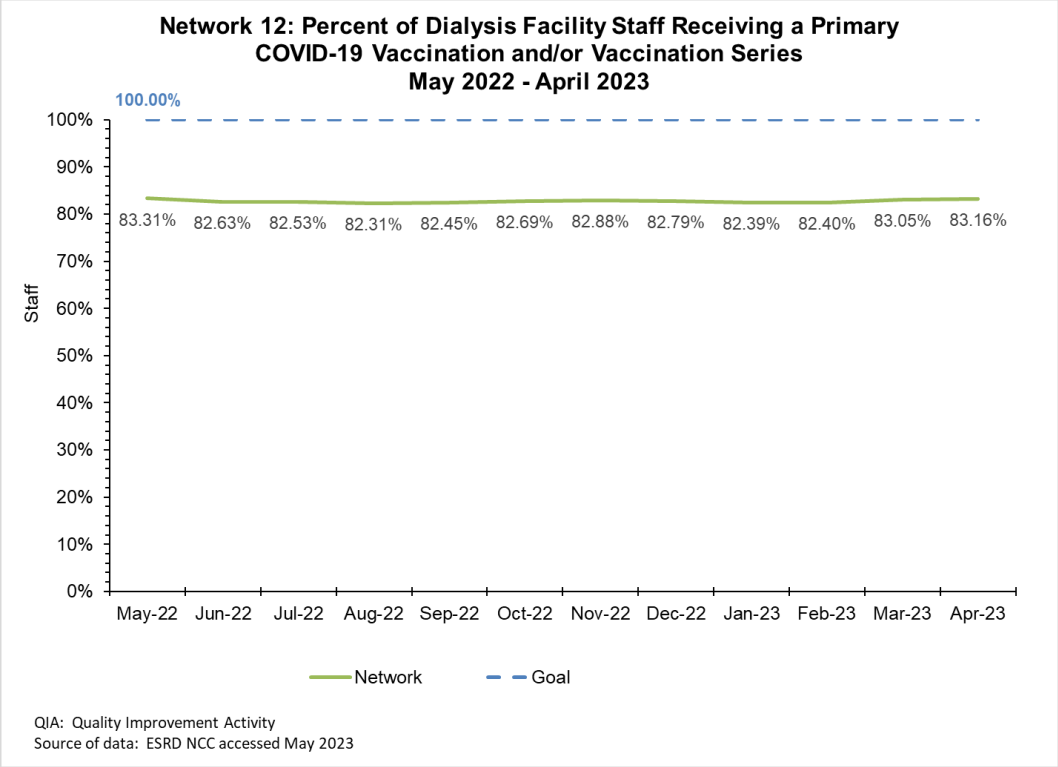

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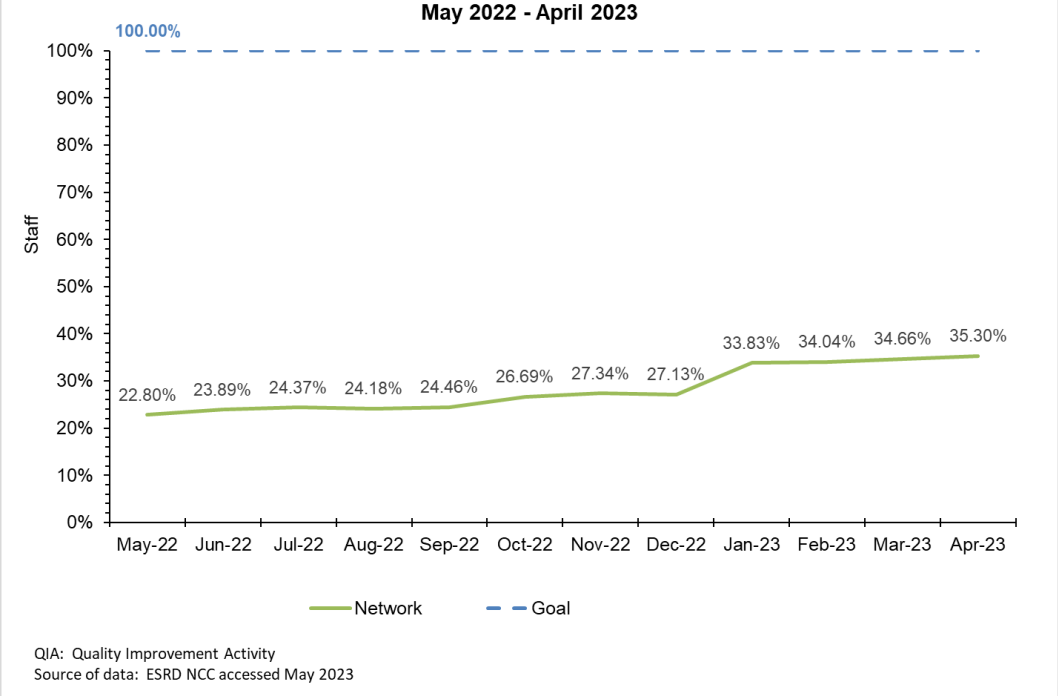


QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Data Quality (Admissions, CMS Form 2728, CMS Form 2746) May 2022-April 2023

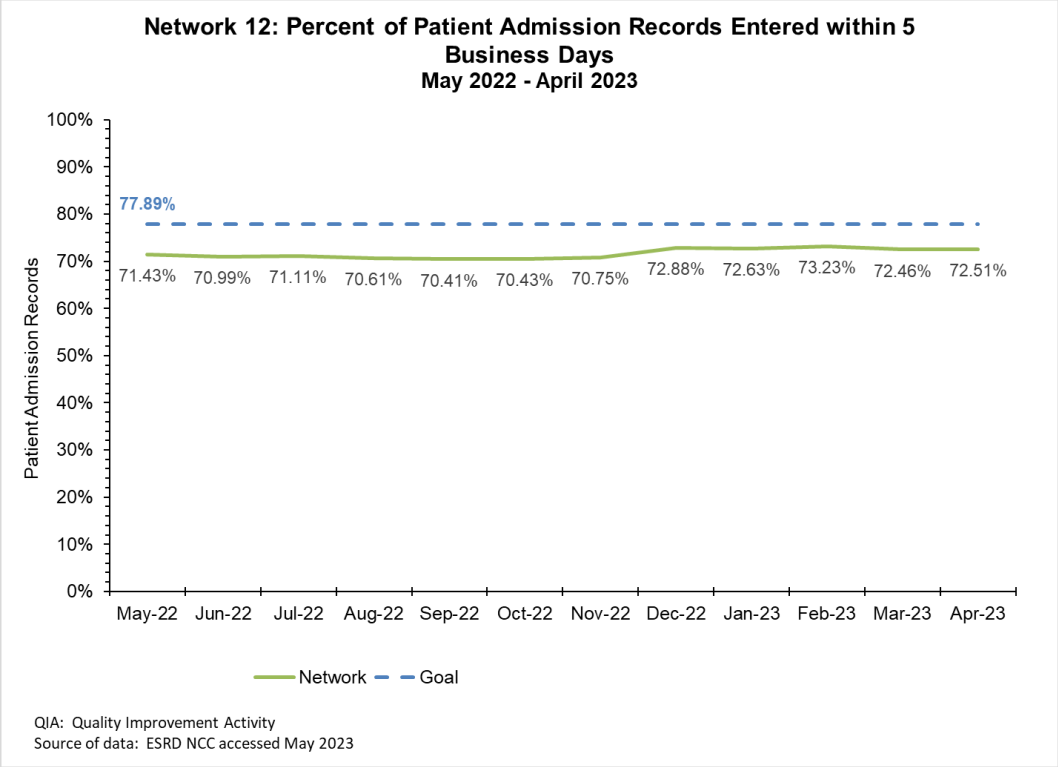
ESRD Network goals for data quality for May 2022 – April 2023 includes the following:

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

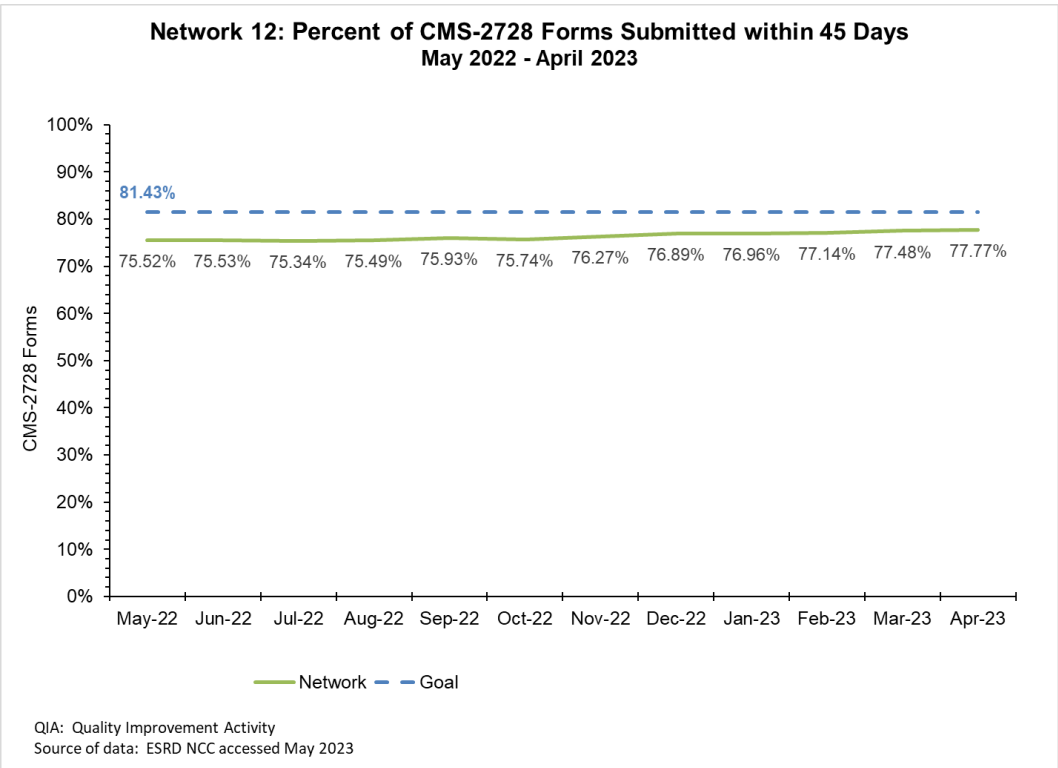
The Network used reports provided by the ESRD NCC to ensure accuracy of data in EQRS to provide technical assistance to individual facilities to validate and correct patient information. The Network worked with both individual clinics and batch submitting organization in these concentrated efforts. The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

It is noted that the goals for patient admission records entered within 5 business days and the increase in rate of initial 2728 forms submitted within 45 days were omitted from the option period 1 with no fault to the Network.

The graphs below display the available data toward these efforts at the end of option year one.



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023



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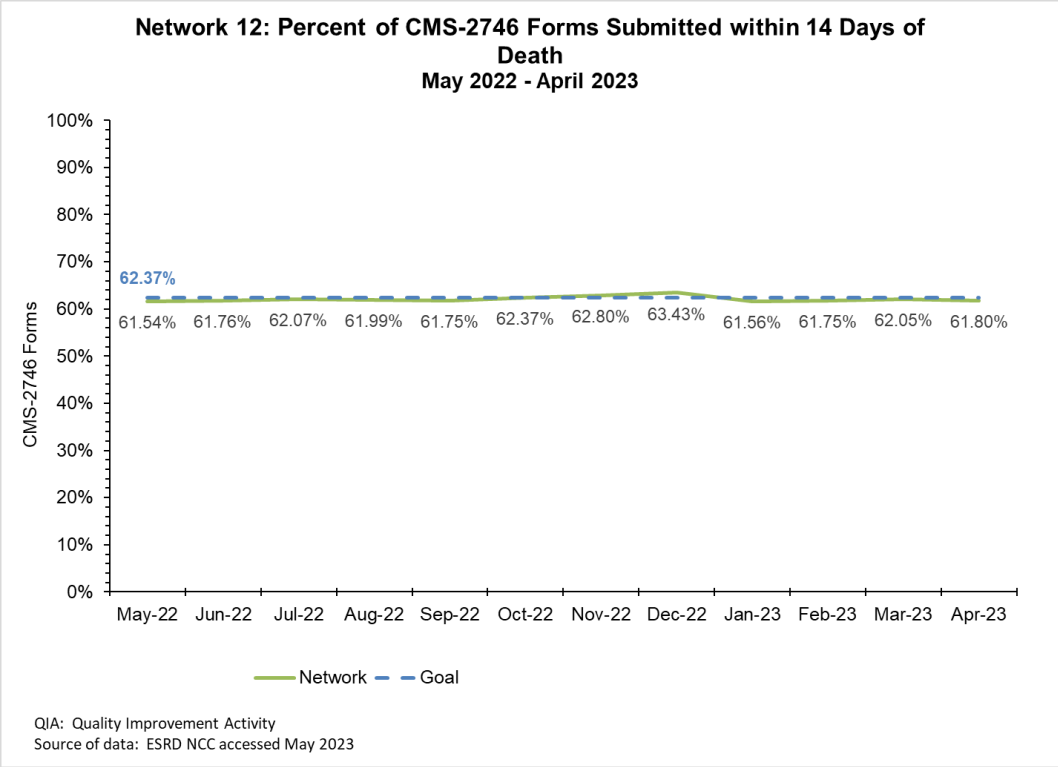


QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Hospitalization (Inpatient Admissions, ED Visits, Readmissions and COVID-19 Admissions) May 2022-April 2023

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

- Achieve a total 5% decrease in hospital admissions for the Primary Diagnosis Categories identified by CMS from the baseline to the end of the option period.
- Achieve a total 5% 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 option period.
- Achieve a total 5% 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 option period.
- Achieve a 25% decrease in the number of COVID-19 hospitalizations in the ESRD patient population with Medicare FFS as a payer source based on Medicare Claims data.

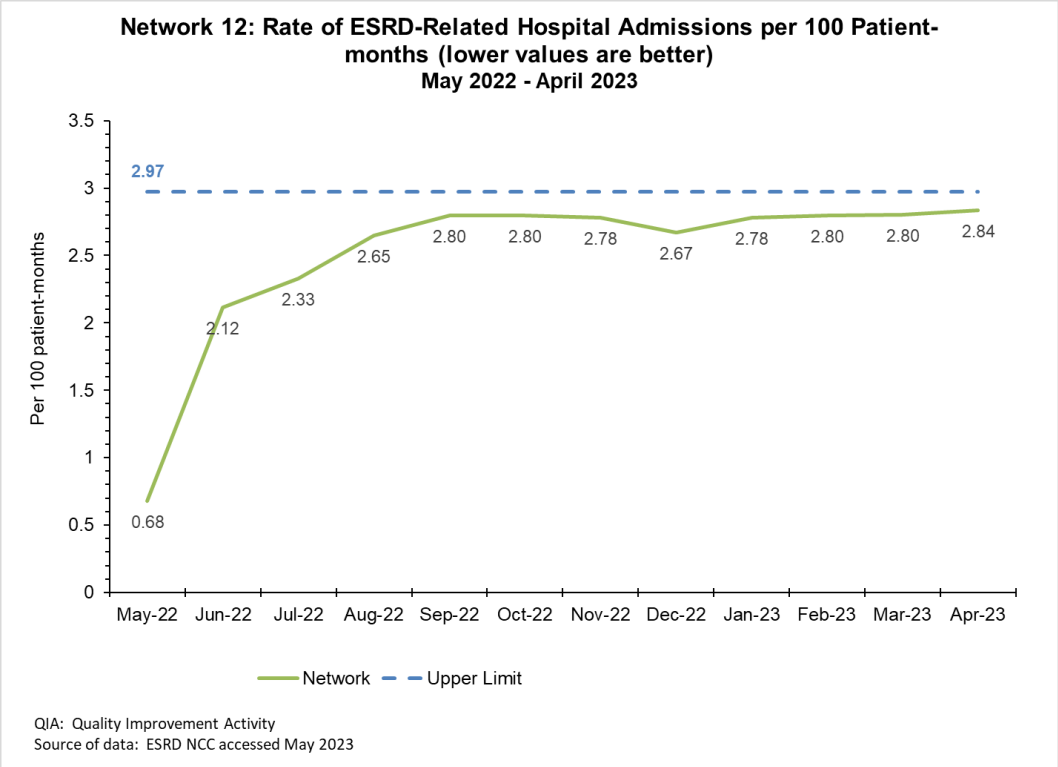
The Network continued with this metric by performing a needs assessment with providers in the areas of hospitalizations, readmissions and outpatient emergency department (ED) visits. Medicare claims data was analyzed for comparison with ESRD patients hospitalized, readmitted, or seen in the emergency 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. The Network created several supporting resources with input from the community coalition, medical review board, and patient advisory council to support patient centered education and process improvement implementation for facilities.

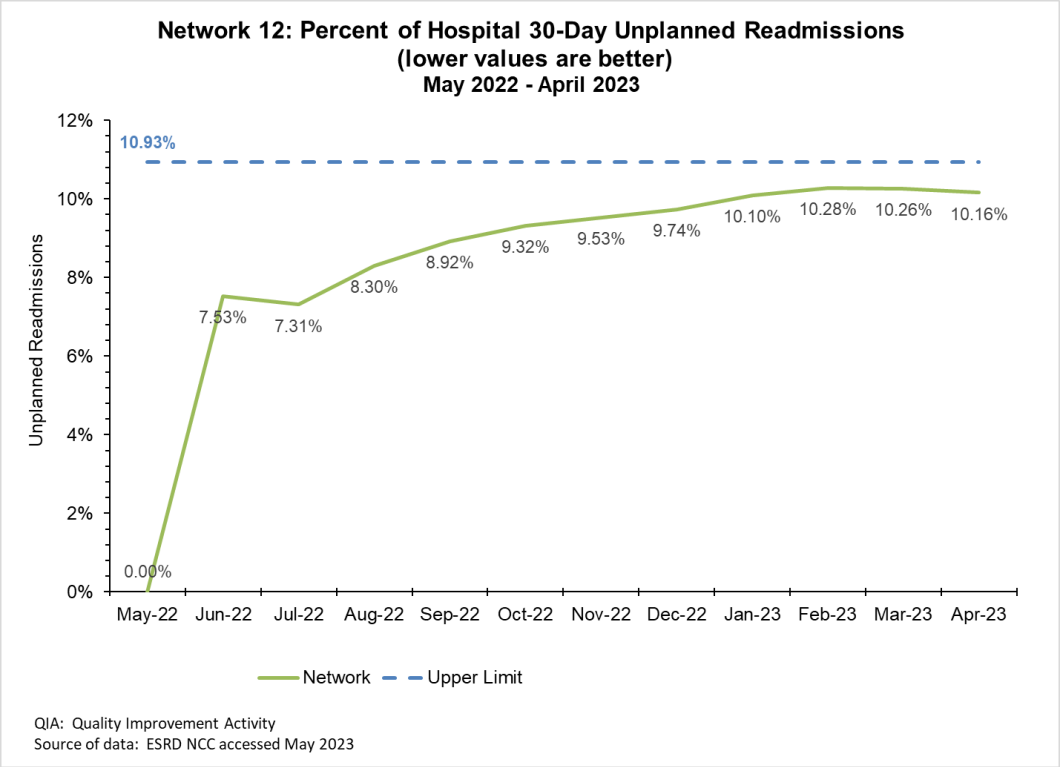
The Community Coalition members focused on quality improvement through a four-month PDSA cycle that assessed local needs relative to hospitalizations with consideration to advancing health equity through intervention deployment. Dialysis facilities that displayed high hospitalization rates were provided 1:1 technical assistance virtually or in-person.

To maintain the spread of effective practices, the Network continued to share hospitalization interventions and resources created in conjunction with the community coalition via e-communication and during stakeholder meetings.

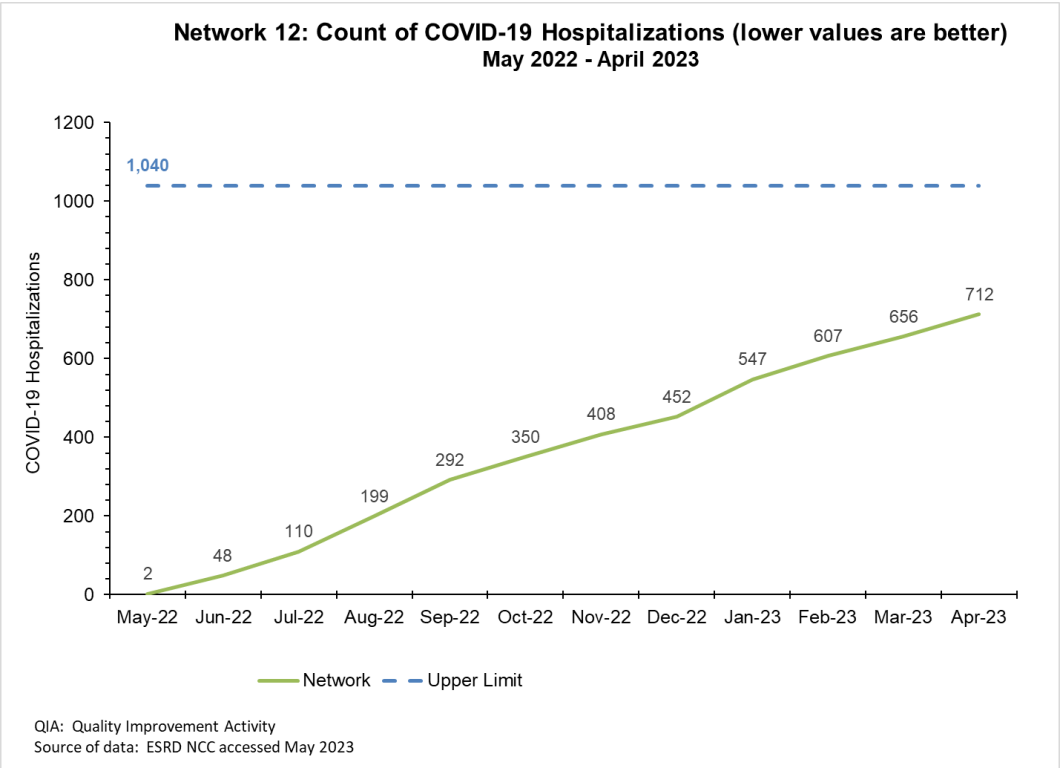
Please note that several hospitalization metrics were omitted from Network evaluation for Option Period One with no fault to the Network.

The graphs below depict Network 12 progress towards hospitalization goals.





QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Depression Treatment September 2022-April 2023

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

The Network identified areas of focus for this metric including:

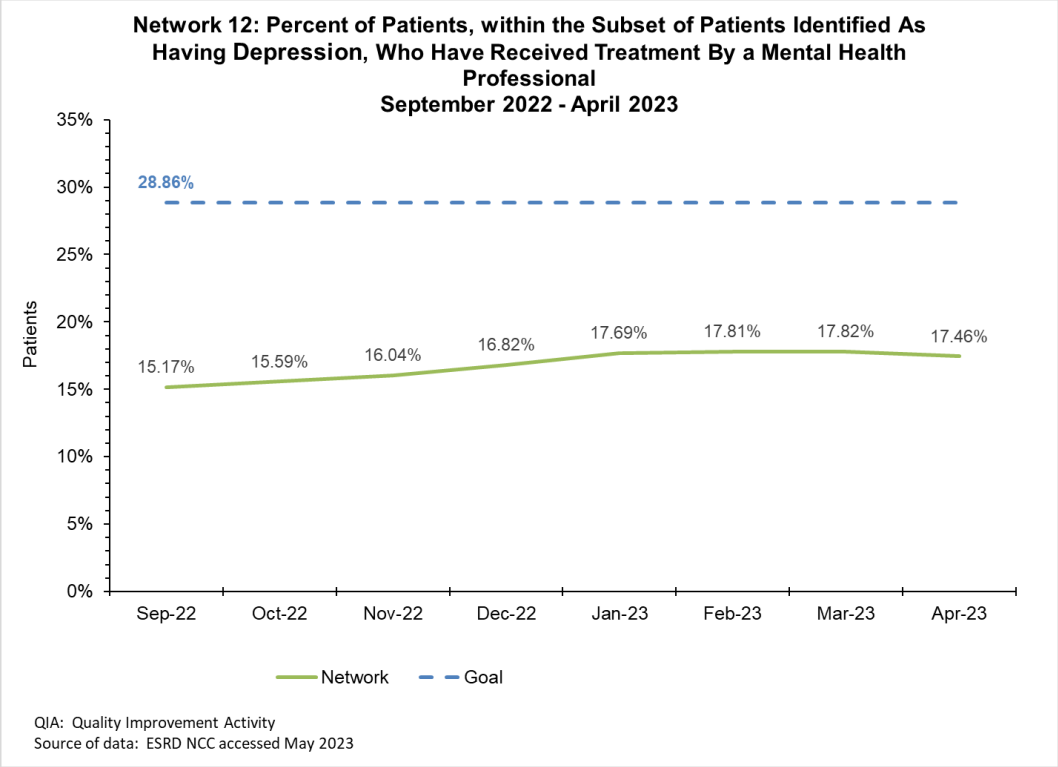
- Patients are not interested, will not participate, or refuse therapy/education/activity.
- Patients who were previously diagnosed with depression, completing a current screening that does not indicate depression
- Social worker time in assessing and referring patients
- No way of knowing what depression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

The Behavioral Health Coalition collaborated to address the barriers, develop meaningful interventions, and measure success post deployment within the community and dialysis facilities. Interventions were implemented 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 facilities, 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. 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 education resources including tips, tools and resources for social workers for tracking, education, and monitoring of depressed dialysis patients, PHQ-9 scoring, and documentation.

Please note, although the graph below demonstrates the percentage of patient, within a subset of patients identified as having depression, who have received treatment by a mental health professional September 2022 – April 2023, CMS has omitted this metric from this contract year at no fault of the Network.



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Nursing Home (Blood Transfusion, Catheter Infection, and Peritonitis) May 2022-April 2023

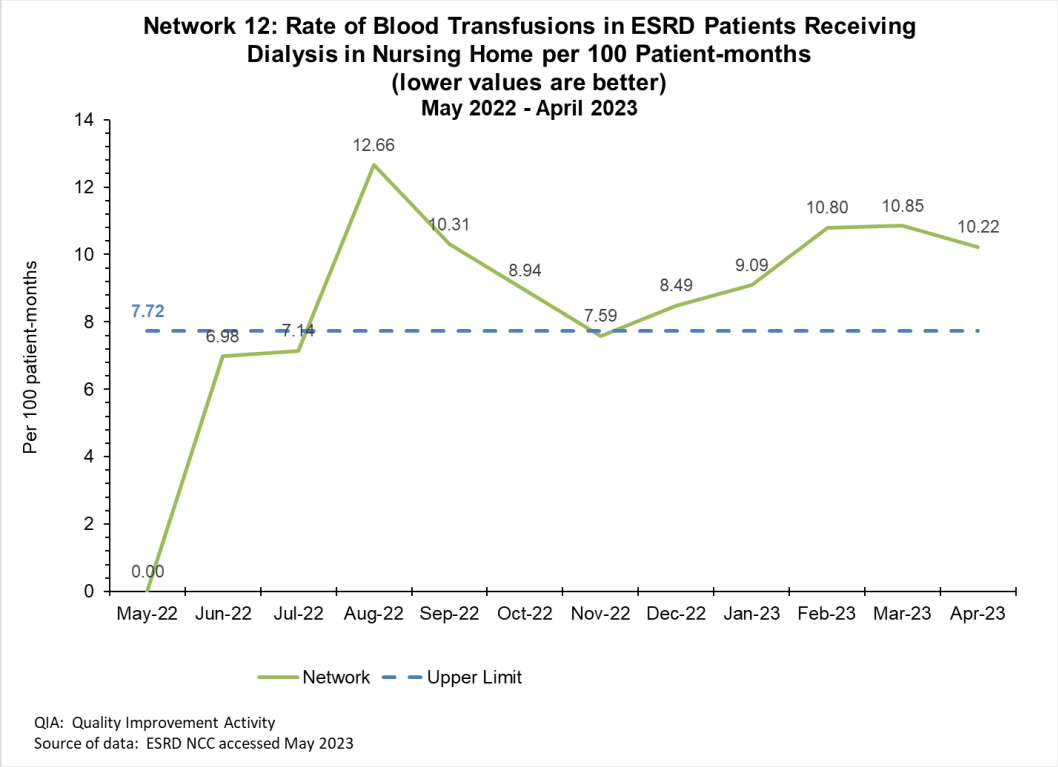
Goals for this metric included a 10% total decrease over baseline in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in a nursing home, a 5% total decrease in the incidence of peritonitis in dialysis patients receiving home dialysis in a nursing home, and a 5% total 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.

Qsource Network 12 worked dialysis providers that focus on nursing home residents to fulfill quality improvement metrics. The Network relied on data to drive improvement strategies and focus on meaningful care. The Network then worked through the Care in Nursing Homes Community Coalition to identify barriers that impact the targeted population. 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.

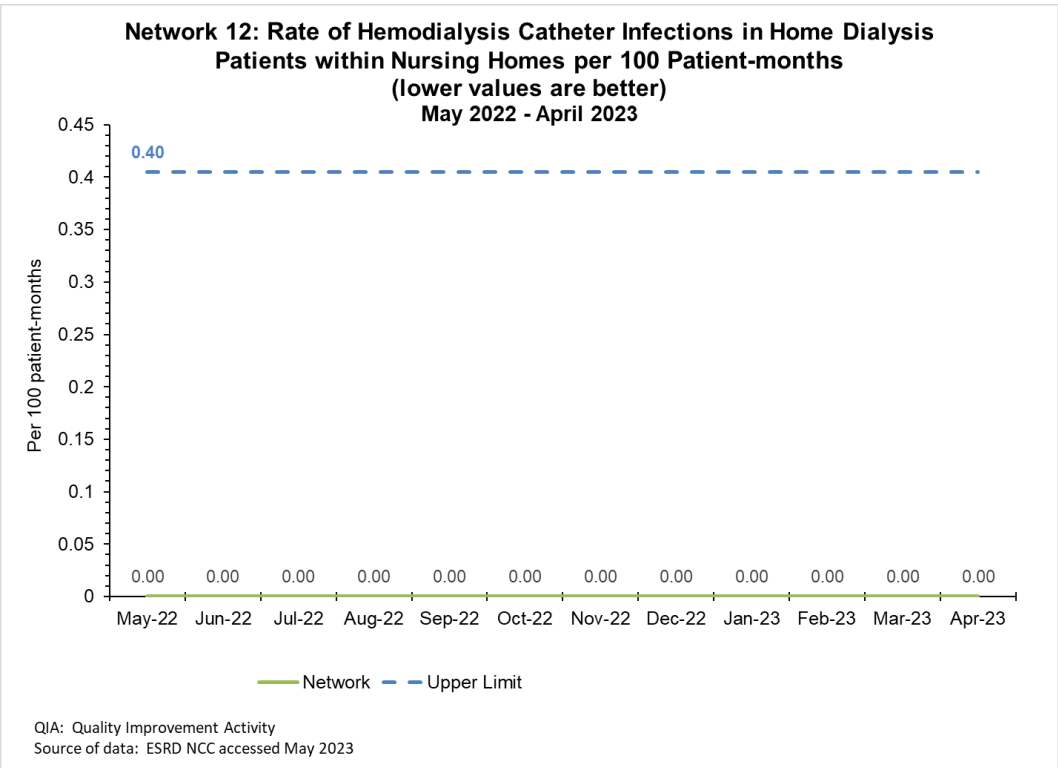
Technical assistance was provided using a Network-developed *TA Checklist,* assessing needs related to access infections, both central venous catheter and peritoneal catheter, anemia management, as well as patient shared decision making, and behavioral health. The Network routinely meet with providers, virtually and in-person, to support healthy outcomes.

Please note that several hospitalization metrics were omitted from Network evaluation for Option Period One with no fault to the Network.

The graphs below depict Network progression toward goal achievement.



QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023



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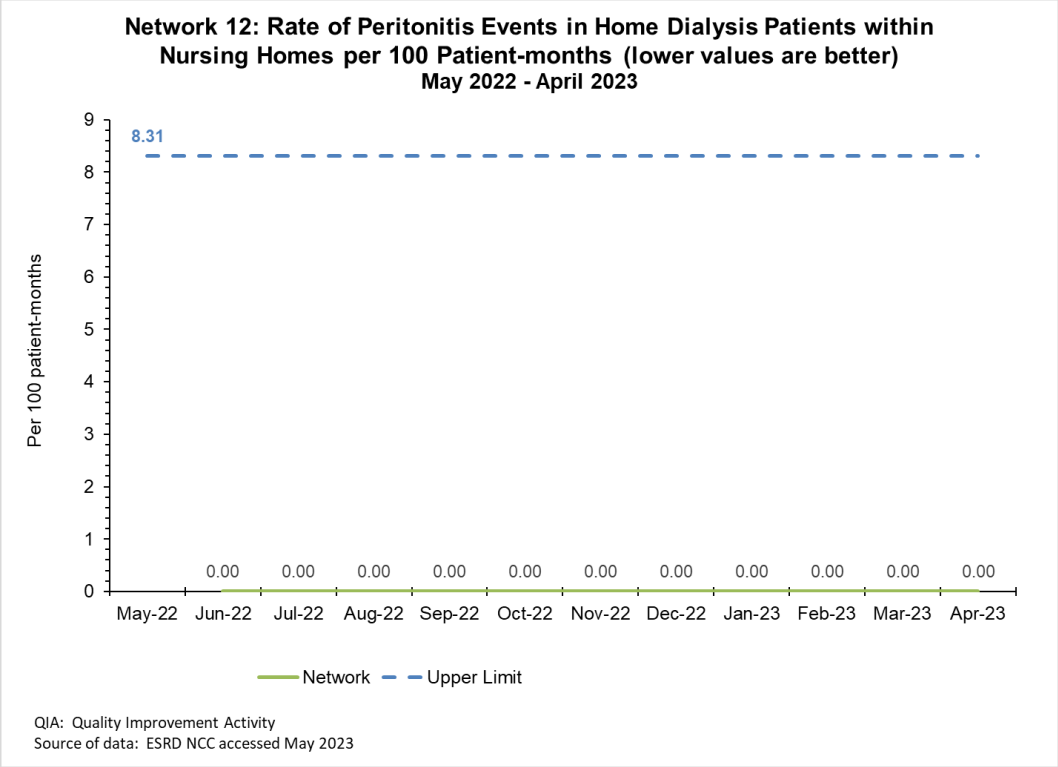
Source of data: ESRD NCC accessed May 2023

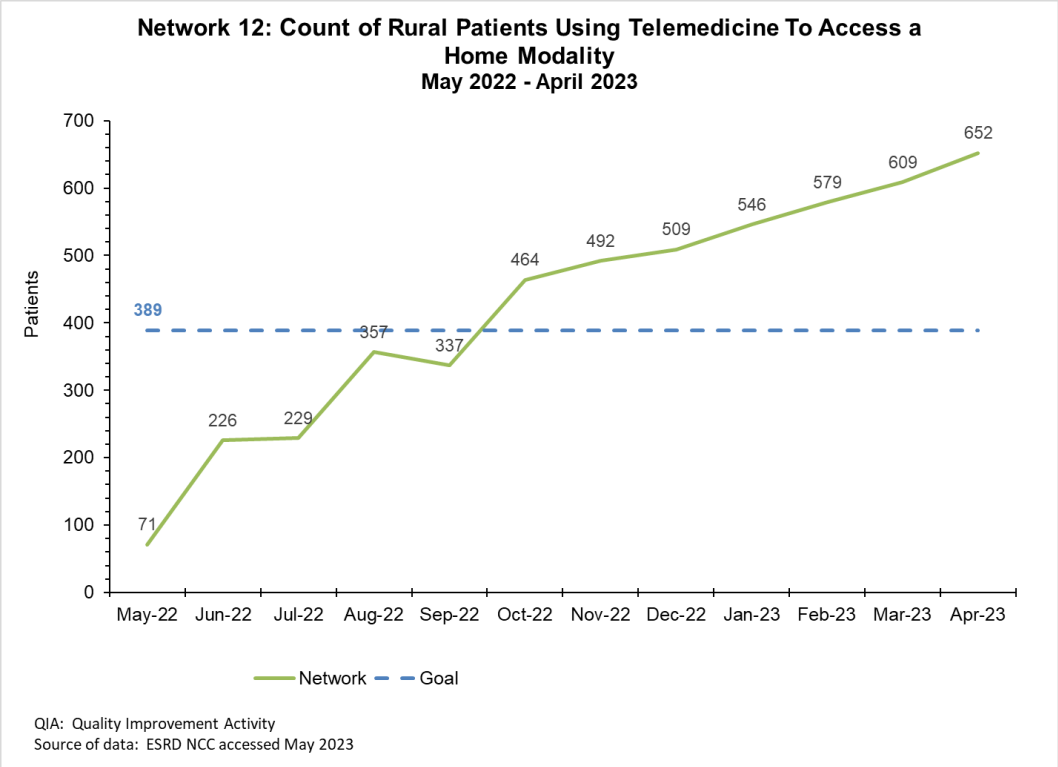


QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Telemedicine May 2022-April 2023

ESRD Networks worked toward a goal of 5% increase in the number of rural ESRD patients using telemedicine to access a home modality based on EQRS over the option 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.



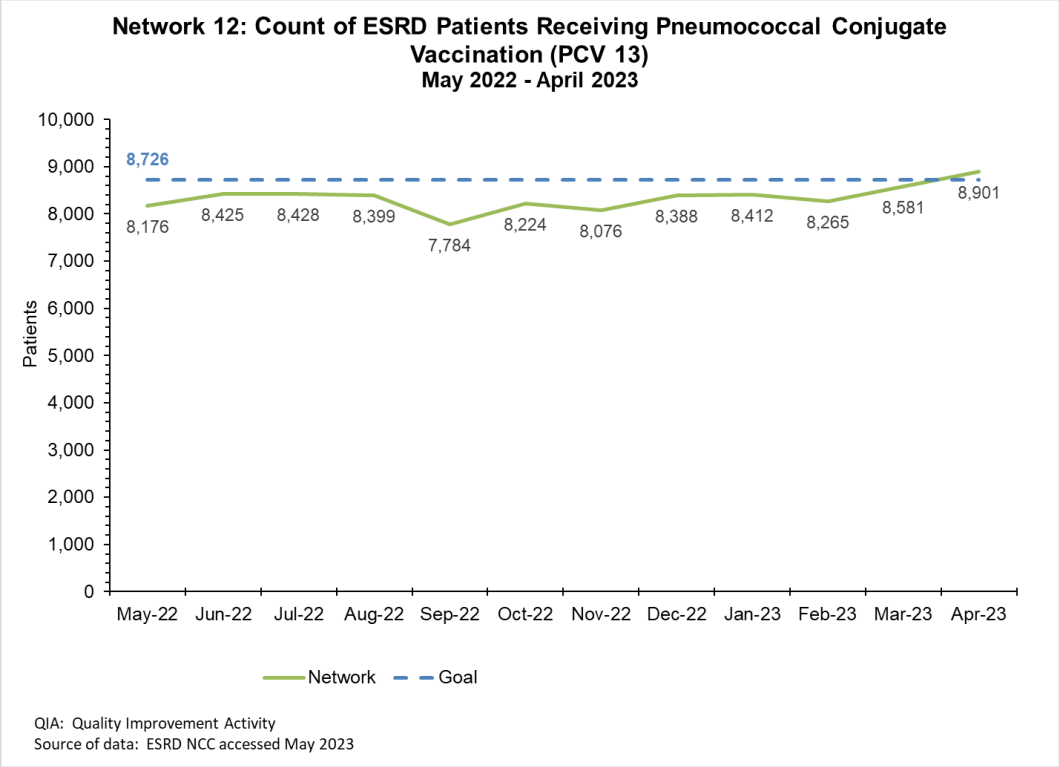
QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

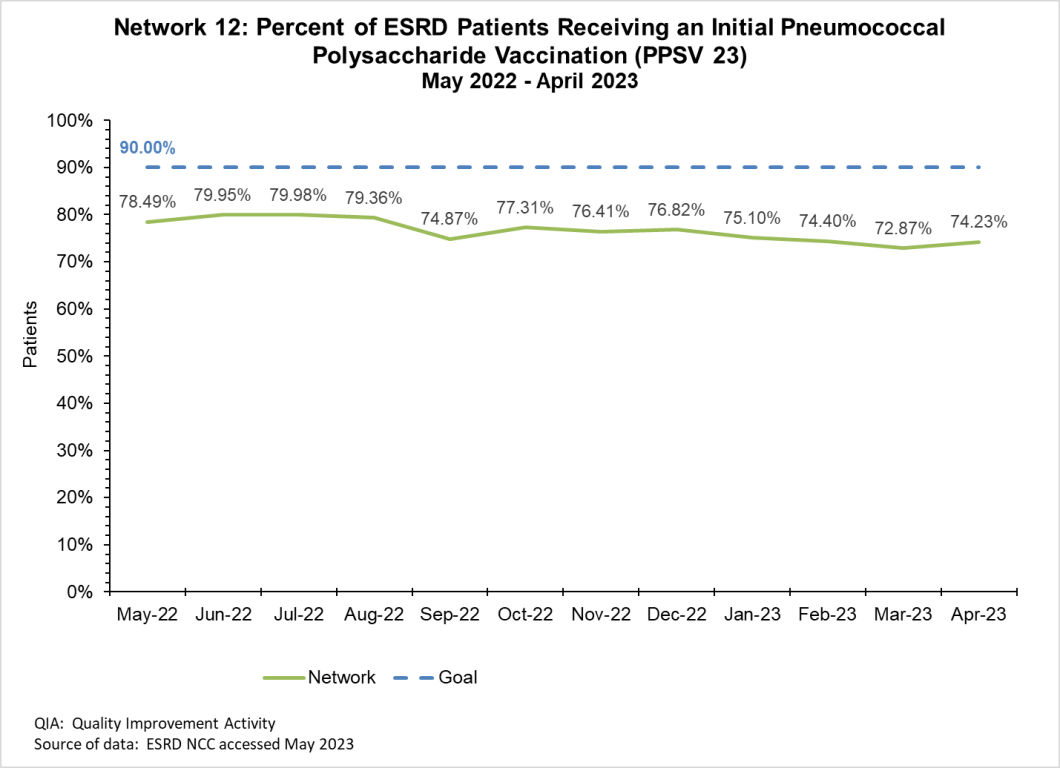
Pneumococcal Vaccinations (PCV13 & PPSV23) May 2022-April 2023

ESRD Networks were tasked with increasing by an additional 10% from base year the number of dialysis patients receiving a pneumococcal conjugate vaccination (PCV 13) based on EQRS data over the option 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 a minimum of 90% of dialysis patients receiving by the close of the option period. An additional 10% increase in the number of patients receiving a booster for PPSV23 from the base year and 85% of dialysis patients over the age of 65 receiving a PPSV 23 vaccination were also part of this metric.

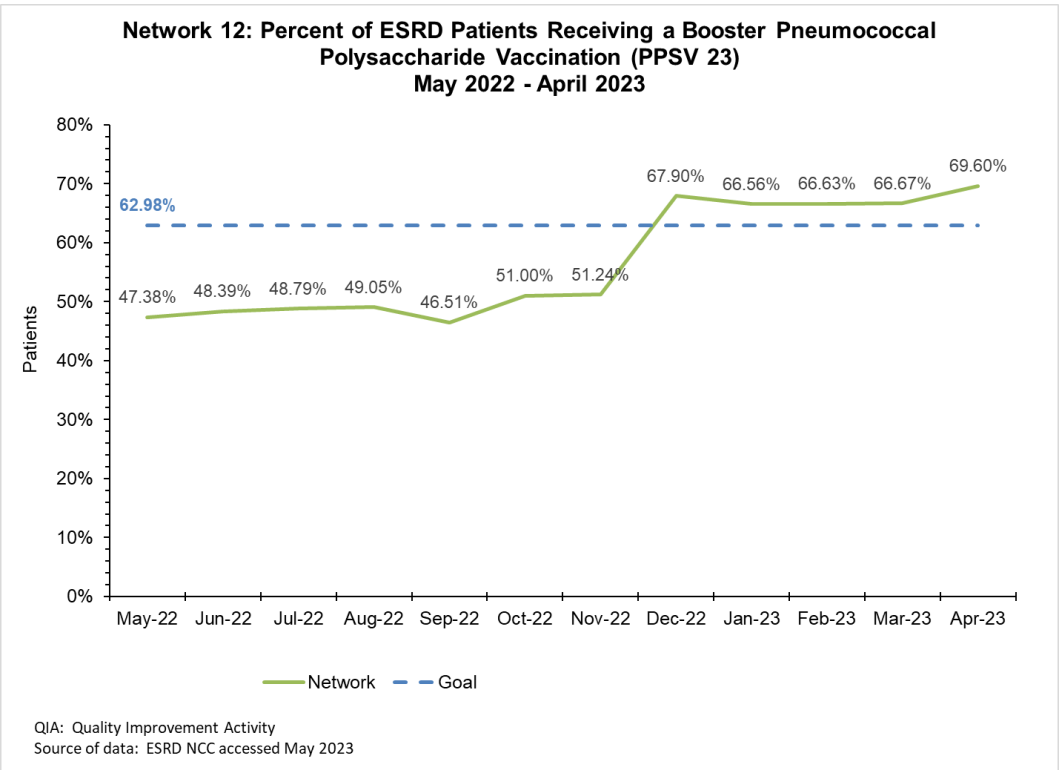
The Network worked through the Network 12 Vaccination Community Coalition on pneumococcal metrics to identify interventions that aimed to meet current CDC guidance for widespread distribution and facility level technical assistance.

Please note that these metrics were omitted from the annual evaluation by way of contracting officer notification dated March 29, 2023, without fault of the Network.





QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023



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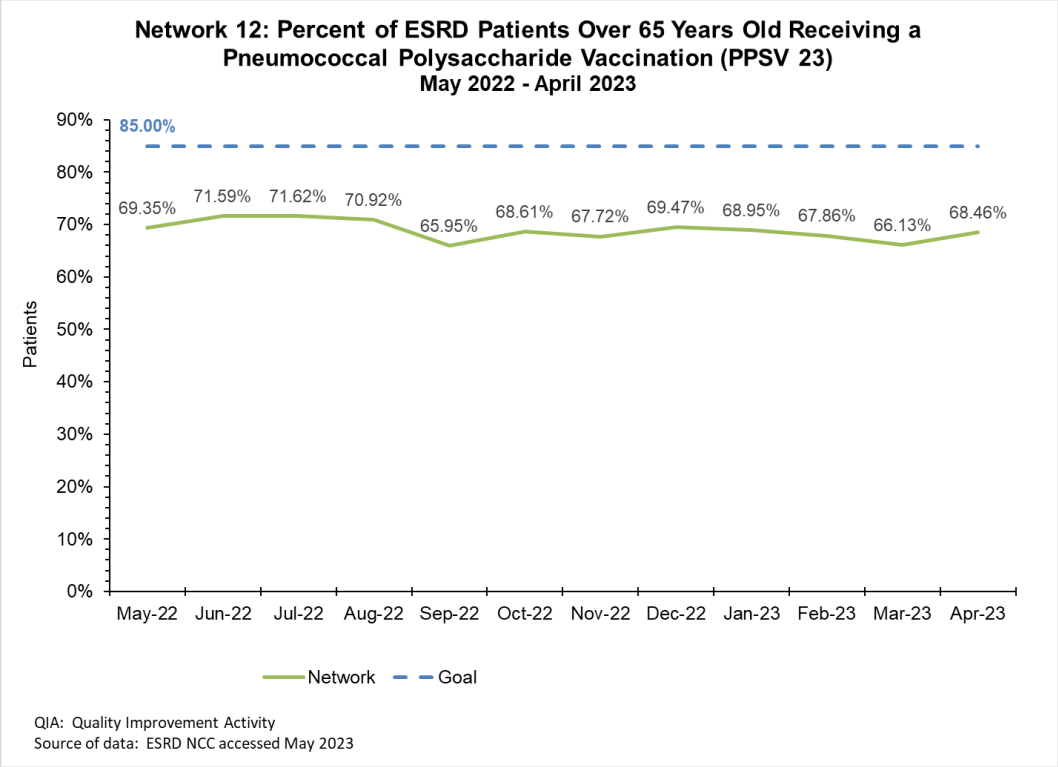

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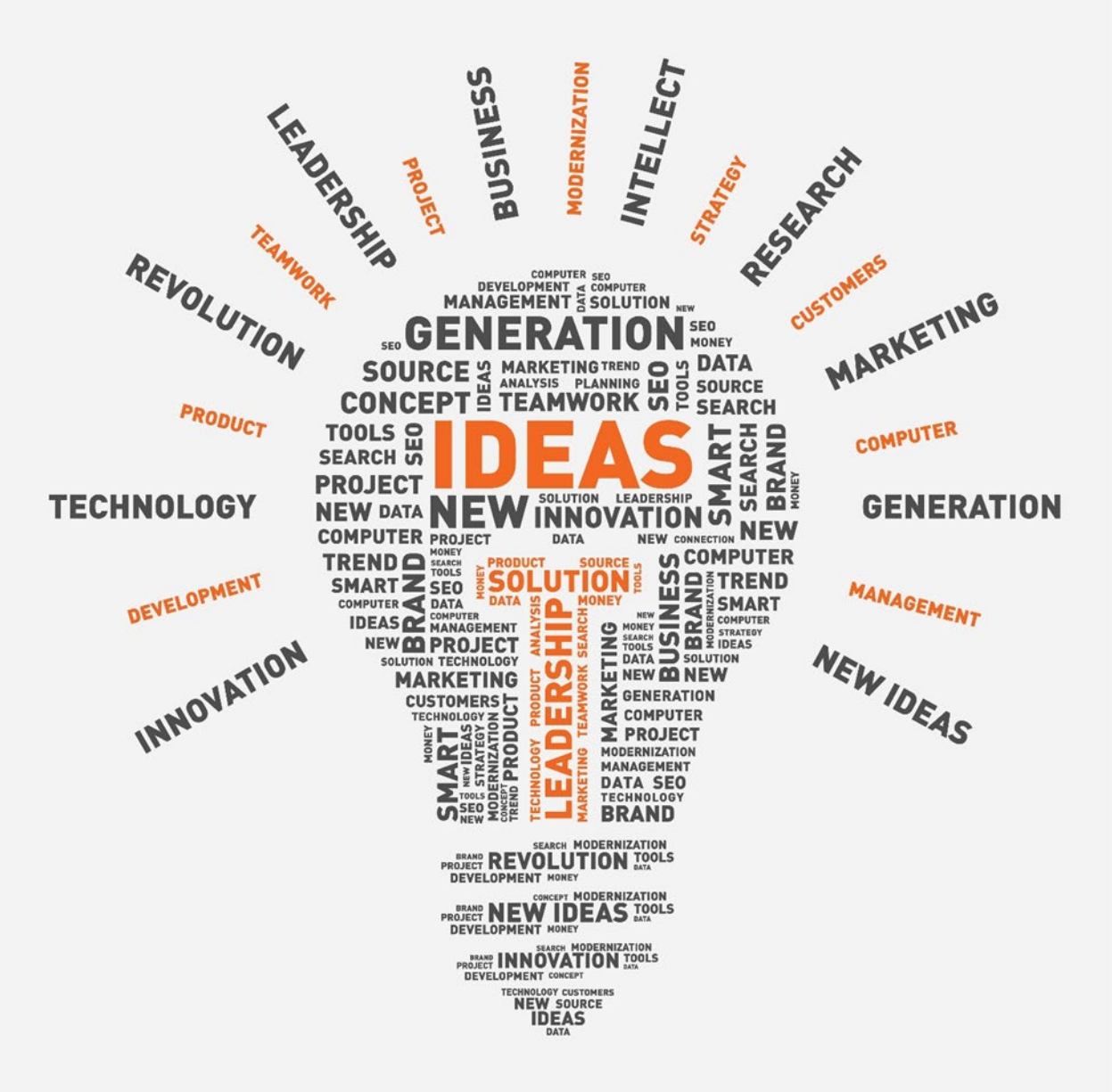
LEADERSHIP
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INTELLECT
STRATEGY
RESEARCH
TEAMWORK
REVOLUTION
CUSTOMERS
MARKETING
PRODUCT
COMPUTER
TECHNOLOGY
GENERATION
DEVELOPMENT
MANAGEMENT
INNOVATION
NEW IDEAS
IDEAS
GENERATION
SOLUTION
LEADERSHIP
NEW
SOURCE
CONCEPT
TEAMWORK
MARKETING
BRAND
SMART
BUSINESS
PROJECT
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
medical
urgent
danger
disaster
supplies
protection
emergency room
service
help
kit
evacuation
stretcher
paramedic
business
alarm
medic
safe
jeopardy
resilience
emergency
incident
equipment
disease
urgency
threat
natural disaster
natural
information
property
recovery
nurse
crisis
doctor
government
health
environmental
situation
risk management
public
response
rescue
hospital
security
room
intervention
operations
life
accident
risk
medicine
education
loss
system

ESRD Network COVID-19 Emergency Preparedness Intervention

Network 12 continued emergency preparedness efforts to support the COVID-19 pandemic. The Network worked with dialysis facilities as well as national, regional and local stakeholders to ensure all patients and facility needs were identified and applicable resources were shared.

A focus of the Network during COVID-19 was mental health. The Network produced many resources for patients and staff to support whole person-centered care including vaccination burnout. Promotion, support and guidance on telehealth also became a focus to ensure patients had knowledge to connect with their care team.

The Network provided one-on-one technical assistance to facilities for COVID-19 support including grievances, data reporting and spread of up-to-date guidance. Network 12 remained in collaboration with local and regional emergency preparedness stakeholders to ensure representation of ESRD patients.

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 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 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.