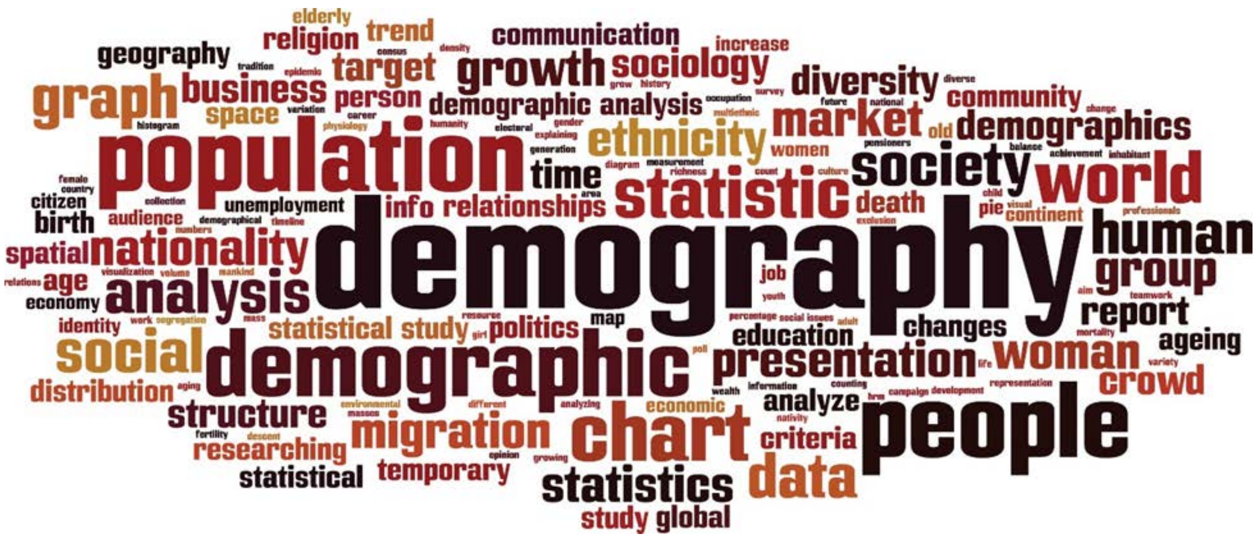
ALLIANT
ESRD NETWORK 8

2021 ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 8 from January 1, 2021 – May 31, 2021, and the Base Year of Task Order Number 75FCMC21F0001, June 1, 2021 – April 30, 2022

Table of Contents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ESRD DEMOGRAPHIC DATA

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

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

Geography and General Population

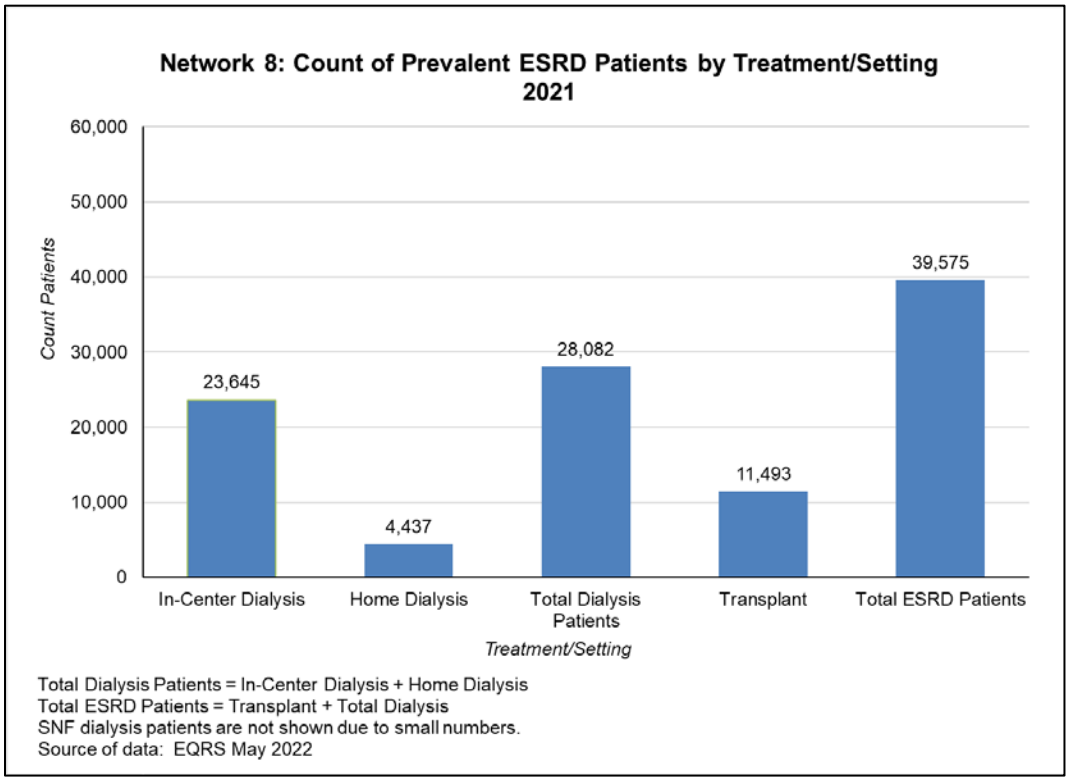
The Network service area has a population of approximately 14.7 million. Alabama and Mississippi share geographic, climate, population and cultural similarities, while their neighbor to the north, Tennessee, has more topographic and demographic diversity and shares boundaries with eight states. Mississippi is the most rural of the three states, followed by Alabama and Tennessee.

ESRD Population

In 2021, six new Medicare-certified dialysis facilities opened in the Network service area, and thirteen Medicare-certified dialysis facilities closed, bringing the total number of facilities to 496 (Chart 3). Approximately 90% of the dialysis facilities in Network 8 are managed by large dialysis organizations (LDO), while small dialysis organizations or independent organizations manage the remaining 10%.

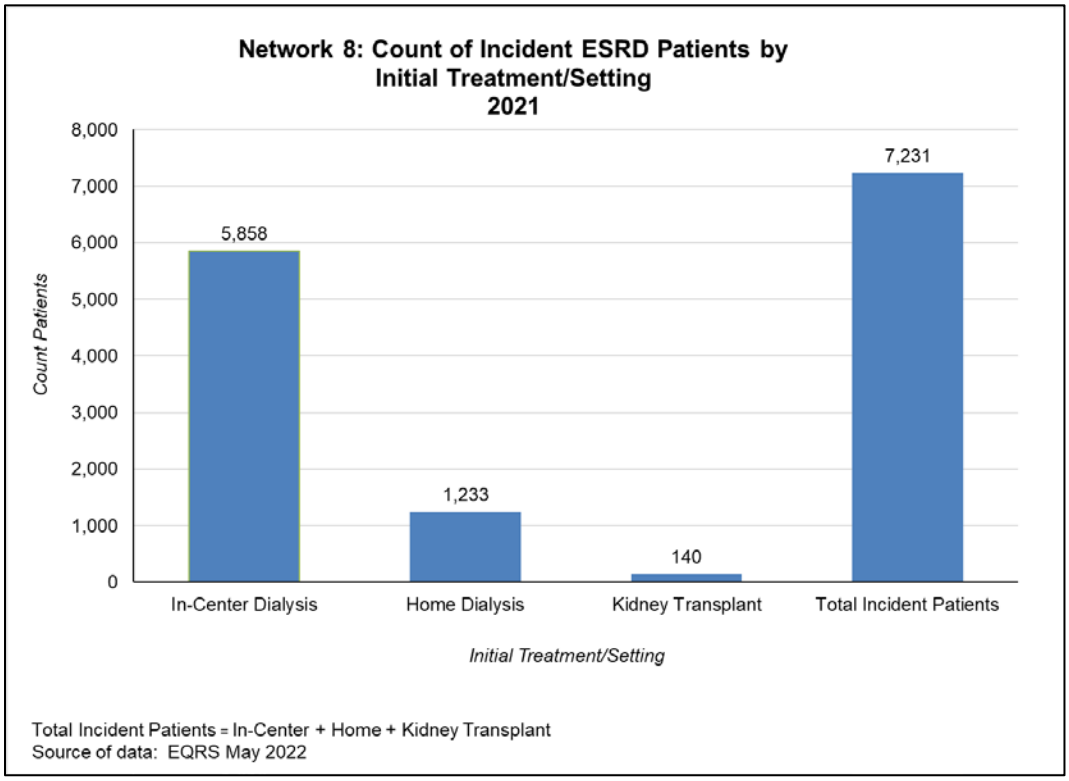
As of December 31, 2021, preliminary data shows that Network 8 served 23,645 in-center patients and 4,437 home patients who received renal replacement therapy from one of the 496 dialysis units (Chart 1). An additional 11,493 kidney transplant patients received care at one of 10 transplant units, bringing the total Network 8 ESRD population to 39,575. By modality type, 60% of ESRD patients received in-center dialysis, 11% dialyzed at home, and 29% had a kidney transplant. As of December 31, 2021, 11,564 patients received dialysis services in Tennessee, 9,661 in Alabama and 7,327 in Mississippi.

Chart 1: Count of Prevalent ESRD Patients by Treatment Setting



Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: EQRS May 2022

Chart 2: Count of Incident ESRD Patients by Initial Treatment Setting



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

Chart 3: Count of Medicare-Certified Facilities by Treatment Setting

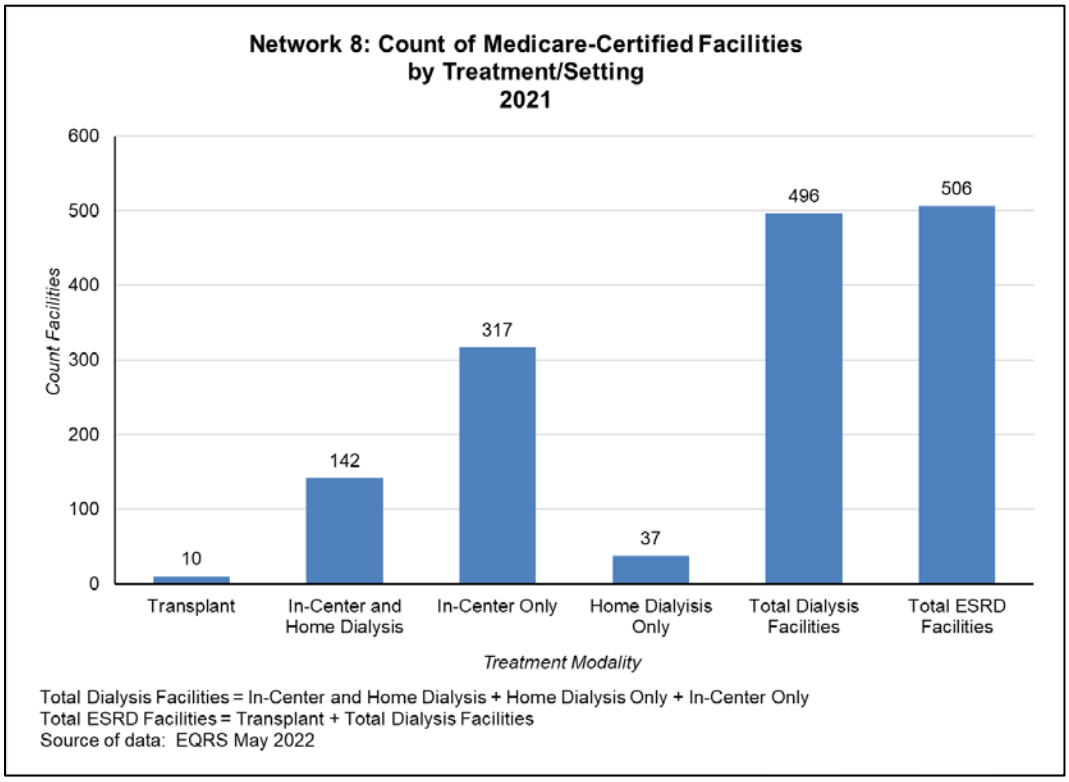


Chart 4: Percent of National Prevalent Dialysis Patients by ESRD Network

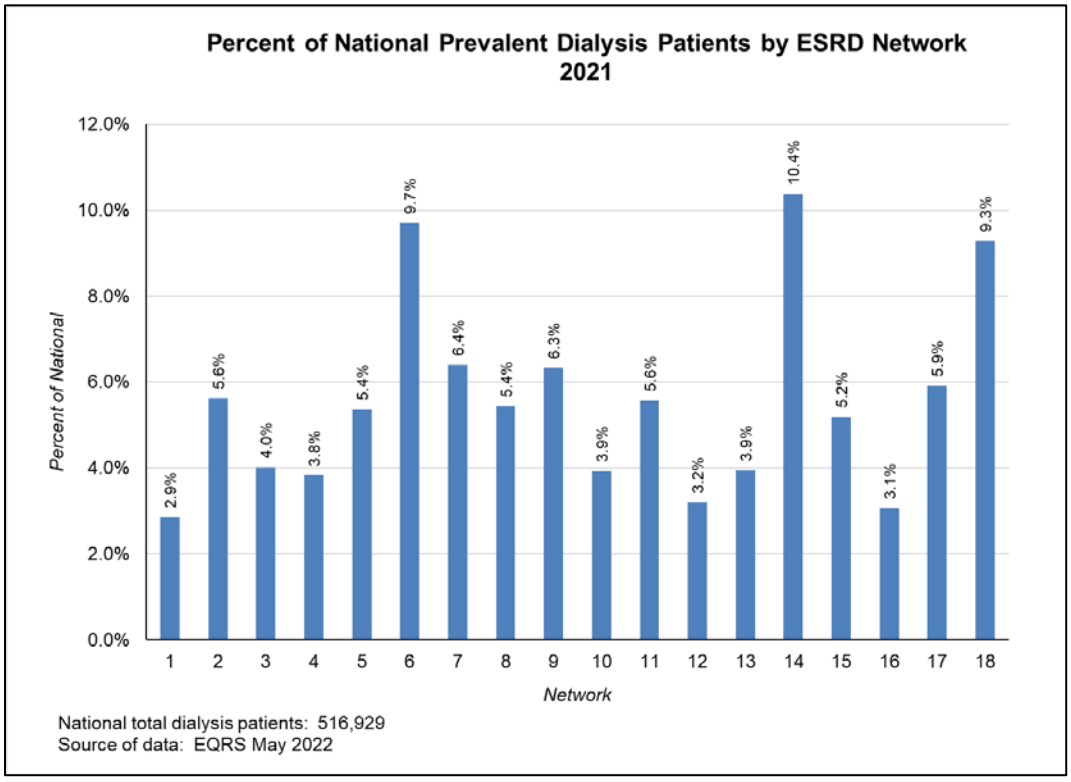


Chart 5: Percent of National Incident Dialysis Patients by ESRD Network

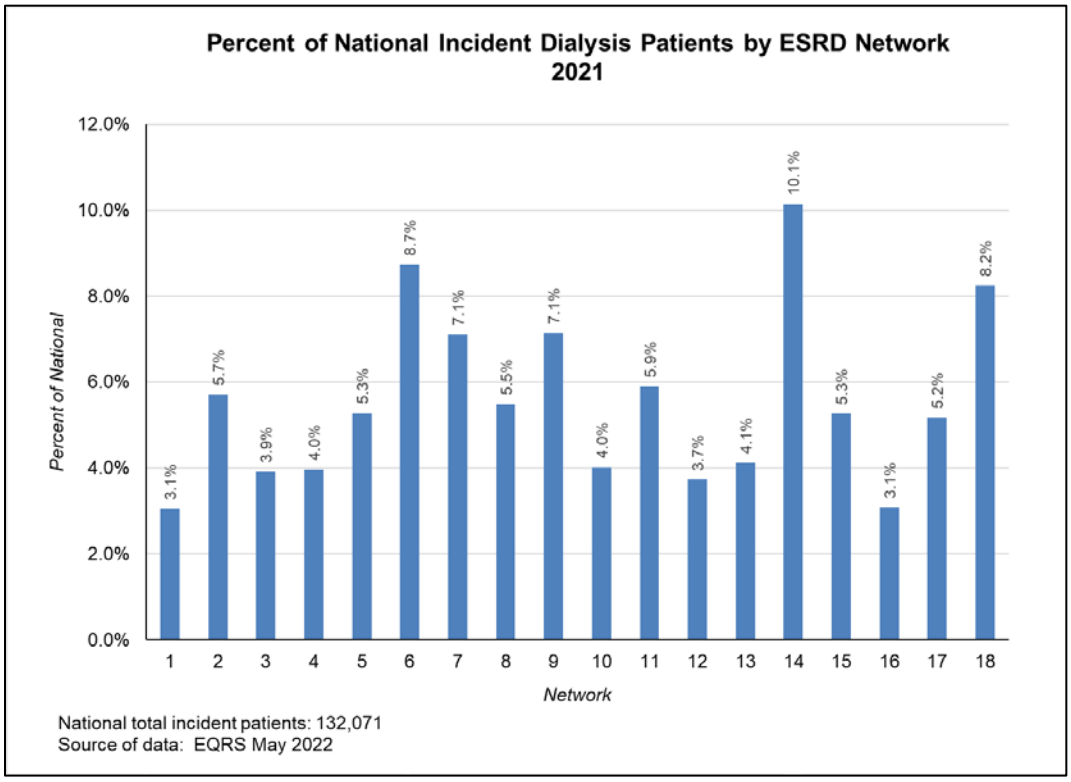


Chart 6: Percent of Medicare-Certified Dialysis Facilities by ESRD Network

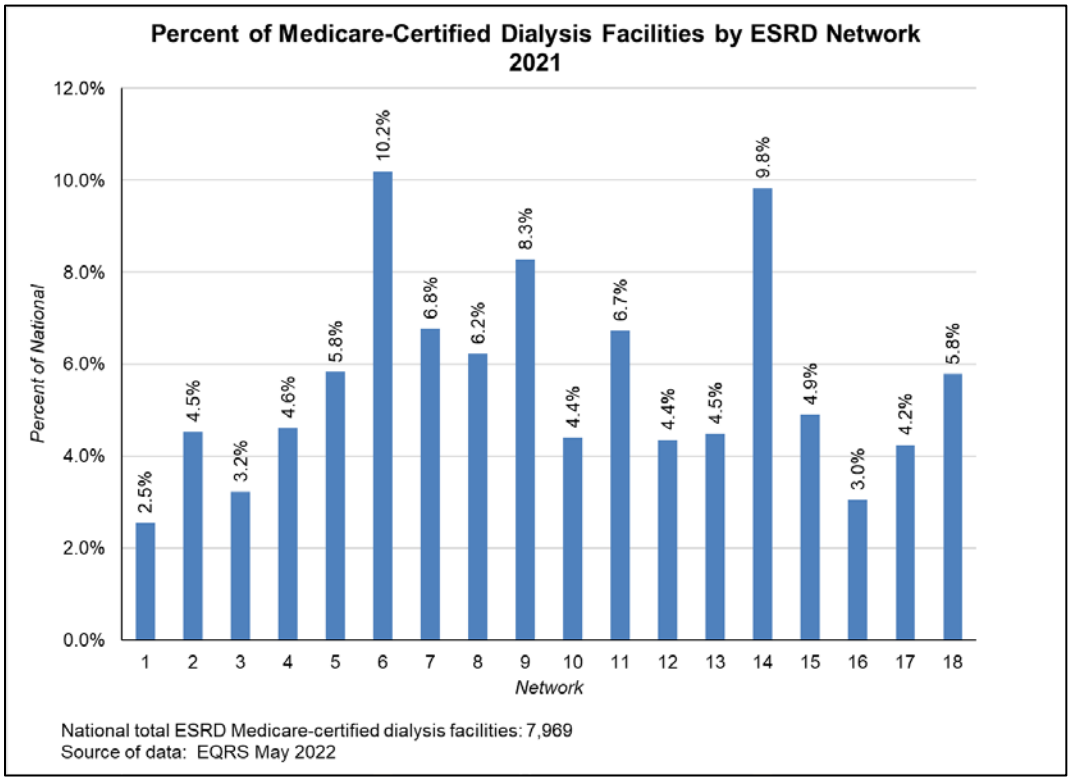


Chart 7: Percent of National Home Hemodialysis and Peritoneal Dialysis

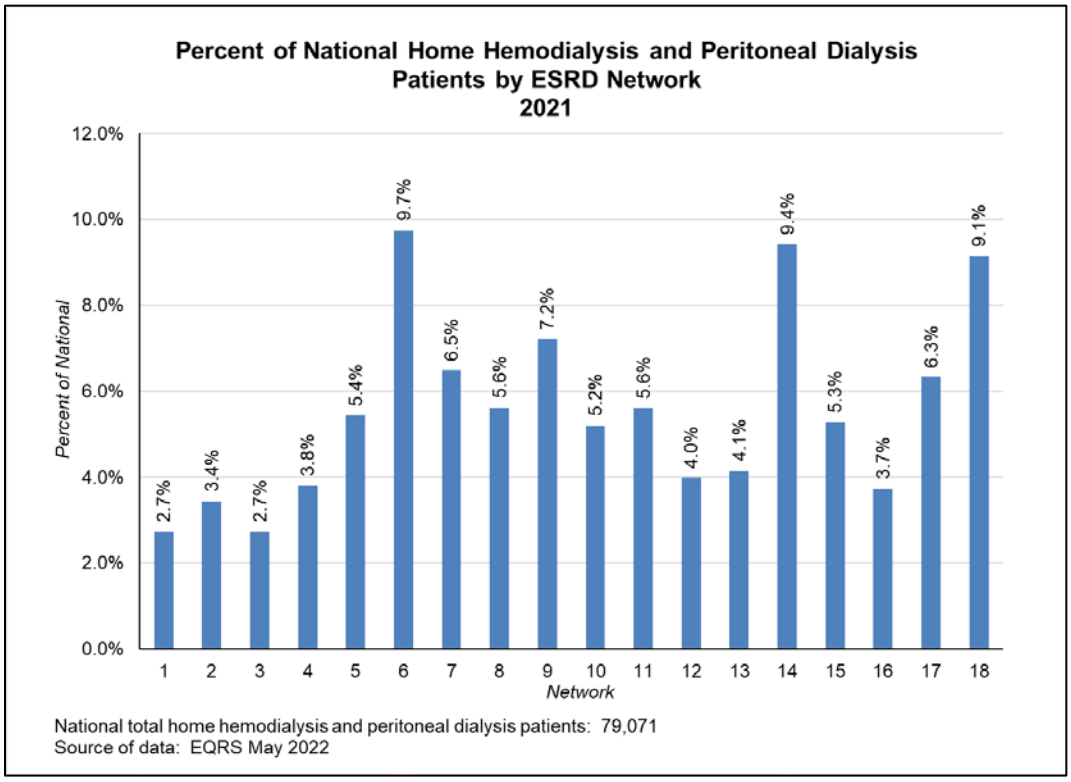


Chart 8: Percent of National Transplant Patients by ESRD Network

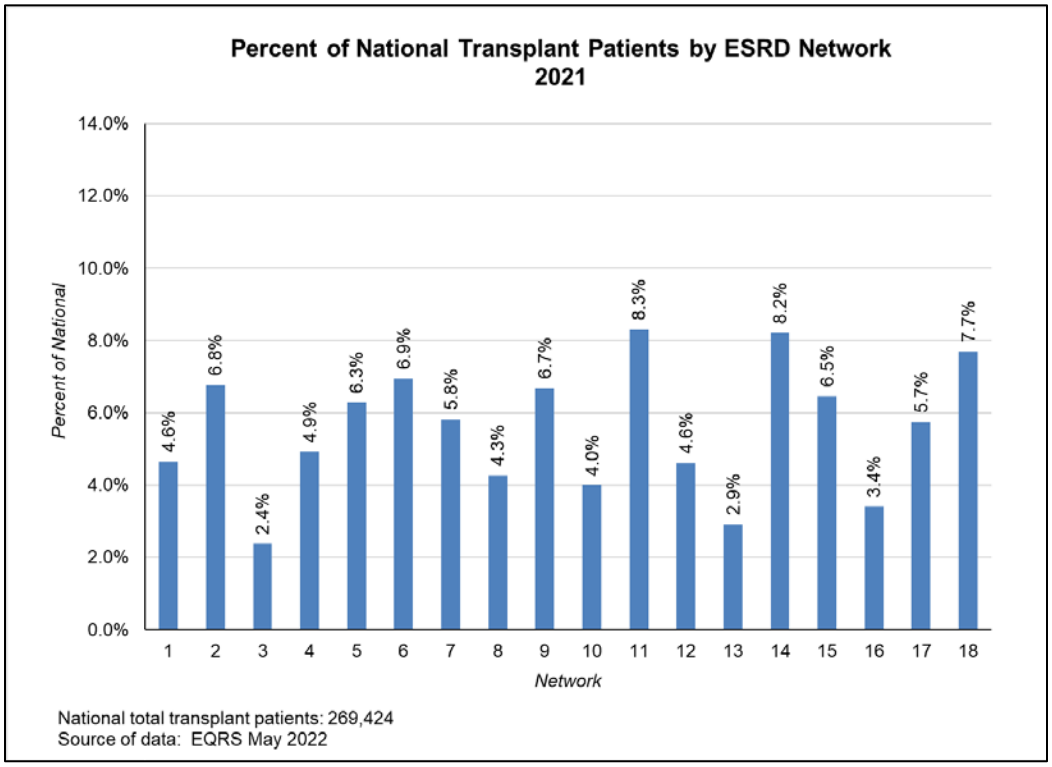
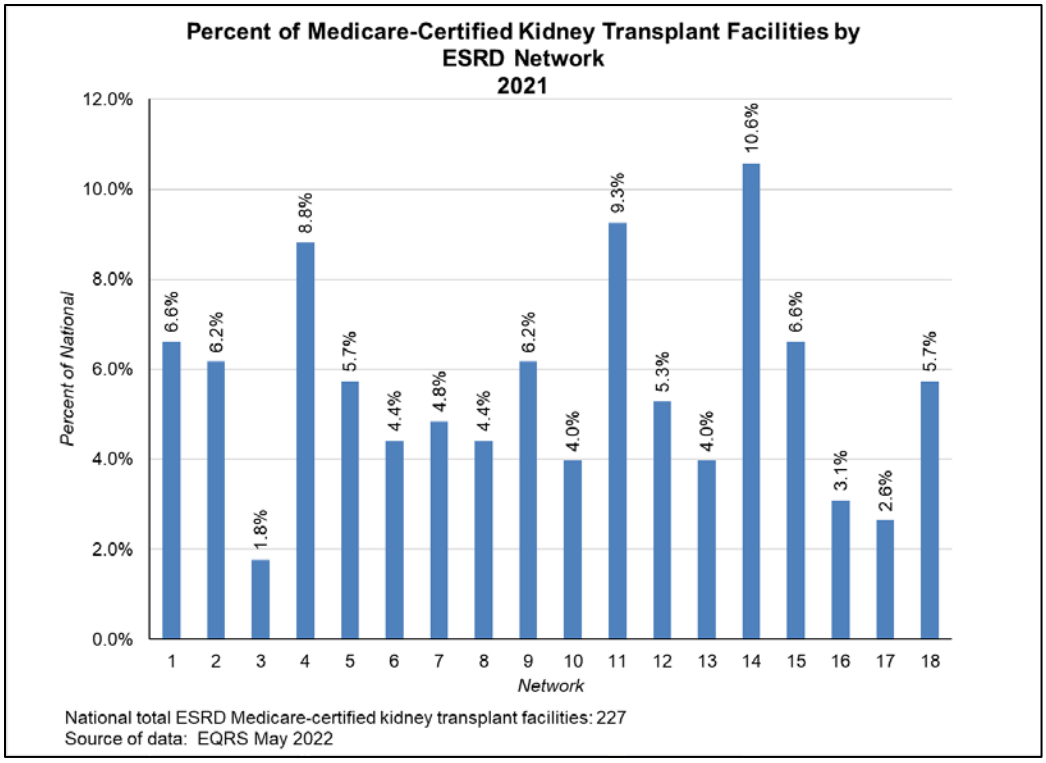


Chart 9: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Networks

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ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. From January to May 2021, the Network received and investigated 19 grievances; an additional 34 grievances were received and investigated from June 2021-April 2022.

All grievances are classified into one of three categories: Immediate Advocacy (IA), General, or Clinical Quality of Care (CQOC). Of the 53 total patient grievances, 23 were addressed using IA. IA cases are simple, generally non–quality of care cases that can be addressed in seven calendar days or less. Network 8 investigated 26 General grievances. A General grievance does not involve 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. Four grievances were classified as CQOC grievances. These grievances allege that a facility did not meet professionally recognized standards of care and requires a clinical review of documentation by a registered nurse. CQOC grievances are generally resolved within 60 calendar days. Of the total number of grievances filed, only one was COVID-19-related.

For each grievance filed, the Network conducted outreach to patients and providers to promote education about the Network's role in addressing patient grievances.

Access to Care

Network 8 collaborates with individual patients and facility staff to identify and address barriers to obtaining or maintaining a patient's dialysis treatment. Access to care cases may be presented to the Network in the form of a grievance or 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 being 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 develop a detailed action plan.

Twenty-four access to care cases were received from January-May 2021, with an additional 66 received from June 2021-May 2022. Of these, 90 were at-risk access to care cases, and 28 patients were at risk of involuntary discharge. The Network provided educational interventions to staff to circumvent IVD; however, only five of these IVDs (18%) were averted, a marked decrease from 31% IVD aversions in 2020.

Forty involuntary discharges occurred from January 2021-April 2022, a slight decrease from 43 in the calendar year 2021. They were categorized as immediate severe threats (n=21), physician discharges (n=12), and ongoing disruptive behavior discharge (n=7).

Finally, there were 118 facility concerns, initiated by facility staff, requesting assistance to address patient-specific issues, such as mental health, non-adherence, lost to follow-up, and other general inquiries, with only four concerns related to COVID-19.

Best Practice

To address IVD and access to care issues, the Network advocated for patients' rights, mediated a variety of facility concerns, participated in virtual care conferences, and encouraged a holistic, patient-centered approach.

The Second Chance Program-90-day Trial Basis continues to be a best practice recognized nationally by the Centers for Medicare & Medicaid Services (CMS). The program provides an alternative approach to address access to care issues and decrease the use of dialysis in the emergency department for patients who have been involuntarily discharged for behavioral issues.

Other interventions included the following:

- An individualized approach to addressing patient concerns
- The Dialysis Patient Grievance Toolkit
- Education to improve staff communication and relationships
- Direct communication with LDO leadership

Chart 10: Percent of Grievance and Non-Grievances by Case Type

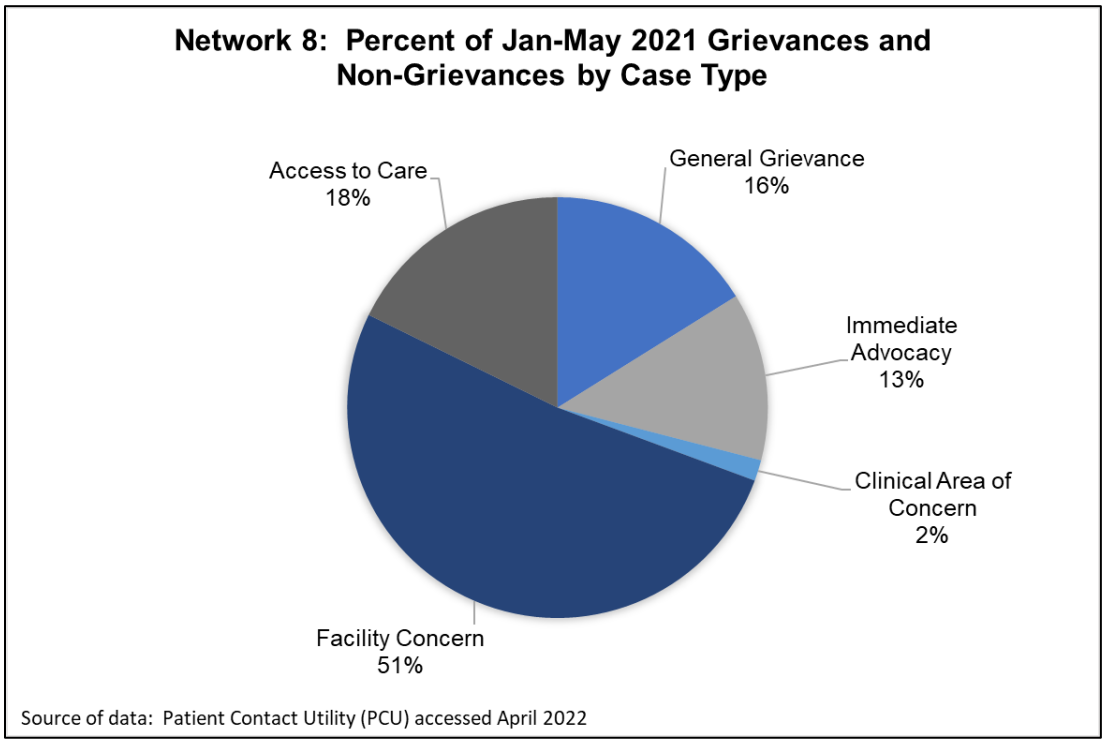
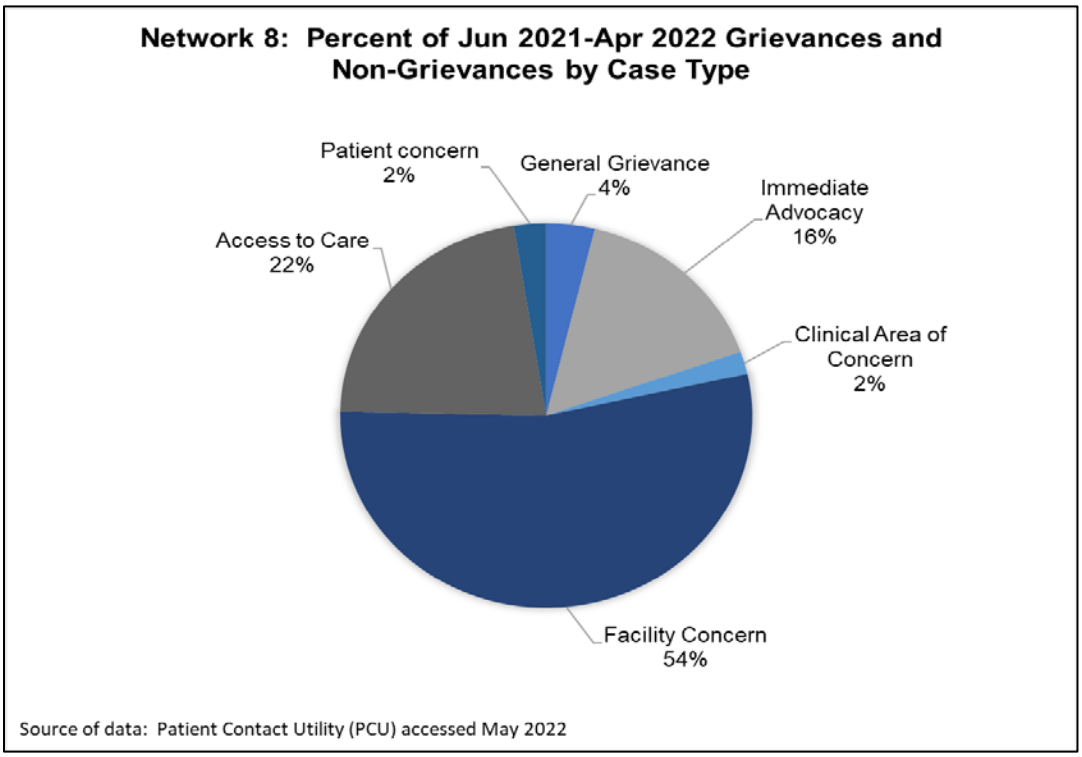


Chart 11: Percent of Grievance and Non-Grievances by Case Type

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Transplant Waitlist Quality Improvement Activity through May 2021

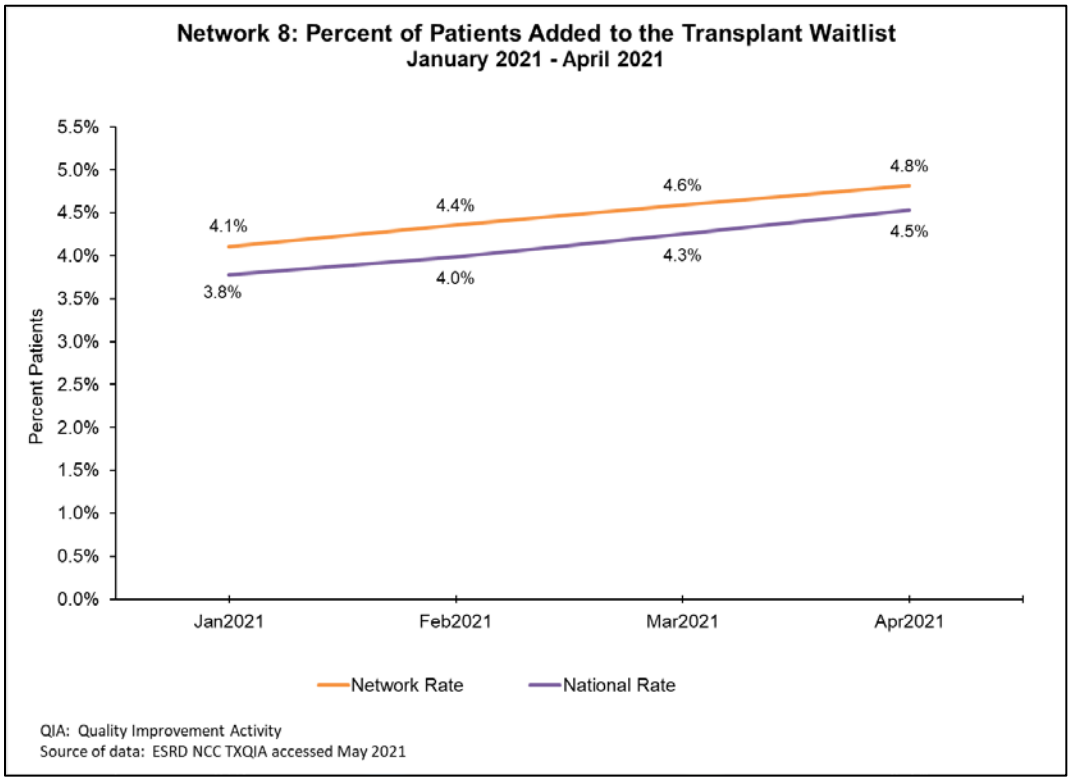
Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results through May 2021. During the new contract, June 2021-April 2022, the Networks focused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

Network 8 continued to work to promote early referral to transplants and increase the number of patients on a transplant waiting list through May 2021.

Specific interventions and collaborations include:

- Providing facilities with resources for creating of a transplant bulletin board or education station
- Providing facilities with "Understanding High Kidney Donor Profile Index (KDPI) and Increase Risk Kidneys" video for patients, including video transcript
- Fostering facility Quality Assurance and Performance Improvement (QAPI) by asking for monthly review of patient census with identification of transplant candidates for wait listing
- Collaborating with transplant centers to develop Transplant Center Tip Sheets
- Collaborating with Organ Procurement Organizations (OPO) to develop a resource for KDPI education
- Providing and promoting Transplant Change package with facilities, with a monthly focus on a specific change idea
- Collaborating with transplant centers to identify patient candidates for the ESRD National Coordinating Center (NCC) Transplant Trailblazers Peer Mentoring Program
- Providing facilities with Transplant Talks, a Network 8 educational resource for patient care technicians regarding transplantation
- Collaborating with TX Connect to conduct a demonstration of the platform for transplant centers
- Collaborating with a large primary care physicians' group to identify and address educational needs regarding chronic kidney disease
- Conducting facility-specific coaching calls for data review and coaching on potential interventions to increase wait listings based on identified barriers
- Working with a regional Fresenius Kidney Care marketing team to discuss areas of synergy and support for promoting transplants with incident patients
- Participating in the ESRD NCC Transplant Learning and Action Network

Chart 12: Percent of Patients Added to the Transplant Waitlist



Transplant Waitlist and Transplanted Quality Improvement Activity June 2021-April 2022

Network 8 was tasked with improving education and access to empower patient choice of transplant by increasing the number of patients added to a transplant waitlist and ultimately receiving a kidney transplant.

Network goals were to achieve a 2% increase in the number of patients added to a kidney transplant waitlist and a 2% increase in the number of patients receiving a kidney transplant by April 30, 2022.

Transplant wait listing goals were not achieved; however, 1,240 Network 8 ESRD patients were added to a kidney transplant waitlist. Transplant goals were not achieved; however, 812 Network 8 ESRD patients received a kidney transplant during the base performance period. In addition to the 812 prevalent patient transplants listed in (Chart 14), 100 preemptive Network 8 ESRD patient transplants were performed in 2021, based on the NCC Network Working Report, Period Prevalence table from May 25, 2022.

A root cause analysis (RCA) was conducted with facilities to identify barriers causing facilities to have low transplant waitlist rates and transplant rates. Common barriers include:

- Lack of follow-through by patients (i.e., missing appointments and not rescheduling)
- Lack of motivation or interest by patients
- Obesity
- Transportation
- Ineligibility (i.e., age, cardiac, and COVID-19 vaccination requirements)
- Lack of family support
- Financial cost
- Lack of communication by transplant centers with dialysis facility staff
- No living donor or hesitant to ask family members

Weekly technical assistance was provided based on feedback from the transplant centers and the results from the RCA. The following interventions and collaborations were utilized for the transplant project:

- Development of an RCA feedback form to identify specific patient and facility barriers
- Individualized coaching calls with facility managers and social workers to discuss rates, barriers, viable solutions and best practices
- Provision of a monthly patient and provider educational resources to aid with barriers
- Provision of a monthly updated waitlisted and transplanted rates with facilities for progress review
- Implementation of the Transplant Change Package and specific primary drivers for facilities

- Development of the Kidney Transplant Checklist in collaboration with the Transplant Coalition
- Recruitment and participation of Transplant Trailblazers and Transplant Champion
- Provision of specific transplant center webinars for facilities and patients
- Conduction of quarterly Transplant Coalition meetings to identify barriers, potential interventions and best practices
- Collaboration with Sanofi Transplantation Educational Initiative to host physician-led webinars on high KDPI, increased risk kidneys, evaluation of living donors and opioid epidemic for providers
- Development of a Provider Portal for transplant centers to easily submit Transplant Activity Reports electronically
- Analysis of the NCC's Network Working Report and United Network for Organ Sharing reports to ensure all transplants performed were accounted for and entered into the End-Stage Renal Disease Quality Reporting System (EQRS)

Chart 13: Percent of Patients Added to the Transplant Waitlist

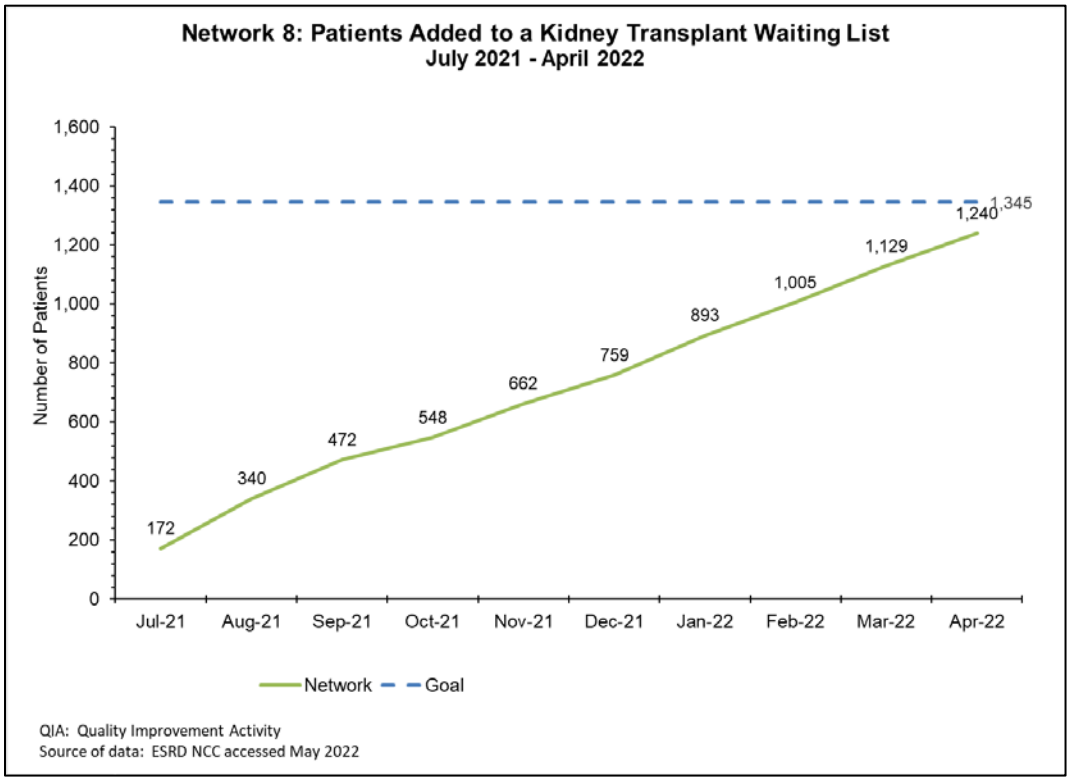
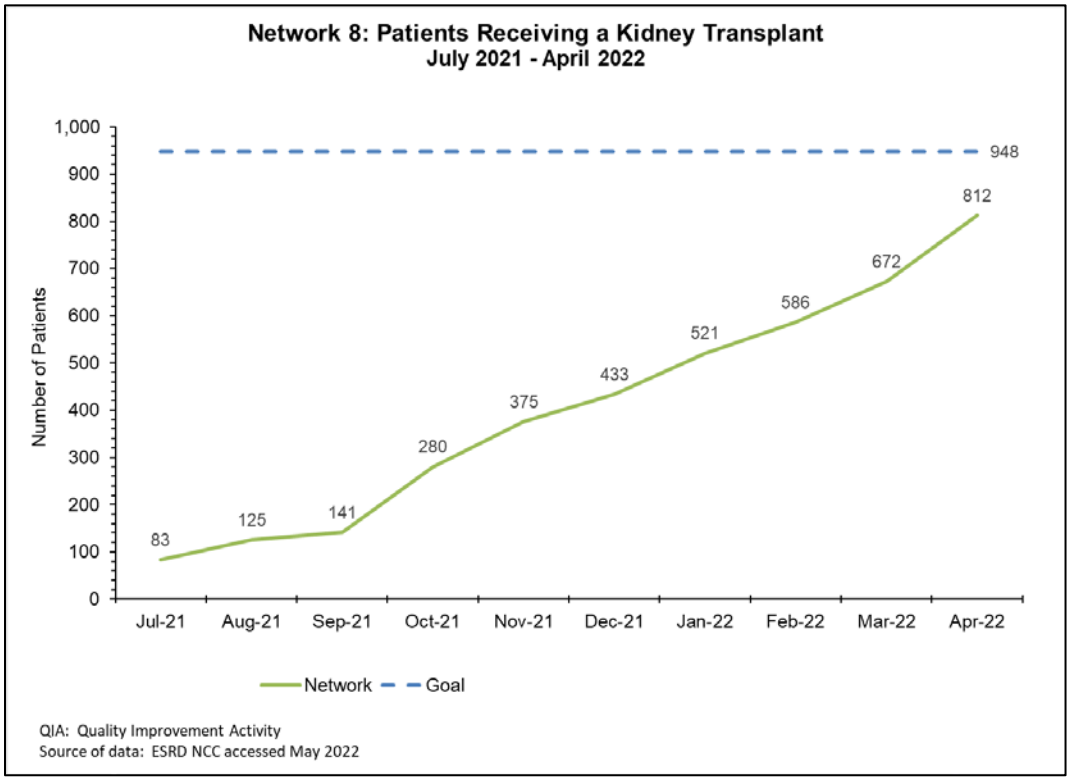


Chart 14: Count of Patients Receiving a Kidney Transplant



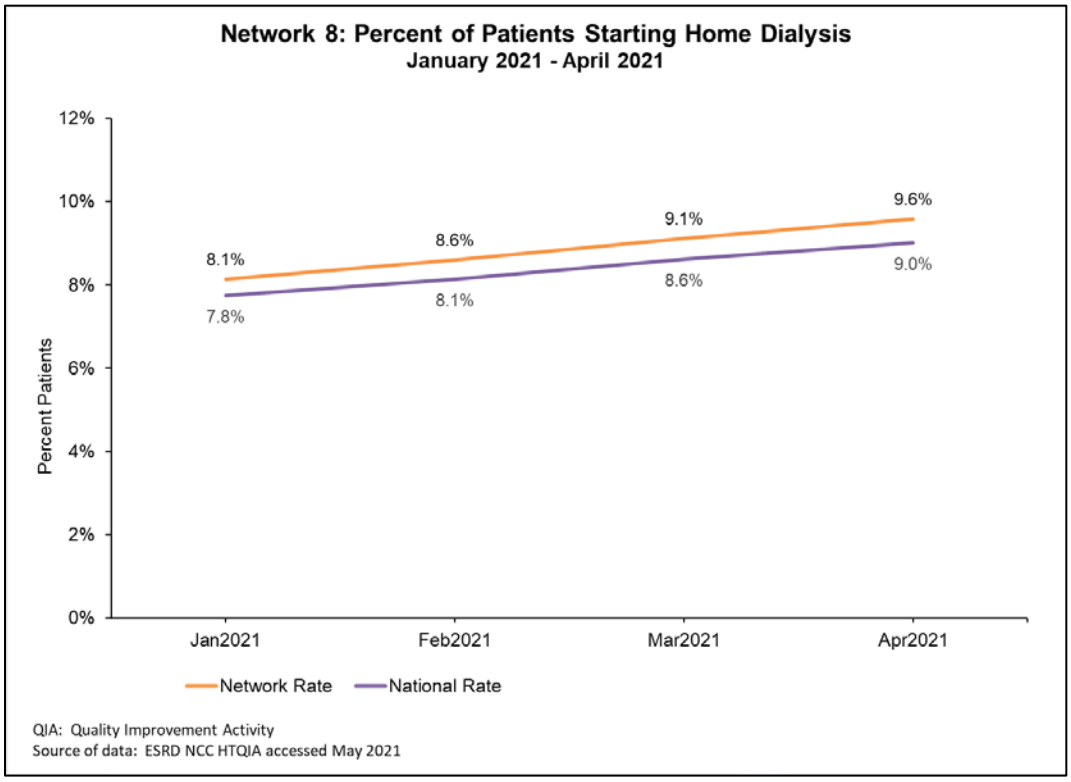
Home Therapy Quality Improvement Activity through May 2021

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

Network 8 worked to promote home dialysis through May 2021, utilizing "Make Yourself at Home" interventions and collaborations as noted below.

- Development and production of a podcast by Network 8 nephrologist, discussing benefits of home dialysis and addressing common barriers, successful home dialysis for unconventional candidates, and patients' reluctance to try home dialysis due to fear
- Fostering facility QAPI through monthly review of patient census with identification of candidates for home dialysis with monthly tracking of next steps to move patients home
- Promotion and utilization of ESRD NCC Home Dialysis Heroes program
- Utilization of ESRD NCC Universal Staff Education: Home Dialysis module
- Promotion of Advance Renal Education Program (AREP) webinar: Urgent Start PD, hosted by ESRD Network 14
- Distribution of ESRD NCC Resource "My Home Dialysis Checklist" to assist patients transitioning to home dialysis
- Provision of AREP webinar: Transitions in Care
- Promotion of ESRD NCC Home Dialysis Change Package
- Collaboration with a Network 8 board member to provide kidney disease education for a faith-based organization, utilizing a video platform to provide facts about kidney disease
- Provision of resources to create a bulletin board or education station to raise awareness of home dialysis benefits
- Conducting facility-specific coaching calls for data review and coaching on potential interventions to increase home dialysis rates based on identified barriers
- Participation in the ESRD NCC Transplant Learning and Action Network

Chart 15: Percent of Patients Starting Home Dialysis



Home Therapy Quality Improvement Activity June 2021-April 2022

The Network's goals were to improve the rate of prevalent patients using a home modality and improve the rate of incident patients using a home modality.

Specifically, the Network was tasked with achieving a 10% increase in the rate of incident patients using a home modality. The Network achieved an 8% increase in the baseline and added 1,066 incident patients to a home modality.

The second Network goal was to achieve a 2% increase in the rate of prevalent patients transitioning to a home modality. The Network achieved a 1.5% increase in the baseline and added 1,111 prevalent patients to a home modality.

To assess the needs of the facilities, the Network conducted an RCA to investigate the barriers and challenges they were encountering. Barriers reported included:

- Short staffing in-center
- Lack of Home Nurses for home training
- Staff turnover
- Lack of time to educate patients
- Lengthy resources and overused resources
- Perception, patients are not interested in home dialysis and prefer in-center
- Lack of family support
- Lack of economic resources

The Network completed monthly data analysis to select facilities that had room for improvement within their region and utilized a Plan, Do, Study, Act (PDSA) methodology to provide interventions, technical assistance and follow-up with facilities. A variety of interventions that focused on alleviating staff burden and improving patient home education were utilized. Interventions utilized included:

- Providing short, to-the-point resources based on facility-specific barriers to address home modality education needs
- Promoting the NCC's Universal Staff Education to educate newer staff and patient care technicians on proper ways to address patient's fears and misconceptions about home modalities
- Suggesting specific Home Change Package drivers per the facility's reported barriers and providing resources that are adapted to the specific barrier reported by the facility
- Sharing best practices from high performing facilities
- Focusing on addressing the greatest barrier rather than multiple barriers
- Promoting the Network Patient Portal and continually adding new videos and resources
- Providing facilities with home rates to keep them aware and to ensure accurate data in EQRS
- Providing patient resources to highlight the benefits of home dialysis

- Promoting the use of a Home Hero or Kidney Care Advocate to talk about their home dialysis experience for peer-to-peer education
- Promoting education about self-care within the in-center so patients can prepare for home dialysis, reduce training time and improve home retention rates
- Engaging with coalition members to promote ways to encourage more nurses to go towards home dialysis
- Collaborating with AREPs meaningful webinars for staff to stay educated
- Promoting the use of the Transitional Care Unit
- Sharing best practices from high performers, successful facilities and MRB
- Sharing patient-focused webinars and stories about home dialysis
- Sharing the Network's Home Hero webinars to promote self-care and a care partner's perspective
- Reaching out to home-only facilities to offer support to improve communication from in-center
- Sharing the "My life, my dialysis choice" questionnaire and the Match-D tool to assist patients with the decision

By conducting an RCA to assess the facility-specific barriers and using one-on-one technical assistance and resources specific to these barriers, the Network was able to add 2,396 incident and prevalent patients towards a home modality.

Chart 16: Count of Incident Patients Starting Dialysis Using a Home Modality

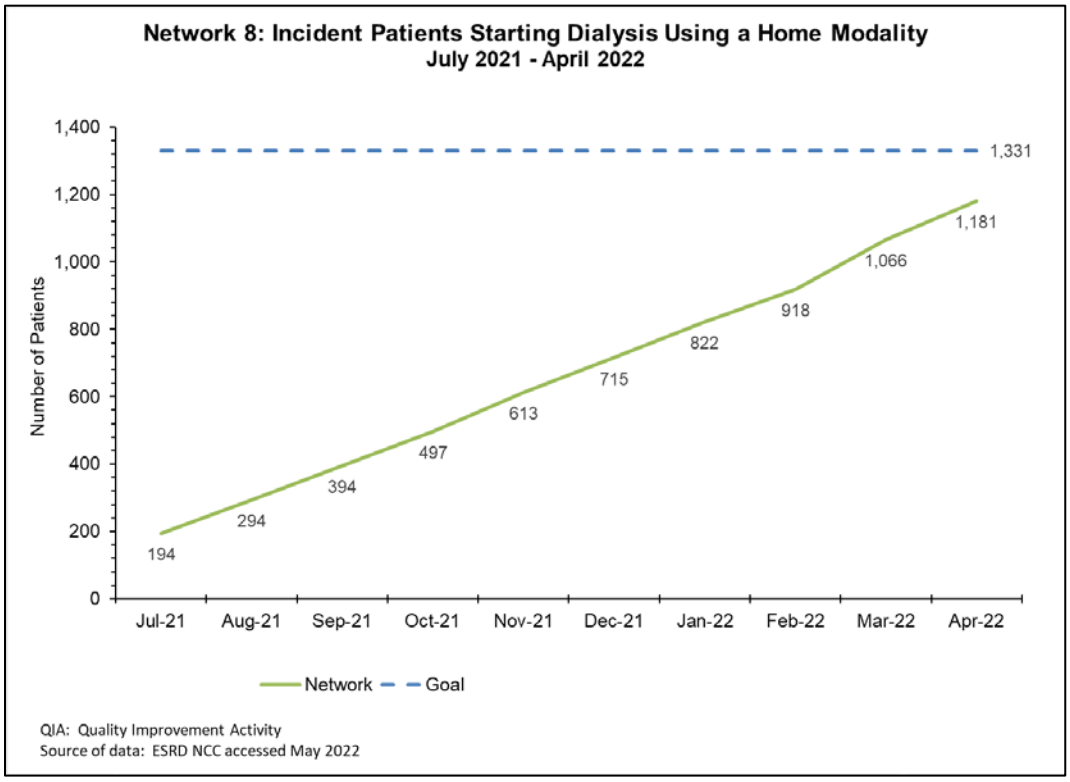
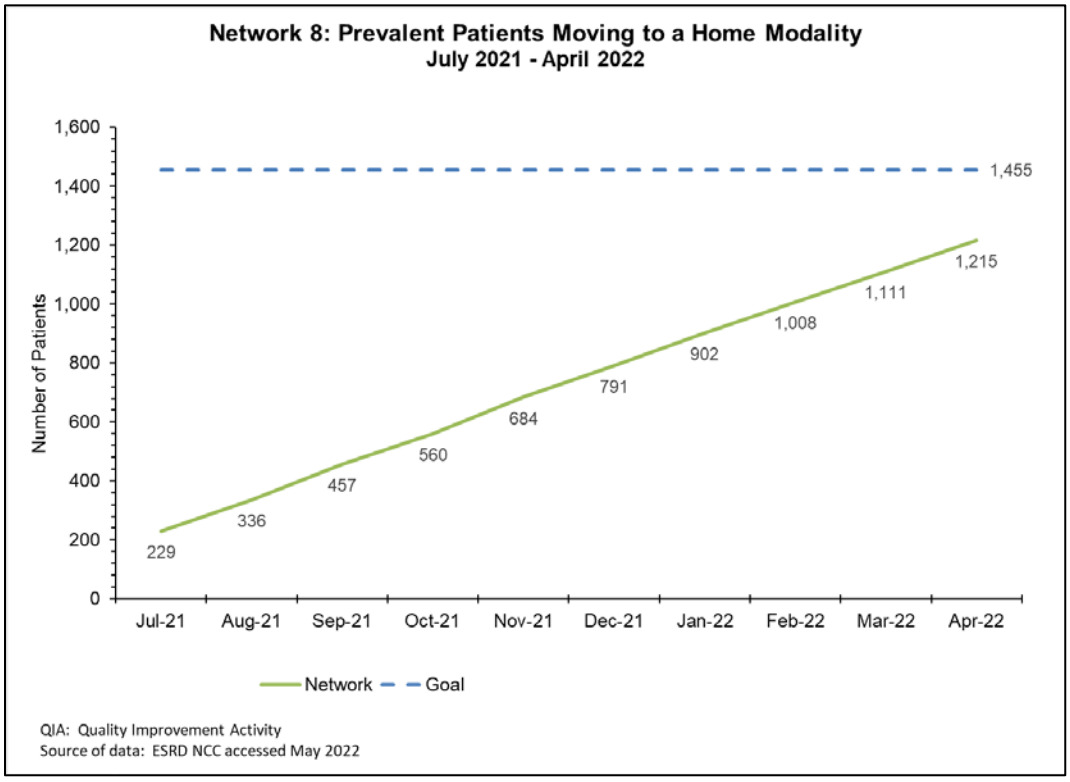


Chart 17: Count of Prevalent Patients Moving to a Home Modality



Influenza June 2021-April 2022

Networks were tasked to ensure that 85% of dialysis patients received an influenza vaccination by April 30, 2022.

Network facilities achieved an overall influenza vaccination rate of 79.41%.

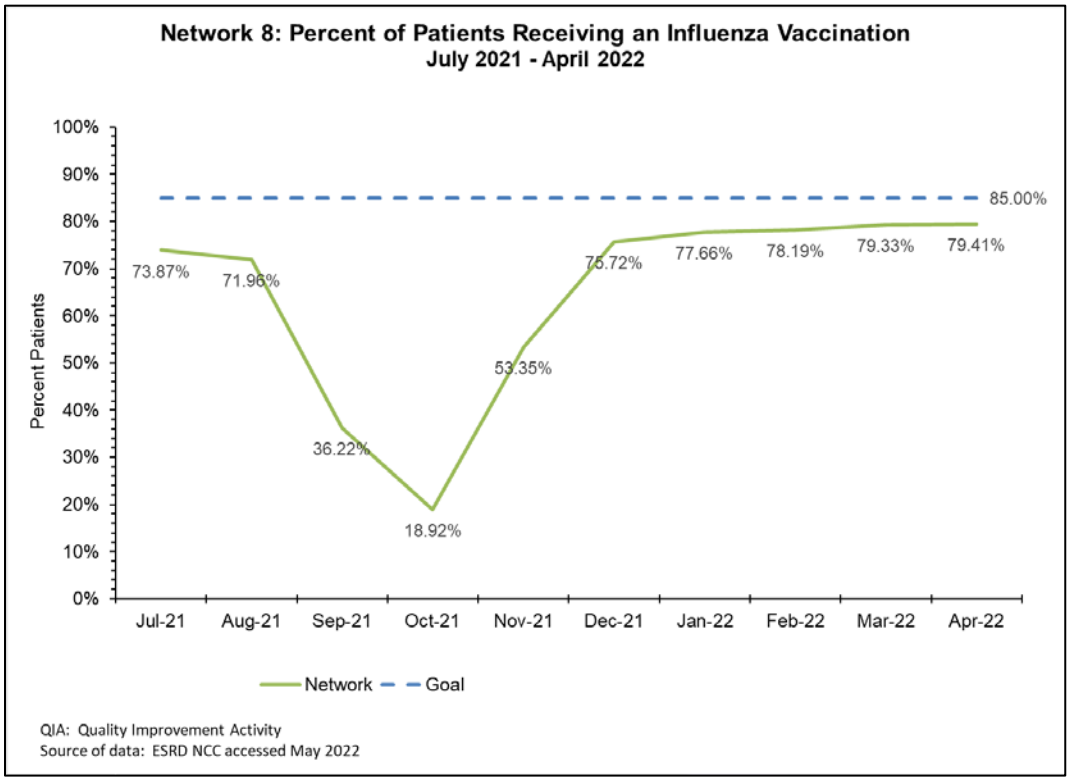
An RCA was conducted to determine facility-specific barriers to low influenza vaccination rates. Commonly identified barriers included:

- Needle phobia
- Allergies
- Political beliefs
- Refusal of all vaccines
- Fear of side effects
- Lack of trust
- Religious beliefs
- Inaccurate data in EQRS

Influenza data were reviewed monthly by Network staff, and weekly technical assistance was provided. Interventions included:

- Development of a coalition of stakeholders to assist with identifying of barriers and potential interventions
- Facility-specific coaching calls to discuss rates, barriers and gaps in influenza data
- Development of focus group to provide EQRS data entry instructions to non-batch submitting facilities
- Provision of monthly educational resources to combat barriers
- Monthly collaboration with regional management to assist facilities with timely data validation and entry
- Provision of patient-specific influenza data to inform staff of specific updates needed

Chart 18: Percent of Patients Receiving an Influenza Vaccination



COVID-19 Vaccinations Patients and Staff June 2021-April 2022

Networks were tasked to achieve the following COVID-19 vaccination rates by April 30, 2022:

- 80% of dialysis patients to receive an initial COVID-19 vaccination
- 80% of fully vaccinated dialysis patients to receive any additional recommended COVID-19 vaccinations
- 100% of dialysis facility staff to receive an initial COVID-19 vaccination
- 100% of fully vaccinated dialysis staff to receive any additional recommended COVID-19 vaccinations

Network facilities achieved the following COVID-19 vaccination rates:

- 75.3% of dialysis patients received an initial COVID-19 vaccination
- 50.0% of dialysis patients received an additional recommended COVID-19 vaccination
- 78.5% of dialysis facility staff received an initial COVID-19 vaccination
- 19.7% of fully vaccinated dialysis staff received an additional recommended COVID-19 vaccination

An RCA was conducted to determine facility-specific barriers to low COVID-19 vaccination rates in patients and staff. Commonly identified barriers included:

Patients

- Lack of trust
- Allergies to other vaccines
- Political beliefs
- Refusal of all vaccines
- Fear of long-term side effects
- Syphilis study at Tuskegee
- Inability to provide COVID-19 vaccination cards
- Religious beliefs
- Inaccurate data in National Healthcare Safety Network (NHSN)

Staff

- Political beliefs
- Religious beliefs
- Fear of side effects
- Required to always wear mask
- Inaccurate data in NHSN

COVID-19 data were reviewed monthly by Network staff, and weekly technical assistance was provided. Interventions included:

- Development of a coalition of stakeholders to assist with the identification of barriers and potential interventions
- Facility-specific coaching calls to discuss rates, barriers and gaps in COVID-19 data.
- Development of focus group to provide NHSN data entry instructions to non-batch submitting facilities
- Provision of monthly educational resources to combat barriers
- Monthly collaboration with regional management to assist facilities with timely data validation and entry
- Development of a focus group to reduce the high number of unknown COVID-19 vaccinations
- Provision of monthly COVID-19 vaccination metrics

Chart 19: COVID Vaccination Rate (Dialysis Patients)

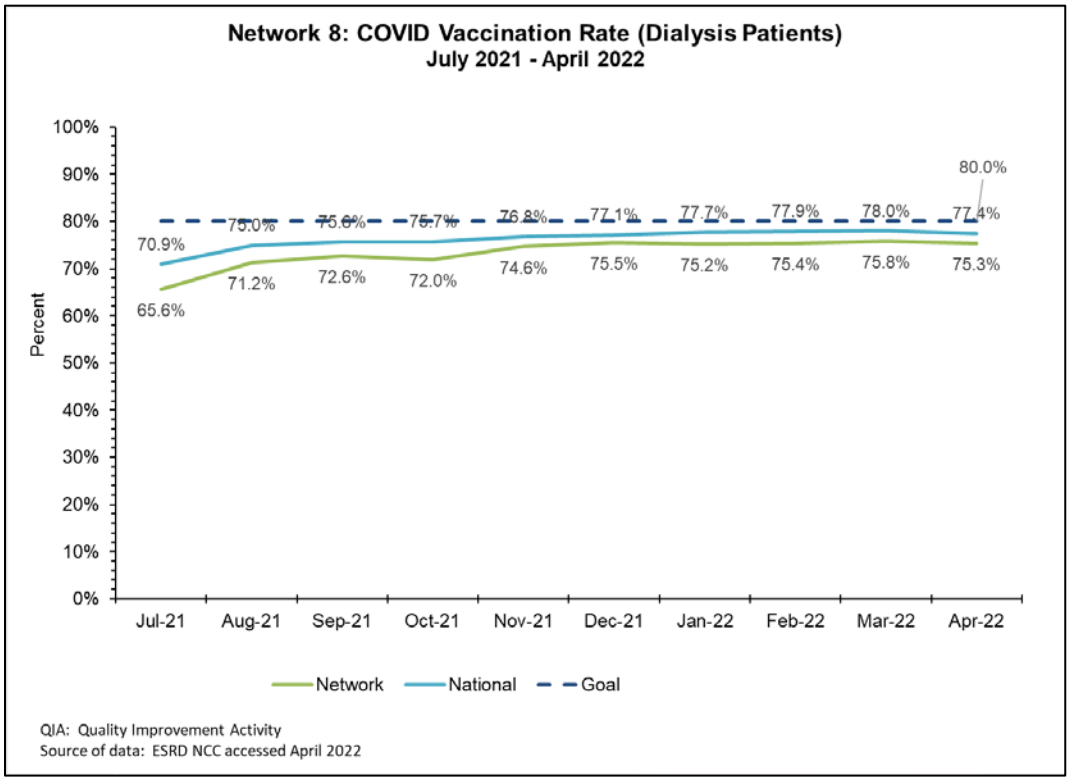


Chart 20: Percent of Fully Vaccinated Dialysis Patients (COVID Booster)

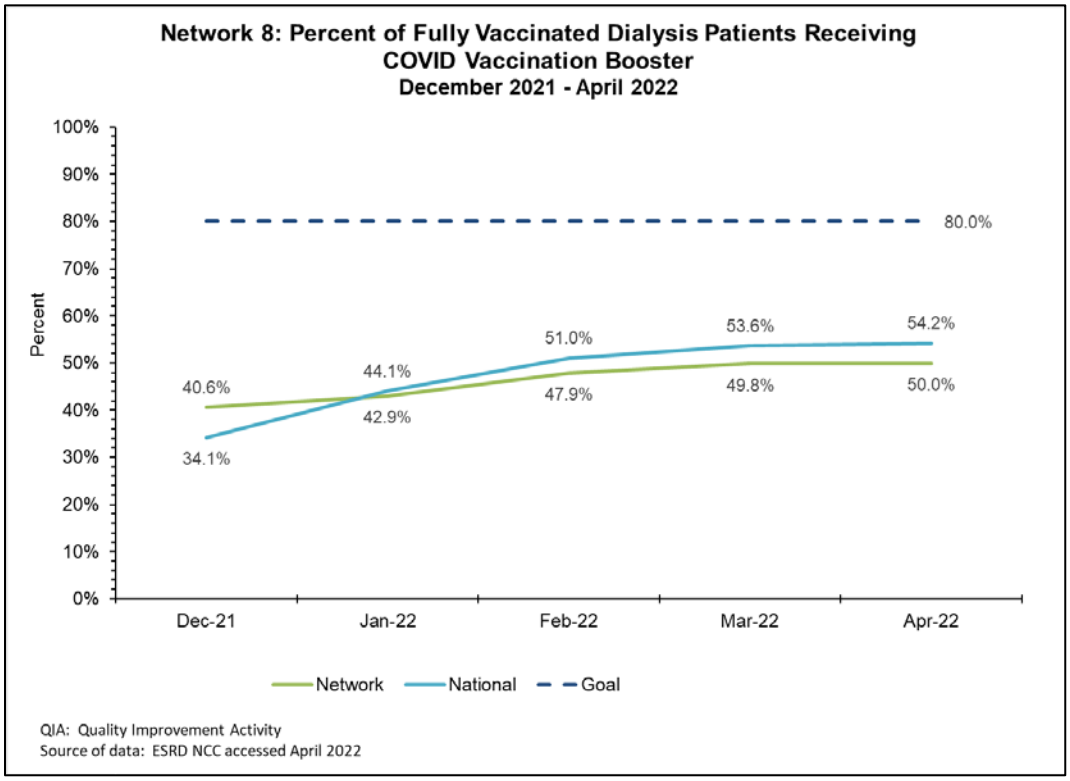


Chart 21: COVID Vaccination Rate (Dialysis Facility Staff)

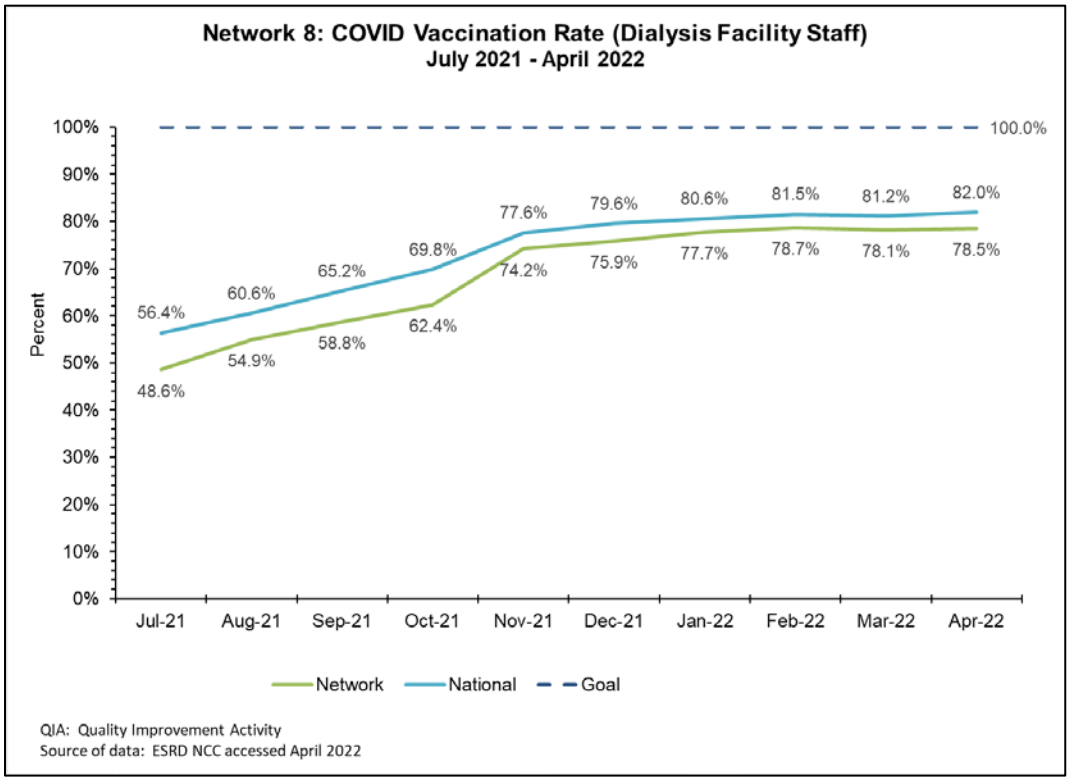
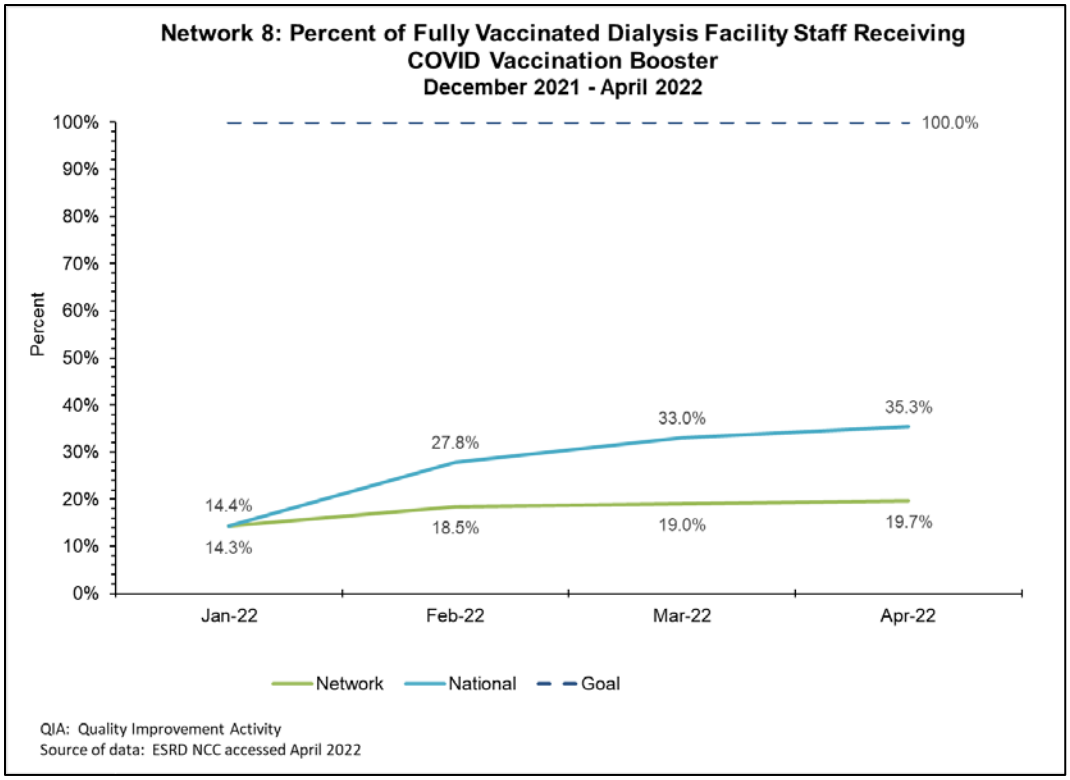


Chart 22: Percent of Fully Vaccinated Dialysis Staff (COVID Booster)



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

Network 8 focused on improving data quality for the annual performance period from May 1, 2021, through March 30, 2022.

During the performance period, the Network engaged facilities and corporations in dialogue and communication surrounding the topic of data quality.

These efforts included:

- Automating the distribution of emails to facilities to alert them to forms due within 10 days
- Automatic tracking of these emails in a customer relationship management tool (Salesforce) used by all Network staff at Alliant Health Solutions
- Multiple meetings with large dialysis organization corporate IT staff regarding data quality efforts
- Development of a customer support portal to streamline the data quality audit process for non-LDO facilities
- Reporting of data quality metrics to facilities and corporations
- Updating of Transplant Activity Report templates
- Development and implementation of customer service support portal to streamline submission and entry of transplant data
- Communication with corporate staff detailed for EQRS/data quality support initiatives
- Cross-training of non-information management (IM) staff on EQRS issues, customer support, and data entry

Network 8 conducted a roster validation and forms review on 20% of its dialysis facilities during the performance period.

Ninety-nine facilities were selected for roster validation. Data for comparison were provided by the NCC, EQRS reports, and the corporate information technology (IT) areas of the facilities reviewed.

Form validation was performed on 20% of dialysis facilities in the Network service area. Forms validation was performed on 20% of dialysis facilities in the Network service area. This data was also provided by the NCC, EQRS reports, and the respective corporate IT areas.

Data Quality CMS Form 2728, CMS Form 2746 Form Validation	
Number of 2728 forms reviewed	Number of 2746 forms reviewed
874	96

Chart 23: Admission Data Entered within 5 Days

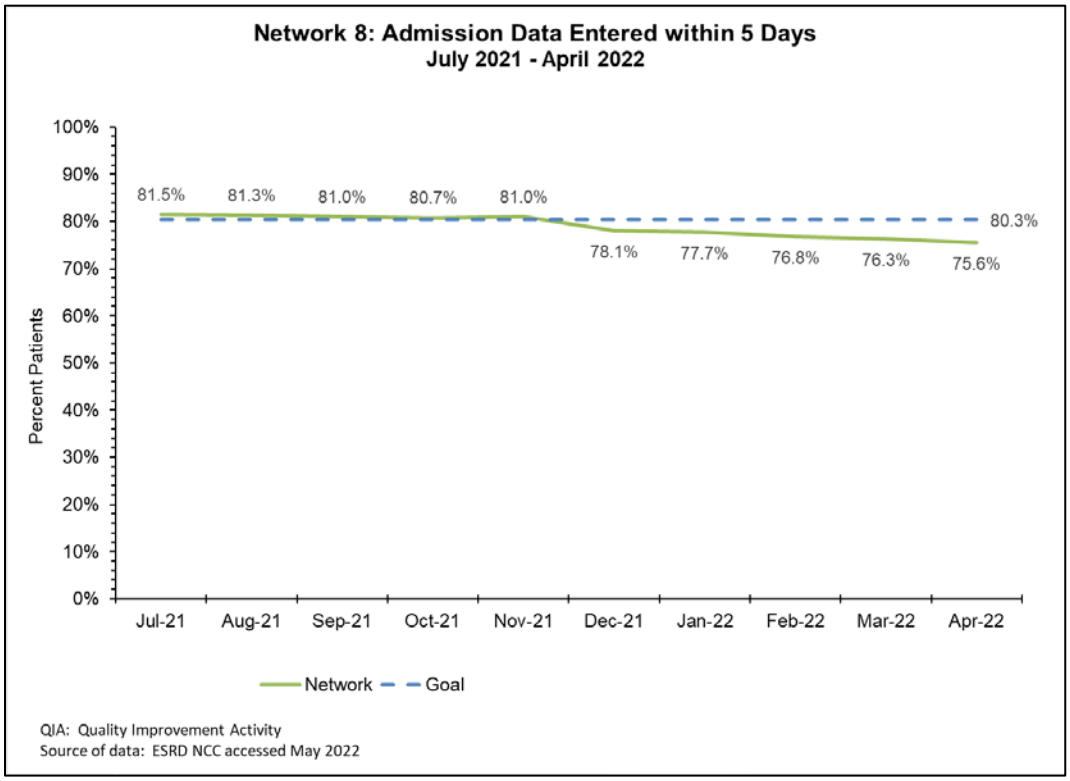


Chart 24: CMS-2728 Forms Submitted within 45 Days

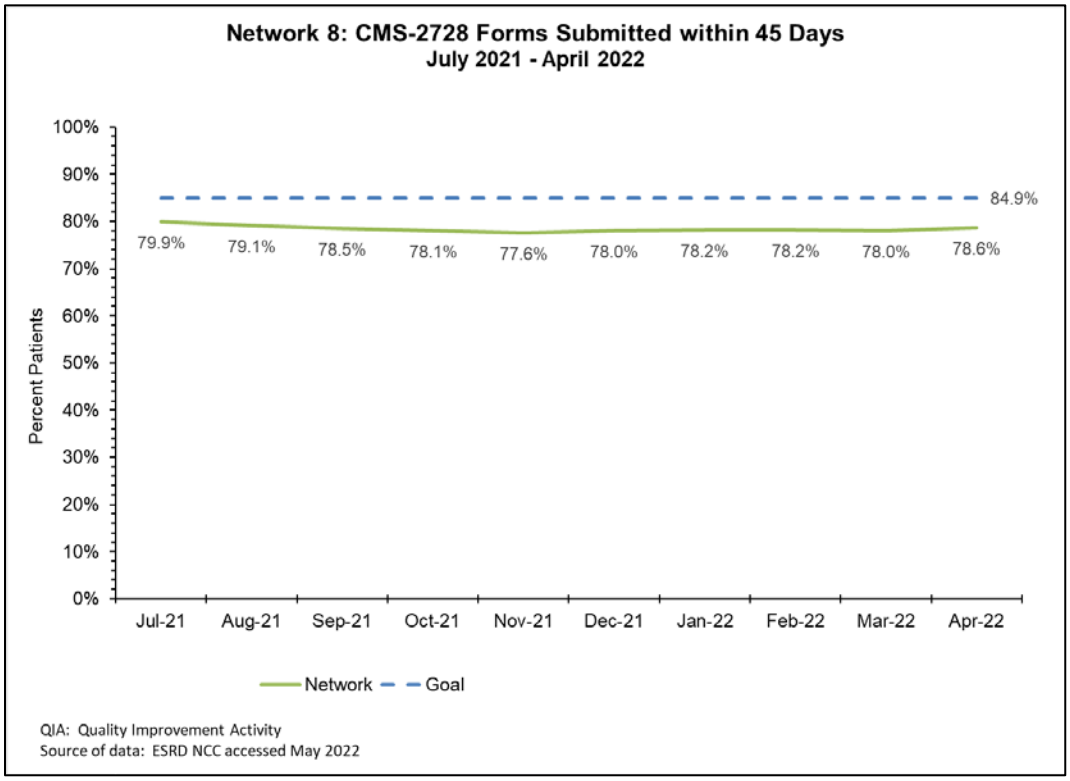
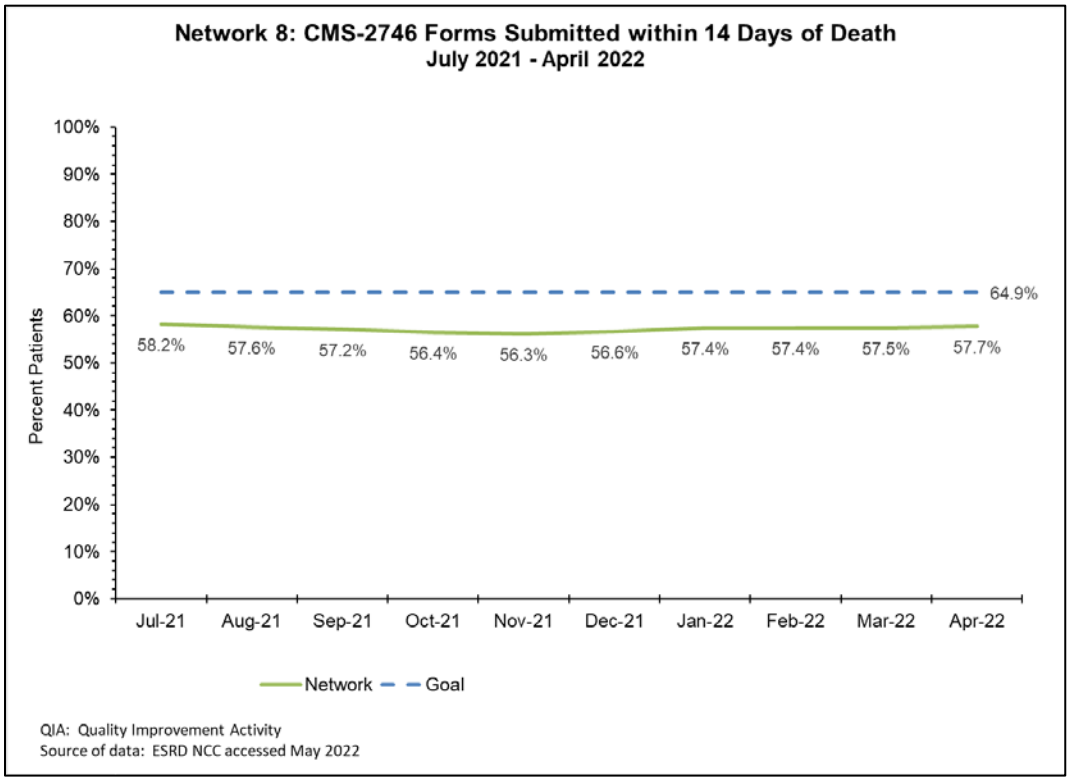


Chart 25: CMS-2746 Forms Submitted within 14 Days of Death



Hospitalization (Inpatient Admissions, ED Visits, Readmissions and COVID-19 Admissions) June 2021-April 2022

The COVID-19 pandemic limited ESRD providers' operations. Despite the impact of the pandemic, the Network worked toward improving the goals of this quality improvement activity with all facilities in the Network service area. The Network was not evaluated for the contract period from January 1, 2021, to May 31, 2021. During the modified period from June 2021-April 2022, the Network continued to provide technical assistance to facilities while staying focused on quality improvement goals to reduce emergency department visits and unplanned hospitalizations (including COVID-19). The Network aimed to achieve a 2% decrease in hospital admissions, a 2% decrease in hospital 30-day unplanned readmissions, a 2% decrease in outpatient emergency department visits, and a 25% decrease in the number of COVID-19 hospitalizations in the ESRD patient population.

In June 2021, the Network assembled a community coalition of SMEs and completed an RCA to identify the main barriers leading to unplanned hospitalizations.

The top three root causes identified included:

- Missed treatments associated with transportation challenges and not following treatment orders
- Repeat admissions to the hospital for dialysis treatments rather than directing the patient to an outpatient clinic to avoid an unnecessary admission
- Patients and staff failed to recognize early complications that could have been addressed more quickly at the facility level to avoid unplanned hospitalizations

Other important barriers included:

- Immunization fears and misconceptions
- Staff fatigue leading to reduced or ineffective patient education and follow-up
- Staffing and supplies shortages

Based on findings from community coalition meetings and feedback obtained from one-on-one interactions with providers, the Network identified and provided targeted interventions to dialysis facilities.

Interventions implemented included:

- Identifying patient champions who volunteered to share their stories with their peers (promoting self-care, following plan of care and treatment orders, receiving recommended immunizations)
- Identifying and assigning a designated facility's hospitalizations manager
- Providing patient and professional newsletters
- Utilizing the Forum of ESRD Networks Transitions of Care Toolkit

- Promotion and provision of tools such as Post-Hospitalization Checklist, Dialysis to Hospital Transfer Summary, Hospital to Dialysis Unit Transfer Summary, and 7-Day Readmission Checklist Audit Tool
- Promoting access to health information exchange programs (HIEs) and telehealth
- Utilization of vaccination and zone tools

Best practices identified during this project included:

- Continued partnership with Alliant Health Solutions QIN/QIO for Alabama and Tennessee
- Continued partnership with TMF Health Quality Institute, the QIN/QIO for Mississippi
- Community coalition meetings and brainstorming sessions
- Utilization of tools that enhance communication between providers
- Ensuring availability of tools and resources via the Network's website

Additionally, the feedback obtained from the one-on-one technical assistance provided to facilities allowed the Network to identify pressing needs and offer specific targeted interventions for each facility.

In summary, based on data provided by the ESRD NCC as of April 2022, the Network successfully maintained rates below the upper limit threshold established by CMS (as shown in the graphs below for all four measures). The Network will continue to partner with providers, patients, community experts and other stakeholders to improve unplanned hospitalization while providing interventions to mitigate primary chronic comorbidities in the ESRD population.

Chart 26: Rate of ESRD-Related Hospital Admission per 100 Patient Months

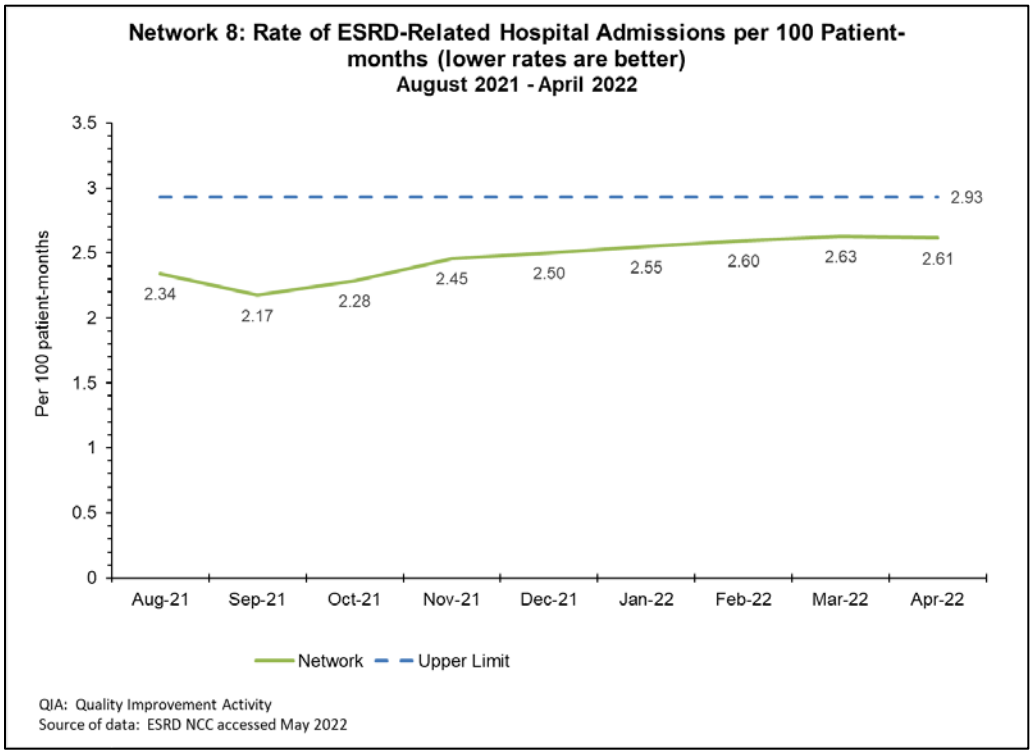


Chart 27: Outpatient Emergency Department Visits per 100 Patient Months

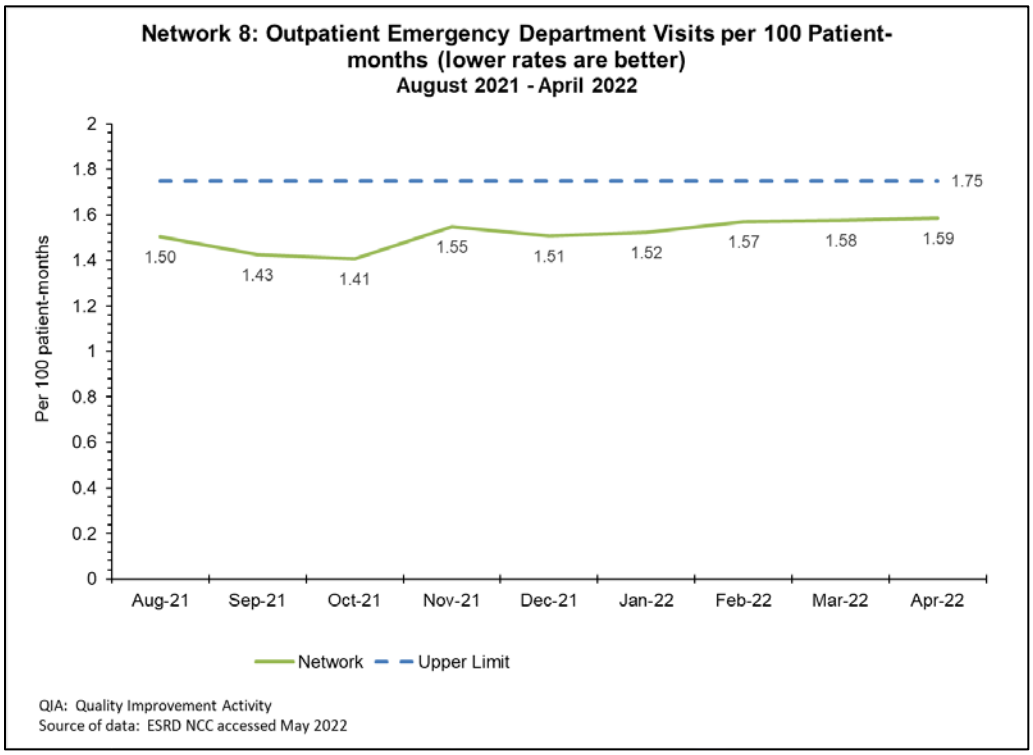


Chart 28: Hospital 30-Day Unplanned Readmissions

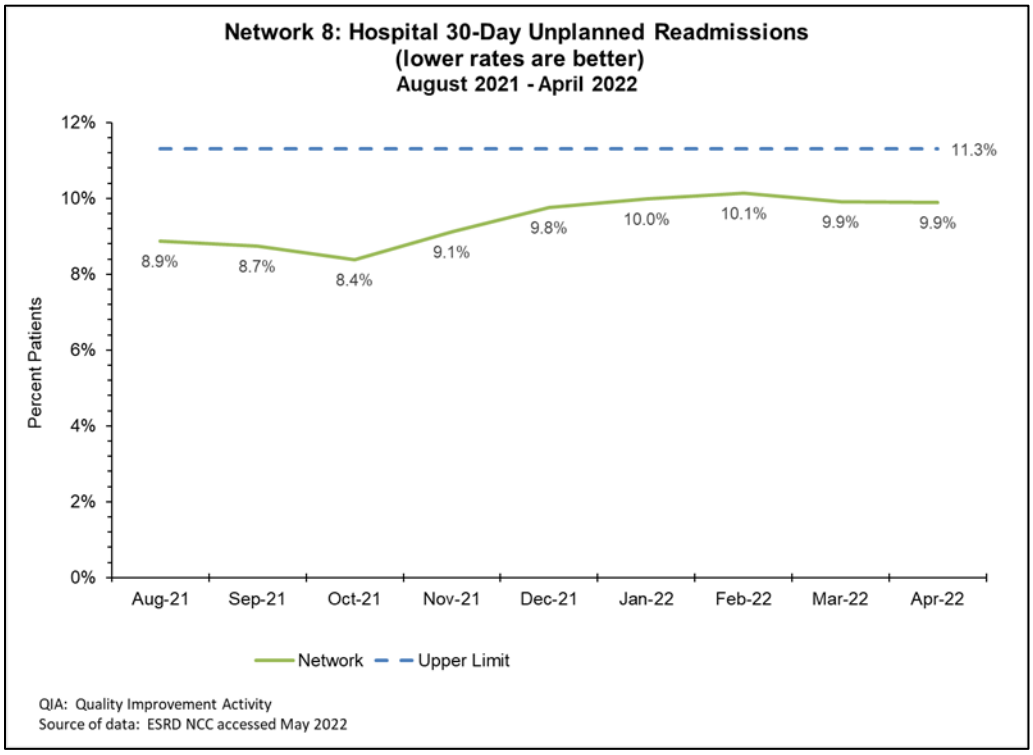
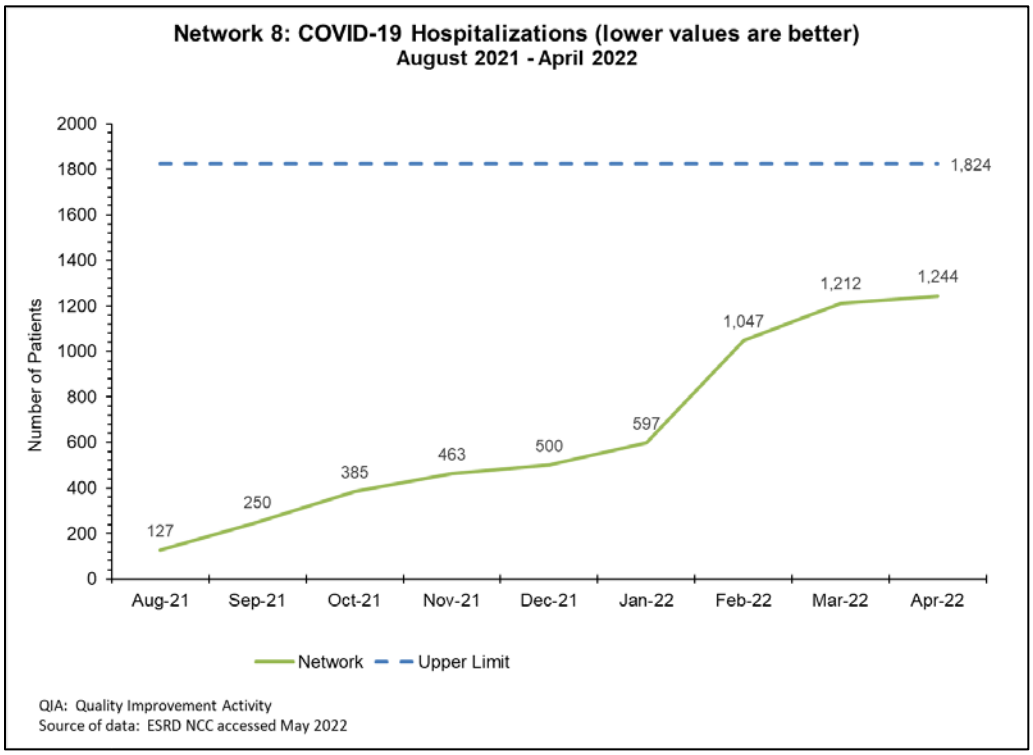


Chart 29: COVID-19 Hospitalizations



Depression June 2021-April 2022

Due to contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results. Despite not having data during the base year, the Network was able to begin educating facilities on proper depression detection, treatment and how to assess for cognitive decline. The base year provided insight into both barriers and best practices across the Network.

- 294 contacts for technical assistance were made with social workers, team leads, data recording departments and other facility personnel
- Barriers to treatment and screening were identified using one-on-one calls and behavioral health coalition members
- The Network conducted the Depression Detection mini-series with independent dialysis facilities
- Team leads and supervisors from the LDOs participated in a three-month cycle of coaching and obtaining additional resources
- Data recording practices for screening and treatment were assessed with contact from every provider in Network 8 in an effort to identify potential data recording issues
- Resources and providers offering services to patients suffering from depression were obtained from networking with the facilities across the Network. These were shared across the Network
- Process for best practice in the facility setting for screening and follow-up was established during the base year and formatted into a usable workflow chart to be shared with all facilities
- Developed a library of screening tools and educational materials to be used by facilities

Nursing Home June-April 2022

Network 8 was tasked with improving the quality of care for dialysis patients receiving renal replacement therapy within the skilled nursing facility (SNF) / long-term care (LTC) facility by reducing hemodialysis central line infections and peritonitis events and decreasing the number of blood transfusions. At the outset of this quality improvement (QI) activity, there were 27 patients within four facilities in Tennessee; by April 2022, two additional Tennessee programs had been added for a total of six SNF/LTC home dialysis programs. There are no SNF / LTC facilities in Alabama or Mississippi that currently offer home dialysis.

Networks were required to achieve a 4% decrease in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in nursing homes, a 2% decrease in peritonitis events, and a 2% decrease in the rate of dialysis patients receiving dialysis at nursing homes who also received a blood transfusion by April 30, 2022. Project goals for peritonitis and transfusion were met; however, due to zero hemodialysis catheter infections reported during the baseline period, the goal for hemodialysis central line infections was not met.

While data to support quality improvement efforts was not available until January 2022, the following interventions were utilized to address these metrics:

- Development of a coalition of stakeholders to assist with identifying local issues and potential interventions to address
- Individualized coaching calls with program leads to conduct needs assessments and explain the purpose and goals of QI activity
- Identification of facility-specific EQRS data contact with a monthly patient census review and assistance with patient admissions, discharges, and forms 2728 and 2746 completion as needed, as well as educating staff on new EQRS fields related to SNF/LTC setting and providing information on EQRS training opportunities
- Facility-specific coaching calls to review the fiscal year 2022 Dialysis Facility Report, focusing on infection and transfusion metrics
- Provision of monthly education for infection prevention and anemia management
- Provision of monthly data updates for each metric and patient-specific case reviews as warranted
- Monthly collaborative meeting with the Tennessee Department of Health covering topics such as LTC facility data trends, Project Frontline educational offerings, COVID-19 outbreaks, and additional available support such as infection control assessment and response surveys
- Quarterly collaborative meeting with Alliant Health Solutions, the Tennessee QIN-QIO, to identify areas of need and brainstorm potential solutions

Chart 30: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Homes

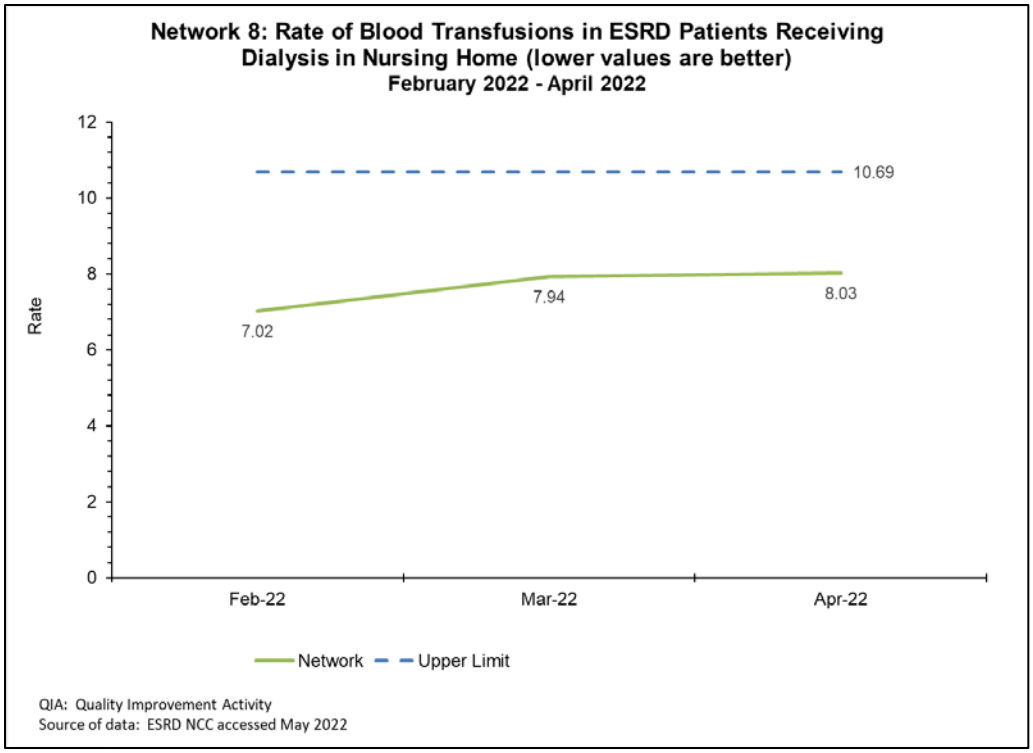


Chart 31: Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes

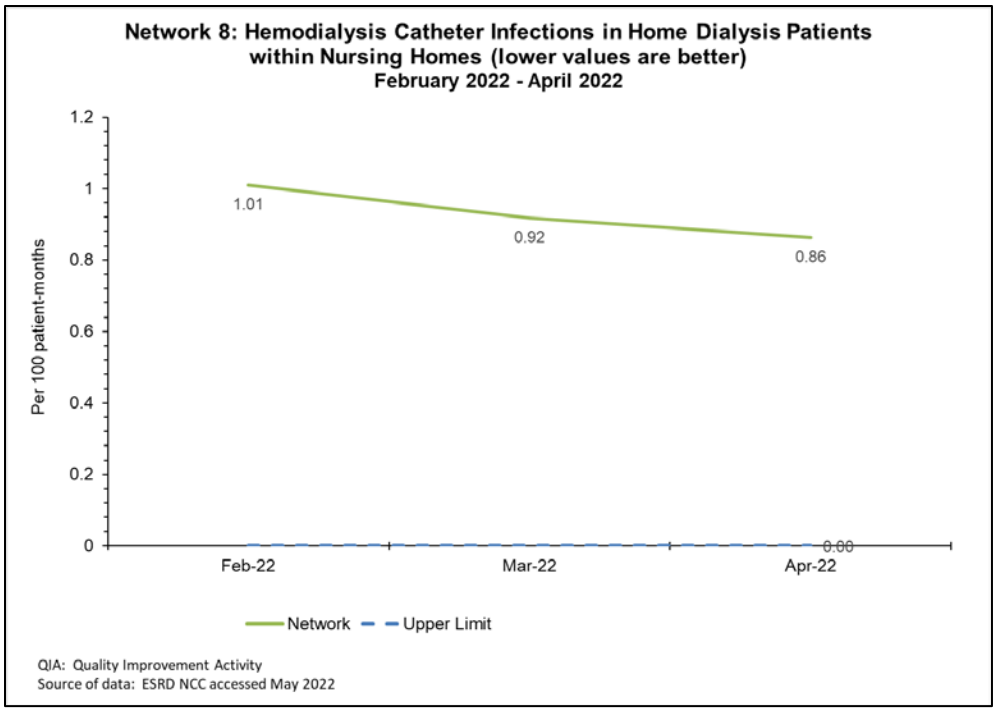
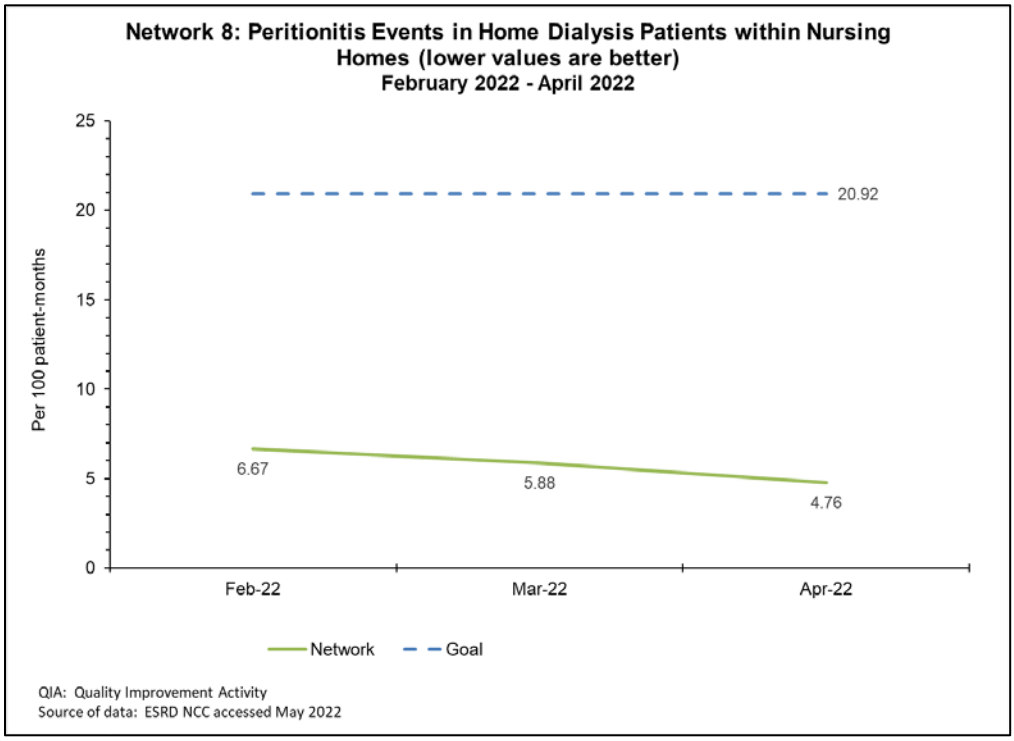


Chart 32: Peritonitis Events in Home Dialysis Patients within Nursing Homes



Telemedicine June 2021-April 2022

The Network was tasked with achieving a 2% increase in the number of rural patients using telemedicine for a home modality. The Network was able to add 658 patients using telemedicine for a home modality.

The Network conducted an RCA to determine the biggest barriers and challenges for facilities using telemedicine. Results of the RCA showed that facilities are providing and encouraging the use of telemedicine; however, patients continue to have some barriers and lack of comfort with telemedicine. The patient barriers include:

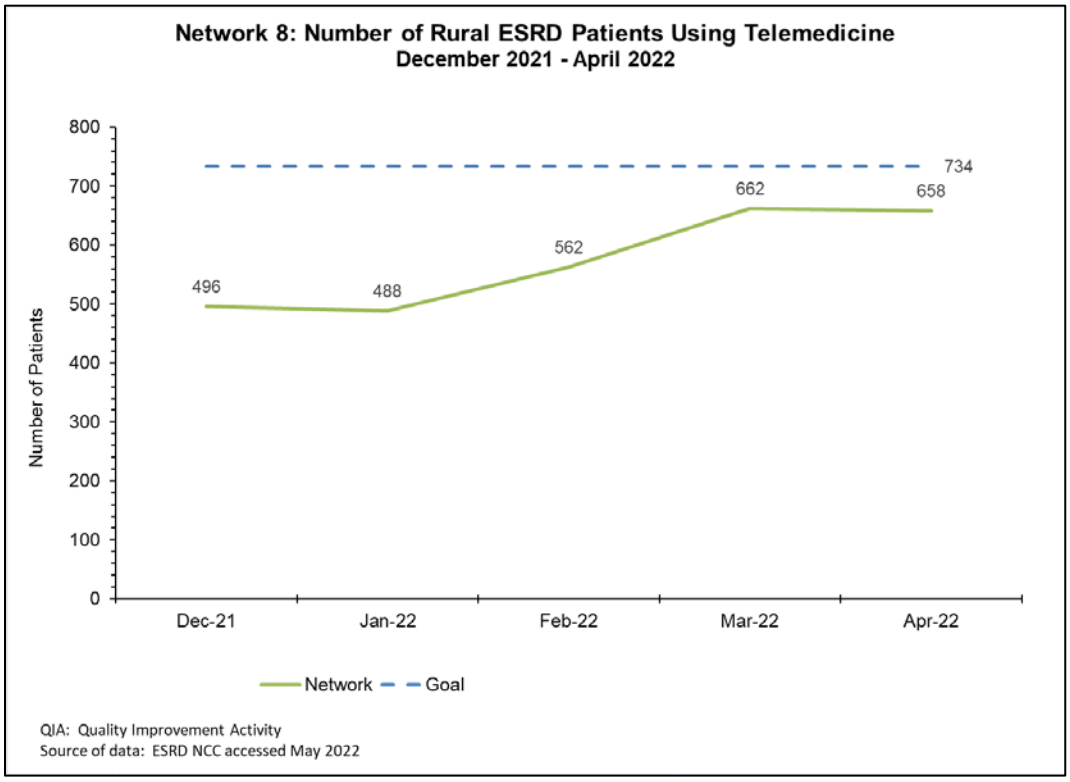
- Patients lack education on technology
- Patients lack the technology to use telemedicine
- Patients prefer to see a doctor face to face
- Older population's difficulties with technology

The Network provided one-on-one technical assistance, interventions, and resources to address these specific barriers. Some of the interventions and resources include:

- Data quality checks to ensure proper reporting of telemedicine in EQRS
- The Network 8 Patient Portal Telehealth page, with recent videos, flyers, and resourceful information regarding telehealth.
- The Doctor will see you now: Telemedicine Makes It Easy
- Kidney Patient Care: Your Guide to Telemedicine
- Five Things to Know about Telehealth During the COVID-19 Pandemic video
- COVID-19: Using Telehealth to Visit Your Doctor video
- IPRO Network's Stay Healthy Stay Home Telehealth Toolkit

By providing more consistent education, and one-on-one training with telemedicine to each patient at the facility, staff can help patients get more accustomed to using telemedicine. Dialysis patients, especially those in the older population, needed more one-on-one support and coaching on how to pull up the applications and use the devices. After this was provided, facilities found that patients had much more ease in using telemedicine as an option.

Chart 33: Number of Rural ESRD Patients Using Telemedicine



Vaccinations Pneumococcal 13 and 23 and Staff Influenza June 2021-April 2022

Networks were tasked to achieve the following pneumococcal conjugate (PCV13) and staff influenza vaccination rates by April 30, 2022:

- 10% increase in the number of patients receiving a PCV13 vaccination
- 90% of dialysis facility staff receive an influenza vaccination

Network facilities achieved the following PCV13 and staff influenza vaccination rates:

- Total of 15,360 patients received a PCV13 vaccination (1% increase)
- 35.8% of dialysis facility staff received an influenza vaccination

An RCA was conducted to determine facility-specific barriers related to low PCV13 and staff influenza vaccination rates. Commonly identified barriers included:

PCV13

- Vaccination hesitancy
- Lack of understanding
- Vaccine fatigue
- Political beliefs
- Allergies
- Refusal of all vaccines
- Lack of vaccination tracking system
- Religious beliefs
- Inaccurate data in EQRS

Staff Influenza

- Needle phobia
- Religious beliefs
- Allergies
- Political beliefs
- Required to always wear mask
- Inaccurate data in NHSN

Data were reviewed monthly by Network staff, and weekly technical assistance was provided. Interventions included:

- Development of a coalition of stakeholders to assist with identifying of barriers and potential interventions
- Facility-specific coaching calls to discuss rates, barriers and gaps in data
- Development of focus group to provide EQRS and NHSN data entry instructions to non-batch submitting facilities

- Provision of monthly educational resources to combat barriers
- Monthly collaboration with regional management to assist facilities with timely data validation and entry
- Assistance with the development and implementation of new processes to avoid future reporting gaps

Chart 34: ESRD Patients Receiving Pneumococcal Conjugate Vaccination (PCV13)

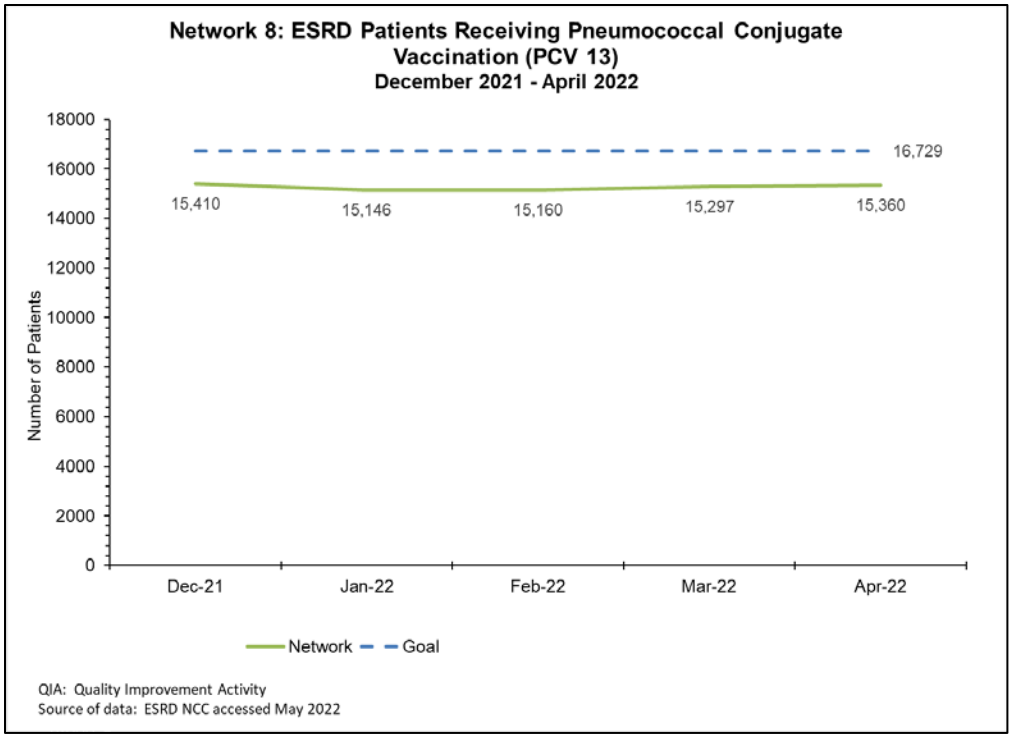
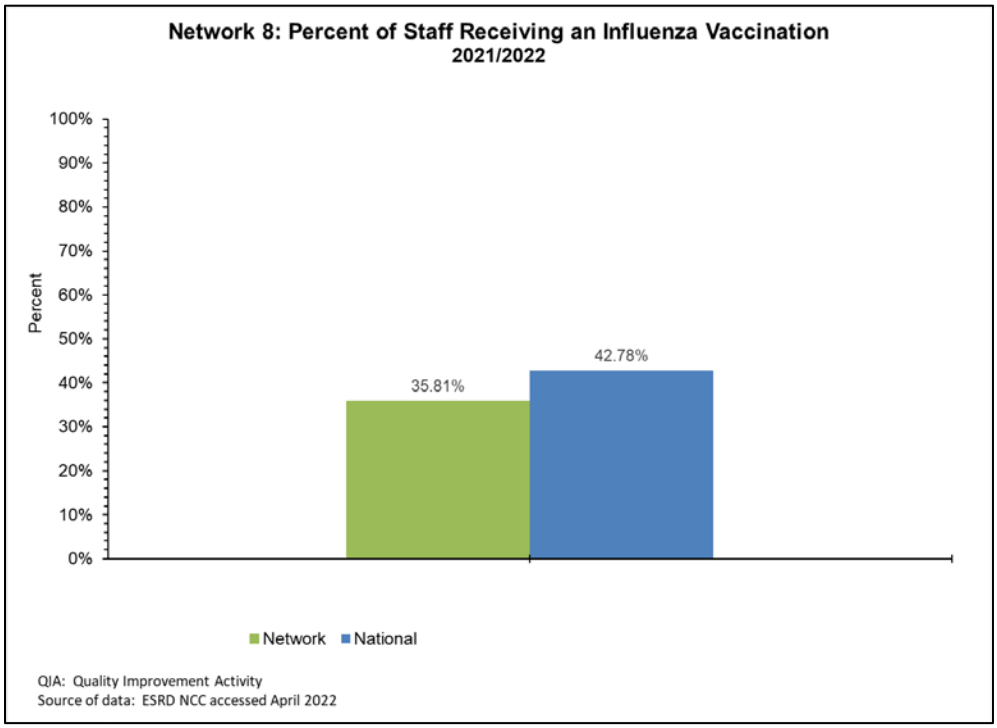
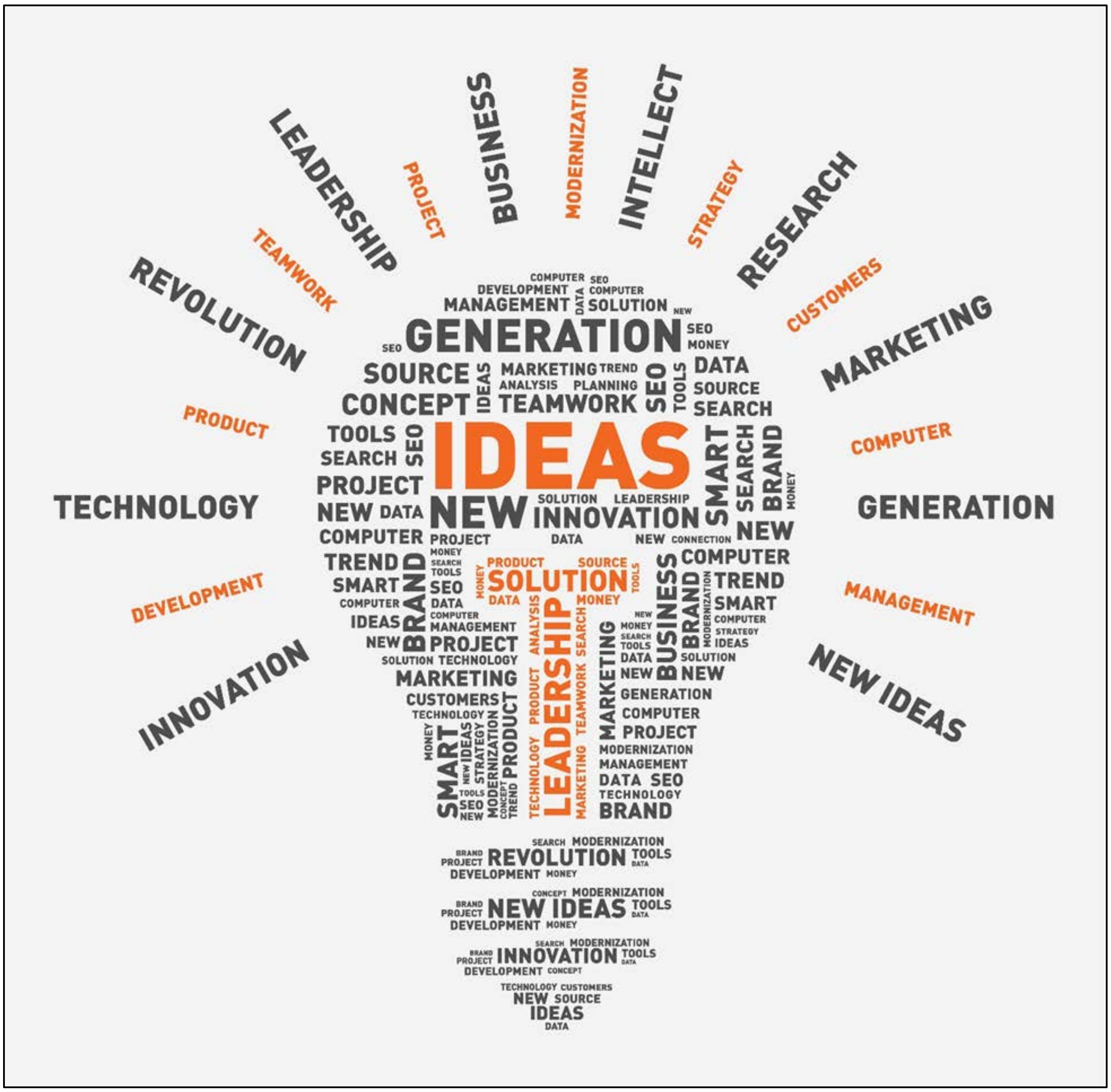


Chart 35: Percent of Staff Receiving in Influenza Vaccination




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

ESRD NETWORK RECOMMENDATIONS

Providers in the Network 8 region are monitored throughout the year for their participation in activities specified in the Network's CMS contract and performance on several quality metrics. Network 8 monitors facilities that are struggling to meet quality measures and develops an action plan for improvement. Facilities are provided a timeline for completing activities. 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 2021, there were no providers who consistently failed to cooperate with Network goals.

In 2021, Network 8's service area (Alabama, Mississippi, and Tennessee) experienced six new openings and 11 facility closures. Newly opened facilities consisted of an equal number of urban areas, and an equal number of facilities that were associated with a large dialysis organization was the same as the independently owned facilities. Of the 11 closures, 73% of the facilities were in an urban area, with 91% affiliated with a large dialysis organization. The facility closures resulted from dialysis organizations consolidating smaller patient census facilities for proportionate staffing.


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

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

In 2021, Network 8 continued to cope with the COVID-19 pandemic and its variants. Dialysis cohort facilities remained open to provide treatment for all patients who were COVID-19 positive and persons under investigation (PUI). Network 8 continued to work closely with the two QIN-QIOs that cover our three states, other state emergency management organizations, and individual state survey agencies to address the COVID-19 pandemic. Network 8 attended state emergency management calls as well as local community coalition calls to stay apprised of any current issues to best identify and provide needed resources for dialysis providers.

Network 8 continued to provide twice-monthly Provider Digests to distribute timely and relevant COVID-19 information to all dialysis facilities, covering topics such as locating credible sources of information, safe transportation practices, use of telemedicine, and information for screening and management of COVID-19. Network 8 also worked to optimize communication between nursing homes and dialysis units regarding COVID-19 test results and vaccinations as well as dialysis facility policy changes enacted to ensure optimal infection prevention. Network 8 also distributed other COVID-19 professional and patient educational material through fax blasts, email blasts, and website postings throughout the year.

Additionally, Network 8 submitted weekly Emergency Situational Status Reports to the Kidney Community Emergency Response (KCER) and CMS reporting staff and patient COVID-19 positive and PUI cases for independent and home-only programs without NHSN accounts. The Network also assisted facilities with creating NHSN accounts to allow direct entry into the system. For technical assistance, the Network identified facilities with significant case counts on a weekly basis and performed outreach to identify facility-specific barriers and provide resources to address such. Resources provided were vetted by Network 8 staff and the Network's MRB based on resources available and best practices utilized by other facilities with low COVID-19 case counts.

The Network Patient Services Department continually provided resources to help facilities address patients' impatience and fear, as well as addressing the mental health strain patients and staff faced due to the pandemic.

By December 2021, dialysis and transplant facilities were experiencing staffing and supply shortages. Sixteen facilities reported facility or shift closures due to the lack of staff. Supply shortages were addressed by facility staff traveling to distribution centers to obtain supplies that were delayed due to delivery issues, sharing supplies with sister facilities, and adjusting dialysate flow rates to minimize concentrate use while still providing adequate dialysis treatments.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

In 2021, the Network 8 service area experienced various weather conditions that impacted numerous facility operational statuses. Network staff responded to seven events, including winter storms, tornadoes, and hurricanes.

On February 15, Winter Storm Uri impacted all three states within the Network service area, leading to approximately 200 facilities with altered schedules and over 60 facility closures throughout the week. Throughout the event, Network staff remained in contact with affected facilities. Facilities implemented their emergency plans and made schedule adjustments to accommodate dialysis needs. Outreach was done to the Alabama, Mississippi, and Tennessee Departments of Health to update them on the operational status of dialysis facilities during Winter Storm Uri. The Texas ESRD Emergency Coalition (TEEC) hosted daily status calls with dialysis corporate leadership, KCER, ASPER, FEMA, and CMS to monitor needs and local conditions.

Tornados and severe weather events during January, March, June and December in different areas of the Network geographical areas resulted in a minor impact on the dialysis community. Network 8 staff was on hand to assist with patient and facility needs.

On August 30, Hurricane Ida made landfall in Louisiana before moving into Mississippi, causing storm surges and flooding. The storm was downgraded to a Tropical Storm before moving into Alabama and Tennessee. Network 8 staff assisted in the placement of 16 patients from Network 13, assisted facilities, hospitals, nursing homes, and other organizations as needed.

During and after each emergency disaster event, Network 8 staff provided, if applicable, the required CMS after-action reports and attended KCER hot wash meetings.

Additionally, Network 8 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 annual desktop exercises coordinated by KCER. The Network maintains an updated comprehensive emergency management plan and has a reciprocal relationship with a partner Network as well as a sister 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.

FORUM OF ESRD NETWORKS
KIDNEY PATIENT ADVISORY COUNCIL (KPAC)
FREQUENTLY USED ACRONYMS

2728	ESRD Medical Evidence Report
2744	Annual Facility Survey Form
2746	Death Notification Form
A	
AAKP	American Association of Kidney Patients
AAMI	Association for the Advancement of Medical Instrumentation
ACO	Accountable Care Organizations
AHCPR	Agency of Health Care Policy and Research
AHRQ	Agency for Healthcare Research and Quality
AHQA	American Health Quality Association (QIOs)
AJKD	American Journal of Kidney Disease
AKF	American Kidney Fund
AKI	Acute Kidney Injury / Acute Renal Failure
AMA	American Medical Association
ANNA	American Nephrology Nurses' Association
ARF	Acute Renal Failure
ASN	American Society of Nephrology
AV	Arteriovenous
AVF	Arteriovenous Fistulae
AVG	Arteriovenous Graft
B	
BAC	Beneficiary Advisory Council (Forum)
BFR	Blood Flow Rate
BIC	Beneficiary Identification Code
BIPA	Benefits Improvement and Protection Act
BUN	Blood Urea Nitrogen
BOD	Board of Directors
BSA	Body Surface Area
BSN	Bachelor of Science in Nursing
BSW	Bachelor of Social Work
BUN	Blood Urea Nitrogen
BV	Blood Volume
C	
CAD	Cadaveric Donor
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAN	Chronic Allograft Nephrology
CAPD	Continuous Ambulatory Peritoneal Dialysis
CCHT	Certified Clinical Hemodialysis Technician
CCl	Creatinine Clearance
CCPD	Continuous Cycling Peritoneal Dialysis

CCSQ	Centers for Clinical Standards & Quality (CMS)
CCT	Controlled Clinical Trial
CDC	Centers for Disease Control and Prevention
CDE	Certified Diabetes Educator
CDN	Certified Dialysis Nurse
CDS	Core Data Set
CEU	Continuing Education Unit
CfC	Conditions for Coverage
CHT	Certified Hemodialysis Technician
CKD	Chronic Kidney Disease
CME	Continuing Medical Education
CMHCB	Care Management for High Cost Beneficiaries
CMMI	Center for Medicare and Medicaid Innovation (CMS)
CMO	Chief Medical Officer
CMS	Centers for Medicare & Medicaid Services
CMSDC	CMS Data Center
CMSW	Certified Master of Social Work
CNN	Certified Nephrology Nurse
CNSW	Council of Nephrology Social Workers
CO	Central Office (CMS)
COB	Coordination of Benefits
COI	Conflict of Interest
COPs	Conditions of Participation
CPHQ	Certified Professional in Healthcare Quality
CPM	Clinical Performance Measures
CQI	Continuous Quality Improvement
CQISCO	Consortium for Quality Improvement & S & C Operations (CMS, Regional Offices)
CRI	Chronic Renal Insufficiency
CROWN	Consolidated Renal Operations in a Web-enabled Network
CRRT	Continuous Renal Replacement Therapy
CSC	Computer Sciences Corporation
CV	Curriculum Vitae

D

DEPCH	Division of ESRD, Population and Community Health (CMS)
DFC	Dialysis Facility Compare
DHHS	Department of Health and Human Services
DHIT	Division of Health Information Technology (CMS)
DHR	Department of Human Resources
DM	Data Manager
DOPPS	Dialysis Outcomes Practice Patterns Study
DON	Director of Nursing
DOQI	Dialysis Outcomes Quality Initiative
DPC	Decreasing Dialysis Patient/Provider Conflict
DPMCE	Division of Program, Management, Communication and Evaluation (CMS)
DQIIMT	Division of Quality Improvement Innovations Model Testing (CMS)
DQM	Division of Quality Measurement (CMS)

DRG	Diagnosis Related Group
DTCP	Division of Transforming Clinical Practices (CMS)
DVA	Department of Veteran's Affairs
DVIQR	Division of Value, Incentives & Quality Reporting (CMS)
DW	Dry Weight

E

EC	Executive Committee of the Network
ED	Executive Director
EDAC	Executive Director Advisory Council (Forum)
EDEES	ESRD Data Entry and Editing System
eGFR	Estimated Glomerular Filtration
EGHP	Employer Group Health Plan
EHR	Electronic Health Record
ELAB	Electronic collection of lab data
eKt/V	Equilibrated Kt/V (See Kt/V)
EOB	Explanation of Benefits
EPO	Epogen or Erythropoietin
ESCO	ESRD Seamless Care Organizations
ESRD	End Stage Renal Disease
eSOURCE	ESRD Software for our Users in Renal Care Environments

F

FDA	Food & Drug Administration
FF	Fistula First
FFBI	Fistula First Breakthrough Initiative
FFS	Fee For Service
FI	Fiscal Intermediary
FMQAI	Florida Medical Quality Assurance, Inc (QIO)
FNP	Family Nurse Practitioner
FORUM	Forum of ESRD Networks
FPR	Final Project Report
FY	Fiscal Year

G

GAO	General Accounting Office
GFR	Glomerular Filtration Rate
GTL	Government Task Leader (CMS)

H

HAI	Healthcare-Associated Infections
HbsAb	Hepatitis B surface antibody
HbsAg	Hepatitis B surface antigen
HBV	Hepatitis B Virus
HCFA	Health Care Financing Administration (Now CMS)
HCQIP	Health Care Quality Improvement Program
HCT	Hematocrit
HD	Hemodialysis
HENs	Hospital Engagement Networks

HGB	Hemoglobin
HHA	Home Health Agency
HHD	Home Hemodialysis
HHS	Department of Health and Human Services
HIC	Health Insurance Claim
HIE	Health Information Exchange
HIPAA	Health Information Portability and Accountability Act
HIT	Health Information Technology
HMO	Health Maintenance Organization
Hx	History

I

ICD-9-CM	International Classification of Disease, 9th Revision, Clinical Modification
ICH CAHPS	In-Center Hemodialysis CAHPS
IHI	Institute for Healthcare Improvement
IM	Information Management
IOM	Institute of Medicine
IPD	Intermittent Peritoneal Dialysis
IPRO	Island Peer Review Organization (QIO)
IPP	Innovation Pilot Project
ISHD	International Society of Hemodialysis
IT	Information Technology
IV	Intravenous
IVD	Involuntary Discharge
IVT	Involuntary Transfer

J

JAMA	Journal of the American Medical Association
JASN	Journal of the American Society of Nephrology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

K

Kt/V	A method to measure adequacy of dialysis. K = the dialyzer clearance, t = time on dialysis, and V =volume of water in the patient's body.
KCER	Kidney Community Emergency Response
KCP	Kidney Care Partners
KCQA	Kidney Care Quality Alliance (part of KCP)
KDIGO	Kidney Disease: Inspiring Global Outcomes
KDOQI	Kidney Disease Outcomes Quality Initiative
KEEP	Kidney Early Evaluation Program
KPAC	Kidney Patient Advisory Council (KPAC)

L

LAN	Learning & Action Network
LCSW	Licensed Clinical Social Worker
LDO	Large Dialysis Organization
LISW	Licensed Independent Social Worker
LMSW	Licensed Master of Social Work
LORAC	Life Options Rehabilitation Advisory Council

LPN	Licensed Practical Nurse
LRD	Living Related Donor
LRD	Licensed Registered Dietician
LTFU	Lost to Follow-Up
LURD	Living Unrelated Donor

M

M+C	Medicare + Choice
MAC	Medical Advisory Council (Forum)
MCO	Managed Care Organization
MD	Medical Doctor'
MDH	Medicare Dependent Hospital
MDO	Medium Dialysis Unit
MedPAC	Medicare Payment Advisory Commission
MEI	Medical Education Institute
MPH	Master of Public Health
MRB	Medical Review Board
MSN	Master of Science in Nursing
MSW	Master of Social Work
MU	Meaningful Use

N

NANT	National Association of Nephrology Technicians/Technologists
NC	Network Council
NCC	Network Coordinating Council
NCQA	National Committee for Quality Assurance
NEJM	New England Journal of Medicine
NEPOP	New ESRD Patient Orientation Packet
NHHD	Nocturnal Home Hemodialysis
NHSN	National Healthcare Safety Network
NIDDK	National Institute for Diabetes and Digestive and Kidney Diseases
NIH	National Institutes of Health
NIP	National Improvement Plan
NIPD	Nocturnal Intermittent Peritoneal Dialysis
NKDEP	National Kidney Disease Education Program
NKF	National Kidney Foundation
NKR	National Kidney Registry
NN&I	Nephrology News & Issues
NPP	Narrative Project Plan
NPSF	National Patient Safety Foundation
nPCR	Normalized Protein Catabolic Rate
NQF	National Quality Forum
NQS	National Quality Strategies (CMS)
NRAA	National Renal Administrators Association
NVAII	National Vascular Access Improvement Initiative

O

OAGM	Office of Acquisition & Grants Management (CMS)

OCSQ	Office of Clinical Standards and Quality
ODIE	Online Data Input and Edit
OGC	Office of General Council (CMS)
OHRP	Office of Human Research Protection
OIC	Opportunity to Improve Care
OIG	Office of Inspector General (CMS)
ONC	Office of the National Coordinator for Health Information Technology
OPO	Organ Procurement Organization
OPTN	Organ Procurement and Transplant Network
ORD	Office of Research and Demonstrations
ORS	Office of Regulatory Services
OSCAR	Online Survey Certification Reporting
OSHA	Occupational Safety and Health Administration
OY	Option Year

P

PA	Physician's Assistant
PAR	Patient Activity Report
PCP	Primary Care Physician
PCT	Patient Care Technician
PCU	Patient Contact Utility
PD	Peritoneal Dialysis
PFCC	Patient & Family Centered Care
PfP	Pay for Performance
PfP	Private for Profit
PFP	Priority Focus Process
PhD	Philosophy Doctorate
PHIPP	Population Health Innovation Pilot Project
PID	Project Idea Document
PIP	Performance Improvement Plan
PKCI	Peer Kidney Care Initiative
PKD	Polycystic Kidney Disease
PMMIS	Program Management and Medical Information System
PO	Project Officer (CMS)
PPS	Prospective Payment System
PRO	Peer Review Organization (Now called QIO)
PSC	Patient Services Coordinator
PSD	Patient Services Director

Q

QA	Quality Assurance
QAPI	Quality Assurance and Performance Improvement
QCPC	Quality Conference Planning Committee (Forum)
QI	Quality Improvement
QID	Quality Improvement Director
QIG	Quality Improvement Group (CMS)
QIIG	Quality Improvement and Innovation Group (CMS)

QIO	Quality Improvement Organization (Formerly PRO)
QIP	Quality Improvement Project
QIS	Quality Improvement Specialist
QMHAG	Quality Measurement & Health Assessment Group (CMS)
QMVIG	Quality Measurement & Value-Based Incentive Group (CMS)
QNET	Quality Net (Exchange vs. Conference)

R

RD	Registered Dietician
REBUS	Renal Beneficiary Utilization System
REMIS	Renal Management Information System
RHIT	Registered Health Information Technician
RN	Registered Nurse
RO	Regional Office (CMS)
ROPO	Regional Office Project Officer
RPA	Renal Physicians' Association
RSN	Renal Support Network

S

SA	State Agency/ State Survey Agency
SC	Subcutaneous
SIMS	Standard Information Management System
SKF	Skilled Nursing Facility
SLE	Systemic Lupus Erythematosus
SME	Subject Matter Expert
SOD	Statement of Deliverables
SOW	Statement of Work
SSA	Social Security Administration
SSN	Social Security Number

T

TCPI	Transforming Clinical Practice Initiative (CMS)
TCV	Total Cell Volume
TEP	Technical Expert Panel
TQE	Total Quality Environment
Tsat	Transferring Saturation
TX	Transplant

U

UKM	Urea Kinetic Modeling
UNOS	United Network of Organ Sharing
UPI	Unique Patient Identifier
UPIN	Unique Physician Identification Number
URR	Urea Reduction Ratio
USRDS	United States Renal Data System
USAT	Unit Self-Assessment Tool

V

VA	Veteran's Administration or Veteran's Affairs
VHA	Veteran's Health Administration

VISION	Vital Information System to Improve Outcomes in Nephrology
VR	Vocational Rehabilitation

W X Y Z

WHO	World Health Organization

Additional Acronym and Glossary Resources

NKF Glossary of Terms
https://www.kidney.org/atoz/content/simple-kidney-vocabulary-list

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

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

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

Kidney Care Partners
https://kidneycarepartners.com/glossary-of-terms/