ESRD NETWORK 2017 ANNUAL REPORT

Description of the patient and facility population in the ESRD (End Stage Renal Disease) Network program and the outcomes of the quality improvement activities performed by this Network compared to the Network program performance

End Stage Renal Disease Network of Texas
Network 14

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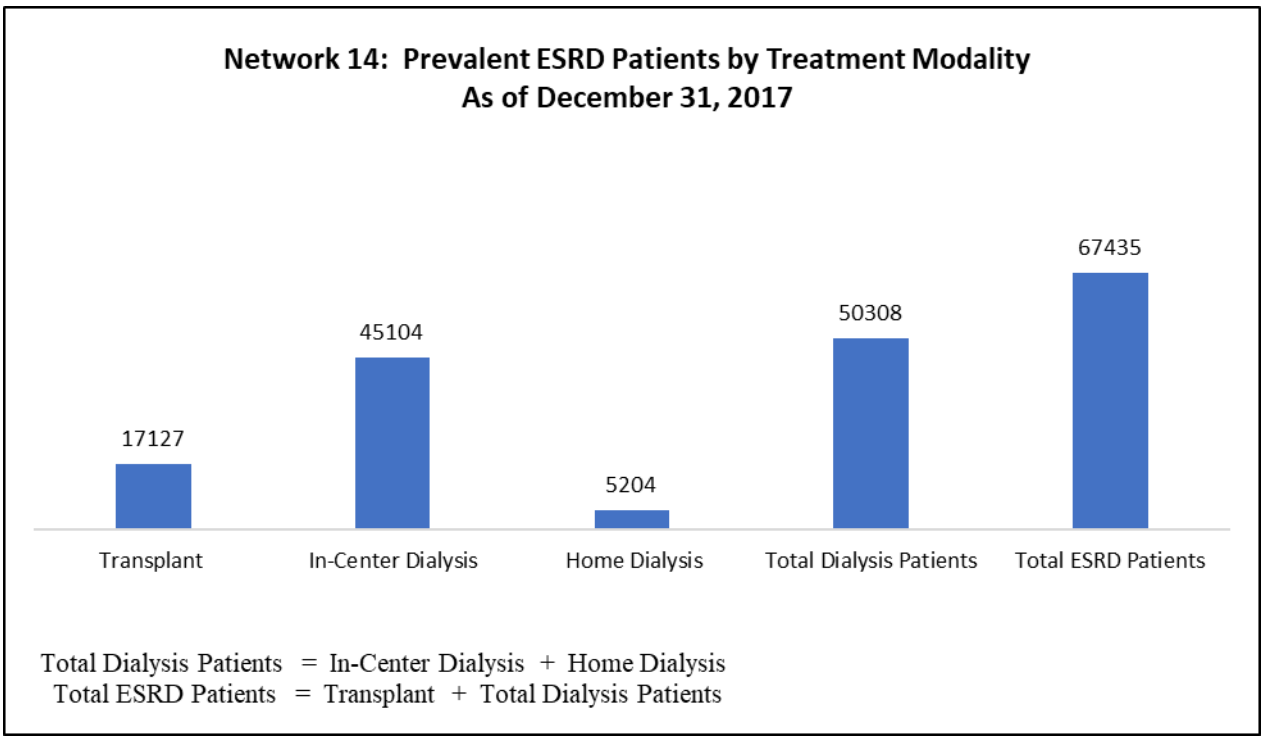
ESRD DEMOGRAPHIC DATA



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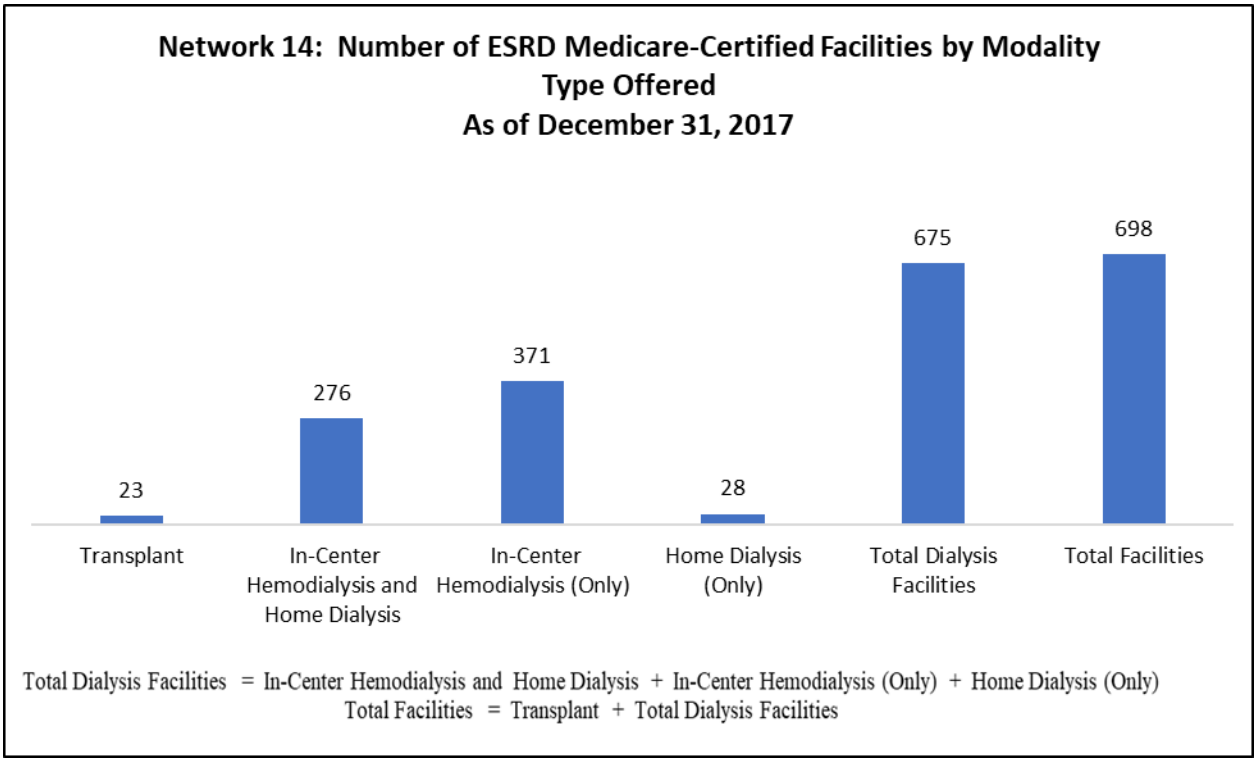

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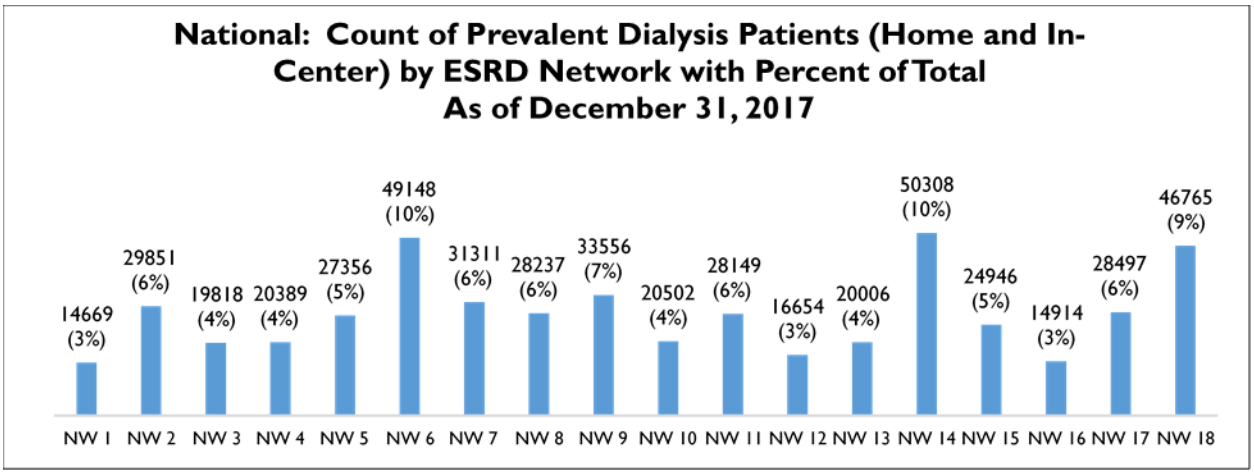
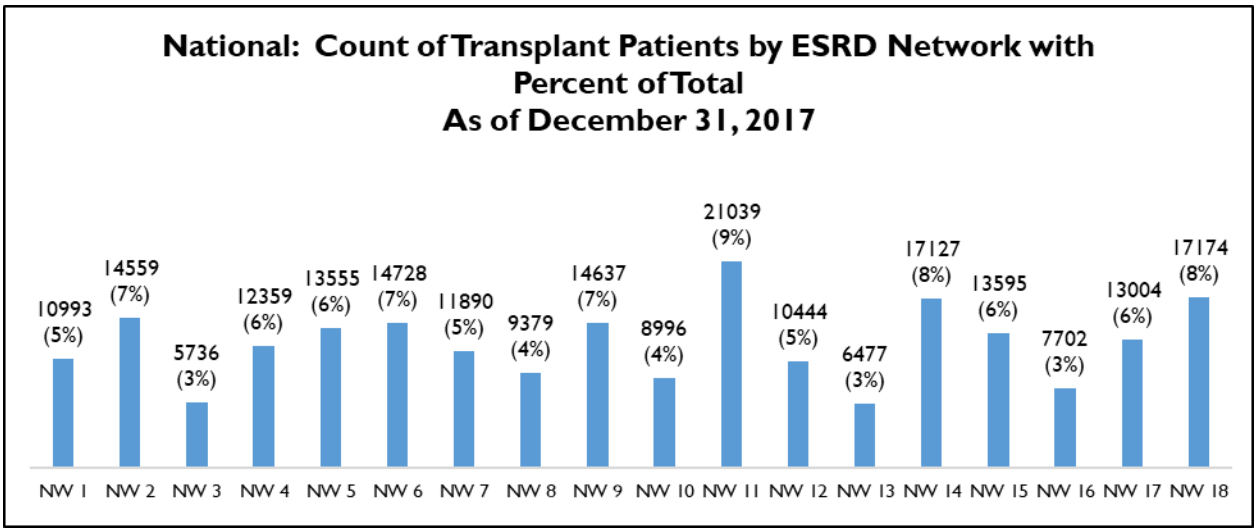


Source of data: *CROWNWeb



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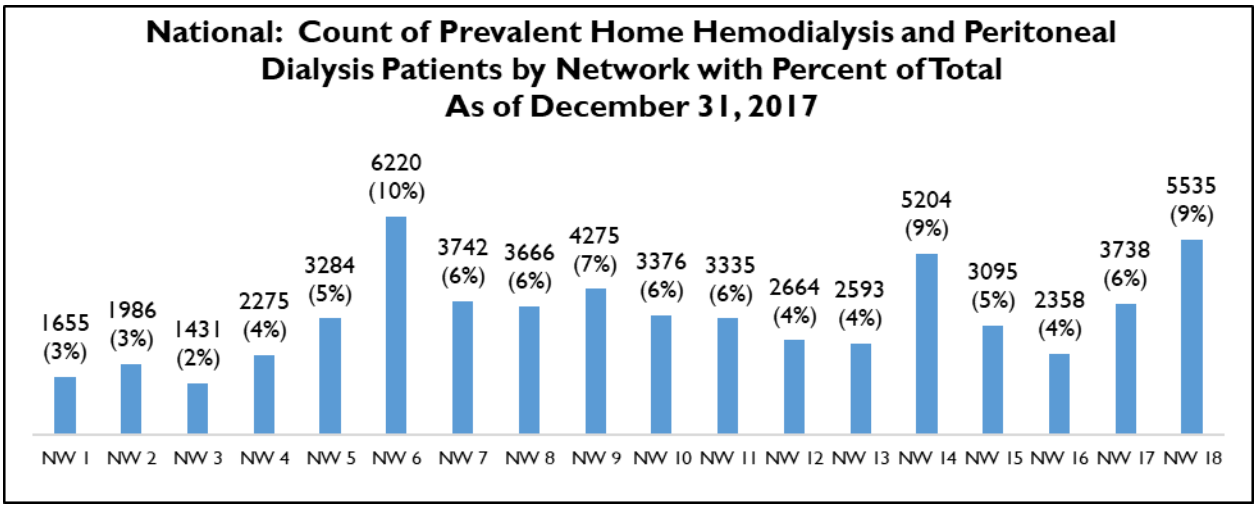

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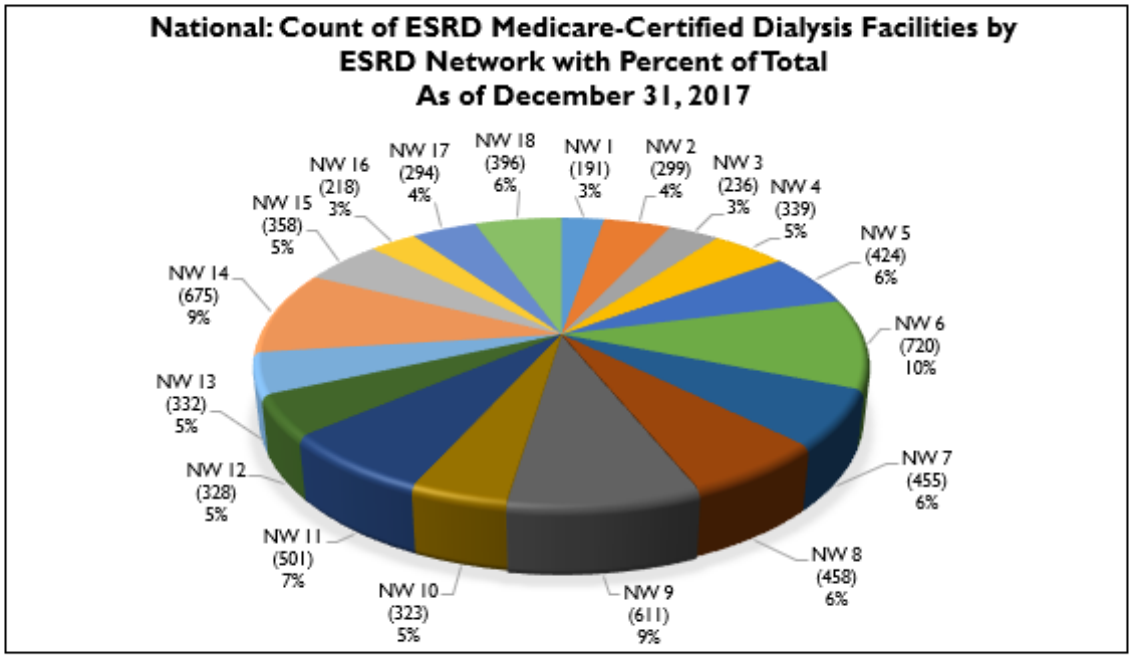

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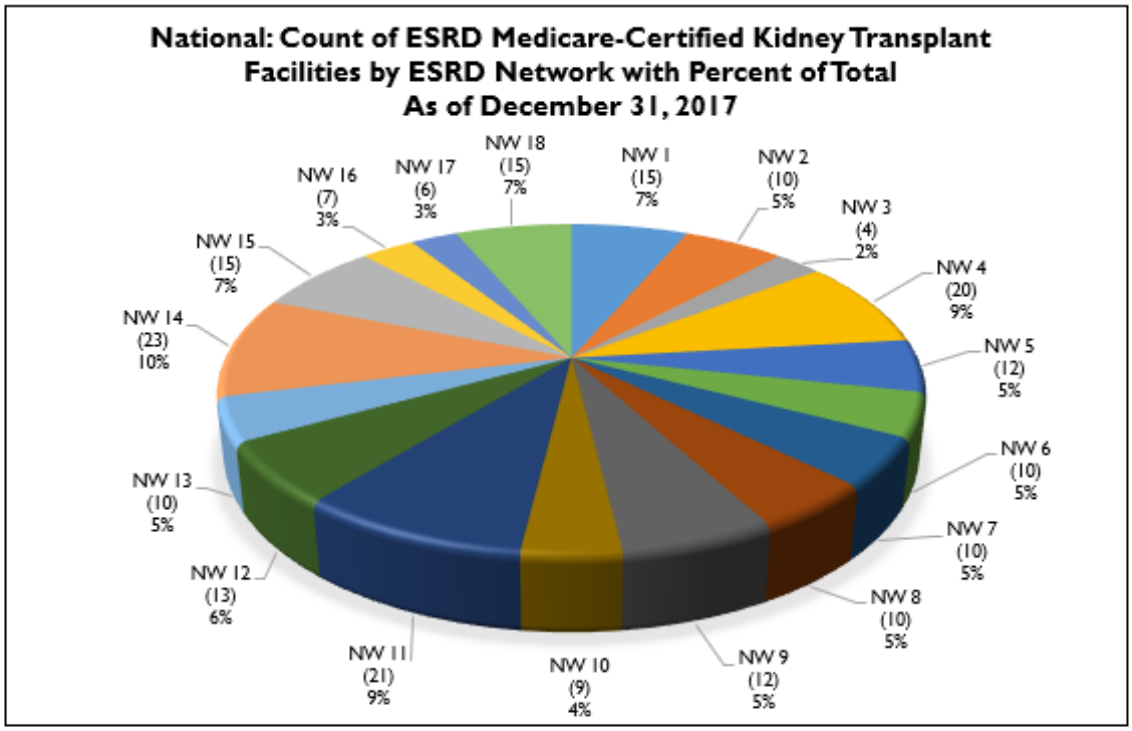


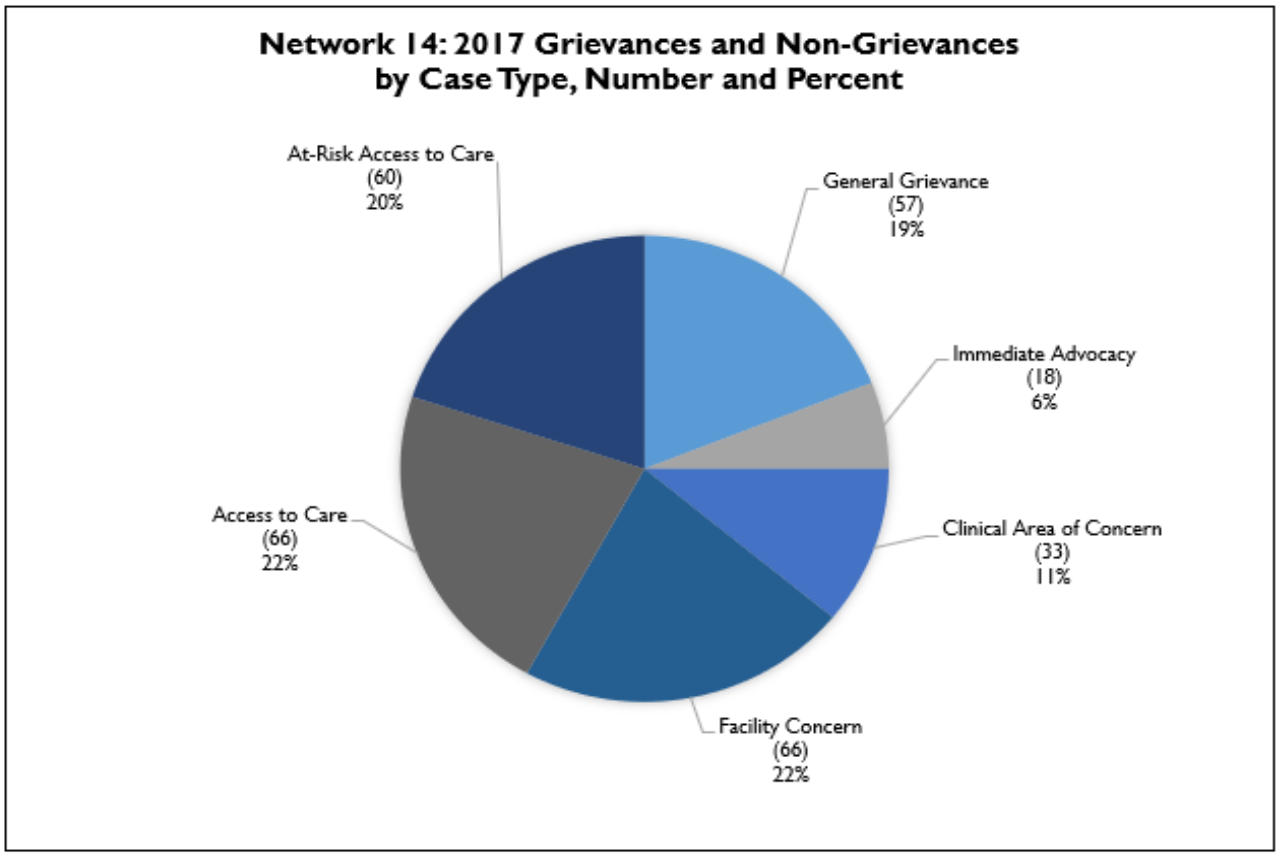
Source of data: CROWNWeb

ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

Network 14: Grievance Data for Calendar Year 2017

Category	Cases
Grievance Cases	**108**
General Grievance	57
Immediate Advocacy	18
Clinical Area of Concern	33
Non-Grievance Cases	**192**
Facility Concern	66
Access to Care: Confirmed Involuntary Transfer/Discharge (IVT/IVD)	66
At-Risk Access to Care	60
Additional Case Information	
Averted IVT/IVD	41
Failure to Place	22
Total Cases 2017	**300**

Source of data: Patient Contact Utility (PCU)



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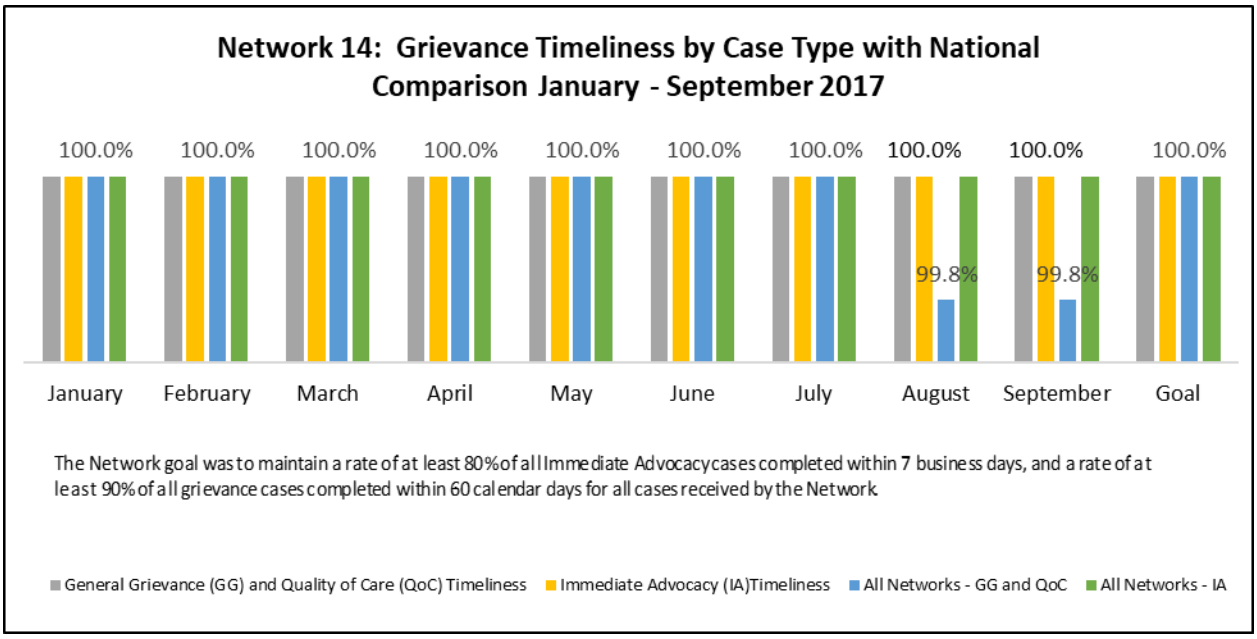
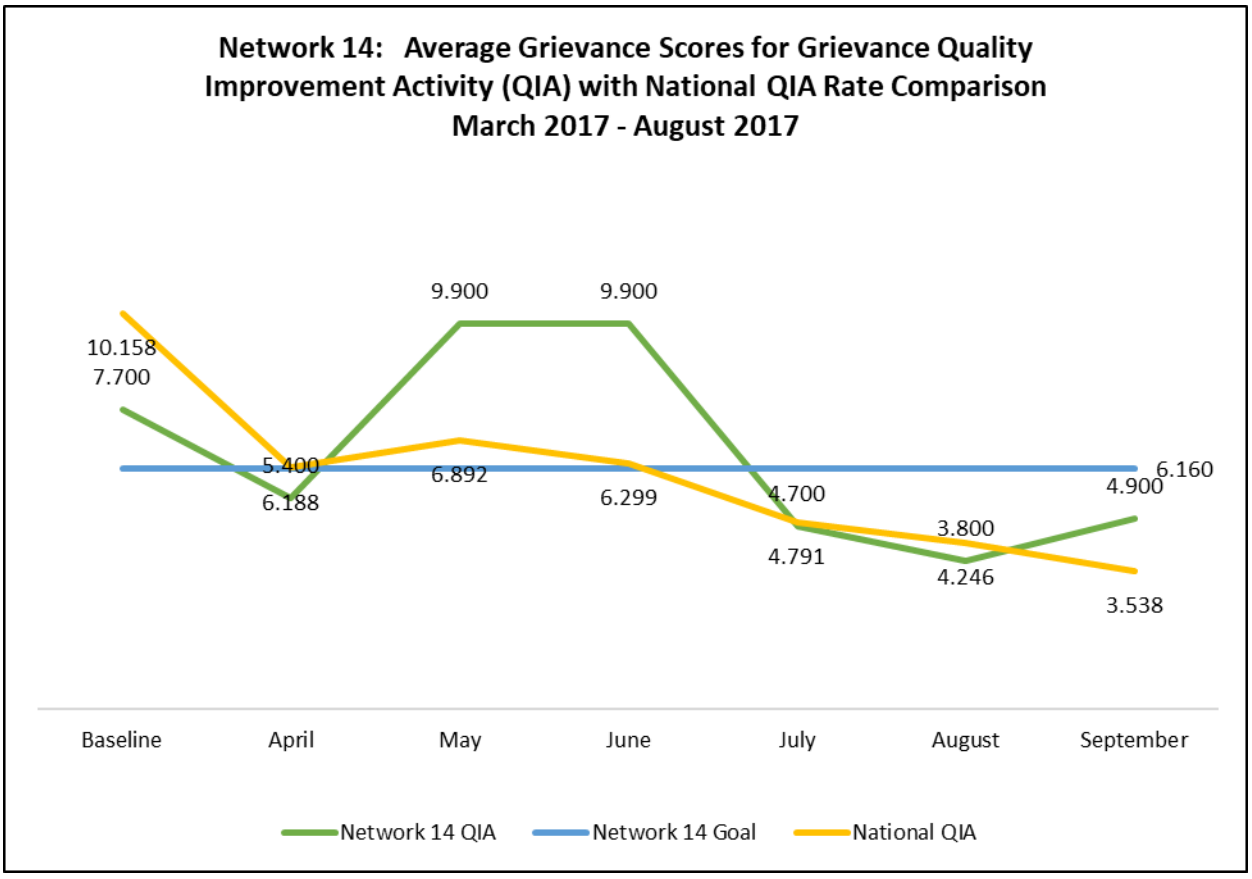


Source of data: October 2017 ESRD Network Dashboard



Source of data: October 2017 ESRD Network Dashboard

Grievance Quality Improvement Activities

The aim of the Grievance QIA was to promote and improve the utilization of the grievance process at the facility level and improve communication among patients, facility staff, and Network 14. Facility participation was based on a focused audit of Patient Contact Utility (PCU) data for 2016: the Grievance QIA worked to improve internal grievance processes in twelve dialysis facilities with the highest number of grievances and access to care issues recorded in the CMS Patient Contact Utility (PCU) in 2016. The purpose of the QIA was to:

- Increase use of and functionality of the internal facility grievance process
- Improve communication between patients and facility staff
- Decrease operational and environmental grievances (as defined by CMS) by 20% from a mean grievance score of 7.70 for the ten facilities to 6.16

The Network identified ten target facilities and over sampled by two for a total of twelve facilities. Facilities submitted a monthly list of patient grievances using the CMS template log provided by the ESRD Network. ESRD Network 14 implemented the CMS grievance log and scored the facility's grievances on a five-point severity scale as established by CMS. The QIA baseline was established by dividing the combined grievance score by the total number of facilities in the project. A two-month pilot period (January and February) established the (7.70) baseline score.

A Root Cause Analysis (RCA) survey was used to determine interventions. Patient Advisory Committee (PAC) members were solicited for involvement and provided input into the development of the QIA and the RCA. The RCA was completed, via survey, by the focus facilities, which allowed for identification of common root causes.

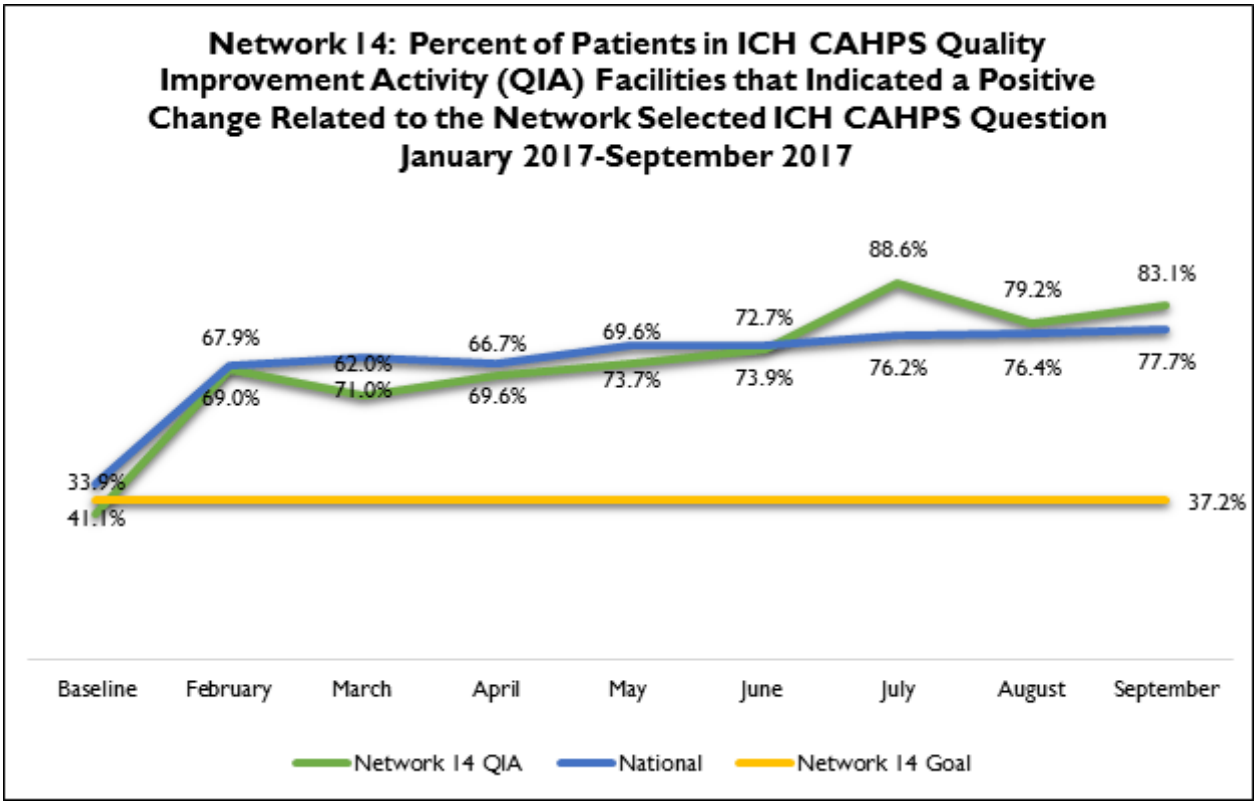
Barrier categories identified on the RCA included the following:

- Staffing
- Facility
- Patient and Family
- Operational
- Methods and Processes

Data from the RCA survey was used to determine interventions. To foster buy-in and engagement, facilities were given the liberty to select interventions that targeted their root causes. Facilities were provided with sample interventions that were then implemented in three phases. Focus facilities were monitored monthly via grievance logs. Facilities were made aware of their progress through monthly progress reports. The Network exceeded the goal of 6.16 with a mean score of 4.90 based on September grievances.

The practice of allowing facilities to select interventions proved to be very helpful as facilities were more engaged in what they selected and created. The practice of having "how to" or procedural answers to frequently asked questions on the Network 14 website was also helpful.

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA



Source of data: October 2017 ESRD Network Dashboard. Option 1 to use for Networks 2, 3, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, and 18.

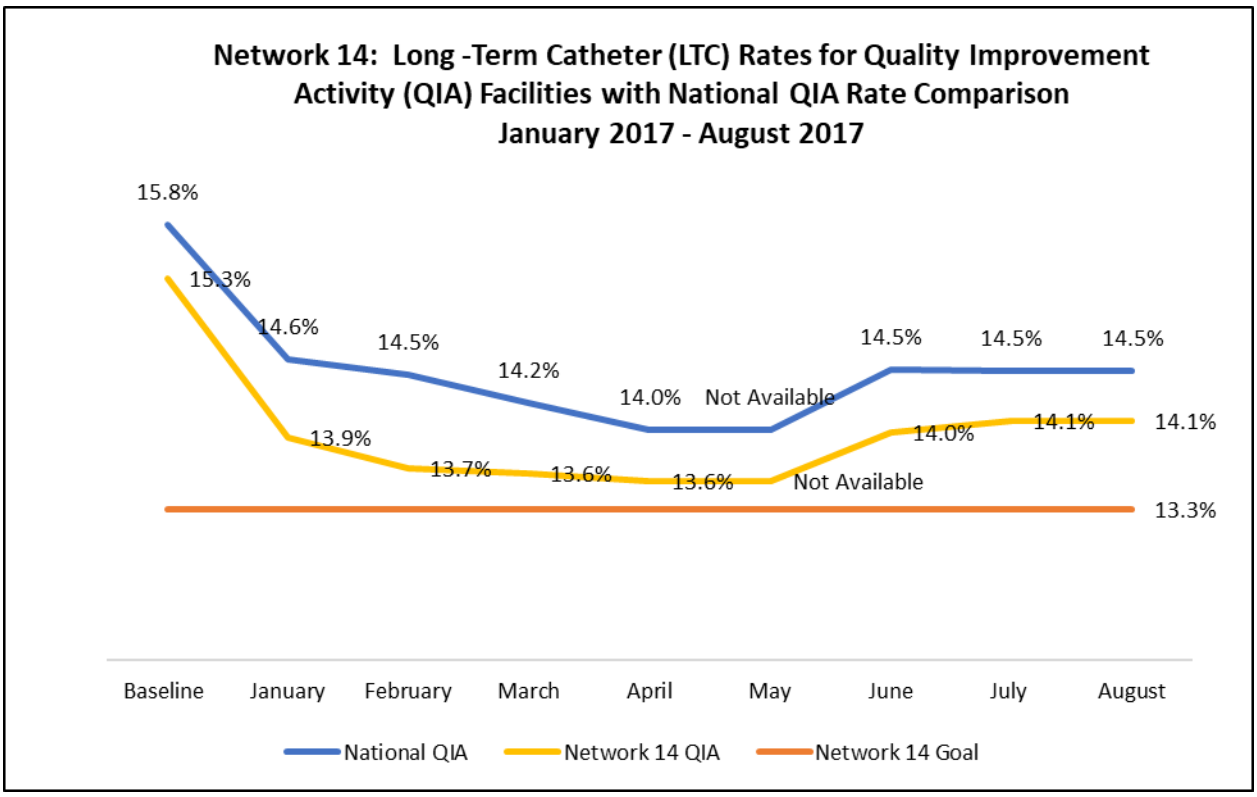
*In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Quality Improvement Activity

In 2017, Network 14 continued to collaborate with in-center hemodialysis facilities to promote the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey. ICH CAHPS is part of the ESRD Quality Incentive Program (QIP) and how patients score their experience of care with a given in-center hemodialysis facility can be found in the Dialysis Facility Compare section on the www.medicare.gov website. Specifically, the Network enrolled 26 dialysis facilities across the state that belonged to different dialysis affiliations in the Be the Voice, Be the Change QI project in February for the purpose of improving patient engagement and patient scores on an ICH CAHPS question related to providing information to patients. The ICH CAHPS question #39 (Q#39) that the facilities focused on improving the positive responses states: "Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?" The question was chosen because it had the highest number of negative patient scores in the state and the facilities were chosen because they had the worst scores compared to Texas peer facilities.

Network 14 utilized a set of interventions that included a project notification letter explaining the purpose of the project and why the facilities were chosen to be in the project. Facilities were given a schedule of project activities, which included a required introductory webinar that covered patient engagement strategies and patient and family centered care resources. A patient survey toolkit was distributed and contained a survey card containing Q#39. From February 2017 through September 2017, the survey card was to be given to one-eighth of their patient population monthly. Patient involvement in the project at the facility level included small patient group discussions, facility-designed interventions, facility progress reports, and a sustainability plan.

The project facilities collectively had a baseline score of 33.9% of patient respondents who answered positively to Q#39 as compared to a Texas average of 56.6%. By September 2017, project facilities had made a 49.2 percentage point improvement from baseline, far exceeding the five percent relative improvement goal set by CMS and the Network. At the conclusion of the QIA, Network 14 exceeded the goal with a rate of 83.1% of patients responding positively to the question.



Source of data: CROWNWeb

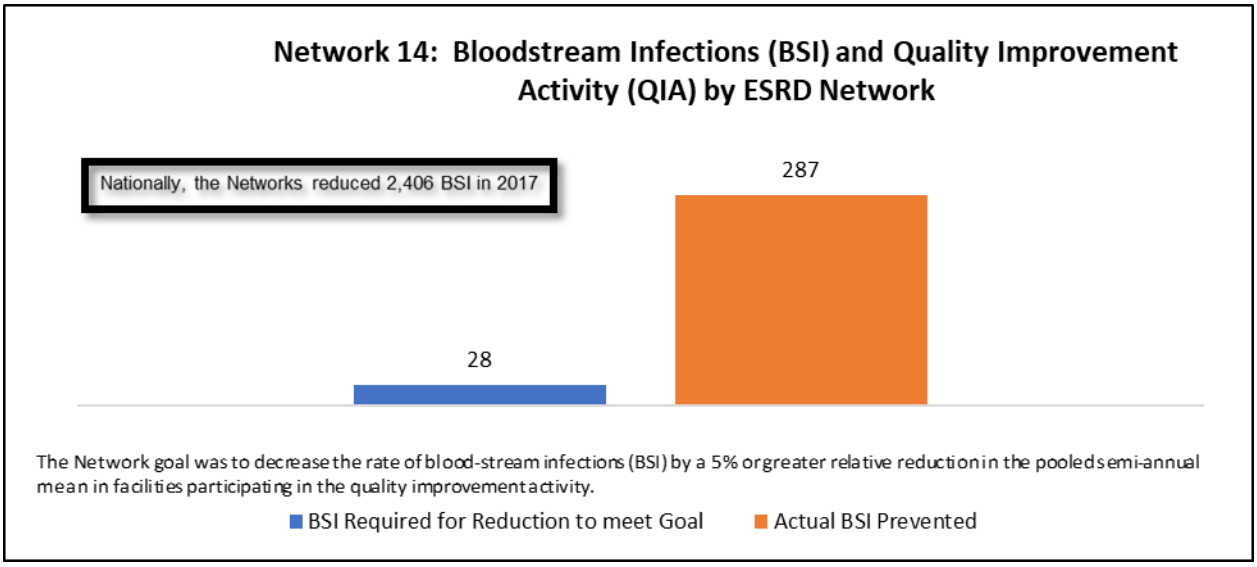
Long Term Catheter Quality Improvement Activity

In preparation for the 2017 QIA, Network 14 completed a gap analysis with other Networks in December 2016 and focused on successful approaches and commonalities that contributed to the other Networks success. The findings were reviewed by Network staff and Subject Matter Experts (SMEs) such as the Medical Review Board (MRB) and the Patient Advisory Committee (PAC), and considered for choosing focus facilities and developing interventions. The Network's Long-term Catheter QIA enrolled 240 facilities with an LTC rate > 10% at baseline according to CROWNWeb data from September 2016. Facilities were divided into two intervention groupings depending on their current LTC rate and participation in other Network QIAs. The aggregate baseline LTC rate for the 240 facilities was 15.26% with a goal of achieving at least a 2% reduction by September 2017. Facility interventions were developed with guidance and input from the MRB and patient subject matter experts such as the PAC. Focus facilities were notified of project selection via a standardized project notification letter. Project kick-off occurred with an introductory webinar on January 31, 2017, and provided an introduction to the project goals, interventions, tools, resources and requirements. Network staff provided a range of assistance and support to these facilities including monthly one-on-one coaching calls, data review through the LTC monthly reports, collaboration with large dialysis organizations (LDOs) regional vascular access coordinators, rapid cycle improvement (RCI) and action plans, site visits to selected facilities, encouraging utilization of the Medical Advisory Council (MAC) Catheter Reduction Toolkit from the FORUM of ESRD Networks, using Facility Patient Representatives (FPRs) as liaisons, and the provision of educational materials.

A total of 469 monthly one-on-one coaching calls with the focus facilities were completed from February 26, 2017, to September 30, 2017. The Network achieved a 1.2 percentage point reduction in the LTC rate from baseline (15.3%) to the last set of data released in September 2017, which represented July 2017 at 14.1%. Overall, facilities achieved a total decrease of 191 long-term catheters from baseline, thus reducing the risk of infections for their patients.

Best practices were identified during the project including: the appointment and sustainment of vascular access coordinators/managers at the facility, regional and/or weekly/regular meetings between the interdisciplinary team and the vascular access coordinator. Outcomes were reviewed during Quality Assessment and Performance Improvement (QAPI) meetings. Utilization of Network-recommended tools such as the LTC monthly report and the MAC Catheter Reduction Toolkit, engagement of FPRs as liaisons between the patients and the vascular access process, and standardization of a sustainability plan were to be used with outgoing and incoming focus facilities.

Barriers encountered during this project included notable staff turnover and data discrepancies such as missing data for May 2017 and a significant increase in LTC rates for June and July, which represented an unusual data anomaly as compared to facilities self-reported data.



Source of data: June 2017 NHSN (National Healthcare Safety Network)

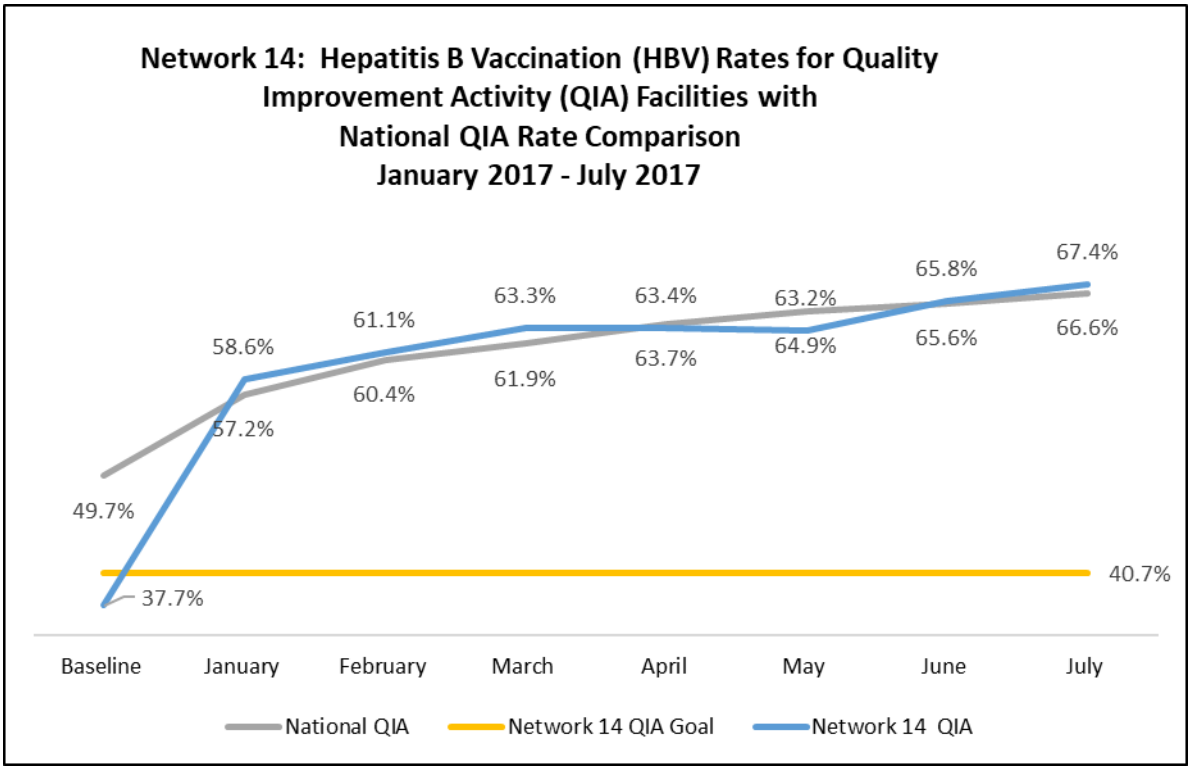
Bloodstream Infection Quality Improvement Activity

The Bloodstream Infection (BSI) Quality Improvement Activity (QIA) included 20% of Network 14's facilities with the highest bloodstream infection (BSI) rates, a total of 114 facilities impacting a population of over 9,000 patients. Focus facility selection began with an analysis of BSI data from the National Healthcare Safety Network (NHSN) database for the first and second quarters of 2016. Facilities were ranked by BSI rate, from highest to lowest with 114 facilities with the worst (highest) BSI rates selected. The goal of each facility was to achieve a 5% or greater reduction in its semi-annual pooled mean rate at re-measurement compared to their 2016 BSI rates.

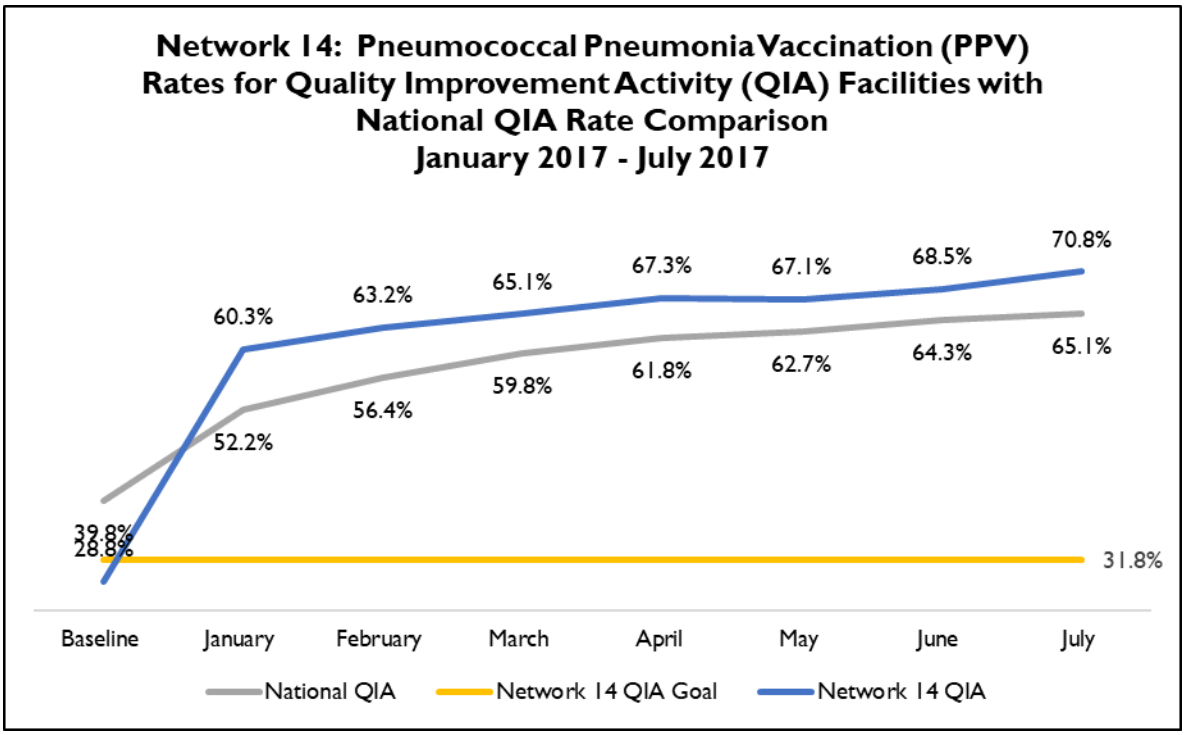
Facilities participated in three monthly patient engagement activities with their patients covering specific infection topics. The first one was held in March during Patient Safety Awareness Week. The facility's BSI and Dialysis Event rates as reported into the National Healthcare Safety Network (NHSN) were to be shared with patients using the CDC's Conversation Starter to Prevent Infections in Dialysis Patients. In April, during Patient Experience Week, staff discussed their facility's policy regarding chlorhexidine or any other alternative disinfectant used for infection prevention. Finally in May, during World Hand Hygiene Day, the Conversation Starter tool was used again to share important hand hygiene practices with patients and connect them with the Clean Hands Count campaign resources. As a result of facility reported feedback, patients were more likely to be engaged in their care, discuss any concerns and clarify their role in infection safety. Staff themselves found the activities to be very useful in guiding them through their education efforts.

Facility staff also had to ensure that the CDC's nine best practices (the CDC Core Interventions for Dialysis Bloodstream Infection [BSI] Prevention) were in active use. Focus facilities were requested to identify their current level of use and implementation of each of the nine CDC Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention at the start of the project, mid-project and post-project (January, May, and September respectively). The results showed an increase in facility implementation of the CDC's Core Interventions from 83% pre-project, to 90% at mid-project and finally 93% post-project. The ten percentage point increase from pre to post results may be attributed to a detailed focus on each core intervention each month and providing specific education around each topic for staff and patients.

Due to substantial staff turnover in the short nine months of the project, the Network continues to recommend that all focus facilities have two NHSN-trained associates who are able to access and submit dialysis events (DEs) and prevention process measures (PPMs) data into NHSN. Results: Out of the 114 facilities in the project, 98 facilities (86%) surpassed the project goal of a 5% or greater reduction in their pooled mean BSI rate at re-measurement. Further analysis showed a statistically significant difference between the focus and non-focus facilities' (not in the QIA) BSI rates. The focus facilities' BSI rates decreased on average by 0.76 percentage point , while the non-focus facilities increased on average by 0.03 percentage point from baseline to re-measure ($p<.0001$).



Source of data: CROWNWeb



Source of data: CROWNWeb

Hepatitis B and Pneumococcal Pneumonia Vaccination

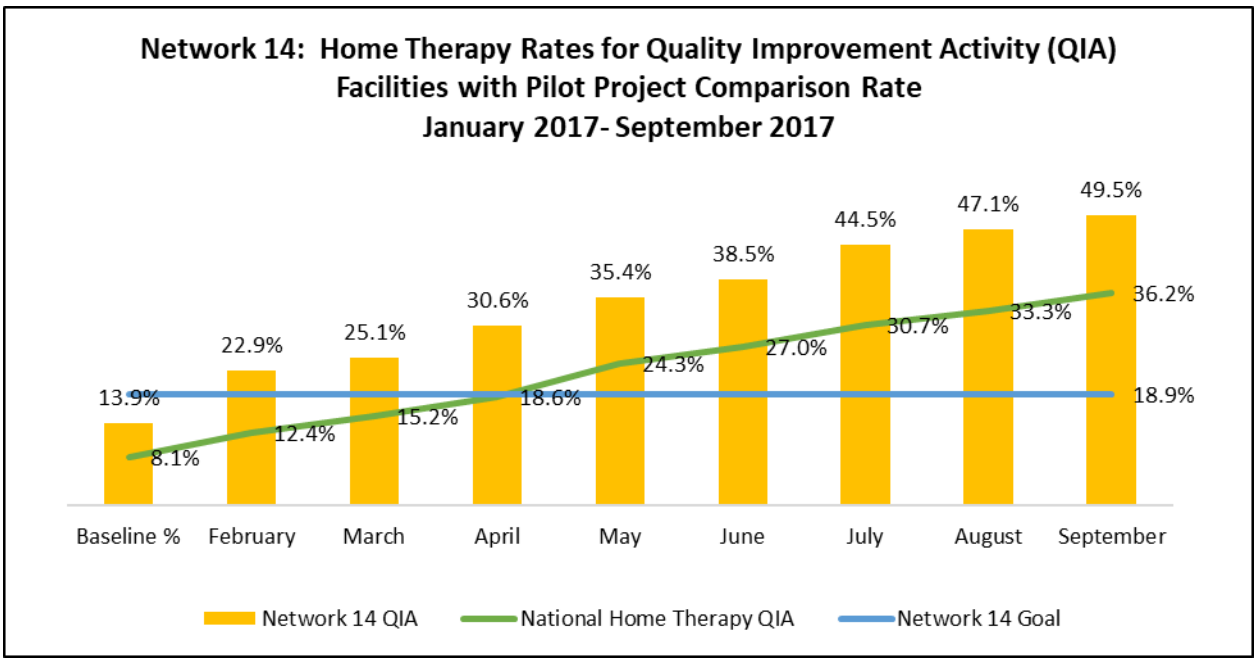
Quality Improvement Activity

For 2017, ESRD Network 14 chose to continue with the Vaccinations QIA to increase dialysis patient hepatitis B (HBV) and pneumococcal pneumonia (PPV) vaccination rates within the focus facilities by at least 3 percentage points. This selection was made by the Network Medical Review Board (MRB) based on previous success and indications that this project would have the highest probability of success. Examples of these indications include previous favorable results and current low vaccination rates. The Network developed a selection process and identified 22 final focus facilities serving 1,579 eligible patients. These facilities met the main criteria of low performing vaccination rates below 25% of eligible patients. Other criteria included a census of >10 patients and exclusion of providers that were acute hospital-based units, prisons, and pediatric units. A cross-functional team, which included Network staff, MRB members, and dialysis facility and patient subject matter experts such as members of the PAC designed interventions including manual data validation and correction, root cause analysis (RCA), Vaccination Discussion Groups with FPRs to validate the patient factors on the facility-specific RCAs, facility-specific vaccination awareness and educational campaigns, and sustainability plans. Focus facilities were contacted and notified of project selection via a standardized project notification letter developed by the Network. Project kick-off occurred with an introductory webinar on January 26, 2017, and provided an introduction to the project goals, interventions, tools, resources and requirements.

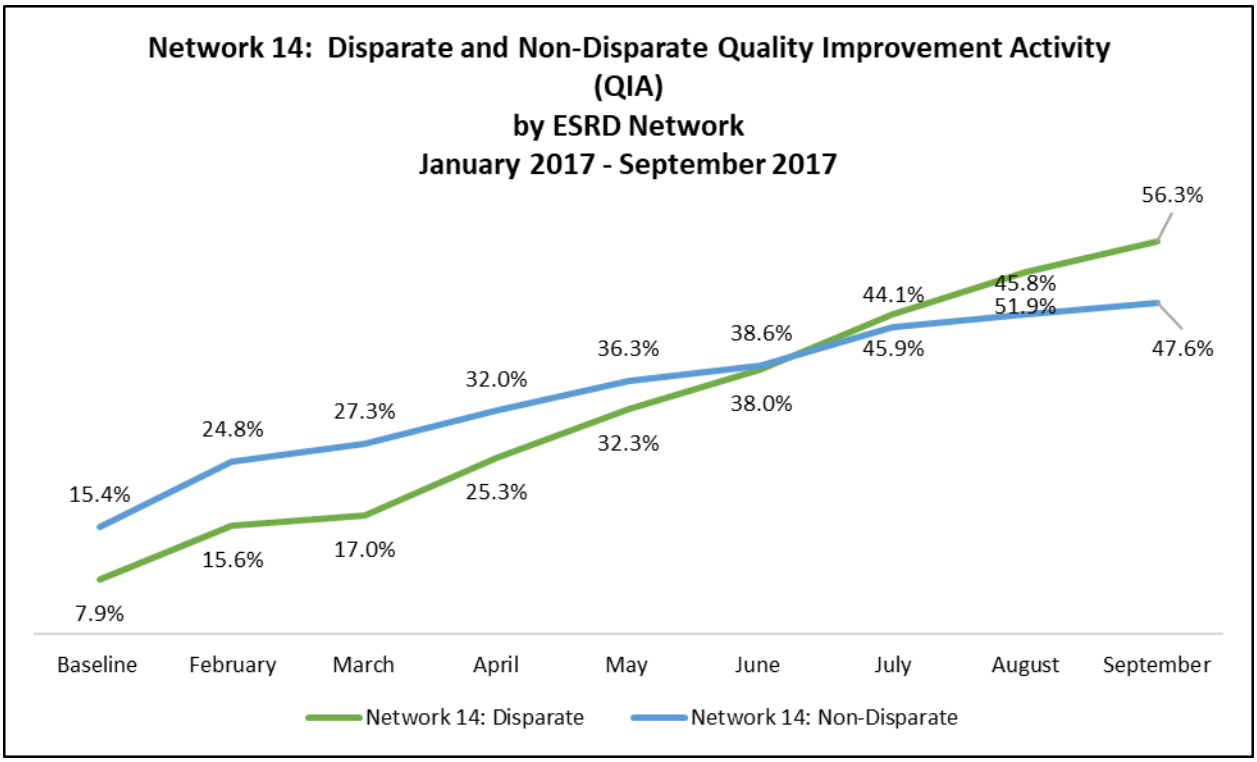
The Network collaborated with the 22 focus facilities and provided interventions that resulted in a 29.7 percentage point increase in the mean HBV rate and a 42 percentage point increase in the mean PPV rate. From baseline to project completion (based on data from July 2017), the HBV rate increased from 37.7% to 67.4%, and the PPV rate increased from 28.8% to 70.8% which represents a significant improvement based on statistical analysis for both vaccines. A total of 493 patients were vaccinated against hepatitis B and 772 patients were vaccinated against pneumococcal disease during the project period.

In 2017, several facilities agreed that this project promoted good communication between staff, patients, and their families. Project goals were discussed and addressed during QAPI meetings as a sustainability initiative. Misconceptions were clarified during patient discussion groups and some patients ended up receiving vaccination(s). Facilities reported a lack of knowledge among patients and family members. As a result of facility participation in this QIA, patients have been educated on vaccination(s) upon admission or within the first week of dialysis. Patient discussion groups were more successful at addressing general misconceptions and brought a more educated consensus among patients. Effective tracking tools developed by the Network allowed charge nurses to maintain up-to-date patient vaccination records. In addition, the Network implemented a standardized QIA Sustainability Plan via SurveyMonkey that will continue to be utilized as best practice in future projects.

Barriers encountered during this project included significant staff turnover and a lack of communication on QIA requirements to incoming staff. These events negatively impacted timely completion of project requirements and continuity of interventions.



Source of data: October 2017 ESRD Network Dashboard



Source of data: October 2017 ESRD Network Dashboard

*Disparate population is Hispanic or Latino and non-disparate population is Not Hispanic or Latino

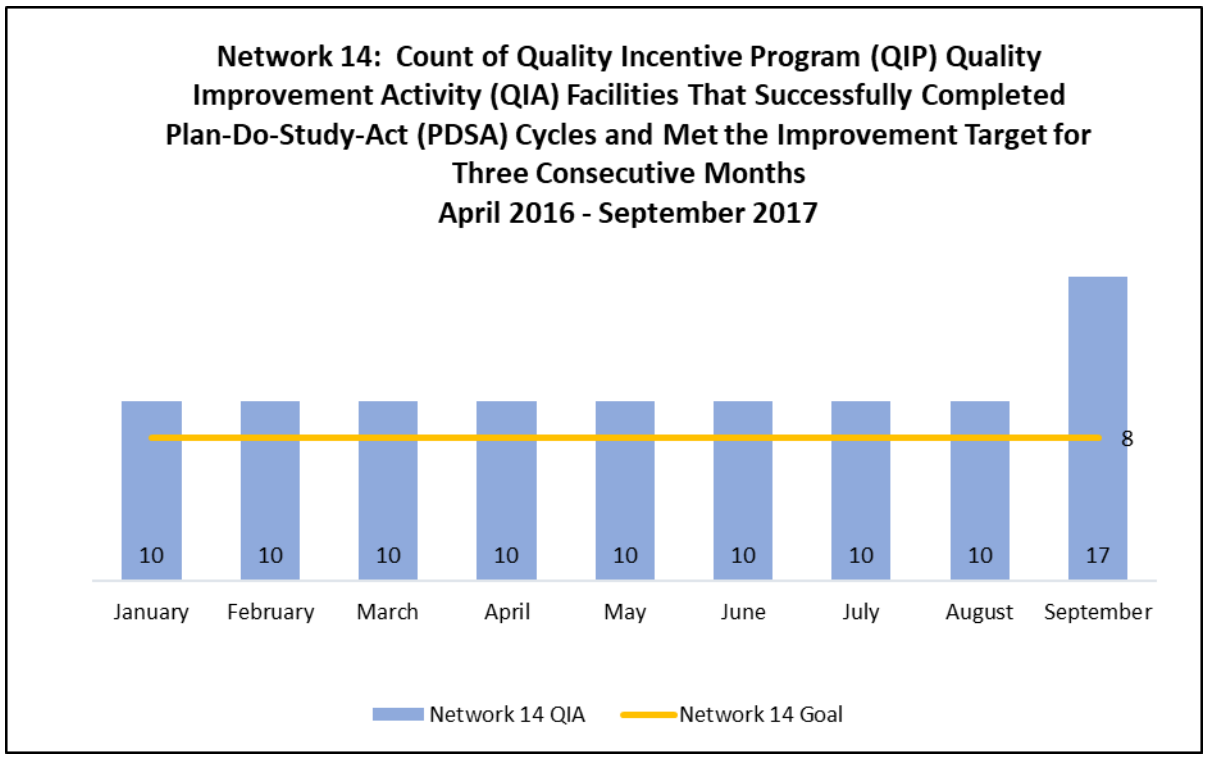
Population Health Focused Pilot Projects Quality Improvement Activity

In 2017, Network 14 continued to collaborate with in-center hemodialysis facilities to promote home modality education and referrals. The Network worked with 24 focus facilities in Texas selected with referral rates equal to or less than 75%. The project baseline was 13.9%; there was also a gap between Hispanic and non-Hispanic patients of 7.5 percentage points. The goals outlined in the statement of work were to increase referrals 5 percentage points (from 13.9% to 18.9%) and decrease the disparity by 1 percentage point (from 7.9 percentage points to 6.9 percentage points).

The project ran from February 2017 through September 2017 and included the implementation of the six CMS attributes: Boundarilessness, Customer Focus, Unconditional Teamwork, Rapid Cycle Improvement, Sustainability, and Innovation. The Home Referrals QIA incorporated all six attributes throughout the contract year via six phases of interventions and two separate project tracks. The facilities were separated into two separate tracks determined by their performance during the base year. Group A consisted of facilities that were below the average focus facility home referral rate of 13.9% identified in Q2 and Q3 of 2016. Group B included facilities with referral rates above the focus facility average achieved at the end of the baseline year. The facilities in Group A were required to complete all six phases of the project. The phases included: Project Introduction, Facility Patient Representative (FRP) Recruitment, Root Cause Analysis (RCA), Discussion Groups (DGs), Educational Campaigns, and Sustainability. Group B was required to complete three to four of the six phases by excluding the FPR Recruitment, RCA, and DGs. The facilities were also required to attend three Advance Renal Education Program (AREP) webinars on home therapies.

The project facilities had a mean baseline referral rate of 13.9%. By September 2017, project facilities referred 49.5% of their patients for a home modality, far exceeding the five percentage point project improvement goal set by CMS and the Network, which was greater than or equal to 18.9%. The disparity gap was 7.5 percentage points at baseline, and by September 2017 was at -8.7 percentage points.

Promoting teamwork among staff and patients and one-on-one calls with Network staff helped facilities identify and address barriers they hadn't considered. Project goals were added to QAPI meetings by targeting pre-dialysis patients for home modalities and sharing success stories. Patients who had been interested in home modalities, but could not gain family support, invited their family to lobby days on home modalities and are now exploring PD as an option. Including PD nurses in monthly facility team meetings, to discuss patient referrals, led to four facilities recruiting a new FPR. In addition to these examples, the following best practices were implemented as a result of this project: Network standardized quarterly contact forms and building in sustainability throughout the QIA that resulted in a measurable increase of sustainable practices.



Source of data: October 2017 ESRD Network Dashboard

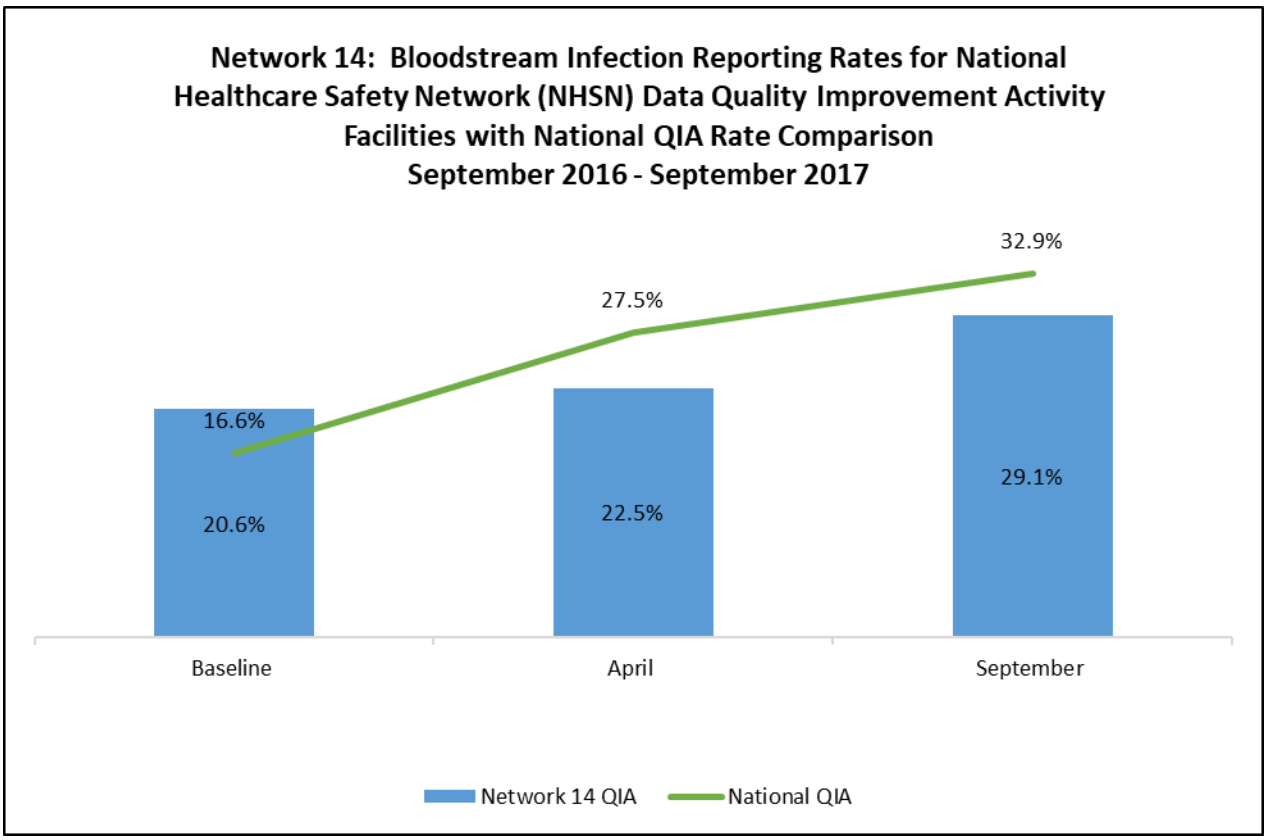
Quality Incentive Program Quality Improvement Activity

The Hypercalcemia Quality Improvement Activity (QIA), Taking Care, focused on ten facilities with the lowest Quality Incentive Program QIP scores on the Hypercalcemia measure within the Network's service area. The goal of each facility was to achieve a 25% improvement from their baseline, amongst patient suffering with hypercalcemia. Hypercalcemia is defined by CMS as an uncorrected serum calcium > 10.2 mg/dL.

During this project, the ten facilities completed a patient engagement activity in April during Patient Experience Week (04/24/2017-04/28/2017). The staff reviewed fourteen Motivational Interviewing Strategies and Techniques: Rationales and Examples with their Facility Patient Representative (FPR) or another engaged patient. Together they determined the best methods to communicate hypercalcemia education with other patients in the clinic. Afterwards, the staff member implemented the selected strategy with another patient in the facility with hypercalcemia. Once this was completed, facilities reported back to the Network the results of their efforts. The Top 3 Motivational Interviewing Methods used and recommended by staff and patients in the QIP QIA were: Open-Ended Questions, Reflective Listening, and Exploring Importance and Confidence.

Initial root cause analysis was conducted one on one with each facility by reviewing their patient population in 2016. Plan, Do, Study, Act plans were then implemented that were tailored around their identified barriers. Monthly review of the facility's hypercalcemia rates from Arbor Research was compared to self-reported data by the facility for a more accurate view of the patients for directed interventions. An effective combination of educational webinars, a focus on individual successes and working through identified barriers and challenges allowed facilities to reduce their hypercalcemia rates by the end of the project.

At the beginning of the QIA, all ten facilities had Hypercalcemia rates greater than the CMS ESRD QIP PY2019 achievement threshold of 4.24% of patients. By the end of the QIA, nine out of the ten facilities had Hypercalcemia rates less than the QIP PY2019 threshold of 4.24% and overall as a group reduced their rates by a mean of 4.77 percentage points with three facilities achieving a 0% Hypercalcemia rate.



Source of data: September 2017 NHSN (National Healthcare Safety Network)

National Healthcare Safety Network Data Quality Improvement Activity

The goal of the NHSN Data Quality QIA (Culture Exchange) was to increase facility reporting of BSIs among dialysis patients that are identified within one calendar day following a hospital admission. The Network selected 22 dialysis facilities to improve communication and ensure appropriate, sufficient and timely information exchange between the hospitals and dialysis facilities. The Network also identified five hospitals that receive patients from these 22 QIA facilities.

The 22 target facilities possessed a 20.6% baseline rate of positive blood cultures collected in hospitals and/or Emergency Departments. The project goal was to demonstrate a 1 percentage point increase over baseline in the percentage of BSIs reported in NHSN that were identified within one calendar day following a hospital admission. Target facilities exceeded the goal with a rate of 29.1% by the end of project year 2017.

During the project the Network partnered with Texas Medical Foundation's Care Coordination Community Coalition which hosted meetings for care providers about transition of care issues. All 22 project facilities were invited to attend to network and voice their concerns about obtaining information from hospitals during transitions of care. Based on discussions at the meeting, providers felt there was a breakdown in communication. There was also discussion regarding common barriers and nephrologists' expectations as to how the care coordination community coalition stakeholders could better understand the challenges of dialysis, and renal disease patients.

Plan Do Study Act (PDSA) reports showed that the majority of facilities implemented hospital communication policies, procedures, and/or processes that were already in place but were not being followed or not understood by staff.

- 6 facilities initiated a new process for retrieving positive blood cultures from hospitals and reporting results in NHSN.
- 18 facilities revised and/or enforced an already existing process to retrieve positive blood culture information from hospitals and report results in NHSN.

After a thorough review of the NHSN data facilities submitted each month, we determined that a more rigorous monitoring system from the Network was necessary to ensure facilities complied with QIA project requirements. The QIA plan maintained the 2016 recommendation that facilities have two staff members NHSN trained and maintain active access. By the conclusion of the QIA, the Network increased NHSN user participation among the facilities, with 19 facilities reporting having a second staff member trained and with NHSN access.

ESRD NETWORK RECOMMENDATIONS

Facilities that Consistently Failed to Cooperate with Network Goals

Provider participation in the Network service area is monitored throughout the year for compliance with activities specified in the Network's CMS contract and for performance on quality measures. Facilities that fail to comply with Network requests have the potential to be placed on the Network Watch List, and subsequently may be referred for sanctions by CMS. Networks may recommend that sanctions or alternative sanctions be imposed on facilities that do not cooperate in meeting Network goals or the ESRD Conditions for Coverage.

In 2017, no facilities were referred to CMS for sanctions. However, there were facilities that struggled to maintain expected levels of participation in ESRD Network 14 goals. The Network Watch List was successful in reducing the number of facilities placed on the Network Watch List from 14 to five facilities with a five day deadline to conduct/submit delinquent project deliverables. Five Medicare-certified providers did not fully participate in one or more designated QIAs and failed to complete and submit project deliverables by the given QIA deadline despite a written, verbal notice; thus they were placed on the Network Watch List. This process entailed sending the facility leadership a letter that detailed the reason the facility was being placed on the Network Watch List, the actions required to be removed from the Watch List, and consequences if those actions were not completed within five business days from receipt of the letter. The letter was copied and sent to the facility's Administrator and a corporate leader (if applicable) as well as the CMS Contracting Officer's Representative for ESRD Network 14.

ESRD Network 14 strongly believes in fostering partnerships with the dialysis facilities in Texas to meet and exceed the Network goals established by CMS to support HHS and CMS national improvement goals and priorities. While ESRD Network 14 has always valued a collaborative, collegial approach, in 2016 we initiated the Network Watch List to address ongoing failure of facilities to fully participate, complete projects and achieve project goals, despite outreach to corporate levels.

Recommendations to CMS for Additional Facilities

Although the Network has no official role with CMS in the approval process for new or expanded facilities, it does monitor and review overall capabilities in the state. The Network continued to receive contacts during 2017 from patients who stated that they were experiencing difficulty locating a facility after being involuntarily discharged due to actual harm or threats of harm to others, ongoing disruptive behaviors, or non-adherence to physicians' orders. Upon Network investigation, many of these patients who were discharged had been provided adequate opportunities to correct the offending action prior to dismissal.

ESRD Network 14 continued to observe the disturbing practice of discharges due to treatment non-adherence. Physicians may, and sometimes do, discharge patients from their practices, and, when no other admitting physicians will accept the patients, involuntary discharges from the dialysis facilities result.

In other cases, such as those involving physical aggression, the patients are dismissed prior to acceptance to other facilities. 108 patients received an Involuntary Discharge (IVD) in 2017, of which 29 were due to immediate and severe threat and 13 due to disruptive behavior. When this occurs, patients often experience rejection from facilities under the same physician or corporate group and other providers. In 2017 the Network had 22 such patients representing failure to place cases. These patients must rely on hospitals to provide treatment on an emergency basis until new facilities are located.

The Network recommends that CMS encourage innovation by fostering the establishment of special needs dialysis facilities in the major metropolitan areas to serve displaced patients who require chronic dialysis yet do not have a chronic provider. It is anticipated that these special needs facilities would require at least the following special services to meet the needs of this population of patients:

- Security guards and metal detectors
- Social workers and registered nurses on staff whenever patients are dialyzing
- Lower patient care staff to patient ratio
- Higher hourly pay rate for all staff (high risk/hazardous pay)
- Psychological counseling on site

These additional services would certainly inflate the cost of delivering services to this population, which would require a higher reimbursement rate for such facilities; however, it is highly likely that these centers would prevent a multitude of emergency department treatments and hospitalizations that would produce a net savings for the Medicare Program. Establishment of these special needs facilities could be fostered through:

- A CMS-sponsored demonstration project, implemented through the Center for Medicare & Medicaid Innovation (CMMI)
- Higher reimbursement rates for initial set up of facilities enrolled in ESRD Seamless Care Organization (ESCO) programs

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

Emergency Preparedness Response

On August 26, 2017, the Texas Gulf coast was hit by the most powerful hurricane in over 12 years. Hurricane Harvey made landfall on the Texas coast not only once, but twice. The Network began alerting coastal facilities of the approaching storm 120 hours prior to landfall. The Network activated the Texas ESRD Emergency Coalition (TEEC) steering committee on August 24, 2017, and activated the emergency command center on August 26, 2017. The command center was staffed by Network 14 staff and over 80 provider volunteers until September 2, 2017. More than 260 dialysis centers and 18,000 dialysis patients in the coastal cities of Texas were directly impacted by Hurricane Harvey. Facilities outside of the direct impact zone experienced medical surges, with some facilities dialyzing more than 100 transient and evacuee patients. During the peak storm times we experienced about half of all of the coastal facilities being closed or inoperable. Facilities were not only closed due to storm damage but also, flooded roads, lack of a working water system, and low staffing. As a result of Hurricane Harvey, 231 ESRD dialysis and transplant facilities were closed between August 24, 2017 and September 2, 2017.

Daily emergency coalition calls were hosted by the ESRD Network to assist the renal community during Hurricane Harvey. The daily calls were hosted by the Network and would not have been as fruitful if not for the TEEC. The TEEC was formed in 2006 to facilitate the provision of quality care to people with ESRD in the event of an emergency that negatively impacts the delivery of dialysis and transplant services. The TEEC consists of a diverse group of providers including regional directors, biomedical technicians, nurses, nephrologists, state emergency representatives and other ESRD professionals who helped us maintain accurate EMResource community web based records of facility closures, identify areas of need for supplies and staffing, coordinate transportation for patients needing treatment, and share a cohesive message with local emergency responders in the impacted areas. The TEEC steering committee also provided aid in staffing the command center with volunteers from dialysis corporations in the Dallas area. The Network also relied heavily on the collaborative efforts of dialysis organizations, rescuers such as the Cajun Navy, and third party partners such as HealthCare Ready. The ESRD Network identified and coordinated with federal, state, and local resources to support patients during daily calls. By utilizing EMResource, the Texas ESRD Emergency Coalition (TEEC), local, state, and national resources, patient placement and ensuring needed resources for our patients was performed daily in the command center.

The command center and Network staff processed over 700 calls from dialysis patients, family members, friends, renal professionals, as well as emergency disaster management organizations and hospitals with the primary objective of arranging needed dialysis for patients and protecting patient safety.