



END STAGE RENAL DISEASE  
**NETWORK 8, INC.**

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# ESRD Network 2019 ANNUAL REPORT

ESRD Network 8  
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## **ESRD DEMOGRAPHIC DATA**

Network 8, Inc. is a subsidiary of Alliant Health Solutions, a corporation that also holds seven Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contracts as well as the End Stage Renal Disease (ESRD) Network 14 contract. The two ESRD Networks comprise the Alliant Quality Kidney Collaborative (AQKC) and rely on the corporate partnership for daily administrative, human resources, and information technology services. The AQKC partnership facilitates rich collaboration and increased efficiencies for both Networks' quality improvement and patient engagement activities.

Network 8 serves dialysis and transplant patients and providers in the states of Alabama, Mississippi, and Tennessee, with the administrative office located in Ridgeland, Mississippi. Administrative guidance is received from the Corporate Governing Body (CGB), program oversight from the Medical Review Board (MRB), and project development advice and consultation from patient subject matter experts who form the Patient Advisory Council (PAC) and ESRD professionals who serve on the Network Council.

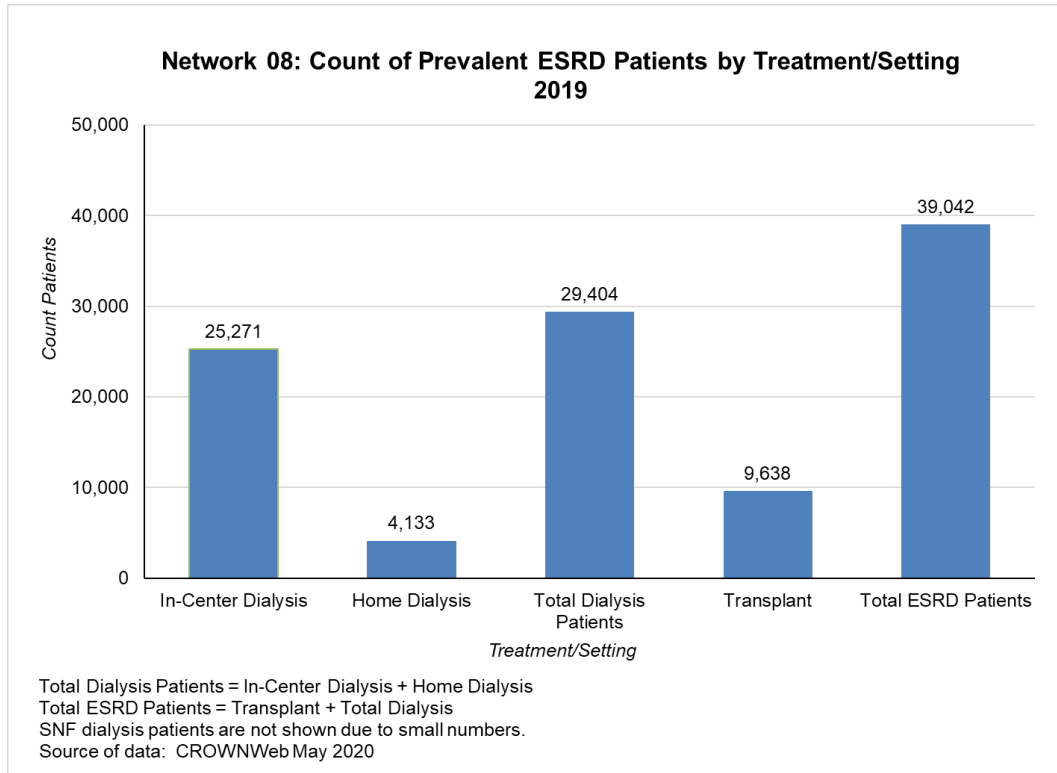
The Network area has a population of approximately 14.6 million. Alabama and Mississippi share more geographic, climate, population, and cultural similarities with each other than with their neighbor to the north, Tennessee, which has more topographic and demographic diversity, and shares boundaries with eight states. Mississippi is the most rural of the three states, followed by Alabama and Tennessee.

In 2019, 17 new Medicare-certified dialysis facilities opened in the Network service area and five Medicare-certified dialysis facilities closed, bringing the total number of facilities to 481. Eighty percent of the dialysis facilities in Network 8 are managed by a Large Dialysis Organization (LDO). While the remaining 20% are managed by a small dialysis organization or an independent organization.

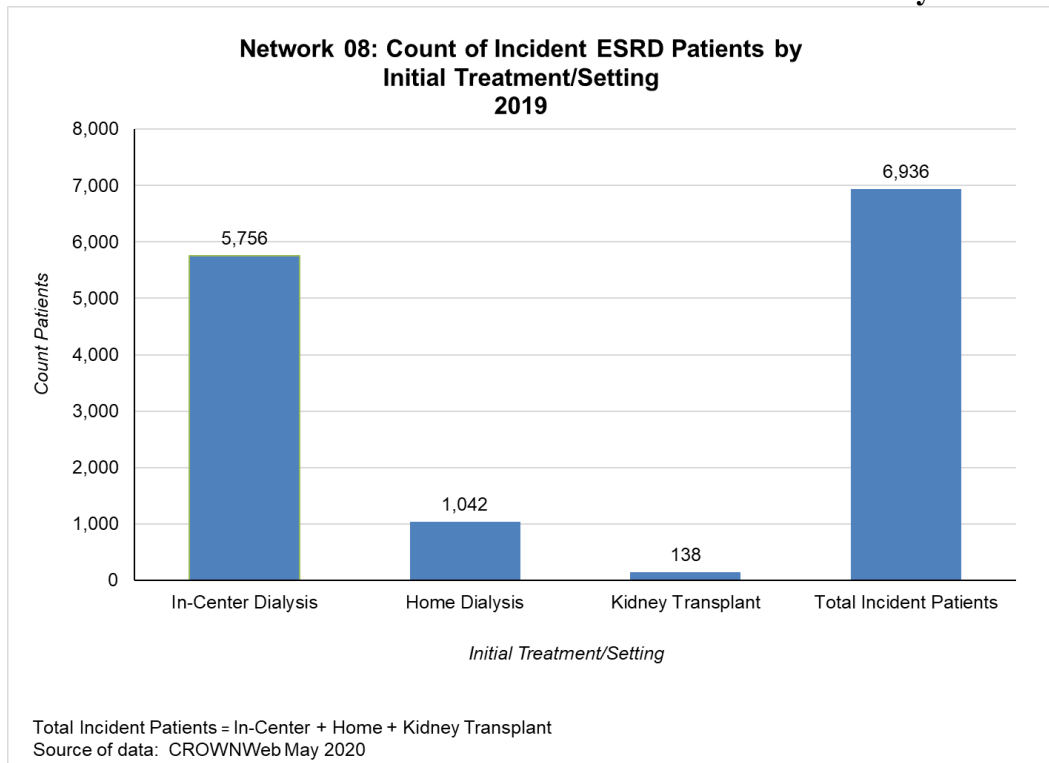
As of December 31, 2019, Network 8 served 25,271 in-center patients and 4,133 home patients who received renal replacement therapy from one of 481 dialysis units. There were an additional 9,638 kidney transplant patients who received care at one of 10 transplant units, bringing the total Network 8 ESRD population to 39,042. By modality type, 65% of total ESRD patients received in-center dialysis, 10% dialyzed at home, and 25% had a kidney transplant. As of December 31, 2019, a total of 11,931 patients were receiving dialysis services in Tennessee, 10,126 in Alabama and 7,772 in Mississippi.

In 2019, Network 8 collaborated with the PAC, a diverse group of subject matter experts who represent the demographic characteristics of ESRD patients in the Network's service area. The PAC was instrumental in identifying the needs of patients and opportunities for provider education. The Network partnered with patients, dialysis facilities, transplant facilities, and other stakeholders to implement interventions to address disparities and barriers highlighted in this report.

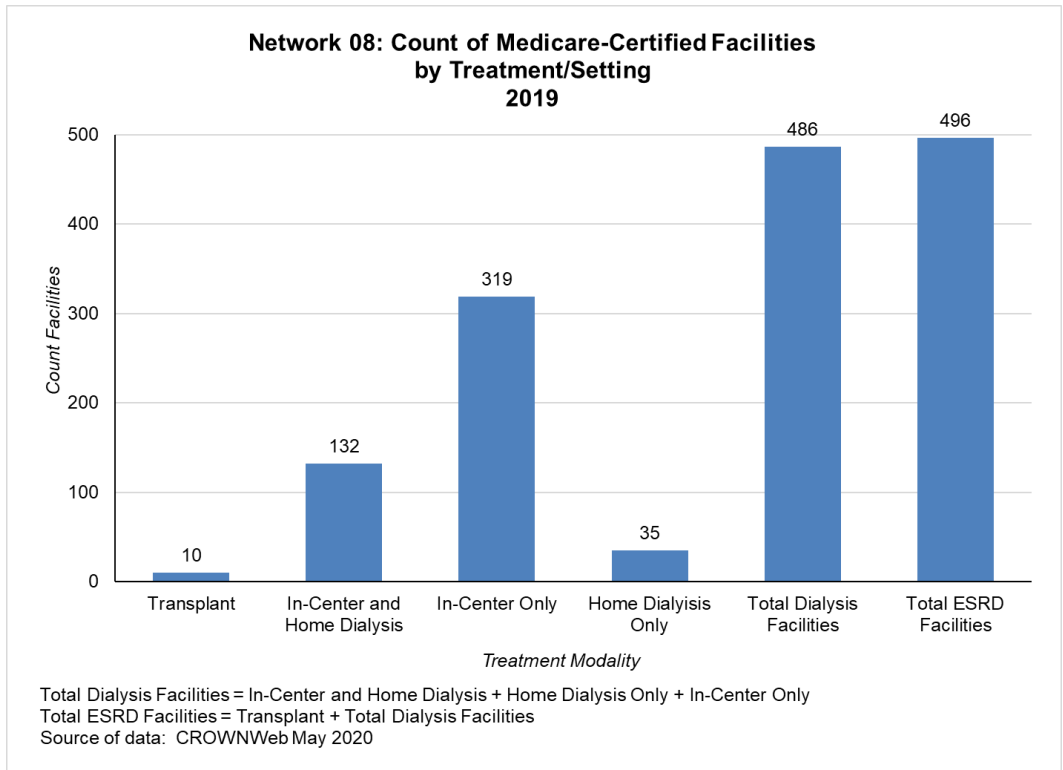
**Figure 1- Number of Patients Treated in Network 8 Service Area as of December 31, 2019 by Treatment Modality**



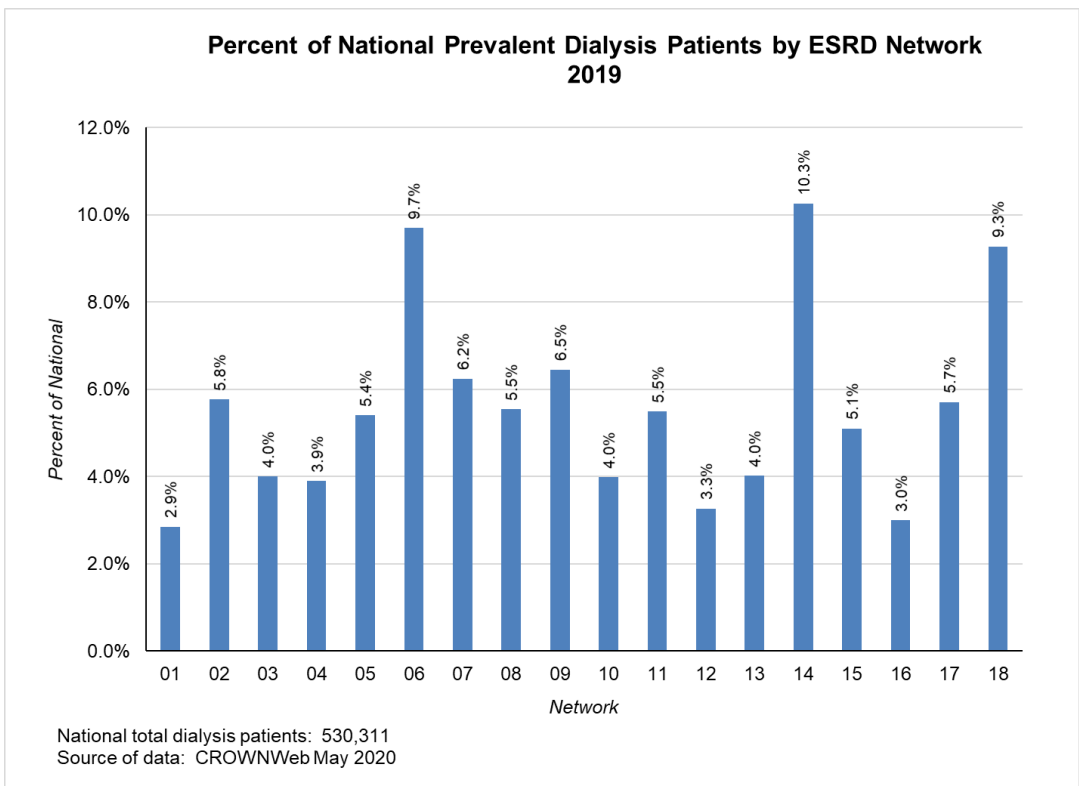
**Figure 2- Number of Incident Patients in the Network 8 Service Area by Treatment Type**



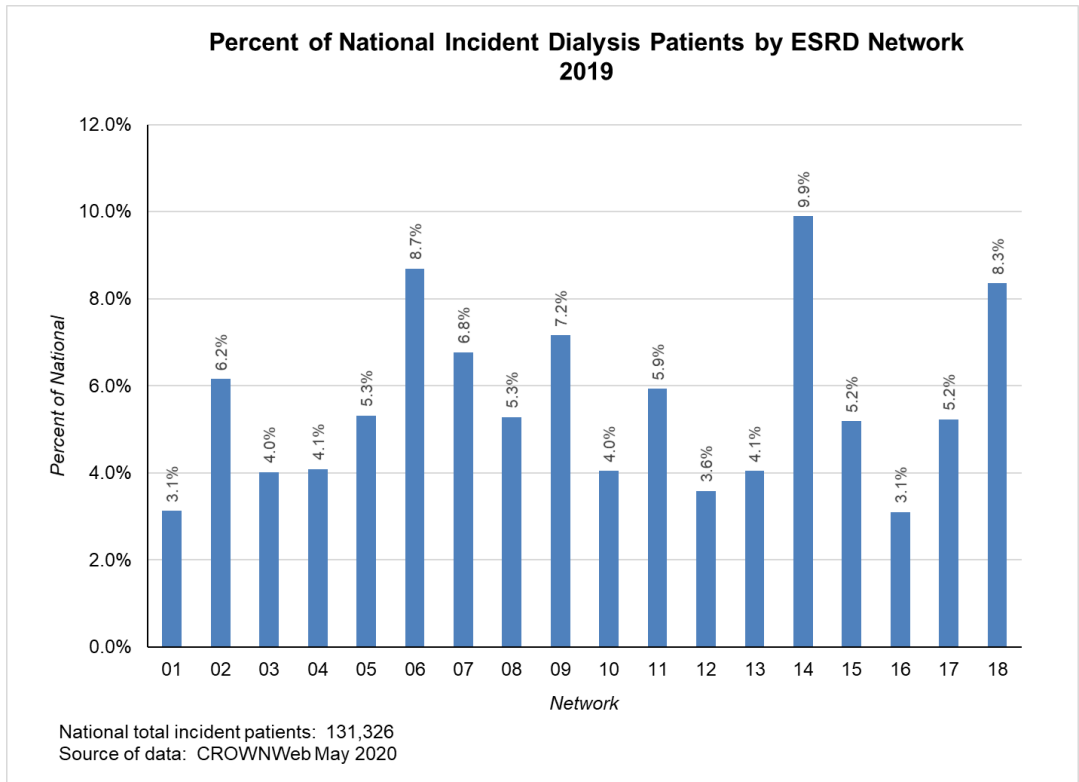
**Figure 3- Number of Facilities in the Network 8 Service Area by Treatment/ Setting**



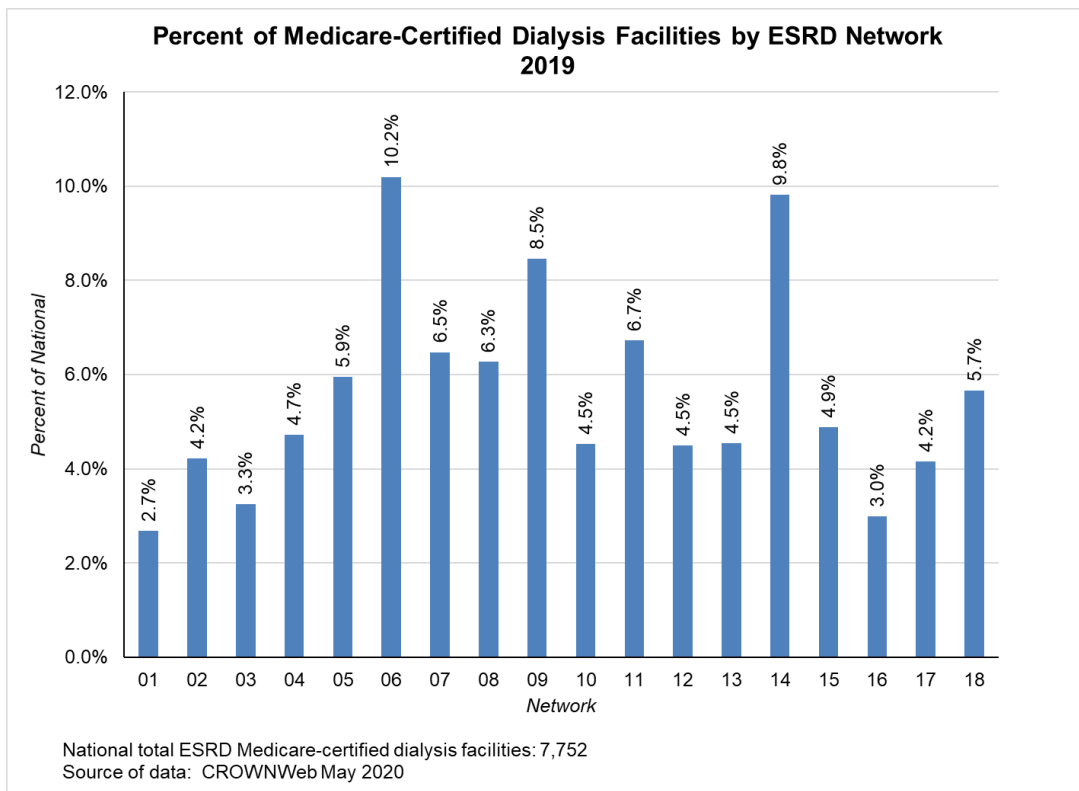
**Figure 4-Percent of National Prevalent Dialysis Patients by ESRD Network in 2019**



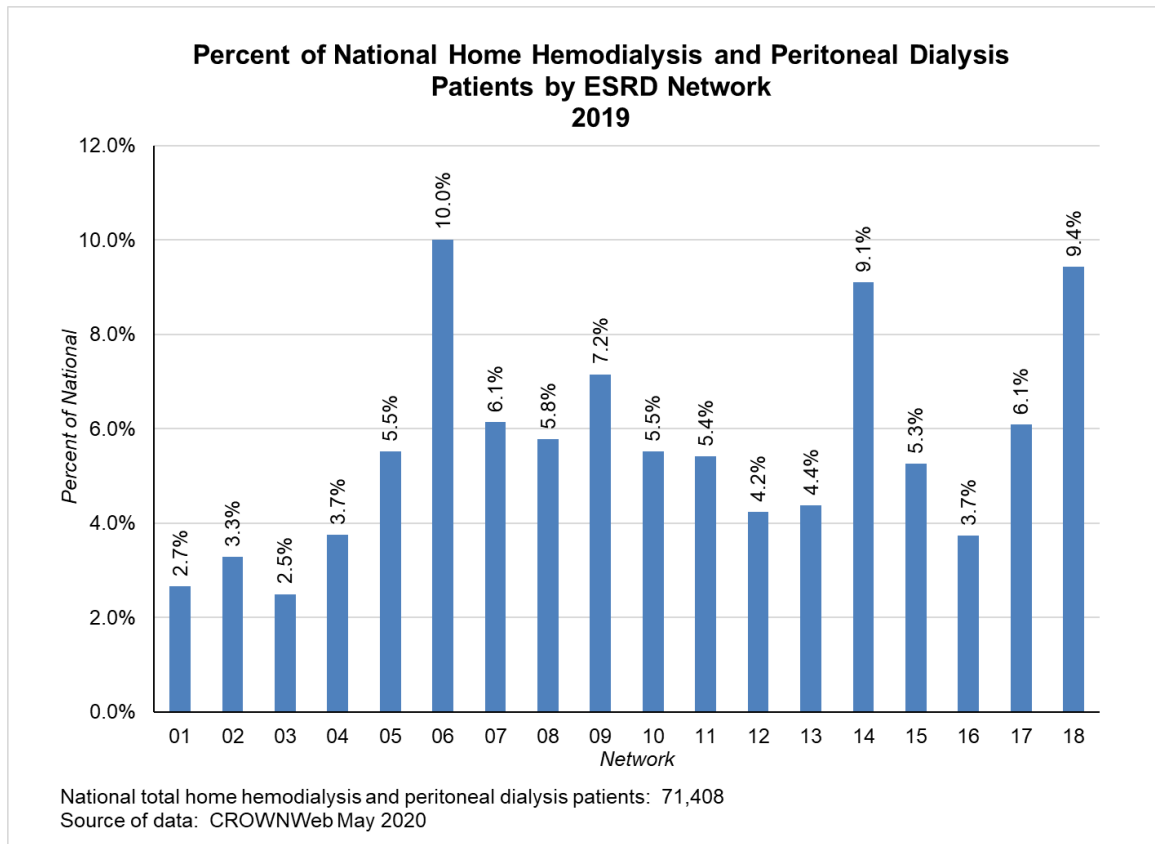
**Figure 5- Percent of National Incident Dialysis Patient by ESRD Network in 2019**



**Figure 6- Percent of Medicare-Certified Dialysis Facilities by ESRD Network in 2019**

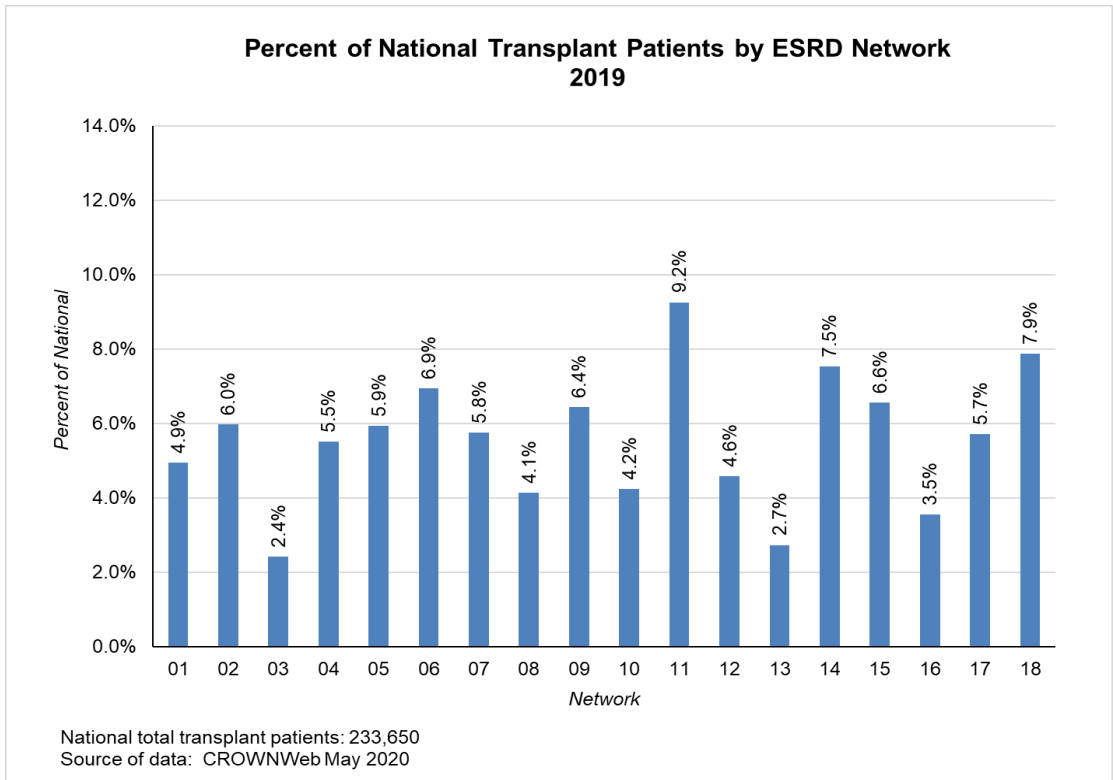


**Figure 7- Percent of National Home Hemodialysis and Peritoneal Dialysis and Peritoneal Dialysis by ESRD Network in 2019**

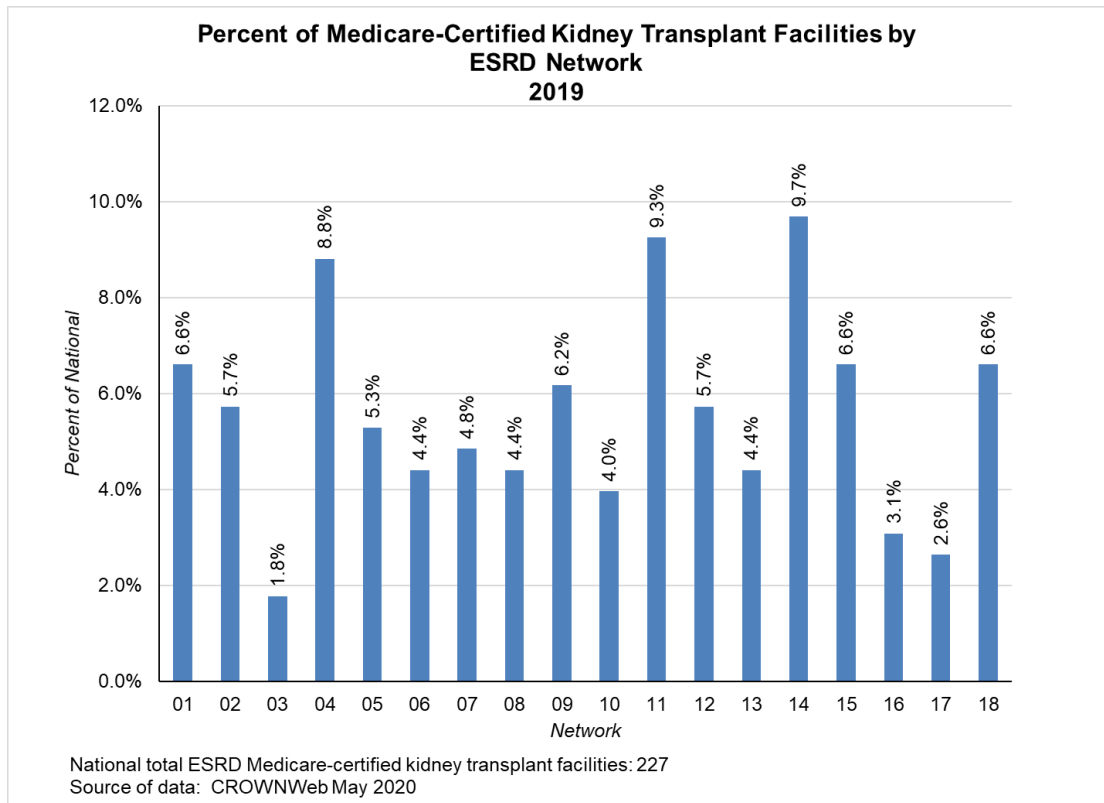




**Figure 8- Percent of National Transplant Patients by ESRD Network in 2019**



**Figure 9- Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network**





## Grievance Quality Improvement Activity

### Grievances

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. In 2019, the Network received and investigated 87 grievances, compared to 45 in 2018. In 2018, the Network conducted outreach to patients and providers to promote education about the Network's role to address patient grievances. Upon resolution of a grievance, patients and patient representatives filing a grievance with the Network are contacted by a third party to complete a grievance satisfaction survey detailing their experience with the Network during the grievance process. CMS' goal for Networks is to achieve and maintain a grievance satisfaction score of 80% or greater. Network 8 exceeded the goal with a satisfaction score of 80.93% which is the third highest score of all Networks.

To improve the grievance satisfaction score, the Network conducted a root cause analysis (RCA) and revised the internal process to address identified problems. The two primary problems identified from the RCA were understanding patient rights and responsibilities and customer service provided during phone calls with the grievant.

### Interventions

1. A Network staff member, who did not investigate the initial grievance, contacted the patient or patient representative at the conclusion of the grievance process to discuss resolution and patient satisfaction. This approach allowed the Network to identify any additional concerns that needed to be addressed and any positive feedback about their experience with the grievance process.
2. The Patient Services staff completed learning activities to improve communication and delivery of customer service.
3. When grievances were closed, a memorandum was mailed to patients in conjunction with the grievance summary letter. The memo provided an overview of patient's rights and responsibilities, a reminder to complete the grievance satisfaction survey, and instructions on how to obtain more information about the Dialysis Patient Grievance Toolkit.

All grievances are classified into one of three categories: Immediate Advocacy (IA), General, or Clinical Quality of Care (CQOC). Of the 87 patient grievances, a majority were addressed using Immediate Advocacy ( $n=39$ ). IA cases are simple, generally non-quality of care cases that can be addressed in seven calendar days or less. Network 8 investigated 36 General Grievances. A General Grievance does not entail clinical quality of care issues, but this category is more complex than an IA grievance. The timeframe for a General Grievance is 60 calendar days. Twelve grievances were classified as CQOC grievances. These grievances allege that a facility did not meet professionally recognized standards of care and require a clinical review of documentation by a registered nurse. CQOC grievances are generally resolved within 60 calendar days.

## **Access to Care**

Network 8 collaborates with individual patients and facility staff to identify and address barriers to obtaining or maintaining patient's dialysis treatment. Access to care cases may be presented to the Network in the form of a grievance or an at-risk access to care case initiated by facility staff, an ESRD patient, and/or an ESRD patient representative. These situations occur when the patient is at-risk for involuntary discharge (IVD) or after the patient has been discharged from a facility. An IVD is a discharge initiated by the treating dialysis facility or nephrologist without the patient's consent. All dialysis facilities in Network 8's service area have been advised to notify the Network prior to providing the patient with a 30-day notice of IVD, and efforts are made to avert the discharge during an initial phone call with facility staff. The initial phone call consists of a review of facility interventions to improve the behavior and development of a detailed action plan.

There was a total of 275 documented phone calls in 2019. Of the documented calls received by the Network, there were 31 at-risk access to care cases, in which a patient was deemed at-risk for IVD. The Network provided educational interventions to staff to circumvent IVD for the 31 patients at-risk. Of those cases identified as at-risk for IVD, seven (23%) were averted. The 24 involuntary discharges that occurred were categorized as immediate severe threats ( $n=15$ ), physician discharges ( $n=8$ ), and ongoing, disruptive behavior discharge ( $n=1$ ).

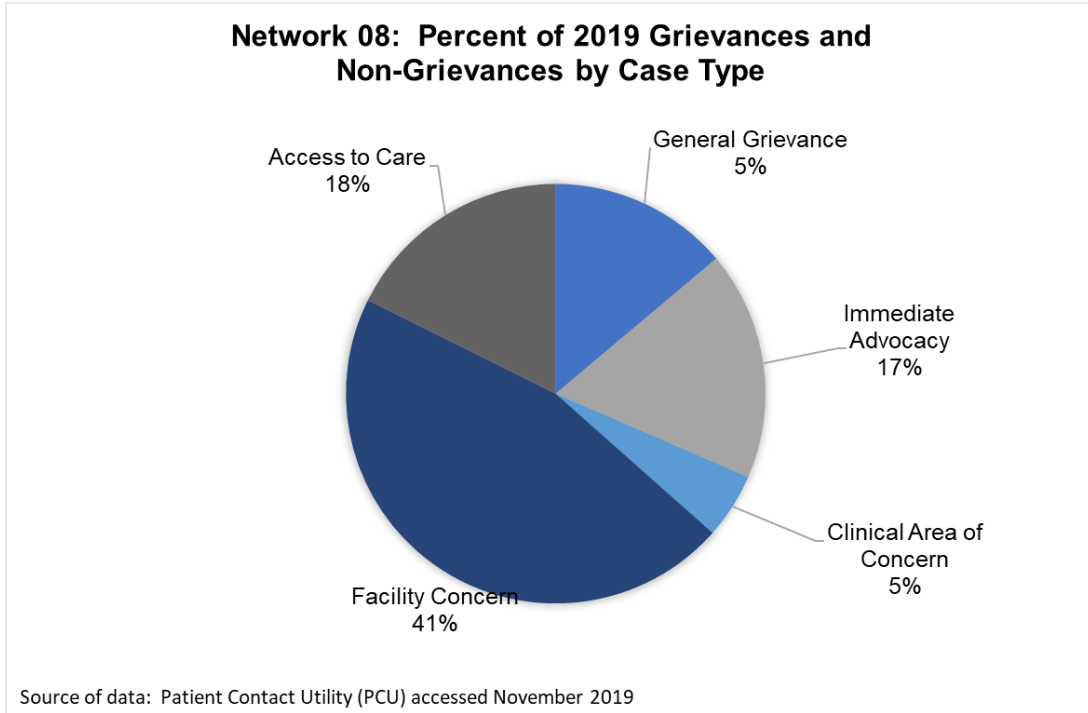
Of all calls received, there were 110 facility concerns, initiated by facility staff requesting assistance to address patient specific issues, such as mental health, nonadherence, lost to follow up, and other general inquiries.

## **Best Practice**

The Second Chance Program-90-day Trial Basis was developed in collaboration with the MRB, CGB, and PAC. It is a progressive tool that has been cultivated to address access to care issues and decrease the use of dialysis in the emergency department. The primary focus is on the population of patients who have been involuntarily discharged or those identified as failure to place. Facilities collaborate with the Network to admit difficult to place patients and receive ongoing support from the Network for 90 days. At a minimum, Network interventions include monthly contact with the patient and facility, notification to the State Survey Agency, and collaboration to develop an Expectations of Treatment agreement. If there are no behavioral issues, the patient is admitted as a permanent patient at the end of the 90 days.

Additionally, the Network shared the development of the Second Chance program with CMS and collaborated with other Networks to share the Second Chance program's process to aid in the development of similar programs across the country.

**Figure 10- Percent of 2019 Grievances and Non-Grievances by Case Type**





## Long Term Catheter Quality Improvement Activity



**Goal:** The long-term catheter (LTC) Quality Improvement Activity (QIA) was implemented with 33 facilities enrolled in the Blood Stream Infection (BSI) reduction project, as further discussed below, and reporting a LTC rate above 15%, i.e., total number of patients in the selected facility dialyzing via LTC only / total number of hemodialysis patients in the facility for July 2018. The baseline LTC rate was 18.33% (384 LTC patients / 2095 total hemodialysis patients) with a goal to decrease the LTC rate by at least two percentage points by July 31 (final data reported September 30; see following chart).

**Project Outcome:** As of July 30, 334 patients in project facilities dialyzed via LTC-only, a net loss of 50 catheters. With a total patient population of 2077 patients as of July 30, the final LTC rate of 16.08% met project goal of 16.33% or less. At that time, Network 8 had the fourth lowest overall LTC rate among all Networks.

**Barriers:** A Root Cause Analysis (RCA) was performed with all LTC QIA facilities prior to interventions. The analysis revealed the number one root cause for long-term catheter use to be prolonged maturation time of permanent access with the number two cause listed as wait time for permanent access placement. Causes three and four, respectively, are patient refusal of other access types and exhausted access sites due to previous failed vascular accesses.

**Interventions:** Monthly, CROWNWeb LTC data was reviewed by Network staff, and coaching calls were conducted to identify barriers and provide technical assistance with improvement activities as well as to learn successful strategies implemented in facilities with improved outcomes.

Facilities implemented various interventions to decrease LTC rates and ensure these improvements are sustained. Interventions included:

- Every other week review of all LTC patients with the Regional Vascular Access Coordinator
- Peer-to-peer conversations between patients with internal accesses (fistula or graft) and about importance of removing the catheter as early as possible for those with catheters
- Education of newly admitted patients by nephrologist that catheter access is a bridge to fistula or graft, not a permanent access
- Patient education on dangers of long-term catheters using pictures from Atlas of Vascular Access
- Patient education on dangers of long-term catheters using model of human heart and LTC to illustrate catheter placement
- Patient education on pain management techniques for those refusing cannulation of viable fistula or graft
- Consideration of peritoneal dialysis for patients who are unable or unwilling to have fistula or graft placement

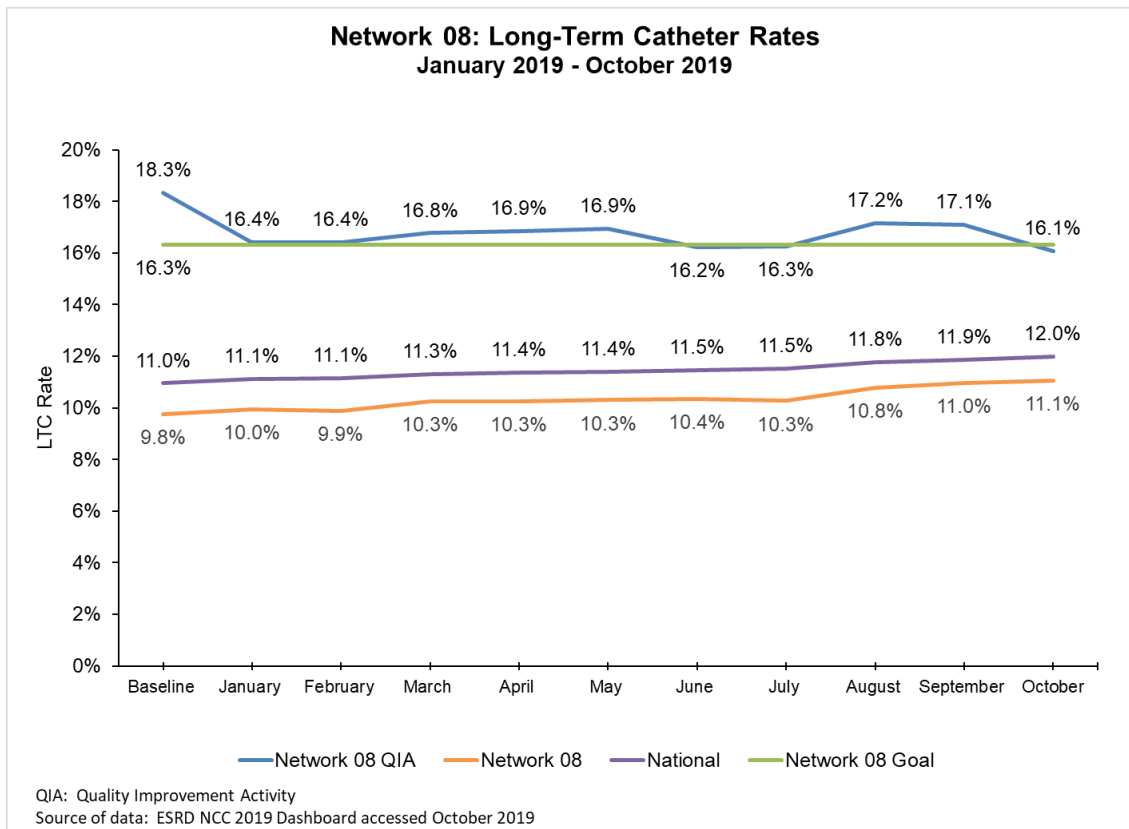
- Celebration of catheter removals with balloons or inexpensive treats such as bath puff/bath soap to emphasize freedom to shower following catheter removal

**Best Practices:** Facilities that achieved the greatest reduction of LTCs identified the following best practices:

- Review of all patients dialyzing via catheter during monthly Quality Assurance Performance Improvement (QAPI) meetings to discuss progress and next steps
- Schedule referral of new patients for vein mapping and vascular access planning within two weeks of admission
- Refer patients for vein mapping and vascular access evaluation prior to discharge from the hospital
- Collaborate with vascular access surgeon and/or staff routinely
- Provide adequate time for dedicated staff to evaluate, educate, and follow up with patients and their vascular access plan
- Provide timely patient education on treatment options and referred patients for peritoneal dialysis evaluation when appropriate
- Identify transportation needs early and enlist the social worker to help
- Provide verbal reminder of upcoming appointments at each treatment and calling the patient with a reminder the night before scheduled appointment
- Provide patient written instructions and written appointment reminders
- Enlist social worker assistance for patients who do not keep scheduled appointments
- Ensure patient care staff monitors newly created accesses for appropriate maturation and patency at each dialysis treatment
- Manage short-term catheters for new admissions to prevent prolonged use of catheter



**Figure 11: Network 8 Long-Term Catheter Rates and National Comparison**



## Blood Stream Infection Quality Improvement Activity



**Goal:** The BSI project was implemented with the selection of 50% of National Healthcare Safety Network (NHSN) eligible facilities ( $n=234$ ), with special focus placed on selected facilities ( $n=94$ ) with the highest BSI rates. The purpose was to reduce BSI rates within the focus facilities. The baseline pooled mean BSI rate was 1.10% with a goal to achieve a 20% or greater reduction (0.88%).

**Project Outcome:** Target facilities exceeded the goal with a pooled mean BSI rate of 0.47% by the end of second quarter 2019. Of the 94 facilities in the project, 76 facilities (81%) surpassed the project goal of a 20% or greater reduction in their BSI rate at re-measurement. BSI rates decreased in focused facilities on average by 0.63 percentage point, while rates increased in non-focus facilities on average by 0.07 from baseline to re-measurement. Overall, the focus group achieved a 57% reduction, while the non-focus group increased BSI rate by 18%. The QIA achieved a reduction in Any CVC (Tunneled and Nontunneled Central Line) BSIs from 229 in 2018 to 98 in 2019, preventing an estimated 131 central line associated bloodstream infections (CLABSIs).

**Barriers:** RCAs were performed by project facilities prior to implementation of monthly interventions. Commonly identified barriers were non-access related infections, catheter-related infections, access-related infections, and poor patient hygiene.

**Interventions:** Monthly, BSI data was reviewed by Network staff to assess trends. Target facilities that reported an increase of BSIs for three consecutive months were required to perform an RCA and develop an action plan addressing specific challenges identified. Facilities implemented several interventions to decrease BSI rates. Improvements in facility processes will contribute to sustained improvements in BSI rates.

Interventions included:

- Handwashing Pledge – Project facilities provided patients with a handwashing pledge to encourage commitment of washing hands and access arms before and after treatment.
- The Bread Experiment – Project facilities and patients participated in an interactive experiment where three pieces of bread were placed in zip lock bags, handled three different ways (gloved hands, clean hands, dirty hands). Facility staff and patients watched the bread grow mold and were able to clearly see that the bread handled with dirty hands grew mold the fastest.
- Sepsis materials – This included facility utilization of various resources including patient stories, CDC resources on prevention of sepsis, and rapid identification of sepsis as well as pictures of catheter infections from the Atlas of Vascular Access.
- Infection prevention games – This included an infection word search and a crossword puzzle.
- Monthly infection control audits, BSI prevention materials, Core Interventions for Dialysis BSI Prevention, Protocols, checklists, audit tools, “Preventing BSIs in

Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff’ video, and Infection Prevention in Dialysis Settings continuing education course.

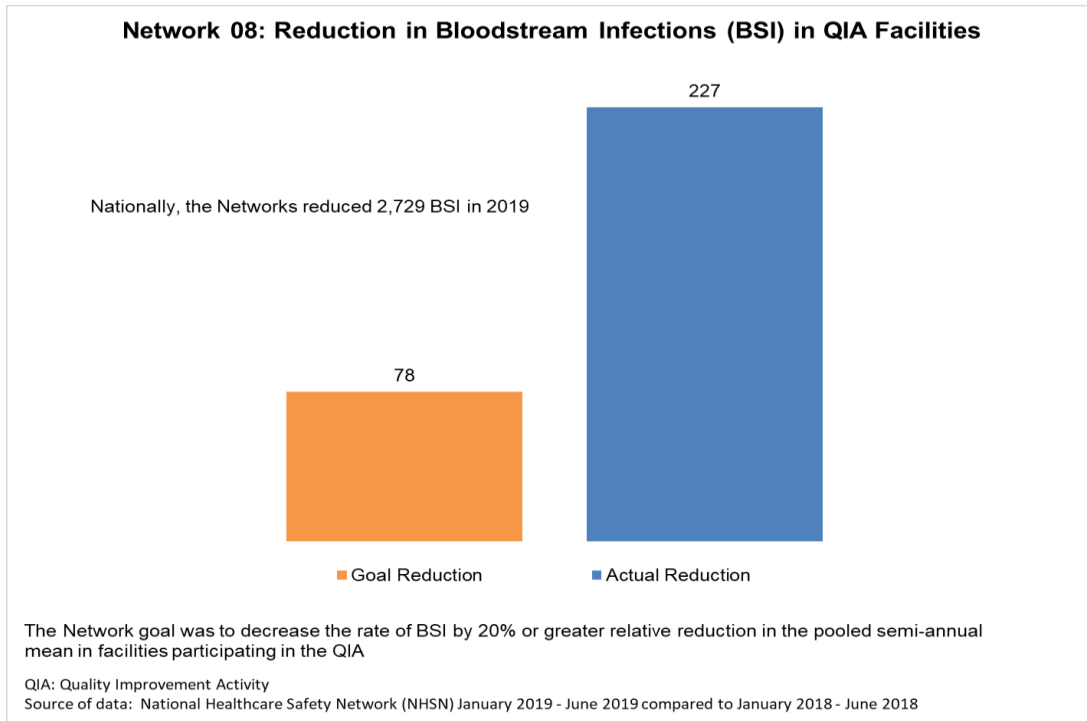
**Best Practices:** Throughout the duration of the project, the Network collaborated with facilities to identify best practices and barriers. Improvement strategies were developed and shared among the QIA facilities. RCA follow-up identified the following best practices:

- Implement Scrub the Hub to prepare catheter hubs aseptically prior to accessing the catheter for hemodialysis
- Implement Handwashing Pledge to encourage commitment of washing hands and access arms before and after treatment
- Obtain hospital portal access to acquire needed health information for continuation of care
- Utilize Tegaderm dressings to provide complete visibility of the catheter exit site
- Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing changes to help prevent bloodstream and exit site infections
- Utilize ClearGuard HD antimicrobial barrier caps to help reduce microbial colonization in hemodialysis catheter hubs and to reduce the incidence of CLABSIs in hemodialysis patients with catheters
- Wash patients’ accesses at chairside to ensure the access site is clean prior to dialysis
- Change catheter dressings at each treatment to ensure the area of the insertion site is clean and showing no signs of infection
- Utilize the Days Since Last BSI poster to report how many days since the last bloodstream infection
- Reward staff and patients for following infection control policies and meeting BSI goals

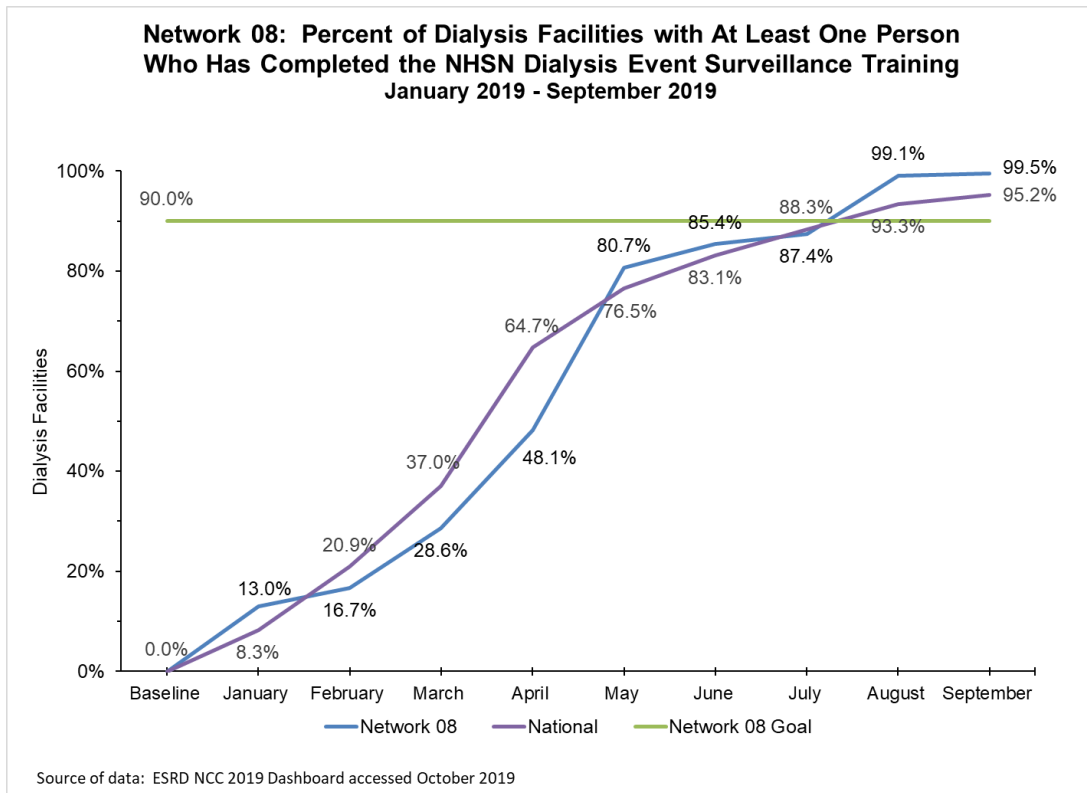
**National Healthcare Safety Network (NHSN):** All in-center hemodialysis units are eligible for and required to enroll in NHSN, the CDC’s healthcare-associated infection tracking system. Home dialysis programs are not eligible for NHSN enrollment. NHSN-eligible facilities in the Network’s service area (432) were supported in the completion of the online annual NHSN Dialysis Events Surveillance Training. The baseline was 0.0%, with a goal to achieve 90% or more of facilities completing the training. Facilities exceeded the goal with a rate of 99.53% by the end of second quarter 2019.

**Health Information Exchange (HIE):** Assistance was provided to all BSI QIA facilities ( $n=234$ ) to join a HIE or another evidence-based highly effective information transfer system (i.e., hospital portal access). The baseline was 0.0%, with a goal to achieve 20% or more facilities obtaining hospital portal access. Facilities exceeded the goal with a rate of 40.17% by the end of second quarter 2019. Interventions included developing a hospital portal access form that effectively demonstrated how dialysis facility accessibility to a hospital portal is beneficial to patient information sharing and coordination of care.

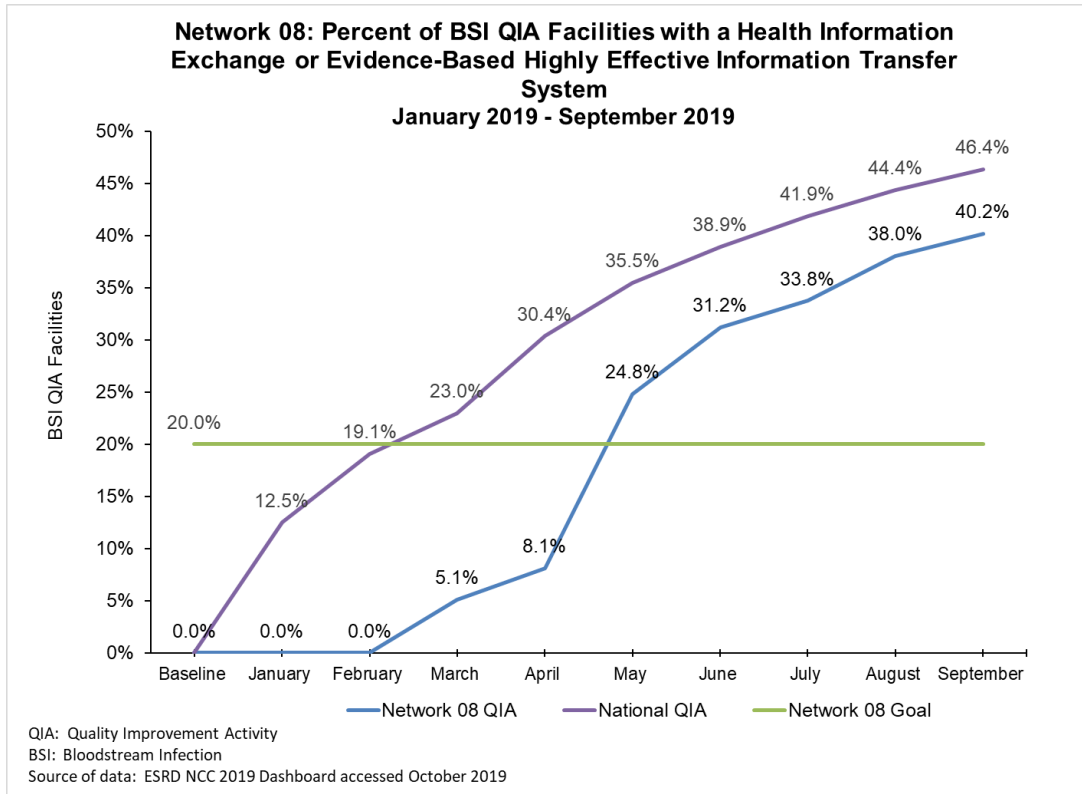
**Figure 12- Network 8 Reduction in Bloodstream Infections in QIA facilities**



**Figure 13-Percent of Facilities in the Network 8 Service Area That Had One Staff Person Complete NHSN Training**



**Figure 14- Percent of Network 8 BSI QIA Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System**



## Transplant Waitlist Quality Improvement Activity



**Goal:** In 2019, the Network was tasked with increasing the number of patients added to the kidney transplant waitlist by two percentage points for 140 facilities enrolled in the Transplant QIA. The average monthly waitlist rate addition for each QIA facility was calculated based on waitlist additions during the previous 5-year period; rates were calculated based on open months for facilities in operation for less than five years. Using this methodology, individual facility goals for transplant waitlist additions ranged from 1 patient to 19 patients, with an overall Network 8 goal of 399 new additions to the transplant waitlist during the nine-month performance period from January to September.

**Project Outcome:** The NCC provided baseline and monthly data to the Network. As of September, 332 patients had been added to the waitlist by project participants. The QIA facilities demonstrated an improvement in monthly referrals compared to non-QIA facilities. Average monthly waitlist additions for the QIA participant group (140 facilities) improved by 26.12% (from 29 additions per month to 37) while the non-QIA participant group (325 facilities) improved by 5.28% (from 82 additions per month to 86). Though no Network met the two-percentage point QIA goal, Networks improved by 1.5 percentage points on average (meeting 74% of goal); Network 8 improved by 1.6 percentage points, the fifth highest improvement rate of all Networks.

**Barriers:** Participant facilities were asked to complete a standardized RCA worksheet developed by Network 8 as a first step in the QI activity. The overall top three barriers for transplant were the same for all three states: obesity, incomplete or prolonged transplant work-up and non-compliance with dialysis, with obesity ranked as number one for Alabama and Tennessee and non-compliance ranked as number one for Mississippi.

**Interventions:** Patient and staff education materials were distributed monthly through September. In addition to written materials, Network 8 hosted transplant workshops in Jackson, Mississippi; Nashville, Tennessee; and Birmingham, Alabama bringing transplant staff together with dialysis facility staff to address identified barriers and discuss practices to improve transplant outcomes. Additionally, transplant patients and a transplant donor participated in the conferences to share transplant experiences. QIA facilities were also asked to participate in every other month LAN webinars hosted by the ESRD NCC and featuring speakers from both transplant and dialysis centers. Commonly employed interventions included:

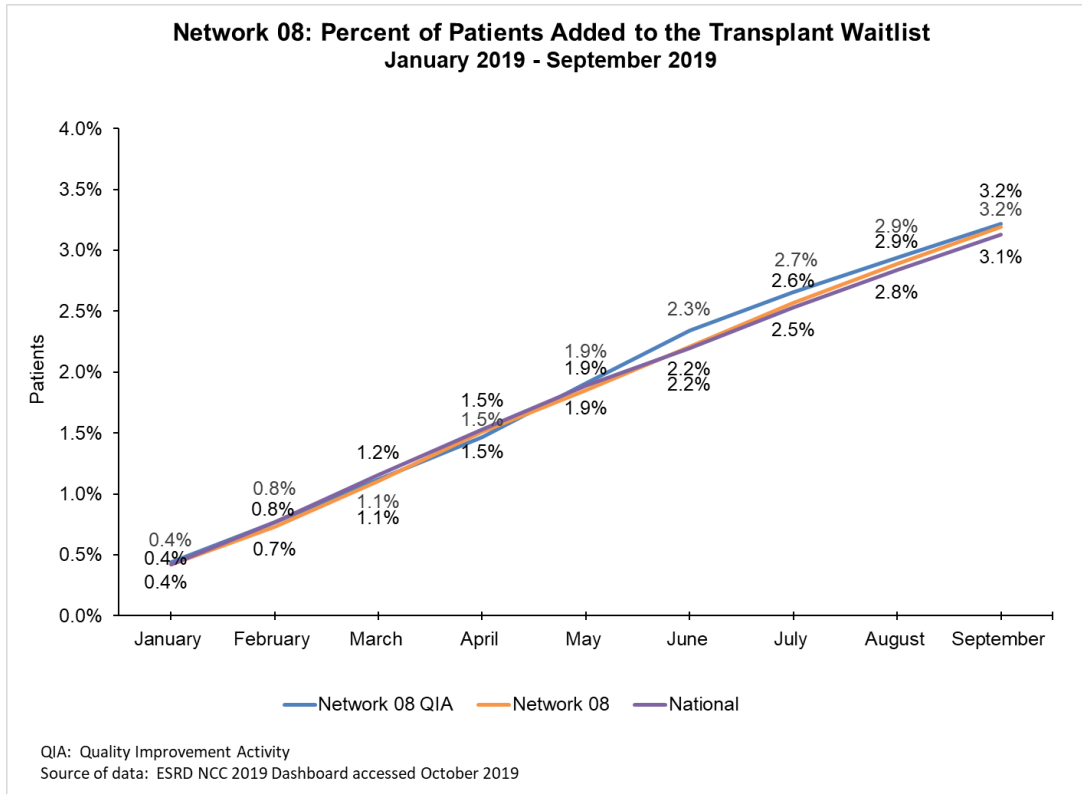
- **Peer-to-Peer Education** - Facilities identified a patient who successfully completed the transplant referral process, some of whom were transplant recipients, to serve as a mentor and educator to peers.
- **Facility Level Lobby Days** - These events provided an avenue for transplant facilities and transplant recipients to speak with potential candidates about the transplant process. Lobby days helped provide education to patients and staff as well as address barriers. Implementing lobby days assisted with improving communication between dialysis and transplant facilities and between dialysis facility staff and dialysis patients.

- **Transplant Champion Handbook - Transplant Coordination: What You Need to Know** - This was a comprehensive resource to prepare staff to educate patients about transplantation. The content included information about the kidney allocation system, multiple listing, organ procurement agencies, and the individual transplant facility criteria for the facilities in the Network 8 service area. The handbook served as a tool to increase staff knowledge about transplantation.
- **NCC Transplant Learning and Action Network (LAN) calls** - All project facilities were invited to attend these calls to gain best practices and increase awareness of ways to support patients through the transplant waitlist process. Following the calls, the Network monitored facility level interventions utilizing concepts from the LAN.
- **Fact Sheet on Kidney Transplantation** – Created by the Network 8 Patient Advisory Council, this literacy level appropriate resource for patients lists advantages and disadvantages of a kidney transplant as well as living and deceased donor transplant and encourages patients to discuss transplantation with facility staff.
- **Forum of ESRD Networks Transplant Toolkit** – The newly developed transplant toolkit contains a wealth of information for facility staff. To provide actionable improvement strategies, we highlighted chapter six “The Role of the Dialysis Unit beyond Education: Successful Care Coordination to Achieve Success in Transplant”.
- **Transplant Disparity Education** – To empower facility staff to address disparities in transplantation, we provided written information as well as a link to KnowWhatsTrue.org, an organization founded to educate and improve transplantation in the African American community, featuring videos of transplant patient stories.
- **Why a Transplant is a Good Idea for Me** - Created by the ESRD NCC Patient Advisory Group, this resource addresses common fears related to transplantation.

**Best Practices:** Throughout the project, the Network collaborated with facilities to identify best practices and barriers. At the conclusion of the project, best practices were shared with all facilities. The following best practices were identified:

- Educate patients early and often; patients initially not interested in transplant may be better able to process information and more interested in transplant with time
- Educate patients and family on living donation
- Utilize a transplant recipient for peer-to-peer education when possible
- Identify a transplant navigator/champion for the facility to manage transplant referral process, including necessary testing for patients during work up
- Implement a standardized tracking tool for transplant referral process to track which tests have been completed and what is yet to be done
- Encourage patients to complete evaluation testing in a timely manner, providing written appointment reminders when needed and,
- Work closely with transplant centers to ensure that necessary paperwork is submitted and changes in patient status are communicated in a timely fashion

**Figure 15: Percent of Network 8 Patients from QIA Facilities Added to the Transplant Waitlist and National QIA Facilities**







## Home Therapy Quality Improvement Activity

**Goal:** In 2019, the Network was tasked with increasing the number of patients utilizing home dialysis by two percentage points for 140 facilities enrolled in the Home Dialysis QIA. The average monthly home modality initiation for each QIA facility was calculated based on home modality initiations during the previous 5-year period; rates were calculated based on open months for facilities in operation for less than five years. Using this methodology, individual facility goals for transplant waitlist additions ranged from 1 patient to 35 patients, with an overall Network 8 goal of 705 new home modality initiations during the nine-month performance period from January to September.

**Project Outcome:** The NCC provided baseline and monthly data to the Network. As of September, 593 patients had initiated a home modality which was a 24.1% increase over the 478 initiations at baseline. There was a significant difference in the home initiation rates for the baseline period and remeasurement period showing facilities that QIA facilities had statistically significant improvement in home dialysis initiation rates compared to non-QIA facilities. Overall, Network 8 facilities had a home initiation rate of 13.49% compared to the national rate of 12.66%.

**Barriers:** Project facilities performed an RCA prior to implementation of monthly interventions. Commonly identified patient barriers were lack of family support, socioeconomic barriers, and in-center dialysis preference due to social support from peers. Staff barriers included lack of staff training about home modalities, lack of engagement with home dialysis therapies staff, and the perception that certain patients are not home candidates based on myths.

**Interventions:** Monthly, home dialysis data were reviewed to monitor improvement. Target facilities received monthly patient and staff interventions to address barriers and identify potential home candidates. Every other month, QIA facilities were also expected to participate in LAN webinars hosted by the ESRD NCC which included speakers from both in-center and home dialysis centers. Interventions included:

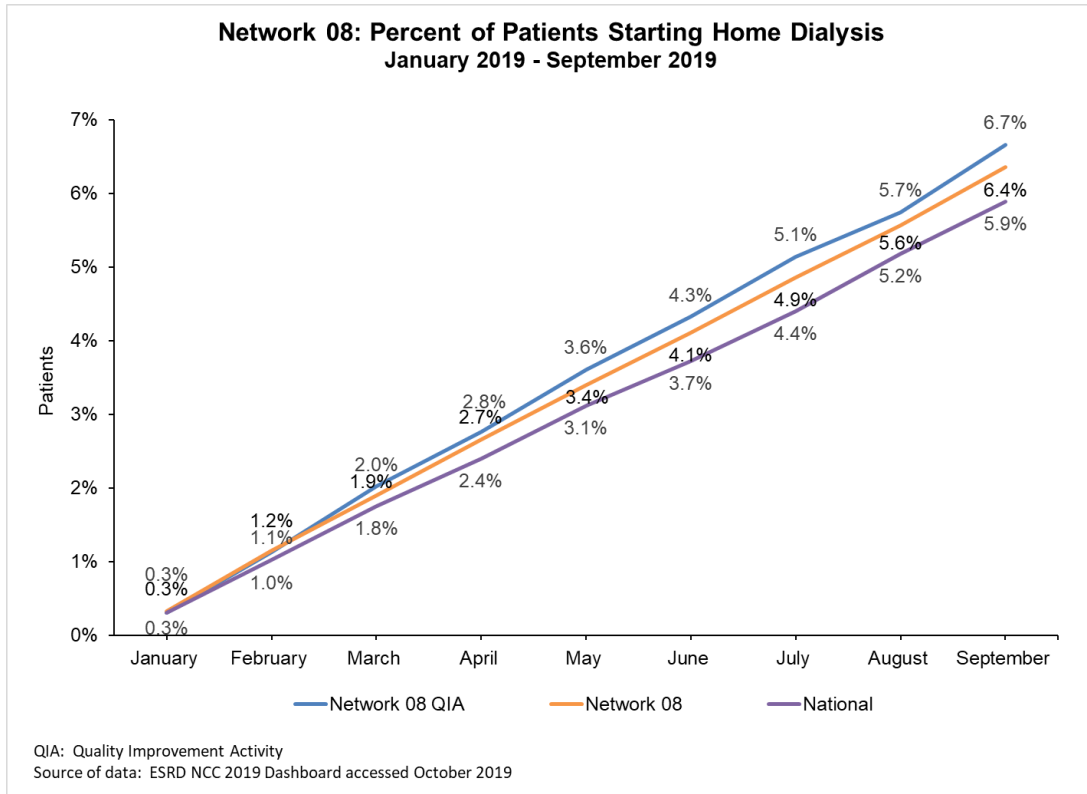
- **Peer-to-Peer Education** – Facilities invited home dialysis patients to speak with in-center patients. This afforded in-center patients an opportunity to ask questions and listen to personal experiences from someone who has experienced a home modality.
- **Lobby Days** – Facilities incorporated lobby days so that potential candidates could speak to home dialysis nurses and home patients about home dialysis. Lobby days helped provide education to patients and staff as well as address barriers. Implementing lobby days assisted with improving communication between in-center and home dialysis facilities and between home dialysis facility staff and potential home dialysis patients.
- **Make Yourself at Home Talking Points** – This tool was provided to guide in-center staff with conversation starters to learn what matters to their patients. Based on the information learned, staff encouraged patients to choose a treatment modality based on their desired lifestyle.

- **Make Yourself at Home QAPI Data Collection Tool** – Facilities were provided a Network-developed tracking tool to list patients identified as potential home candidates during monthly QAPI meetings as well as listing the next steps needed in order to guide the patient through the home dialysis referral process.
- **NCC Home LAN calls** –Project facilities were invited to attend these calls to gain best practices and increase communication between in-center and home dialysis facilities. The Network monitored facility level interventions utilizing concepts from the LAN.
- **Method to Assess Treatment Choices for Home Dialysis (MATCH-D) Tool** – This tool was selected to assist nephrologists and dialysis staff with identifying and assessing candidates for home modalities in addition to sensitizing clinicians to key issues about who can use home dialysis.
- **In-service for In-Center Facility Staff Provided by Home Training Staff**– This intervention was implemented to address identified barriers that included lack of engagement with home training staff and lack of staff training for educating patients on home modalities.
- **Home Dialysis: Myths vs. Realities Handout** – The handout was developed using the ESRD NCC’s National Patient and Family Engagement LAN developed booklet Uncovering Myths About Home Dialysis: Myths vs. Realities in order to create a condensed one-page handout that addresses common myths about home dialysis.

**Best Practices:** Throughout the duration of the project, the Network collaborated with facilities to identify best practices and barriers. At the conclusion of the project, best practices were shared with all facilities. The following best practices were identified:

- Identify a home dialysis champion for your facility. Use a patient and a staff member to jointly speak to patients.
- Discuss potential home candidates during monthly QAPI meetings and track the next steps needed to guide patients through the referral process.
- Educate patients and support systems about home modalities early and frequently. If possible, during early stages of Chronic Kidney Disease (CKD), prior to initiation of dialysis.
- Use the MATCH-D tool to help identify and assess patients for home dialysis candidacy.
- Assess patients’ interest in home dialysis by utilizing the My Life, My Dialysis Choice Online Decision Aid.
- Educate all in-center dialysis staff on home modalities and familiarize them with the “Make Yourself at Home” Talking Points to serve as discussion starters to learn what really matters to patients.
- Identify barriers early in the process and implement a plan to address those barriers.
- Establish a contact person with the home dialysis centers to whom you frequently refer patients.
- Schedule a lobby day to allow patients to speak to home dialysis patients or home dialysis staff.
- Remind patients that they can return to in-center dialysis if they try a home modality and decide that it is not right for them.

**Figure 16: Percent of Network 8 Patients from QIA Facilities Starting a Home Modality and National QIA Facilities**



## Population Health Focus Pilot Project Quality Improvement Activity: Support Gainful Employment of ESRD Patients



**Goal:** The intent of this QIA was to assist ESRD patients with seeking gainful employment and/or returning to work. Specifically, the QIA aimed to: (1) increase referrals made for vocational rehabilitation (VR) services by ten percentage points, (2) increase numbers of referred patients receiving services by five percentage points, and (3) develop a process to ensure that 100% of patients are screened for interest in VR services and responses are entered into CROWNWeb. We selected 46 Network 8 facilities to participate in the project: 14 from Alabama, 9 from Mississippi, and 21 from Tennessee, equalling 10% of the total number of dialysis facilities in each state.

**Project Outcome:** Baseline CROWNWeb data supplied by the ESRD NCC showed that VR services were both underutilized throughout the Network 8 region; however, we were uncertain if these services were underutilized and underreported. The Network exceeded project goals with an overall improvement of 40.20 percentage points for referrals and 15.00 percentage points for patients receiving services by September 30, 2019.

**Barriers:** Project facilities performed an RCA prior to implementation of monthly interventions. The most identified patient barriers were lack of personal motivation and willingness to participate in VR, poor physical health, and fear of losing Medicare and/or disability benefits.

**Interventions:** Monthly, patient VR referrals and patients receiving VR services data were reviewed to monitor improvement. Target facilities then received monthly coaching calls to discuss barriers, interventions, and potential VR candidates. Conducting an RCA was the first step to learn more about patient-level reporting processes to develop actionable, sustainable improvement plans for each participating facility.

Facility-level interventions included:

- Discussing individual facility practices for screening/reporting VR status and determine if policy exists to ensure routine and timely update of information
- Providing a process for screening potential VR candidates, to include a review of patients in monthly QAPI meetings and identification of appropriate next steps
- Educating staff on appropriate CROWNWeb documentation of VR referrals and utilization
- Providing home dialysis education as an avenue to encourage VR services
- Developing “Voc Rehab Works” talking points for social workers
- Conducting monthly coaching calls to review patients, and ensure 100% of patients are being screened for VR services and documented in CROWNWeb
- Providing the top three innovative interventions from option year two’s Innovation Challenge, and instruct facilities to choose one of the three to incorporate into facility practice

Patient-level interventions included:

- Distributing a handout dispelling common myths about working while on dialysis

- Distributing VR brochure to educate patients on available VR benefits
- Distributing a Ticket to Work FAQ handout explaining the Ticket to Work program
- Promoting Peer-to-Peer support that utilizes patients receiving VR services or working to share experiences and provide support once adequate numbers of patients are available to serve in this capacity
- Developing VR appointment cards to provide to patients as a reminder of upcoming VR appointments

**Attributes:** The project required the implementation of the following six attributes in project activities. Following are examples of the incorporation throughout the project.

**Innovation** – Developed new VR project materials using the tagline, “Voc Rehab Works”. New interventions included: “Voc Rehab Works” talking points for social workers and patients, patient appointment cards, a peer led conference call for patients interested in VR, and an informational resource for VR counselors.

**Boundarilessness** – Developed a Ticket to Work Agency Search Guide to provide facilities with instructions on how to find local VR agencies and Employment Networks.

**Rapid Cycle Improvement** – Conducted monthly data review and coaching calls with project facilities to identify and correct data errors and identify patients who could benefit from VR as well as assisting facilities with resources to overcome facility-specific barriers to VR.

**Customer Focus** – Held peer-led call with project facility social workers and a VR supervisor to discuss best practices and barriers to VR referrals. Best practices were shared with all project facilities.

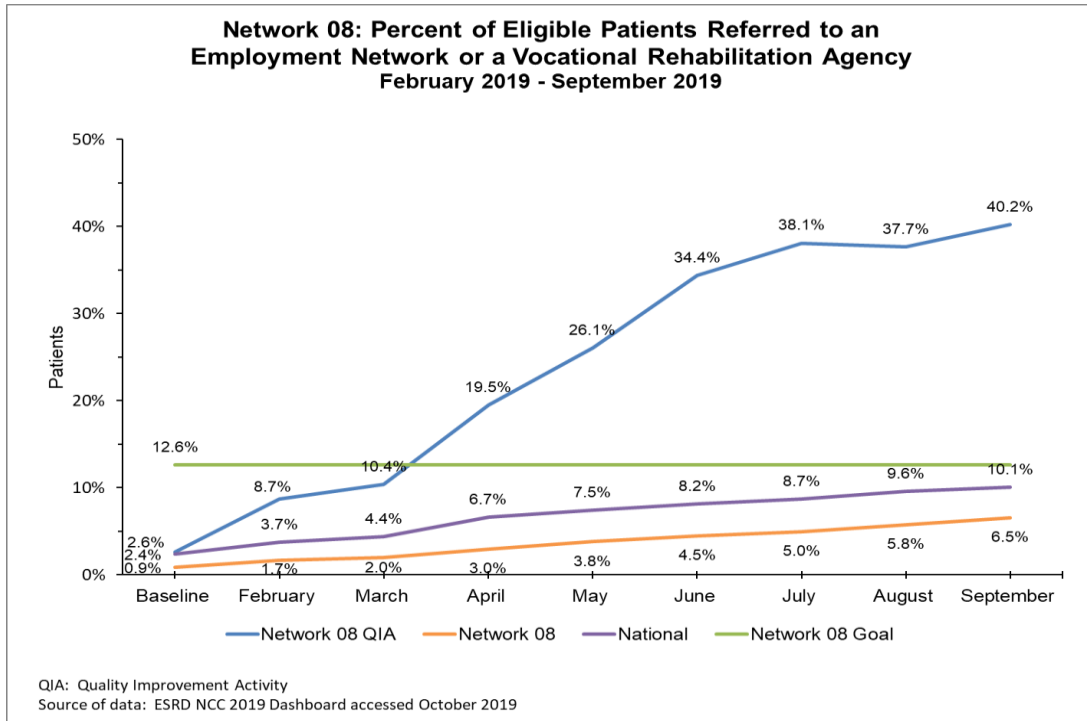
**Unconditional Teamwork** – Collaborated with other Networks to conduct a VR innovation challenge that allowed project facilities from each of the Networks to submit best practices for educating patients about VR services. These practices were shared with all project facilities.

**Sustainability** – Developed a process flowchart for screening potential VR candidates. Developed VR appointment cards that included a section to list any information/paperwork the patient needs for the appointment.

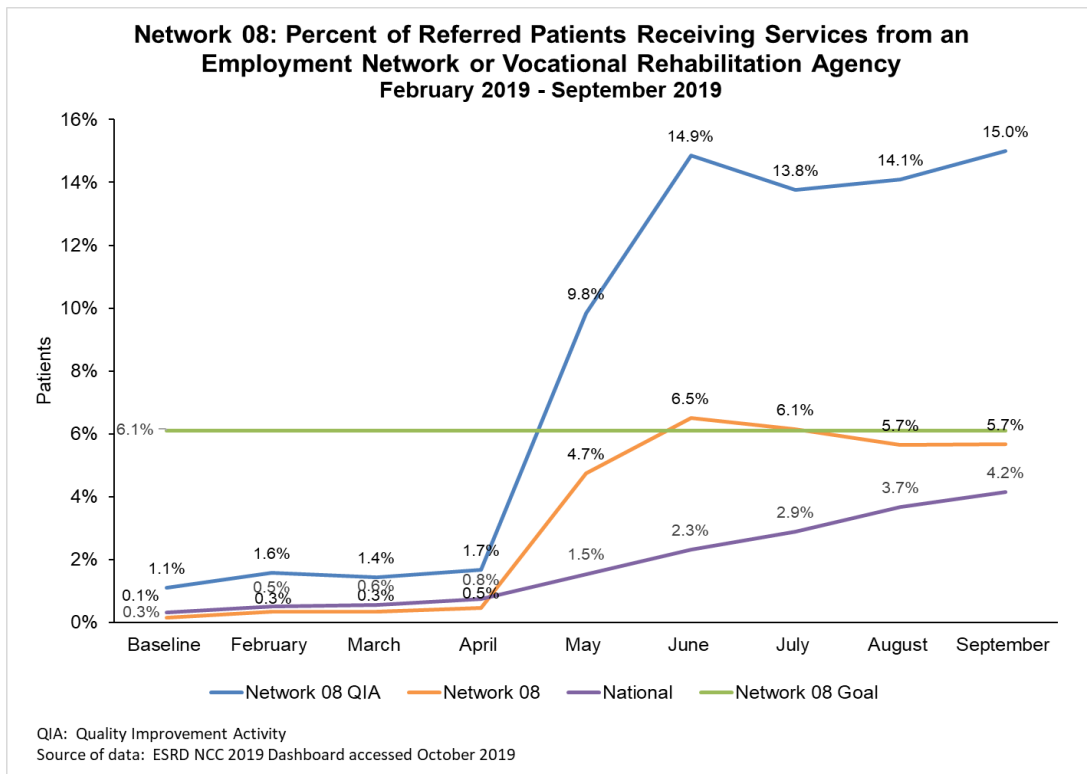
**Best Practices:** Throughout the duration of the project, the Network collaborated with facilities to identify best practices and barriers. At the conclusion of the project, best practices were shared with all facilities. The following best practices were identified:

- Maintain a process for reviewing VR status for eligible patients and update status in CROWNWeb
- Invite local VR agency to come to unit for periodic Lobby Days focusing on VR
- Initiate peer-led conversations regarding VR services
- Keep brochures and other materials on rehabilitation in public areas of the dialysis facility

**Figure 17: Percent of Network 8 Eligible Patients Referred to an Employment Network or Vocational Rehabilitation Agency**



**Figure 18: Percent of Network 8 Patients Referred to an Employment Network or Vocational Rehabilitation Agency Receiving Services**





## **ESRD NETWORK RECOMMENDATIONS**

### **Recommendation for Sanctions**

Providers in the Network region are monitored throughout the year for their participation in activities specified in the Network's CMS contract and for their performance on several quality metrics. Facilities that fail to comply with Network requests have the potential to be placed on the Network Watch List, the first in a sequence of steps that may lead to a recommendation for sanction by CMS. The Network monitors these facilities and develops an action plan for improvement. Facilities are provided a timeline for completing activities to be removed from the Watch List. Networks may recommend that sanctions or alternative sanctions be imposed on facilities that do not cooperate in meeting Network goals or ESRD Conditions for Coverage. In 2019, there were no providers who consistently failed to cooperate with Network goals.

### **Additional or Alternative Services for Facilities in the Network**

Network 8's service area experienced 17 new openings and five facility closures in 2019. The increase in facilities appears to be aligned with the patient population and the treatment modalities of patients. The Network has not identified a specific need for additional facilities in the service area.





## **SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION**

In 2019, the Network 8 service area experienced various weather conditions that impacted numerous facility operational statuses. Network staff responded to 8 events including tornadoes, winter storms, and tropical storms. On January 28 and 29, Winter Storm Jayden impacted all three states in the Network 8 service area. The storm impacted 72 facilities within the Network.

Throughout the event, Network staff remained in contact with affected facilities. Facilities implemented their emergency plans and made schedule adjustments in advance to accommodate dialysis needs. Network staff confirmed 34 facility closures and 38 altered schedule facilities due to Winter Storm Jayden. The Kidney Community Emergency Response (KCER) program, which serves as the leading authority on emergency preparedness and response for the kidney community, was on standby throughout the event and hosted daily status calls with all impacted Networks, dialysis corporate leadership, and CMS to monitor needs and local conditions.

The Network provides ongoing resources and educational outreach to dialysis facilities in preparation for events. Network capacity is enhanced through ongoing collaborations with emergency management agencies and through annual desktop exercises coordinated by KCER. The Network maintains an updated comprehensive emergency management plan and has a reciprocal relationship with a partner Network that can provide services to this region in case a catastrophic event occurs at Network 8's work site.

## **ACRONYM LIST APPENDIX**

This appendix contains an [acronym list](#) created by the KPAC (Kidney Patient Advisory Council) of the National Forum of ESRD Networks. We are grateful to the KPAC for creating this list of acronyms to assist patients and stakeholders in the readability of this annual report. We appreciate the collaboration of the National Forum of ESRD Networks, especially the KPAC.