# ESRD NETWORK 2023 ANNUAL REPORT

ESRD Network 12
Iowa, Kansas, Missouri, Nebraska

This report will cover quality improvement efforts led by ESRD Network 12 Task Order Number 75FCMC21F0003 from May 1, 2023- April 30, 2024.

**Qsource ESRD Network 12**

## 2023 Annual Report

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### Contract Information


Contract No. 75FCMC19D0049 Task Order No. 75FCMC21F0003


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Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services


### Written Materials Disclaimer


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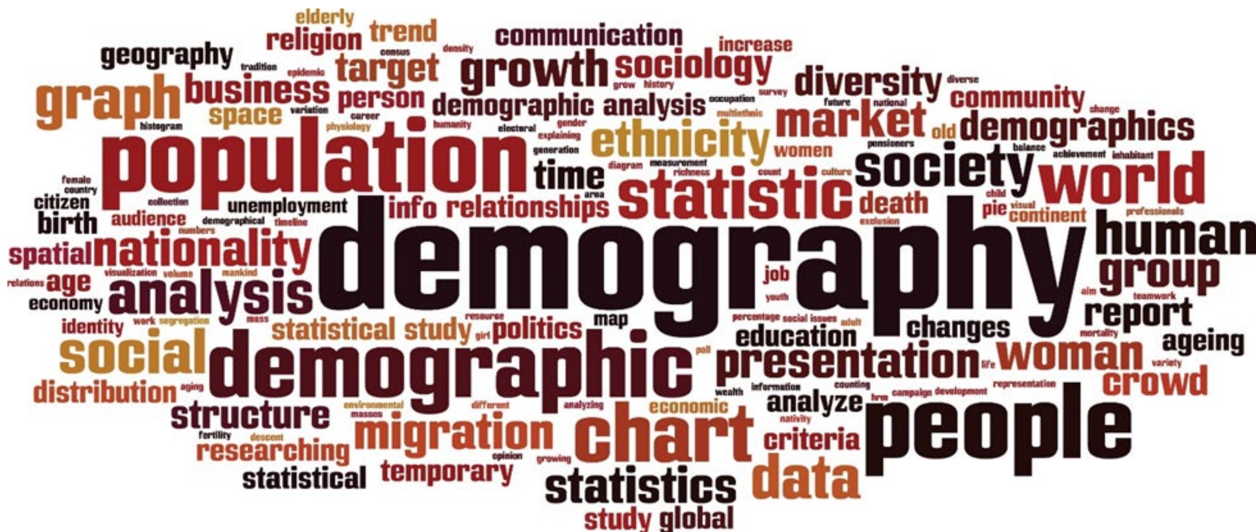
### To File a Grievance

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

# Table of Contents

**ESRD Demographic Data** .......... 4
**Transplant Waitlist & Transplanted Quality Improvement Activity May 2023-April 2024.** 11
**Home Therapy (Incident & Transition to Home) Quality Improvement Activity May 2023-April 2024** .......... 13
**Influenza Vaccinations (Patient and Staff) May 2023-April 2024** .......... 15
**COVID-19 Vaccinations (Patients and Staff) May 2023-April 2024** .......... 17
**Pneumococcal Vaccinations May 2023-April 2024** .......... 19
**Data Quality (2728 Forms Over 1 Year, CMS Form 2728, CMS Form 2746) May 2023-April 2024** .......... 20
**Hospitalization (Inpatient Admissions, ED Visits, Readmissions) May 2023-April 2024** .......... 22
**Nursing Home (Blood Transfusion, Catheter Infection, and Peritonitis) May 2023-April 2024** .......... 25
**Telemedicine May 2023-April 2024** .......... 28
**Depression Treatment May 2023-April 2024** .......... 29
**ESRD Network Grievance and Access to Care Data** .......... 32
**ESRD Network Recommendations** .......... 35
**ESRD Network COVID-19 Emergency Preparedness Intervention** .......... 37
**ESRD Network Significant Emergency Preparedness Intervention** .......... 38
**Acronym List Appendix** .......... 39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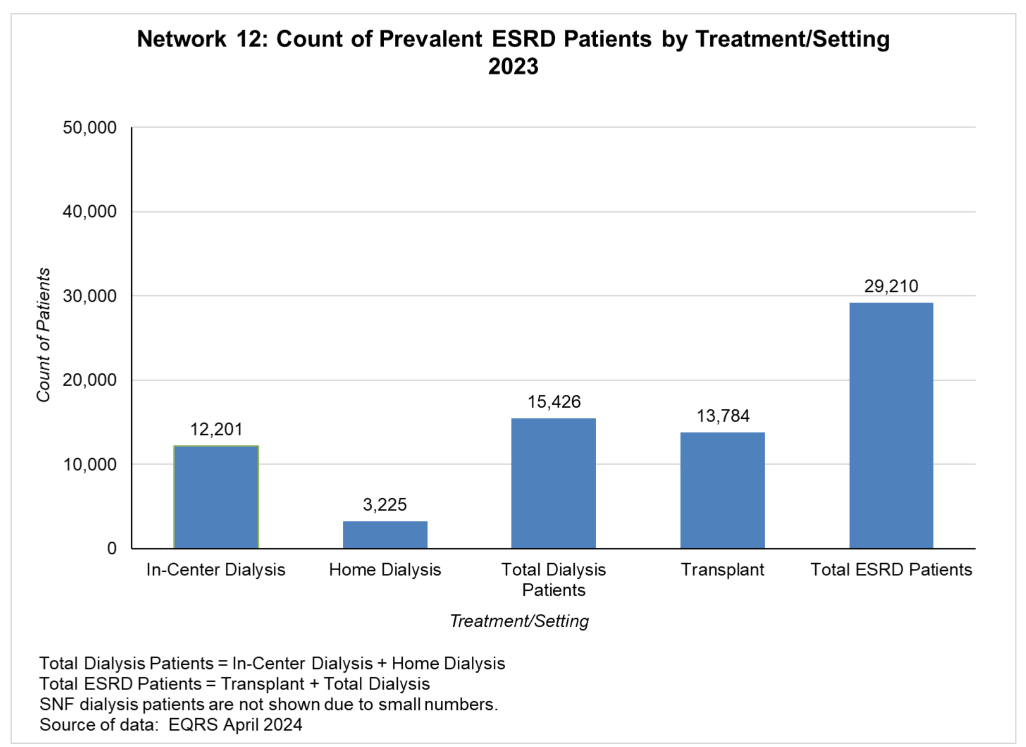
# ESRD Demographic Data

During the performance period of May 2023 to April 2024, Qsource ESRD Network 12 collaborated with its many stakeholders to improve the quality of care for 29,210 dialysis and transplant patients, receiving treatment in 314 dialysis facilities and 12 transplant centers throughout the State of Iowa, Kansas, Missouri, and Nebraska. Qsource ESRD Network 12 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).

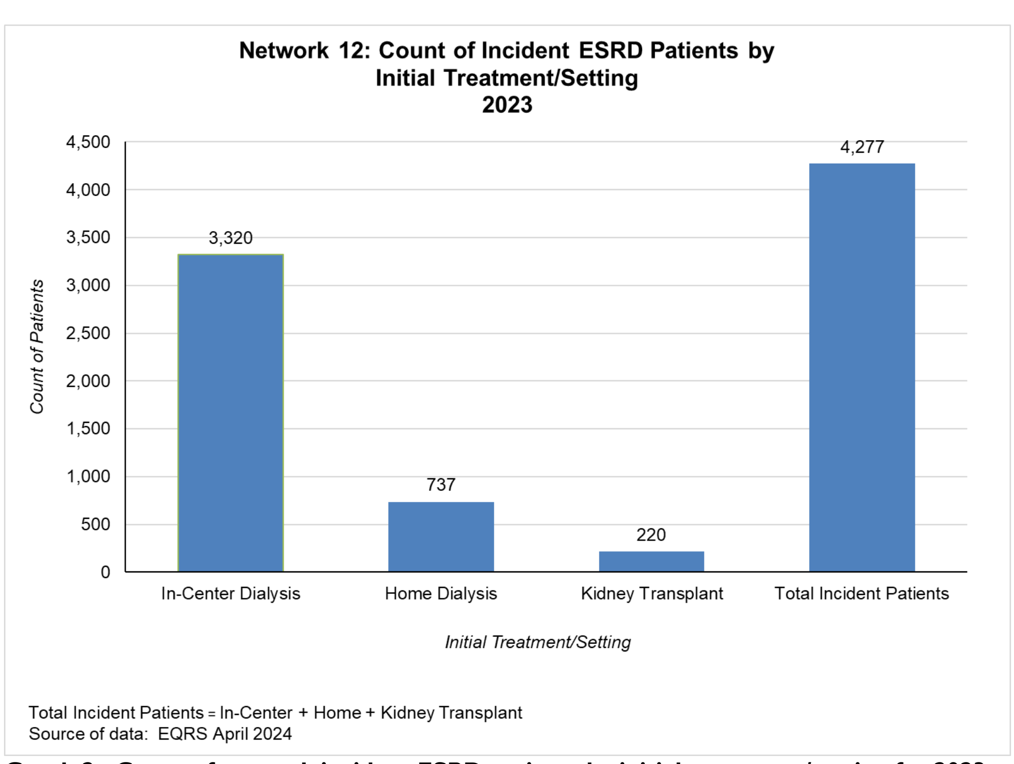
Qsource holds the Centers for Medicare & Medicaid Services (CMS) contracts for End Stage Renal Disease (ESRD) Networks 10 and 12. Qsource maintains offices in Kansas City, Missouri for the administration of ESRD Network 12, and Indianapolis, Indiana for the administration of ESRD Network 10. This Annual 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.

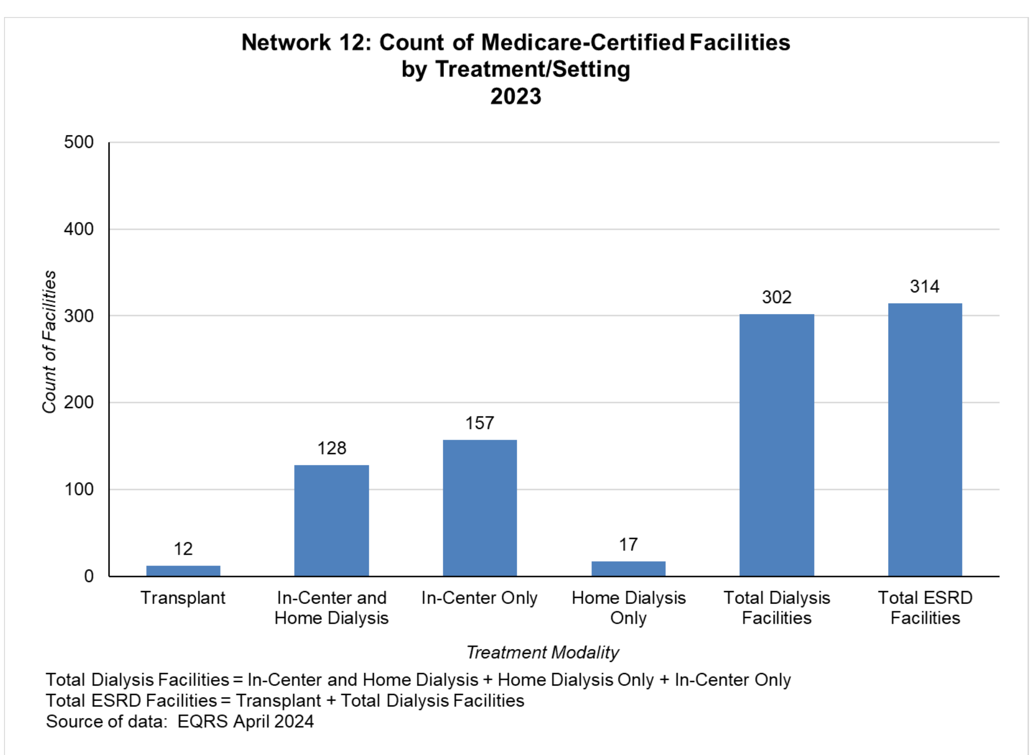
At year-end 2023, ESRD Network 12 was comprised of 314 total ESRD facilities (Graph 3), serving 15,426 dialysis patients (Graph 1). Additionally, Network 12 has 12 transplant centers (Graph 3) and a total of 13,784 transplant patients (Graph 1).




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

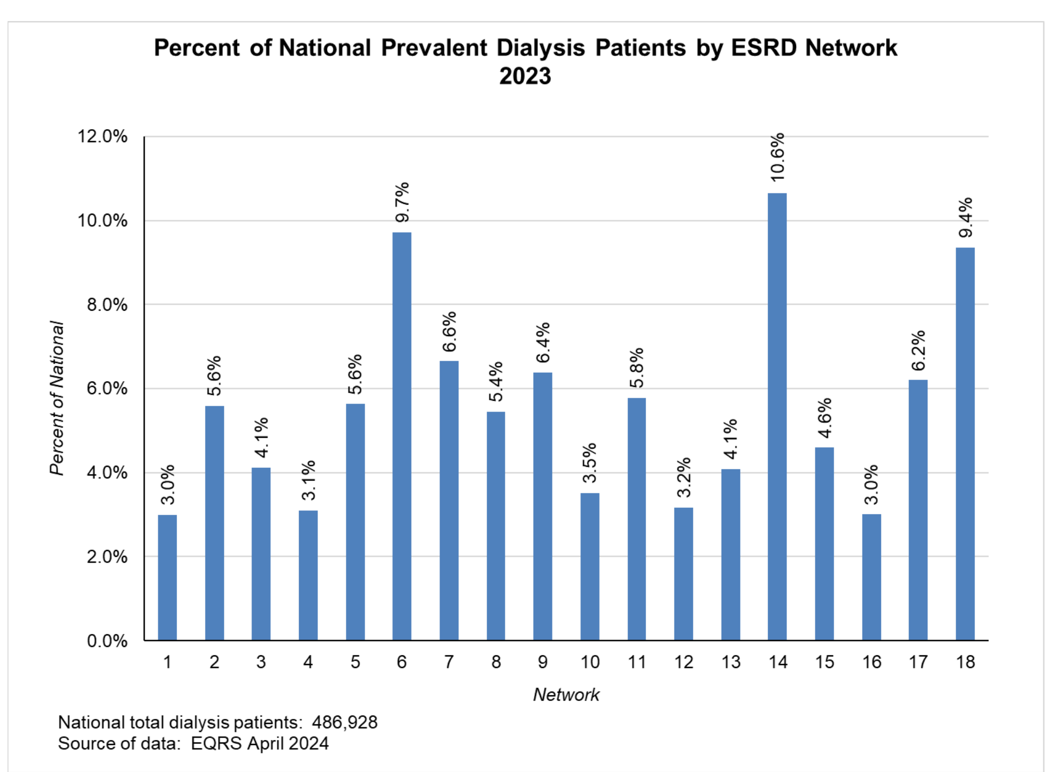



**Graph 2: Count of network incident ESRD patients by initial treatment/setting for 2023**

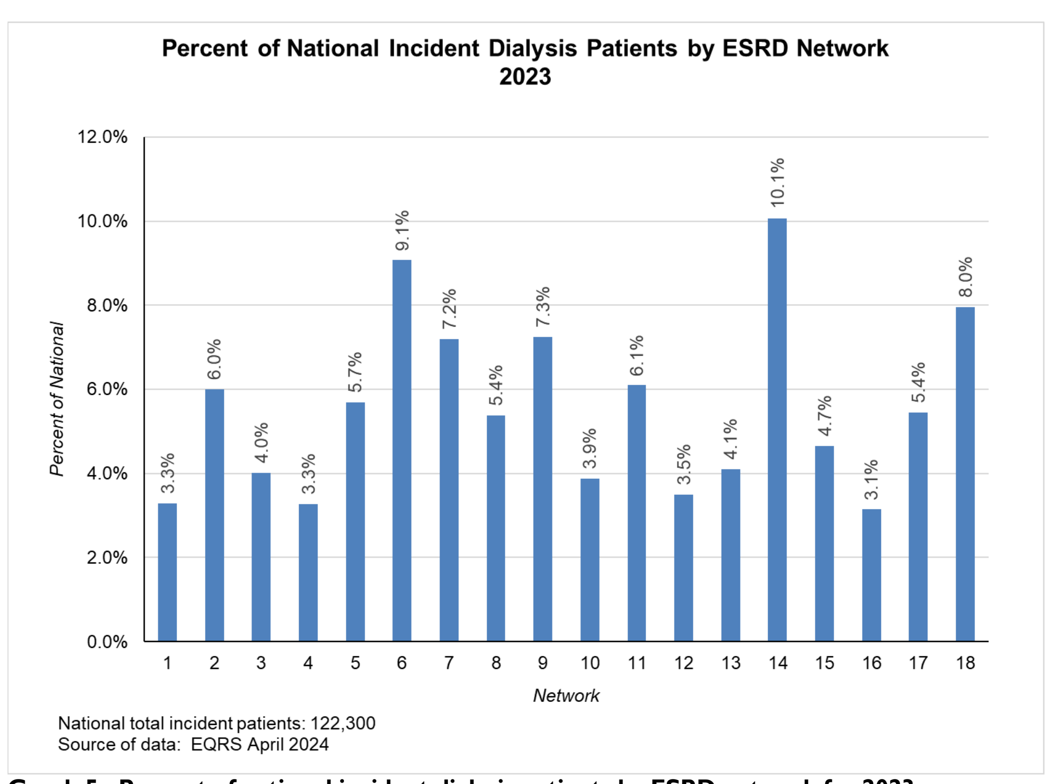



**Graph 3: Count of network Medicare-certified facilities by treatment/setting for 2023**

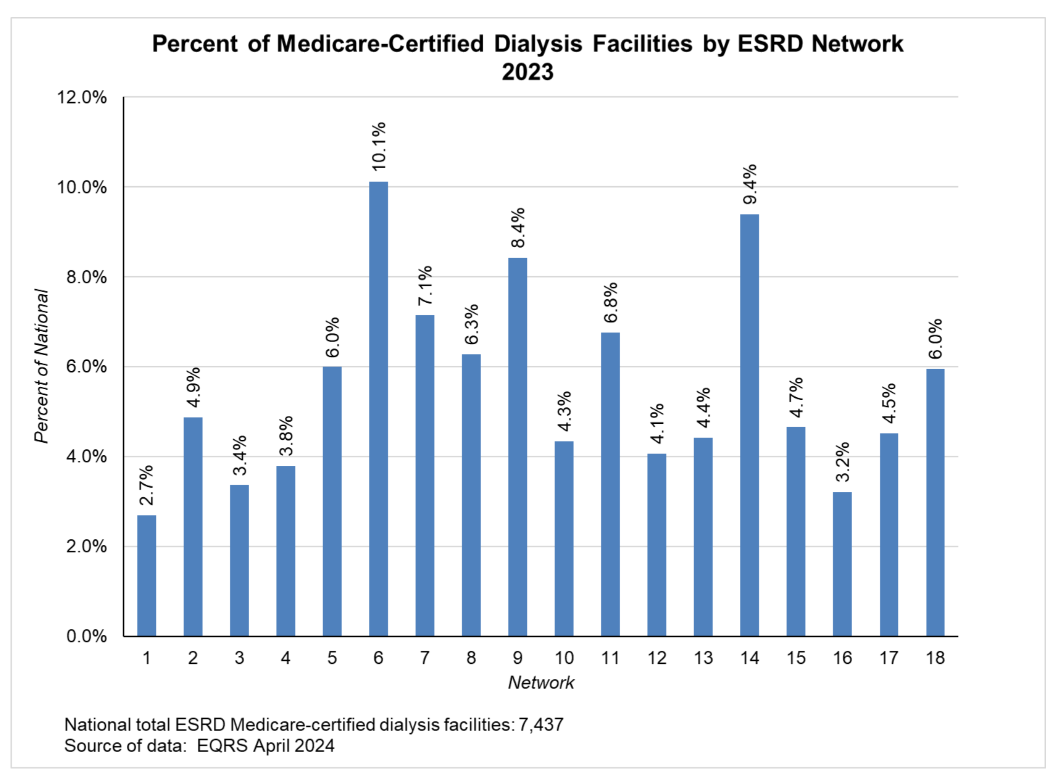
The graphs found on the following pages provide a comparison of the number of ESRD patients (prevalence and incidence) by renal replacement therapy in the Network 12 region, the number of dialysis facilities and transplant centers in the Network 12 region, the rates of patients (prevalence and incidence)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



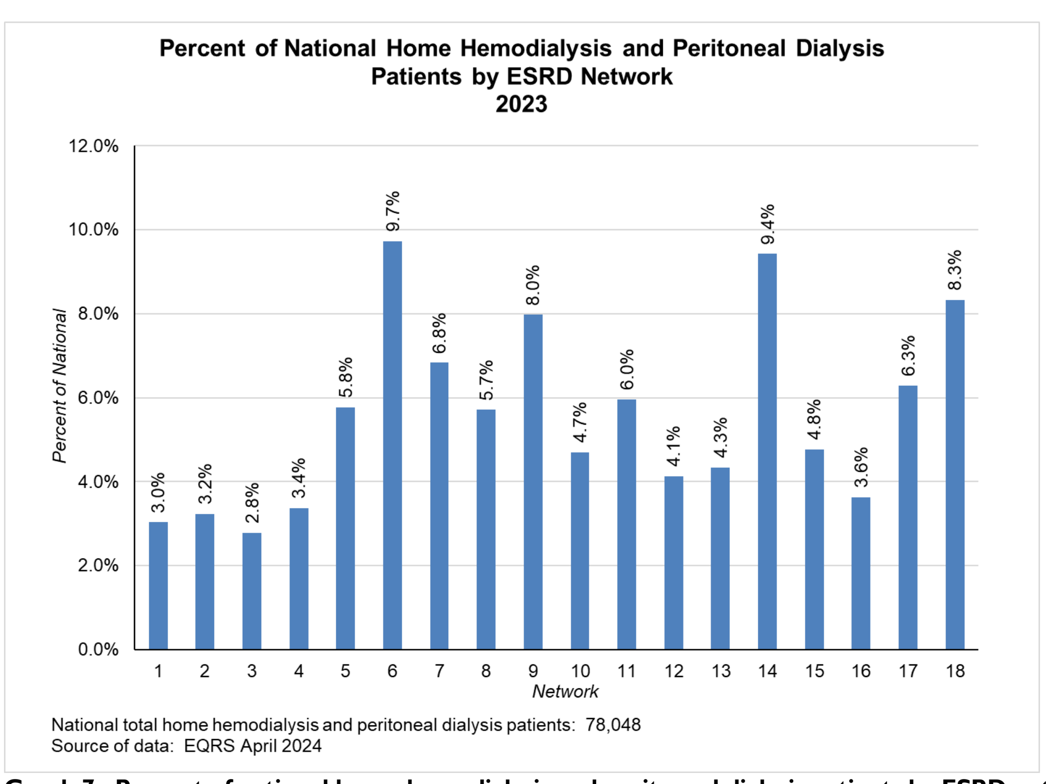

**Graph 4: Percent of national prevalent dialysis patients by ESRD network for 2023**



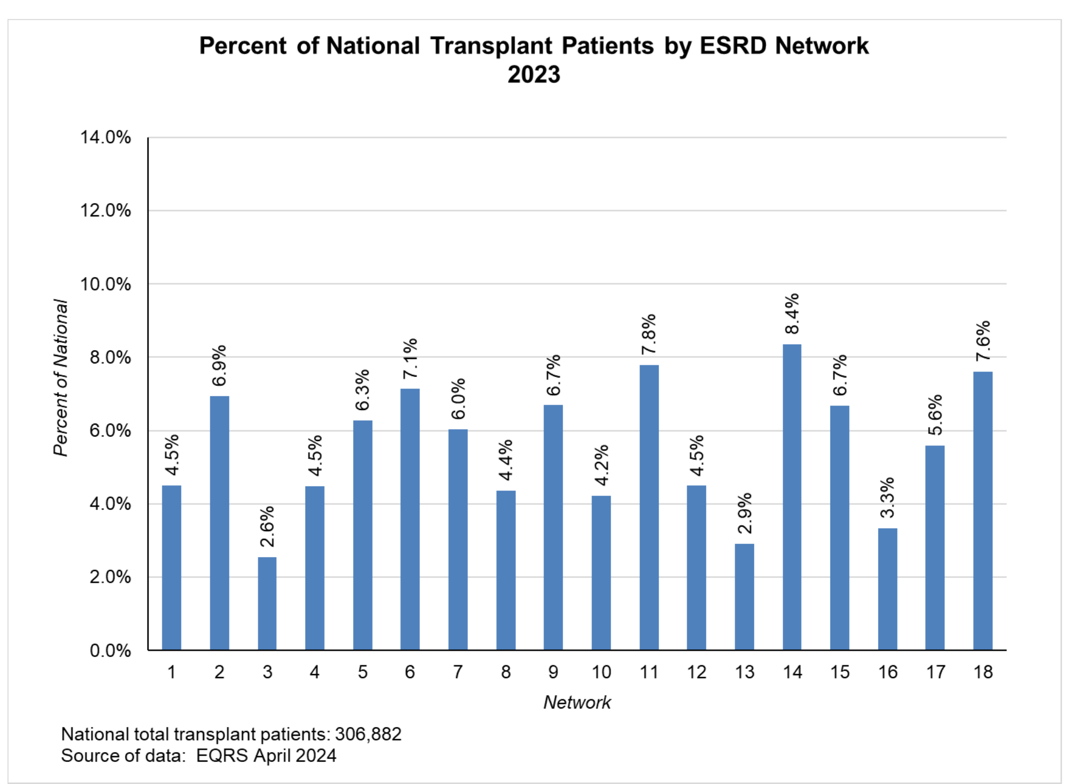

**Graph 5: Percent of national incident dialysis patients by ESRD network for 2023**



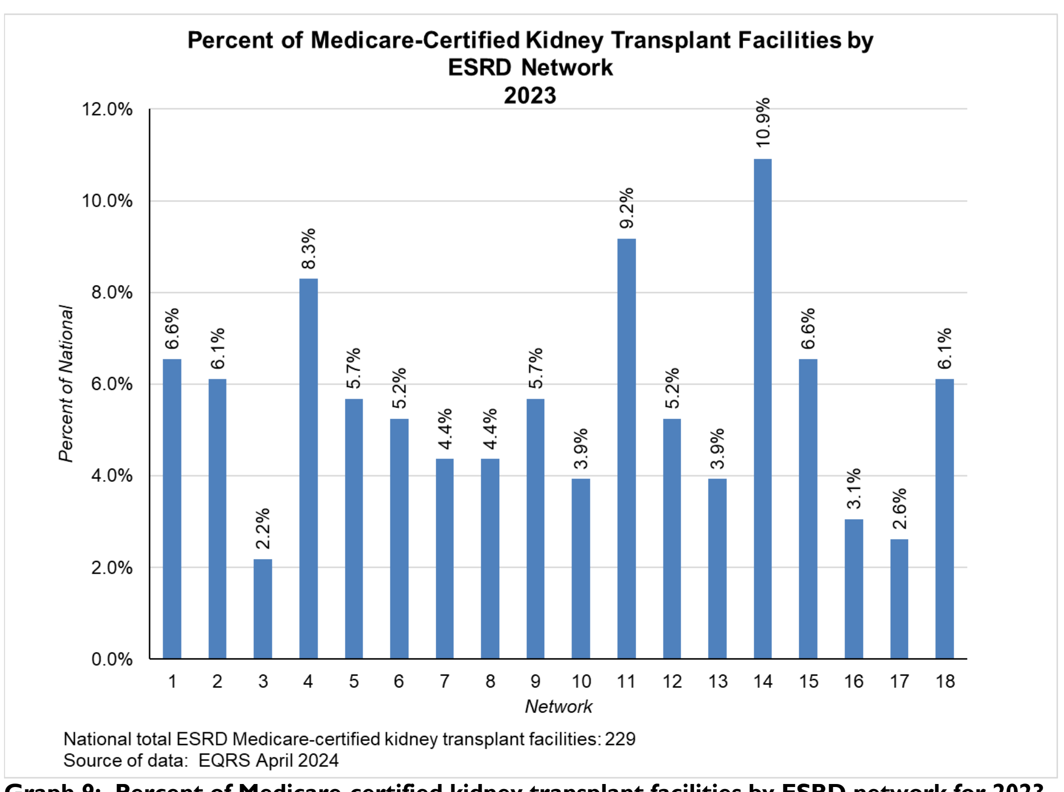

**Graph 6: Percent of Medicare-certified dialysis facilities by ESRD network for 2023**




**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**

Qsource ESRD Network 12 completed the quality improvement activities (QIA) as outlined in the ESRD Network Statement of Work, including all applicable contract directed change orders that may have occurred during the performance period. Although the topics of the QIAs varied, each of the project plans employed the basic elements of quality improvement:

- Conducting an environmental scan/needs assessment with participating dialysis clinics
- Training dialysis clinic staff to use quality improvement tools including root cause analysis (RCA) and plan-do-study-act cycles (PDSA)
- Working with Community Coalitions and stakeholders in the kidney community to identify barriers and share emerging solutions and best practices to these common barriers
- Provision of customer focused resources to dialysis clinics based on needs identified by the QIA participants and Community Coalitions
- Overall focus on Shared Decision Making, Relationship Centered Care, and Motivational Interviewing to help patients and staff understand the importance of patient involvement in their care and modality choice
- Patient engagement through encouragement of facilities recruiting and supporting a patient or patients to act as mentors to other patients and provide the patient perspective in quality improvement processes at the facility level
- Rapid Cycle Improvement through consistent reassessment of resources and interventions, based on the feedback from the participating dialysis clinics and patients
- Sustainable impacts through early introduction of the concept and re-enforcement of the importance of integration into the culture of the clinic

Details for each of the QIAs follow here.

## Transplant Waitlist & 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.

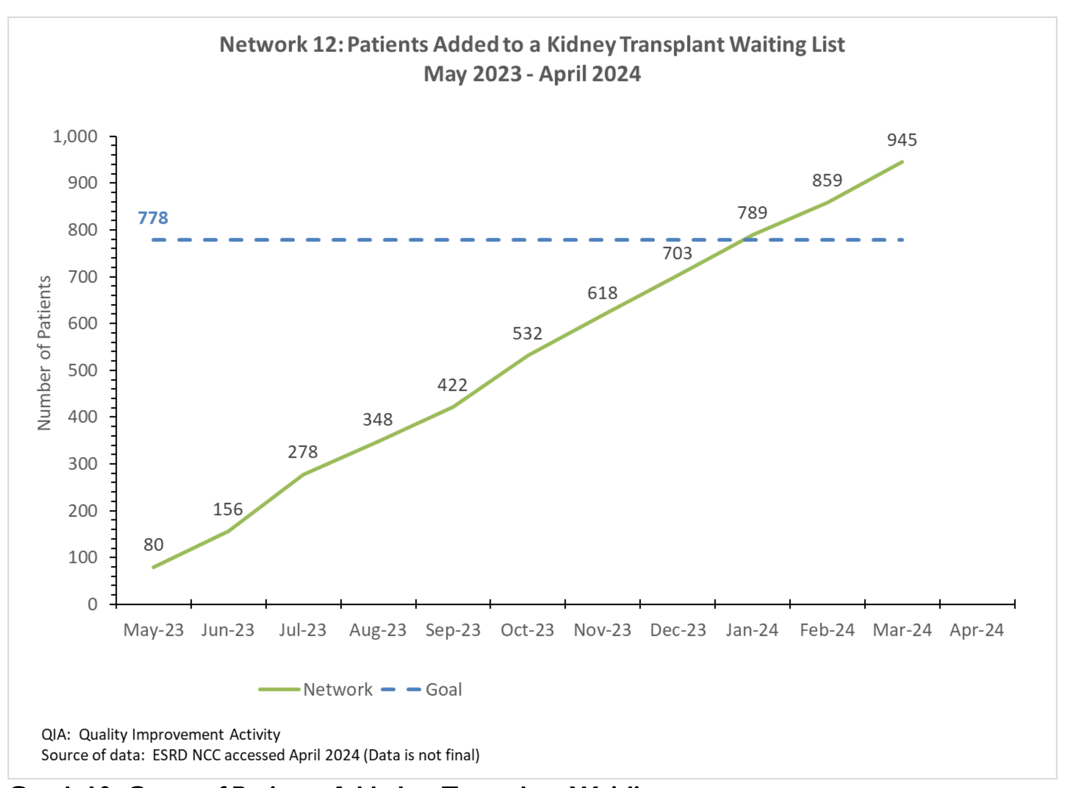
The Network held quarterly meetings with the 12 transplant centers in the network service area and several transplant centers in Illinois where many Network 12 patients are multi-listed. Best practices were shared across transplant programs. Faculty from transplant centers were featured in the Transplant 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 for the third year in a row, achieving 945 patients added to the kidney transplant waiting list (Graph 10).

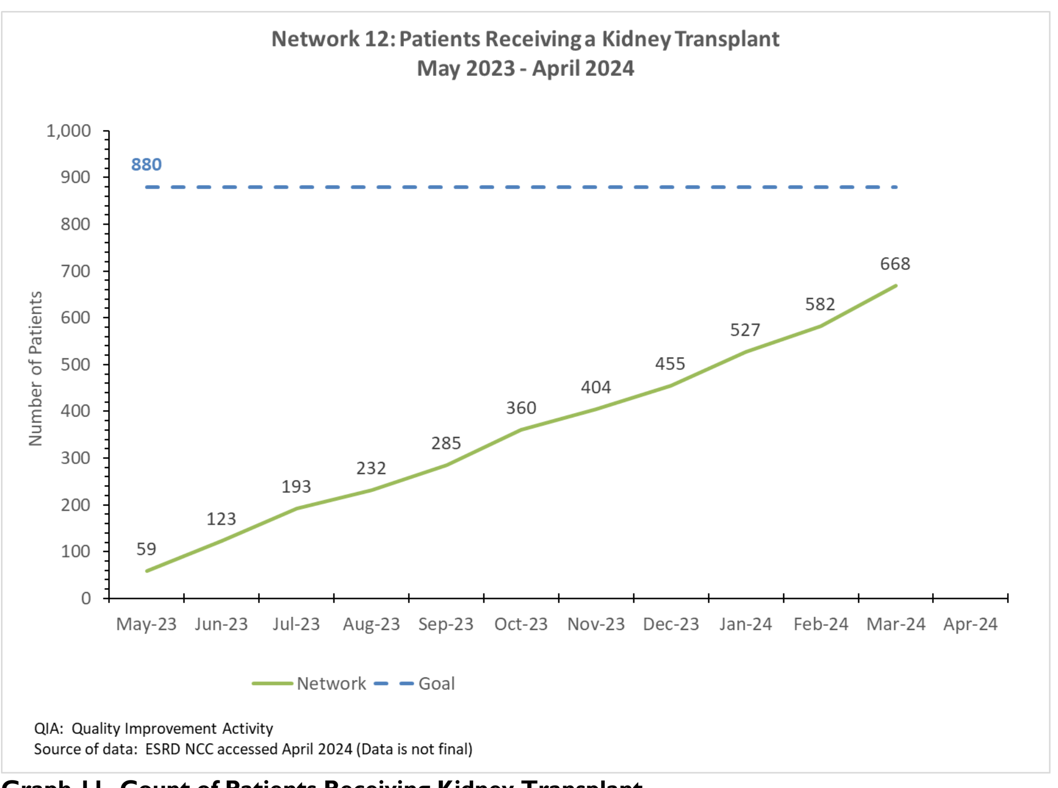
By the end of April 2024, through a dedicated and collaborative effort with dialysis providers and transplant programs, Network 12 achieved 668 patients having been transplanted during the period (Graph 11). Among other strategies, the Network continued with a successful strategy from prior years providing 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 12 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 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.

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.

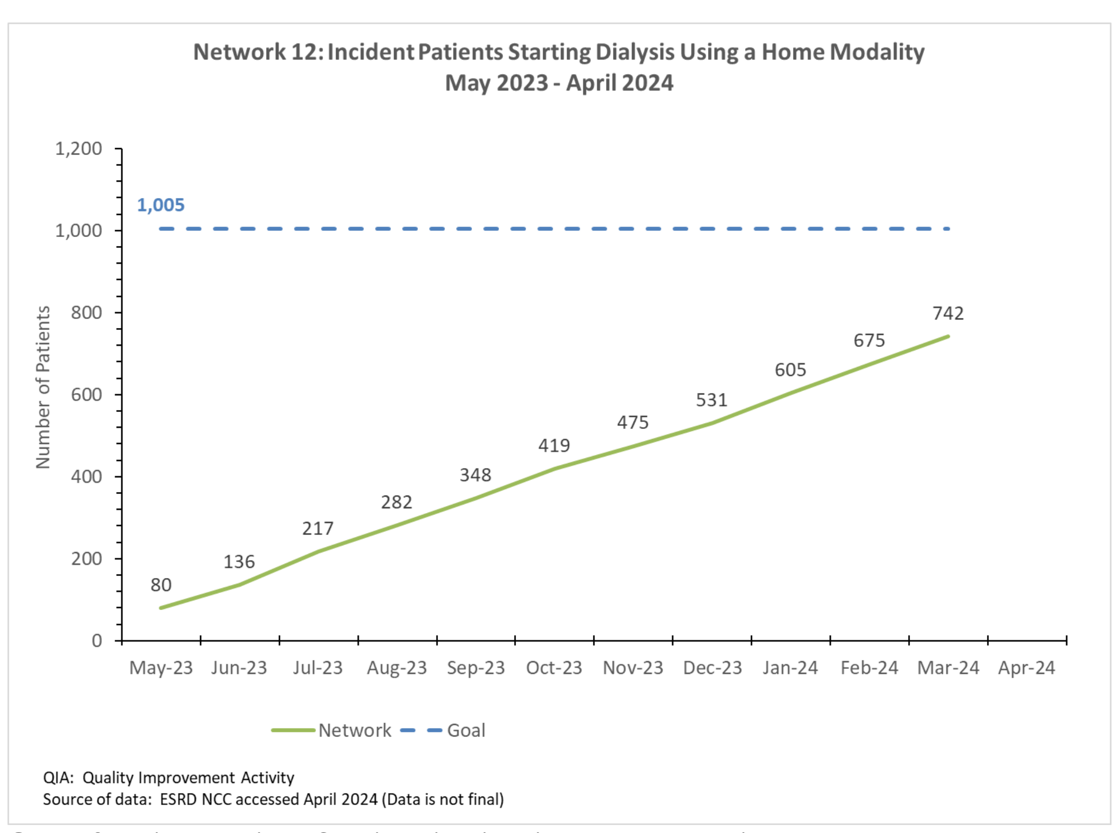
The Network adapted our outdated Passport to Home resource for patients to use during their transition from in-center dialysis to a home modality with input from our Patient Advisory Council.

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.

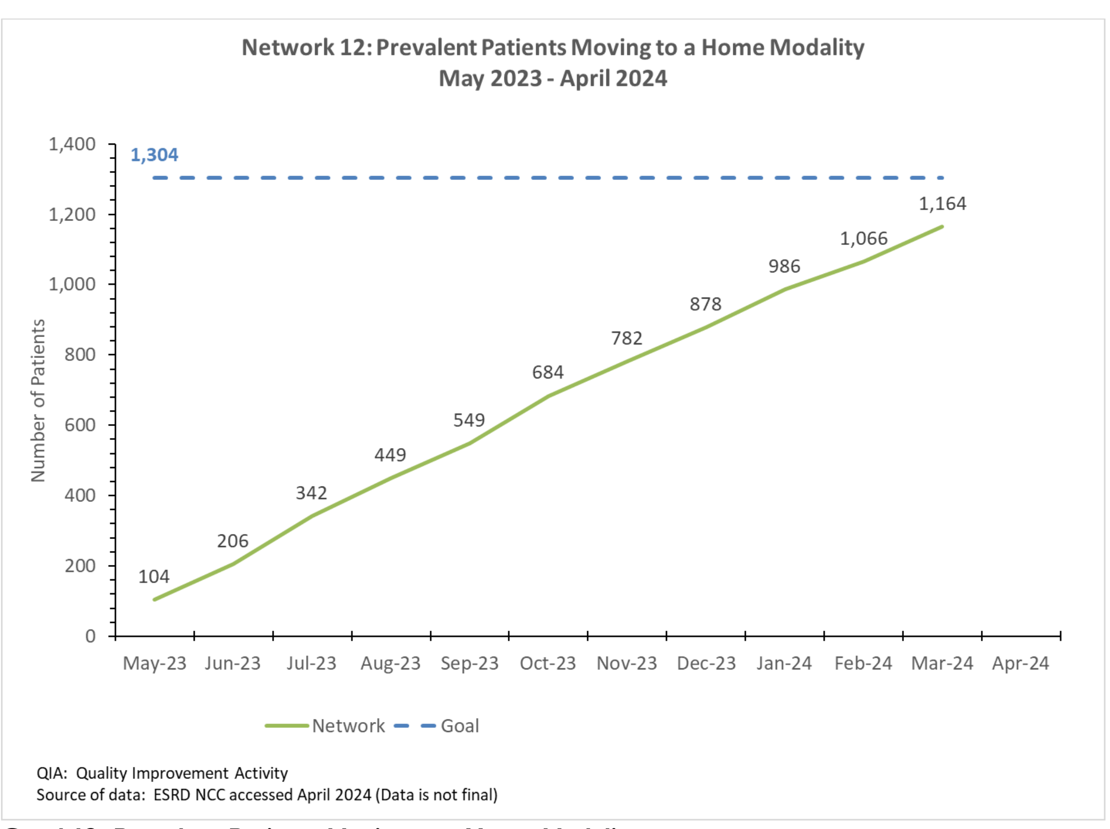
- Guidelines for Nephrology Referral with Preethi Yerram, MD
- Guidelines for Renal Transplant Referral with Preethi Yerram, MD
- Barriers to Home Dialysis with Dr. Scott Solcher
- Lived Experience: Starting a PD Program at a County Hospital with Dr. Juan Pablo Ruiz

At the end of the performance period, Network 12 saw strides toward incident patients starting dialysis using a home modality, falling short of the goal by 173 patients by the final April 2024 data. Graph 12 below illustrates progress through March 2024, with 742 patients in the Network 12 region beginning home dialysis as their first treatment modality.

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 1,164 prevalent patients moving to a home modality, however, missing the metric goal (Graph 13).




**Graph12- Incident Patients Starting Dialysis Using a Home Modality**




**Graph13- Prevalent Patients Moving to a Home Modality**

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

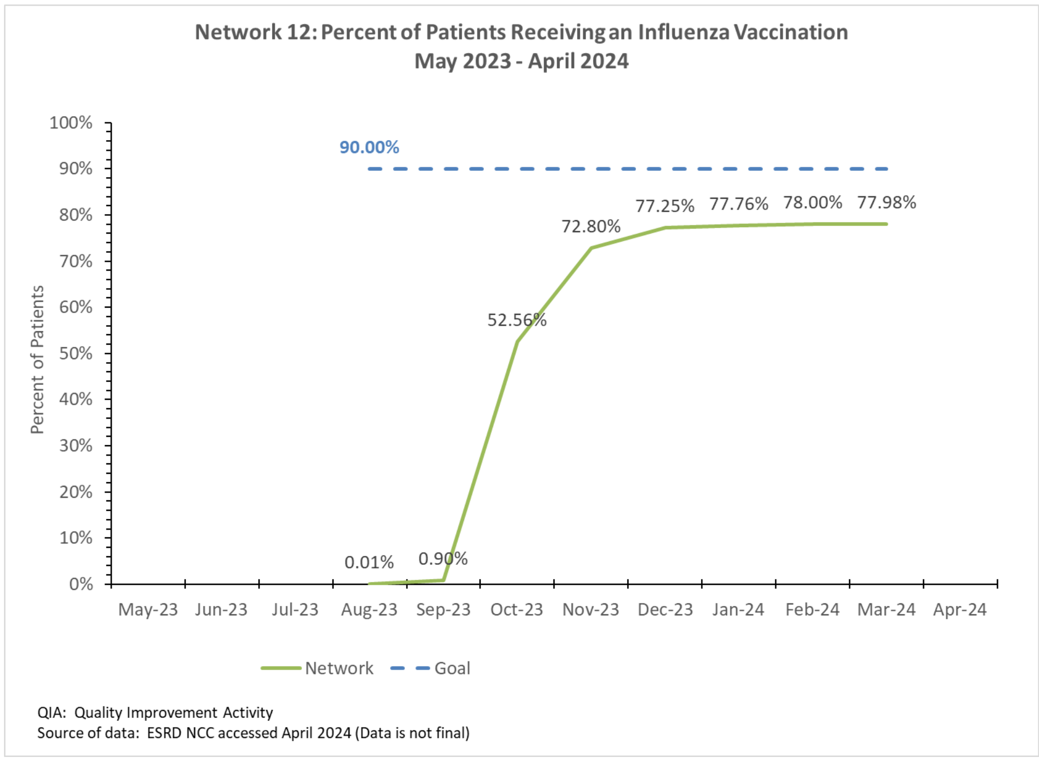
ESRD Network programs were tasked with achieving 90% of dialysis patients receiving an influenza vaccination based on EQRS data by the end of the option period.

A rigorous Flu Campaign was run 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. 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 given 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 sources and also 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

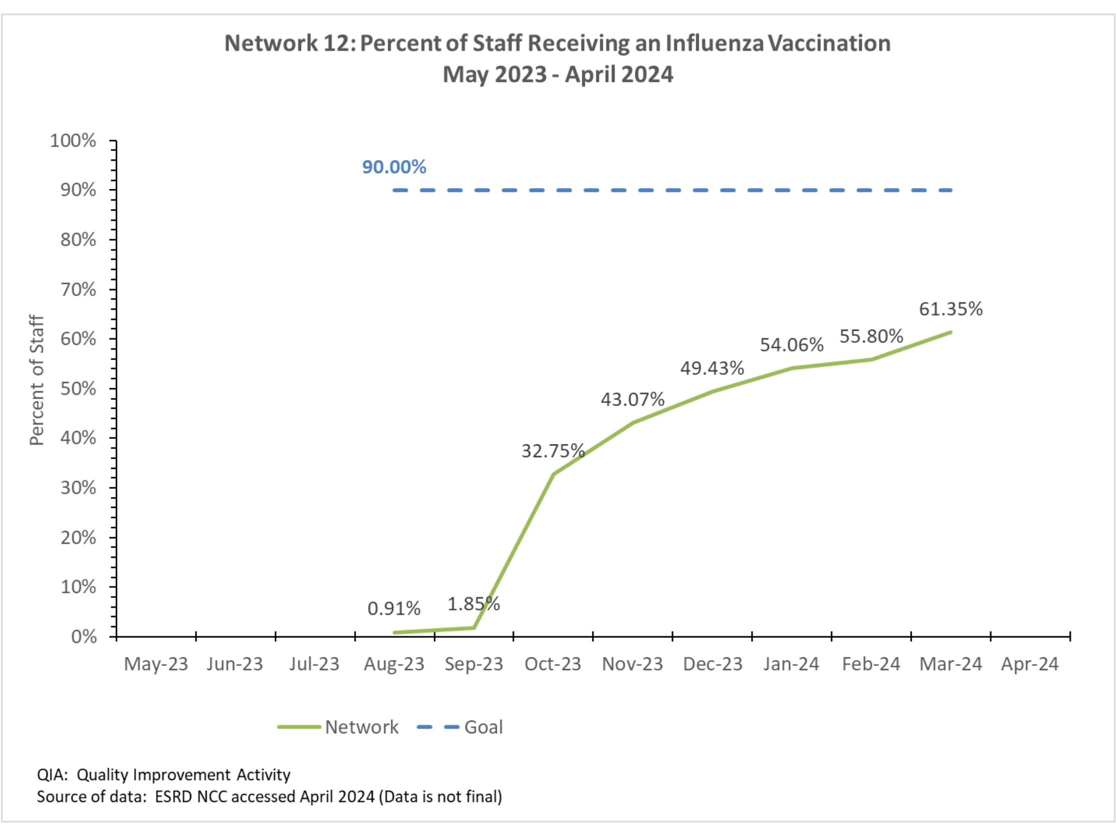
Despite great efforts, the Network was unable to achieve the goal set forth for influenza vaccination in the option period (Graph 14).




**Graph14- 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 just over 61% 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.




**Graph15- Percent of Dialysis Staff Receiving an Influenza Vaccination**

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

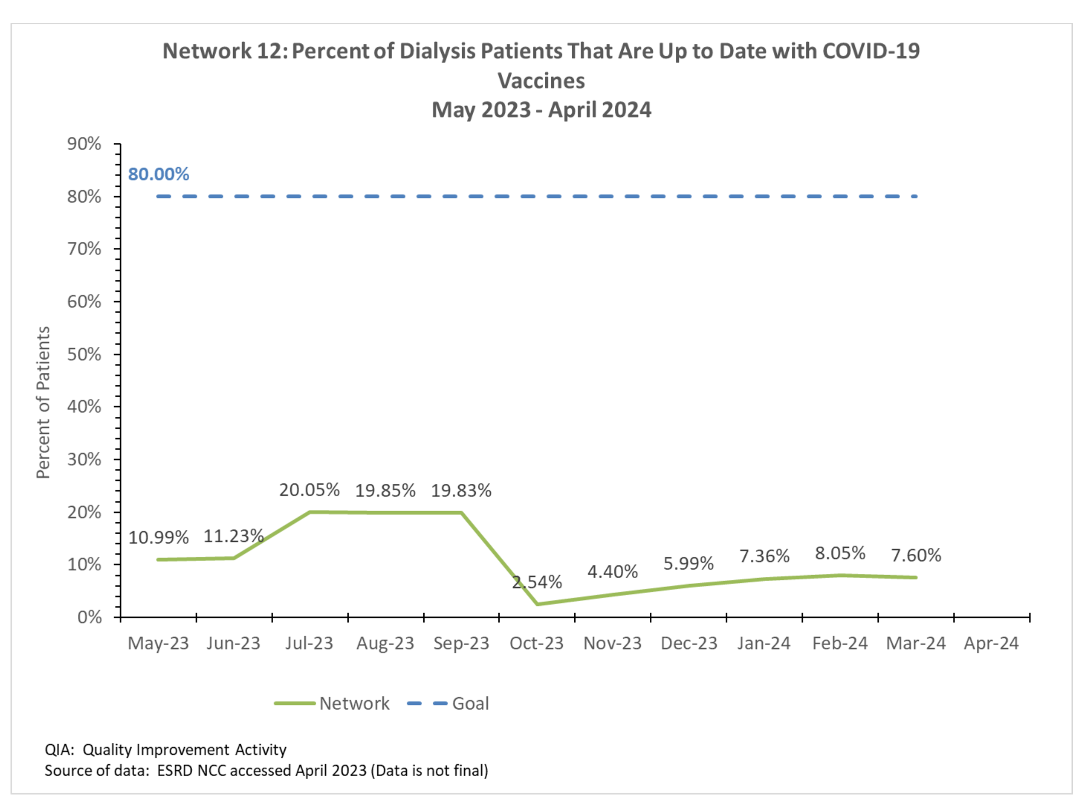
ESRD Networks were expected to achieve 80% COVID-19 Vaccination Rate for dialysis patients and 95% of dialysis staff to be fully vaccinated for COVID-19 including boosters in the option period. The Network piloted a new rapid results quality improvement framework this option period, hosting monthly meetings 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 COVD-19 Vaccine clinics with address, distance from their clinic, and mapping feature.

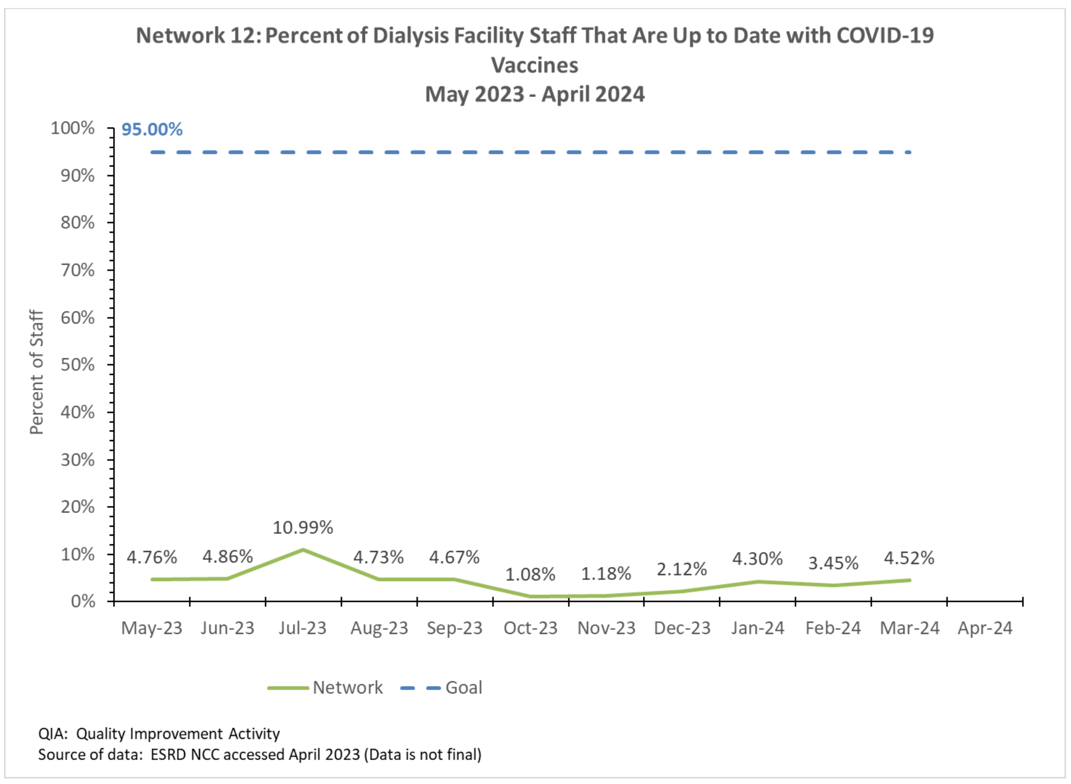
Many methods of intervention and education were completed toward the COVID-19 vaccination effort, including but not limited to, monthly broad education to the Network including both patient and staff educational resources, flyers, short videos, webinars, printed materials mailed to facilities, printable 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 12 did not meet these metrics. Vaccination rates for patients was 7.60% (Graph 16). The dip from over 19% in September to less than 3% 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 4.52% 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**

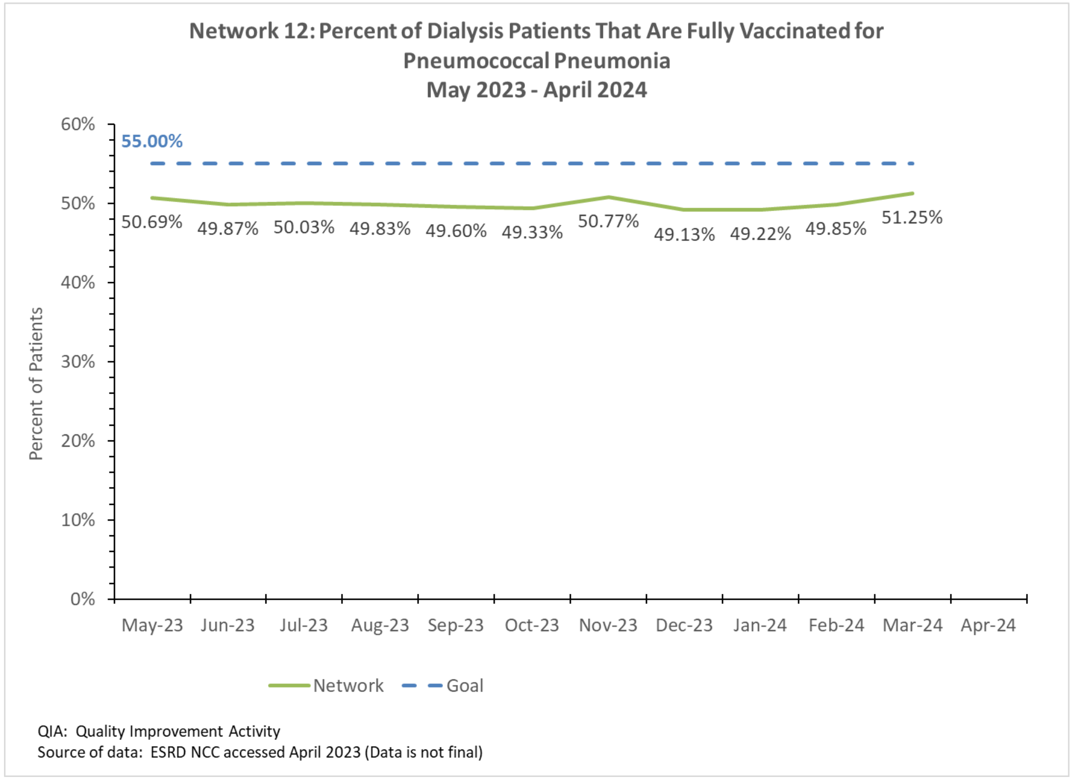
## Pneumococcal Vaccinations May 2023-April 2024

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**

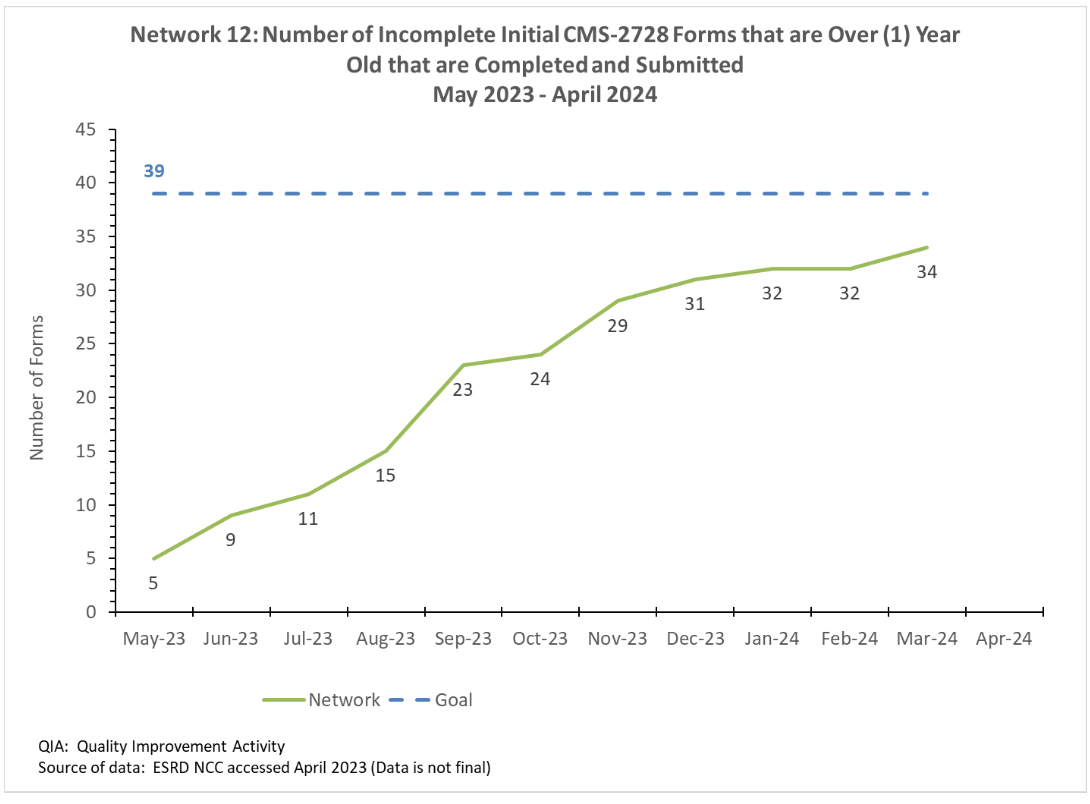
# Data Quality (2728 Forms Over 1 Year, CMS Form 2728, CMS Form 2746) May 2023-April 2024

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

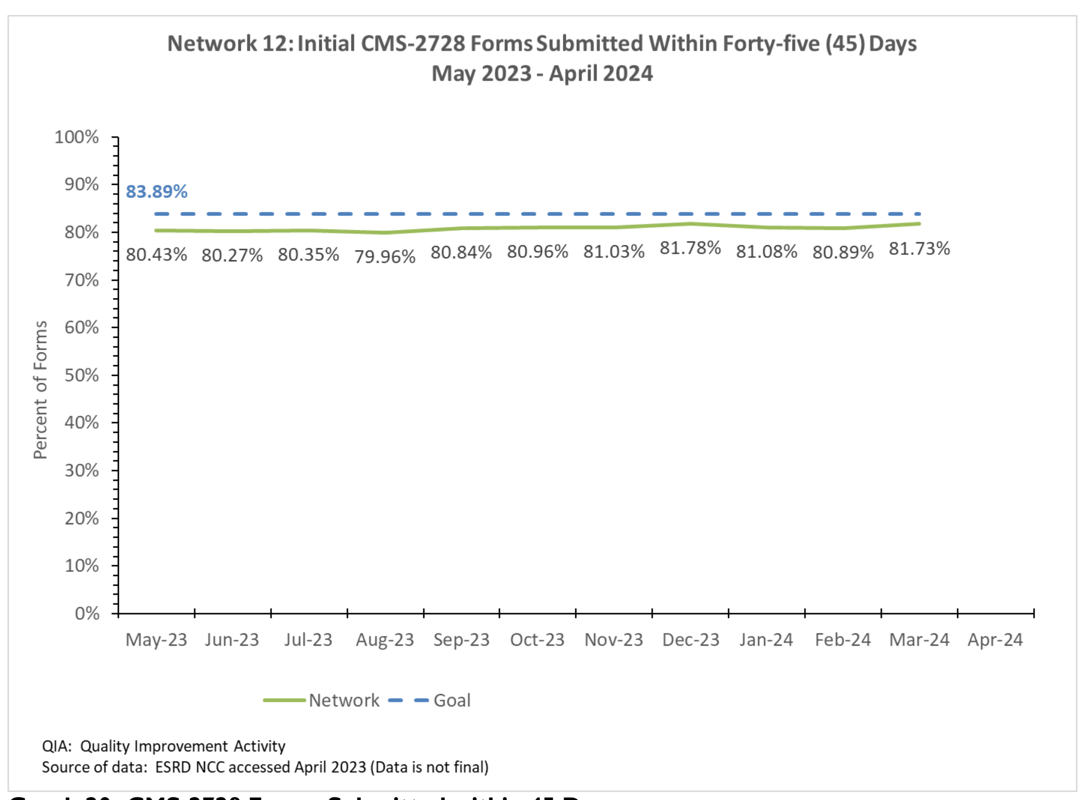
- Achieve a total 1% increase in the number of incomplete initial 2728 over 1 year old that are completed and submitted during the option period
- Achieve a total 4% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days from the baseline to the end of the option 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.

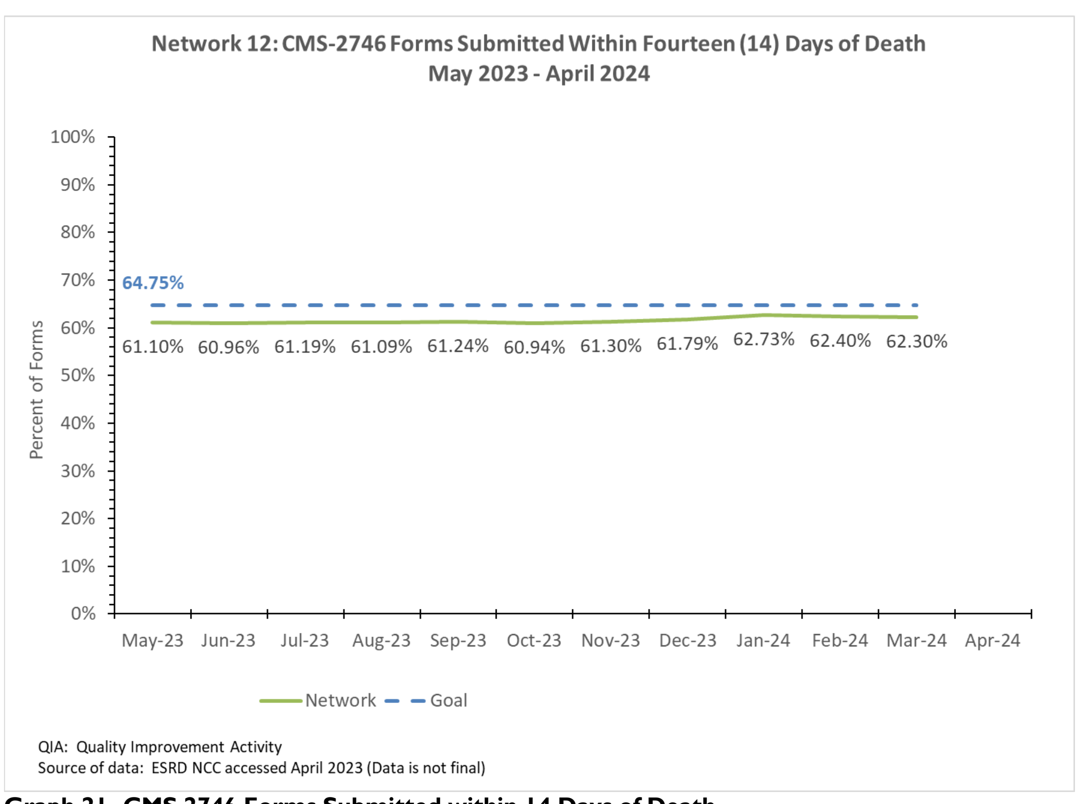
Graphs 19, 20, and 21 display the available data toward these efforts at the end of the option period.




**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

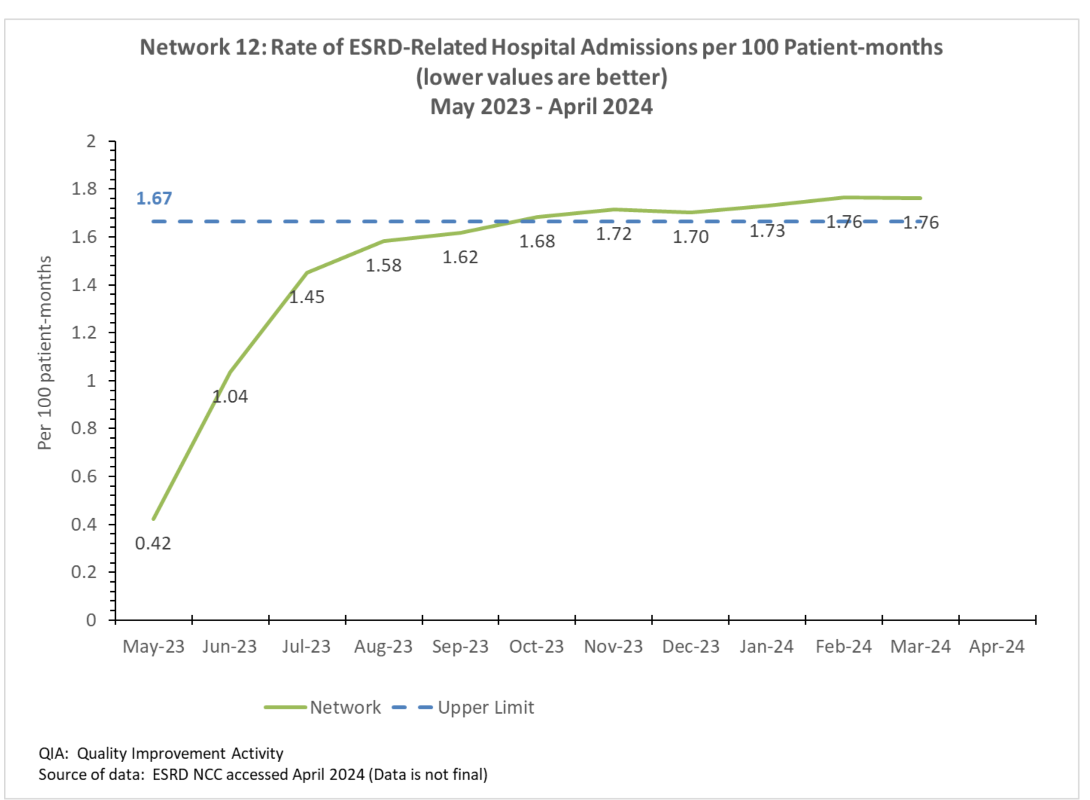
The Network piloted a new quality improvement framework for focus facilities who were chosen using data from EQRS, from both low and mid-performing groups in the hospitalization metrics. We met with facilities monthly for quality improvement coaching, review of focus and goals, and strategy sharing. Participants were expected to complete monthly homework and receive 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*)

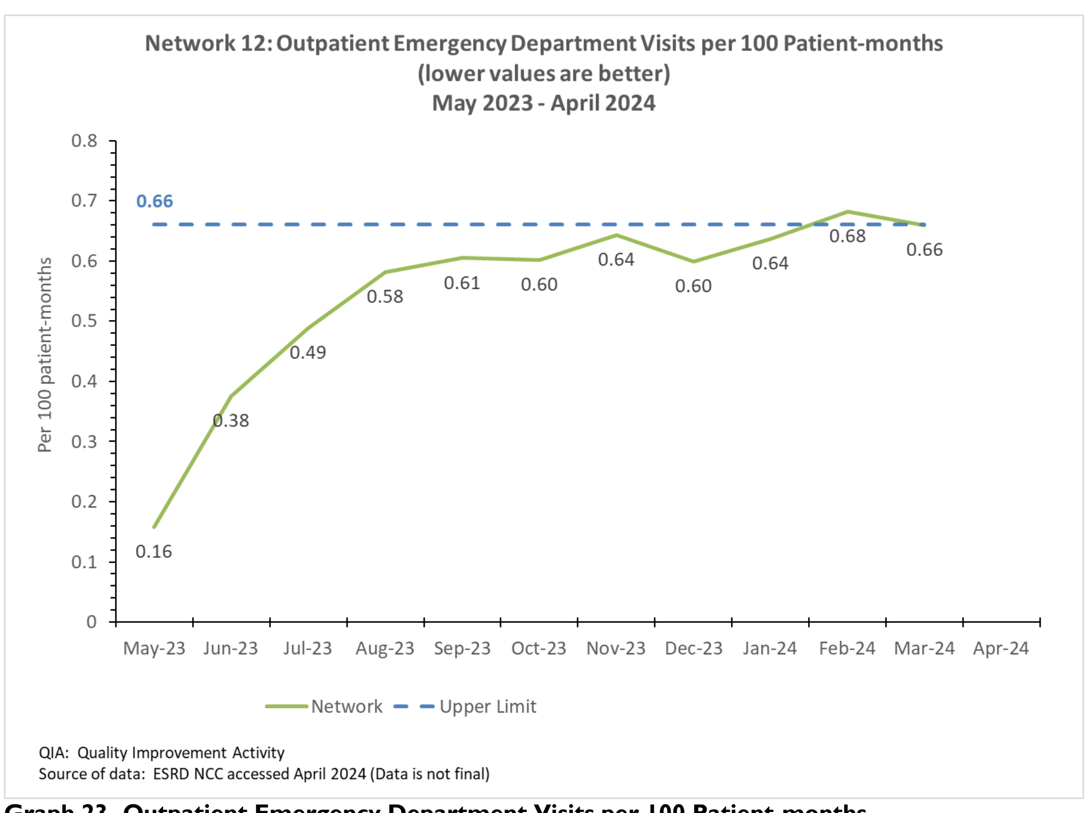
Throughout the course of the option period, low performers were provided with technical assistance using data from the ESRD NCC to assess their need. Best practices identified through the coalition and focus groups were spread throughout the entire network service area for greater uptake of successful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

Strengthening and continuing community partnerships is essential to forward movement in the hospitalization metrics. The Network continued collaborations with the state hospital associations, and departments of public health, QIN-QIO collaborations, and infection preventionists. We also partnered with state health departments in our region to roll out their Infection Control Assessment and Response (ICAR) programs with the goal of facilities identifying infection prevention gaps to lessen patient hospital admits.

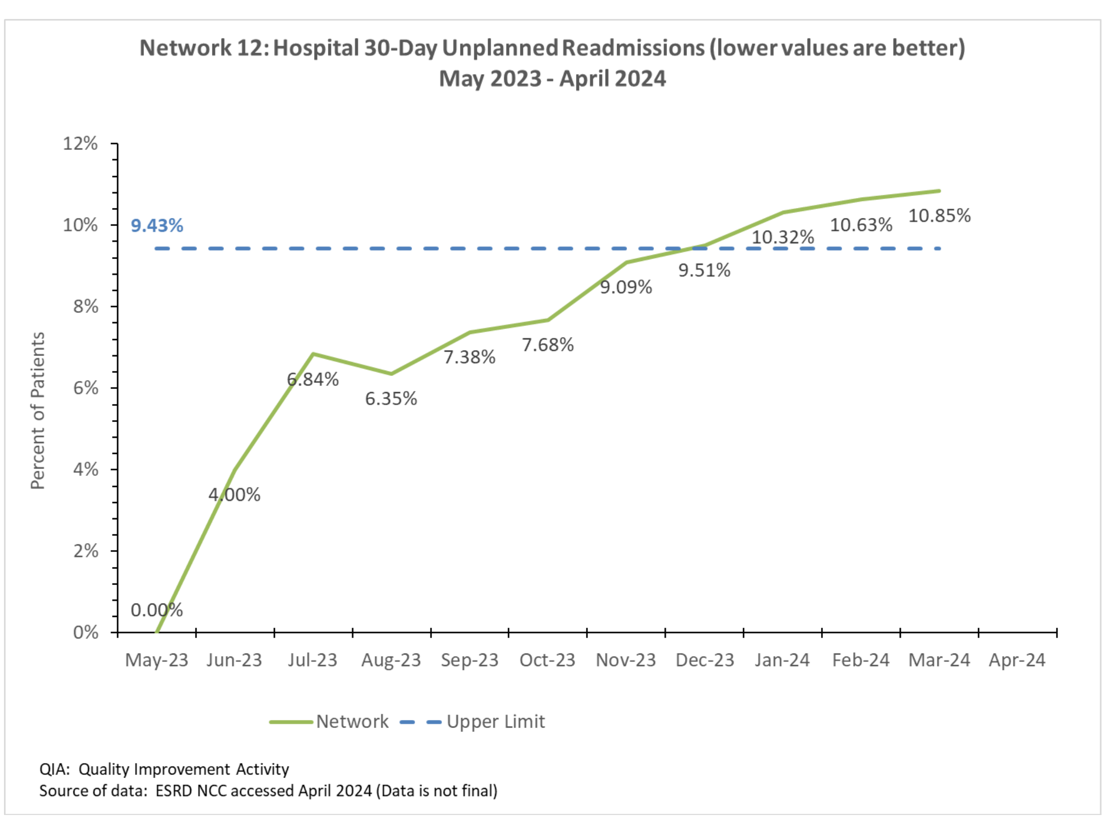
As illustrated in the following graphs 22- 24 (lower rates are better), Network 12 was just above the upper allowable limit on the hospitalization and readmission metrics and even with the upper limit on ED visits.




**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

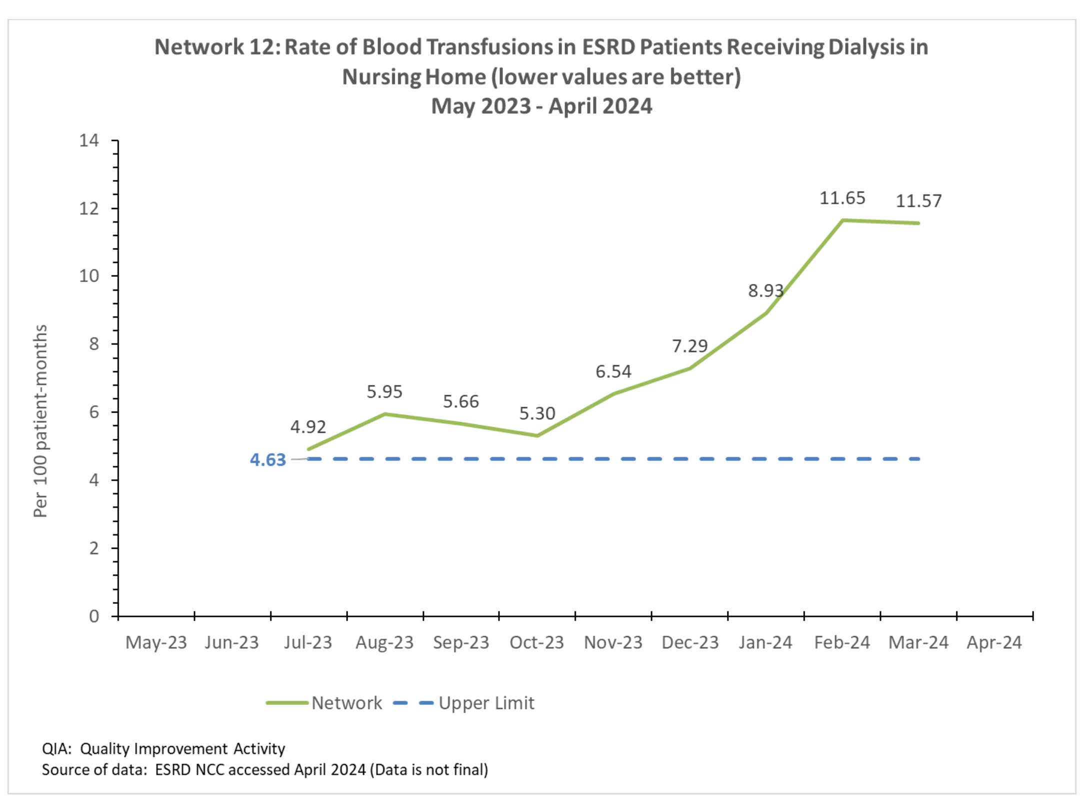
Goals for this metric included a 6% decrease over baseline in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in a nursing home (NH), a 3% decrease in the incidence of peritonitis in dialysis patients receiving home dialysis in a nursing home, and a 3% decrease in 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 12 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 to ensure 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 providers of dialysis in the nursing home. We continued our collaborative partnership with 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.

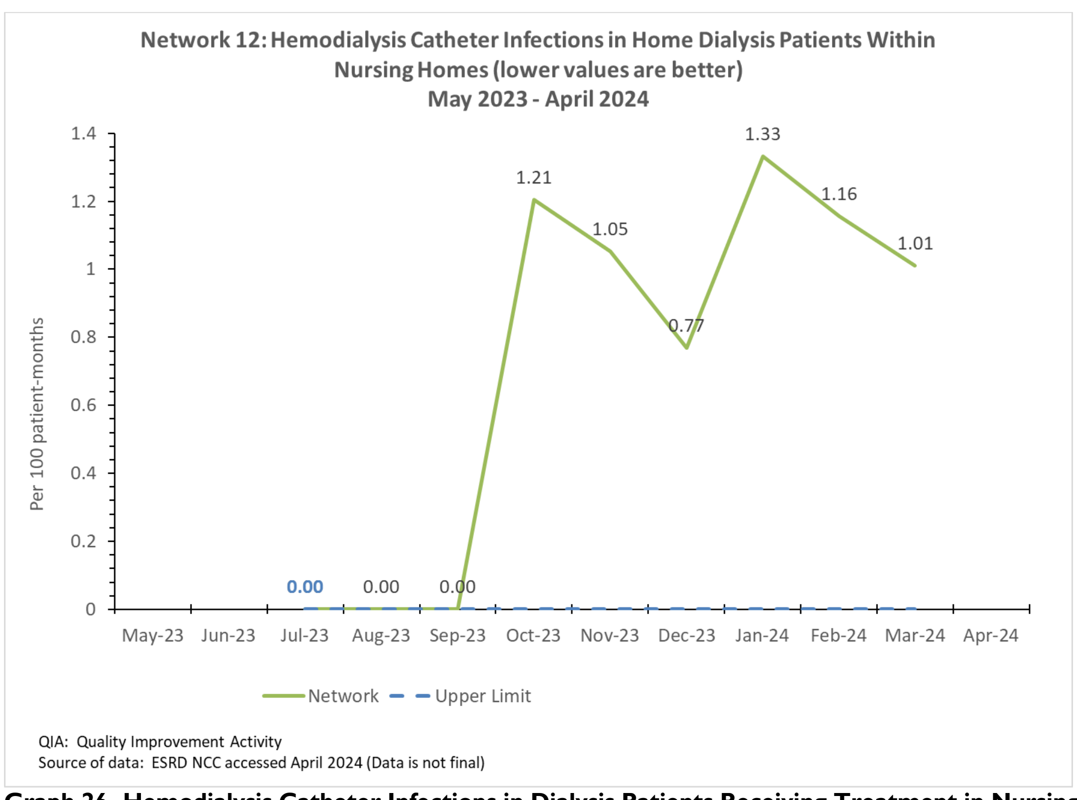
Common barriers were nursing home staff turnover, nursing home staff not following orders from dialysis, communication pathway breakdown, data inaccuracy, lack of infection control practices, and high acuity population. To this end, we created a Nursing Home Toolkit to assist nursing homes in better 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.

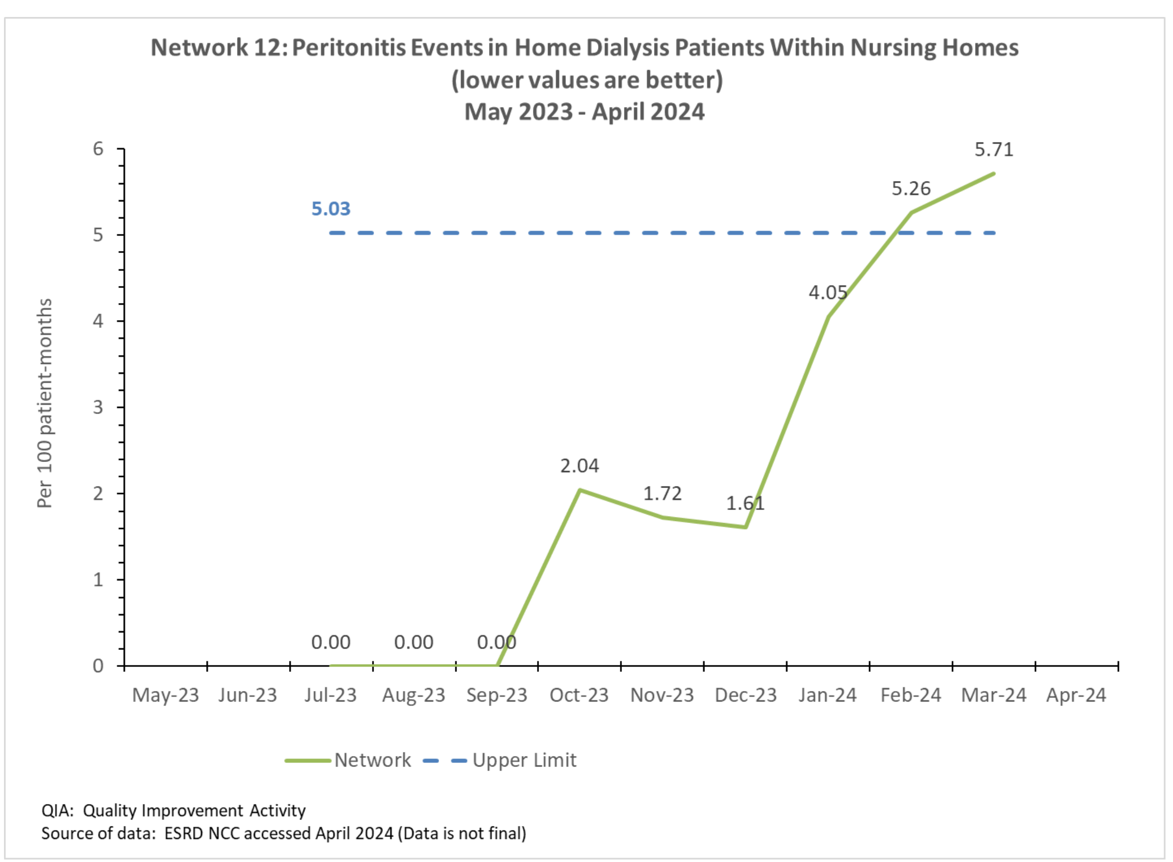
The following graphs (25, 26, and 27) depict the available data for the period. It is noted that these measures have a very low denominator, with the peritonitis cases representing only 4 events and catheter infection representing only 2 events. Both measures were met with the final dataset for April 2024 which was received in May and not yet available at the time of this report. Despite close monitoring and ongoing patient-specific root cause analysis the blood transfusion goal was not achieved.




**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**

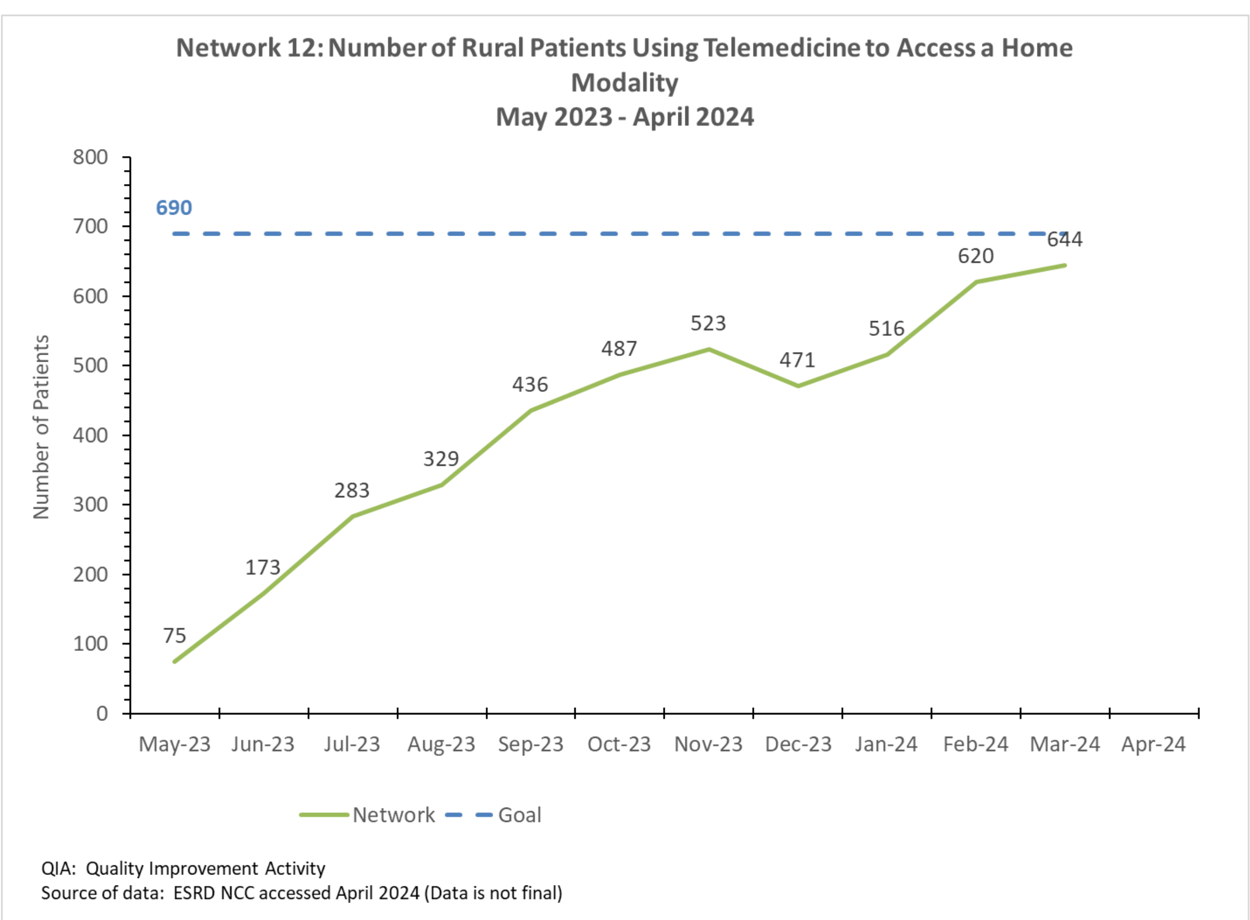



**Graph 27- Peritoneal Catheter Infections in Dialysis Patients Receiving Treatment in Nursing Homes**

## 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 12 did not meet goal by the March 2024 data, the network did achieve 700 patients with the final April 2024 data (not shown) to meet the goal of 690.




**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.

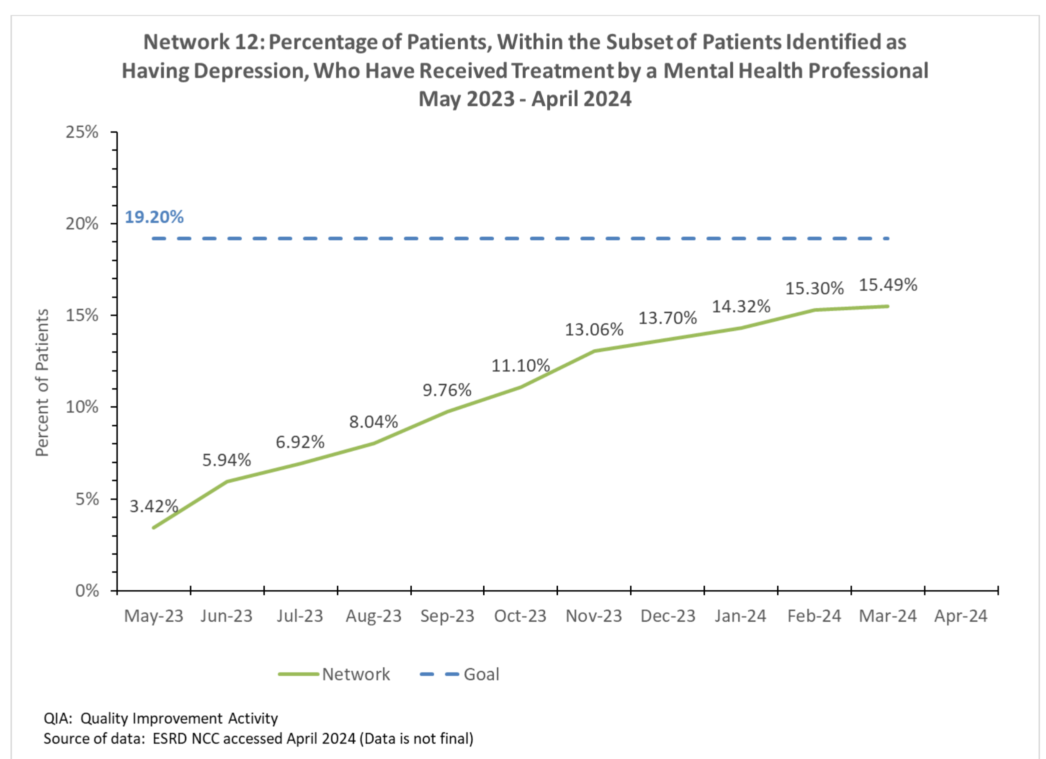
The Network encouraged facilities in the Depression Treatment focus group to focus on overall wellbeing as a way to decrease depressions symptoms including exercise, coloring, stress awareness, and journaling. The Network has resources for each of these areas on our Depression QIA web page. One best 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 Burrell Health, a central Missouri based community mental health center, and Mid-Missouri DCI, Inc. clinics to develop a care pathway. This pathway was developed so that Social Workers could quickly refer patients to be seen by a psychiatrist (to been seen within 7-10 days of referral) to assess for medication needs and other needed services. Once the patient is stable and in the Burrell system, they can access ongoing therapy sessions, medication management, case management and other services as needed. This pilot program can be replicated in other areas of the state and with other willing providers.

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**

successful
conflicting
nonstop
partnership
contract
solutions
resolve
problem
settle
negotiating
mutual
agree
concessions
compromising
mediation
compromised
acceptance
pact
settlement
agreement
understanding
argument
conflict
solution
negotiation
argue
communication
negotiate
relationship
strategy
handshake
tolerance
beneficial
share
adjustment
business
compromise
meeting
give
demand
deal
debate
truce
discussion
give up
benefit
balance
discuss
dispute
cooperation
risk
arrangement
success

# ESRD Network Grievance and Access to Care Data

ESRD Network 12 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 (48%):** 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 12 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 (34%):** Facility concerns are brought to the Network's attention by staff members or physicians of Network 12 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 (10%):** 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 (4%):** 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.

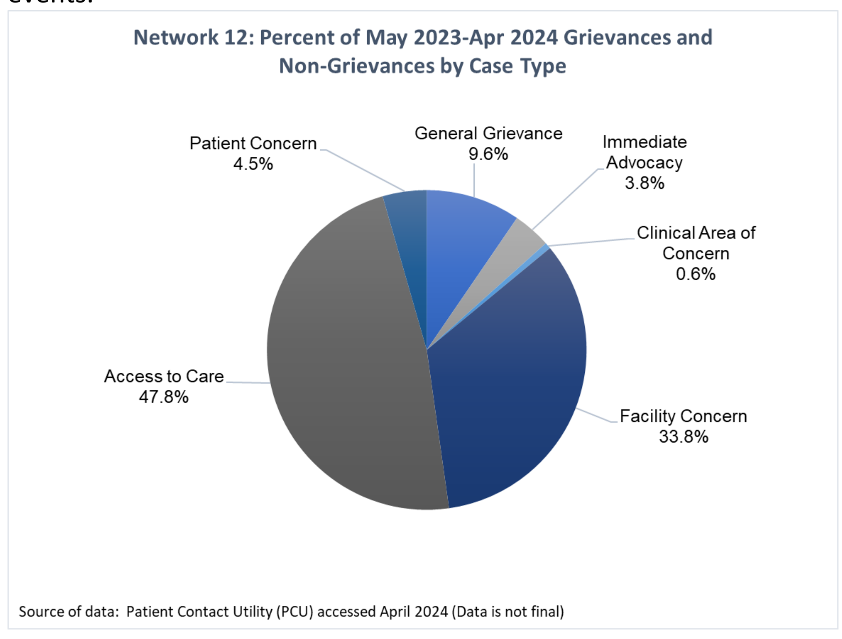
**Clinical Quality of Care (1%):** These are circumstances in which the grievant alleges that an ESRD service received from a Medicare-certified provider did not meet professionally recognized standards of clinical care. Clinical Quality of Care (QoC) cases may be either 1) a patient specific Clinical 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:

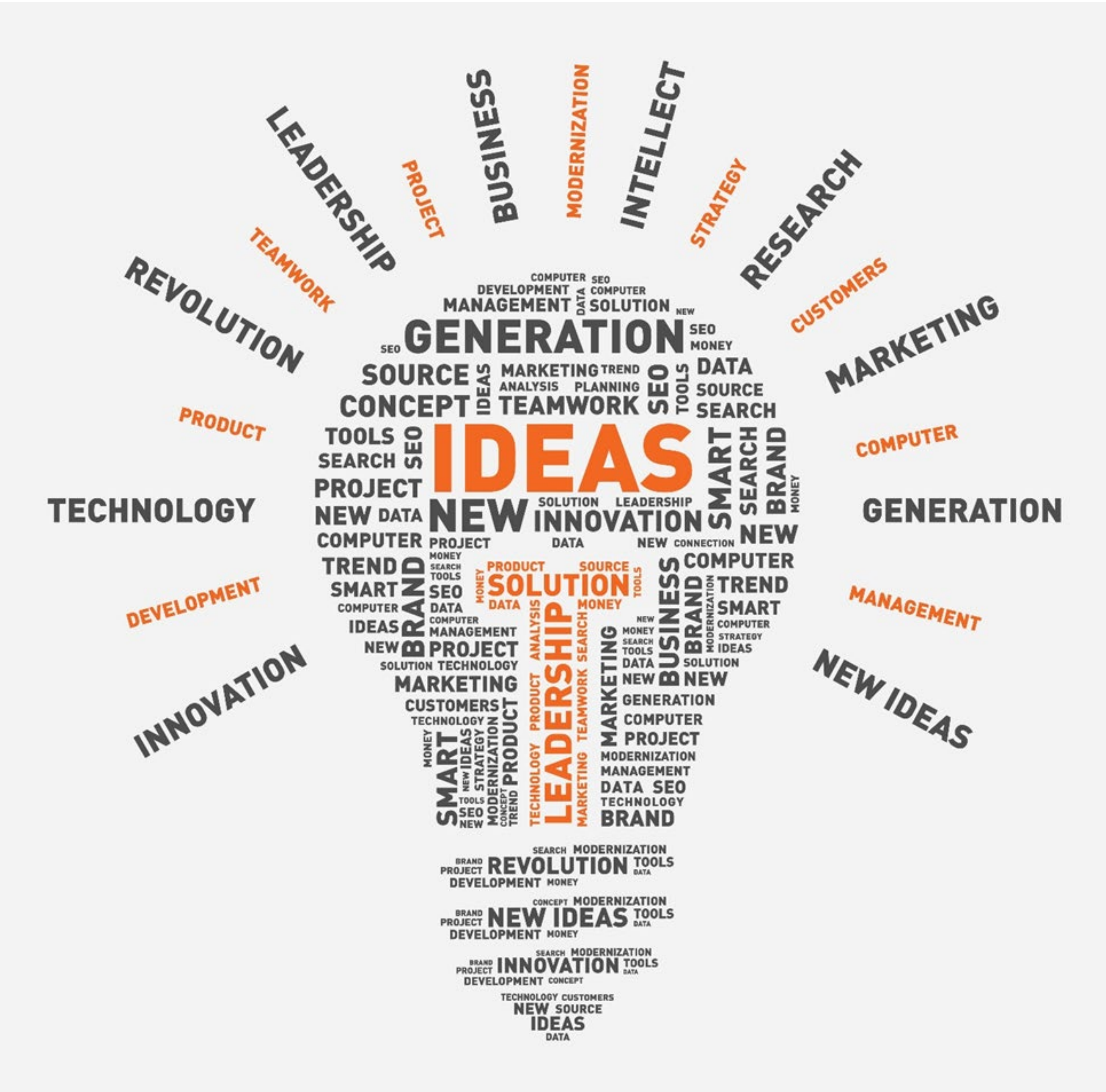
**Network Interventions for Providers**: referenced *Decreasing Dialysis Patient-Provider Conflict (DPC) Toolkit* (including recently updated modules); Network staff participated in care or grievance conferences; advocated for patient rights; education about *The ESRD Network Forum - Dialysis Patient 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)


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

## ESRD Network Recommendations

ESRD Network 12 made no recommendations for sanctions during this period.

ESRD Network 12 made no recommendations for new services during this period.

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

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 status and any other valuable information. Network staff are 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 12 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.

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