

ESRD NETWORK 2023 ANNUAL REPORT


This report will cover quality improvement efforts led by ESRD Network 10 Task Order Number 75FCMC21F0003 from May 1, 2023- April 30, 2024.


ESRD Network 10
Illinois


Qsource ESRD Network 10


2023 Annual Report


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Written Materials Disclaimer

This report was prepared by Qsource ESRD Network 10 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 10 by telephone at 1-800-456-6919, by fax to 317-257-8291, or by mail to 911 E 86th Street, Suite 30, Indianapolis, IN 46220

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ESRD Demographic Data

During the performance period of May 2023 to April 2024, Qsource ESRD Network 10 collaborated with its many stakeholders to improve the quality of care for 30,087 dialysis and transplant patients, receiving treatment in 332 dialysis facilities and nine transplant centers throughout the State of Illinois. Qsource ESRD Network 10 is a division of Qsource, a nonprofit, healthcare quality improvement consultancy headquartered in Memphis, Tennessee. Qsource is certified as a Network of Quality Improvement and Innovation Contractor (NQIIC) with the Centers for Medicare and Medicaid (CMS).

The total population of Illinois, the single-state area of Network 10, is 12,549,689. Springfield is the capital city of the state with an estimated population of 112,544 in 2023. The top six cities by population are:

- Chicago (2.664 million)
- Aurora (177,563)
- Joliet (150,489)
- Naperville (150,245)
- Rockford (146,120)
- Elgin (113,310)

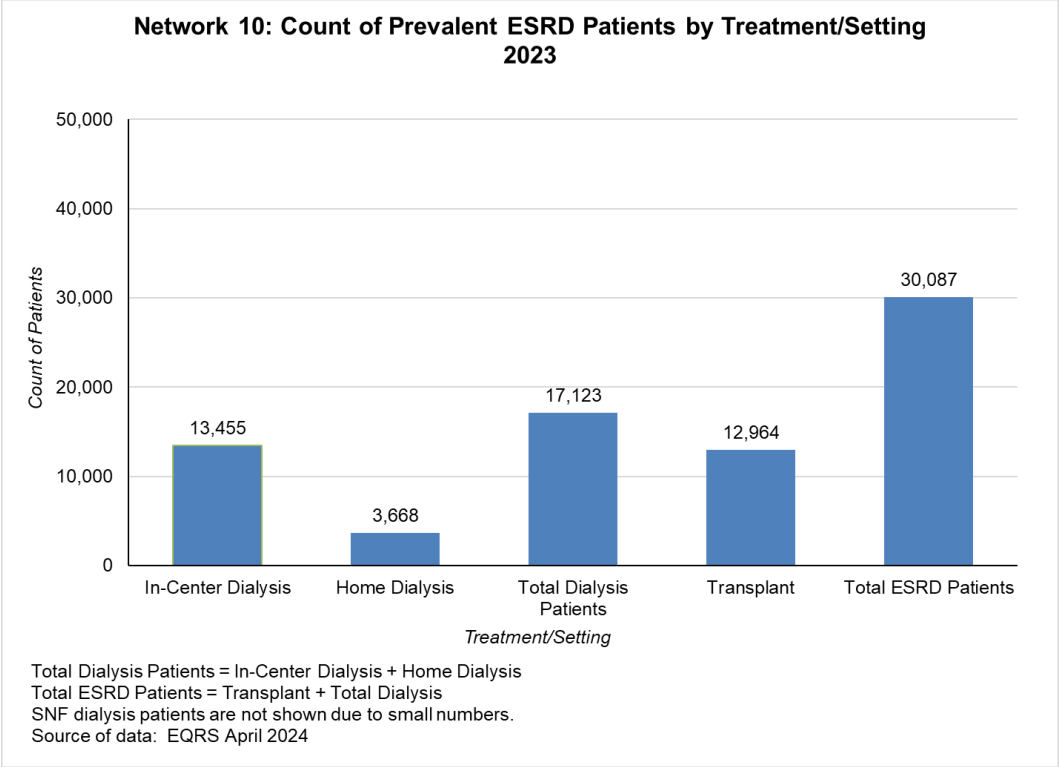
About one-half of the population of Illinois lives in the metropolitan Chicago area. In total, 88 percent of the population lives in urban areas and 12 percent of the population lives in rural areas. Population characteristics are illustrated in the table below.

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

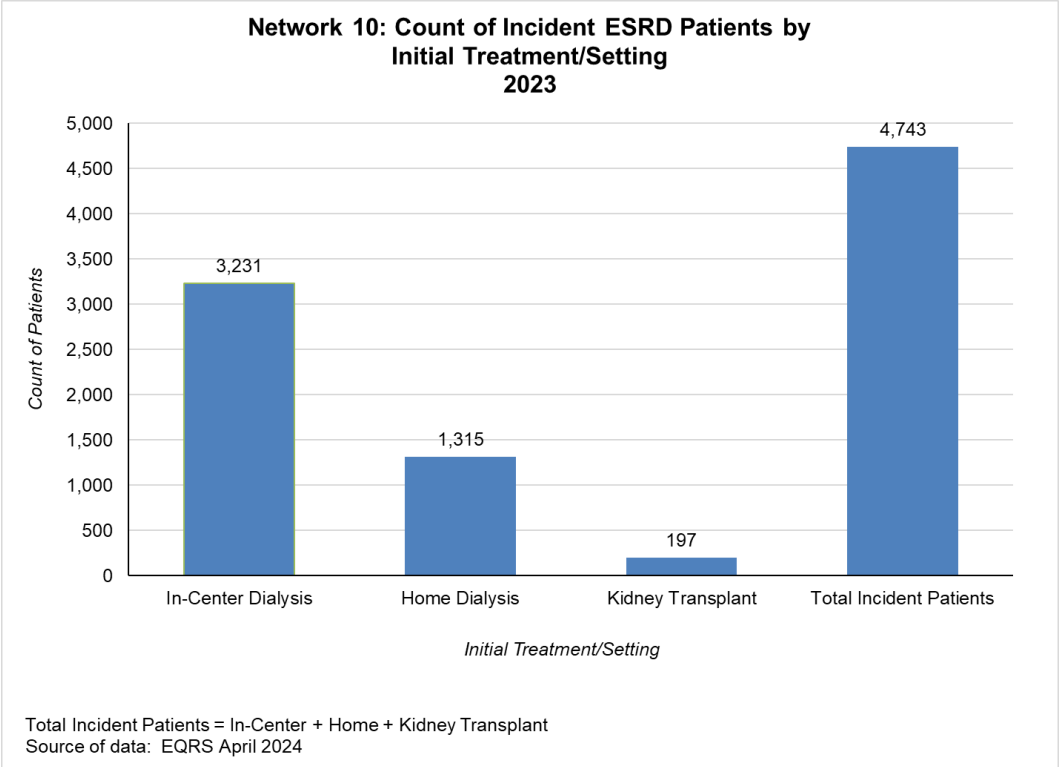
State	Illinois
Population	12,812,508
State Rank	5 th
White	70%
Black	14%
Asian	6%
Other	6%
Hispanic (All Races)	15.8%
Under 19	24%
19 – 64	62%
65 & Over	14%
Male	49%
Female	51%

*U.S. Census Bureau
<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

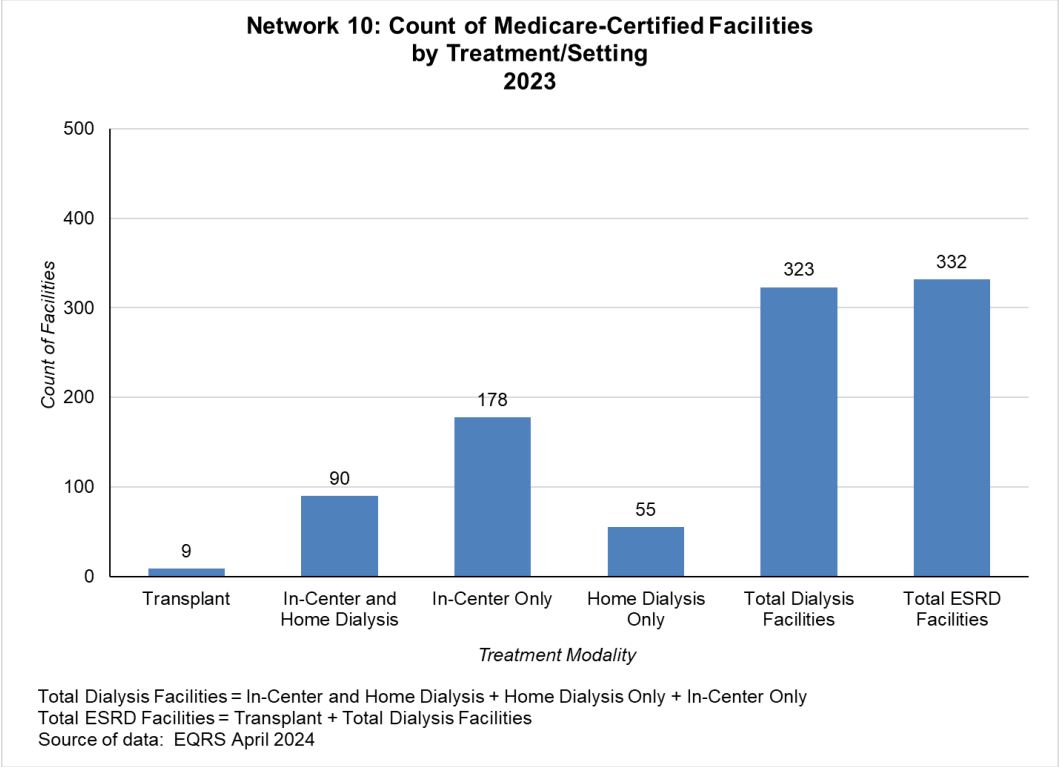
At year-end 2023, ESRD Network 10 was comprised of 332 total ESRD facilities (Graph 3), serving 17,123 dialysis patients (Graph 1). Additionally, Illinois had nine transplant centers (Graph 3) and a total of 12,964 transplant patients (Graph 1).



Graph 1: Count of network prevalent ESRD patients by treatment/setting for 2023

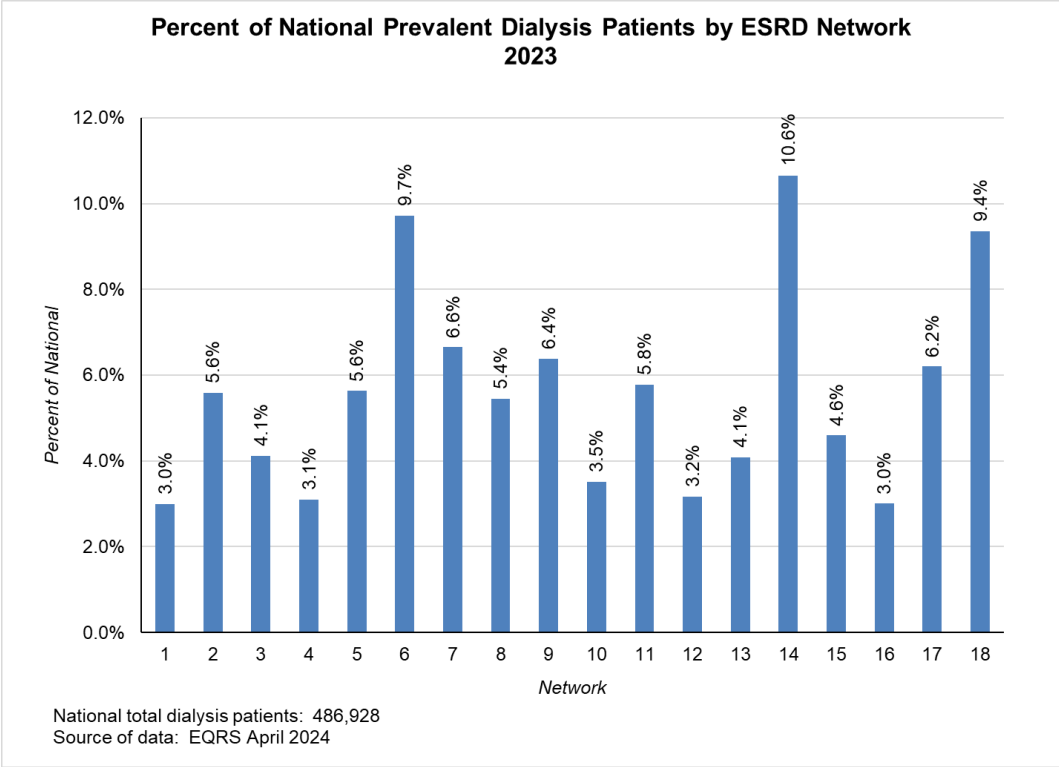


Graph 2: Count of network incident ESRD patients by initial treatment/setting for 2023

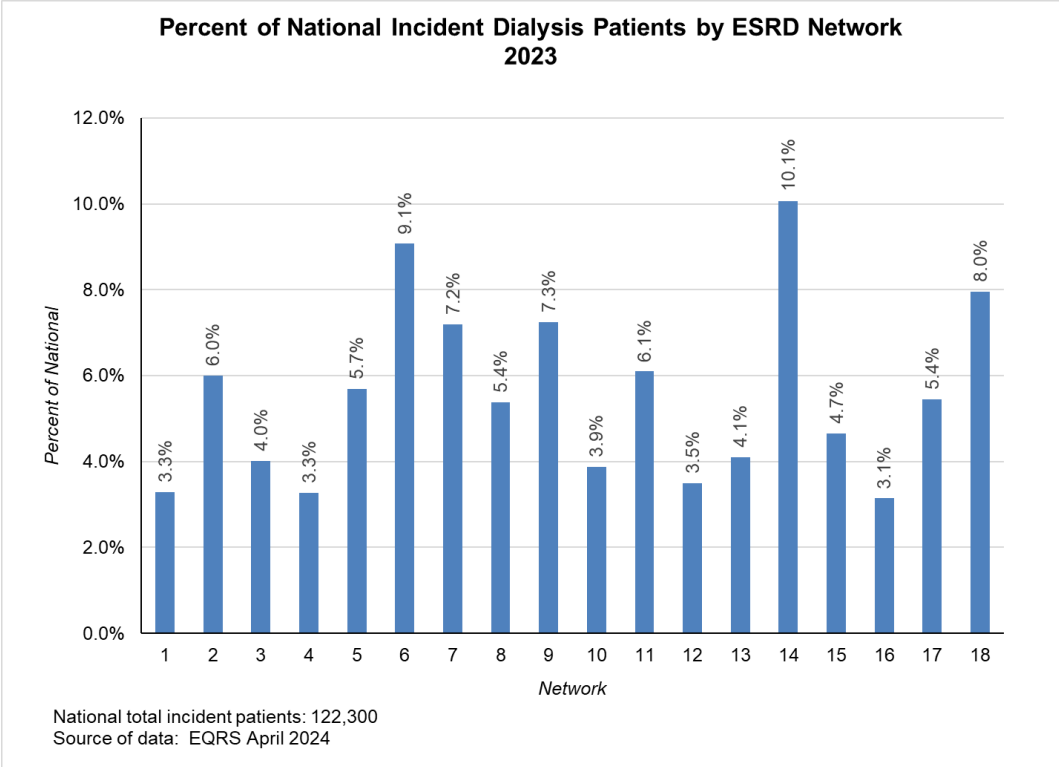


Graph 3: Count of network Medicare-certified facilities by treatment/setting for 2023

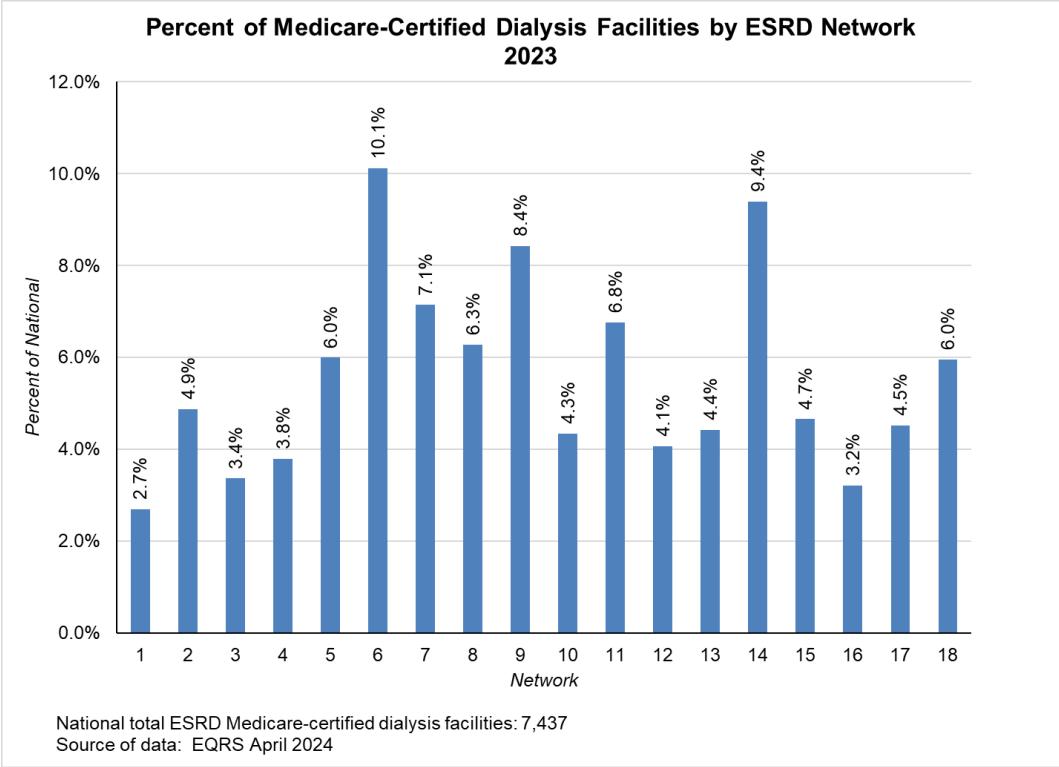
The graphs found on the following pages provide a comparison of the number of ESRD patients (prevalence and incidence) by renal replacement therapy in the Network 10 region, the number of dialysis facilities and transplant centers in the Network 10 region, the rates of patients (prevalence and incidence) across the nation by ESRD Network region, and the rates of facilities by type (dialysis and transplant) in the nation by ESRD Network region, the rates of Home Dialysis Therapies (i.e., Home Hemodialysis and Peritoneal Dialysis) across the nation by ESRD Network region, and the rates of Transplants Patients across the nation by ESRD Network region.



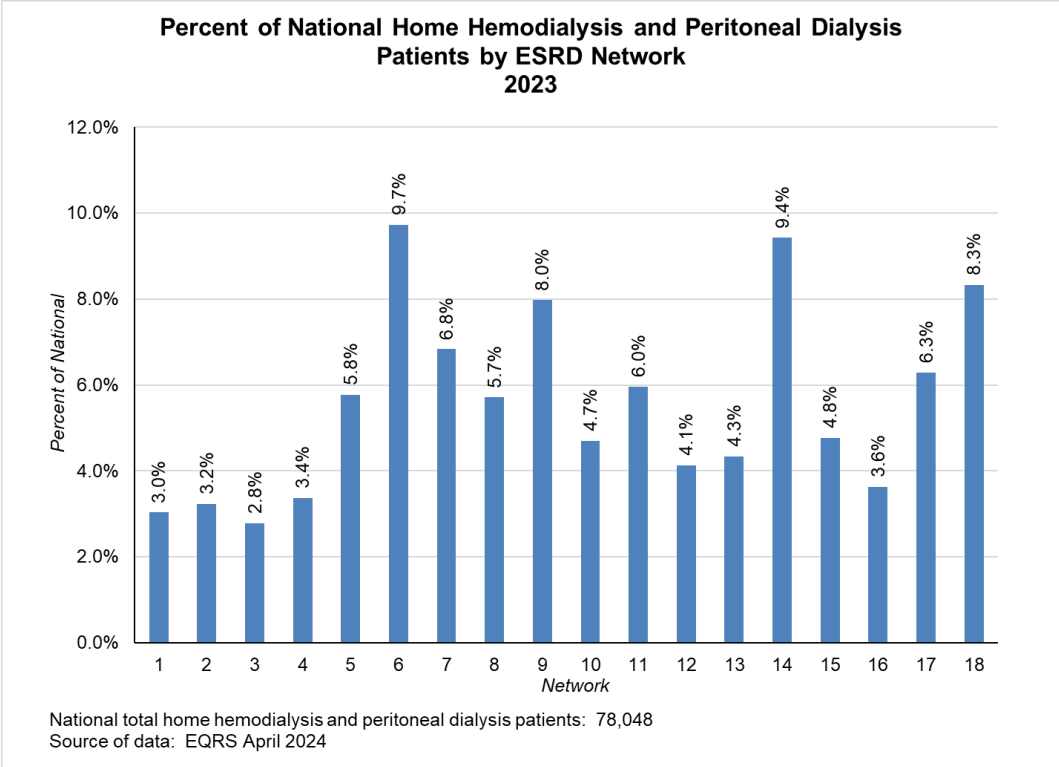
Graph 4: Percent of national prevalent dialysis patients by ESRD network for 2023



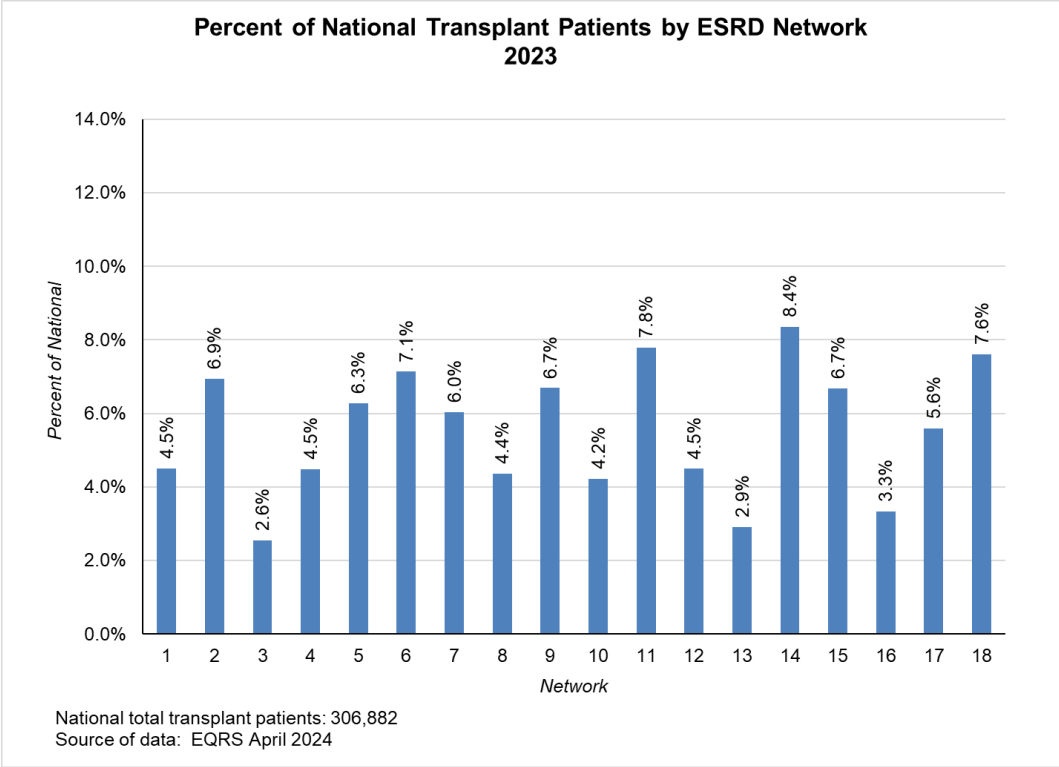
Graph 5: Percent of national incident dialysis patients by ESRD network for 2023



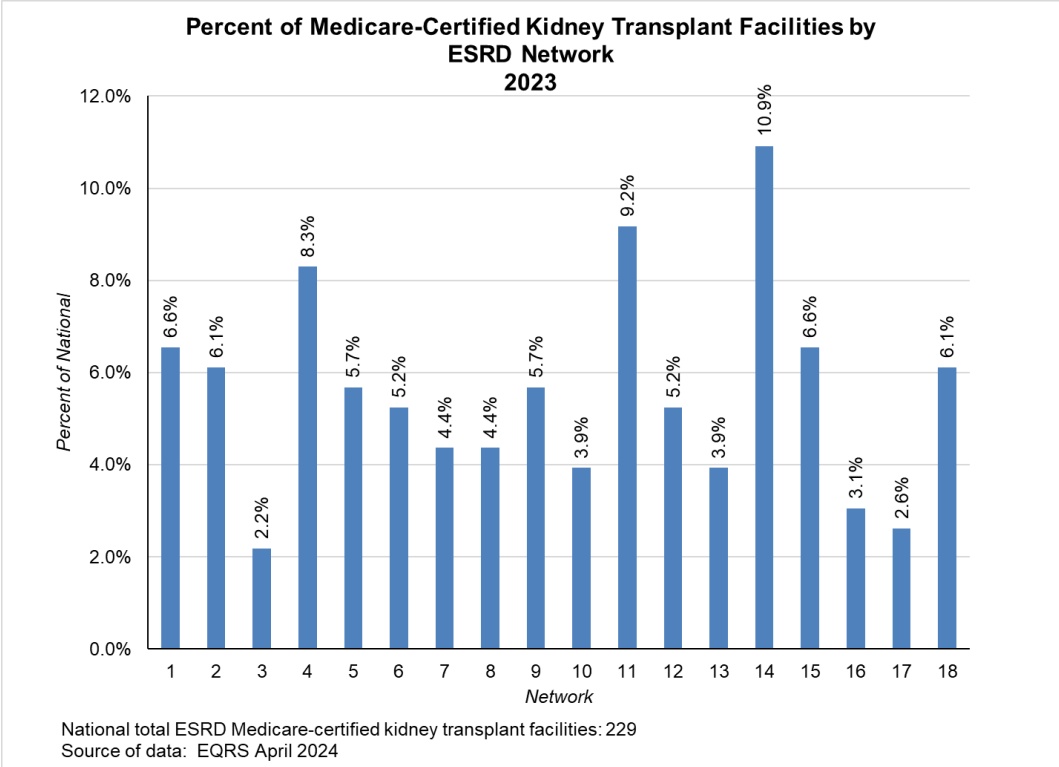
Graph 6: Percent of Medicare-certified dialysis facilities by ESRD network for 2023



Graph 7: Percent of national home hemodialysis and peritoneal dialysis patients by ESRD network for 2023



Graph 8: Percent of national transplant patients by ESRD network for 2023



Graph 9: Percent of Medicare-certified kidney transplant facilities by ESRD network for 2023

Transplant Waitlist & Transplanted Quality Improvement Activity May 2023-April 2024

The goal for this activity was to achieve a total of 9% increase in the number of patients added to a kidney transplant waiting list and a total of 12% increase in the number of patients receiving a kidney transplant from the baseline to the end of the option period.

Facilities with room for improvement were chosen as focus groups for small tests of change, working in collaboration with the Network's Transplant Community Coalition to complete PDSA cycles. 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.

Technical assistance was provided based on facility-level data provided by the ESRD NCC and emerging best practices were spread to the entire network service area for increased opportunities for improvement and sustainability. Through technical assistance, we identified a need for training on the EQRS Transplant Dashboard, and in response the team developed this [video tutorial](#).

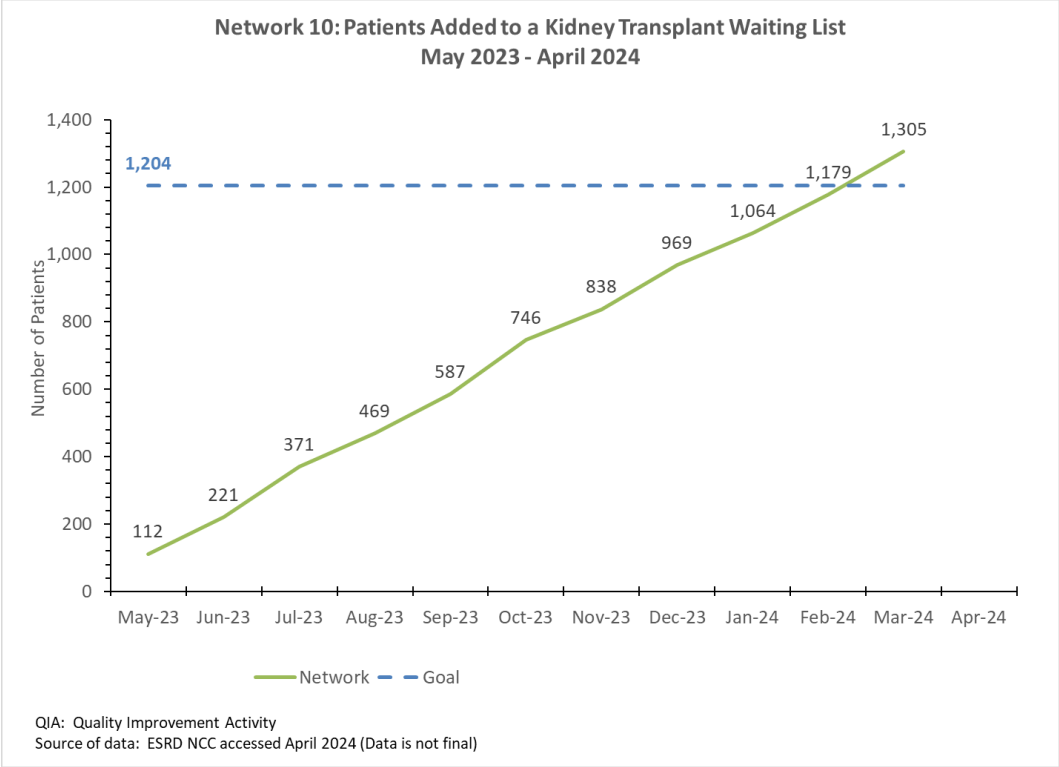
The Network held quarterly meetings with the 9 transplant centers in Illinois and surrounding transplant centers in nearby St. Louis, across the Illinois/Missouri border where many Illinois patients are listed. Best practices were shared across transplant programs. Faculty from transplant centers were featured in the Transplant Lunch and Learn series that began in the early spring of 2024, providing education on topics of interest from dialysis providers. The series gained traction with an average participation of over 100 dialysis facilities per session and average post-satisfaction surveys of 4.8 out of 5 stars. On-Demand webinars are available here: <https://esrd.qsource.org/webinars/>.

By the period ending April 2024, the Network had surpassed the goal for waitlisted, achieving 1,305 patients added to the kidney transplant waiting list (Graph 10).

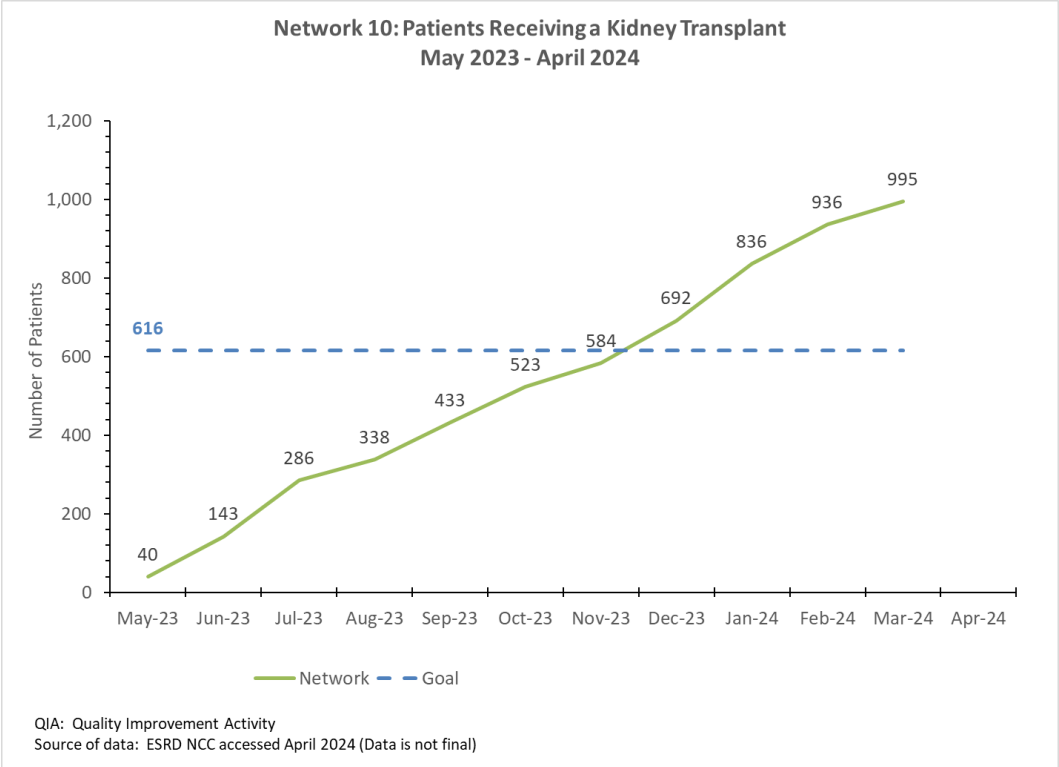
By the end of April 2024, through a dedicated and collaborative effort with dialysis providers and the transplant programs of Illinois, Network 10 had surpassed the goal for kidney transplants for the third year in a row (Graph 11), achieving 995 patients having been transplanted during the period. Among other strategies, the Network continued with a successful strategy from prior years providing ongoing technical assistance and training to transplant centers related to entering forms into the ESRD Quality Reporting System (EQRS) and a routine comparison of UNOS data to EQRS data to identify and mitigate discrepancies in the number of transplanted patients and ensure that data was captured and entered correctly.

The following resources were created in collaboration with the Transplant Community Coalition:

- [Helping Your Patients Through the Transplant Referral and Evaluation Process](#)
- [Kidney Transplant Checklist](#)
- [Patient Education: Transplant](#)
- [Transplant Bulletin Board Kit](#)



Graph 10- Count of Patients Added to Transplant Waitlist



Graph 11- Count of Patients Receiving Kidney Transplant

Home Therapy (Incident & Transition to Home) Quality Improvement Activity May 2023-April 2024

The goal for this activity was to achieve a total 30% increase in the number of incident patients starting dialysis using a home modality and achieve a total 12% 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.

Using EQRS data provided by the ESRD NCC, Network 10 chose facilities based on their room for growth and ability to achieve, with mid-to-low-level performers being chosen as cohort facilities. Low performers received technical assistance throughout the year based on EQRS data. Barriers were identified through Network-wide environmental scans and primary and secondary drivers were chosen by the Network 10 Home Modality Community Coalition. The coalition included subject matter experts able to assess local issues pertinent to home modality education and training, such as modality educators and program managers, high performing dialysis providers and clinicians, Nephrologists, Network Medical Review Board members, local hospitals, Quality Improvement Organizations, patient subject matter experts, and other kidney community stakeholders and beneficiaries, among others.

The coalition reviewed the environmental scans and assessments of focus facilities alongside the ESRD NCC Home Change Package and identified drivers for creation of appropriate interventions.

The Network began intervention support toward key strategies to meet patients where they are in the modality decision process, ensure that Nephrologists are supporting home modalities, engage hospitals in understanding the options for home dialysis, and spread general knowledge about home dialysis options to the community.

With these key strategies in mind, the Network developed a [Home Modality Booklet](#) to engage dialysis staff and drive effective modality conversations through understanding Change Theory and the Stages of Behavior Change, Motivational Interviewing (including 4-part Mini Lesson MI Videos which are linked in the booklet), Shared Decision Making, and Improving Communication.

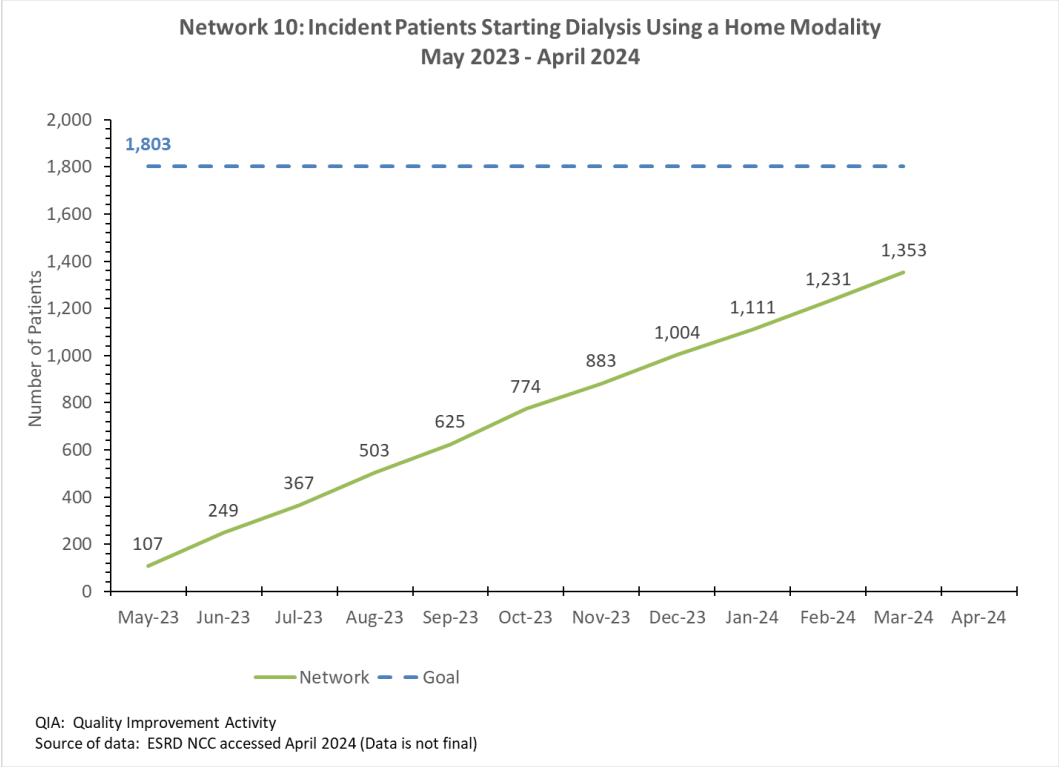
The Network adapted our outdated [Passport to Home](#) resource for patients to use during their transition from in-center dialysis to a home modality with input from our Patient Advisory Council.

We created a 4-part Mini-Lesson video series for Nephrologists and other physicians, including hospital staff, to better understand home options with supporting data from United States Renal Data System (USRDS) presented by Qsource Board of Directors and Qsource ESRD Networks Community Coalition members.

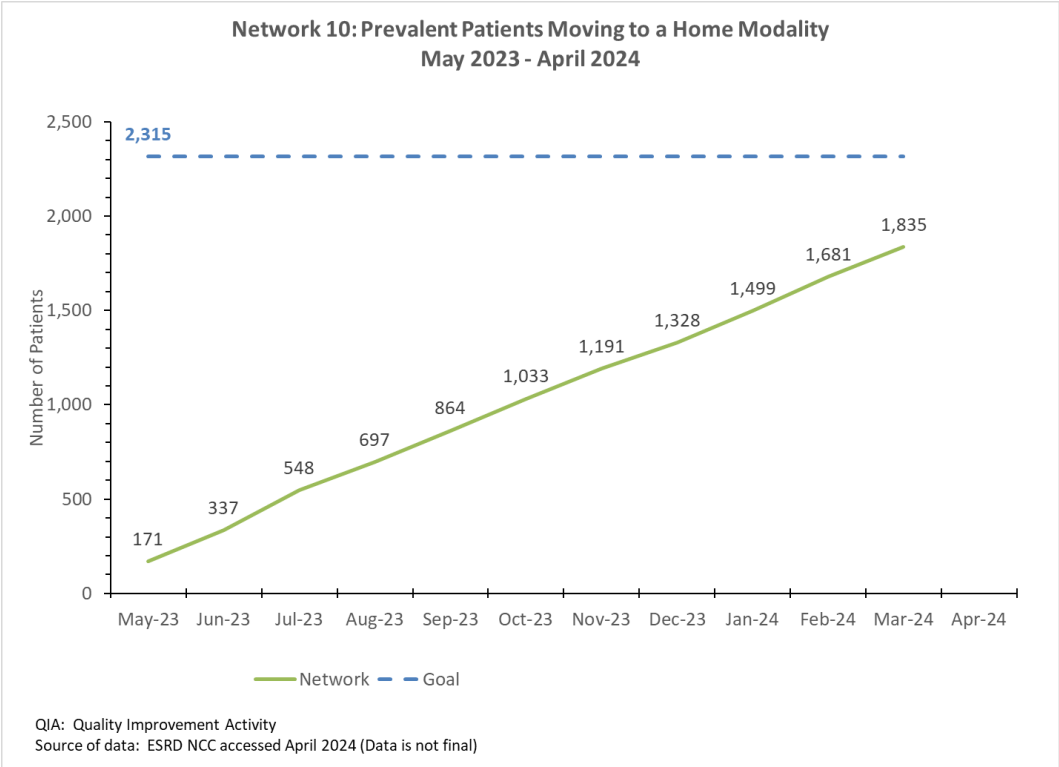
- [Guidelines for Nephrology Referral with Preethi Yerram, MD](#)
- [Guidelines for Renal Transplant Referral with Preethi Yerram, MD](#)
- [Barriers to Home Dialysis with Dr. Scott Solcher](#)
- [Lived Experience: Starting a PD Program at a County Hospital with Dr. Juan Pablo Ruiz](#)

At the end of the performance period, Network 10 saw strides toward incident patients starting dialysis using a home modality, falling short of the goal by 289 patients. Over 1,300 patients in the Network 10 region were able to begin home as their first choice during the performance period (Graph 12).

For the metric to move prevalent patients to a home modality, the network saw great advances with steady movement month over month, ending with an achievement of 1,835 prevalent patients moving to a home modality, however, missing the metric goal (Graph 13).



Graph 12- Incident Patients Starting Dialysis Using a Home Modality



Graph 13- Prevalent Patients Moving to a Home Modality

Influenza Vaccinations (Patient and Staff) May 2023-April 2024

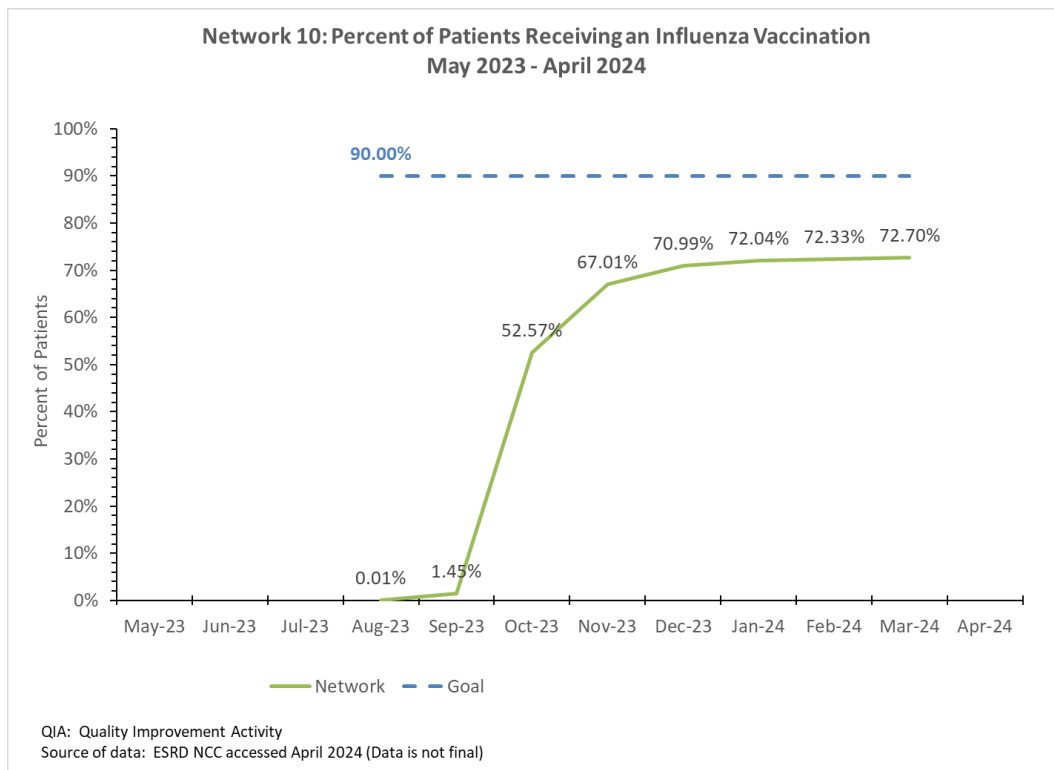
ESRD Network programs were tasked with achieving 90% of dialysis patients receiving an influenza vaccination based on EQRS data by the end of the option period.

A rigorous Flu Campaign was deployed from the months of August 2023 through April 2024 to encourage both patients and dialysis staff to receive the vaccination. [Monthly newsletters](#) including resources for both patients and staff were distributed Network wide. Patient resources were offered in both English and Spanish as about 13% of Illinois' population are primarily Spanish speaking according to the 2020 U.S. Census. The Network hosted office hours for technical support related to vaccination tracking and reporting to EQRS/NHSN and the EQRS Influenza Dashboard to ensure valid data entry. Process improvement plans developed through identification during technical assistance were rolled out to facilities with a barrier related to data entry of vaccinations administered in another setting.

Based on best practices identified with the Vaccination Community Coalition, the Network created a [Vaccine Hub](#), a one-stop-shop for all vaccination related information and included applicable influenza resources from trusted and state-specific resources. Two of the resources that were developed by the Qsource team were:

- [Similarities and Differences Between Flu and COVID-19](#)
- [ESRD | Flu Zone Tool](#)

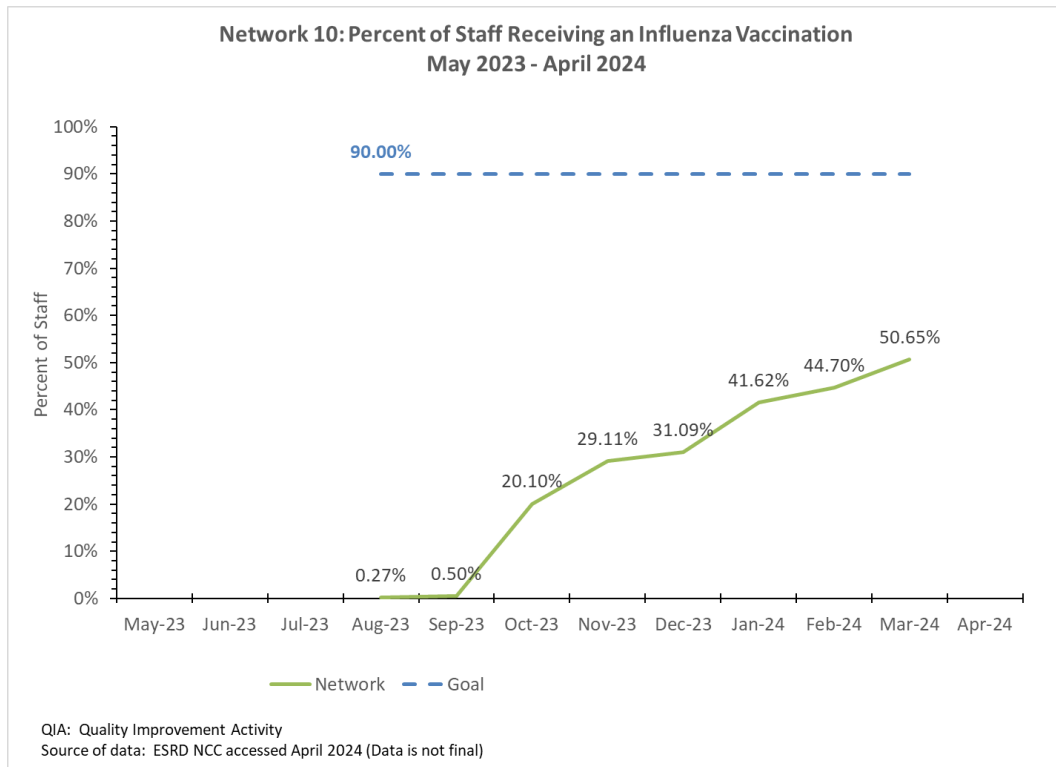
Despite great efforts, the Network was unable to achieve the goal set forth for influenza vaccination in the option period (Graph 14).



Graph 14- Percent of Patients Receiving an Influenza Vaccination

The ESRD Network Statement of Work required Networks to ensure a minimum of 90% of dialysis facility staff receive an influenza vaccination annually, measured using National Healthcare Safety Network (NSHN) data for the entire task order period of performance.

Rates for dialysis staff fell even lower with a rate of only about 51% of staff vaccinations being captured in NSHN (Graph 15). Ongoing technical assistance was provided to facilities with high rates of healthcare personnel without documented influenza vaccines. Large Dialysis organizations batch submit much of their data and facility level staff are sometimes unable to make changes in the systems or override the batched data. No Network in the program was able to achieve this metric in this performance period.



Graph 15- Percent of Dialysis Staff Receiving an Influenza Vaccination

COVID-19 Vaccinations (Patients and Staff) May 2023-April 2024

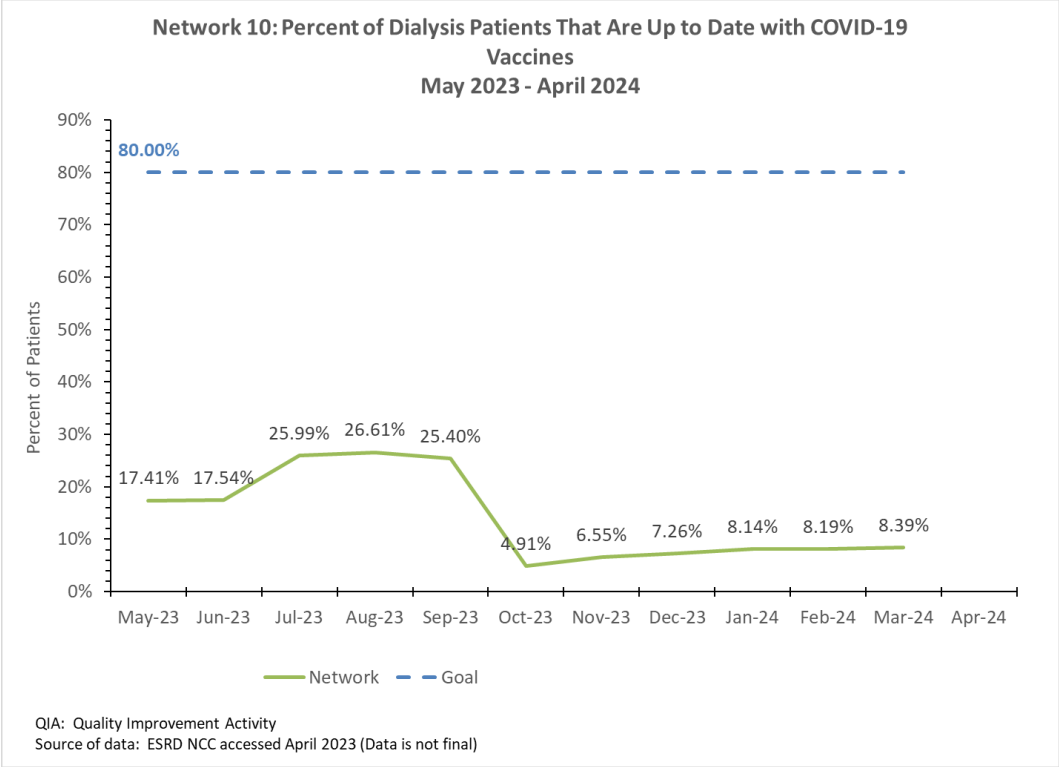
ESRD Networks were expected to achieve an 80% COVID-19 Vaccination Rate for dialysis patients and 95% of dialysis staff to be fully vaccinated for COVID-19 including boosters in the option period. The Network piloted a new rapid results quality improvement framework this option period, hosting monthly meetings with focus group facilities. There was a heavy focus on Root Cause Analysis and development of interventions based on these root causes. Focus facilities completed a [Vaccination Self-Assessment Roadmap](#) to identify their individual barriers, allowing the Network to provide directed support to local issues. High performing clinics presented barriers and successes to lower performers to encourage spread and utilization of promising practices. The Network collaborated with NHSN support to identify missing data submissions and train clinic staff on required reporting.

An additional focus was placed on Independent Dialysis Organizations. A COVID-19 Spotlight campaign was run for independent clinics, notifying them of the goals for COVID-19 vaccination, current statistics for their state, state immunization registry information, NHSN reference guides, ESRD Network technical assistance booking links, and pharmacy partnership opportunities if access to the vaccine is a barrier, including local pharmacies who provide COVID-19 Vaccine clinics with address, distance from their clinic, and mapping feature.

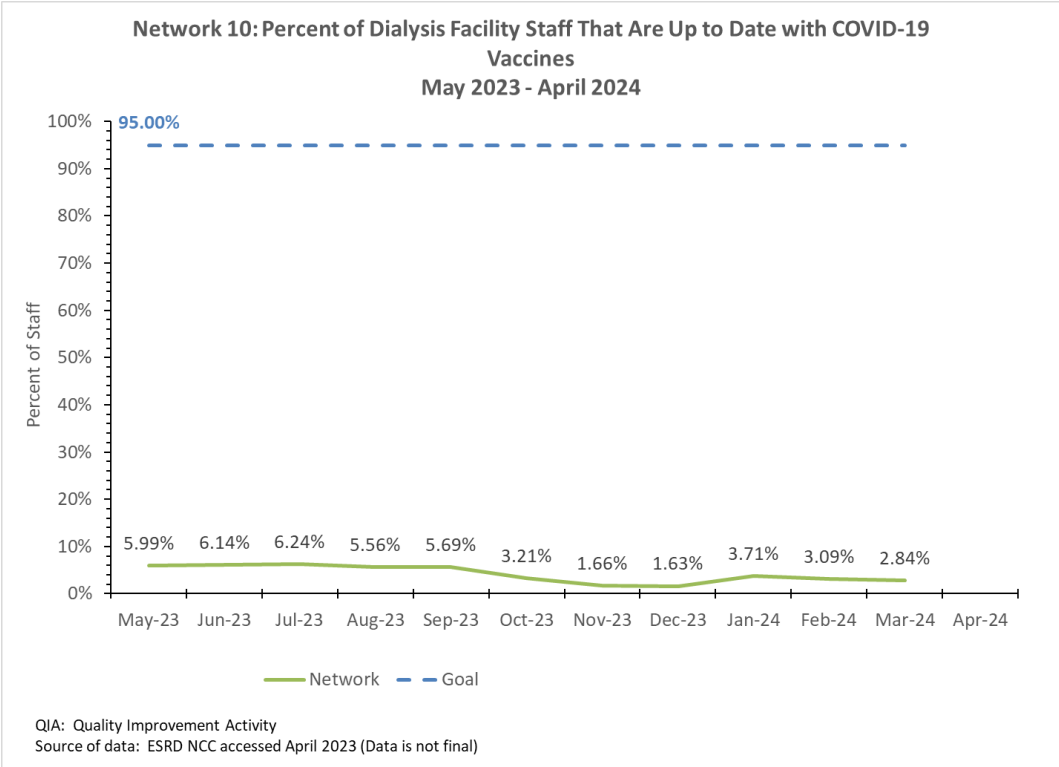
Many methods of intervention and education were completed toward the COVID-19 vaccination effort, including but not limited to, monthly broad education to the Network including both patient and staff educational resources, flyers, short videos, webinars, printed materials mailed to facilities, printable posters and handouts, continued updates from the CDC and local health departments, targeted technical assistance using county level information on COVID rates, and motivational interviewing instruction in order to increase vaccine uptake. Resources were made available on the newly developed [Vaccine Hub](#).

Graphs 16 and 17 illustrate the results of this quality improvement activity, showing that Network 10 did not meet these metrics. Vaccination rates for patients was 8.39% (Graph 16). The dip from over 25% in September to less than 5% in October reflects the CDC's policy change to usage of the available monovalent vaccine which was needed to be considered up to date as of October 2023.

The low achievement of just 2.84% for staff being vaccinated for COVID-19 (Graph 17) is attributed to several factors including data entry issues, no government mandates for the vaccine, relaxed requirements from LDOs for vaccine uptake, vaccine burnout, and dialysis providers no longer administering the vaccine inside the clinic. No ESRD Network was able to meet the COVID-19 vaccination goals this option period.



Graph 16- COVID Up-to-Date Vaccination Rate for Dialysis Patients



Graph 17- COVID Up-to-Date Vaccination Rate for Dialysis Staff

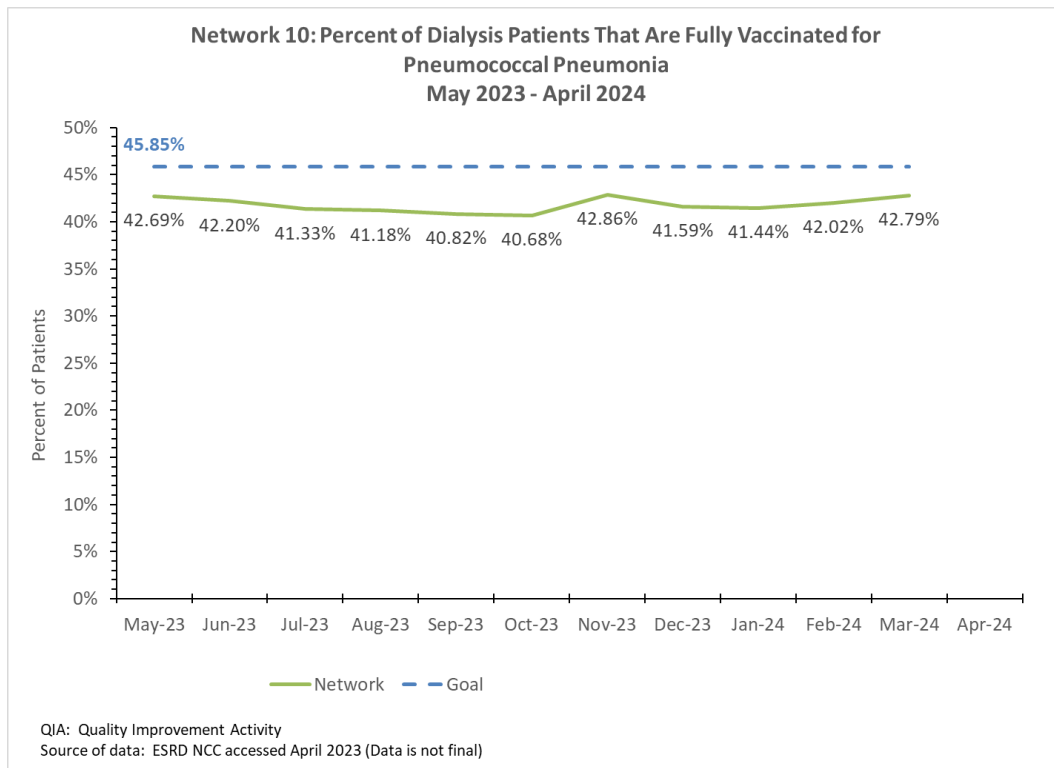
Pneumococcal Vaccinations May 2023-April 2024

ESRD Networks were expected to achieve a 7% increase from baseline in the percentage of fully vaccinated dialysis patients for pneumococcal pneumonia over the option period (Graph 18).

The Network targeted Large Dialysis Organizations to focus on this metric. Focus group participants were expected to complete a [Vaccination Self-Assessment Roadmap](#) to identify their individual barriers, allowing the Network to provide directed support to local issues. Open office hours were held to support vaccination tracking and reporting and usage of EQRS Pneumococcal dashboard which was released in 2023. Technical assistance was performed based on data from EQRS. The team worked with individual clinics as well as with regional leadership from the LDOs to encourage a top-down approach to data entry, which was one of the barriers for this metric. This was a heavy focus during Onsite visits, with technical assistance being provided for individual patient pathways to up to date status.

A “Get the 20” campaign was launched in early spring of 2024 to encourage use of the PCV20 vaccine which will place patients up to date with one dose. This information is available on the [Vaccine Hub](#) and includes a patient poster and staff education, patient activities, and a special message from a member of the Qsource ESRD Networks Medical Review Board.

- [Get The 20 Patient Poster](#)
- [Get The 20 Patient Flyer](#)
- [Get The 20! Pneumonia Staff Handout](#)
- [Ultimate Protection Bulletin Board Kit](#)
- ["Get the 20!" with Dr. Fadi Yacoub](#)



Graph 18- Pneumococcal Pneumonia Up to Date Patient Vaccinations

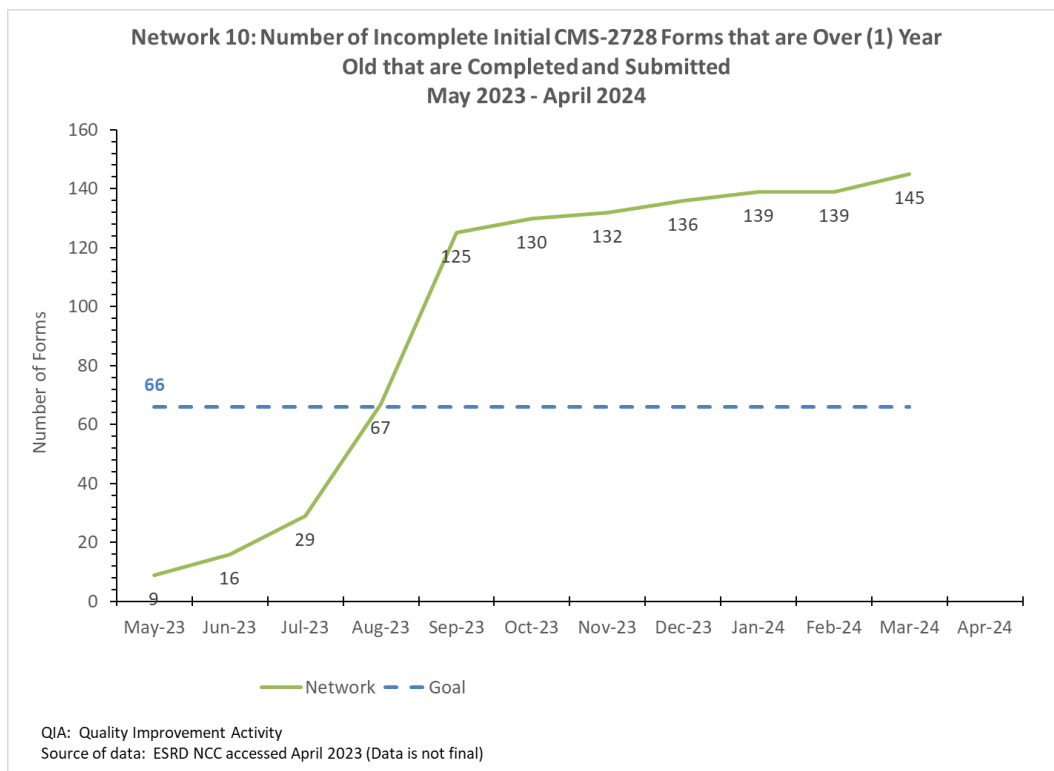
Data Quality (2728 Forms Over 1 Year, CMS Form 2728, CMS Form 2746) May 2023-April 2024

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

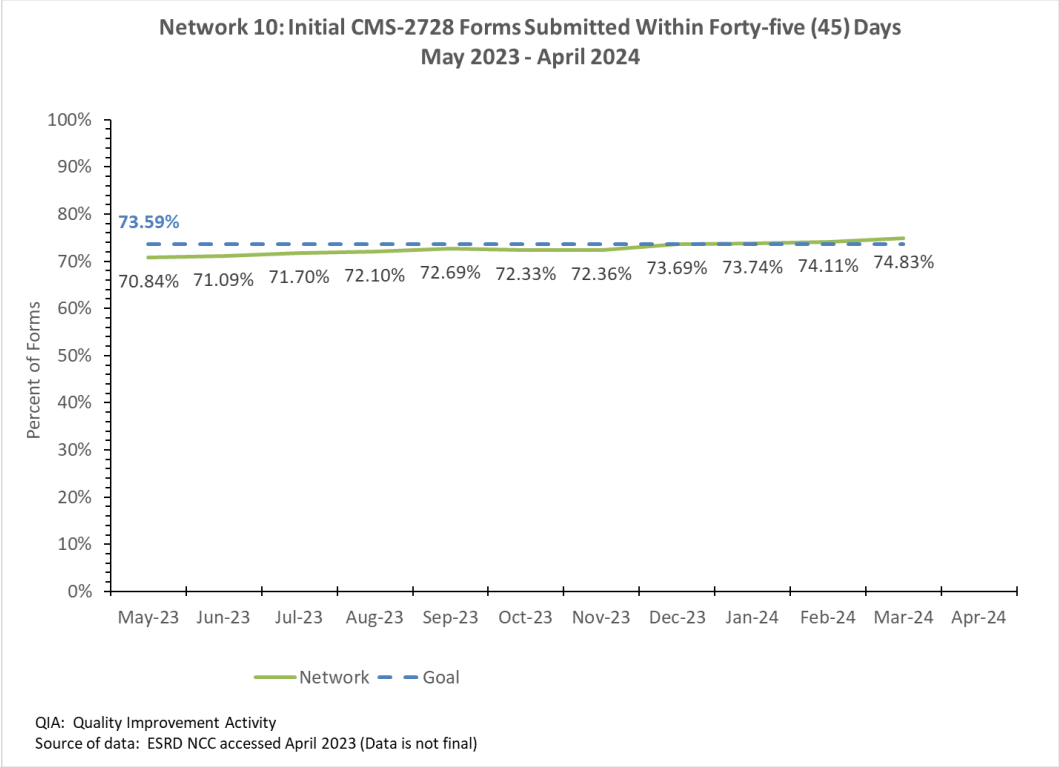
- Achieve a total 1% increase in the number of incomplete initial 2728 over 1 year old that are completed and submitted during the option period
- Achieve a total 4% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days from the baseline to the end of the option period
- Achieve a total 9% 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. Targeted communication with follow-up technical assistance to facilities with more than 4 missing forms was a successful strategy for this option period.

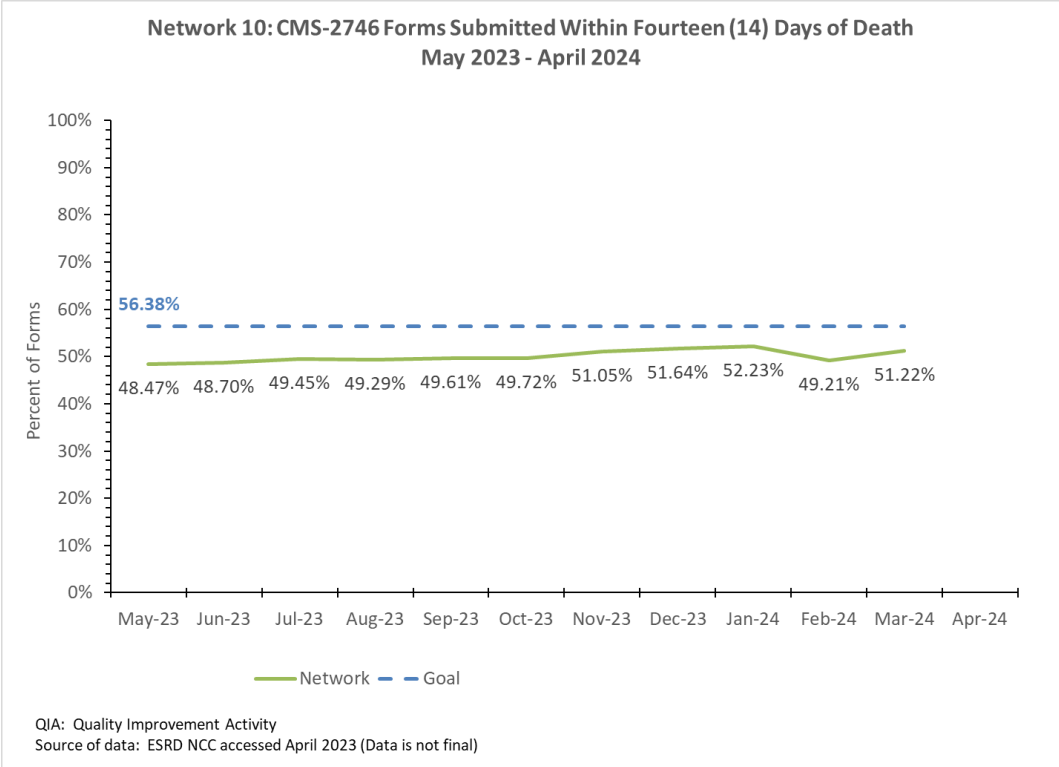
Graphs 19, 20, and 21 display the available data toward these efforts at the end of the option period with two of the three data quality improvement activities surpassing the goal.



Graph 19- Number of Incomplete Initial 2728 Forms Over 1 Year Old that are Completed and Submitted



Graph 20- CMS-2728 Forms Submitted within 45 Days



Graph 21- CMS 2746 Forms Submitted within 14 Days of Death

Hospitalization (Inpatient Admissions, ED Visits, Readmissions) May 2023-April 2024

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

- Achieve a 4% decrease in hospital admissions for the Primary Diagnosis Categories identified by CMS from the baseline to the end of the option period
- Achieve a 4% 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 4% 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

The Network piloted a new quality improvement framework for focus facilities who were chosen using data from EQRS, from both low and mid-performing groups in the hospitalization metrics. We met with facilities monthly for quality improvement coaching, reviewed the focus and goals, and strategy sharing. Participants were expected to complete monthly action items and received resources for facilitation of interventions that were devised in collaboration with the Hospitalization Community Coalition.

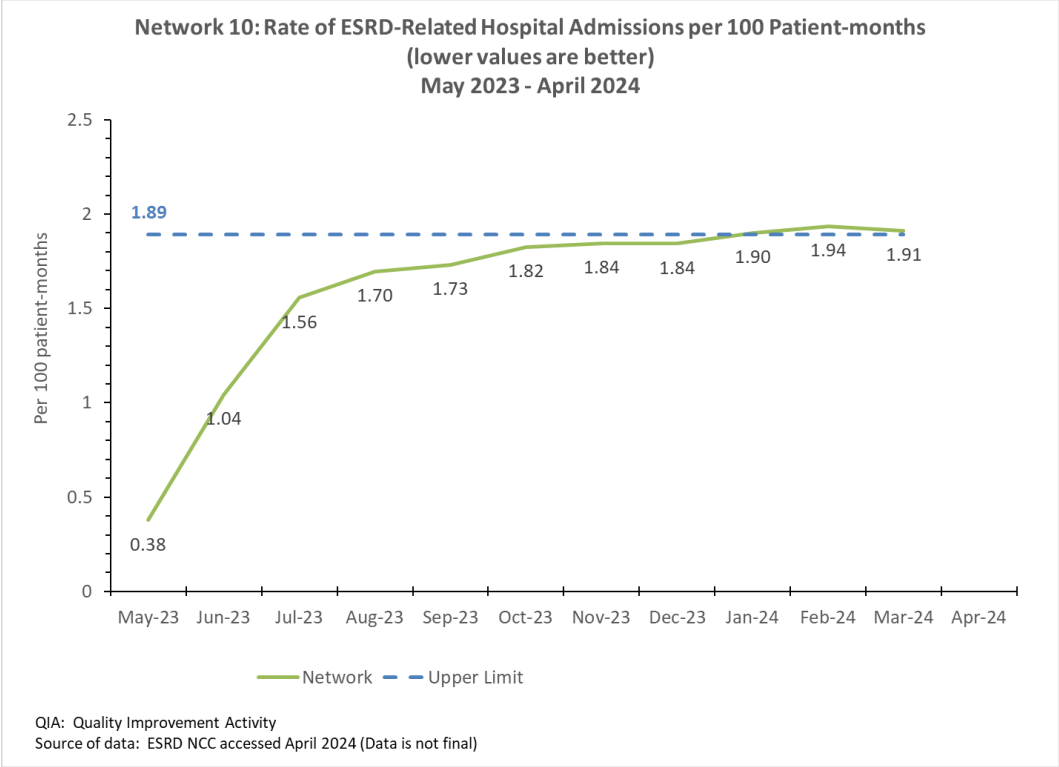
Resources included:

- [Hospitalization Self-Assessment Roadmap](#)
- [Dialysis to Hospital Transfer Summary](#)
- [Hospital to Dialysis Transfer Summary](#)
- [Don't Monkey around with Missed Treatments Bulletin Board Kit](#)
- [The Effects of Repeated Hospitalizations for ESRD Patients](#)
- [How Do I Balance a Kidney & Diabetic Diet?](#) (*Inspired by Patient Advisory Council*)

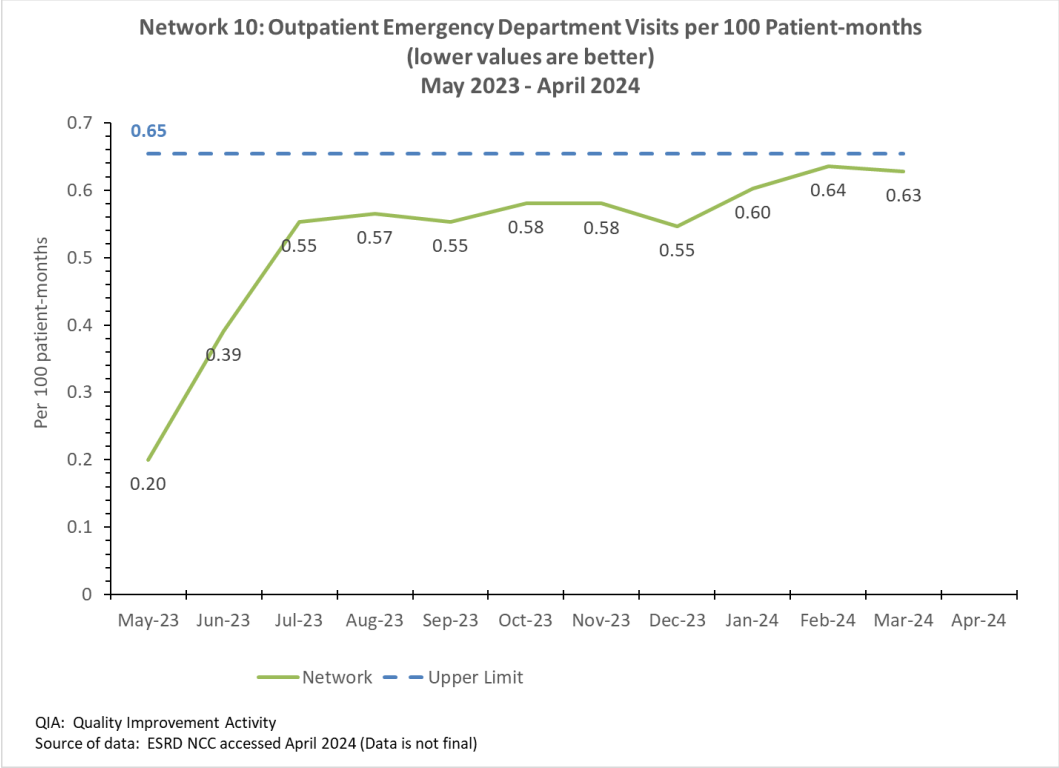
Throughout the option period, low performers were provided with technical assistance using data from the ESRD NCC to assess their needs. Best practices identified through the coalition and focus groups were spread throughout the entire Network service area for greater uptake of successful interventions.

Strengthening and continuing community partnerships is essential to forward movement in the hospitalization metrics. The Network continued collaborations with the Illinois Hospital Association (IHA), Illinois Department of Public Health (IDPH), Chicago Department of Public Health (CDPH), and QIN-QIOs. Ongoing relationships were sustained with large dialysis providers within skilled nursing facilities in Illinois to monitor outcomes and offer strategic process improvement plans, since their patients have higher rates of hospitalizations due to many co-morbidities. Network 10 presented a webinar with the IDPH Infection Prevention team in December of 2023 to an audience of over 600 Long Term Care facilities to educate participants on care of dialysis patients in the nursing home to prevent ED visits, hospitalizations, and unplanned readmissions. We also partnered with both IDPH and CDPH to roll out their Infection Control Assessment and Response (ICAR) program with the goal of facilities identifying infection prevention gaps to lessen patient hospital admits.

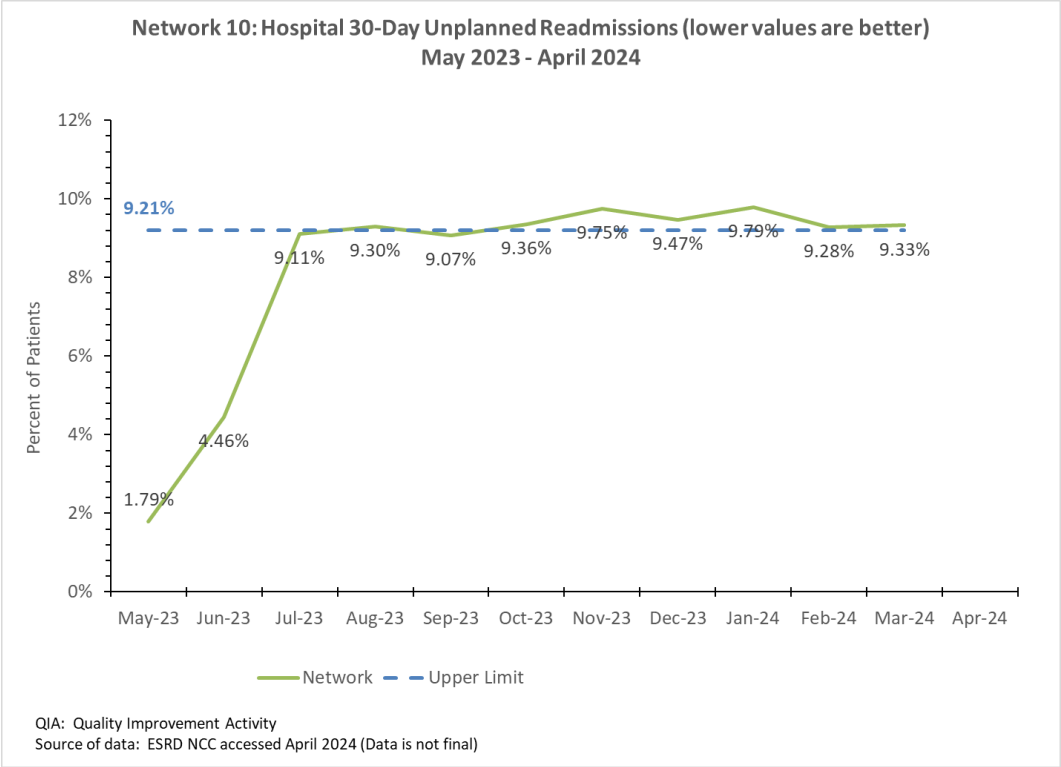
As illustrated in the following graphs 22- 24 (lower rates are better), Network 10 was just above the upper allowable limit on the hospitalization and readmission metrics and just below on ED visits.



Graph 22- Rate of ESRD-Related Hospital Admissions per 100 Patient-months



Graph 23- Outpatient Emergency Department Visits per 100 Patient-months



Graph 24-Hospital 30-Day Unplanned Readmissions

Nursing Home (Blood Transfusion, Catheter Infection, and Peritonitis) May 2023-April 2024

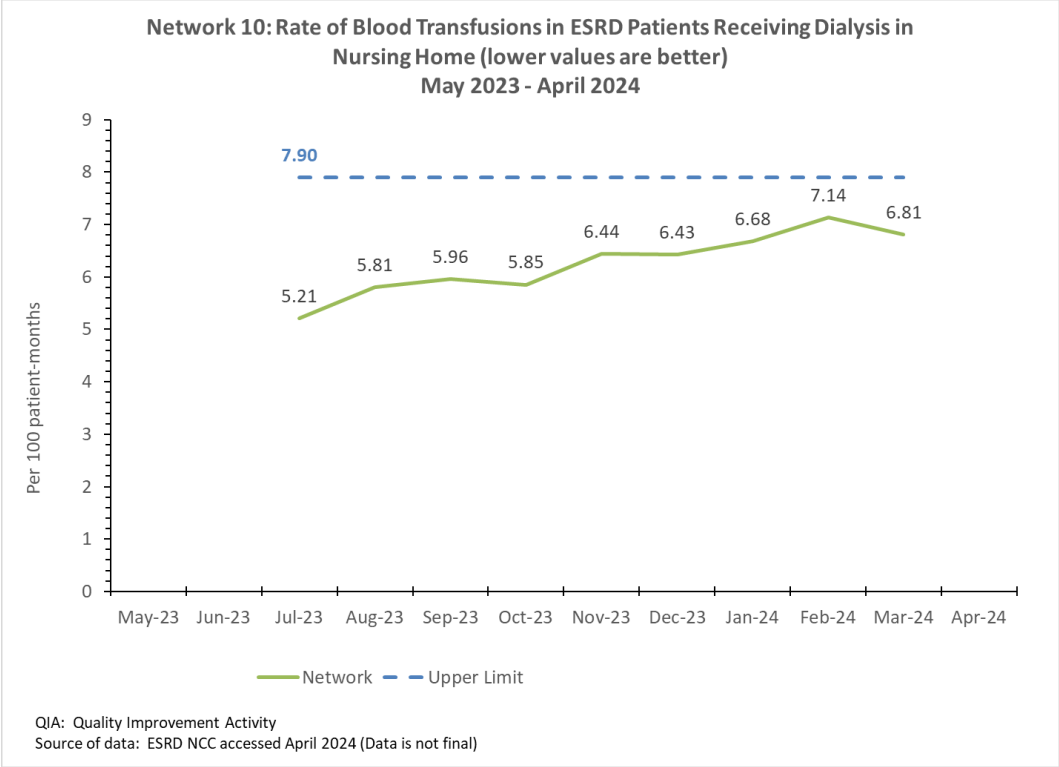
Goals for this metric included a 6% decrease over baseline in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in a nursing home, a 3% decrease in the incidence of peritonitis in dialysis patients receiving home dialysis in a nursing home, and a 3% decrease in the rate of dialysis patients receiving dialysis at nursing homes that receive a blood transfusion from baseline to the end of the base period.

Network 10 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. There was a heavy focus on data validation and much labor was spent on ensuring that the patients in the data sets for this metric were in fact residents of a skilled nursing facility. The Network increased partnership with LDO managers working within nursing homes, a growing sector in the Network and continued regular touchpoints with large providers of dialysis in the nursing home. We continued our collaborative partnership with the Illinois QIN-QIO to focus on nursing home residents for vaccinations, hospitalizations, infection control, and anemia management, staff education and training with a focus on overall wellness for this demographic and provided a training session for over 600 Long Term Care providers in Illinois in collaboration with IDPH.

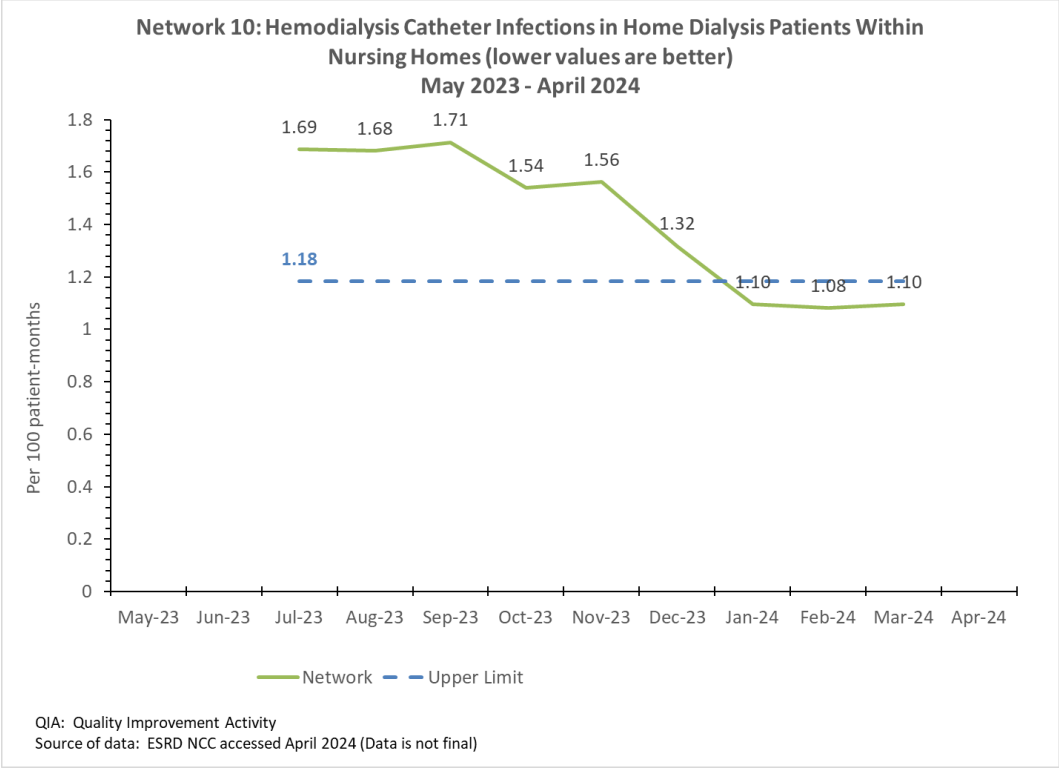
Common barriers were nursing home staff turnover, nursing home staff not following orders from dialysis, communication pathway breakdown, data inaccuracy, lack of infection control practices, and high acuity population. To this end, we created a [Nursing Home Toolkit](#) to assist nursing homes in better understanding how to care for dialysis patients outside of dialysis. To address communication barriers, the coalition and Network developed a [Communication Form](#) that can be used to improve care transitions between dialysis and the nursing home.

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, and anemia management. The Network provided individualized strategy plans and supporting resources to aid in success with these metrics.

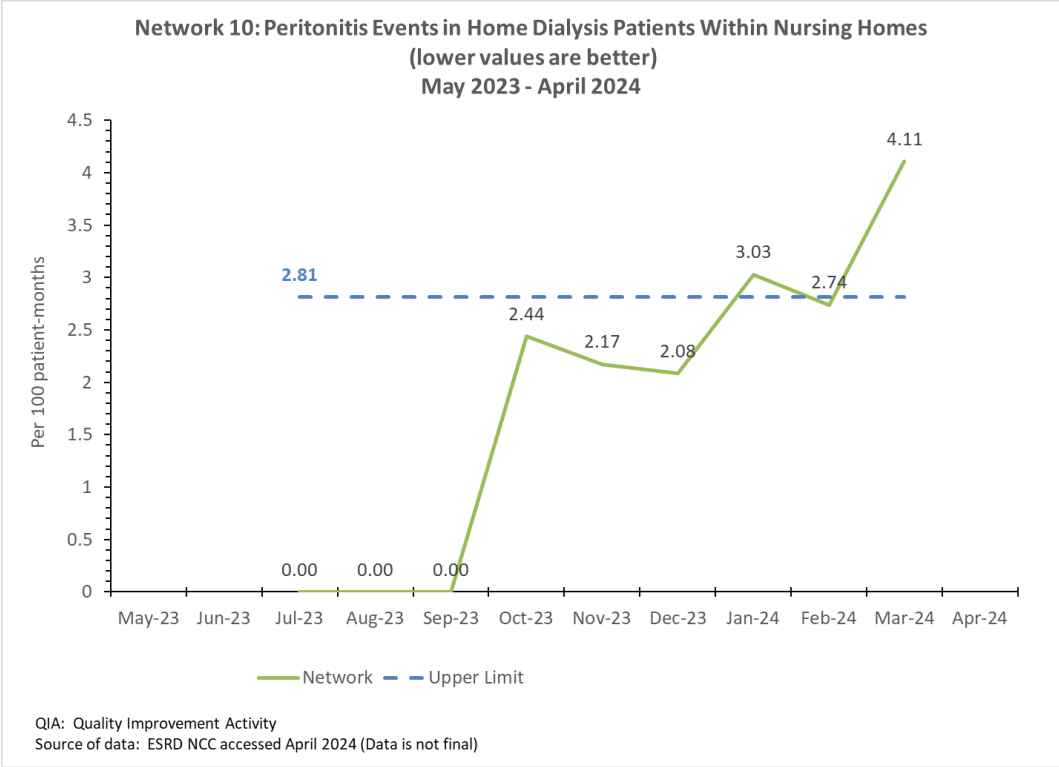
The following graphs depict the final data for the period, with achievement in blood transfusion and hemodialysis catheter infections (Graph 25 and 26, respectively). The peritonitis goal was not achieved (Graph 27) despite close monitoring and ongoing patient-specific root cause analysis, and the end of period spike represents only 5 events of peritonitis as the denominator for this measure is very low.



Graph 25- Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Homes



Graph 26- Hemodialysis Catheter Infections in Dialysis Patients Receiving Treatment in Nursing Homes

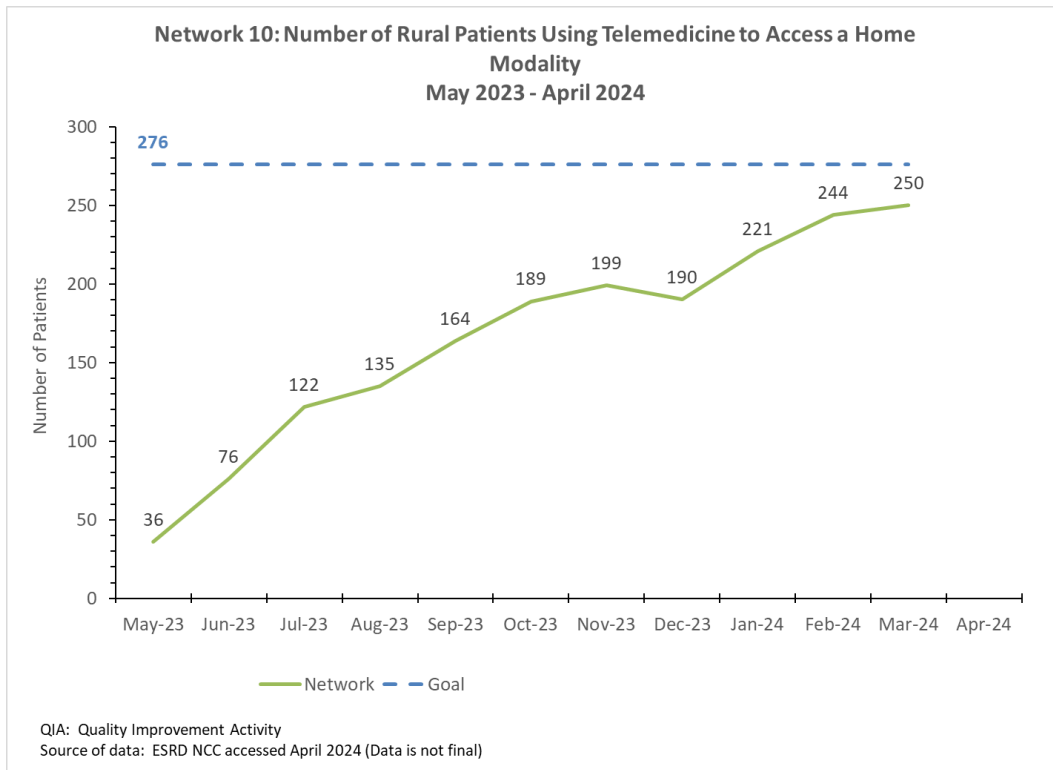


Graph 27- Peritoneal Catheter Infections in Dialysis Patients Receiving Treatment in Nursing Homes

Telemedicine May 2023-April 2024

ESRD Networks worked toward a goal of 3% increase in the number of rural ESRD patients using telemedicine to access a home modality based on EQRS from baseline to the end of 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 Network's [Telehealth Passport](#) developed by our quality improvement team, and continued support for patients through our Patient Advisory Council and Peers in Action groups. Identified best practices were shared network-wide and technical assistance was provided to facilities in need.

Although Graph 28 illustrates that Network 10 did not meet goal by the March 2024 data, the network did achieve 277 patients with the final April 2024 data (not shown) to meet the goal of 276.



Graph 28- Number of Rural ESRD Patients Using Telemedicine

Depression Treatment May 2023-April 2024

CMS set a goal for the ESRD Networks to achieve a total 10% increase in the percentage of patients, within the subset of patients identified as having depression, who have received treatment by a qualifying mental health professional from the established baseline to the end of this option period.

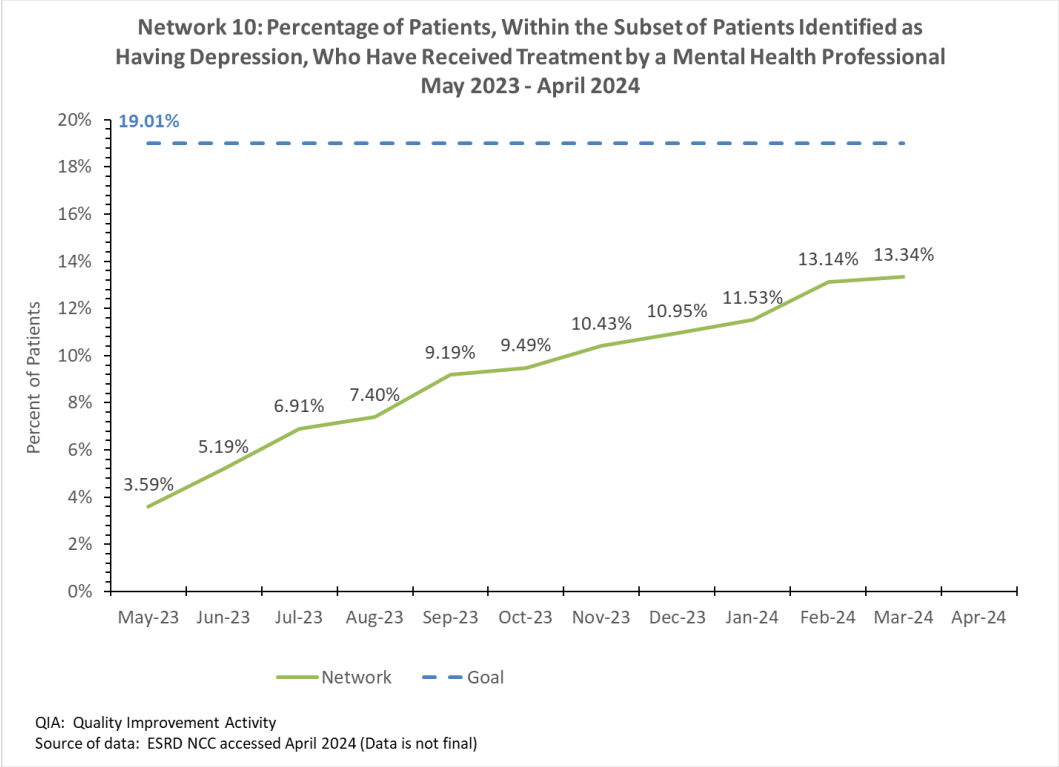
The Network encouraged facilities in the Depression Treatment focus group to focus on overall wellbeing as a way to decrease depression symptoms including exercise, coloring, stress awareness, and journaling. The Network has resources for each of these areas on our [Depression QIA](#) web page. One best practice we identified was meeting with interdisciplinary team to make sure everyone is aware of specific patients who may need additional support, ensuring that Patient Care Technicians are monitoring patient moods and behaviors and reporting anything out of the ordinary to the social worker. Facilities tried to create a no-judgment/stigma-free zone where they openly talk about mental health wellness. Other facilities shared how they started support groups for local patients. To supplement this effort, the network shared our [How to Start a Support Group](#) tool. Technical assistance calls were required for all participants of this focus group and additional TA was provided based on data indicating low performance at any time during the option period.

The Network partnered with Nourishing Hope, a Chicago agency committed to connecting people to food, mental health, and social services and Ascension Behavioral Health to complete two Lunch & Learn sessions for Social Workers in the network service area, which was well received in the community. The Network was able to continue collaboration with both of these agencies past the initial session and connect patients to mental health services, and other social services including addressing food insecurity as needed.

In collaboration with the Behavioral Health Community Coalition, the Network developed or adapted the following resources during the option period:

- [Depression Zone Tool](#)
- [Discussing Depression Handout](#)
- [Myths and Facts about Depression](#)
- [Online and National Peer Support](#)
- [Feeling Blue Flyer](#)

Graph 29 shows a month over month increase throughout the task order period of performance, falling short of the goal. Only one ESRD Network was able to meet the goal for this period. One major barrier included that the mental health providers had to accept and file claims with Medicare Part B insurance in order for the metric to be quantifiable. Patients who received treatment through other types of providers were not included in the figures illustrated below.



Graph 29- Applicable Patients Receiving Treatment by Mental Health Professional



ESRD Network Grievance and Access to Care Data

ESRD Network 10 responds to calls for assistance from stakeholders, including dialysis patients, caregivers, family members, dialysis clinic staff members, and physicians. During 2023, the majority of contacts were received in the following CMS-defined categories:

Access to Care (66%): These contacts deal specifically with concerns for patients who are in danger of being involuntarily discharged (IVD) from their dialysis clinics and regarding patients who have been involuntarily discharged without a placement at another unit. In many instances, ESRD Network 10 works with individual facilities to identify and address difficulties in placing or maintaining patients in treatment. These access to care cases may come to the Network's attention in the form of a grievance, or they may be initiated by facility staff. An IVD is a discharge initiated by the treating dialysis facility without the patient's agreement. An involuntary transfer (IVT) occurs when the transferring facility temporarily or permanently closes due to a merger, or due to an emergency or disaster situation, or due to other circumstances, and the patient is dissatisfied with the transfer to another facility. A failure to place is defined as a situation in which no outpatient dialysis facility can be located that will accept an ESRD patient for routine dialysis treatment.

Facility Concern (23%): Facility concerns are brought to the Network's attention by staff members or physicians of Network 10 dialysis clinics. Facility concerns are often made to ask for assistance with an issue before it grows to be a 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 (3%): 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 (0%): Patients often reach out to the Network for assistance in solving issues they are experiencing in their dialysis clinics. In the case of Immediate Advocacy, the concerns are ones that can be settled within seven calendar days and do not involve clinical issues. For issues which take more time, the case will be escalated to a general grievance to allow more time for investigation. The case may be escalated to a clinical quality of care grievance if clinical issues are identified during the course of the initial investigation.

Clinical Quality of Care (3%): 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 Quality of Care (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 used trending information from grievances to find existing resources or develop new resources for patients and staff to assist in solving conflicts and in improving communications for all parties. A sample of resources provided is listed below:

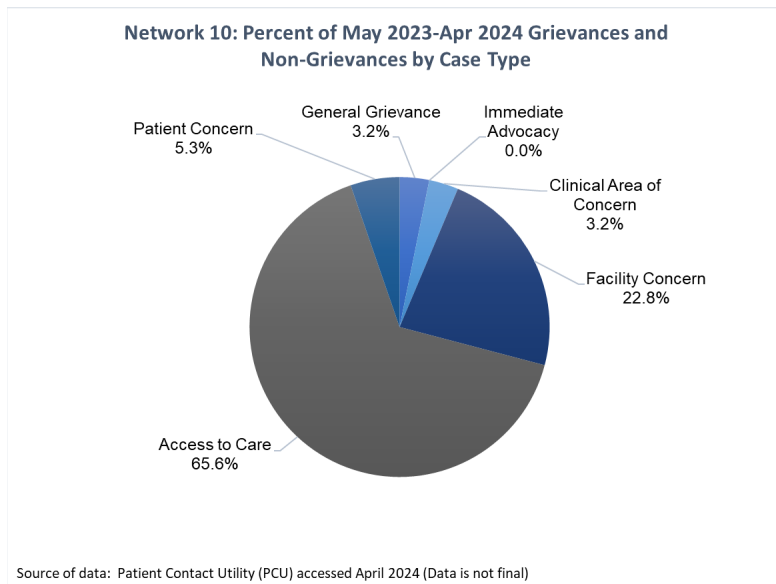
Network Interventions for Providers: referenced *Decreasing Dialysis Patient-Provider Conflict (DPC) Toolkit* (including recently updated modules); Network staff participated in care or grievance conferences; advocated for patient rights; education about *The ESRD Network Forum - Dialysis Patient Grievance Toolkit*; discussed staff professionalism, mental health evaluation and follow up needs; highlighted websites for patient and caregiver education resources; discussion of behavioral agreement or agreements for change; identifying other treatment modalities; staff education about end-of-life, palliative care, and hospice services; review of plan of care (POC) and information on life planning; informing clinic staff about related regulations and ESRD Conditions for Coverage (CfCs) guidelines; educating about involuntary discharge (IVD) or transfer (IVT) processes; and increasing awareness about Network-specific resources, which are available on the [Qsource ESRD Network website](#).

Network Interventions for Patients: educating patient on [rights and responsibilities](#); initiating or participating in discussions about substance use/withdrawal, mental health evaluation and follow up, or other modalities; identifying providers for patients and caregivers; offered Network mediation; referred patient, family or caregiver to ESRD website and resources, such as *The ESRD Network Forum - Dialysis Patient Grievance Toolkit*; assisting patient and representatives with self-advocacy by encouraging participation in care planning; discussing depression and coping skills; coaching on communication techniques; and identifying other agencies for possible referral(s) when appropriate.

At-Risk, IVD or IVT Interventions:

Provider specific: Network contacts clinic staff, physician or physician groups, as well as Medical Directors to discuss case issues and develop solutions; educating staff about coping strategies and anger management; recommending or assisting with implementation of a behavior contract or care plan agreement, coaching clinic staff about [professionalism and communication techniques](#), advocating for patient rights and maintaining access to care by assisting with placement if/when an IVD or IVT event occurs. Patient specific: coaching patient/family/caregivers about communication technique and self-advocacy by routinely encouraging use of *The National Forum of ESRD Networks – The Dialysis Patient Grievance Toolkit*; educating patients about [anger management](#), coping skills and/or mental health evaluation follow up, specifically, how lack of these skills or left untreated can lead to IVD or IVT events.

Source of data: EQRS Patient Contact Utility (PCU)



ESRD Network Recommendations

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

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

ESRD Network COVID-19 Emergency Preparedness Intervention

Facilities that are impacted by emergencies, unexpected closings or schedule changes complete an online survey to explain the situation, how many patients and staff were impacted, current statuses and any other valuable information. Network staff is alerted and follow up, as necessary.

During the Annual Network Council meeting, [information](#) is shared with attendees about their role in an emergency and the Network's role. The Network also has a specific [emergency email address](#) for emergency related questions and a [Dialysis Facility Status Report](#) for facilities to report weather related emergencies, disruption in treatment schedules, or other applicable emergencies as outlined in the [Emergency Facility Reporting Document](#). Technical assistance is provided to dialysis facilities upon request to develop comprehensive and feasible emergency disaster plans. Information is posted on the Network's [Emergency Preparedness](#) webpage.

The Network meets quarterly with LDO leadership and emergency preparation, and reporting is a standing agenda item. The Network communicates routinely with local/state health departments. Network staff reaches out to emergency contacts at minimum bi-annually, and as needed, for emergencies. Contact information is routinely updated in the Emergency Disaster Plan and shared with the Kidney Community Emergency Response team upon request and/or per the statement of work.

The annual Kidney Community Emergency Response (KCER) drill was held on February 20, 2024. Stakeholders included regional leadership from DaVita and Fresenius, regional emergency management SME, state survey agencies, and CMS representatives. An After-Action Report was submitted to CMS and KCER.

ESRD Network Significant Emergency Preparedness Intervention

The Network staff worked throughout the year to remind facilities of their role in the event of an emergency or disaster. The Network routinely sends emergency preparedness information to all facility administrators prior to impending storms. The information provides disaster preparedness resources for patients and staff. Reminders to update facility disaster plans are included with the information sent.

Should an emergency arise, the Network COR is immediately notified of any emergency. KCER and CMS KCER SME are notified of emergency situations as needed and updates are provided until the situation is resolved.

There were no significant events that occurred in Network 10 that initiated an ESSR during this option period. Outreach is completed to any facility in an area where severe weather or another event that could initiate an ESSR has occurred.

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.

This material was prepared by the End Stage Renal Disease National Coordinating Center (ESRD NCC) contractor, 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 nor imply endorsement by the U.S. Government.