ESRD NETWORK 3 2021 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 3 from January 1, 2021 – May 31, 2021 and the Base Year of Task Order Number 75FCMC21F0003, June 1, 2021 – April 30, 2022

Quality Insights
Renal Network 3

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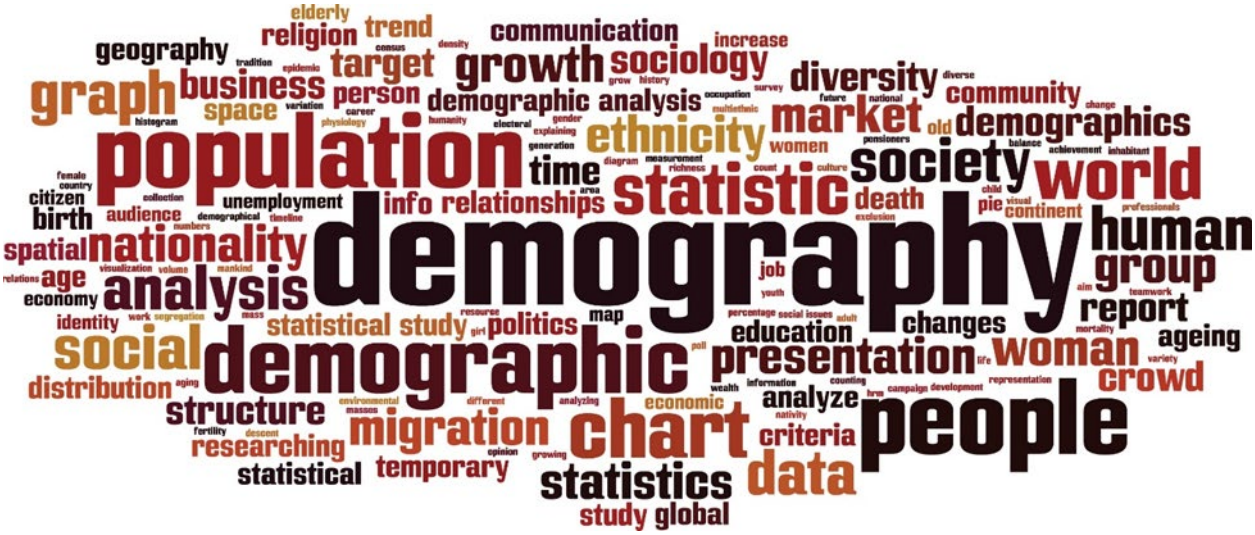
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ESRD DEMOGRAPHIC DATA

Quality Insights Renal Network 3 (QIRN3) is pleased to present our 2021 Annual Report. QIRN3 serves dialysis and transplant patients and providers in New Jersey, Puerto Rico, and the US Virgin Islands.

Corporate Affiliation

Quality Insights Renal Network 3 (QIRN3) is part of the Quality Insights family of health care improvement companies. In 2021, Quality Insights held the Medicare Quality Improvement Network-Quality Improvement Organization (QIN-QIO) contracts for Pennsylvania and West Virginia and three ESRD Network contracts: Network 5 (covering Maryland, Virginia, West Virginia and Washington DC), Network 4 (covering Pennsylvania and Delaware), and Network 3.

Geographic Description

According to the Census Bureau (https://data.census.gov/cedsci/), the 3 geographic areas served by QIRN3 had a combined population of 12.68 million people as of July 2020. While these three areas are geographically small in size, New Jersey (NJ) is the most densely populated state (1,206/sq. mi) in the country and, if Puerto Rico (PR) were a state, it would be the second most densely populated (1,040/sq. mi). US territories are often assumed to have small populations, but Puerto Rico had a sizable population (3.2 million) as of July 2020, and had 6,352 patients receiving dialysis as of December 31, 2021. The 6,352 patients receiving dialysis in Puerto Rico was greater than the dialysis patient population of 27 states, including large states such as Kentucky, Oklahoma, Colorado and Arizona.

These dense populations create challenges for providing dialysis to patients, as there is a greater than average number of patients per dialysis unit in these areas. According to the 2021 Annual Facility Survey performed by QIRN3, 203 dialysis units in New Jersey treated an average of 70 patients in 2021, and 50 dialysis units in PR treated an average of 127 patients, compared to an average of 60.7 nationwide. The 4 dialysis units in the US Virgin Islands (USVI) treated an average of 53.5 patients in 2021.

As shown in Figure 1, as of December 31, 2021 there were 18,551 patients receiving treatment in dialysis facilities in the Network 3 service area, and an additional 2,158 patients receiving treatment in their homes. This total of 20,709 patients receiving dialysis, plus an additional 6,398 patients living with a functioning kidney transplant in the Network 3 service area brings the total ESRD patient count for this area to 27,107.

The number of Medicare-Certified ESRD facilities in the Network 3 service area, by treatment modalities offered, is shown in Figure 3. In 2020 there were 4 transplant centers, 142 dialysis centers offering both in-center dialysis and home dialysis support, 107 dialysis centers offering in-center dialysis only, and 8 dialysis centers offering home dialysis support only, for a total of 257 dialysis centers and 261 centers that support ESRD patients. Figures 3 through 7 illustrate the percentage of national totals of patients and facilities that those in the Network 3 service area constitute.

Figure 1- Number of Patients Treated in the Network 3 Service Area as of December 31, 2021 by Treatment Modality

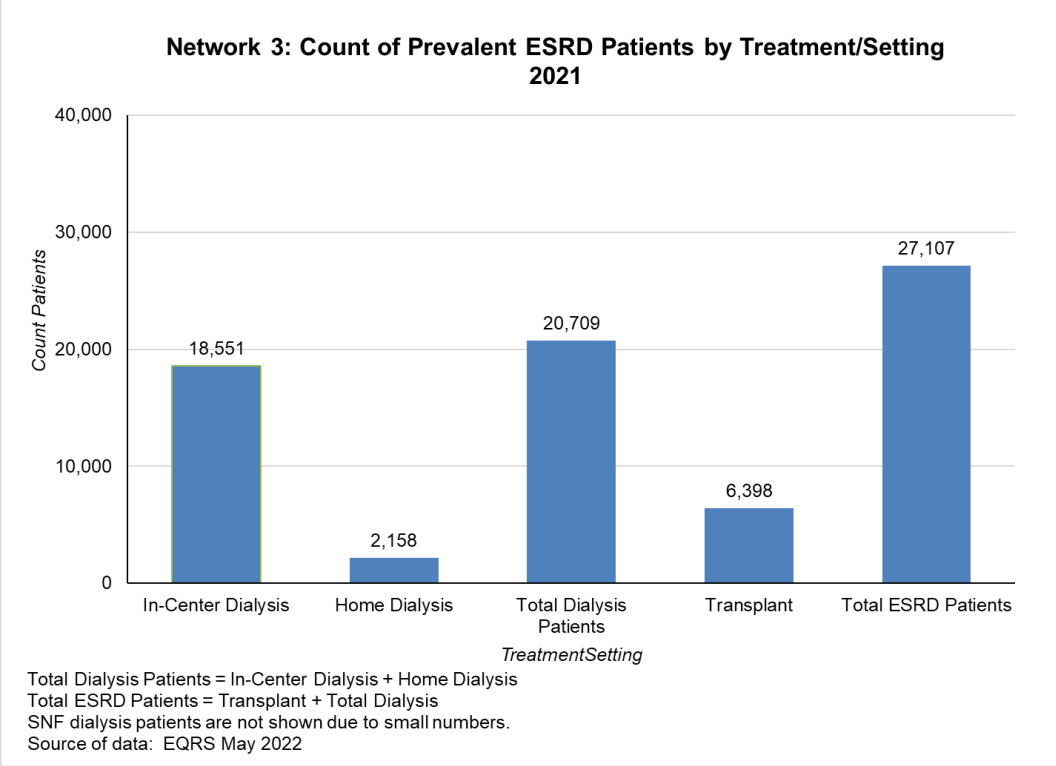


Figure 2- Number of Incident Patients Treated in the Network 3 Service Area for the 2021 calendar year by Treatment Modality

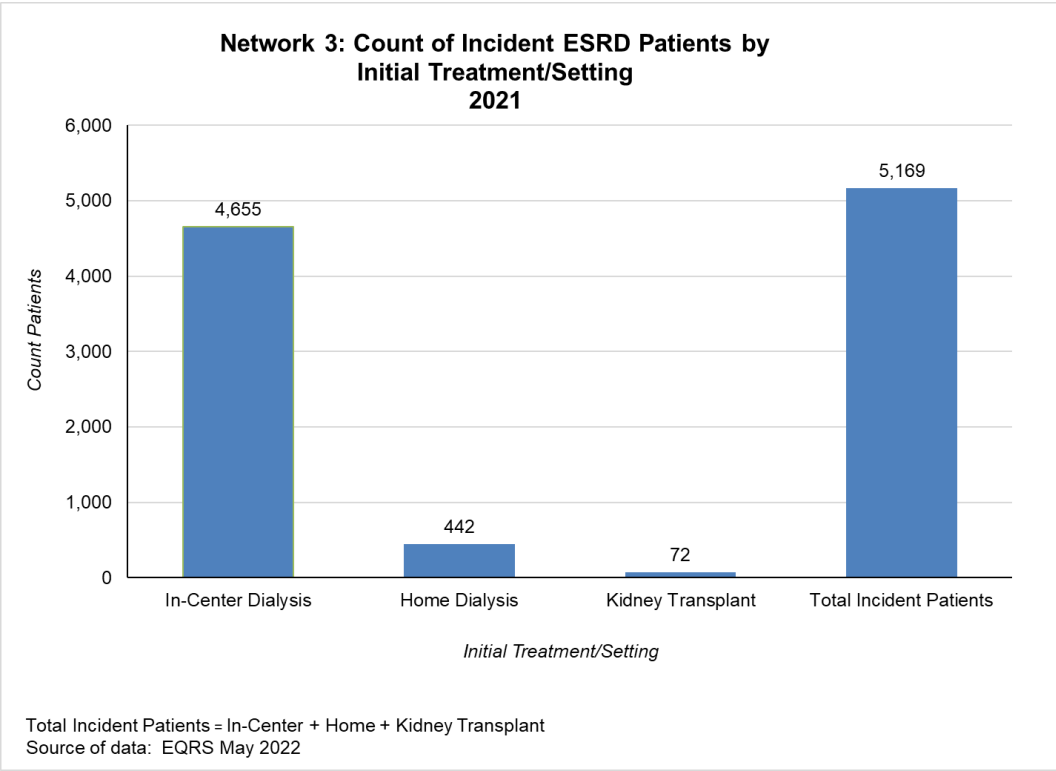
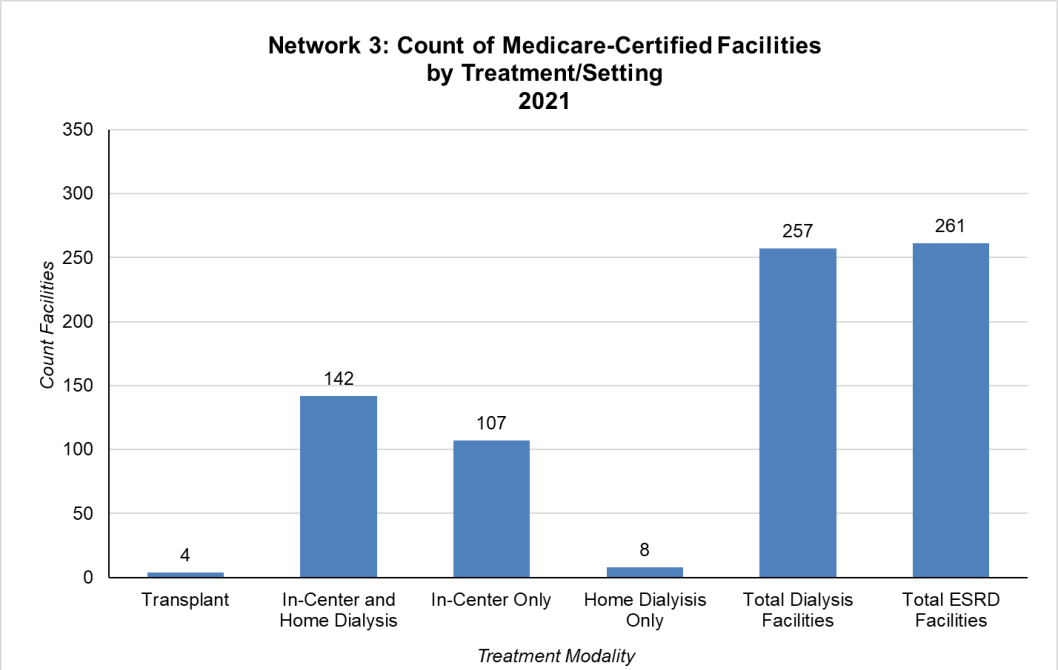
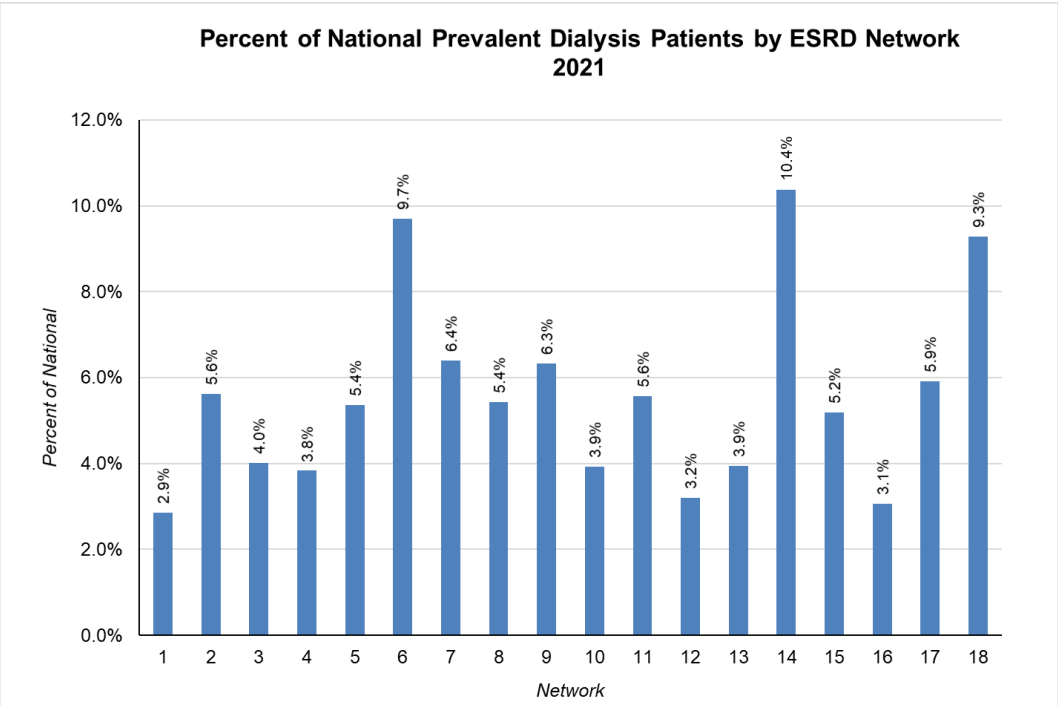


Figure 3 -Number of Medicare-Certified Facilities in the Network 3 Service Area by Modality Offered as of 12/31/2021



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

Figure 4 - Percent of National Prevalent Dialysis Patients in each Network Service Area as of 12/31/2021



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

Figure 5 - Percent of Incident Dialysis Patients in each Network Service Area as of 12/31/2021

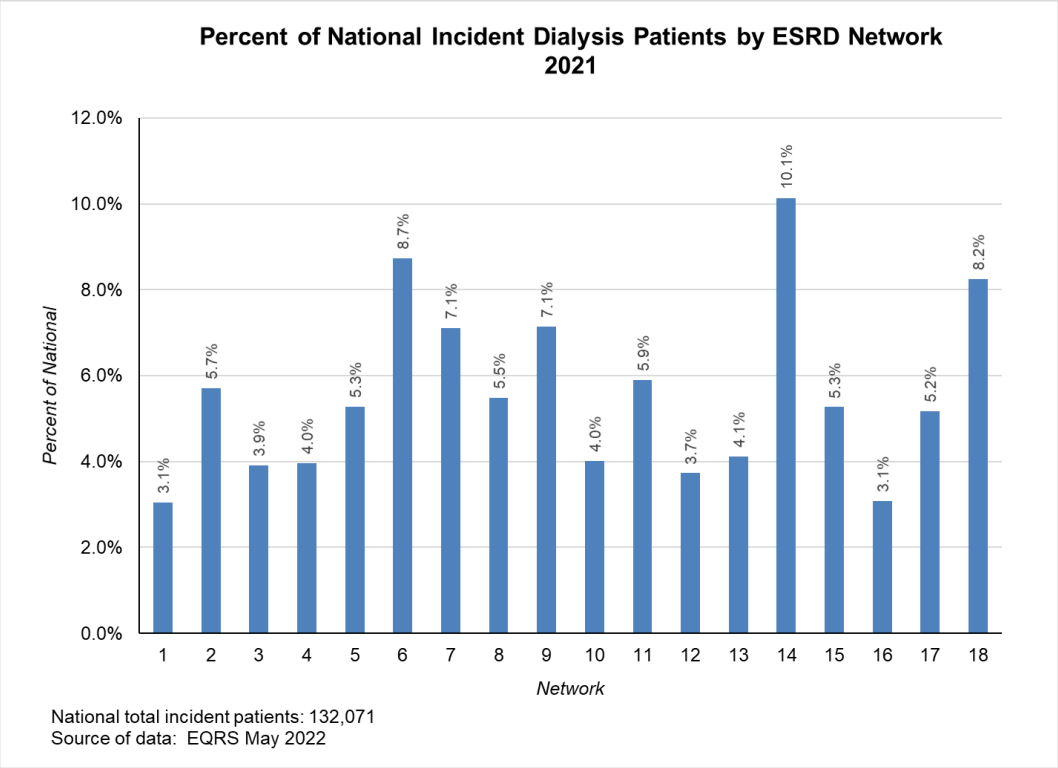


Figure 6 - Percent of Medicare-Certified Dialysis Facilities in each Network Service Area as of 12/31/2021

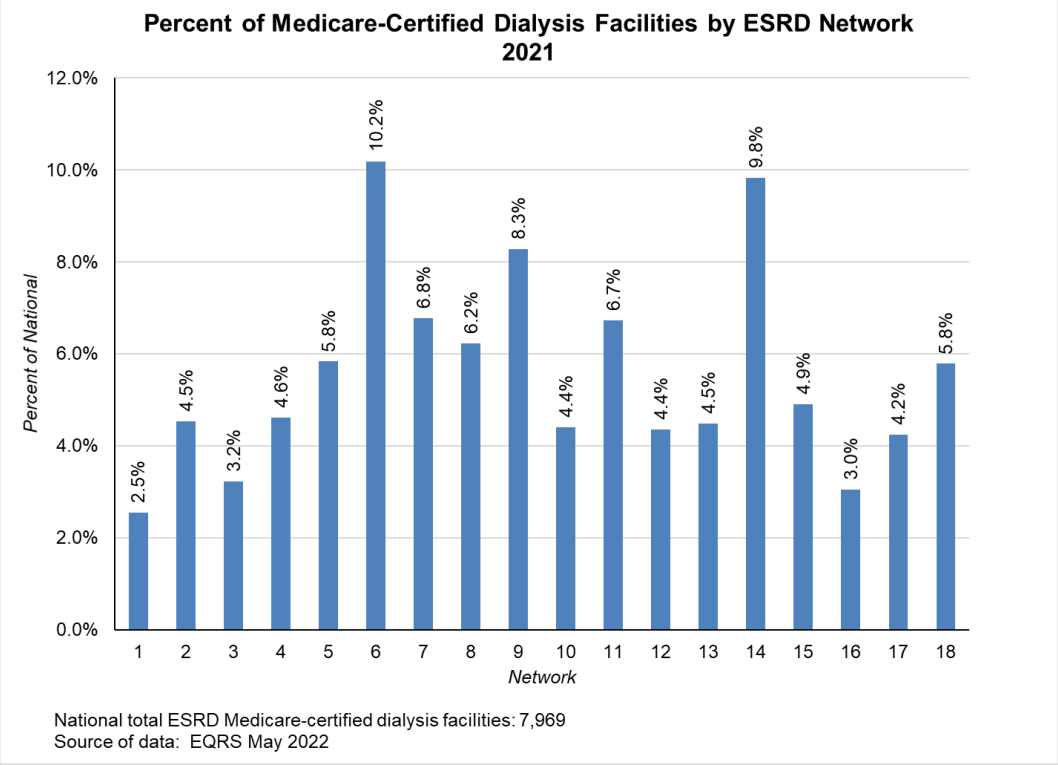


Figure 7 - Percent of National Home Hemodialysis and Peritoneal Dialysis Patients in each Network Service Area as of 12/31/2021

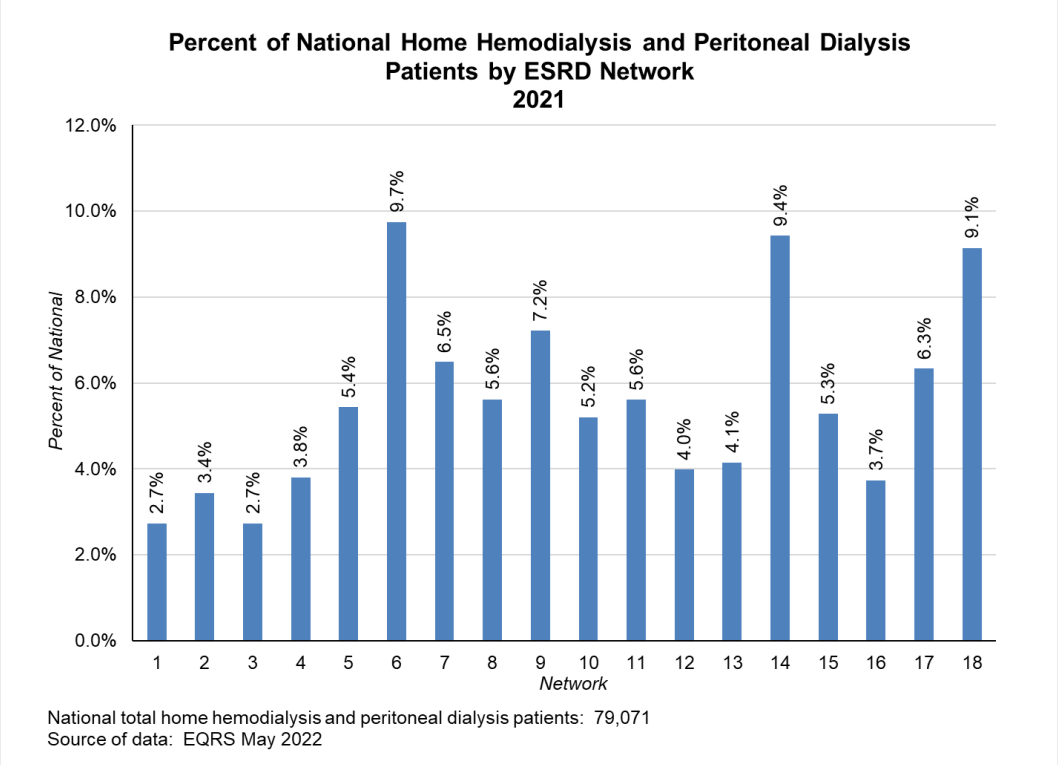


Figure 8 - Percent of National Total Transplants Performed in Each Network Service Area as of 12/31/2021

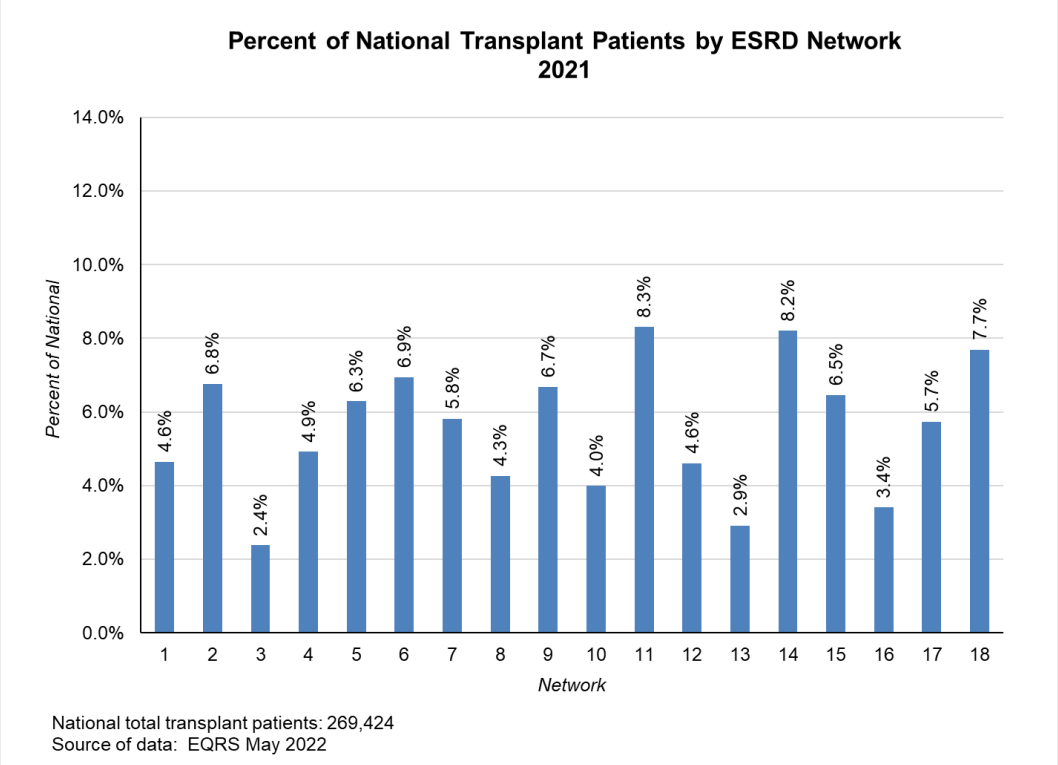
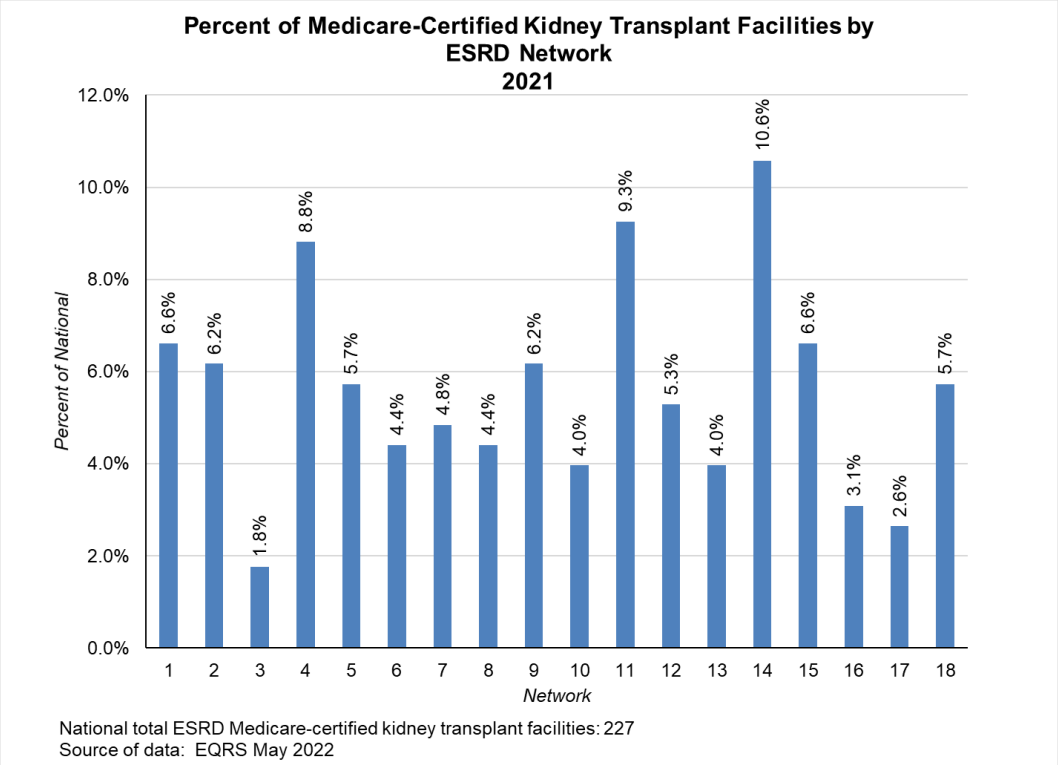


Figure 9 - Percent of Medicare-Certified Kidney Transplant Facilities in Each Network Service Area as of 12/31/2021

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ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

The ESRD Network contract indicates the following in Section **C.5.3 Improve the Patient Experience of Care by Resolving Grievances and Access to Care Issues**:

"*The Network has the responsibility to assist patients and dialysis facilities to resolve concerns in a manner that is satisfactory to all parties, as possible. A grievance is defined as a formal or informal written or verbal complaint that is made to any member of the dialysis or transplant center staff, by a patient, or the patient's representative, regarding the patient's care or treatment."*

We consider the management of grievances to be one of the top priorities of the work we conduct with our patients and providers. Patients, their family members and/or their representatives, have the right to file a grievance when they feel the quality of care provided to themselves or their loved ones does not meet CMS standards of care based on the ESRD Conditions for Coverage. We ensure that all of the dialysis providers in our service areas are aware of the patients' right to file a grievance with the Network either anonymously or with consent of the patient to disclose their identity.

We developed and provided a flyer to all patients that outlined these rights. We e-mailed these flyers to each dialysis facility in August 2021 and required that a facility staff person attest to distribution to all their patients. This ensured that each dialysis patient was educated in 2021 on their right to file grievances.

We employ trained social workers and nurses who are adept at managing patient and/or family members' grievances. Based on the many years of experience our staff have as direct care practitioners in the dialysis and transplant settings, we have an understanding of the dynamics of these settings. This experience allows us to investigate the grievances received with the skills necessary to ensure a fair and patient-centered approach to the investigation. We received five calls from January 2021-May 2021 and 26 calls from June 2021-April 2022 during which we could provide immediate advocacy. These cases included treatment related/quality of care issues, staff-related issues, other personal conflict and physical environment concerns.

We also investigated two Clinical Quality of Care case filed by patients in 2021-22. The cases required the review of medical records by a registered nurse. For one case a thorough evaluation of records demonstrated that members of the facility's interdisciplinary team (IDT) provided frequent counseling regarding adherence to fluid, diet and medications with patient refusal to participate in care plan meetings. The second case demonstrated concerns related to blood pressure monitoring. A review of the case records identified a breakdown in communication between the care team and the patient's physician when the patient's blood pressure was high. We facilitated a care conference with the clinic and outlined expectations and a plan for improved care to the patient. It is our practice with all grievance recommendations to emphasize patients' participation in their individualized plan of care team meetings to review treatment, life plan and further discuss questions and concerns.

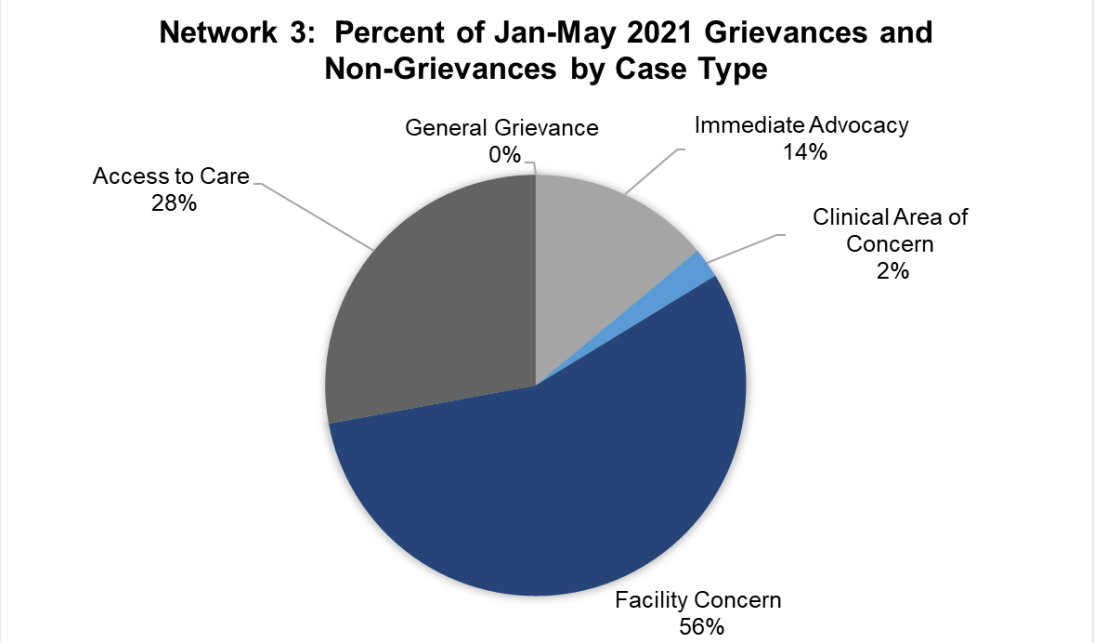
We are also responsible for addressing Access to Care cases with our providers. From January 2021-May 2021 we had 12 access to care cases that included Involuntary Discharge (IVD) cases, Involuntary Transfer (IVT) cases, and Immediate Severe Threat cases, as well as patients At-Risk for IVD/IVT. In total we had 3 IVD's and 9 IVD cases were averted. The three IVD patients were unable to be placed. From June 2021-April 22 we had 35 access to care cases that included Involuntary Discharge (IVD) cases, Involuntary Transfer (IVT) cases, and Immediate Severe Threat cases, as well as patients At-Risk for IVD/IVT. In total, we had 16 IVDs and 19 At-Risk cases that were averted. Of the 16 IVD's 11 were

Immediate Severe Threats. Currently, six continue to receive treatment in hospital emergency departments and are considered “failure to place” (F2P). The F2P cases involved patients who were discharged from their outpatient dialysis facility because of immediate severe threats, ongoing verbal / abusive behavior, physical harm, non-payment and to the facility not being able to meet the patient’s medical needs. Our practice is to follow up with F2P cases for a period of one year to allow for our continued support of the patient and case managers at the admitting hospitals. Our efforts are focused on advocating for patients’ placement at dialysis centers and/or hospital-owned outpatient dialysis facilities near the patient’s home.

We are also responsible for addressing concerns identified by staff at dialysis facilities involving patients who have exhibited behaviors that are difficult to manage. These patients may eventually end up at-risk for IVD/IVT, and our early intervention helps the facility staff find alternatives that help reduce the need for discharges. In January 2021-May 2021 we fielded 25 calls and from June 2021-April 2022, we fielded 50 Facility Concerns.

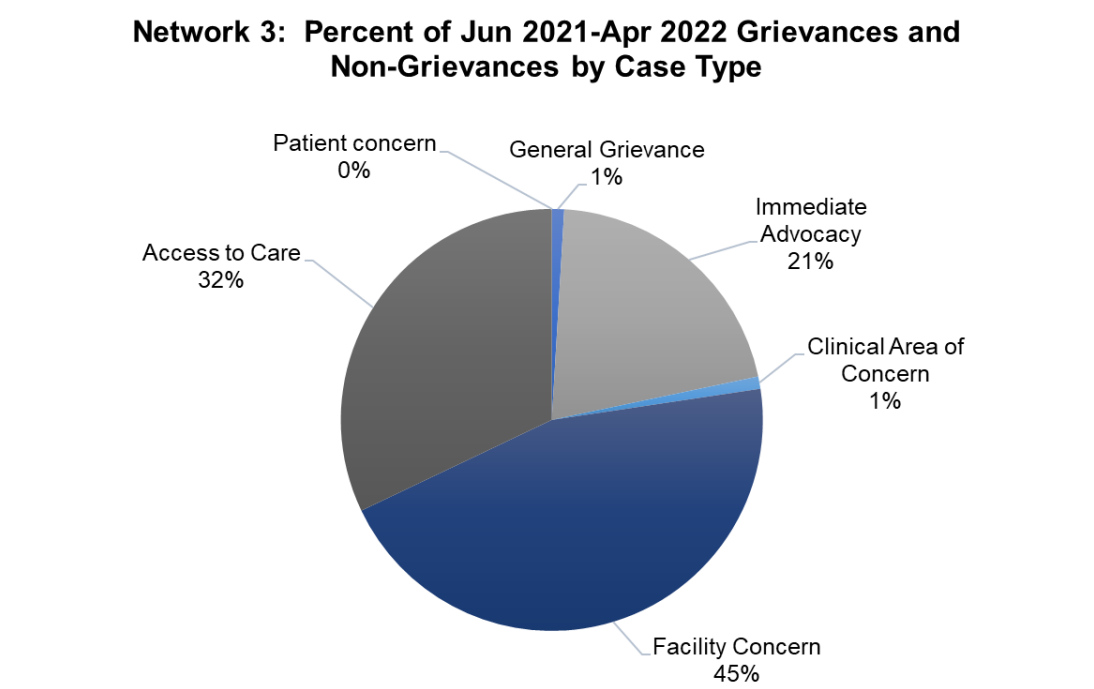
The goal of each interaction with patients and staff is to ensure the care provided to and received by patients meets the ESRD Conditions for Coverage. This care cannot be provided if patients are involuntarily discharged from their dialysis provider. Every interaction with facility staff related to problem patient behavior is focused on actions that the staff can take to help patients alter their behaviors to ensure they can remain in their current facility.

Figure 10 - Percent of Grievance and Non-Grievances by Case Type (January 2021-May 2021)



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

Figure 11 - Percent of Grievance and Non-Grievances by Case Type (June 2021-April 2022)



Source of data: Patient Contact Utility (PCU) accessed May 2022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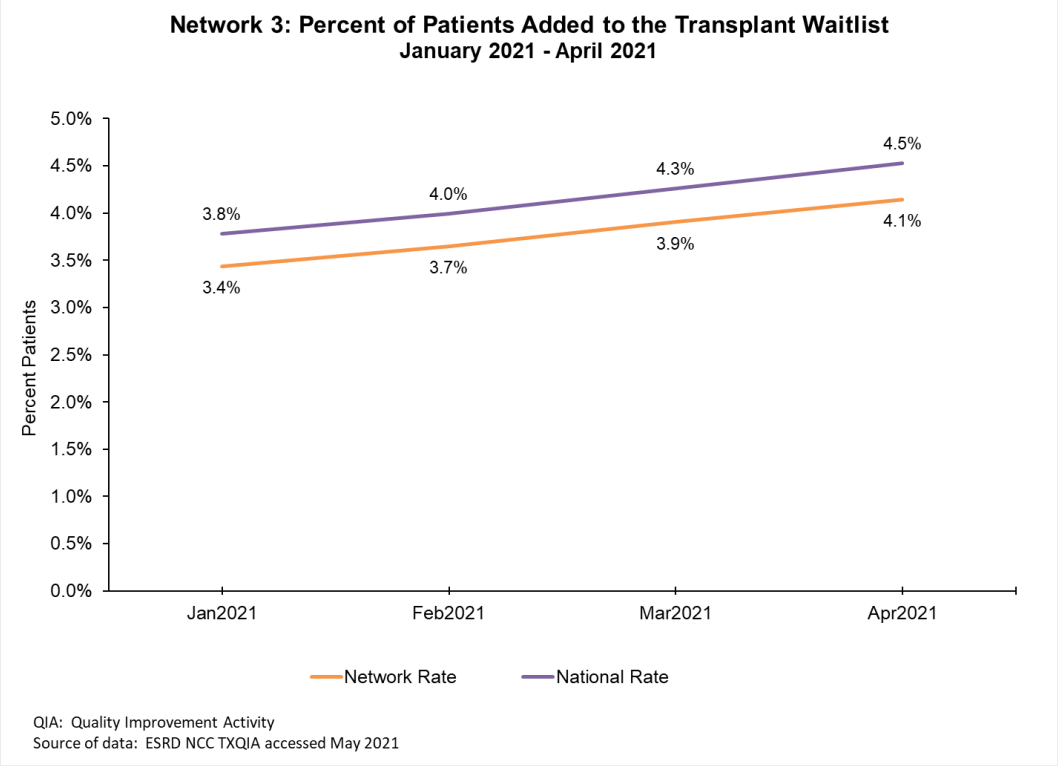
Transplant Waitlist Quality Improvement Activity through May 2021

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. In the new contract June 2021-April 2022 the Networks focused on Quality Improvement Goals.

We supported facilities in the Network service area with educational opportunities through virtual live and recorded webinars, collaborative events, tools and materials posted to our website, our monthly newsletter and social media. Among these include:

- Promoted the ESRD NCC Transplant Resources and Events
  - Transplant Change Package
  - Kidney Transplant Hub
  - High Kidney Donor Profile Index (KDPI) and Increased Risk Kidneys Video
  - Transplant Trailblazers Program
  - Special Transplant Webinar "Opportunities to Improve the Kidney Transplant Evaluation Process" held on March 31, 2021.
- Implemented the Change Package to selected facilities
  - Recorded a webinar introducing the change package so that facility staff members not able to attend the live webinar could view the recording at a more convenient time
  - Guided facilities through one on one technical assistance
  - The primary drivers adopted by facilities were:
    - Create a pro-transplant culture
    - Implement continuous quality improvement
- Developed the Transplant Designee Information Hub webpage
  - Contains information, resources, transplant center symposium schedules, upcoming transplant educational events and presentations
- Collaborated with Stakeholders
  - New Jersey Transplant Collaborative Group
    - With Saint Barnabas Medical Center, Renal and Pancreas Transplant Division, we held a webinar on January 12, entitled "Updates on the New Kidney Transplant Allocation System". Dr. Francis Weng, Chief of Renal and Pancreas Transplant Division discussed the important changes to the kidney and transplant allocation system including how deceased donor kidneys will be offered to transplant candidates.
    - Partnered with New Jersey Sharing Network Organ Procurement Organization (OPO) on the Transplant Peer Connect Program to connect patients who might be interested in being referred for a transplant with a patient who has received a transplant and can speak specifically to the patient experience
  - Participated in the National Kidney Foundation (NKF) NJ -"The Big Ask, The Big Give": Finding a Living Donor webinar event

Figure 12 - Percent of Patients Added to the Transplant Waitlist, cumulative (January 2021 – April 2021)



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

Goals of QIAs

Transplant Waitlisting:

Achieve an increase in the number of patients added to a kidney transplant waiting list

- **Baseline**: 865
- **Measure Goal**: 882
- **Outcome**: 876

Transplants Received:

Achieve an increase in the number of patients receiving a kidney transplant

- **Baseline**: 604
- **Measure Goal**: 616
- **Outcome**: 567

Interventions:

We met with our Transplant Advisory Committee during the first week of June 2021 to identify barriers and recommended strategies.

Barrier(s)

- The main barrier that affected facility engagement in the QIA and limiting efforts at the facility level was the staffing shortage
- Patient's lack of follow up during the evaluation process
- Patient's non-compliance to treatment which could impact their eligibility for transplant waitlisting
- Transportation and Lack of adequate insurance

Mitigation Effort (s)

- Education to Facility Staff
    - IHI Model for Improvement
        - Support with Root Cause Analysis (RCA) and Plan, Do, Study Act (PDSA) cycles
    - ESRD NCC Transplant Change Package
    - ESRD NCC Resources- Staff and Patient Education Resources
    - Network Website and Resources-
        - Transplant Designee Hub- Webpage for educational events and resources
    - Health Equity- Addressing Social Determinants of Health
    - Webinar- Updates and Outcomes in the New Kidney Allocation System
    - We presented, *The Role of the Transplant Designee* at two Transplant Designee Symposiums- October 2021 and November 2021
    - We presented, *The Network Update* at the March NJ ANNA Symposium

- Education to Patients
    - Network Resources
        - Patient Knowledge and Beliefs Survey
        - My Transplant Waitlisting Plan
        - Patient Voices: My Transplant Experience Poster: A collaboration between volunteer patient subject matter experts in the service areas of Network 3, Network 4 and Network 5

        - Welcome to the Transplant Waitlist: Staying Ready for Transplant
        - Getting to Know Your Kidney Transplant Team
        - Patients Helping Patients: The Iula Brown Story
- Collaborations with Stakeholders
    - Kidney Transplant Connectors Webinar (SANOFI)
    - Big Ask Big Give, First Steps to Transplant (NKF)
    - Big Ask Big Give, *Finding a Donor* (NKF)
    - Transplant Evaluation Checklist- A transplant workup tracker for patients
    - Transplant Center Fax Communication Form- developed in collaboration with facility staff and transplant centers
- Technical Assistance
    - Provided facilities the patient-level Transplant Waitlist Status Reports with Active Status and date, for their monitoring and follow-up where necessary
    - Provided a monthly follow up to all QIA facilities
    - Sharing top barriers presented, mitigation strategies being implemented in QIA facilities, and highlighting resources and tools available
    - Targeted individual coaching and guidance to resources for needs identified
    - Coaching calls to address solutions to barriers presented and discuss topics of interest submitted by QIA facilities
    - Promoted educational opportunities offered by other stakeholders
    - Engaged a coalition of high performing facilities in the network service area to identify promising practices
    - Offered coaching calls to support sharing between higher and lower performing facilities.

Figure 13 – Number of Patients added to a Kidney Transplant Waitlist, cumulative (July 2021 – April 2022)

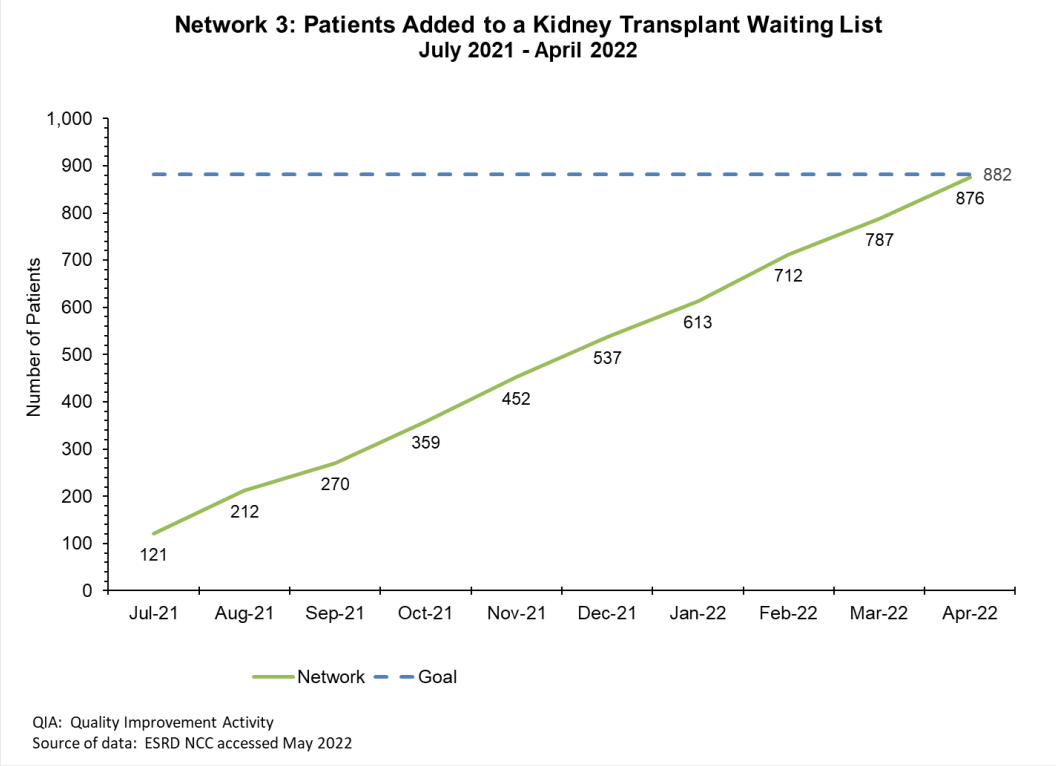
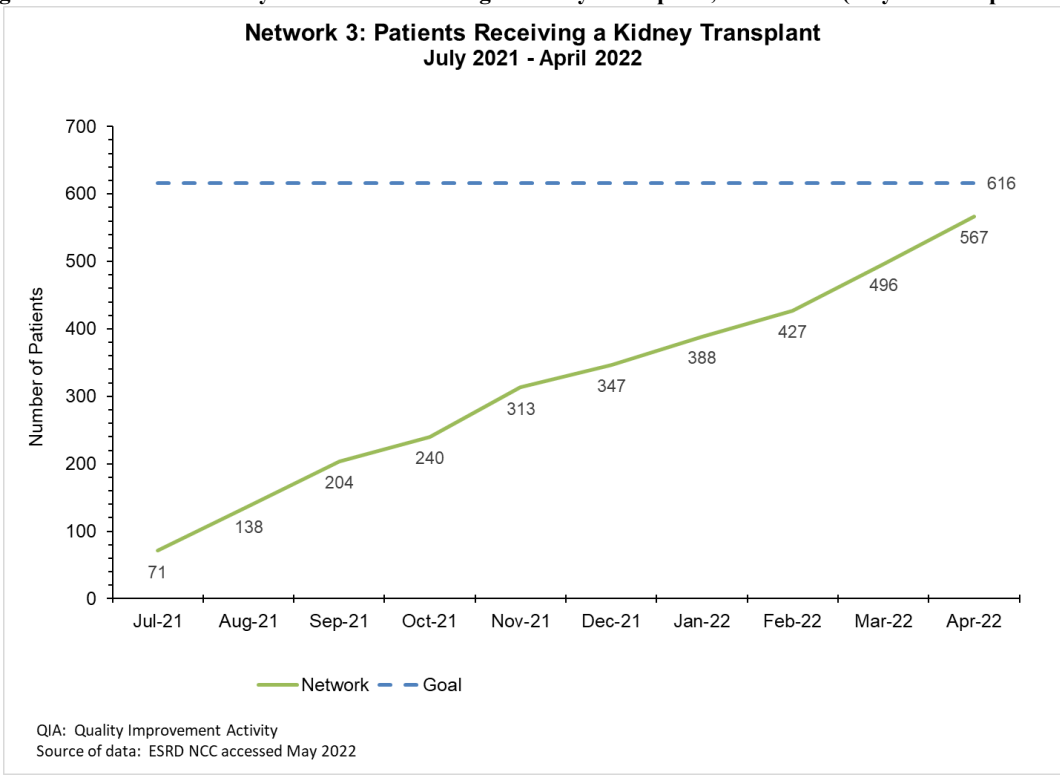


Figure 14 – Number of Dialysis Patients Receiving a Kidney Transplant, cumulative (July 2021 – April 2022)



Home Therapy Quality Improvement Activity through May 2021

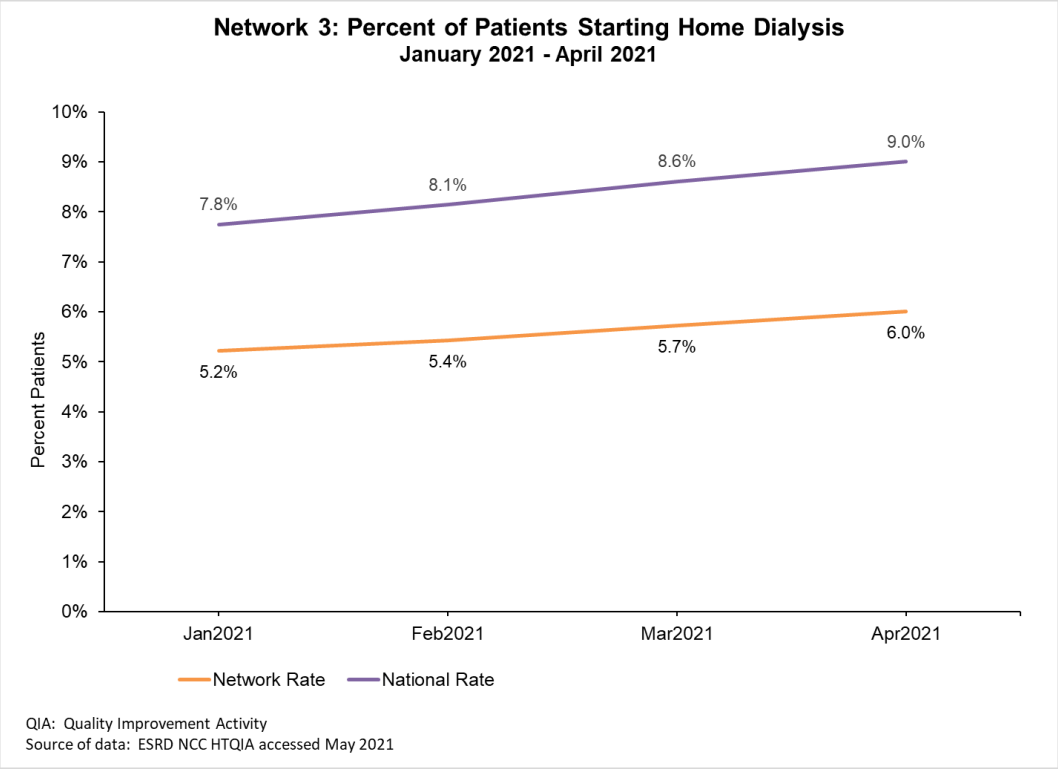
Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results through May 2021. In the new contract June 2021-April 2022 the Networks focused on Quality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

We supported facilities in the Network service area with educational opportunities through virtual live and recorded webinars, collaborative events, QIA website, monthly QIA newsletter and social media. Among these include:

- Promoted the ESRD NCC Home Dialysis Resources and Events
  - Home Modality Change Package
  - Home Dialysis Heroes
  - Universal Staff Education
  - Home Dialysis Video – It Could be the Right Treatment for You
- Implemented the Change Package to selected facilities
  - Recorded a webinar introducing the change package
  - Guided facilities through one on one technical assistance
  - Primary drivers adapted were:
    - Adopt a mindset that home dialysis is possible
    - Educate and support patients and caregivers throughout the continuum of care
    - Foster physician support of home dialysis
- Promoted "Plan for the Future - Use of On-site Dialysis in Nursing Homes" webinar on February 18 by the QIN QIO, to promote home dialysis in the nursing homes
- Attended the 2021 Home Dialysis National Policy Roundtable: A Dialogue on Disparities, Systemic Inequities, and Access held on February 25
- Shared Peritoneal Dialysis is Not a One-Size-Fits-All Treatment, New Commentary Says
  - The National Kidney Foundation's Kidney Disease Outcomes Quality (KDOQI) reviews latest 2020 International Society for Peritoneal Dialysis (ISPD) Recommendations.
- Shared Ready-Set-Home eClasses from MEI's Home Dialysis Central program. The dynamic, mobile-friendly lessons were designed to be convenient and easy to understand, and are written to give patients knowledge and confidence about home treatment. The courses include:
  - Disaster Planning for PD And Home HD
  - Pets and Home Dialysis
  - Hospice, Comfort Care, and Advanced Directives
  - Should I Do PD or HD?
  - Choose A Treatment That Fits YOUR Life
  - Anemia Causes, Symptoms, Treatment, And What You Can Do
  - You Can Travel on Home Dialysis!
  - Feelings, Coping, And Relationships

We attended the first teleconference meeting of Effective Availability and Utilization of Home Dialysis Modalities Technical Expert Panel (TEP).

Figure 15 – 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

Goals of QIAs

Home Dialysis Incidence:

Achieve an increase in the number of incident ESRD patients starting dialysis using a home modality.

- **Baseline**: 496
- **Measure Goal**: 546
- **Outcome**: 435

Transition to Home Dialysis:

Achieve an increase in the number of prevalent ESRD patients moving to a home modality.

- **Baseline**: 755
- **Measure Goal**: 770
- **Outcome**: 638

Interventions:

We met with our Home Dialysis Advisory Committee in June 2021 to identify barriers and recommended strategies.

Barriers:

- The main barrier that affected facility engagement in the QIA and limiting efforts at the facility level was the staffing shortage related to the COVID-19 pandemic
- Patient fear and lack of support
- Patient lack of interest, comfortable with in-center hemodialysis

Mitigation Effort (s)

- Education to Facility Staff
  - IHI Model for Improvement
    - Support with RCA and PDSA
  - ESRD NCC Home Dialysis Change Package
  - ESRD NCC Resources- Staff and Patient Education Resources
  - Network Website and Resources-
    - Identifying Patient Opportunities for Home Dialysis
    - Home Dialysis Coordination Facility Self-Assessment
  - Health Equity- Addressing Social Determinants of Health
- Education to Patients
  - Network Resources
    - Patient Knowledge and Beliefs Survey
    - My Home Dialysis Plan
    - Patient Voices: My Home Dialysis Experience Poster: A collaboration between volunteer patient SMEs in Networks 3, 4 and 5
- Technical Assistance
  - Sharing top barriers presented, mitigation strategies being implemented in QIA facilities and highlighting resources and tools available
  - Targeted individual coaching and guidance to resources for needs identified
  - Coaching calls to address solutions to barriers presented and discuss topics of interest submitted by QIA facilities

    - Promoted Educational Webinars being offered by other stakeholders
- Engaged a coalition of high performing facilities in the network service area to identify promising practices
    - Offered coaching calls to support sharing between higher and lower performing facilities.

Figure 16 – Incident Patients Starting Dialysis Using a Home Modality, cumulative (July 2021 – April 2022)

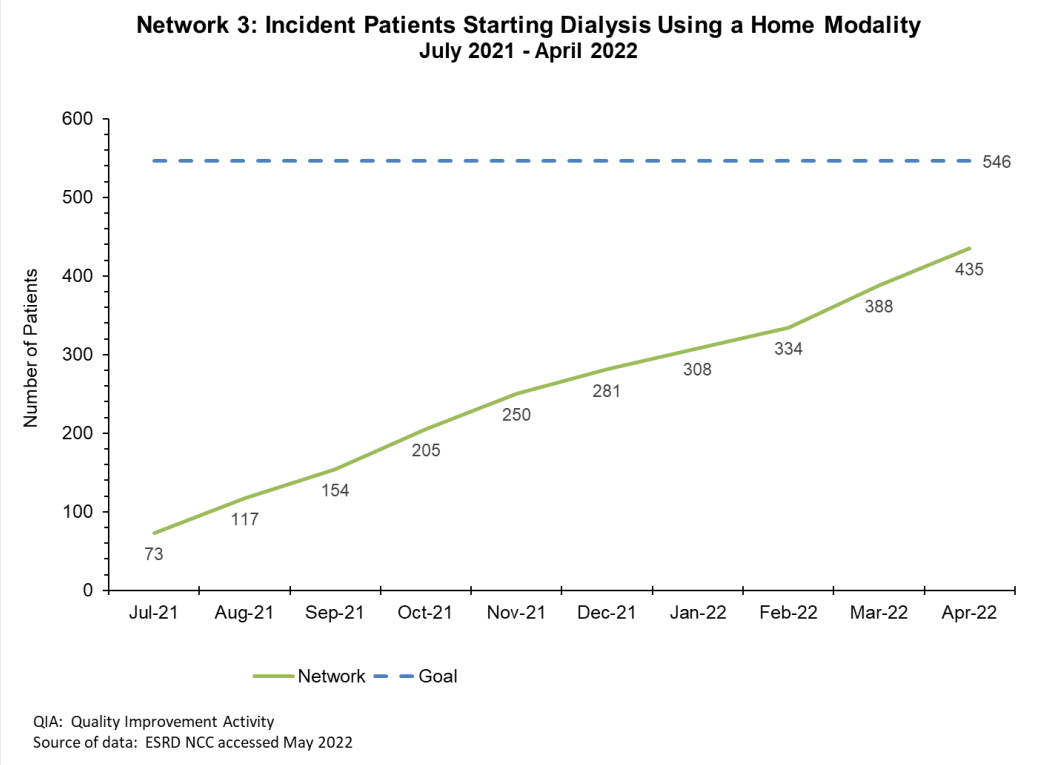
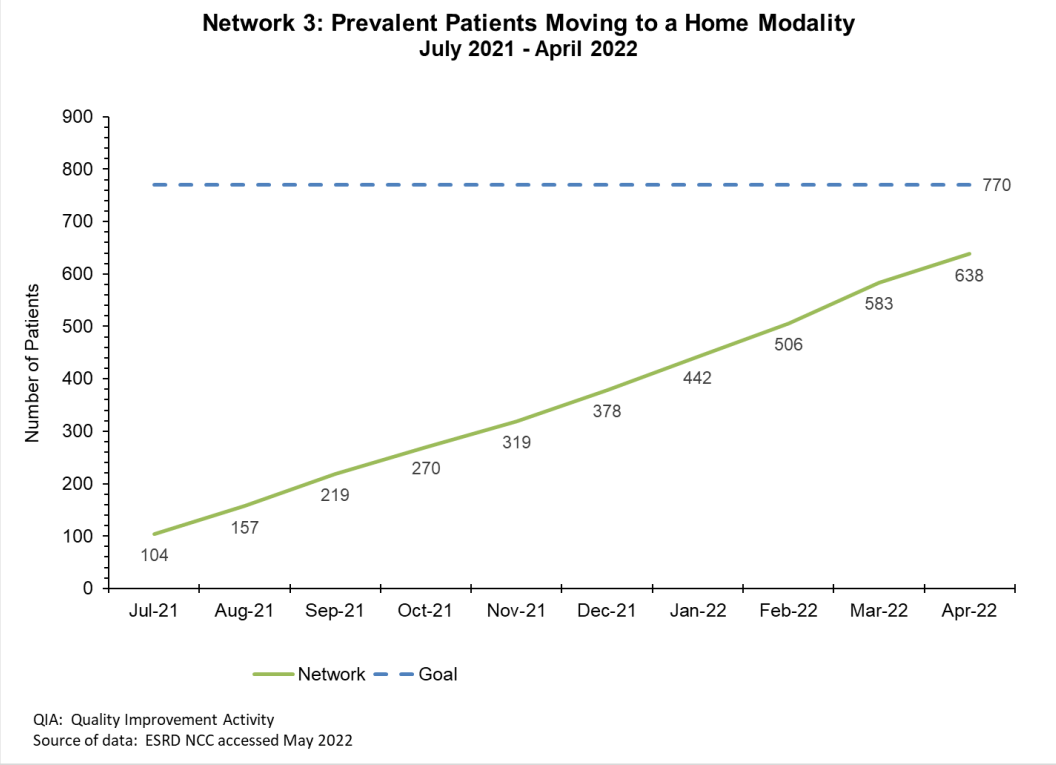


Figure 17 – Prevalent Patients Moving to a Home Modality, cumulative (July 2021 – April 2022)



Vaccinations June-April 2022

Goals of QIAs

Patient COVID-19 Vaccination

Ensure 80% of dialysis patients receive a COVID-19 vaccination.

- **Baseline**: 0%
- **Measure Goal**: 80%
- **Outcome**: 86.6%

Ensure 80% of fully vaccinated dialysis patients receive a COVID-19 booster.

- **Baseline**: 0%
- **Measure Goal**: 80%
- **Outcome**: 63.5%

Staff COVID-19 Vaccination

Ensure 100% of dialysis facility staff receive a COVID-19 vaccination.

- **Baseline**: 0%
- **Measure Goal**: 100%
- **Outcome**: 86.6%

Ensure 100% of dialysis facility staff receive a COVID-19 booster.

- **Baseline**: 0%
- **Measure Goal**: 100%
- **Outcome**: 63.5%

Patient Influenza Vaccinations

Ensure 85% of dialysis patients receive an influenza vaccination

- **Baseline**: 0%
- **Measure Goal**: 85%
- **Outcome**: 84.3%

Staff Influenza Vaccination

Ensure a minimum of 90% of dialysis facility staff receive an influenza vaccination

- **Baseline**: 0%
- **Measure Goal**: 90%
- **Outcome**: 62.75%

Patient Pneumococcal Vaccination

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

We gathered the barriers and recommended strategies from our COVID-19 and Related Vaccinations Advisory Committee.

Reported Barriers

- COVID-19 Vaccination
  - Patient and Staff COVID-19 Vaccination
  - Misinformation regarding effectiveness and /or side effects
  - General mistrust of US government and its agencies
- Patient Influenza Vaccination

- Facilities continue to report that some patients refuse every year; however, they noticed this year that patients that would normally consent to influenza vaccination in past years refused it.
- Loss of trust in vaccines and facilities report patients refuse due to media reports of efficacy of this season's influenza vaccine
- Patients do not want to get additional vaccines.

- Staff Influenza Vaccination
  - Misinformation regarding effectiveness and /or side effects
  - General mistrust of US government and its agencies
  - DaVita and Fresenius tried for months to obtain a file specification from the CDC so that they could submit data to NHSN. This specification was not delivered until very late in the flu season, resulting in late and incomplete data submissions from these two large entities.
- Patient Pneumococcal Vaccination
  - We did not have pneumococcal vaccination data for most of the performance year. As a result, we were limited to implementing efforts broadly, rather than identifying facilities with low rates and being able to target technical assistance
  - The FDA approved a new pneumococcal vaccine (PCV20) during this performance year and it resulted in questions because it is not incorporated in the CDC guidance.

Mitigation Efforts

- Disseminated educational material for patient and staff education on COVID-19 prevention and related vaccinations from credible resources via emails, coaching calls, social media accounts, the *Network 3 News* newsletter.
- Promoted educational webinars for patients and staff focused on the effectiveness of vaccinations.
- Used data to identify facilities to target for technical assistance:
  - Facilities not meeting the vaccination goals for patients and staff
  - Facilities missing or with possible discrepancies in data reported
- Collaborated with state level leadership to share aggregate counts of COVID-19 cases in the ESRD population of the state.
- Offered a Coronavirus Webpage that includes resources for Dialysis Providers and Patients
- Developed a Work aid and Staff COVID-19 tracker to support facilities implementation of policies required to meet requirements under the CMS Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination
- One on one coaching- Reviewed facility specific barriers and talked through potential solutions. Guided facilities to resources.
- Provided technical assistance with access to and accurate reporting in the CDC National Healthcare Safety Network (NHSN).
- Promoted facility participation in a Vaccination Olympics Campaign to encourage facilities to commit to promote vaccinations with their patients and staff. A vaccination webpage developed included links to vaccinations tools and resources to support facility vaccination efforts. Monthly progress updates were provided.
- A Vaccination Olympics Campaign Facility Pledge Poster was available to display their commitment with promoting COVID-19 and related vaccinations.
- Templates for stickers were available for facilities to celebrate patients consenting to and receiving the COVID-19 and Influenza vaccines.
- Disseminated educational material for patient and staff education on COVID-19 prevention and related vaccinations from credible resources via emails, coaching calls, social media accounts, the QIRN3 newsletter.
- Used weekly NHSN data to identify facilities to target for technical assistance:
- Facilities not meeting the vaccination goals for patients and staff

- Facilities missing or with possible discrepancies in data reported
- One on one coaching- Reviewed facility specific barriers and talked through potential solutions. Guided facilities to resources.
- Provided technical assistance with access to and accurate reporting in the CDC National Healthcare Safety Network (NHSN).
- Promoted facility participation in a Vaccination Olympics Campaign where they would enlist to share their commitment with vaccinations with their patients and staff. A vaccination webpage developed included links to vaccinations tools and resources to support facility vaccination efforts. Monthly progress updates were provided.
- Provided a Vaccination Olympics Campaign Facility Pledge Poster for participating facilities to post and display their commitment with promoting COVID-19 and related vaccinations.
- Promoted educational webinars for patients and staff focused on the effectiveness of vaccinations.

Figure 18 – Percent of Patients Receiving an Influenza Vaccination, July 2021 – April 2022

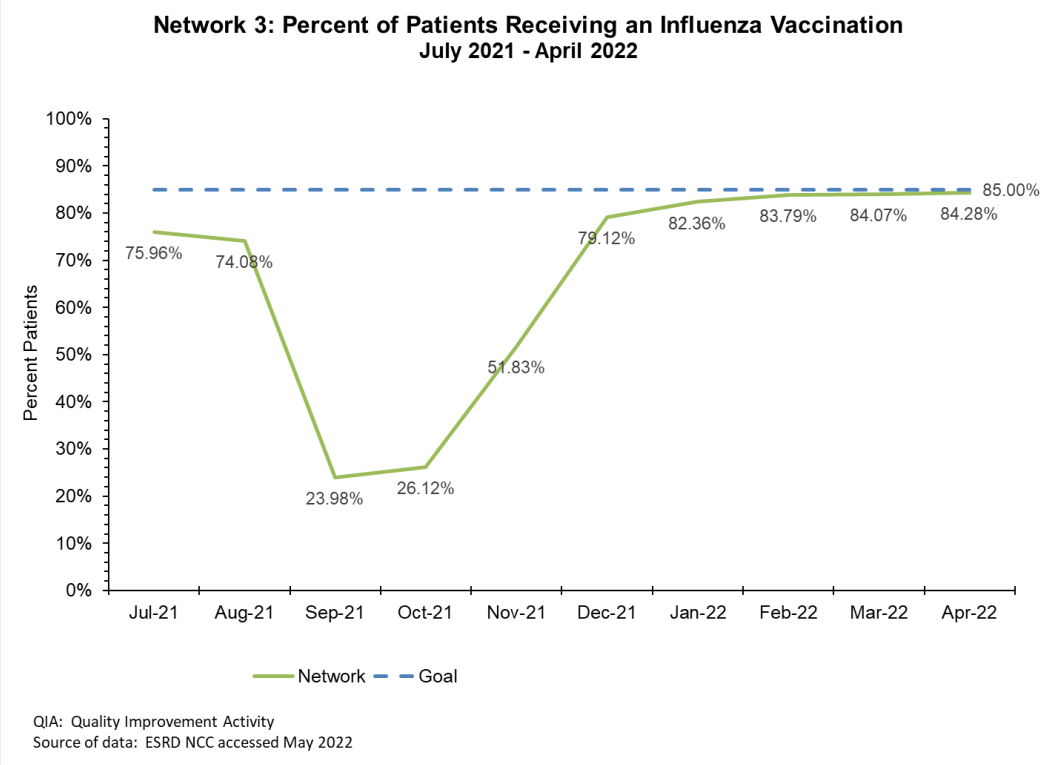
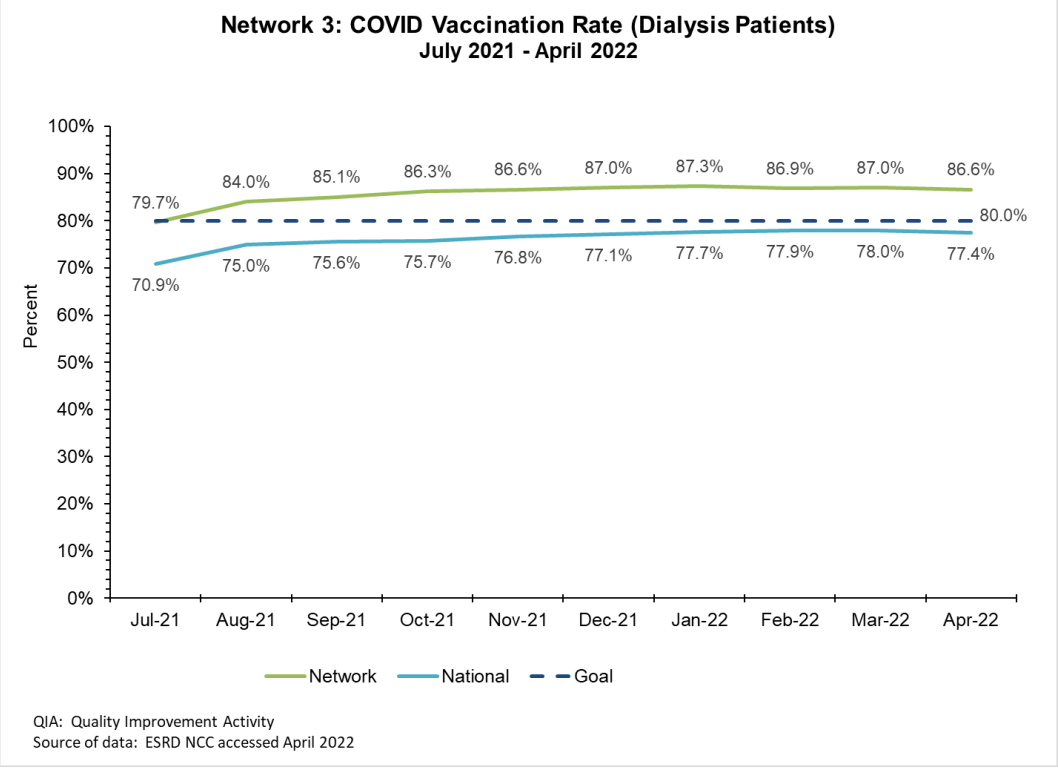
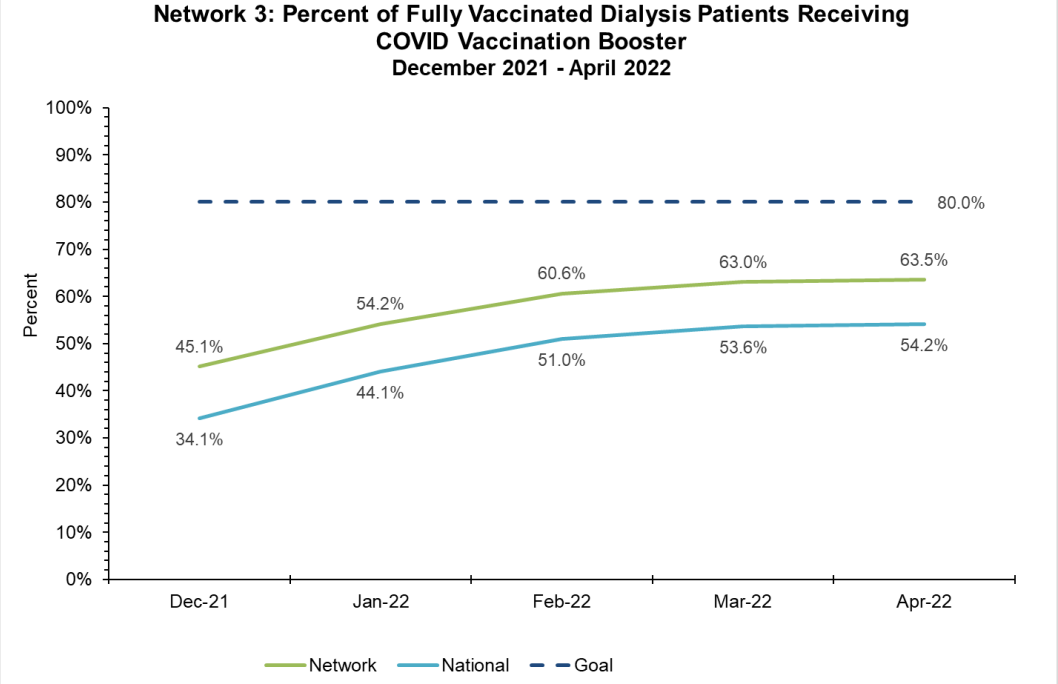


Figure 19 – COVID Vaccination Rate (Dialysis Patients)



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

Figure 20 – Percent of Fully Vaccinated Dialysis Patients Receiving COVID Booster



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

Figure 21 – COVID Vaccination Rate (Dialysis Facility Staff)

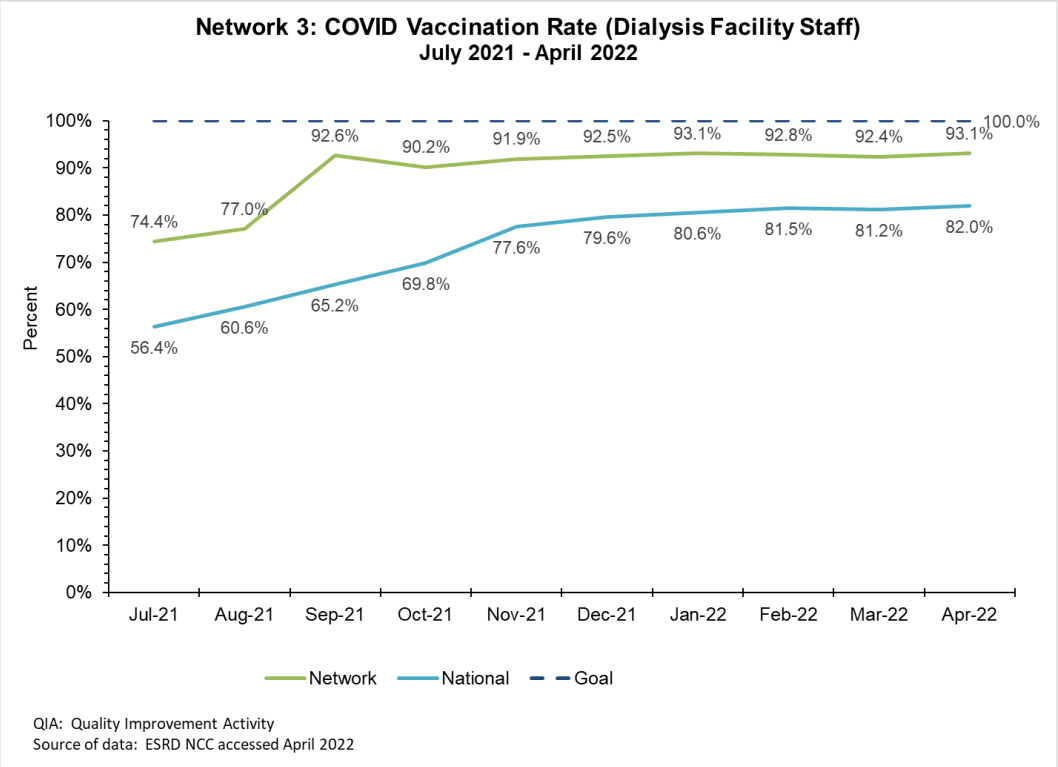


Figure 22 – Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID Booster

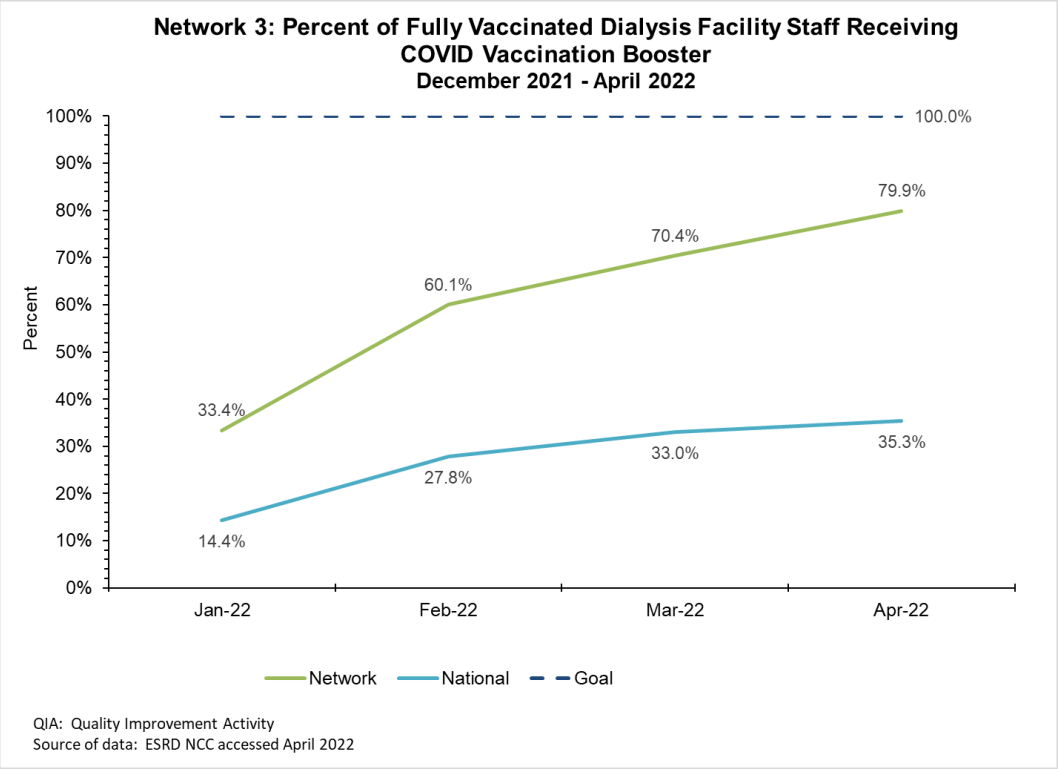
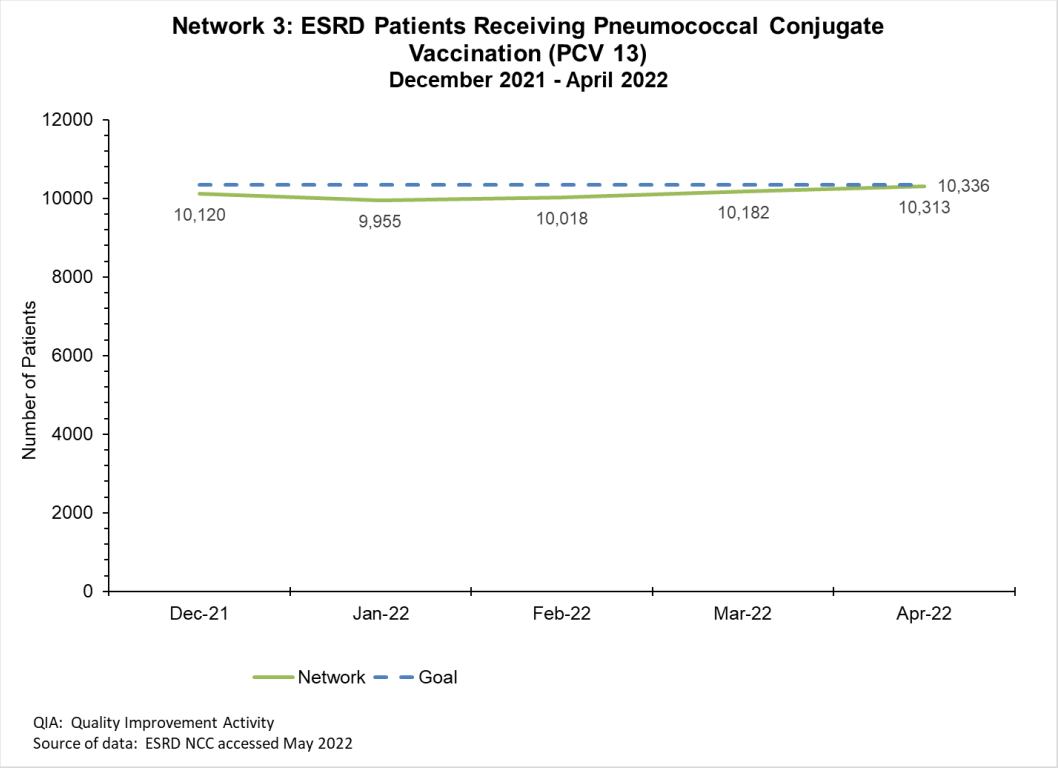
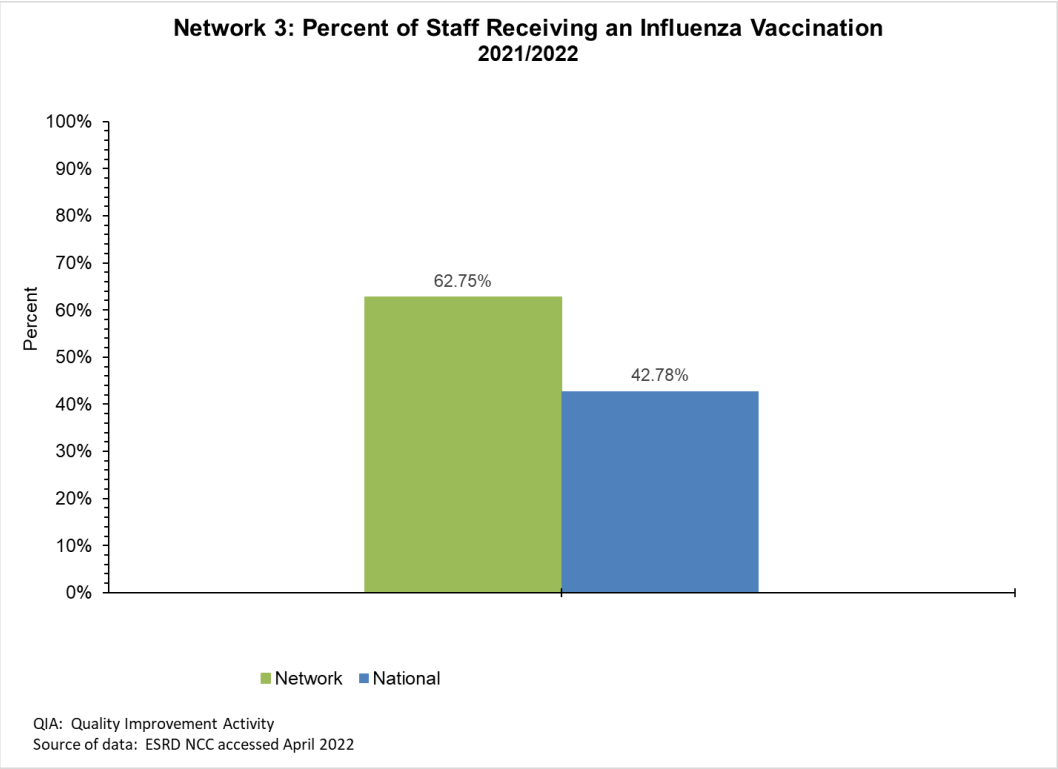


Figure 23 – ESRD Patients Receiving Pneumococcal Conjugate Vaccination (PCV-13), cumulative



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

Figure 24 – Percent of Dialysis Facility Staff Receiving an Influenza Vaccination



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

Data Quality (Admissions, CMS-2728, CMS-2746) July 2021 -April 2022

Admission Data entered within 5 Days

Goal of QIA

Achieve a 2% increase in the rate of patient admission records from dialysis facilities entered within five business days from the baseline to the end of the base period.

Results

As seen in Figure 25, at the conclusion of the project, admission records entered within 5 days was at 71.9% which was below the goal of 72.9%

Identified Barriers

EQRS

- Dialysis facilities and ESRD Networks receiving errors when trying to admit patients to EQRS
- Inability to admit patients returning to dialysis after a failed transplant
- More "possible duplicate patients" due to change in policy in EQRS where a Medicare Beneficiary Identifier is required during admission process if one already exists in the patient record (previously in CROWNWeb "NA" could be selected and the admission would be completed)
- Tickets opened with the helpdesk were often not resolved within the 5 day timeframe
- Delay in clinical data submission led to patient admissions being missed (regular monthly data submissions often identify missing patient admissions; the delay has left many patient admissions not being identified for several months)
- Patients with no admission information in EQRS, making it difficult to follow up with the facility that should have entered the admission

Electronic Data Interface (EDI) Submitters

- One EDI only submits data weekly, often missing 5 day cutoff
- EDIs have never focused on timely patient admissions
- EDIs educate their facilities not to manually enter patients as it affects future patient mapping
- Lack of communication from EDIs with the Networks to assist in admission process

Facility Level

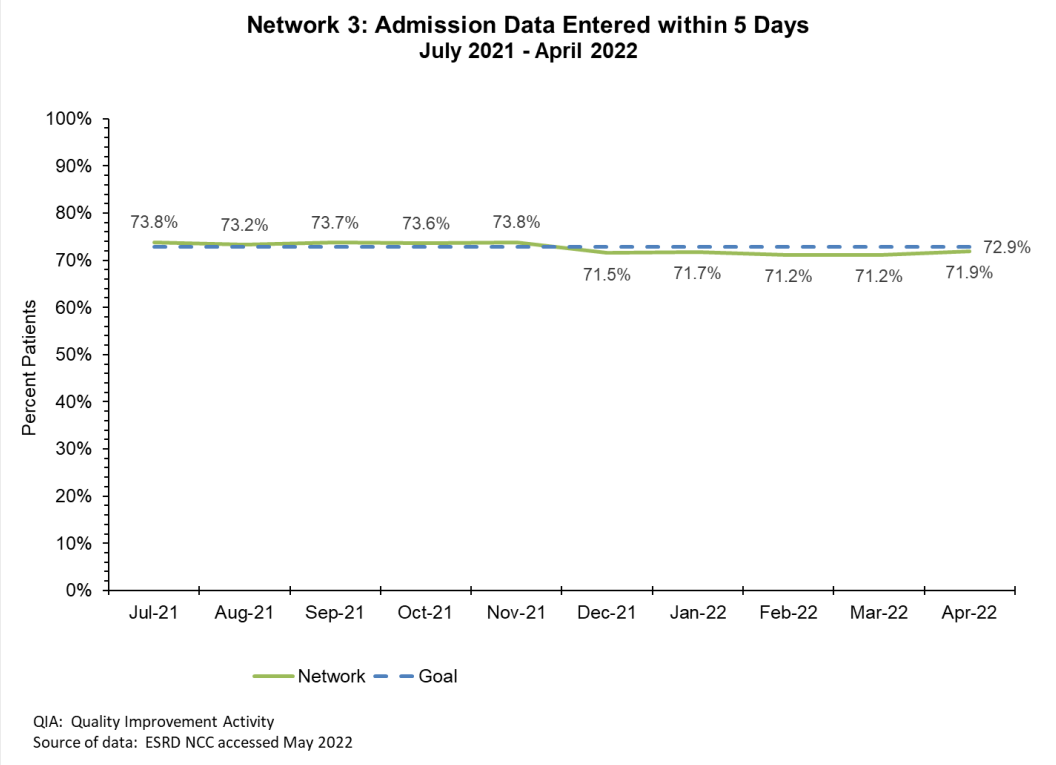
- Staff Turnover/Staff pulled into different roles due to COVID
- Lack of an ability to view patient roster in EQRS to identify missing admissions
- EDI facilities relying solely on batch for patient admissions
- Unreliability of reports in EQRS

Mitigation Efforts

- The ESRD Network Data Managers met with entities that submit data electronically to the ESRD Quality Reporting System (EQRS) on several occasions to discuss specific barriers preventing timely submission. These entities are known as Electronic Data Interface (EDI) submitters.
- Large Dialysis Organization (LDO)-specific EQRS educational links were sent to facilities
- We developed an EQRS Monthly Checklist and a caseload form to track patient activity which were shared via email with our facility data contacts. The monthly checklist was also posted on our website to be accessed by facilities.

- On October 25, 2021 we identified low performers and notified them via email.
- We created a PowerPoint presentation with instructions for running reports in EQRS to capture missing patient admissions. These instructions were shared with all of our facilities via email.

Figure 25 – Percent of Admissions Entered into EQRS within 5 Days (July 2021-April 2022)



CMS 2728 Forms submitted within 45 Days

Goal of QIA

Achieve a 2% increase in the rate of initial CMS-2728 forms submitted from dialysis facilities within 45 days from the baseline to the end of the base period.

Results

As seen in Figure 26, at the conclusion of the project, admission records entered within 5 days was at 80.9% which was below the goal of 85.0%

Identified Barriers

EQRS

- Facility Dashboard bugs
- EQRS allowing multiple New ESRD admissions often triggering forms that are not needed
- Shell records for patients with missing admission information were being created in EQRS

EDI Submitters

- One EDI batches 2728 forms that, in some instances, are overwriting submitted forms, changing data and reverting previously submitted forms back to saved status
- No emphasis placed on forms timeliness
- Incorrect batch admission reasons do not properly trigger need for a form

Facility Level

- Nephrologists not coming in regularly to sign forms
- Patients refusing to sign forms
- Incorrect admission reasons not triggering need for 2728
- No labs available within the applicable data range
- Breakdown in communication with other facilities where forms may not have been signed by the patient before transferring out to another facility
- Patients hospitalized and unable to sign forms
- Admissions from foreign visitors that treat briefly; often forms are not completed within that brief time and when patient leaves there is no way of obtaining a patient signature
- Staff Turnover/Staff pulled into different roles due to COVID

Mitigation Efforts

- Our Regional Data Manager worked with the Data Manager Timeliness subgroup and EDIs to discuss ways to meet the data quality goals
- On June 24, 2021 we presented the Data Quality project to all of our facilities during our Kickoff meeting
- On August 18, 2021 we sent an email to all dialysis facility administrators, clinic managers and EQRS data contacts explaining the parameters of the data quality project
- On September 9, 2021we sent emails to facilities providing them with their current rates in the three areas of the Data Quality project

- We began sending reports to all dialysis facility Data Contacts containing the EQRS IDs of patients with CMS forms in missing/saved status

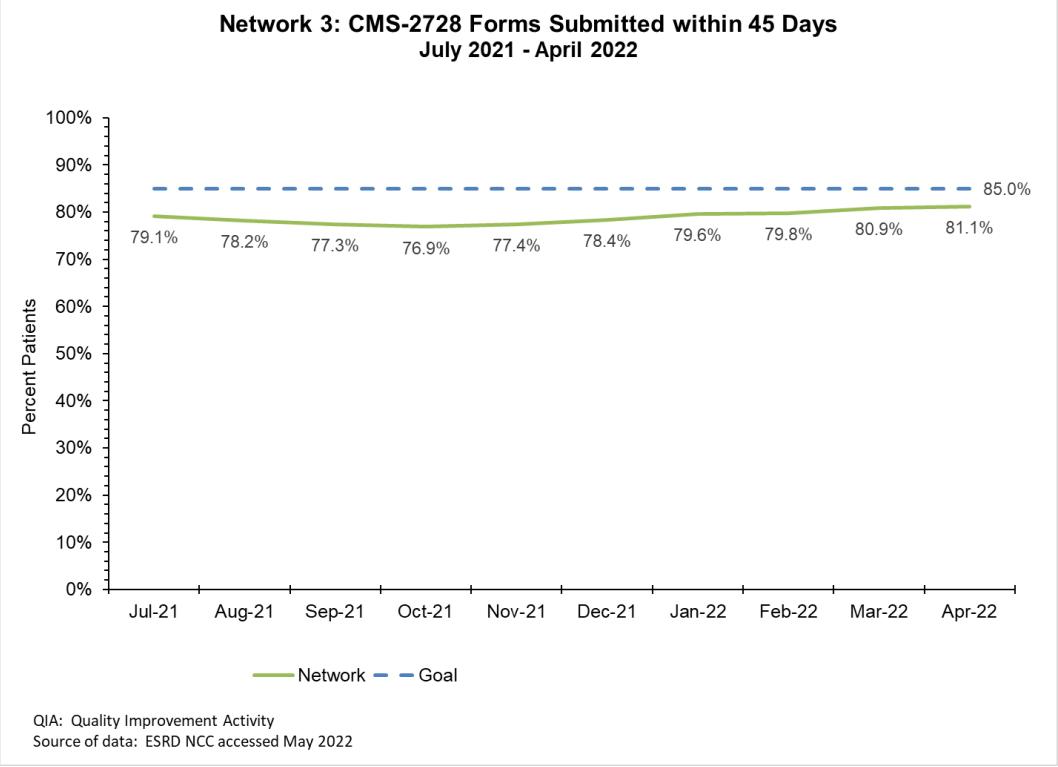
Education

- We developed an EQRS Monthly Checklist and FAQ for the CMS 2728 (patient and facility versions) which were posted to the data section of our website. The link was shared via email with all of our facilities' data contacts.
- We developed the 2728 patient version to specifically address patients' refusal to sign the form
- Facilities were reminded that these forms are essential in getting patients their ESRD benefits
- We educated facilities on correct admission reasons and made them aware that these reasons were updated in their EMRs as well as EQRS

Technical Assistance

- We made recommendations to facilities to involve their medical directors in getting nephrologists to sign forms in a timely manner
- We advised facilities to reach out to the patient's next of kin for assistance in obtaining a patient signature or the signature of the Power of Attorney and offering to send the form to them for signature with a self-addressed stamped envelope to return the signed forms
- We discussed the importance of having a backup person to assist with EQRS data entry and offered to provide training to new staff

Figure 26 – Percent of CMS-2728 Forms Submitted to EQRS within 45 Days (July 2021-April 2022)



CMS 2746 Forms submitted within 14 Days of Death

Goal of QIA

Achieve a 2% increase in the rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death from the baseline to the end of the base period.

Results

As seen in Figure 27, at the conclusion of the project, admission records entered within 5 days was at 63.9% which was below the goal of 65.7%

Identified Barriers

EQRS

- Patient page edit checks do not allow cause of death to be added (issues with duplicate Medicare statuses, effective dates)
- Disappearing Dates of Death (DOD)s, Cause of Death (COD)s and discharges; These cause the dashboard to report missing 2746 forms that have already been submitted
- Facility Dashboard bugs
- Issue that may still be impacting 2746 submissions rates using the 12 month look back: There were several months after EQRS went live that facilities could not enter 2746 forms due to duplicate Medicare statuses that can no longer be fixed by Network staff members

Facility Level

- Facilities are not informed that a patient is deceased
- Hospitals are claiming HIPAA as a reason not to provide COD
- Facilities are awaiting correct causes of death from physician or hospital instead of just using "unknown"
- Some facilities are not following patients who discontinue dialysis
- Staff Turnover/Staff pulled into different roles due to COVID

Mitigation Efforts

- The Network Data Managers sought guidance from CMS regarding using Unknown as a cause of death in order to submit 2746s on time. Facilities had reported to us that much of the delay in submitting 2746s could be attributed to their difficulty in obtaining the patient's cause of death from the hospitals

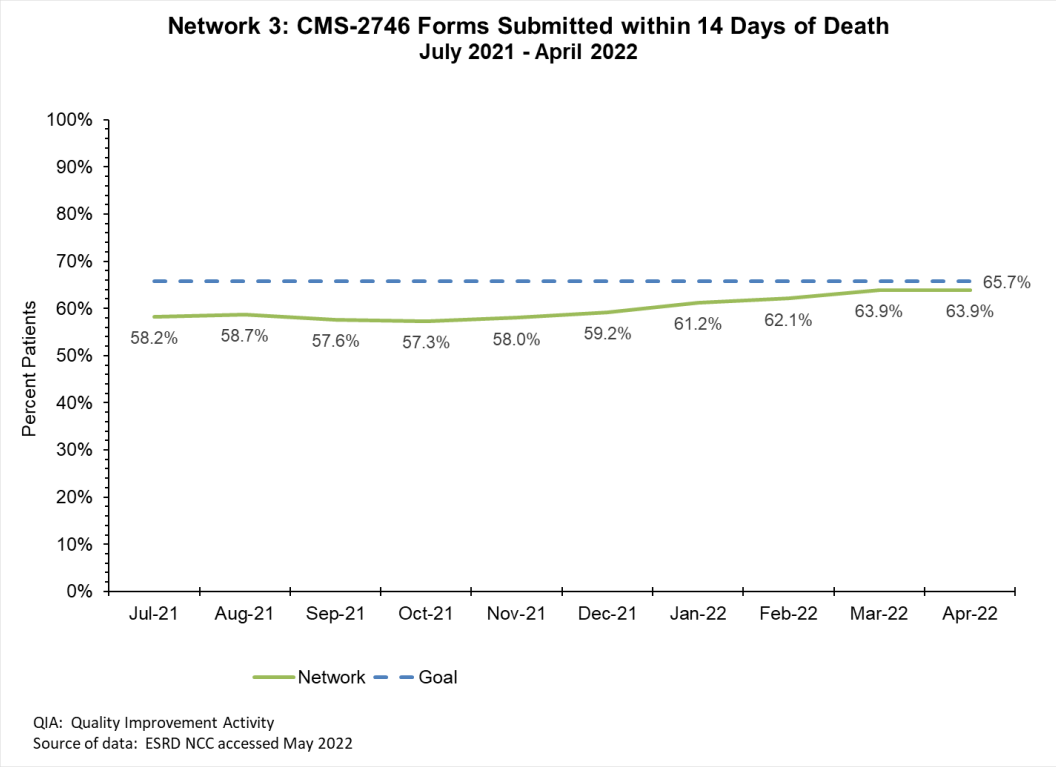
Education

- We developed an EQRS Monthly Checklist and FAQ for the CMS 2746 form which was posted to the data section of our website. The link was shared via email with all of our facilities' data contacts.
- LDO-specific EQRS educational links were sent to facilities
- We provided education to facilities regarding proper follow-up with patients who have discontinued dialysis.

Technical Assistance

- We encouraged our facilities to contact the supervisors of the medical records departments in local hospitals to see what can be done to facilitate sharing of information including using hospital medical release forms.
- We recommended having a backup person to assist with EQRS data entry and offered to provide training to new staff
- We encourage facility staff to stay in communication with patient families after a patient discontinued dialysis.
- We began sending missing/saved forms emails to facilities.

Figure 27 – Percent of CMS-2746 Forms Submitted to EQRS within 14 Days of Death (July 2021-April 2022)



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

Goals of QIAs

Inpatient Admissions:

Achieve a decrease in inpatient **admissions** for diagnoses from the specified Primary Diagnosis Categories

- **Baseline**: 2.83 / 100 patient months (pm)
- **Measure Goal**: <= 2.77 / 100 pm
- **Outcome**: 2.69 / 100 pm

Emergency Department Visits:

Achieve a decrease in outpatient **emergency department visits** for a diagnosis from the specified Primary Diagnosis Categories

- **Baseline**: 1.21 / 100 pm
- **Measure Goal**: <= 1.18 / 100 pm
- **Outcome**: 2.69 / 100 pm

Readmissions:

Achieve a decrease in **30-day unplanned readmissions** for a diagnosis from the Primary Diagnosis Categories, following an admission for a diagnosis from the Primary Diagnosis Categories

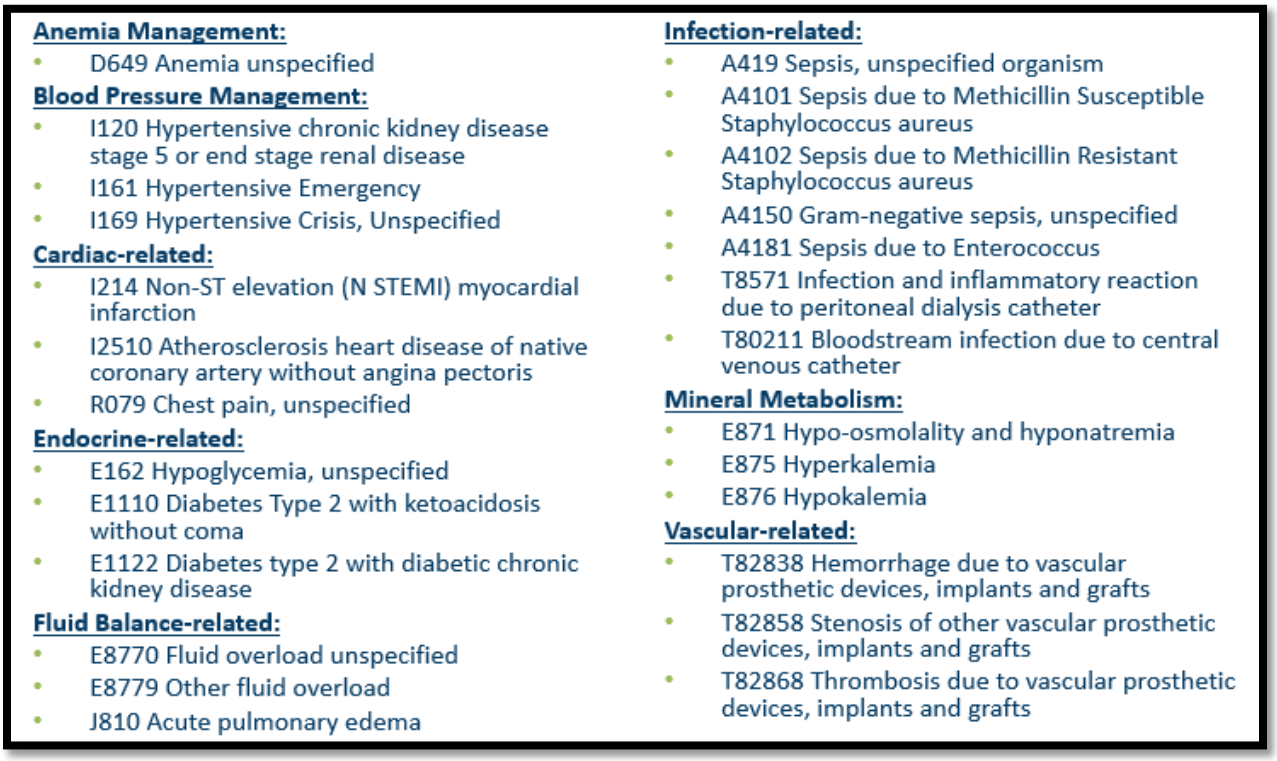
- **Baseline**: 11.2%
- **Measure Goal**: <= 11%
- **Outcome**: 10.5%

COVID-19 Hospitalizations:

Achieve a decrease in the number of **COVID-19 hospitalizations** in the ESRD patient population with Medicare fee-for-service (FFS) as a payer source.

- **Baseline**: 0.94 / 100 patient months (pm)
- **Measure Goal**: <= 0.71 / 100 pm
- **Outcome**: 0.74 / 100 pm

Figure 26: Specified Primary Diagnosis Categories



Interventions:

We met with a Reducing Hospitalizations, Readmissions, and ED Visits Advisory Committee to identify barriers and recommended strategies.

The Advisory Committee identified the following barriers:

Patient-related Barriers:

- Missed or shortened treatments
- Inconsistent medication adherence
- Inconsistent dietary adherence
- Missed medical appointments
- Poor infection prevention practices

Process Barriers:

- Lack of communication/ coordination of care among healthcare providers
- Inadequate care planning AND ineffective hospital discharge medication reconciliation
- Lack of timely, routine medication management
- Lack of risk assessment.

While providing technical assistance to dialysis providers, we identified additional barriers:

- Patient related: Patient acuity/comorbid conditions, lack of primary care provider, patient adherence
- Facility related: Staffing shortage - Had an impact on the facility's ability to complete post hospitalization follow-up

- System related: Transportation challenges exacerbated by the COVID pandemic

Mitigation Efforts

- Hosted Kickoff Virtual Council Meeting on June 24, 2021. One session was held in English for NJ and USVI and one session was offered in Spanish for PR facilities.
- Developed the Reducing Hospitalizations, Readmissions, and ER Visits page on our website (https://www.qirn3.org/Ongoing-Projects/Reducing-Hospitalizations,-Readmissions-and-ER-Vis.aspx that included links to tools and resources to support facility improvement efforts.
- Provided education on the following strategies
    - Improve Transitions of Care - HIE/ Communication with healthcare providers
    - Medication Reconciliation
    - Education- Assess Health Literacy
    - Post Hospitalization Checklist
    - COVID-19 hospitalizations- managing high risk patients with diabetes, hypertension, obesity
- Technical Assistance
    - Used patient-level claims data during one on one coaching calls for identification of root causes and areas of opportunity.
    - Assisted facility through the implementation of educational and process specific strategies to decrease preventable events.
    - Identified and developed educational materials to support facility in addressing patient related barriers.
    - Emphasized the benefits of incorporating patient life goals in their plan of care could support improved patient adherence and engagement and thus prevent hospitalizations and ED visits.
- Engaged a coalition of high performing facilities in the network service area to identify promising practices.
    - Offered coaching calls to support sharing between higher and lower performing facilities.

Figure 27 – Rate of ESRD-Related Hospital Admissions per 100 Patient Months (August 2021-April 2022)

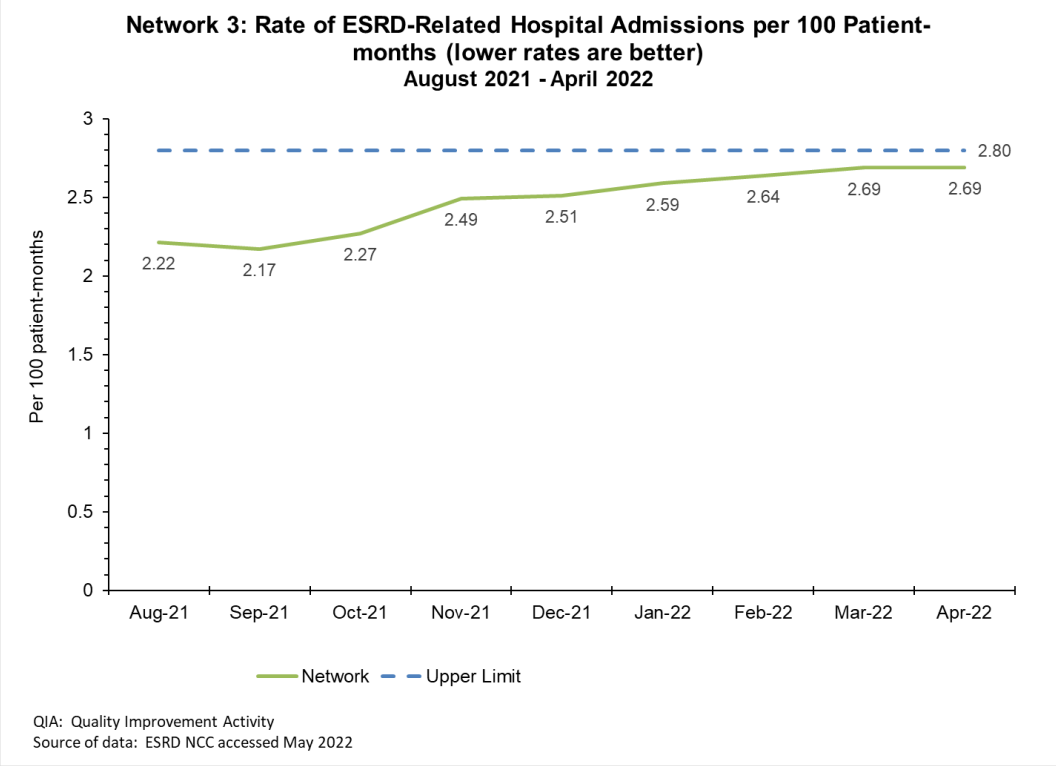


Figure 28 – Outpatient Emergency Department Visits per 100 Patient Months (August 2021-April 2022)

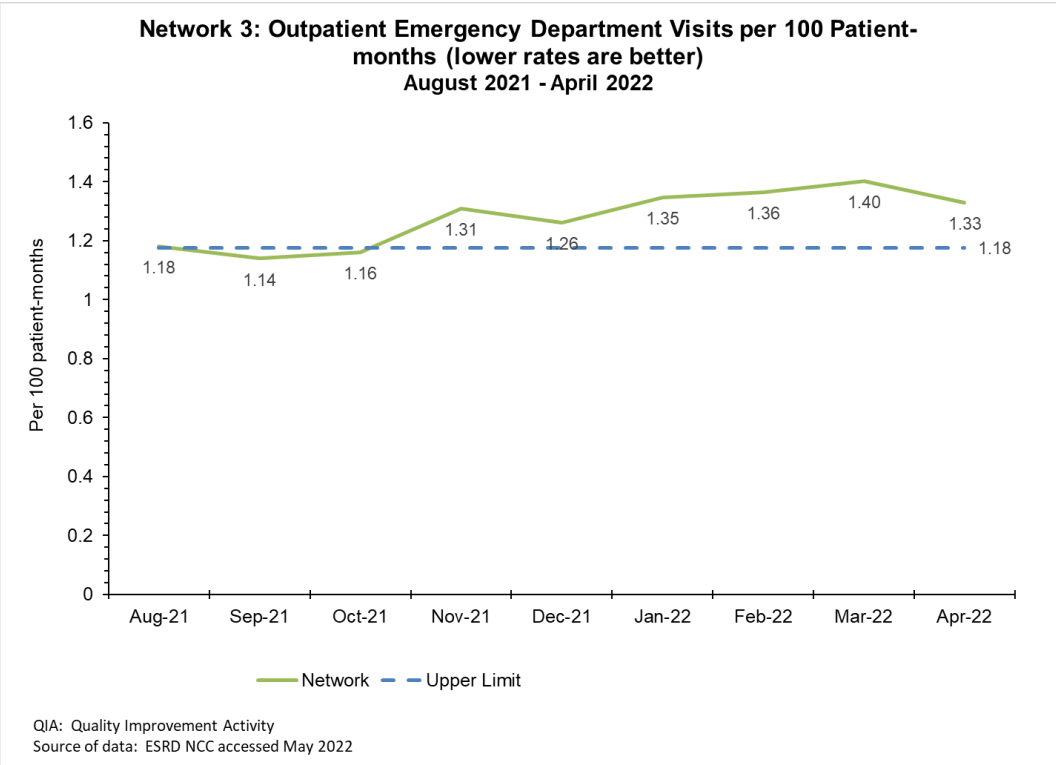


Figure 29 – Hospital 30-Day Unplanned Readmissions (as % of Hospitalizations) (August 2021-April 2022)

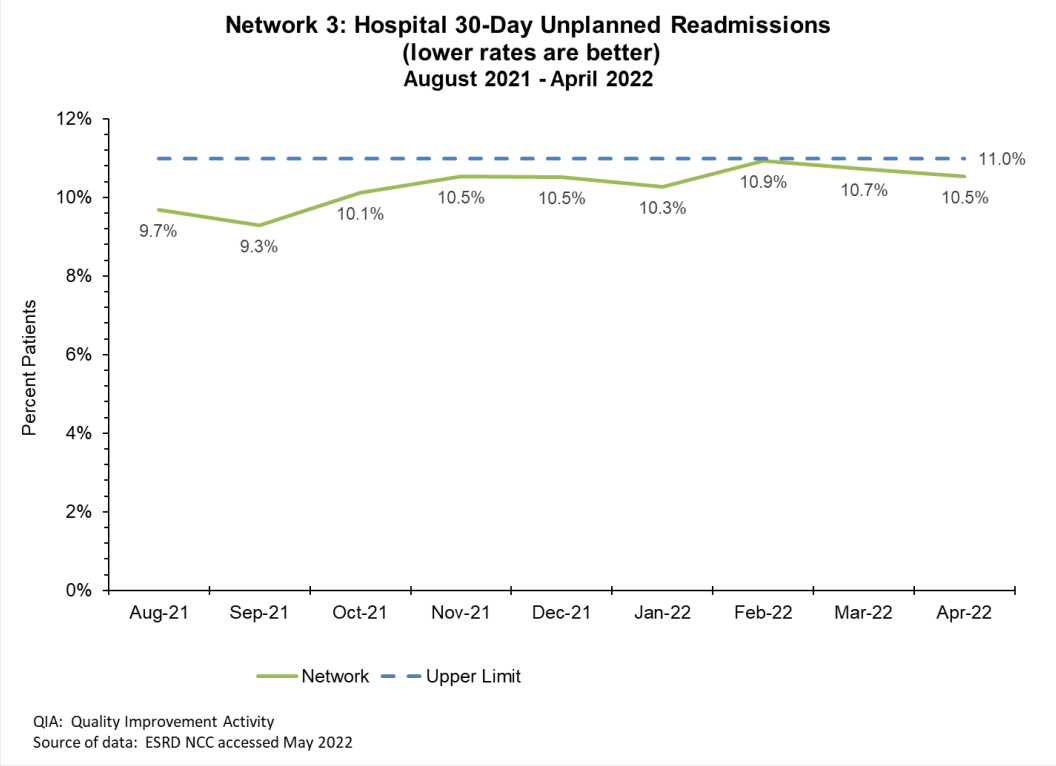
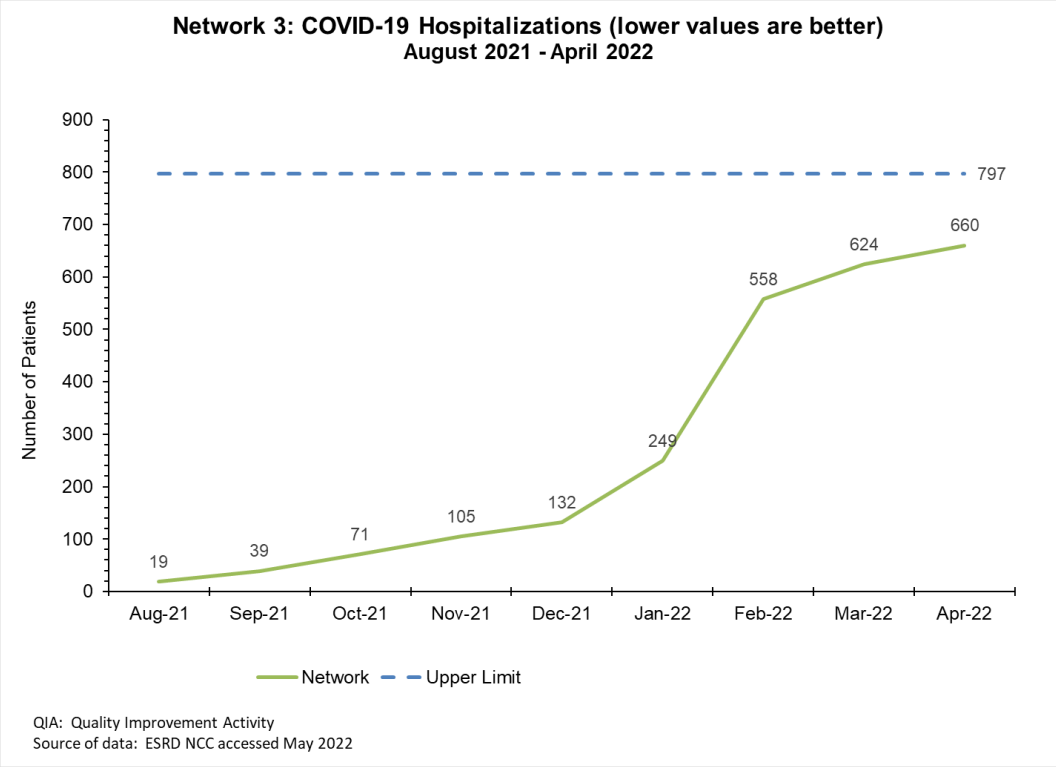


Figure 30 – COVID-19 Hospitalizations (August 2021-April 2022, cumulative)



Depression Screening and Treatment June-April 2022

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

During the base year we conducted an environmental scan. We identified 7 low performing facilities based on below average QIP scores. We contacted each facility to determine if they had a process for screening and documenting and offered 1:1 support as well as access to resources on our webpage.

We met with leadership at the Alliant Health organization to discuss ways they could support our efforts with educational resources for depression. We requested they share resources for depression and staff burnout, as well as develop a quick reference guide for the Patient Health Questionnaire-9 (PHQ-9) administration and workflow post distribution.

We discussed Behavioral Health in our coaching calls with facilities. We asked facilities to share ways they have improved their facility's screening and referral process.

We collected depression screening data monthly from September-February through Survey Methods. Due to staffing challenges in the facilities we took a soft approach with data collection and did not mandate facilities to respond. From the responses collected over the six month period a total of 3,750 screenings were completed. Of the 3,750 completed, 335 patients screened positive and 180 of these patients were referred to a mental health provider.

Facility social workers identified lack of mental health practitioners, long wait time between calling for and actually being able to schedule an appointment and patient stigma around mental health as main barriers for patients seeking treatment. Based on the feedback from the responses, we developed a patient self -management tool for social workers to share with their patients. The patient self- management tool kit was evaluated by select social workers and members of our Patient and Family Advisory Committee (PFAC) community to determine value and efficacy. Additionally, we created a Spanish version of the materials which was reviewed and approved by our social workers in Puerto Rico.

About ten percent (10%) of our facilities have noticed a cognitive decline in their patients since the start of the pandemic. Fifty percent (50%) of the Social Workers feel comfortable screening for cognitive function and twenty five percent (25%) of facilities have a formal process for screening for cognitive function.

Facilities have access to Network 3 Behavioral Health "Mindful Pathways" webpage with resources and general behavioral health clinical screening and treatment interventions https://www.qirn3.org/Ongoing-Projects/Behavioral-Health.aspx

A patient self- management tool kit was developed as a resource for patients. It can be provided to patients who screen positive for depression but are resistant to a referral to a mental health provider and/or any patient the social worker feels can benefit from the resources. The tool kit was reviewed by selected social workers and our PFAC to determine efficacy prior to implementation.

Onsite Dialysis in Nursing Homes June 2021-April 2022

There are no providers in the Network 3 service area providing dialysis to patients directly onsite in nursing homes, so we were not measured for this project. Dialyze Direct, a national provider of this type of dialysis, has been working for a number of years to be approved to provide this service to nursing homes in New Jersey, but state licensure laws have prevented them from moving forward. We held several meetings in 2021 with the state licensing department to understand the concerns and advocate for the service to be approved. In 1Q 2022, we were informed that Dialyze Direct had been granted approval to begin offering this service in two NJ nursing homes in 4Q 2022.

To identify opportunities for improvement, we used Dialysis Facility Report data from the United States Renal Data System (USRDS) to identify facilities with a high number of dialysis patients residing in a nursing home, higher than network rate for access related infections and higher than expected blood transfusions. Seven facilities were identified for engagement. One on one calls were held with each facility to assess opportunities for improvement. All seven expressed need to provide better education of nursing home staff with regard to care of dialysis access, and communication of changes in medications and or medical condition. Because of the communication and care coordination challenges uncovered by the COVID-19 pandemic, we distributed and educated patients on the use of the Forum of ESRD Networks' COVID-19 communication form.

We offered a continuing education course available through our Quality Insights Edisco Learning platform. The course is designed to educate nursing home staff on the basics of care of dialysis access. Dialysis facilities were encouraged to share these resources with their contact at the nursing homes.

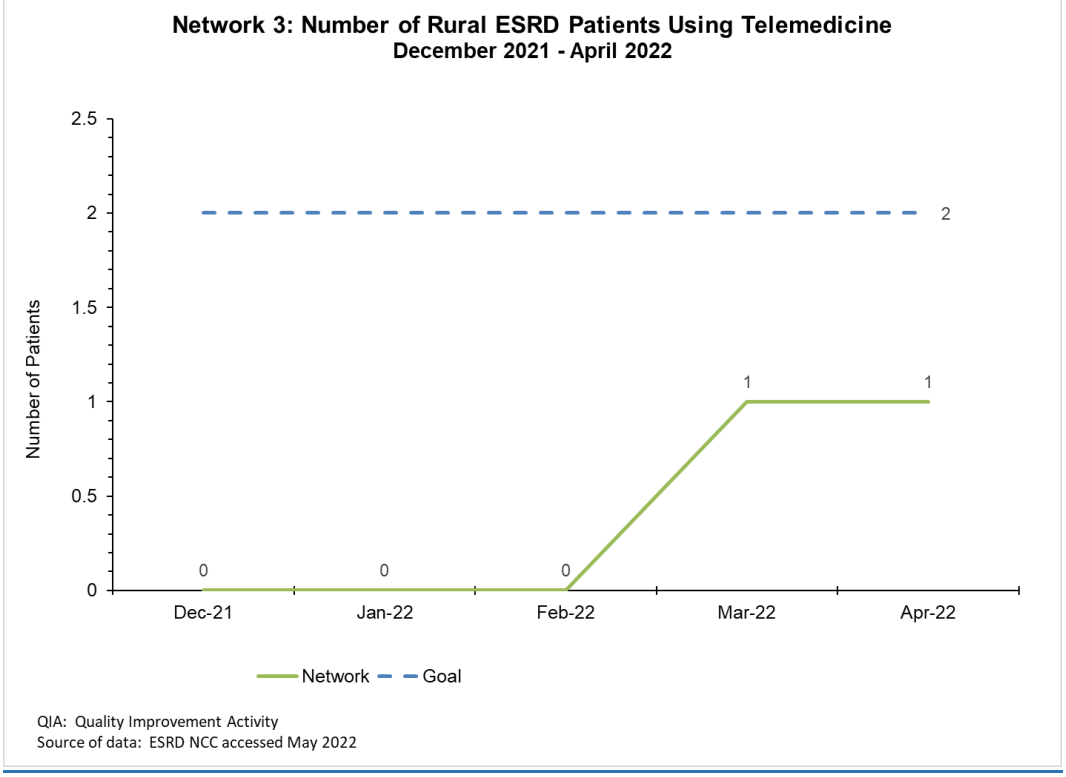
We also promoted educational webinars offered on access infection and anemia management and promoted a webinar on opening a home program to nursing homes in New Jersey.

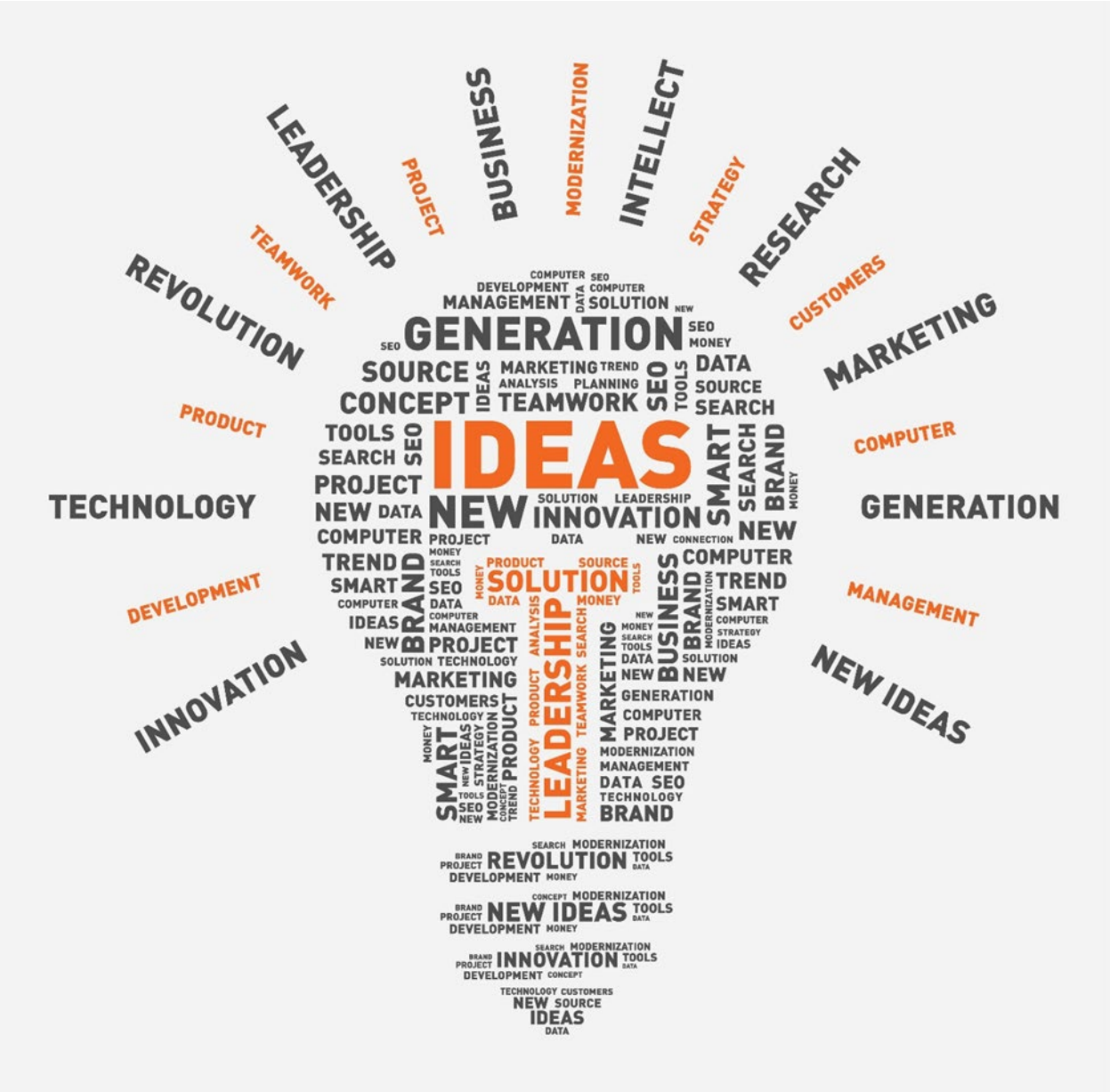
Telemedicine June-April 2022

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

Telehealth resources were made available through Home Dialysis QIA website. These have been distributed to the stakeholders via email and through our QIRN3 newsletter. Facilities were guided through the implementation of telemedicine services during individual interactions, but there are only 3 patients dialyzing at home in our service area who live in a rural setting (all in Pennsylvania), and thus very little opportunity to impact the outcome.

Figure 34 – Number of Rural ESRD Patients Using Telemedicine




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

ESRD NETWORK RECOMMENDATIONS

Facilities that Consistently Failed to Cooperate with Network Goals

Due to staffing shortages causing facility management to frequently need to provide direct patient care and other stressors caused by the COVID-19 pandemic, we found it particularly difficult in 2021 to engage with facility staff and convince them that some of our initiatives were worth paying attention to. However, all facilities in the Network 3 geographic area eventually cooperated with Network goals and participated in our quality improvement interventions when requested.

Recommendations for Sanctions

We did not recommend sanctions for any facilities in 2021.

Recommendations to CMS for Additional Services or Facilities

We did not recommend any additional services or facilities in 2021. The facilities and services available to patients in the Network 3 geographic area are well distributed and are readily accessible to patients.


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

Since the CDC confirmed the first COVID-19 case in the United States in January 2020, the country as a whole has experienced multiple waves of the COVID-19 pandemic, including those driven by new variants. In December 2020 the FDA authorized emergency use of two mRNA COVID-19 vaccines, the Pfizer-BioNTech and the Moderna COVID-19 vaccines. By early 2021 a third vaccine produced by Janssen - Johnson & Johnson, had been added to the arsenal of COVID-19 vaccines that would combat the pandemic. Dialysis facility staff were included in the first phase of COVID-19 vaccine release for healthcare workers, and dialysis patients followed in the second phased release of the vaccines.

In 2021, our response efforts shifted to increasing awareness, education and promotion of the COVID-19 vaccines. We continued utilizing KCER's National Emergency Situational Status Report (ESSR) and the CDC's NHSN data to conduct analysis of new COVID-19 cases and identify hotspots throughout our Network service areas. Using this information, our team provided targeted one to one technical assistance to dialysis centers with new and/or increased COVID-19 cases. Via this technical assistance our staff were able to address emerging issues at the dialysis centers, identified if providers were applying interventions equivalent to or more stringent than the CDC's recommendations, detect nursing homes/long term care facilities who were experiencing influx of COVID-19 cases, addressed barriers as well as successes, identified access to COVID-19 vaccines for staff and patients, and provided individualized support.

As providers and patients' needs and questions evolve regarding the COVID-19's variants, vaccines, required boosters, masking mandates, and added guidance we implemented an effective and timely plan to disseminate tools and resources. Our staff sustained the practice of providing educational information, support and guidance to all dialysis providers and their patients, regardless of COVID-19 cases, through our *QIRN3 Weekly: COVID-19 Resources & Memos / Upcoming Webinars / In Case You Missed It* emails. In addition to email, newsletter and social media communications our staff was sent "Breaking News" as needed to relay pertinent time sensitive materials and information.

Sustained partnership with community stakeholders was essential to our ongoing efforts. Therefore, our staff continued engagement with the NJ Group for Access and Integration Needs in Emergencies and Disasters (NJ GAINED) and the NJ Access and Functional Needs County Coordinators, which addressed COVID-19 conditions, actions, needs (current and anticipated) and status reports from state and county level agencies. We've also continued to host situational status calls with the Puerto Rico Emergency Preparedness and Response Activities Renal Coalition (PREPARAR-C) and participated in meetings with the US Virgin Islands' ESF-8 COVID-19 workgroup. The regularly scheduled KCER calls were an essential vehicle to identify issues and obtain answers from attendees such as CDC, CMS, ASPR, ASN, and dialysis corporate leadership. This allowed us to gather best practices and disseminate them throughout the Network area.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

We understand how impending events such as winter storms, hurricanes, severe weather, civil unrest, etc. may influence patients, staff and dialysis facility operations. As a result we maintained close communication with dialysis providers before and after each event to ensure continuity of facility operations and care of all patients. The first step in our communication process is to send situational awareness messages to all providers in the expected impacted region reporting of the event and sharing resources to help them stay informed and alert. Providers in our regions are very diligent in reporting and communicating their facility status and needs.

Timeline of Weather/Natural Events Impacting the Network 3 Service Area

January – February 2021

Winter Storm
We sent situational awareness email to all New Jersey (NJ) dialysis providers on Friday 1/29 regarding the impending storm to impact the state between Sunday 1/31 and Tuesday 2/2. The governor declared a state of emergency on Sunday 1/31. Most of NJ Transit service was suspended, hundreds of flights at area airports were canceled and many schools either closed or activated remote learning. The storm also closed many COVID-19 vaccination sites. All 21 NJ counties experienced from 2" to as much as 30" of snow, with higher accumulations in the northern part of the state. The majority of NJ dialysis providers impacted by the storm implemented their contingency plans to provide patients' treatment on Sunday 1/31/21 and close on Monday 2/1. A few providers who opened Monday 2/1, reported delayed opening and/or closure on Tuesday 2/2 with all NJ providers returning to full/normal operations by Wednesday 2/3. There weren't any requests or needs for support from the dialysis providers to the Network.

Winter Storm
Another winter storm impacted NJ between 2/18 and 2/19. For much of the state, precipitation was as a wintry mix of sleet and snow (between 1" and 12") and plain rain. We sent situational awareness message to all NJ providers on Tuesday 2/16. NJ dialysis providers implemented their contingency plans to adjust patients' treatments and modify schedules (closed and or had delayed openings). There was no severe impact from this storm. By Saturday 2/20 all providers were back to normal operations.

July 2021

Tropical Storm Elsa
The National Hurricane Center placed coastal areas of New Jersey under a tropical storm watch because of the potential for damaging winds and heavy rain from Tropical Storm Elsa late Thursday (7/8) into early Friday (7/9). Several counties were on tropical storm watches, while the rest of the State was under severe thunderstorm watch. Other than heavy rain and some strong winds, the storm passed by NJ overnight leaving little impact. Facilities did not report any impact to operations.

August 2021

Tropical Storm Six (Fred)
A tropical storm warning was issued for Puerto Rico and the U.S. Virgin Islands as Tropical Storm Fred presented possible impact on 8/15. Since the storm tracked past these regions on a Sunday when all dialysis centers were closed, providers in Puerto Rico made arrangement to have delayed openings on

Monday to allow time to assess impact. All providers were fully operational on Monday, except for the pediatric center which had a planned closing just to be safe. We maintained communication with our PREPARAR-C and USVI partners via WhatsApp.

September 2021

Hurricane Ida

The remnants of Hurricane Ida brought heavy rain, flooding, and tornadoes from the Central Appalachians through the Mid-Atlantic. Most providers in NJ who communicated emergency event reported delayed opening on Thursday 9/2. Patient treatments were adjusted. Some facilities reported being closed due to flooding in/round the area and lack of access to transportation. Patients were contacted and rerouted to receive treatments. All providers except two resumed normal operations between Friday/Saturday (9/3 – 9/4). Two NJ dialysis centers closed indefinitely due to flooding damages.

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://esrdnetworks.org/education/

Additional Acronym and Glossary Resources

Fresenius Glossary
https://www.freseniuskidneycare.com/glossary

National Center for Biotechnology Information Acronyms and Abbreviations
http://www.ncbi.nlm.nih.gov/books/NBK84563/

Renal Support Network
http://www.rsnhope.org/programs/kidneytimes-library/article-index/renal-acronyms/