

# ESRD NETWORK 2021 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 5 from January 1, 2021 – May 31, 2021 and the Base Year of Task Order Number 75FCMC21F0003, June 1, 2021 – April 30, 2022

ESRD Network 5

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## ESRD DEMOGRAPHIC DATA

Quality Insights Renal Network 5 presents its 2021 Annual Report. This report will cover quality improvement efforts led by ESRD Network 5 from January 1, 2021 – May 31, 2021 and the Base Year of Task Order Number 75FCMC21F0003, June 1, 2021 – April 30, 2022. Network 5 serves dialysis and transplant providers in Virginia, West Virginia, Maryland, and the District of Columbia.

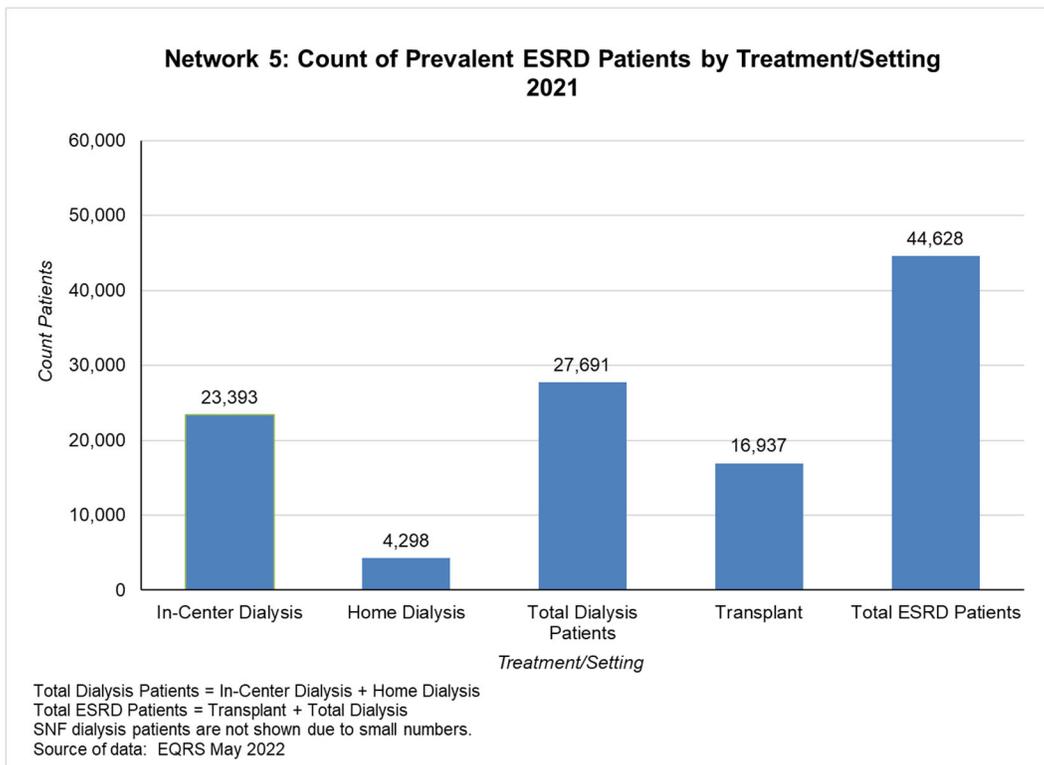
### Corporate Affiliation

Quality Insights Renal Network 5 is part of the Quality Insights family of health care improvement companies. In 2021, Quality Insights held the Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) contracts for Pennsylvania and West Virginia and three ESRD Network contracts. ESRD Network contracts include Network 3 covering New Jersey, Puerto Rico, and the US Virgin Islands, Network 4 covering Pennsylvania and Delaware, and Network 5.

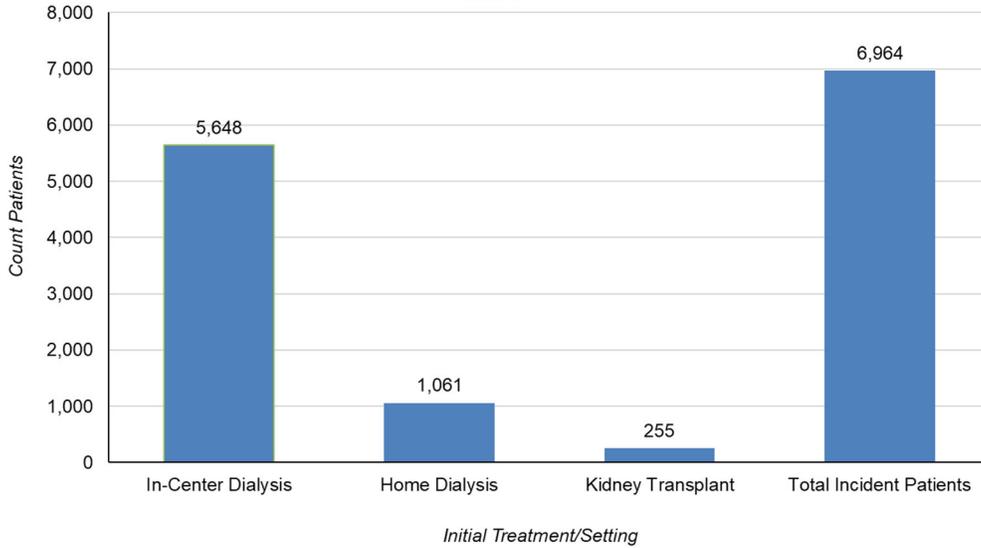
### Geographic Details

The Network 5 geographic area has a population of over 17 million according to the Census Bureau (<https://data.census.gov/cedsci/>) in an area of approximately 75,600 square miles as of July 1, 2021. It covers a diverse geographic area with a mix of urban and rural regions. Population density ranges from 77 per square mile in West Virginia to over 9,800 per square mile in Washington, DC.

Data from the ESRD National Coordinating Center (NCC) indicate that in 2021, there were 465 ESRD Medicare-Certified Dialysis Facilities in Network 5’s service area and 13 transplant centers in the area providing treatment to more than 27,000 dialysis patients and almost 17,000 transplant recipients. The majority of patients in Network 5, 23,393 (84.48%), received in-center dialysis, while the remaining 15.52% dialyzed in their homes. Additional Network 5 and national demographics can be found in the graphs below.

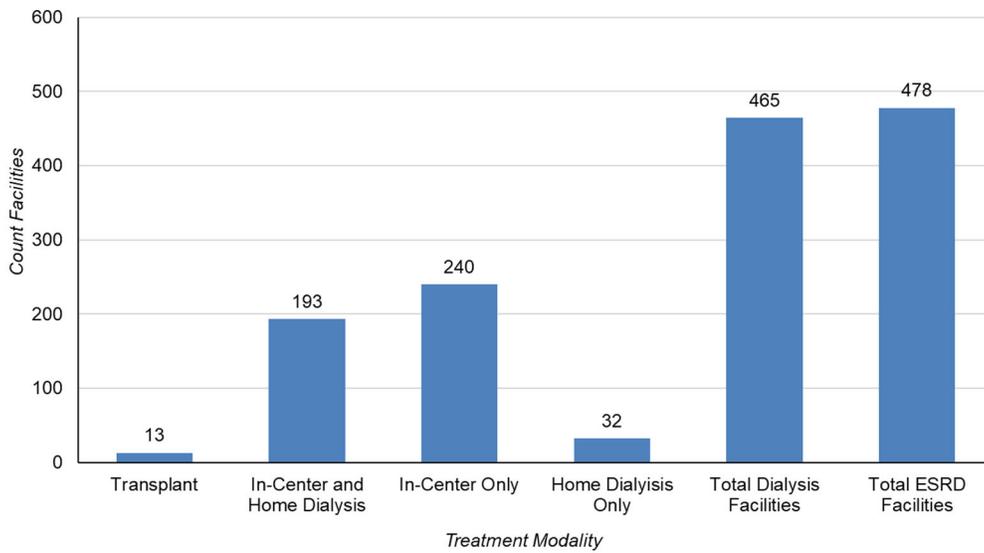


**Network 5: Count of Incident ESRD Patients by Initial Treatment/Setting 2021**



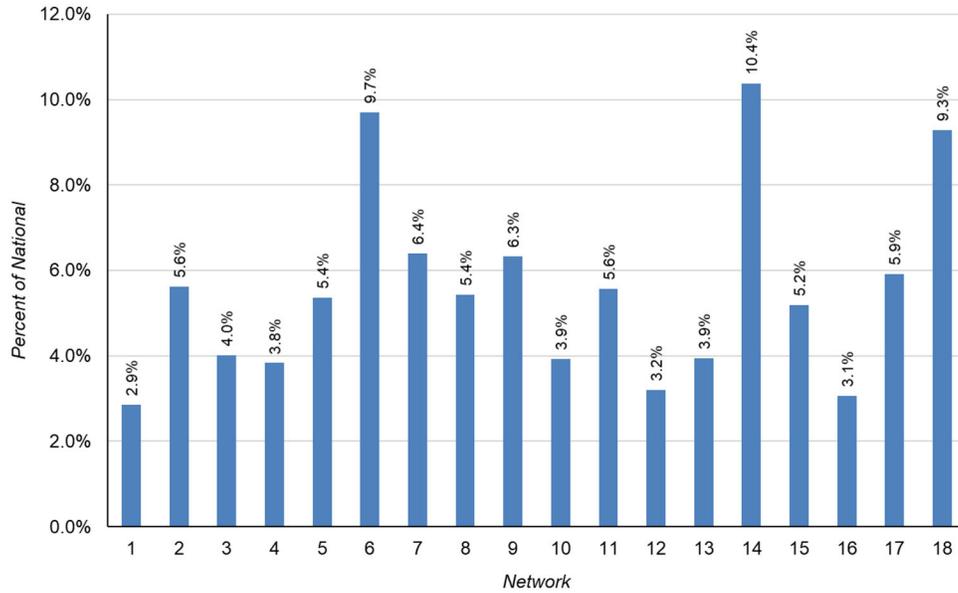
Total Incident Patients = In-Center + Home + Kidney Transplant  
 Source of data: EQRS May 2022

**Network 5: Count of Medicare-Certified Facilities by Treatment/Setting 2021**



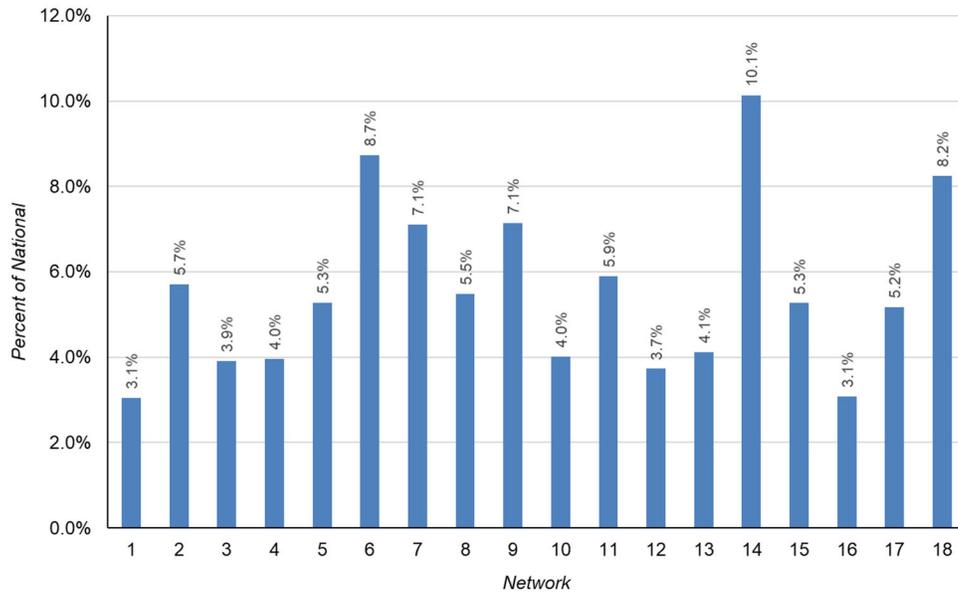
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only  
 Total ESRD Facilities = Transplant + Total Dialysis Facilities  
 Source of data: EQRS May 2022

**Percent of National Prevalent Dialysis Patients by ESRD Network 2021**



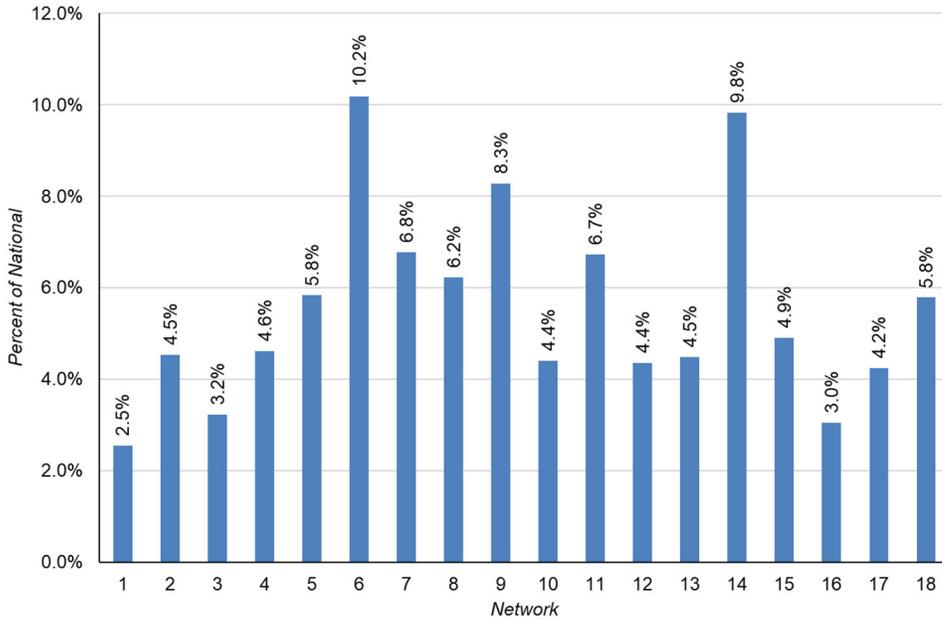
National total dialysis patients: 516,929  
 Source of data: EQRS May 2022

**Percent of National Incident Dialysis Patients by ESRD Network 2021**



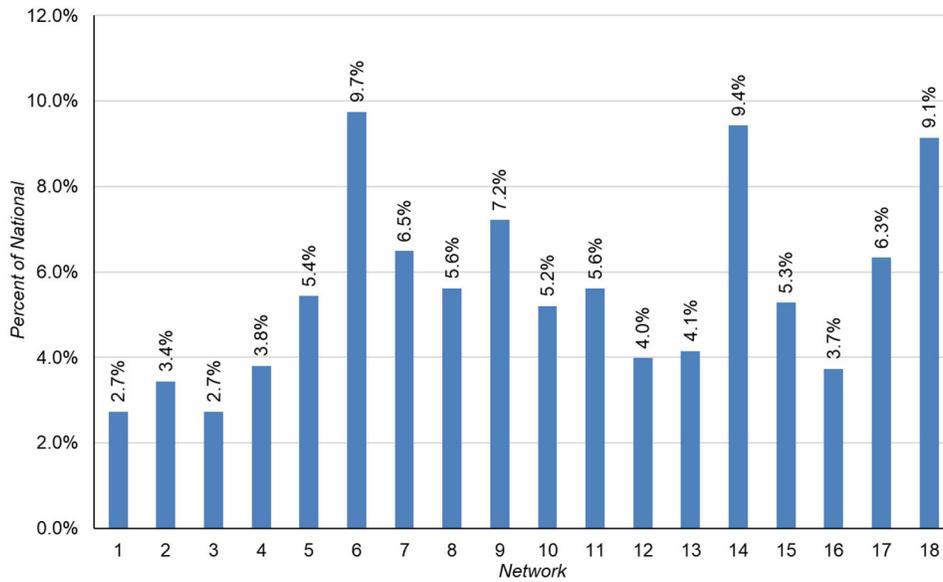
National total incident patients: 132,071  
 Source of data: EQRS May 2022

**Percent of Medicare-Certified Dialysis Facilities by ESRD Network  
2021**



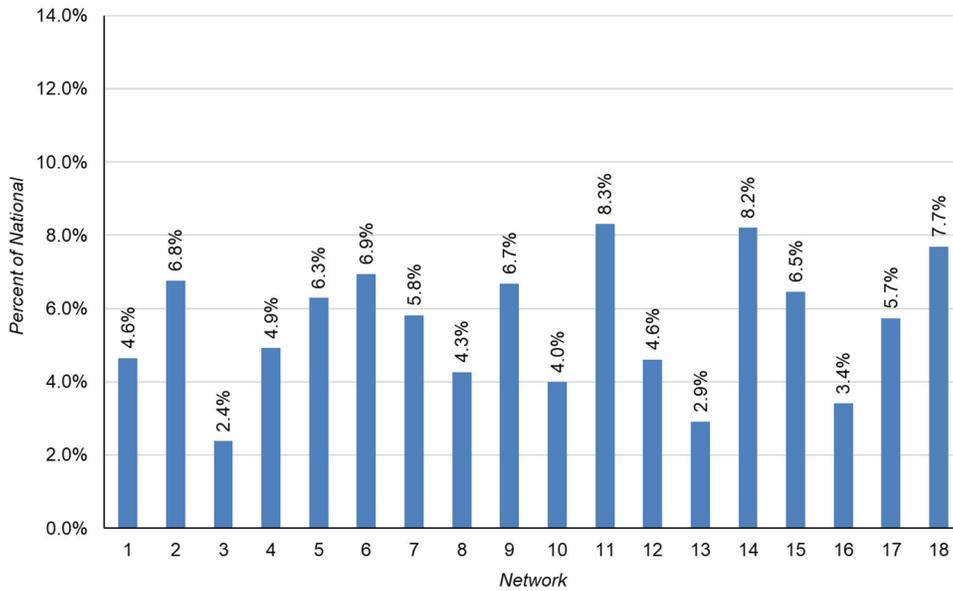
National total ESRD Medicare-certified dialysis facilities: 7,969  
Source of data: EQRS May 2022

**Percent of National Home Hemodialysis and Peritoneal Dialysis  
Patients by ESRD Network  
2021**



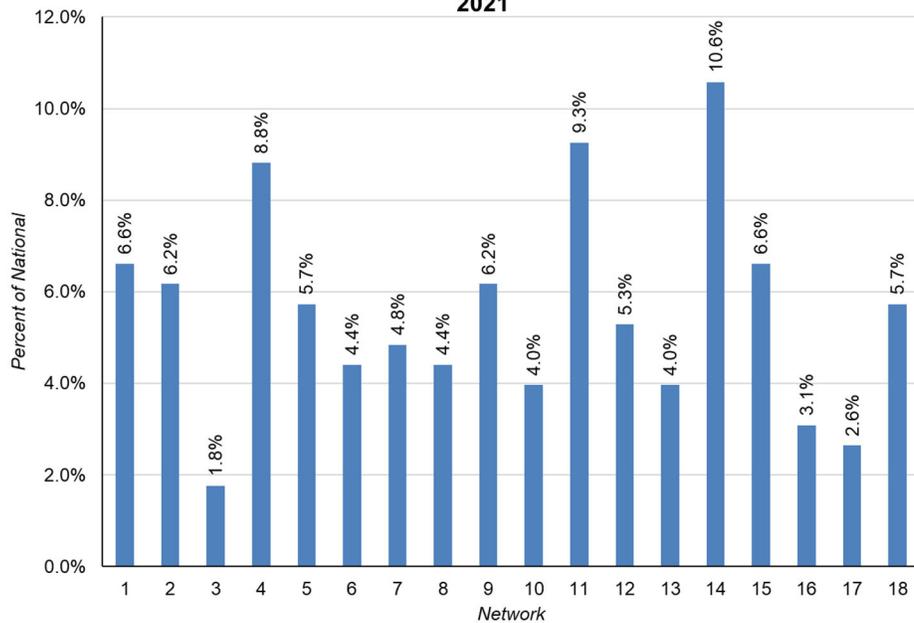
National total home hemodialysis and peritoneal dialysis patients: 79,071  
Source of data: EQRS May 2022

**Percent of National Transplant Patients by ESRD Network  
2021**



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

**Percent of Medicare-Certified Kidney Transplant Facilities by  
ESRD Network  
2021**



National total ESRD Medicare-certified kidney transplant facilities: 227  
Source of data: EQRS May 2022





## ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

### Grievances

During the reporting period of January 1, 2021 through April 30, 2022, 85 grievance cases were opened, 10 cases less than recorded in the previous annual reporting period, January 1, 2020 – December 31, 2020. The majority of concerns related to perceived quality of care issues ( $n=50$ , 58.8%) and interactions between patients and staff ( $n=21$ , 24.7%). The gap between quality of care issues and staff-patient interactions has been growing in recent years. Additionally, 9 cases were referred to State Survey Agencies for further investigation of immediate jeopardy or potential Conditions for Coverage violations.

Seventeen facilities had more than one grievance reported to the Network during this reporting period (range 2-5 cases.) Nine were related to grievances from the same patient regarding the same issues. Four resulted in referral to State Survey Agencies. None of the remaining facilities were noted to have concerning problems/trends.

### Access to Care

One hundred and seventy-seven access to care cases were opened during the reporting period of January 1, 2021 through April 30, 2022, two cases more than the previous annual reporting period, January 1, 2020 – December 31, 2020. Of these access to care cases, 112 cases of patients reported as at-risk for involuntary discharge, the majority of which were due to ongoing disruptive behavior ( $n=51$ , 45.5%—more than double the rate of the previous annual reporting period), immediate severe threat ( $n=20$ , 17.9%), and facility unable to meet documented medical needs ( $n=18$ , 16.1%). Nine of these cases progressed to involuntary discharge (8.0%—nearly 3.5 times more than the previous reporting period). Ninety-five were averted by the time of this report (84.8%).

Forty-seven cases of involuntary discharge (IVD) were reported to the Network during the reporting period of January 1, 2021 through April 30, 2022, a 22.9% decrease from the previous reporting period, January 1, 2020 – December 31, 2020. Six of those were averted (12.8%). Of the remaining 41, reasons for IVD of the majority were due to immediate severe threat ( $n=25$ , 61.0%—a 31.7% rate increase from the previous reporting period), and ongoing disruptive and abusive behavior ( $n=7$ , 17.1%). At the time of this recording, of the 41 IVDs that occurred, 21 (51.2%) had been placed in other outpatient programs. Two discharging facilities had more than one IVD during the course of the reporting period; both had two. None of them required intervention by the Network or State Survey Agency.

Forty-eight cases of failure to place (F2P) were reported during the reporting period of January 1, 2021 through April 30, 2022. Of note, 32 of those were outcomes of reported IVDs (66.7%) and another 9 (18.7%) were related to facility refusals to re-accept patients who had been out of the unit for over 30 days.

### Facility Concerns

During the reporting period of January 1, 2021 through April 30, 2022, Network 5 fielded 196 technical assistance contacts from facilities (an increase of 22.5.0% over the previous reporting period). The main themes for these contacts were issues related to disruptive behavior ( $n=56$ , 28.6%), patient adherence ( $n=54$ , 27.6%), and mental health/cognitive decline concerns ( $n=27$ , 13.8%).

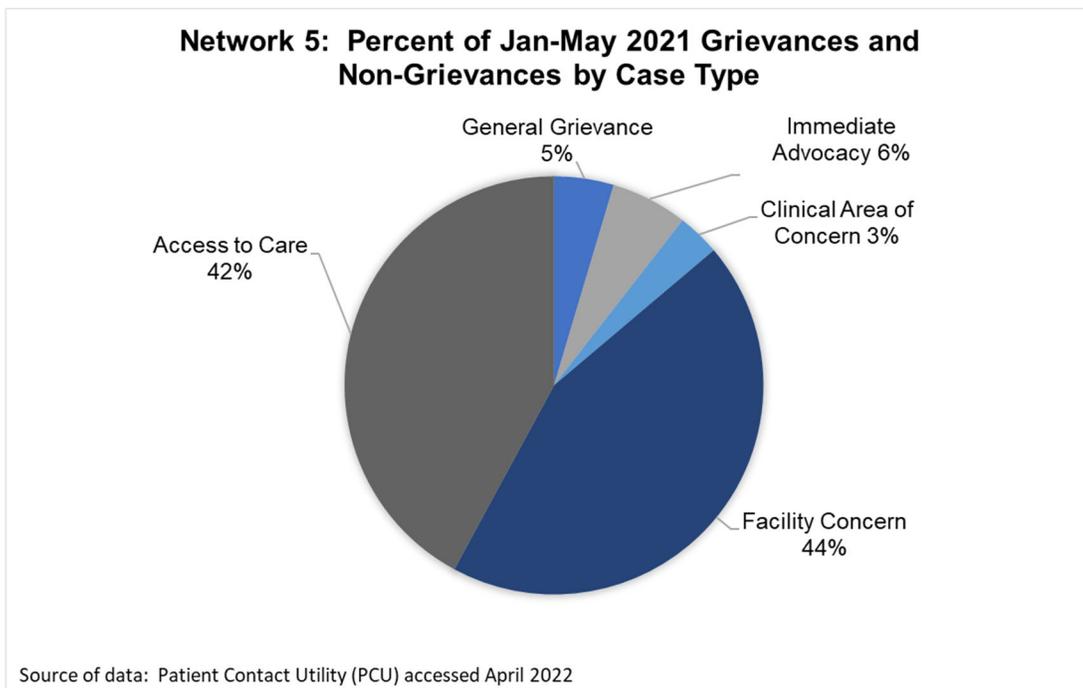
### Interventions

Throughout the reporting period of January 1, 2021 through April 30, 2022, the Network offered training and support for increasing partnerships between patients and staff to build trust, rapport, and effective communication, as well as increase patient involvement in care and self-management. Articles and links were shared in newsletters and email blasts providing tips and resources for decreasing patient-provider conflict, increasing staff empathy, communication, professionalism, and patient-centered care, including the continued

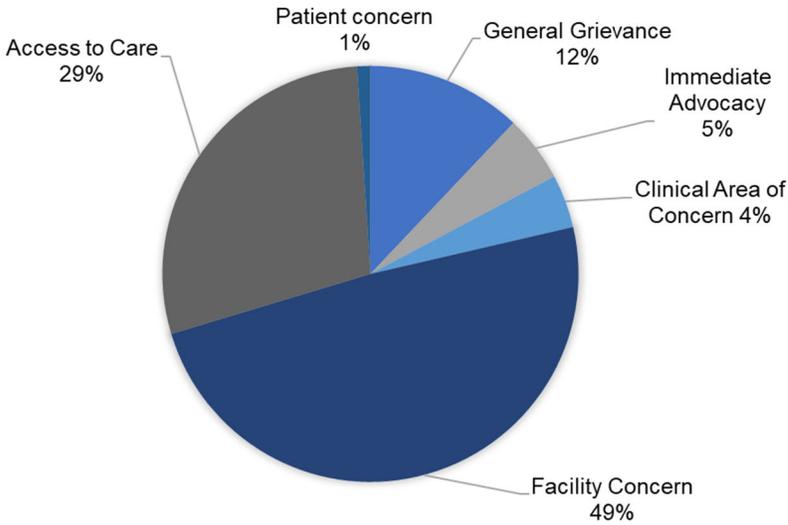
promotion of the Decreasing Dialysis Patient-Provider Conflict (DPC) toolkit and the 5-Diamond Patient Safety Program. Toolkits developed by the Forum of ESRD Networks were promoted to both facilities and patients, including the Depression Toolkit and Grievance Toolkit developed by the Forum’s Kidney Patient Advisory Council. In response to stressors brought on by COVID-19 and national racial tensions, which likely contributed to the increase in grievances and access to care concerns, the Network promoted resources applicable for patient/family and professional audiences that addressed retaliation, availability of virtual support groups, coping with depression and anxiety, emotions, grief and loss, compassion fatigue, anti-racism, diversity and inclusion, and social justice.

Facilities have been provided information to share with patients about the Network’s role and grievance process and reminded to have the Network grievance poster and facility and state grievance procedures posted where patients can easily see them. An informational sheet was provided to facilities about having a process in place for anonymous patient grievances. Patients calling with grievances are provided with the grievance brochure (which includes a listing of patient rights and responsibilities) and offered mediation and Network auditing of a care plan meeting. Network staff also meet monthly with the Patient Advisory Committee members to review blinded closed cases and gather feedback and insights.

An overview of grievances and non-grievances by case type and cases related to mental health are provided in the graphs below.



**Network 5: Percent of Jun 2021-Apr 2022 Grievances and Non-Grievances by Case Type**



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



## Transplant Waitlist Quality Improvement Activity through May 2021

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results through May 2021. During the new contract period of June 2021-April 2022, the Networks focused on Quality Improvement Goals.

### Network Goal

To increase the rate of patients added to the transplant waitlist.

### Project Participants

The Network selected 21 dialysis facilities that were enrolled in the ESRD Treatment Choices (ETC) Model to participate in a pilot project using the Transplant Change Package.

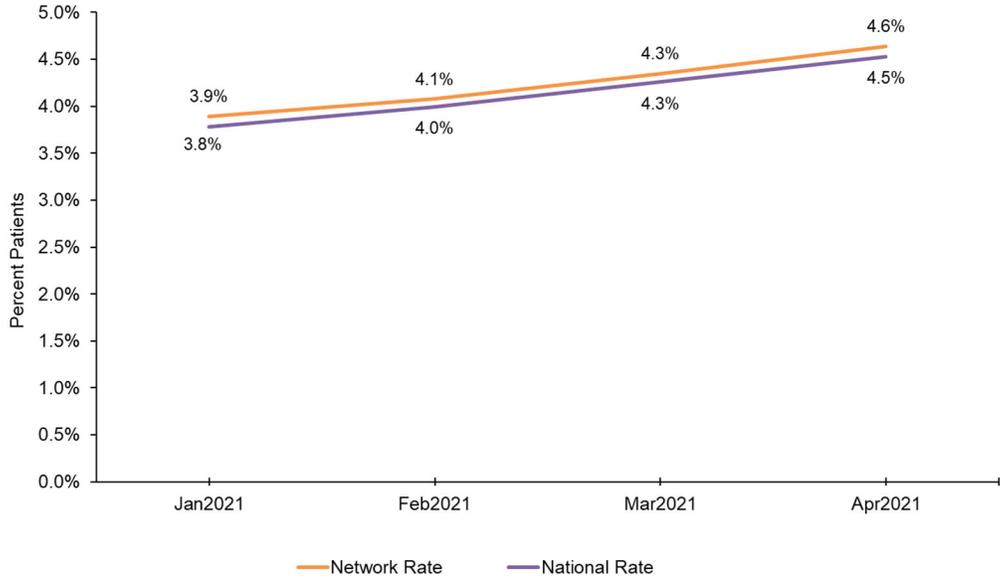
### Interventions

- The Network hosted a kick-off call for the dialysis facilities that explained the pilot project goals, objectives, and expectations.
- Monthly coaching calls were offered to discuss barriers and mitigation strategies.
- Educational materials were disseminated including the 5-Diamond Patient Safety Program Transplant module, the Kidney Hub, and patient videos.
- Three patient subject matter experts shared their kidney transplant experience with project participants and offer suggestions to improve patient engagement.

### Results

Despite the COVID-19 pandemic, the rate of patients added to the transplant waitlist continued to increase.

### Network 5: Percent of Patients Added to the Transplant Waitlist January 2021 - April 2021



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

# Transplant Waitlist & Transplanted Quality Improvement Activity June-April 2022

## Network Goals

To increase the number of patients added to a kidney transplant waitlist by 2%.

To increase the number of patients receiving a kidney transplant by 2%.

## Project Participants

All dialysis providers and transplant centers in the Network service area participated in the project with a cohort focus group of 121 dialysis facilities.

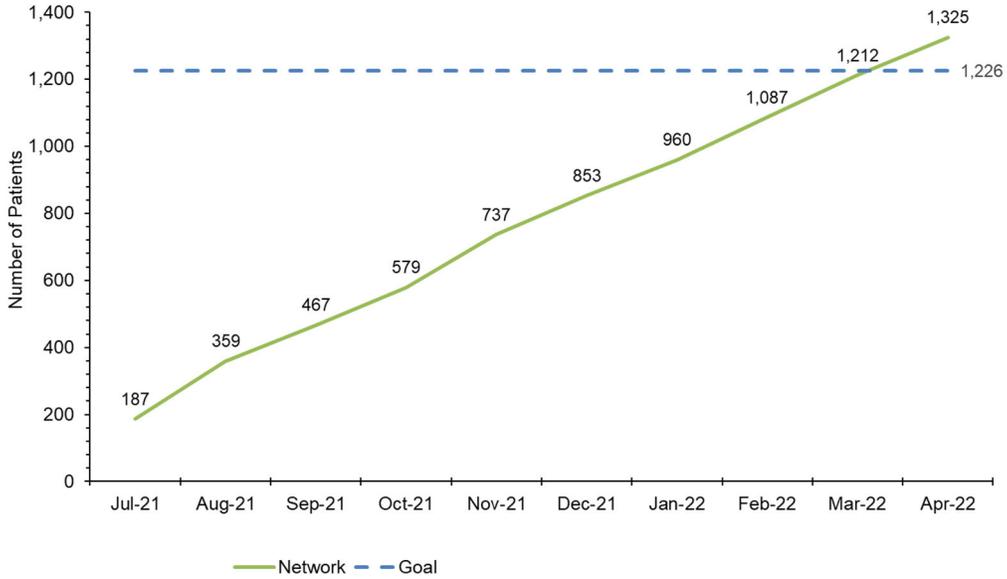
## Interventions

- The Network identified low, middle, and high performing facilities to tailor interventions and provide facility-specific technical assistance.
- The Equal Referral to Transplant project was launched during a kick-off webinar with middle performing facilities to discuss project goals, interventions, expectations, and monthly reporting requirements.
- Middle and low performing facilities submitted a facility-level root cause analysis (RCA) to identify barriers to transplant which were then analyzed by Network staff to determine mitigation strategies.
- Middle performing facilities completed monthly Plan-Do-Study-Act (PDSA) cycles to track their progress and inform the Network of their interventions, successes, and needs.
- In collaboration with Networks 3 and 4, the Network developed the Patient Voices posters, postcards and website to address barriers to Home and Transplant.
- The Network utilized Peer Mentors to meet 1:1 with patients via Zoom or phone call in an effort to educate patients on Home and Transplant and to alleviate the burden of short staffing on facilities.
- Educational materials and resources were disseminated, including A Change Package to Increase Kidney Transplantation, National Kidney Foundation: The Big Ask, The Big Give Campaign, and Network 5 Transplant Criteria.
- The Network supported the use of bidirectional communication platforms like Transplant Referral Exchange (TREN) offered by APEX Health Innovators and TX Connect provided by Care DX, Inc.
- The Network developed an infographic on social determinants of health to aid facilities in identifying and responding to health equity issues in their patient population.

## Results

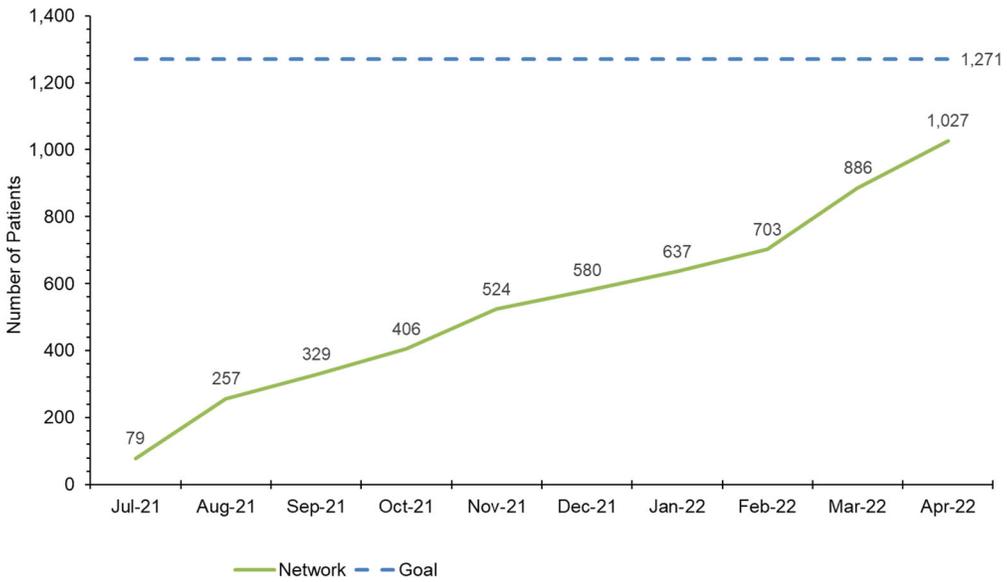
The Network added over 1,300 patients to a kidney transplant waitlist which exceeded the goal. As of May 4, 2022, 1,027 patients received a kidney transplant which resulted in achieving 80.8% of the goal.

**Network 5: Patients Added to a Kidney Transplant Waiting List  
July 2021 - April 2022**



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

**Network 5: Patients Receiving a Kidney Transplant  
July 2021 - April 2022**



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

## Home Therapy Quality Improvement Activity through May 2021

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results through May 2021. During the new contract period from June 2021-April 2022, the Networks focused on Quality Improvement Goals.

### Network Goal

To increase the rate of patients dialyzing at home.

### Project Participants

The Network selected 21 dialysis facilities that were enrolled in the ESRD Treatment Choices (ETC) Model to participate in a pilot project using the Home Change Package.

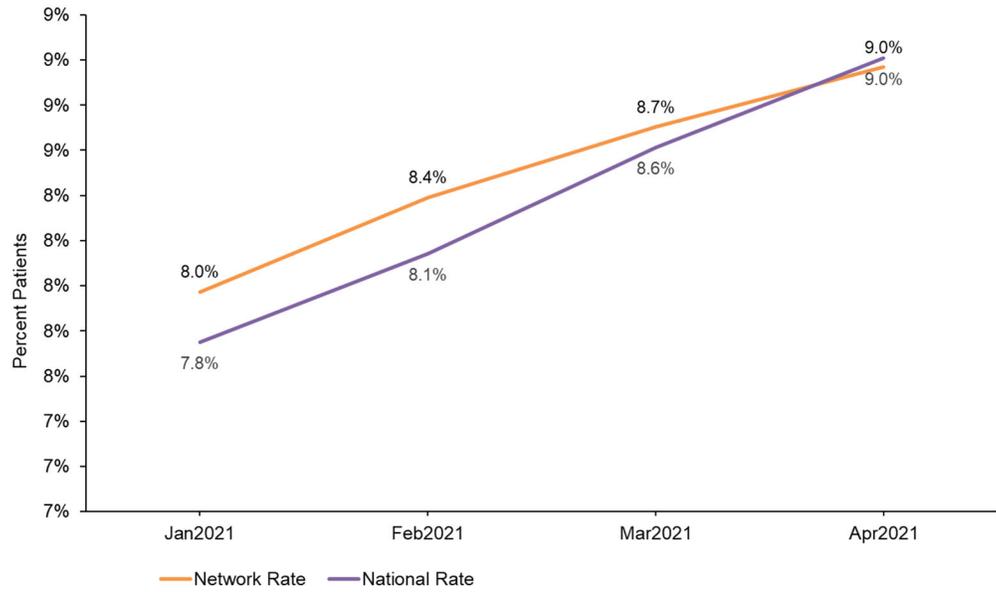
### Interventions

- The Network hosted a kick-off call for the dialysis facilities that explained the pilot project goals, objectives, and expectations.
- Monthly coaching calls were offered to discuss barriers and mitigation strategies.
- Educational materials were disseminated including the 5-Diamond Patient Safety Program Home Dialysis module, the Kidney Hub, and patient videos.
- Three patient subject matter experts shared their home dialysis experience with project participants and offer suggestions to improve patient engagement.

### Results

The COVID-19 pandemic caused many challenges which impacted the percentage of patients starting home dialysis. In spite of this, the Network progressed to almost 9% by April 2021.

### Network 5: Percent of Patients Starting Home Dialysis January 2021 - April 2021



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

## Home Therapy Quality Improvement Activity June-April 2022

### Network Goal

To increase the number of incident ESRD patients starting dialysis using a home modality by 10%.

To increase the number of prevalent ESRD patients moving to a home modality by 2%.

### Project Participants

All dialysis providers in the Network service area participated in the project with a cohort focus group of 127 dialysis facilities.

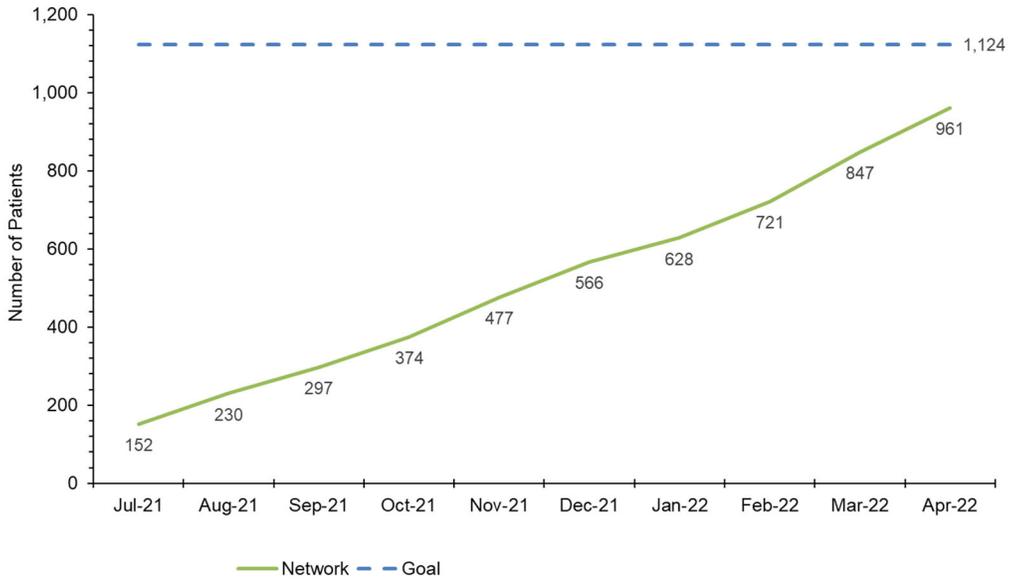
### Interventions

- The Network identified low, middle, and high performing facilities to tailor interventions and provide facility-specific technical assistance.
- The Home Modality project was launched during a kick-off webinar with middle performing facilities to discuss project goals, interventions, expectations, and monthly reporting requirements.
- Middle and low performing facilities submitted a facility level root cause analysis (RCA) to identify barriers to transplant which were then analyzed by Network staff to determine mitigation strategies.
- Middle performing facilities completed monthly Plan-Do-Study-Act (PDSA) cycles to track their progress and inform the Network of their interventions, successes, and needs.
- In collaboration with Networks 3 and 4, the Network developed the Patient Voices posters, postcards and website to address barriers to Home and Transplant.
- The Network utilized Peer Mentors to meet 1:1 with patients via Zoom or phone call in an effort to educate patients on Home and Transplant and to alleviate the burden of short staffing on facilities.
- Educational materials were disseminated including the 5-Diamond Patient Safety Program Home Dialysis module, Home Dialysis-the Patient Perspective: Tips for Success, NKF PEERs Peer Mentoring Program and the MATCH-D tool and app.
- Based on baseline data provided by the NCC for Telemedicine, the Network identified 57 facilities to improve home telehealth utilization. Each facility received a feedback report, utilizing unique patient identifiers to identify patients to target for home telehealth utilization.
- Telehealth educational materials were disseminated including CMS' Telehealth Resources (available in various languages), HHS: What is Telehealth and How to Find It and Get Set Up - free online learning platform for older adults to help with technology.
- The Network developed an infographic on social determinants of health to aid facilities in identifying and responding to health equity issues in their patient population.

### Results

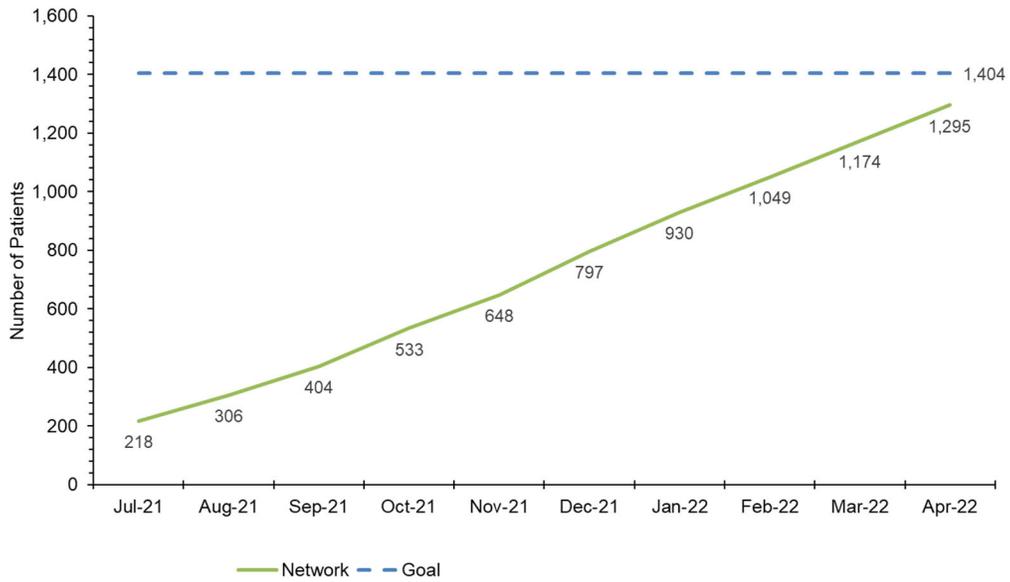
The Network was able to achieve 85.5% of the goal and had 961 incident patients start a home modality. Over 1,200 prevalent ESRD patients transitioned to a home modality, which resulted in achieving 92.24% of the goal.

**Network 5: Incident Patients Starting Dialysis Using a Home Modality  
July 2021 - April 2022**



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

**Network 5: Prevalent Patients Moving to a Home Modality  
July 2021 - April 2022**



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

# Influenza June-April 2022

## Network Goal

To ensure a minimum of 85% of dialysis patients receive an influenza vaccination.

## Project Participants

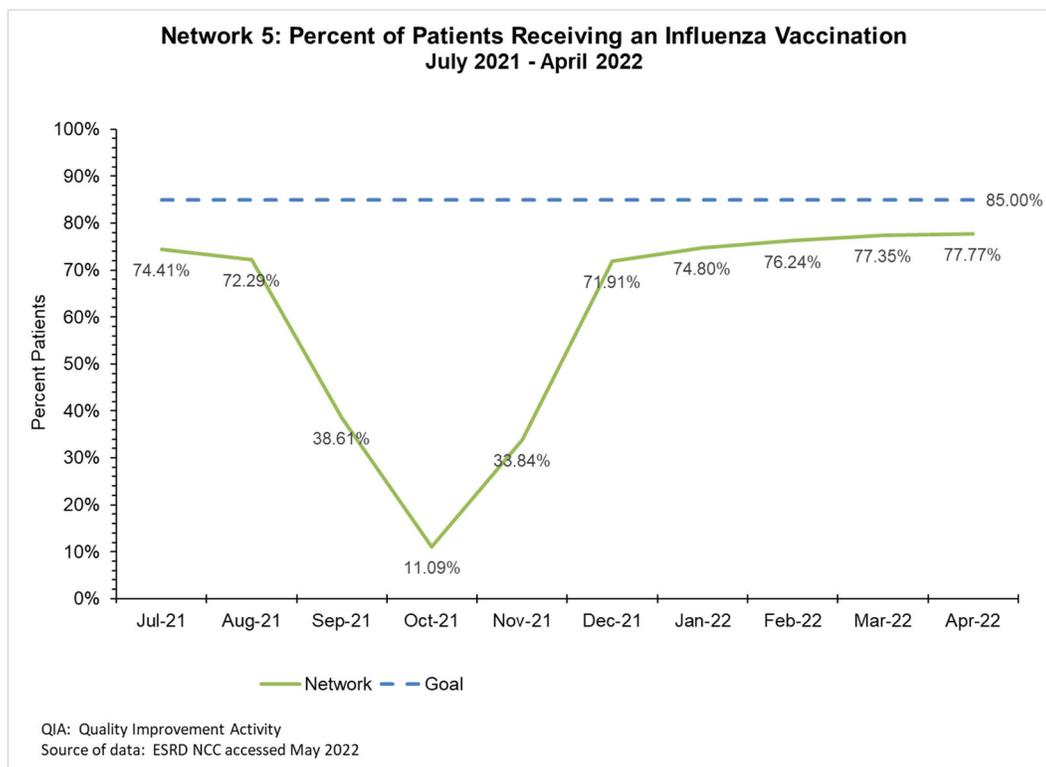
All dialysis providers in the Network service area participated in the 2021/2022 Influenza Campaign.

## Interventions

- The Network launched the “Don’t Wait, Vaccinate” campaign focusing on Influenza, Pneumococcal, and COVID-19 Vaccinations.
- Utilizing data delivered by the NCC, the Network facilitated 1:1 calls with facilities not at goal month-over-month to determine needs, barriers, data accuracy, and reporting issues.
- Educational materials were disseminated, including the CDC’s Digital Media Toolkit –Flu 2021-2022, Similarities and Differences between Flu and COVID, EDISCO “Prevent and Protect: Vaccine Best Practices” LMS course, and NHSN: How to Report Monthly Influenza Vaccination Data for Dialysis Facilities.
- The Network collaborated with Vaccinate Virginia and APIC (Association for Professionals in Infection Control and Epidemiology) to discuss barriers and interventions available.
- Facilities received monthly feedback reports that showed progress toward goal each month.

## Results

The dialysis community encountered challenges reporting patient influenza vaccinations which may have contributed to the national patient influenza vaccination rate of 78.76%. The Network’s patient influenza rate as of April 30, 2022 was 77.77%.



## COVID-19 Vaccinations Patients and Staff June-April 2022

### Network Goals

To ensure that a minimum of 80% of dialysis patients receive an initial COVID-19 vaccination and/or vaccination series.

To ensure that a minimum of 80% of fully vaccinated dialysis patients receive any additional CDC and/or CMS recommended COVID-19 vaccination(s).

To ensure that 100% of dialysis facility staff receive an initial COVID-19 vaccination and/or vaccination series.

### Project Participants

All dialysis providers in the Network service area participated in the 2021/2022 COVID-19 Vaccination Campaign.

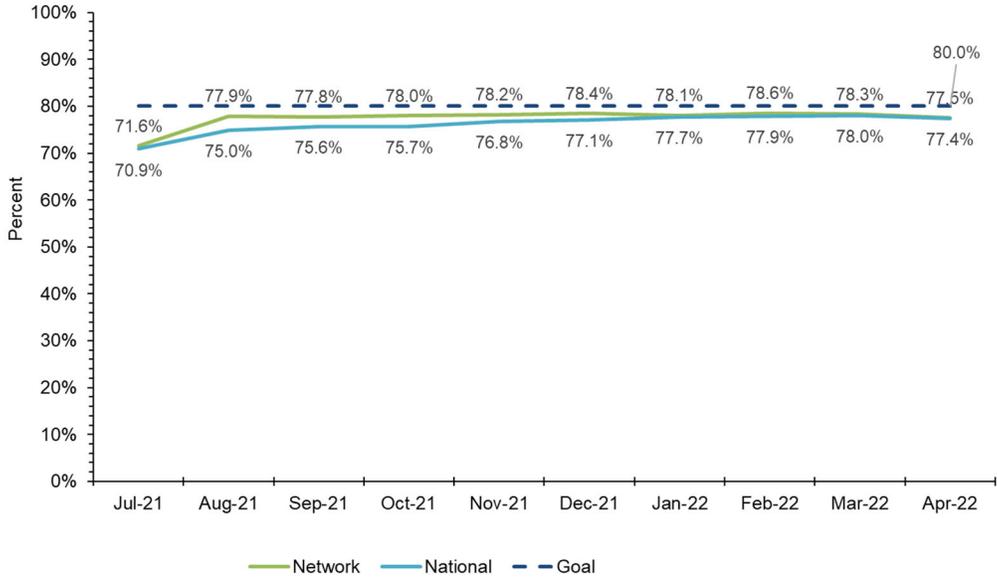
### Interventions

- The Network launched the “Don’t Hesitate, Vaccinate” campaign in August 2021 focusing only on COVID-19 vaccinations.
- The Network developed the COVID-19 Vaccine Goal Poster with a goal of encouraging facility utilization to track the vaccination status of staff and patients.
- Utilizing data delivered by the NCC, the Network facilitated 1:1 calls with facilities not at goal month-over-month to determine needs, barriers, data accuracy, and reporting issues.
- Utilized feedback from providers to develop the “How Dialysis is Safely Offered to Patients with COVID-19” infographic and distributed to all facilities in Network service area.
- The Network collaborated with Vaccinate Virginia and APIC (Association for Professionals in Infection Control and Epidemiology) to discuss barriers and interventions available.
- Facilities received monthly feedback reports that showed progress toward goal each month.
- Educational materials were disseminated including, the CDC’s COVID-19 Vaccination Communication Toolkit, the 5-Diamond Patient Safety Program COVID-19 Module, Similarities and Differences between Flu and COVID flyer, and EDISCO “Prevent and Protect: Vaccine Best Practices” LMS course.

### Results

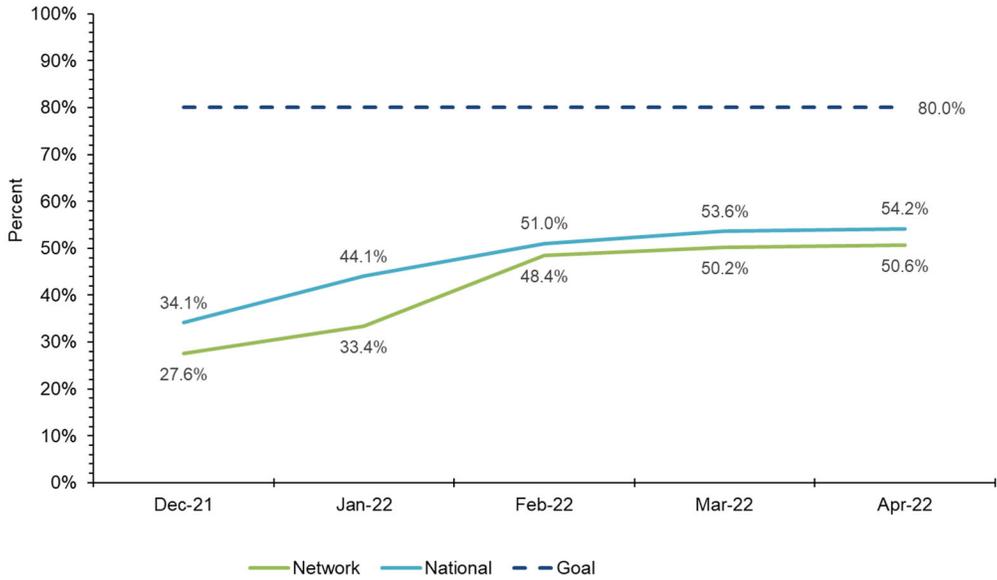
Data analysis as of May 4, 2022 revealed that 73.9% of patients are fully vaccinated for COVID-19 and 51.02% of those patients received an additional dose. Analysis showed 83.1% of staff are fully vaccinated for COVID-19.

**Network 5: COVID Vaccination Rate (Dialysis Patients)  
July 2021 - April 2022**



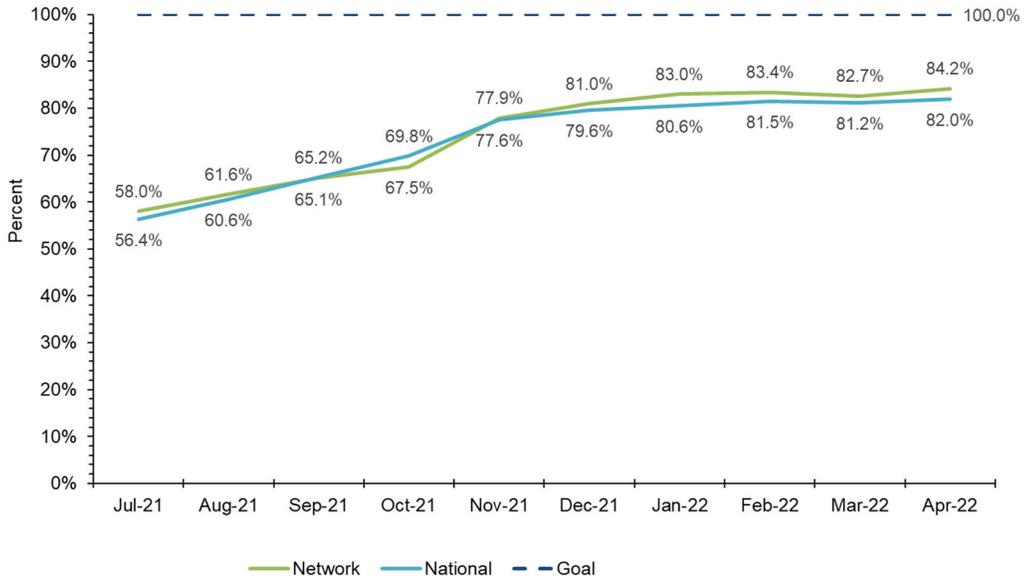
QIA: Quality Improvement Activity  
Source of data: ESRD NCC accessed April 2022

**Network 5: Percent of Fully Vaccinated Dialysis Patients Receiving  
COVID Vaccination Booster  
December 2021 - April 2022**



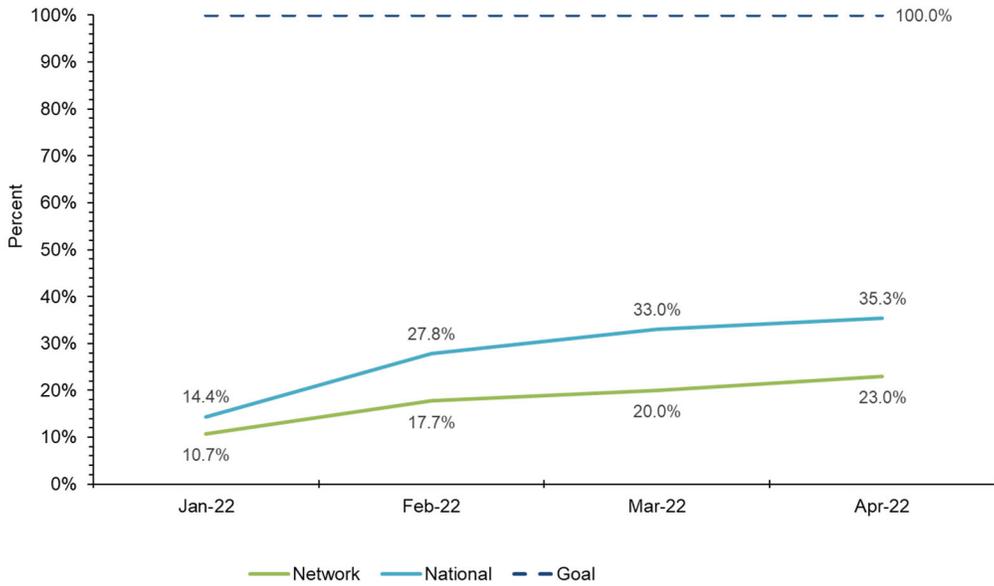
QIA: Quality Improvement Activity  
Source of data: ESRD NCC accessed April 2022

**Network 5: COVID Vaccination Rate (Dialysis Facility Staff)  
July 2021 - April 2022**



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

**Network 5: Percent of Fully Vaccinated Dialysis Facility Staff Receiving  
COVID Vaccination Booster  
December 2021 - April 2022**



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

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

### **Network Goals**

To increase the rate of patient admission data entered within five business days by 2%.

To increase the rate of CMS-2728 forms submitted within 45 days by 2%.

To increase the rate of CMS-2746 forms submitted within 14 days of the date of death by 2%.

### **Project Participants**

All dialysis facilities in the Network service area participated in the Data Quality project.

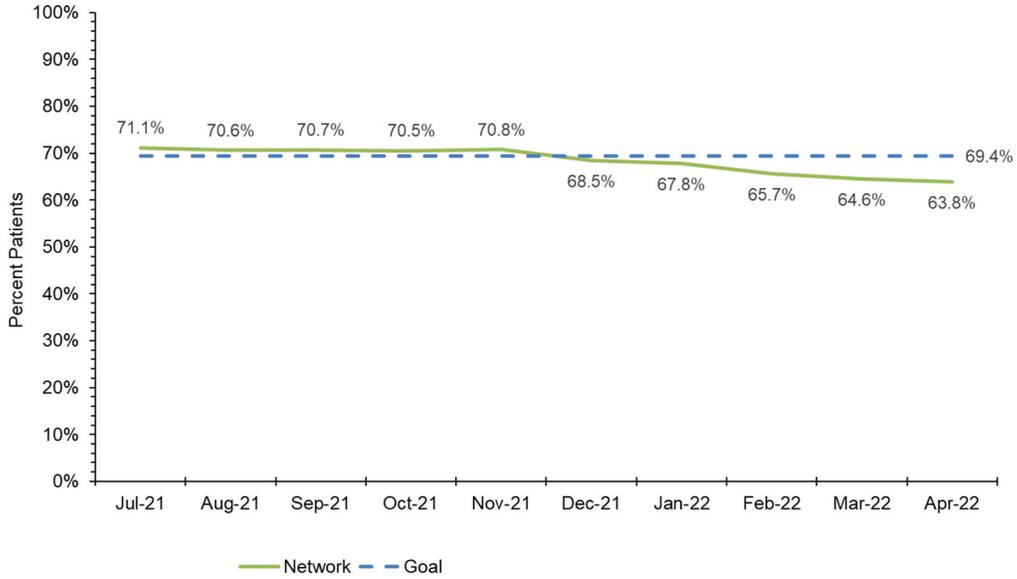
### **Interventions**

- The Network hosted a Virtual Council Meeting to outline the goals and expectations for the project.
- Facility-specific goals were assigned to facilities and feedback reports provided to track progress toward goals.
- The Network collaborated with stakeholders to discuss areas for improvement.
- Educational resources were developed and distributed to all facilities, including the EQRS Monthly Checklist and instructions for running reports in EQRS to help facilities track patient activity and capture missing patient admissions.
- The Network provided daily 1:1 coaching to improve the ESRD patient registry.

### **Results**

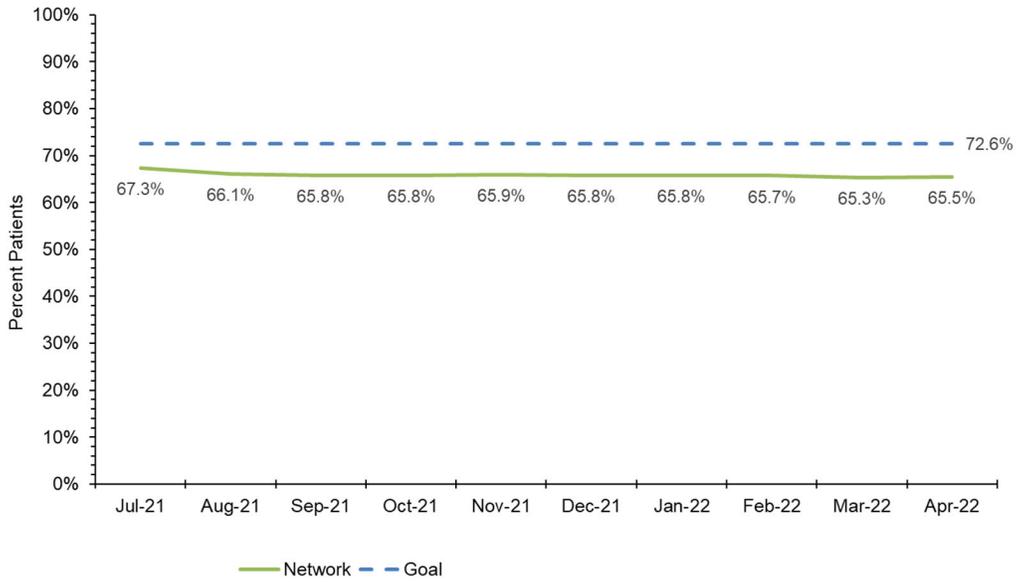
The Network community encountered many data quality challenges during the COVID-19 pandemic, which contributed to the Network not meeting the data quality goals.

**Network 5: Admission Data Entered within 5 Days  
July 2021 - April 2022**



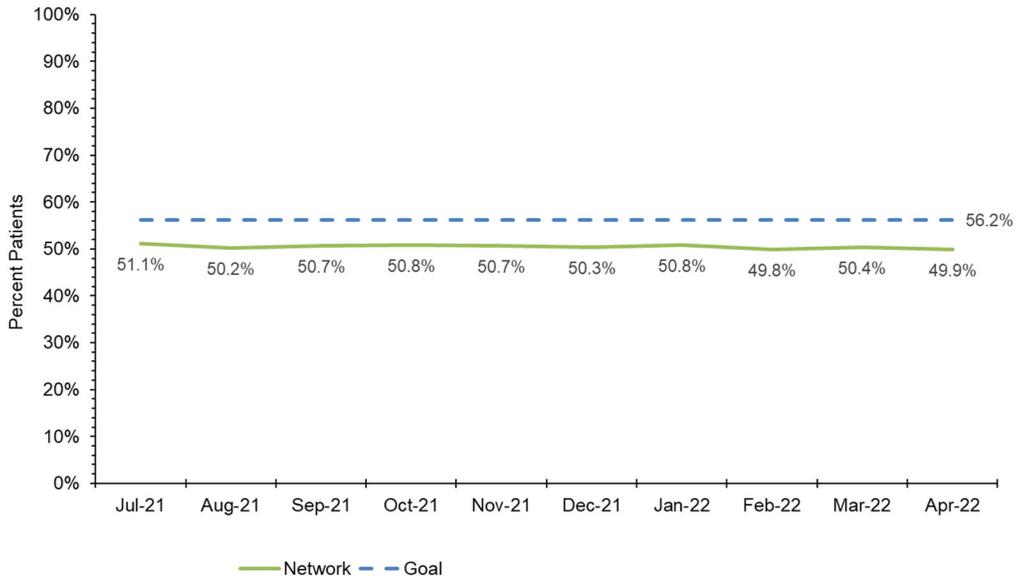
QIA: Quality Improvement Activity  
Source of data: ESRD NCC accessed May 2022

**Network 5: CMS-2728 Forms Submitted within 45 Days  
July 2021 - April 2022**



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

**Network 5: CMS-2746 Forms Submitted within 14 Days of Death  
July 2021 - April 2022**



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

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

### Network Goals

To reduce the rate of inpatient admissions, emergency department visits, and 30-day unplanned readmissions by 2%.

To reduce the rate of COVID-19 admissions by 25%.

### Project Participants

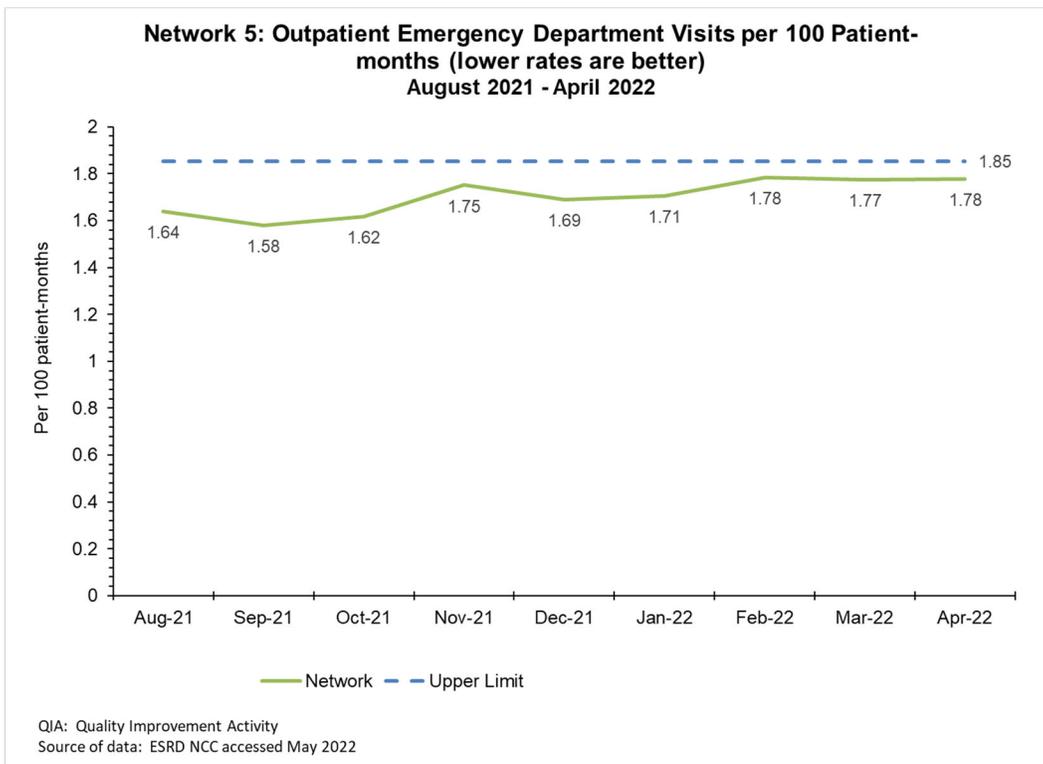
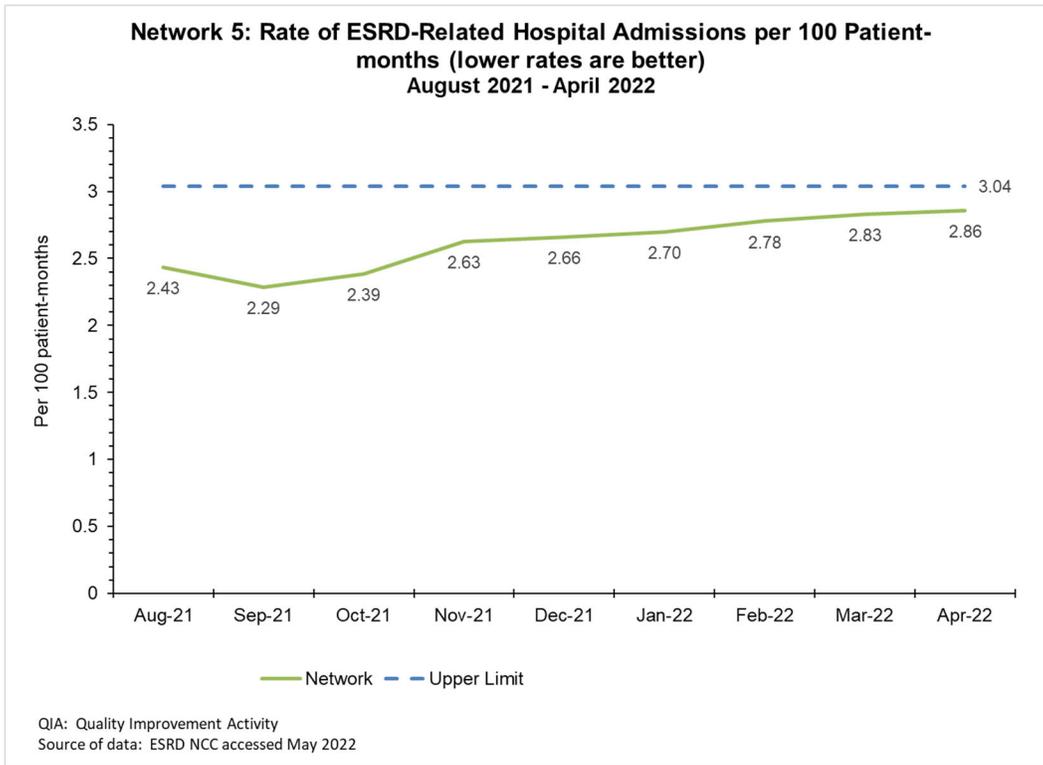
All dialysis providers in the Network service area participated in the project with a cohort focus group of 73 dialysis facilities.

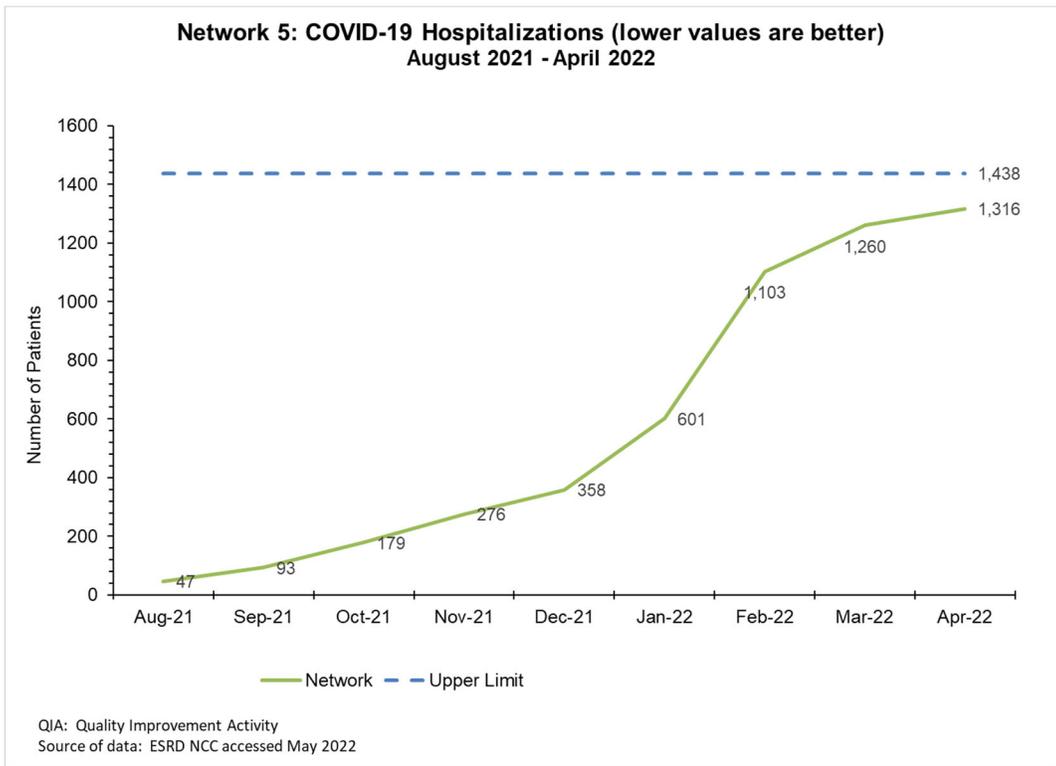
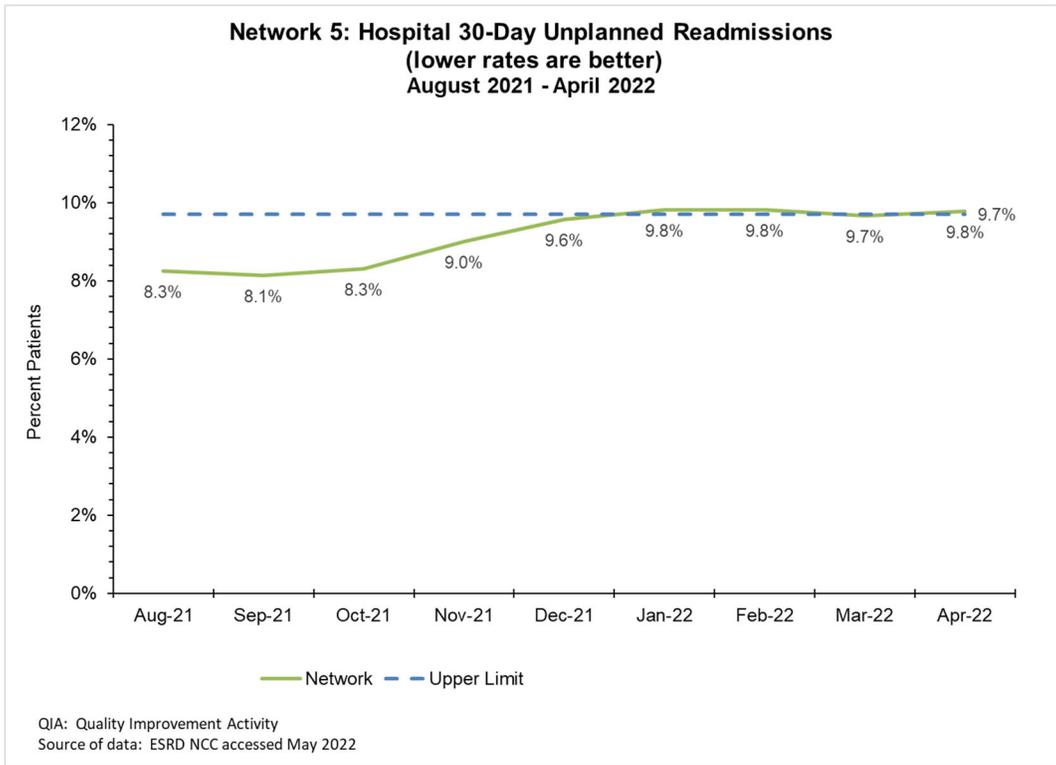
### Interventions

- The Network hosted a kick-off call to discuss planned interventions, answer project-related questions, and acquire feedback from participants.
- All participants submitted a root cause analysis (RCA) to identify barriers resulting in increased hospital utilization which were then analyzed by Network staff to determine mitigation strategies.
- The Network provided 1:1 coaching calls to facilities and provided mitigation strategies around the importance of primary care providers, education on comorbidities (diabetes, high blood pressure, and obesity), missed treatments, and appropriate use of the emergency room.
- Facilities were encouraged to utilize a post-hospitalization discharge checklist.
- Facilities completed monthly Plan-Do-Study-Act (PDSA) forms to track their progress and inform the Network of their interventions, successes, and needs.

### Results

Despite the ongoing COVID-19 pandemic, the Network remained below the upper-limit target for hospital admissions, emergency room visits, and COVID-19 admissions. Additionally, 30-day unplanned readmissions exceeded the 9.7% upper-limit threshold. Cohort facilities that met measures for three consecutive months were rotated out of the focus group and 27 facilities met this criteria during the performance period.





## Depression June-April 2022

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

### Network Goal

To increase the percentage of patients accurately identified as having depression.

To increase the percentage of patients identified as having depression who are treated by a mental health professional.

### Project Participants

“Low performing” dialysis providers that participated in other 2021/2022 Network projects—specifically those projects focused on increasing transplant and home dialysis, and reducing hospitalization readmission—were targeted for behavioral health screening and treatment interventions.

Additionally, dialysis providers that contacted the Network with patient concerns or to initiate an involuntary discharge of a patient, were targeted for behavioral health screening and treatment interventions.

### Interventions

- The Network developed and disseminated a patient-centered document, *Finding the Words*, to help patients identify and share with providers feelings and symptoms of mental/behavioral health issues.
- The Network leveraged 1:1 grievance calls to identify areas for improvement regarding behavioral and mental health outcomes.
- The Network collaborated with transplant centers within the Network region to discuss upstream ideas for addressing behavioral health concerns that could pose a delay to being waitlisted.
- The Network disseminated resources and strategies for behavioral health screening and treatment to include the Boris L. Henson Foundation (up to five free telehealth therapy treatments), Primary Care Behavioral Health Model, material to improve awareness of Seasonal Affective Disorder (SAD) and its relationship to depression, and the BIPOC Mental Health Month Toolkit.
- The Network developed and disseminated the Mindful Pathways Cheat Sheet, which supports the identification, accurate documentation, and increase in QIP score.

### Results

The Depression Feature was not available in EQRS during the performance period, therefore data is not available.

## Nursing Home June-April 2022

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

### Network Goal

To reduce the incidence of blood transfusions, catheter infections, and peritonitis in patients receiving home dialysis in a skilled nursing facility.

### Project Participants

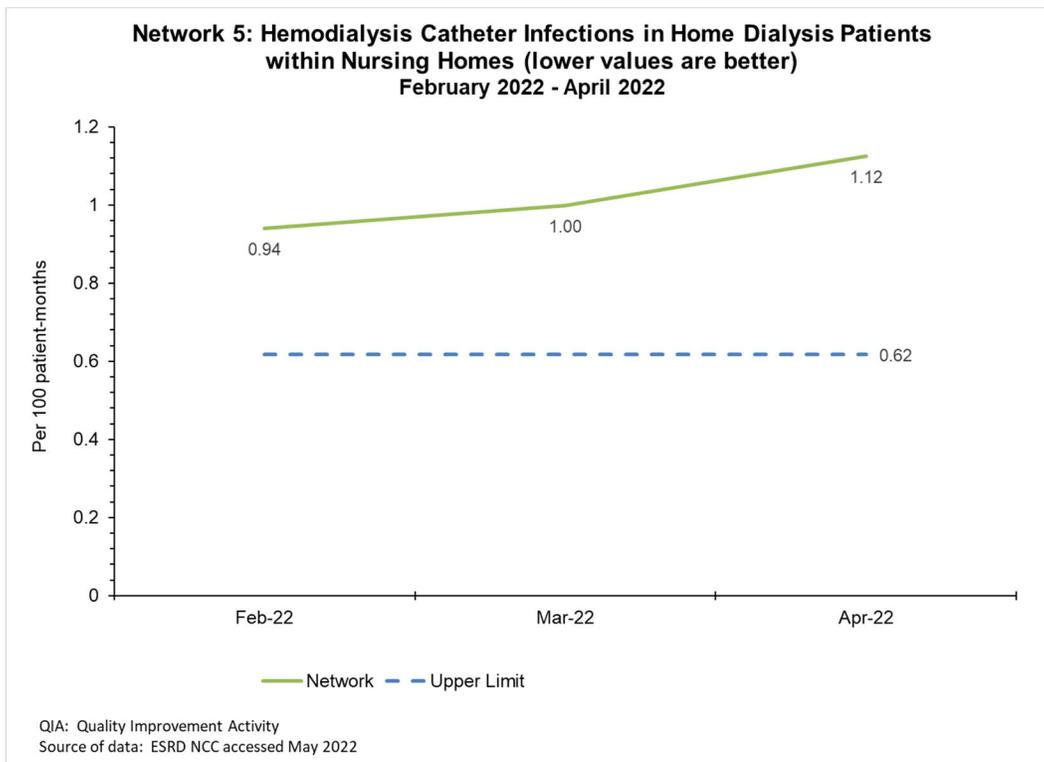
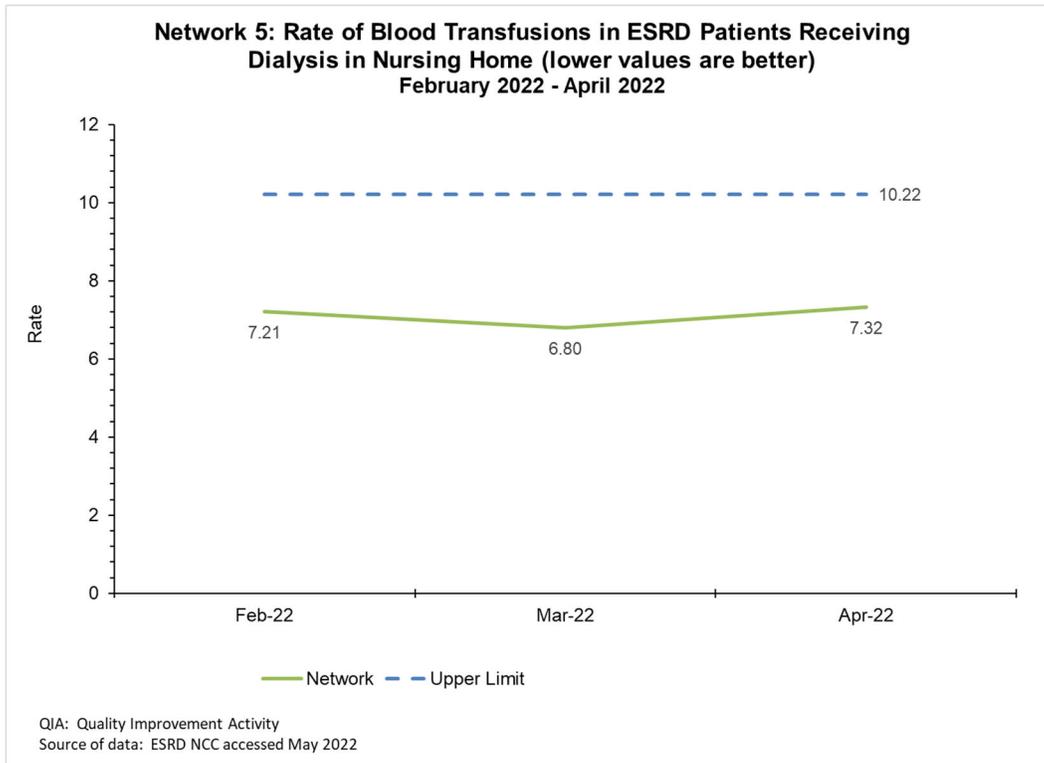
In the beginning of the base year period, the Network had two facilities that provided this unique service to skilled nursing home residents. Throughout the year, the Network worked to identify additional facilities that provided this service and worked to create processes for the Network to be notified when a new nursing home provider program was initiated. While there was not a formal quality improvement activity, the Network provided weekly targeted technical assistance to a total of six providers.

### Interventions

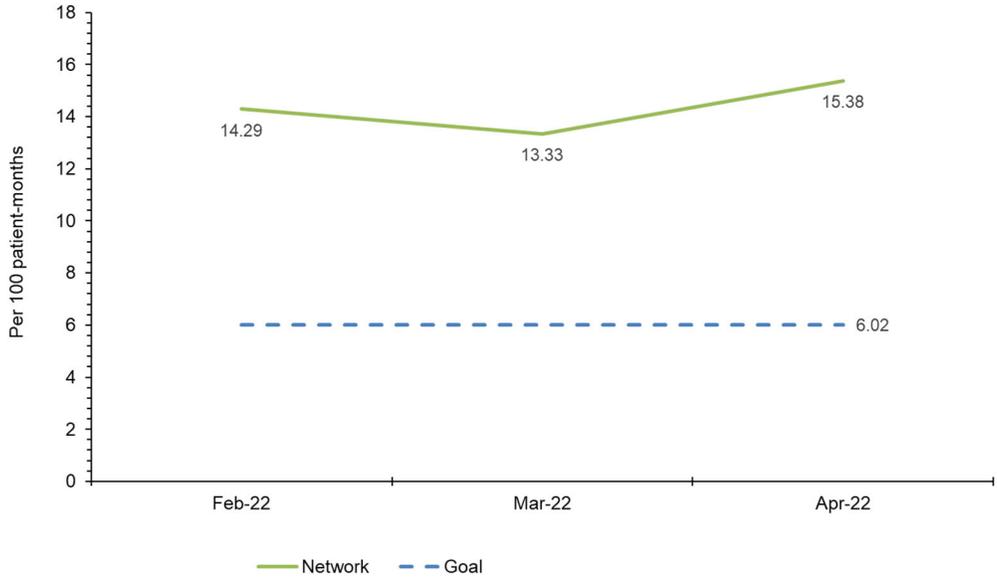
- The Network provided 1:1 coaching calls with providers to discuss barriers resulting in increased infection rates and blood transfusions in this vulnerable population and provided the following mitigation strategies:
  - Improving communication processes with nursing home staff, the use of catheter care audit tools, distributing peritonitis education material, and sharing webinars on the topics of anemia and access-related infections in dialysis patients.
- The Network distributed “Dialysis Access Care in Skilled Nursing Facilities” EDSICO education modules.
- The Network performed deep dive analyses with providers struggling with increased catheter infection rates to identify causes and implement prevention strategies.
- To ensure education of nursing home staff, the Network collaborated with QIN-QIOs to develop educational webinars and served as subject matter experts on calls to answer questions related to caring for dialysis patients.

### Results

The Network was unable to provide data driven quality improvements due to the delay in data for this project. Catheter infection rates and incidence of peritonitis increased over the performance period while blood transfusions remained below the upper threshold.



**Network 5: Peritonitis Events in Home Dialysis Patients within Nursing Homes (lower values are better)  
February 2022 - April 2022**



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

## Telemedicine June-April 2022

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

### Network Goal

To increase the number of rural ESRD patients using telemedicine to access a home modality by .98%.

### Project Participants

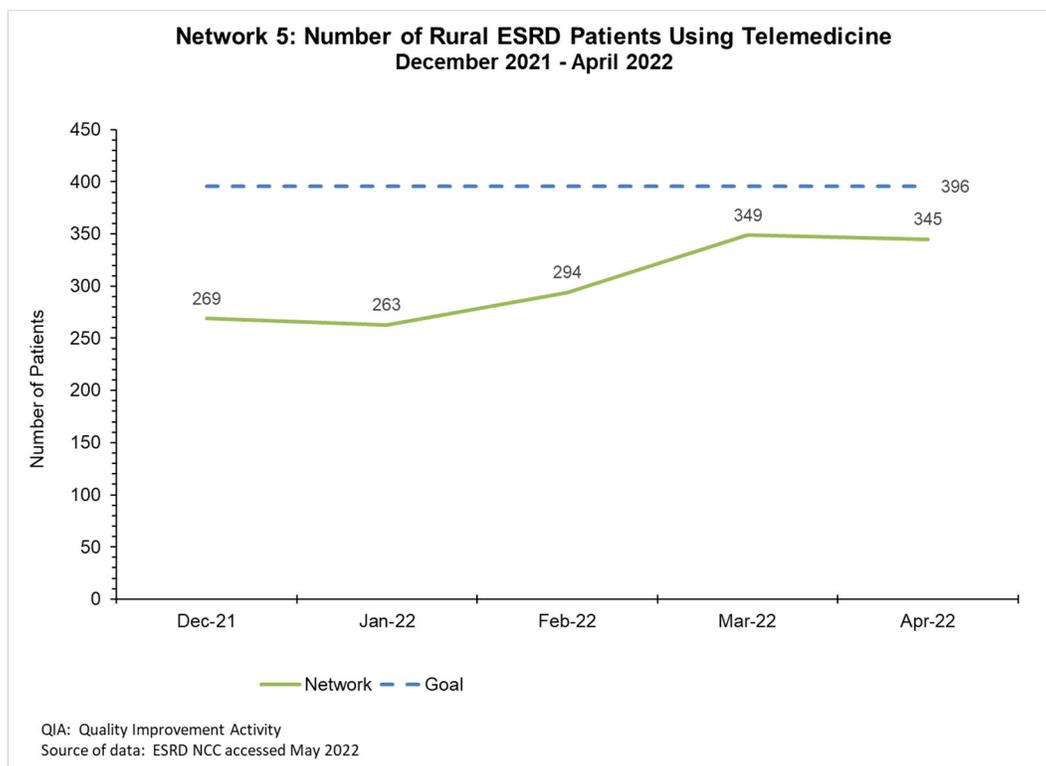
The Network targeted 109 home dialysis providers for this project.

### Interventions

- Based on baseline data provided by the NCC for telemedicine, the Network identified facilities to improve home telehealth utilization.
- Utilizing unique patient identifiers, each facility received a feedback report with patients to target for home telehealth utilization.
- Educational materials were disseminated including CMS Telehealth Resources (available in various languages), and HHS: What is Telehealth and How to Find It and Get Set Up (a free online learning platform for older adults to help with technology).
- The Network developed an infographic on social determinants of health to aid facilities in identifying and responding to health equity issues in their patient population.

### Results

The Network increased the number of rural ESRD patients using telemedicine to access a home modality but fell short of the goal by 47 patients.



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

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

### Network Goal

To ensure that dialysis patients receive the pneumococcal vaccine and that at least 90% of dialysis facility staff receive the influenza vaccine.

### Project Participants

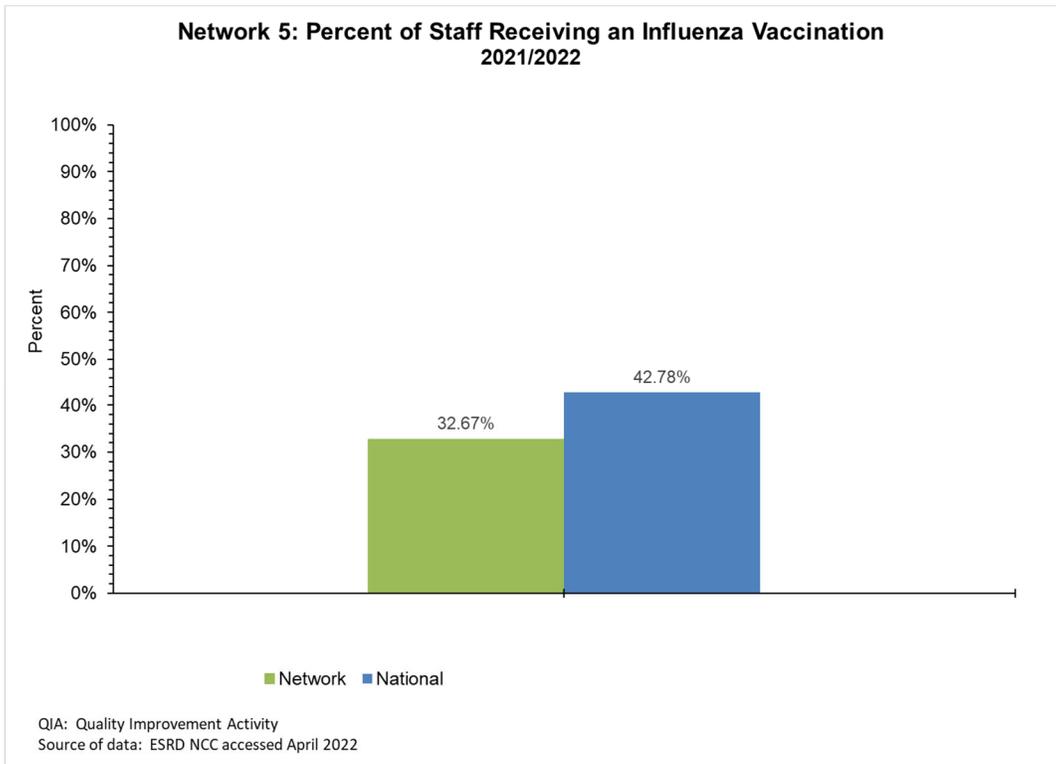
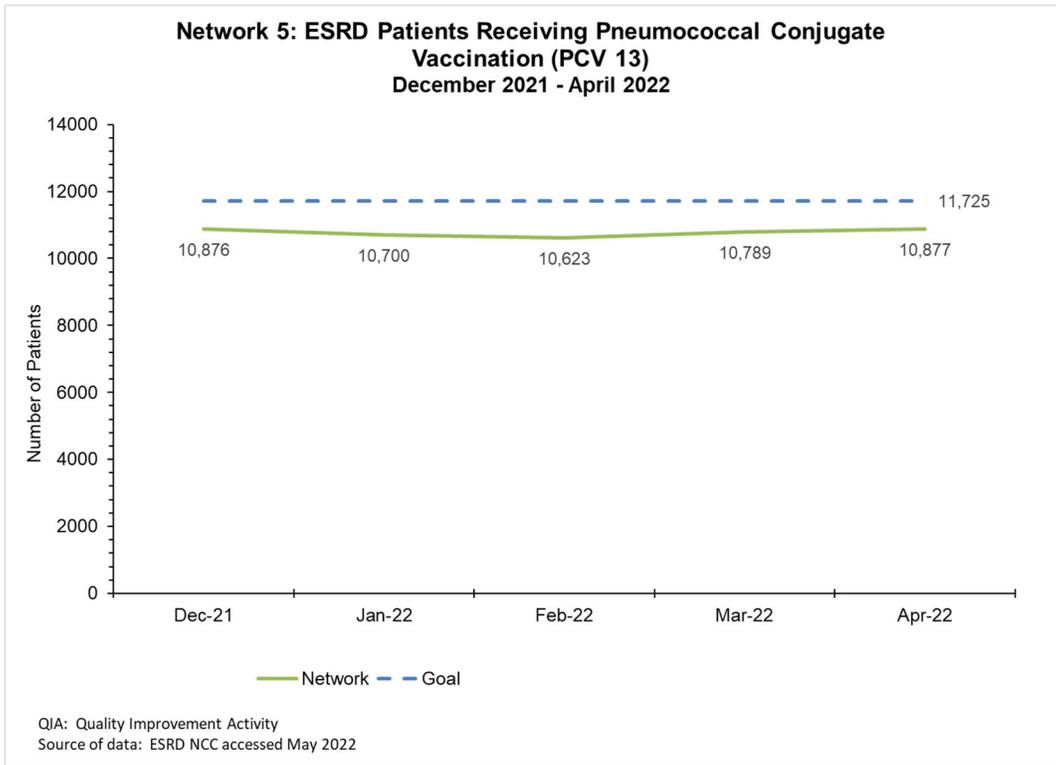
All dialysis facilities in the Network service area participated in the Pneumococcal and Influenza Vaccination campaigns.

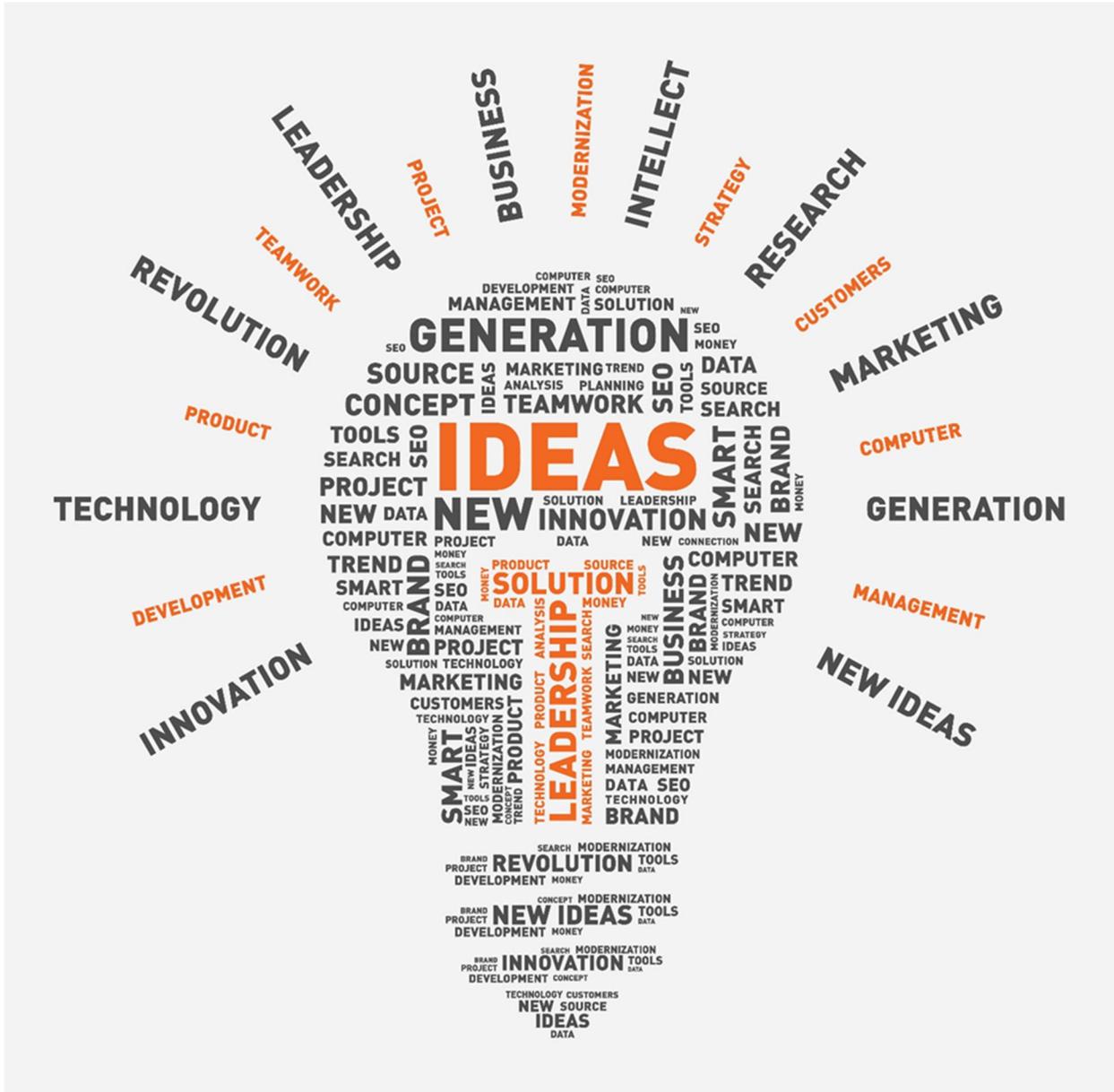
### Interventions

- The Network launched the “Don’t Wait, Vaccinate” campaign focusing on Influenza, Pneumococcal, and COVID-19 vaccinations.
- Utilizing data delivered by the NCC, the Network facilitated 1:1 calls with facilities not at goal month-over-month to determine needs, barriers, data accuracy, and reporting issues.
- Educational materials were disseminated including the updated CDC recommendations “Pneumococcal Vaccination: Summary of Who and When to Vaccinate”, and PneumoRecs VaxAdvisor Mobile App for Vaccine Providers, EDISCO “Prevent and Protect: Vaccine Best Practices” LMS course, and EDISCO: “What’s New with Pneumococcal Disease” LMS course.
- The Network collaborated with Vaccinate Virginia and APIC (Association for Professionals in Infection Control and Epidemiology) to discuss barriers and interventions available.
- Facilities received monthly feedback reports that showed progress toward goal each month.

### Results

Opportunities for improvement remain in the area of vaccination.





## ESRD NETWORK RECOMMENDATIONS

### **Recommendation for Sanctions**

The Network monitors dialysis facilities in the service area using goals approved by the Medical Review Board annually. In 2021/2022, the Network did not recommend any sanctions or alternative sanctions.

### **Recommendations to CMS for Additional Services or Facilities**

In 2021/2022, the Network did not make any recommendations to CMS for additional services or facilities.



## ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

### COVID-19 Impact on Network 5 Providers

The United States saw the highest peak in COVID-19 cases in January 2021 and surpassed 50 million COVID-19 cases by the end of December 2021. There were two variants of concern during 2021 which included Omicron and Delta. These variants carried similar symptoms and were very contagious. Over 3,000 dialysis patients tested positive for COVID-19 in 2021 throughout the Network 5 region. In addition to the pandemic, dialysis facilities were also having to navigate the challenges caused by “The Great Resignation” - the mass exodus of unsatisfied workers. During the fourth quarter of 2021 and the first quarter of 2022, the dialysis industry realized a shortage of employees like no other time in history. The Network facilitated many interventions to support patients and dialysis facility staff, and to encourage pro-active vaccination and boosters, in an effort to reduce hospitalizations and spread of illness.

### Project Participants

All dialysis providers in the Network service area were included in all 2021/2022 COVID-19 emergency preparedness communications. Special interventions were applied to facilities who had an increase in COVID-19 activity or who did not meet COVID-19 vaccination goals month-over-month.

### Interventions

- The Network monitored dialysis facilities in the service area using weekly data delivered by the Kidney Community Emergency Response (KCER) contractor to provide technical assistance to facilities that showed an increase in COVID-19 cases.
- The Network facilitated 1:1 calls with facilities to determine needs, barriers, data accuracy, and reporting issues.
- The Network launched the “Don’t Hesitate, Vaccinate” campaign which encouraged COVID-19 vaccinations for patients and healthcare workers. To support the campaign, the Network developed and disseminated a COVID-19 Vaccine Goal Poster that promoted vaccination transparency.
- Patient educational materials were developed and distributed by the Network to include “How Dialysis is Safely Offered to Patients with COVID-19” and a flyer describing the difference between variants.
- The Network collaborated with Vaccinate Virginia and APIC (Association for Professionals in Infection Control and Epidemiology) to discuss barriers and interventions available.
- Educational materials were disseminated including, but not limited to CDC’s COVID-19 Vaccination Communication Toolkit, 5-Diamond Patient Safety Program COVID-19 Module, Similarities and Differences between Flu and COVID flyer, and EDISCO “Prevent and Protect: Vaccine Best Practices” LMS course.
- Multiple virtual support group sessions for facility staff encountering barriers or dealing with burnout were offered by Network staff.

### Results

As we near the 2-year mark since COVID-19 activity inception, opportunities for improvement remain in the area of vaccination (including booster vaccines). Effectively, increased vaccinations rates will impact hospitalization rates.

## ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

### **Significant Emergency Events**

During the reporting period of January 1, 2021 through April 30, 2022, there was a series of winter storm events that occurred in the month of January 2022 impacting all areas of Network 5. Ahead of each event, the Network sent Situation Awareness alerts to all facilities with reminders of how to report closures, changes in scheduling and assistance requests, and where to get additional weather information. The Network received no notification of any permanent impact to facility operations or continuity of patient care as a result of these storms.

## **APPENDIX ACRONYM LIST**

This appendix contains a link to a list of acronyms 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.

[https://media.esrdnetworks.org/documents/Forum\\_KPAC\\_Acronym\\_Glossary\\_v4.pdf](https://media.esrdnetworks.org/documents/Forum_KPAC_Acronym_Glossary_v4.pdf)