



ESRD Network 14

2022

Annual Report

This report will cover quality improvement efforts led
by ESRD Network 14 from
Base Period of Task Order Number 75FCMC21F0002
from May 1, 2022- April 30, 2023.

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ESRD Demographic Data

The End-Stage Renal Disease (ESRD) Network 14 contract is held by Alliant Health Solutions (AHS), as is the ESRD Network 8 contract. AHS is a Network of Quality Improvement and Innovation Contractor (NQIIC) under contract with the Center for Medicare & Medicaid Services (CMS) for quality improvement services. AHS provides federal and state government entities with the services, expertise, and information systems necessary to increase the effectiveness, accessibility and value of health care. AHS is also the division that manages Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) work. As a leading provider of innovative health solutions, AHS' services include utilization management, program integrity, and quality improvement while being clinically led, technology-driven, and customer-focused. 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.

Network 14 serves the ESRD community in Texas, with the administrative office in Dallas, Texas. Administrative guidance is received from the Alliant Board of Directors; program oversight from the Medical Review Board (MRB); program development advice and consultation from patient subject matter experts (SMEs) who form the Patient Advisory Council (PAC); ESRD professionals who serve on the Texas ESRD Emergency Coalition (TEEC); and the Network Council (NC).

Geography and General Population

Texas is the second-largest state in the United States by territory (268,596 thousand square miles¹) and population (estimated at 30 million²). Houston is the most populous city in Texas and the fourth largest in the United States, San Antonio is the second most populous in the state and seventh largest in the United States, and Dallas is the third most populous in the state and ninth largest in the United States³.

ESRD Population

In 2022, nine new Medicare-certified dialysis facilities opened in the Network service area, and 24 Medicare-certified dialysis facilities closed, bringing the total number of facilities to 772 (Chart 3). Approximately 80% of the dialysis facilities in Network 14 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, 2022, data shows that Network 14 served 46,201 in-center patients and 8,032 home patients (Chart 1). There were an additional 23,855 kidney transplant patients who received care at one of 25 transplant units, bringing the total Network 14 ESRD population to 78,088. By modality type, 59% of ESRD patients received in-center dialysis, 10% dialyzed at home, and 31% had a kidney transplant.

¹ <https://worldpopulationreview.com/state-rankings/states-by-area>

² <https://census.gov>

³ <https://worldpopulationreview.com/us-cities>

A geographic area of this size that is home to a large general populace and a substantial population with kidney failure is a major factor in having a significant number of dialysis facilities and transplant centers operating in the state. End-Stage Renal Disease Quality Reporting System (EQRS) data indicated that, in 2022, ESRD Network 14 had the largest percentage of prevalent ESRD patients by Network (Chart 4). By treatment modality, ESRD Network 14 was the largest Network of the national total home hemodialysis and peritoneal dialysis patients (Chart 7) and the national total transplant patients by ESRD Network (Chart 8).

Chart 1: Count of Prevalent ESRD Patients by Treatment Setting

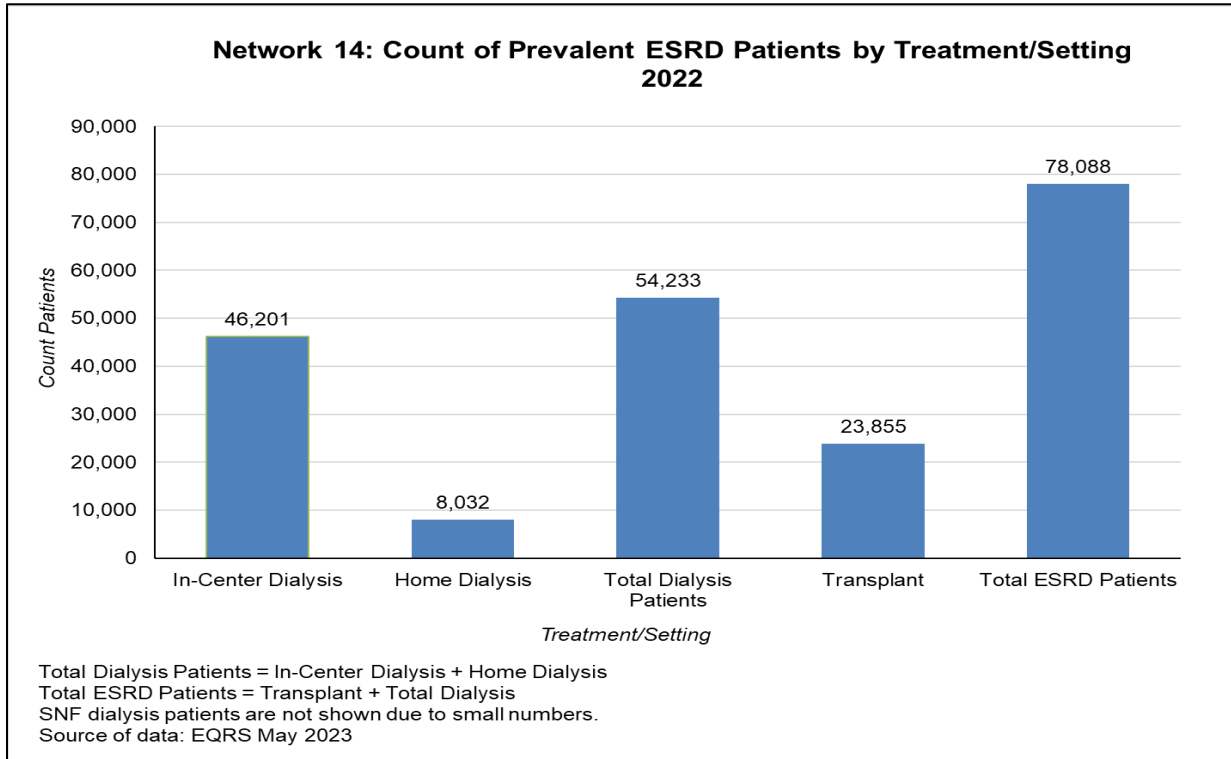


Chart 2: Count of Incident ESRD Patients by Initial Treatment

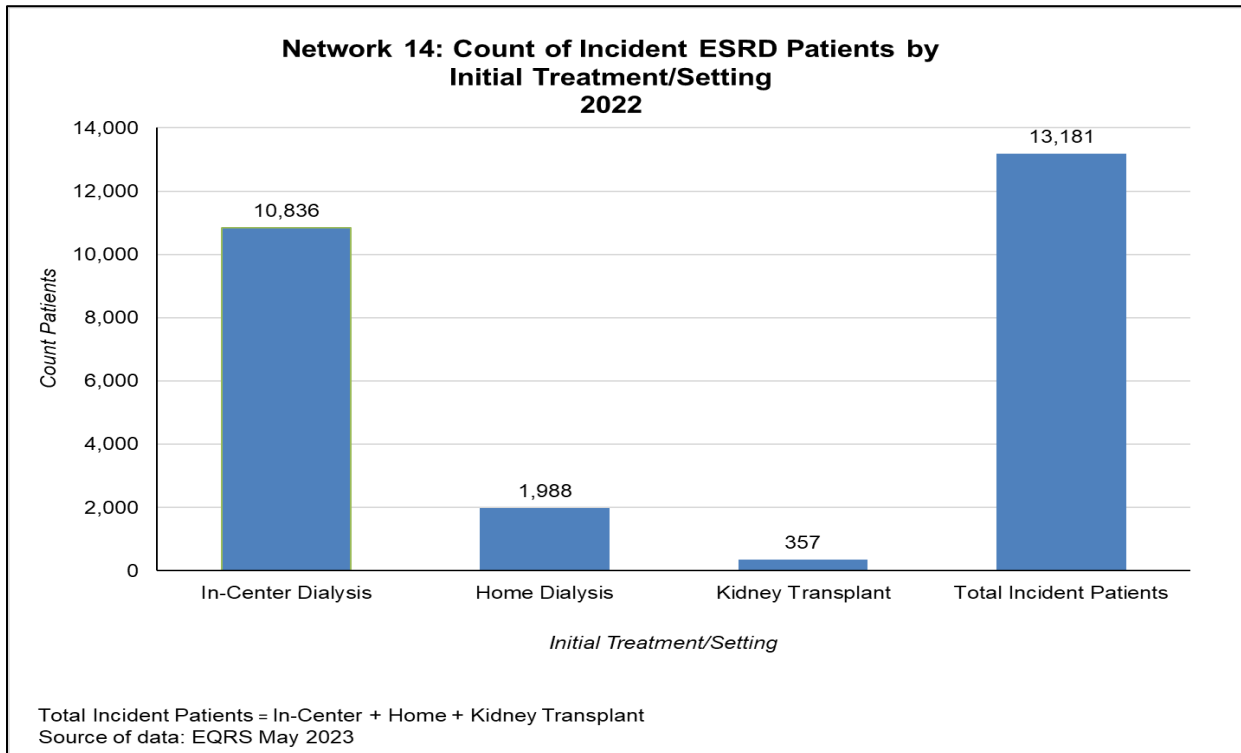


Chart 3: Count of Medicare-Certified Facilities by Treatment Setting

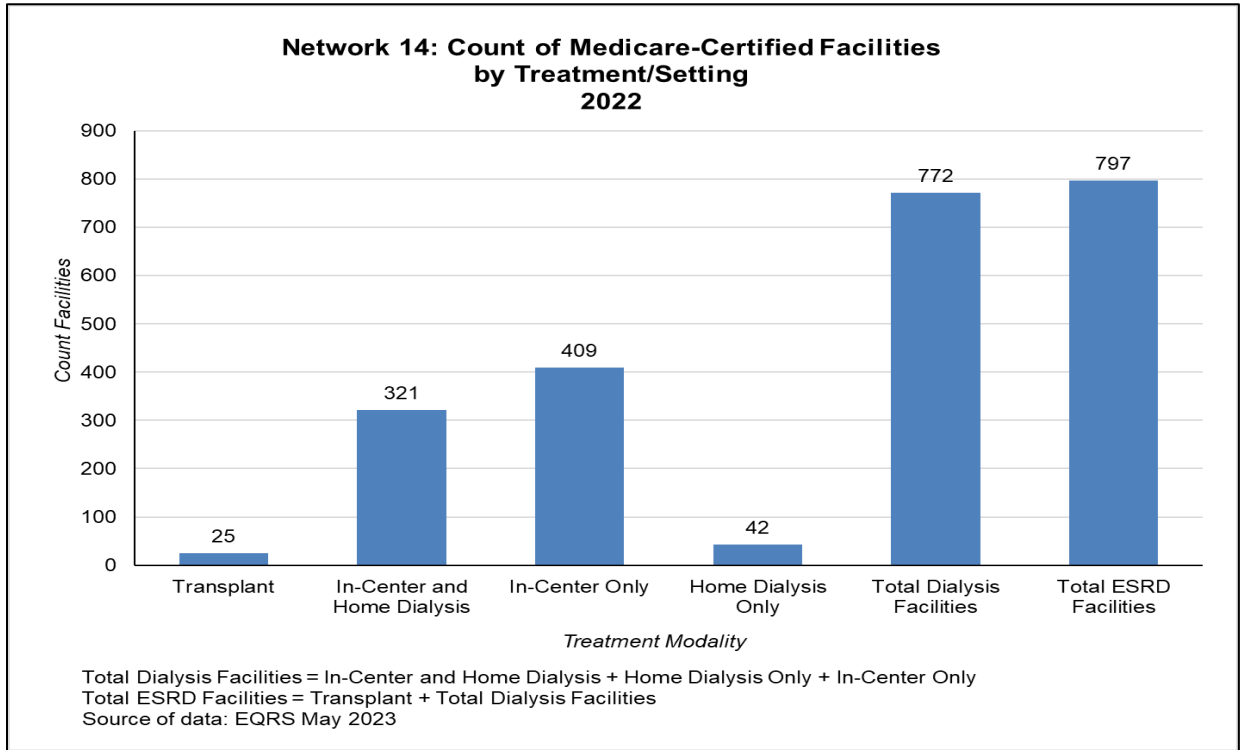


Chart 4: Percent of National Prevalent Dialysis Patients by ESRD Network

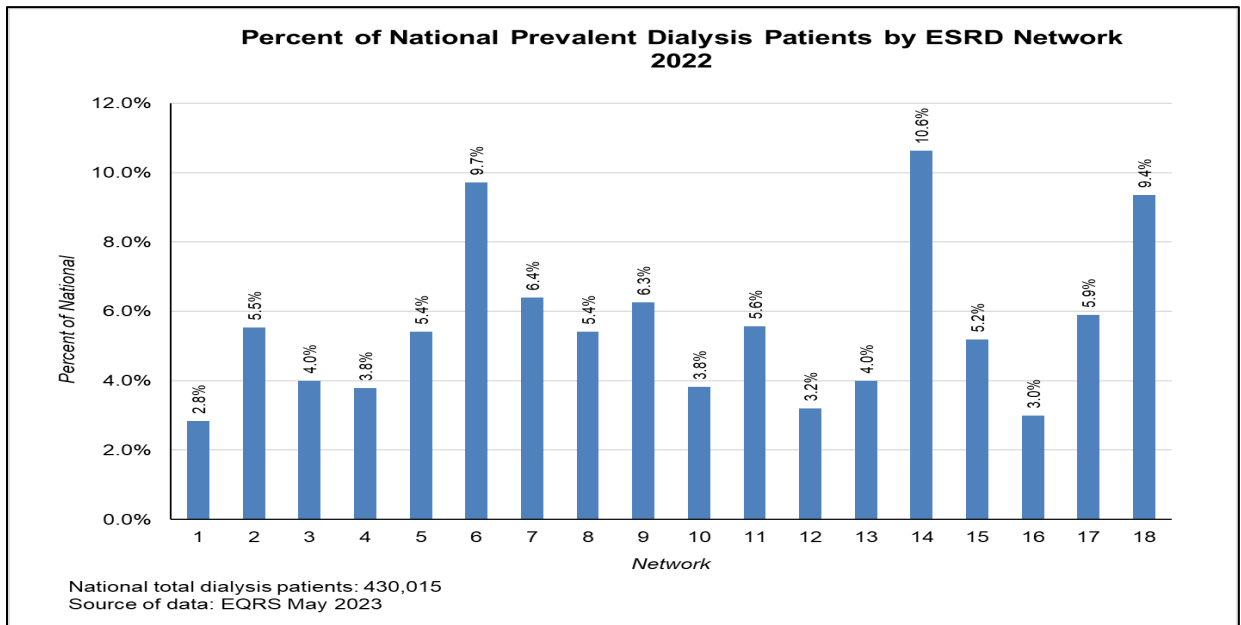


Chart 5: Percent of National Incident Dialysis Patients by ESRD Network

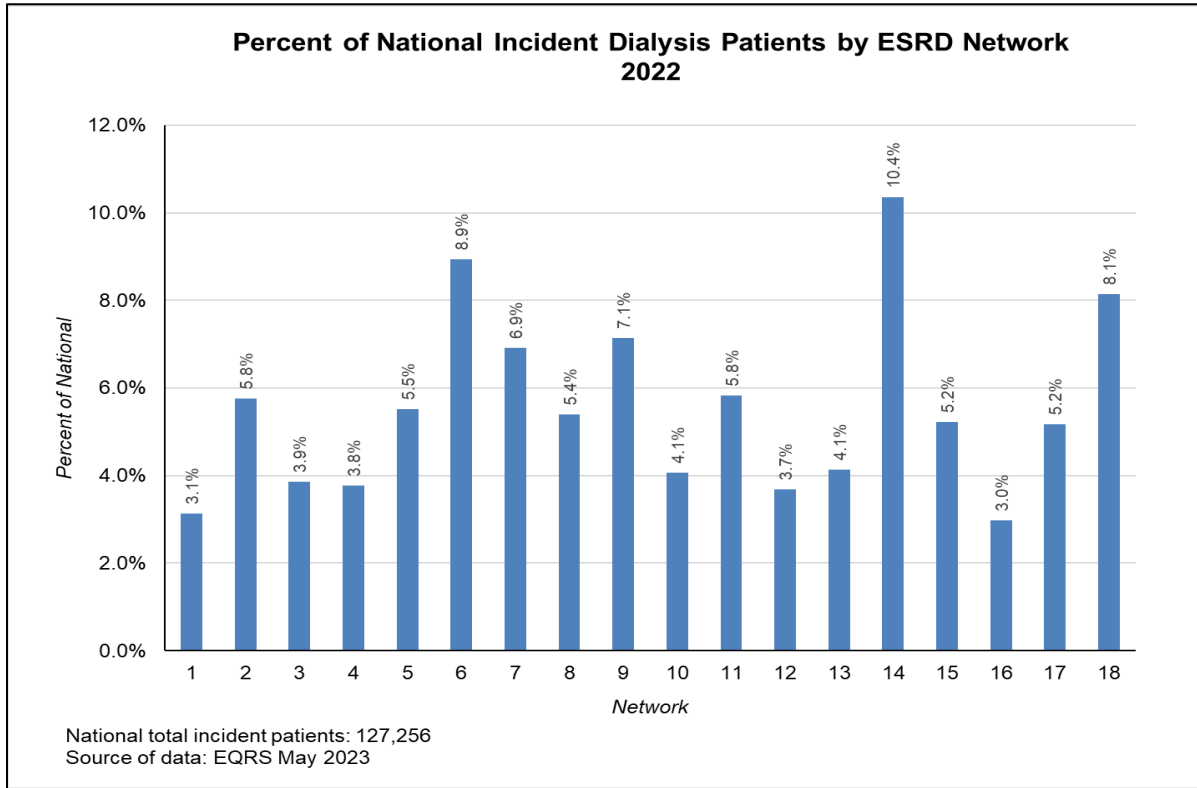


Chart 6: Percent of Medicare-Certified Dialysis Facility by ESRD Network

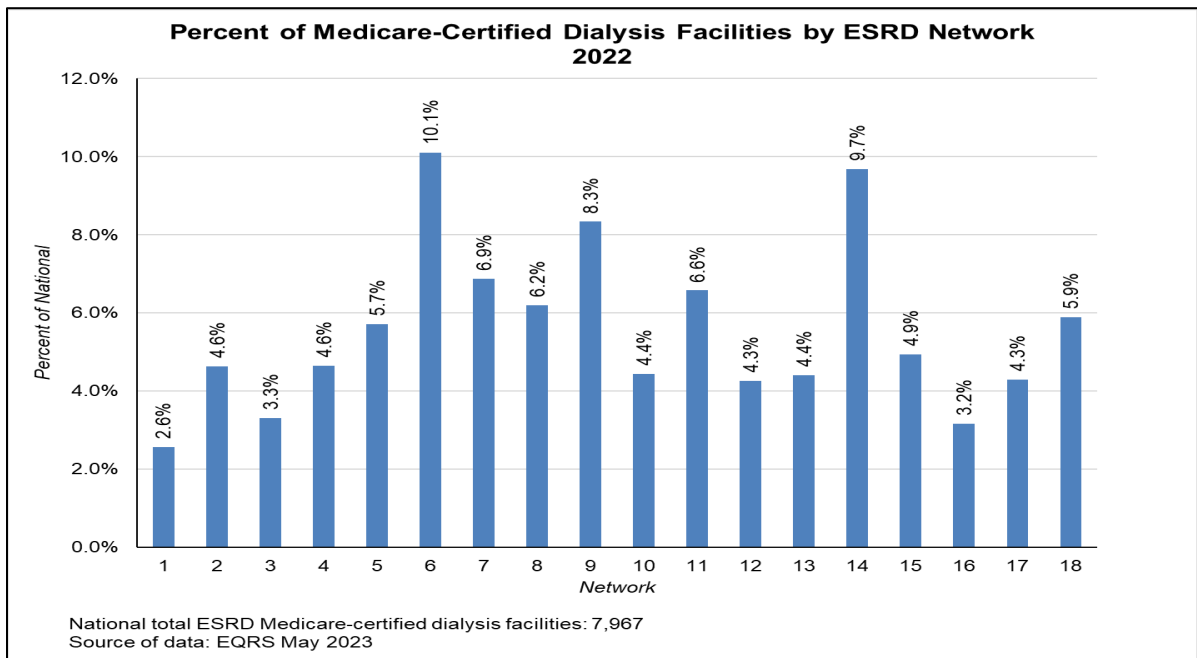


Chart 7: Percent of National Home Hemodialysis and Peritoneal Dialysis

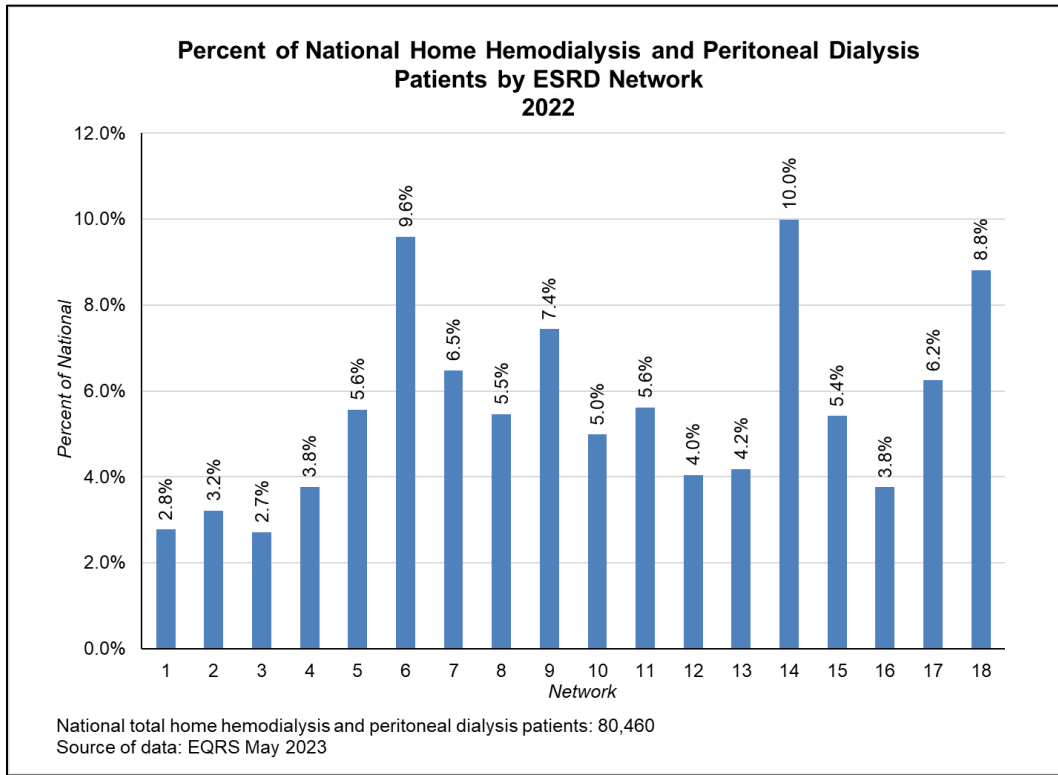


Chart 8: Percent of National Transplant Patients by ESRD Network

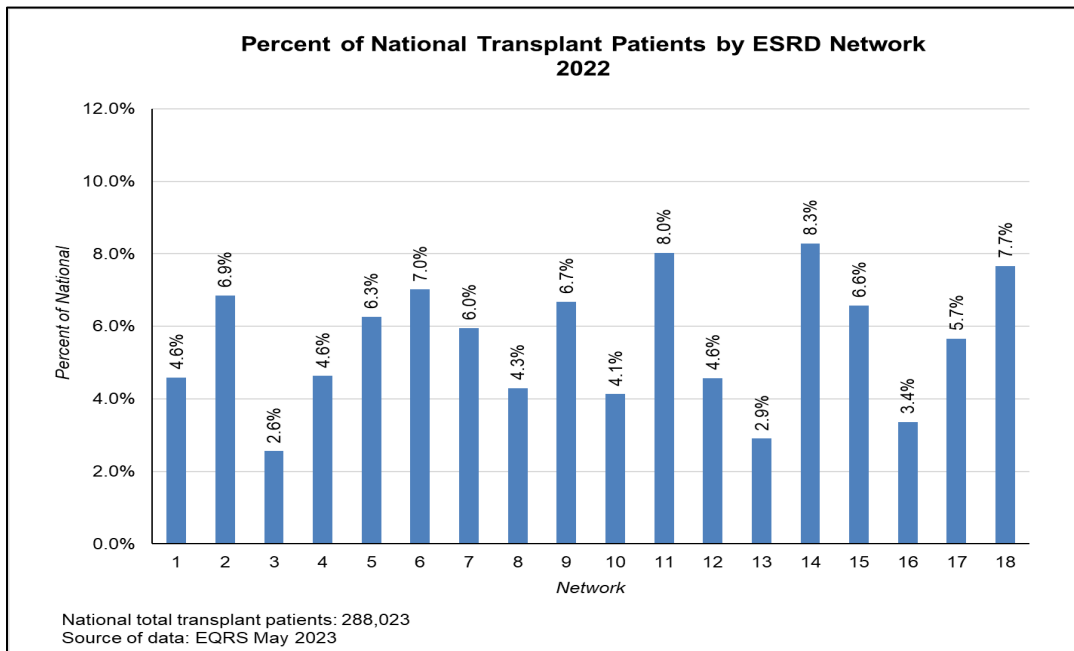
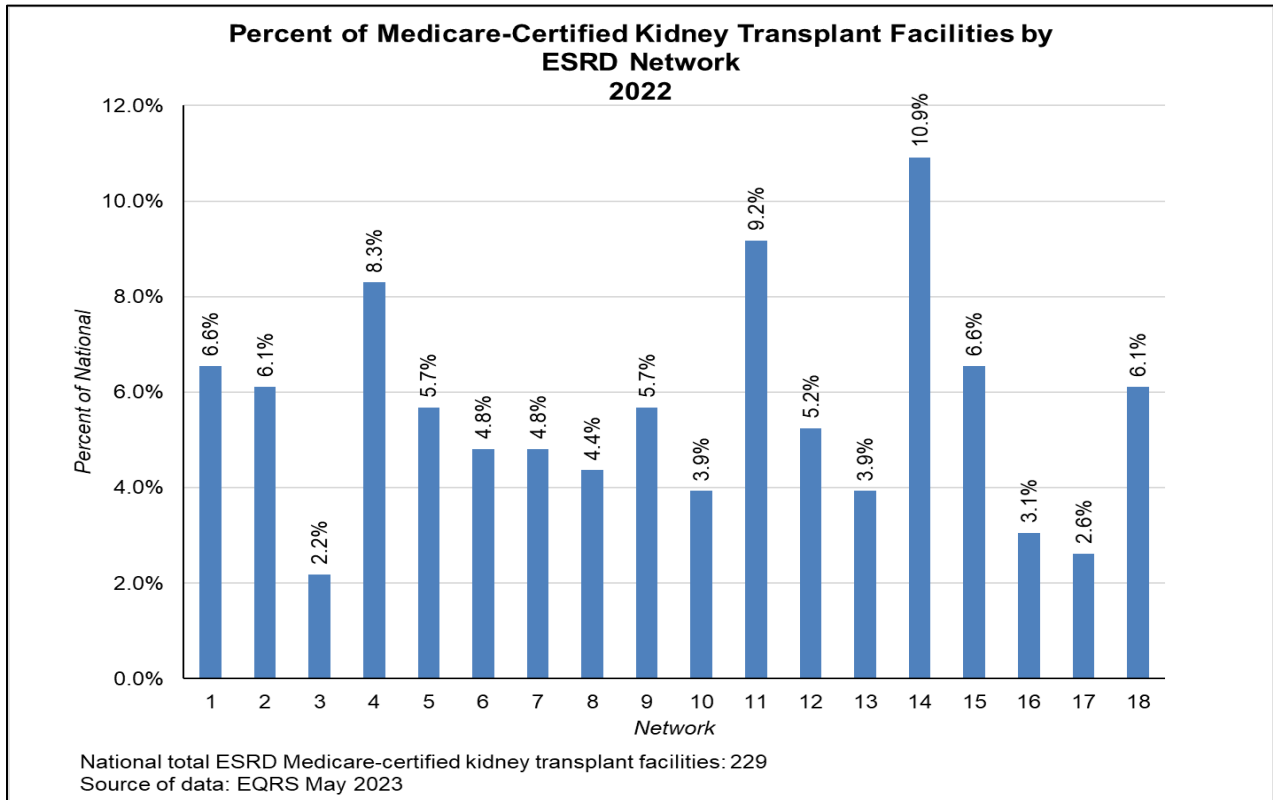


Chart 9: Percent of Medicare-Certified Kidney Transplant Facilities



ESRD Network Grievance and Access to Care Data

Network 14 responded to grievances filed by or on behalf of ESRD patients within the Network service area. During option period one, May 2022 through April 2023, grievances that occurred revealed the most prevalent cases dealt with communication, professionalism, and missed treatments. The most common access-to-care cases involved involuntary discharges due to violent behavior. The Network's focus was to provide tools to address and reduce the level of conflict, have better communication, bring resolution, and promote a safe environment for both patients and health care providers. The following is a summary of case numbers as of April 30, 2023:

- Immediate Advocacy: 9
- General Grievance: 13
- Clinical Quality of Care: 10

In September 2022, the Network conducted an internal plan, do, study, act (PDSA) and implemented an internal performance improvement plan to ensure all cases were processed and closed in a timely manner. Additionally, beneficiary and facility outreach activities were monitored to ensure that effective, measurable strategies were employed to improve beneficiary and staff satisfaction with the Network's role in the grievance resolution.

Network 14 implemented the established processes to fulfill Centers for Medicare and Medicaid Services (CMS) requirements and standards established by the ESRD contract J-9 attachment. Network 14 has maintained an active role in the grievance resolution process to effectively address patient concerns, assist providers, and mitigate barriers. The Network focused on:

- The patient service staff, executive director, and quality improvement director discussed and assessed all open cases during the weekly case review.
- Included Dialysis organization leadership in grievance resolution efforts.
- Scheduled one-to-one coaching calls with facility representatives to assist with managing difficult patient situations.
- Incorporated behavioral health interventions into grievance calls.
- Developed and distributed resources.
- Included and encouraged patients and caregivers in the grievance resolution processes.
- Educated patients and caregivers on policies and guidelines that clinics maintain.
- Empowered patients to communicate effectively and to request interpretation services when needed.
- Collaborated with facilities to explore options and implement interventions to re-engage patients with treatment.
- Provide staff in-service training in communication and professionalism.
- Developed and maintained partnerships with stakeholders and community resource agencies to assist in addressing the needs of patients, caregivers, and providers.

Access to Care

From May 2022 through April 2023, there were 106 cases reported as access to care. Of those, 29 were due to involuntary discharge (IVD) cases. The Network addressed 59 access-to-care cases in which a facility representative indicated a patient was deemed at risk for an involuntary discharge or transfer. Thirty-six at-risk cases were averted, and 16 obtained placements. There were 18 calls received from patients requesting assistance for placement of those, and 16 were placed. To address IVD and access to care issues, Network 14 advocated for patient rights and responsibilities and provided interventions to staff to avoid and avert an IVD. The Network also participated virtually in plan-of-care conferences to advocate and mediate concerns and encouraged a patient-centered approach.

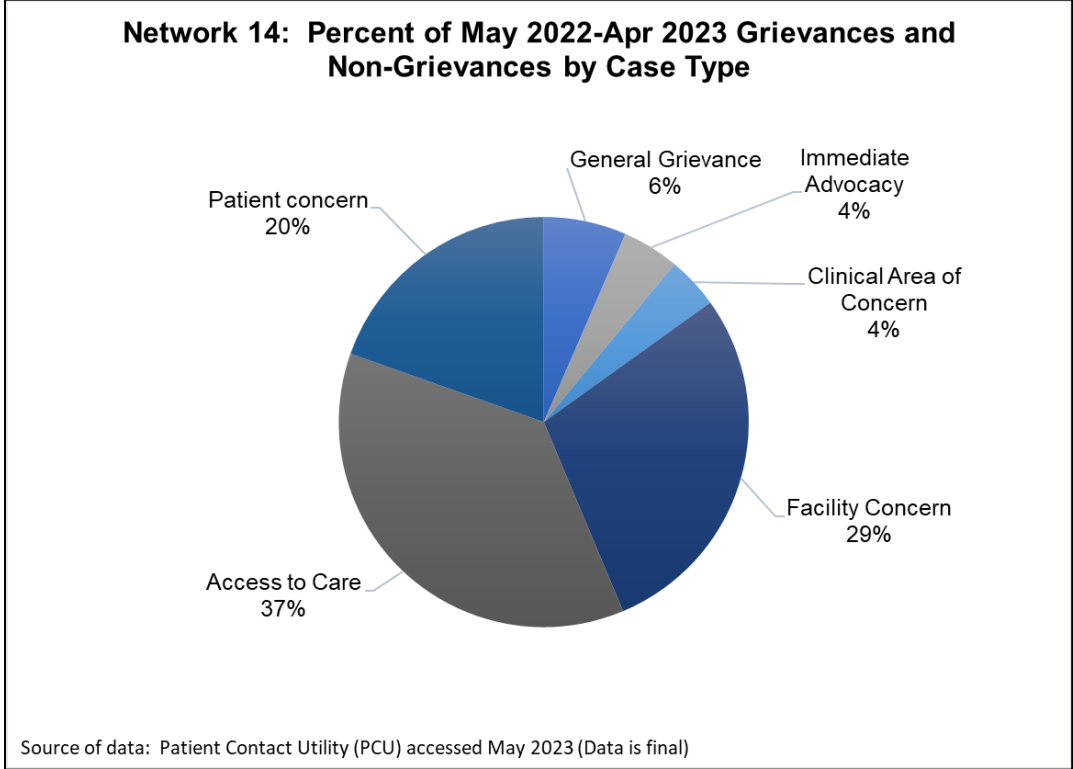
The Network developed a “Safety First” patient education flyer to address common statements and threats that could lead to IVD. These statements were addressed on a cross-cultural basis for a universal understanding of what threats mean. This was email blasted to all facilities and regularly used as a tool for clinics to discuss with patients.

Cases are summarized as follows; averted and IVD cases do not equal total A2C cases, as some cases may be immediately classified as IVD/IVT due to the nature of the event:

- Access to Care (at risk for IVD / request for placement): 77
- Averted IVDs: 36
- IVD/IVT: 29

Chart 10: Percent of May 2022-Apr 2023 Grievances and Non-Grievance by Case Type

Source of data: EQRS Patient Contact Utility (PCU)



Transplant Waitlist & Transplanted May 2022-April 2023

The Network worked towards the goal of empowering the patient choice of transplant by implementing interventions and process improvements to improve the rate of patients added to the transplant waitlist and receiving a kidney transplant. The Network aimed to achieve a 5% increase in the number of patients added to the kidney transplant waitlist and a 6% increase in the number of prevalent patients receiving a kidney transplant.

The Network-led transplant community coalition—consisting of subject matter experts (SMEs) from transplant centers, Organ Procurement Organizations (OPOs), dialysis facilities, and patients—identified common barriers and brainstormed possible solutions that were utilized during one-on-one technical assistance with facilities to improve transplantation rates. Feedback obtained from members assisted in the development and implementation of the Network Transplant Improvement Plan, which included three PDSA cycles comprised of 148 low- to middle-performing facilities with the capacity to improve waitlist and transplantation rates during the four-month cycles. Monthly interventions, activities, root cause analysis (RCA), and monthly check-ins were included in the Transplant Improvement Plan and on the Transplant Improvement Dashboard for accessibility. The Transplant Improvement Plan included the implementation of the primary drivers from the ESRD National Coordinating Center (NCC) Transplant Change Package, monthly goals, and targeted different phases of the transplant process. The monthly focus included “Introduce and Identify,” “Educate and Empower,” “Commit and Follow Through,” and “Listed or Transplanted.”

Commonly identified root causes included:

- Patient lack of follow-up, such as missing appointments without rescheduling or being unresponsive to transplant center phone calls
- Lack of communication between transplant centers, dialysis facilities, and patients
- Patient lack of understanding of the transplant process
- Lack of motivation or interest

Other important barriers included:

- Transportation
- Comorbidities
- Financial cost

The Network provided specific targeted interventions to dialysis facilities utilizing feedback from one-on-one technical assistance and feedback from the transplant community coalition and advisory committee.

Interventions and processes changes/enhancements implemented:

- Establishing a transplant improvement team to include a transplant champion for a team-based approach
- Identifying a small group of eligible patients to concentrate on moving toward the waitlist or transplantation
- Promoting consistent and continuous chairside education with the implementation of the teach-back method by members of the facility improvement team. Additional educational resources are easily accessible to facilities via the Transplant Improvement Dashboard.
- Promoting continuous monthly follow-up by the facility's improvement team for patient's transplant progress or status
- Utilization and promotion of the Network's Kidney Transplant Checklist
- Identifying and utilization of transplant trailblazers to share their transplant experience and journey with their peers
- Promotion of transplant lobby days within dialysis facilities
- Utilization of transplant bulletin boards in dialysis facilities to promote transplantation and patient engagement
- Utilization of the Transplant Change Package

Identified best practices included:

- The National Forum of ESRD Network recognized the Network Kidney Transplant Checklist as a Highly Effective Practice.
- The Network Kidney Transplant Checklist streamlined the process for patients who do not understand the transplant process, helping visual learners see their progress on paper.
- The Network functioned as a liaison to bridge the gap of communication between dialysis centers and transplant centers.
- Collaborations with Sanofi Transplantation Initiative and The Kidney Transplant Connectors to provide virtual events for patients and providers to enhance patient access to transplantation.
- Utilization of a transplant trailblazer to increase patients' interest in a kidney transplant and increase facilities' transplant referrals.

In summary, the Network successfully surpassed both a 5% increase in patients added to the kidney transplant waitlist and a 6% increase in prevalent patients receiving a kidney transplant. A total of 3,169 Network 14 ESRD patients were added to the kidney transplant waitlist, and 2,031 Network 14 ESRD prevalent patients received a kidney transplant during the performance period. In addition to the 2,031 prevalent transplants performed, 359 preemptive Network 14 ESRD patients received a kidney transplant, according to the National Coordinating Center (NCC) Network Patient Reports, Period Prevalence table from May 2023. The Network will continue collaborating with providers, patients, and other stakeholders to increase waitlisting and kidney transplantation.

Chart 11: Count of Patients Added to a Kidney Transplant Waiting List May 2022-April 2023

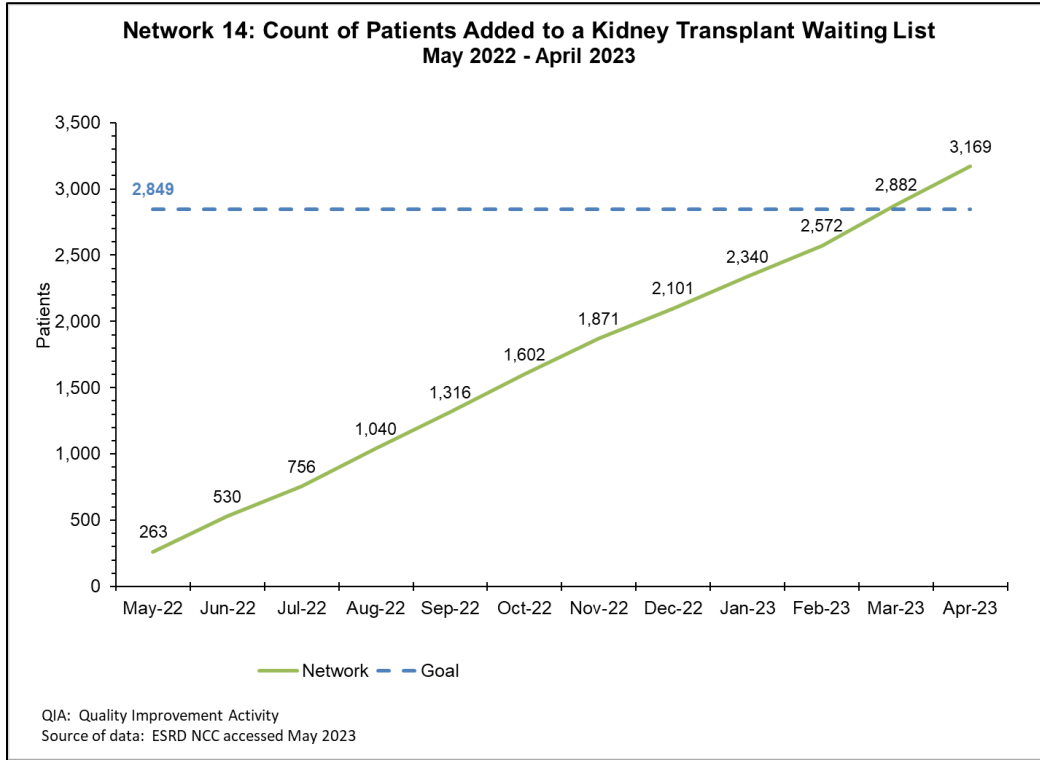
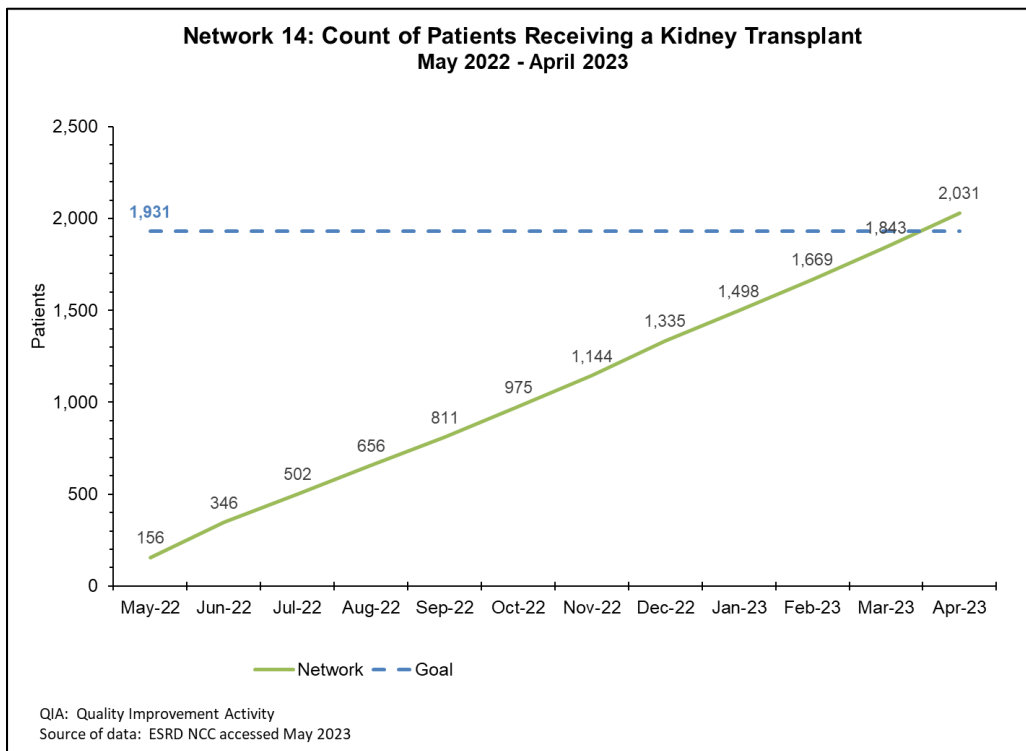


Chart 12: Count of Patients Receiving a Kidney Transplant May 2022- April 2023



Home Therapy May 2022-April 2023

The CMS ESRD Network goals for option period one included improving the rate of prevalent and incident dialysis patients using a home modality, as well as increasing the use of telemedicine for patients using a home modality. The Network aimed to achieve a 20% increase in the rate of incident patients using a home modality and achieved a 15.43% increase from the baseline by adding 269 new incident patients to a home modality in option period one. The Network aimed to achieve a 6% increase in the rate of prevalent patients transitioning to a home modality and achieved a 9.96% increase from the baseline by transitioning 229 prevalent patients to a home modality.

The Network home community coalition, consisting of high-performing dialysis facility providers and patients, was established. The coalition's goal was to discuss barriers identified by dialysis facilities and brainstorm solutions to assist facilities in improving their home rates and for technical assistance outreach. The Network employed the coalition's feedback and implemented a home improvement plan, which used a four-month PDSA approach to assist facilities with implementing process changes to increase their home modality rate. The home improvement plan included monthly interventions, activities, RCA, and a monthly feedback form that included reporting facility progress updates. Each month of the home improvement plan focused on specific primary drivers from the NCC Home Change Package for facility implementation. The monthly focus included creating a home improvement culture, educating on home dialysis options, self-care in-center dialysis, and committing to a home modality.

Process changes implemented in the improvement plan included:

- Establishing a Home Improvement Team team-based education approach
- Selecting a small group of eligible patients to focus on for four months
- Conducting an RCA utilizing the Life Plan template to identify patient-specific barriers
- Consistent chairside education and continuous follow-up by different facility staff
- Implementation of self-care dialysis in-center to ease the transition to home training
- Roster reviews and data checks to ensure correct reporting of patient modality in EQRS

Three four-month PDSA groups were formed, and 368 facilities participated in the home improvement plan. The facilities were selected from low to middle performers with the capacity to improve home rates. Each facility was provided with a facility-specific goal for adding patients to a home modality during the four months. Facilities were asked to identify the main barriers their patients face with choosing a home modality.

The main barriers identified include:

- Difficulties reaching and collaborating with CKD providers and patients
- Lack of physician knowledge and comfort with solo-home hemodialysis, urgent-start peritoneal dialysis, and transitional care units
- Patients favor the in-center setting for socialization and a sense of security associated with the provision of treatment by dialysis professionals
- Patients' lack of care partners, family support, or inadequate living situation

To mitigate these barriers, a home improvement dashboard was created to assist facilities throughout the four-month PDSA cycle and included monthly education, resources, feedback forms, and promising practices. One-on-one technical assistance was provided to facilities individualized to their specific barriers and issues.

The Network's mitigation efforts include:

- Facilities were encouraged to use a Kidney Care Advocate, Kidney Smart educator or Home Hero to promote early home modality education.
- The Network engaged facilities that do not offer solo-home hemodialysis and provided education and webinars highlighting the advantages to nephrologists and medical personnel. Additionally, solo-home hemodialysis was promoted as a best practice for patients without a care partner who cannot receive a PD catheter.
- Educational webinars regarding urgent start peritoneal dialysis and transitional care units were shared with medical providers.
- Through patient home modality experience videos, lobby days and chairside education, patients received increased education on the social aspects they would gain through home dialysis, as well as the 24-hour availability of medical staff to assist them.
- Facilities were instructed to assign a home champion or a home hero to share their experience with patients and invite their home staff for a demonstration or lobby day.
- The Network developed the Benefits of Home series to highlight the advantages of living at home and emphasize the medical, social, and accessibility benefits that patients receive from home dialysis.
- Promoting self-care for in-center patients to master basic skills and build self-confidence before initiation of home training.

By engaging facilities with new techniques to educate their patients about home modalities, involving the interdisciplinary team, empowering patients with self-care in-center dialysis, and promoting early intervention, the Network increased the number of patients receiving a home modality by 498 patients and increased home penetration in Network 14 from 13.9% in 2021 to 14.8% in 2022 based on Chart 1.

Chart 13: Count of Incident Patients Starting Dialysis Using a Home Modality May 2022-April 2023

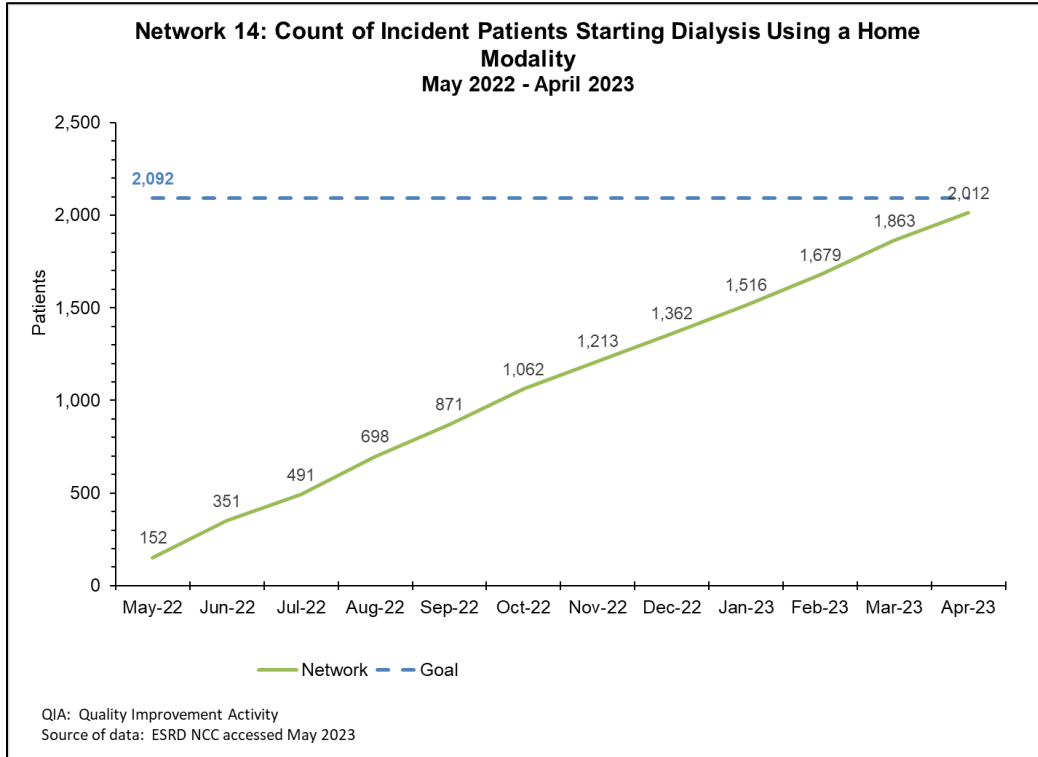
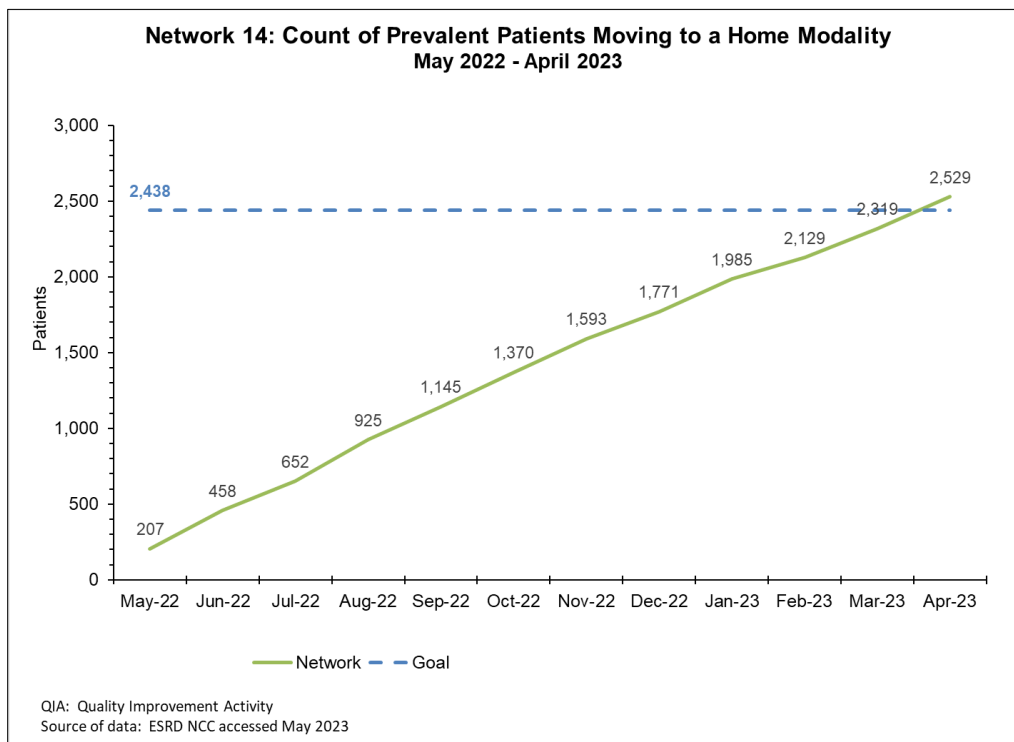


Chart 14: Prevalent Patients Moving to a Home Modality May 2022-April 2023



Influenza Vaccinations (Patient and Staff) May 2022-April 2023

Network 14 was tasked to ensure the following influenza vaccination goals by the end of option period one:

- 90% of dialysis patients receive an influenza vaccination.
- 90% of dialysis staff received an influenza vaccination.

Intervention facilities completed four-month PDSA cycles that included an RCA to identify areas of needed technical assistance.

Commonly identified root causes included:

- Vaccination fatigue
- Allergies
- Refusal of all vaccines
- Lack of trust
- Fear of death/illness
- Political beliefs
- Religious beliefs
- Fear of side effects
- Required mask protocol.
- Inaccurate data in EQRS/National Healthcare Safety Network (NHSN)
- Lack of reporting in NHSN
- Unaware of vaccination rates in EQRS

Based on identified root causes and facility-specific feedback, the Network provided targeted technical assistance to facilities.

Interventions implemented included:

- Individualized coaching calls to review patient-specific data and discrepancies in data reporting
- Provision of training on the new EQRS Vaccination Module
- Incorporation of patient engagement activities to provide fun, interactive vaccination education.
- Utilization of the Vaccination Change Package
- Utilization of the Immunization Data Collection Tool from the ESRD Forum's Vaccination Toolkit
- Provision of monthly education to address vaccination hesitancy and common vaccination misconceptions
- Assistance in obtaining EQRS access
- Assistance in obtaining access to NHSN's Healthcare Personnel Safety component
- Assistance with NHSN enrollment
- Provision of training on how to enter staff vaccination data into NHSN
- Assistance in identifying and troubleshooting batch submission errors to the new EQRS Vaccination Module

- Monthly sharing of influenza vaccination rates to provide awareness and trend progress

Process changes implemented by QIA facilities included:

- Utilization of the State Immunization Registry
- Implementation of vaccination champions to provide/track vaccinations.
- Involvement of the entire interdisciplinary team
- Implementation of vaccination lobby days
- Provision of staff training on vaccination data entry into the electronic medical record
- Utilization of monthly vaccination reports to trend vaccinations
- Improved communication with other health care providers to determine vaccination statuses.

In addition to the facility-specific interventions above, the Network partnered with the following coalitions: National COVID-19 Resiliency Network (NCRN) Regional Community Coalition and Texas Medical Foundation (TMF) Health Quality Institute Partnership for Community Health. Coalition resources were utilized to enhance technical assistance efforts to address vaccine hesitancy.

Despite the above interventions and ongoing efforts to increase influenza vaccinations, Network 14 did not meet the patient or staff influenza vaccination goals during option period one. The Network achieved a rate of 79.01% in dialysis patient influenza vaccinations and 51.63% in dialysis staff influenza vaccinations.

Chart 15: Percent of Dialysis Patients Receiving an Influenza Vaccination May 2022-April 2023

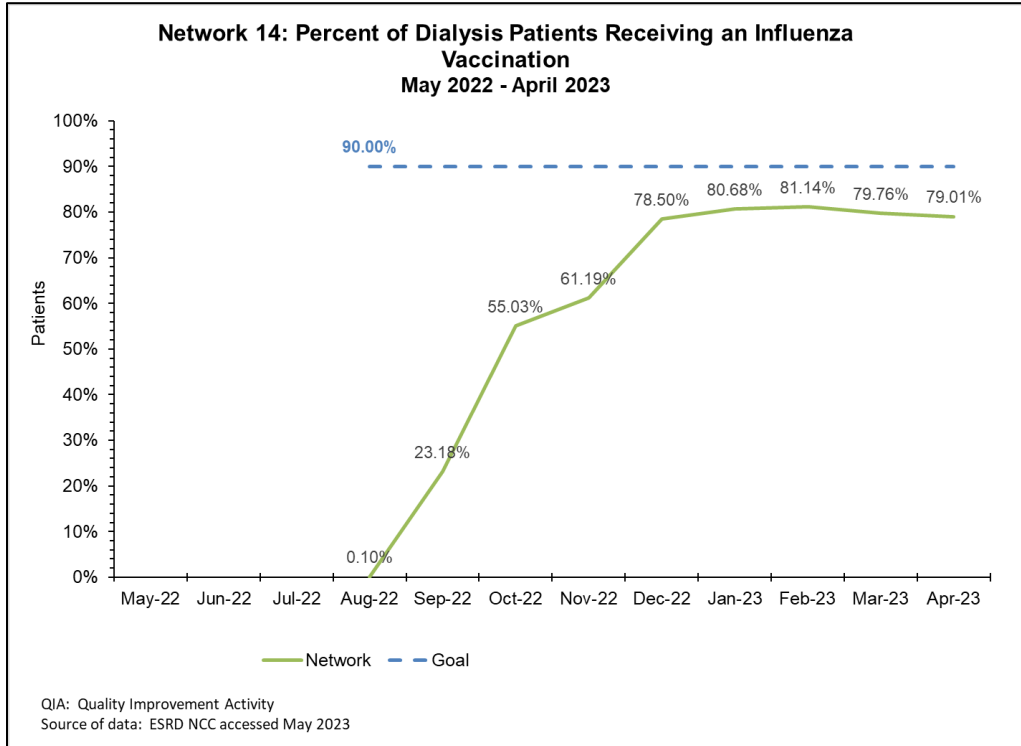
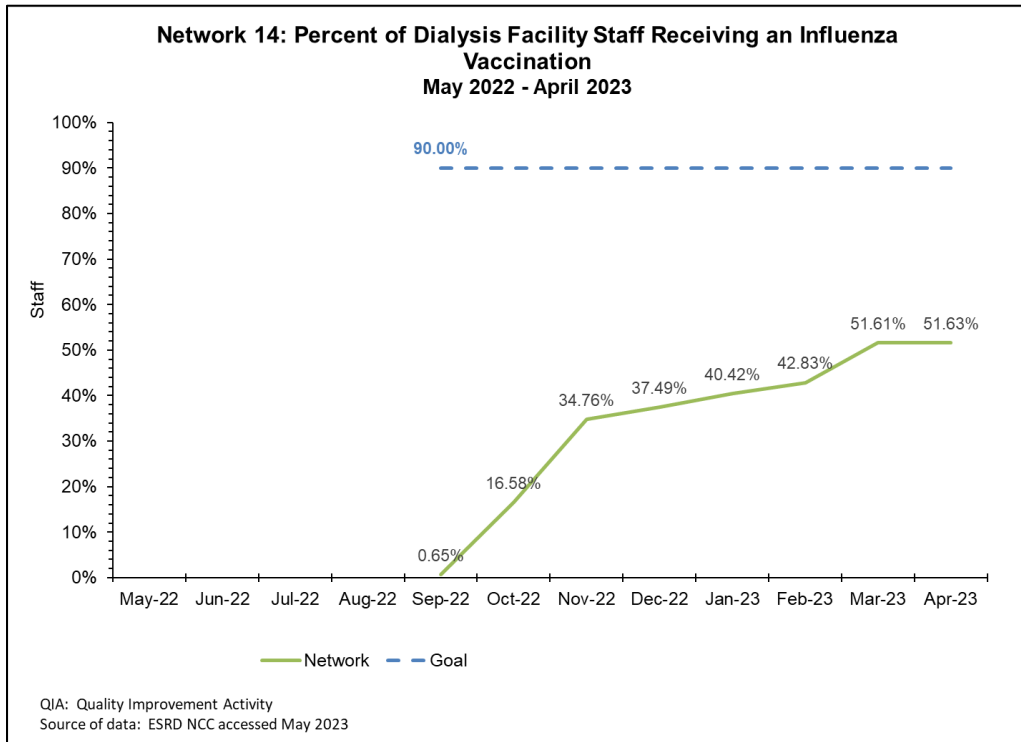


Chart 16: Percent of Dialysis Facility Staff Receiving an Influenza Vaccination May 2022-April 2023



COVID-19 Vaccinations (Patients and Staff) May 2022-April 2023

Network 14 was tasked to ensure the following COVID-19 vaccination goals by the end of option period one:

- 80% of dialysis patients receive a primary COVID-19 vaccination and/or vaccination series.
- 80% of fully vaccinated dialysis patients receive any additional COVID-19 vaccinations.
- 100% of dialysis staff receive a primary COVID-19 vaccination and/or vaccination series.
- 100% of fully vaccinated dialysis staff receive any additional COVID-19 vaccinations.

Intervention facilities completed four-month PDSA cycles that included an RCA to identify areas of needed technical assistance.

Commonly identified root causes included:

- Vaccination fatigue
- Allergies
- Refusal of all vaccines
- Lack of trust
- Fear of side effects
- Inaccurate facts/myths
- Knowledge deficit
- Political beliefs
- Religious beliefs
- Inaccurate data in NHSN
- Lack of reporting in NHSN
- Unaware of vaccination rates in NHSN

Based on identified root causes and facility-specific feedback, the Network provided targeted technical assistance to facilities.

Interventions implemented included:

- Individualized coaching calls to review and identify discrepancies in data reporting
- Incorporation of patient engagement activities to provide fun, interactive vaccination education
- Utilization of the Vaccination Change Package
- Utilization of the Immunization Data Collection Tool from the ESRD Forum's Vaccination Toolkit
- Provision of monthly education to address vaccination hesitancy and common vaccination misconceptions
- Assistance in obtaining access to NHSN's Healthcare Personnel Safety component
- Provision of training on how to enter vaccination data into NHSN
- Assistance in identifying and troubleshooting batch submission errors to NHSN
- Assistance with NHSN enrollment

- Monthly sharing of COVID-19 vaccination rates to provide awareness and trend progress

Process changes implemented by QIA facilities included:

- Utilization of the State Immunization Registry
- Implementation of Vaccination Manager to track/trend vaccines
- Involvement of the entire interdisciplinary team
- Initiation of face-to-face conversations to determine the root causes of refusals
- Improved communication with other health care providers to determine vaccination statuses
- Establishment of “Vaccine Day” to celebrate vaccinated patients and staff
- Utilization of games to encourage patients to receive vaccinations.

In addition to the facility-specific interventions above, the Network partnered with the following coalitions: National COVID-19 Resiliency Network (NCRN) Regional Community Coalition and Texas Medical Foundation (TMF) Health Quality Institute Partnership for Community Health. Coalition resources were utilized to enhance technical assistance efforts to address vaccine hesitancy.

Despite the above interventions and ongoing efforts to increase COVID-19 vaccinations, Network 14 did not meet the patient or staff COVID-19 vaccination goals during option period one. The Network achieved a rate of 67.60% in dialysis patient primary COVID-19 vaccinations, 63.63% in dialysis patient COVID-19 boosters, 82.81% in dialysis staff primary COVID-19 vaccinations, and 35.80% in dialysis staff COVID-19 boosters.

Chart 17: Percent of Dialysis Patients Receiving a Primary COVID-19 Vaccination and/or Vaccination Series May 2022-April 2023

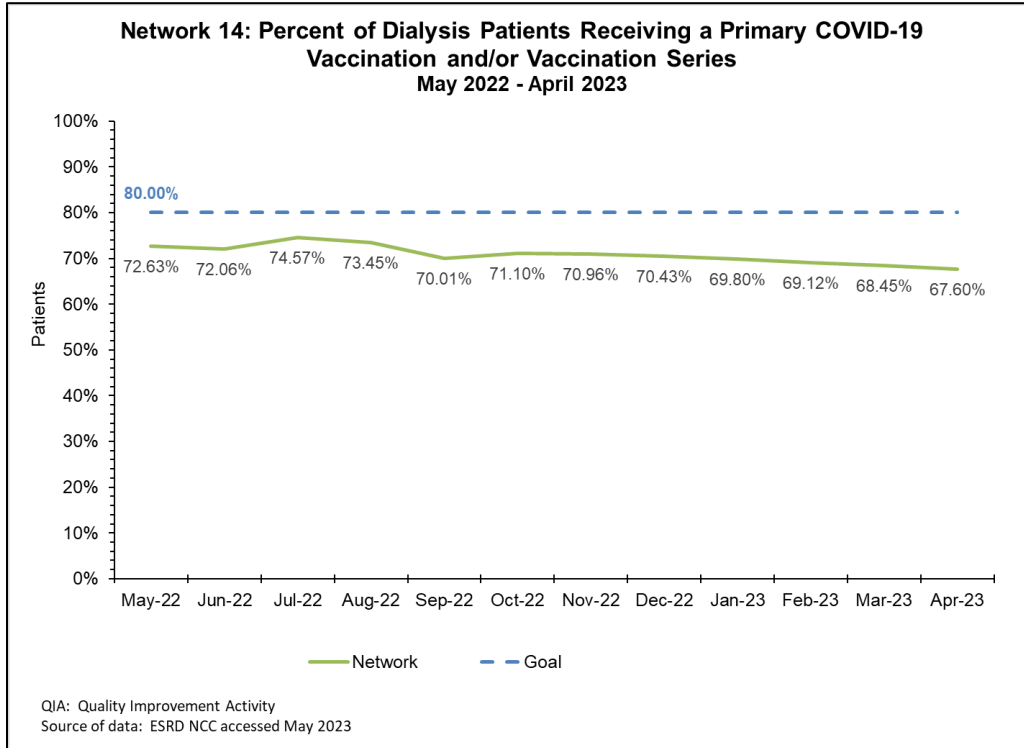


Chart 18: Percent of Fully Vaccinated Dialysis Patients Receiving COVID-19 Vaccination Booster May 2022-April 2023

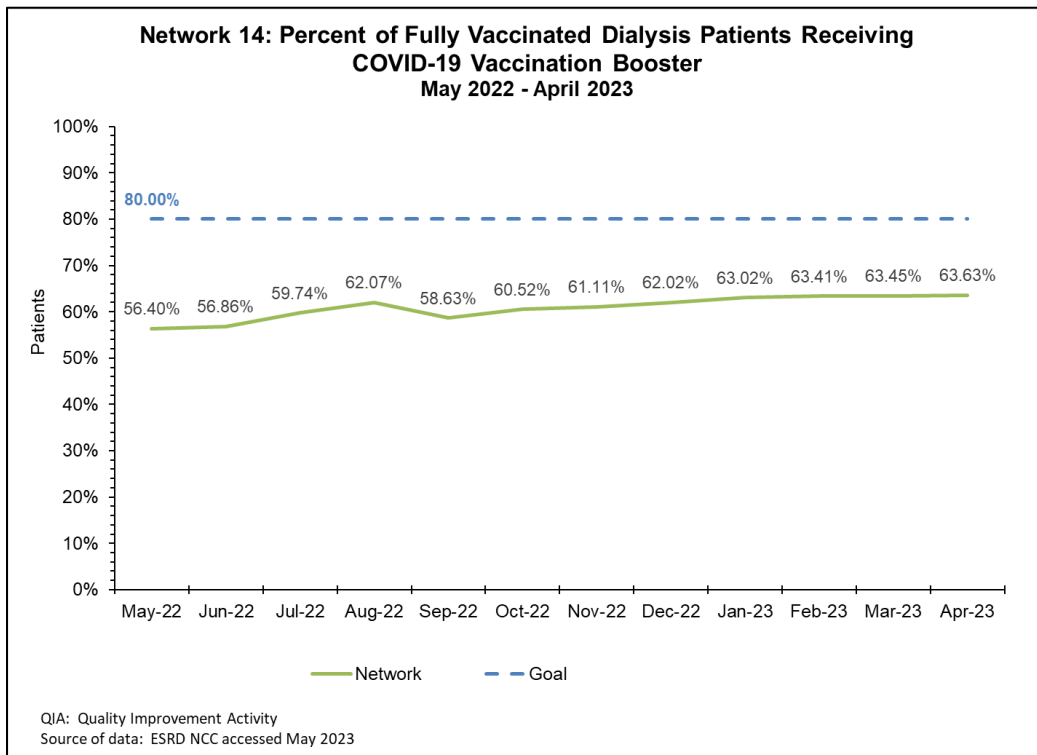


Chart 19: Percent of Dialysis Facility Staff Receiving a Primary COVID-19 Vaccination and/or Vaccination Series May 2022- April 2023

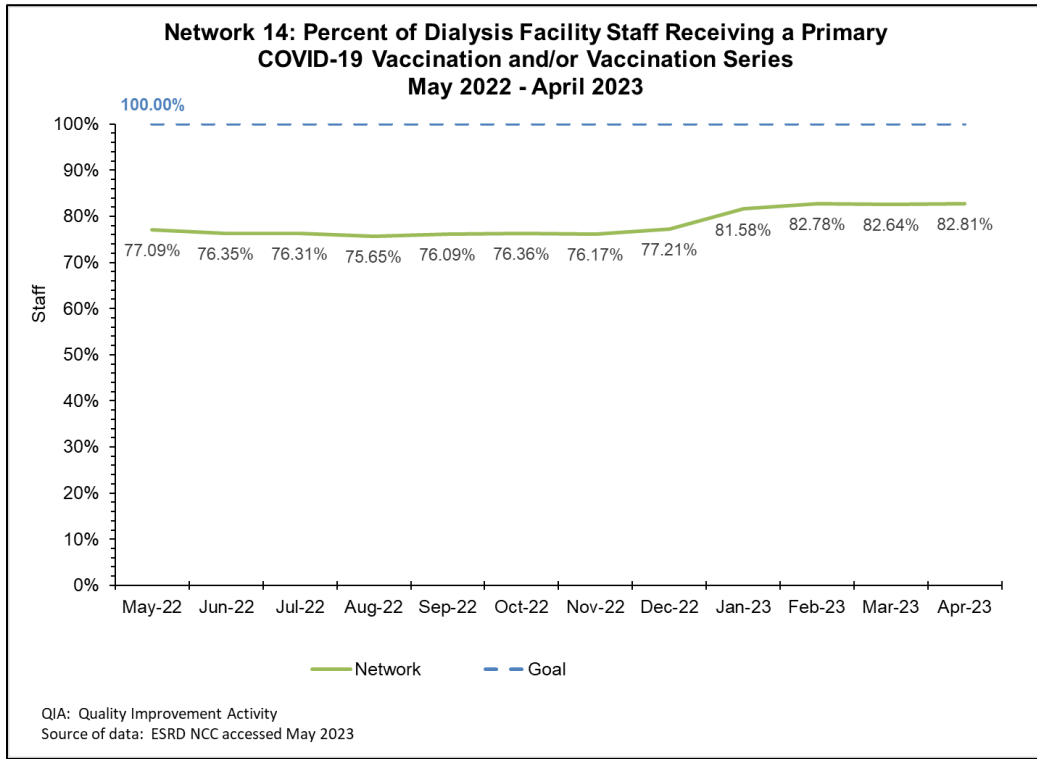
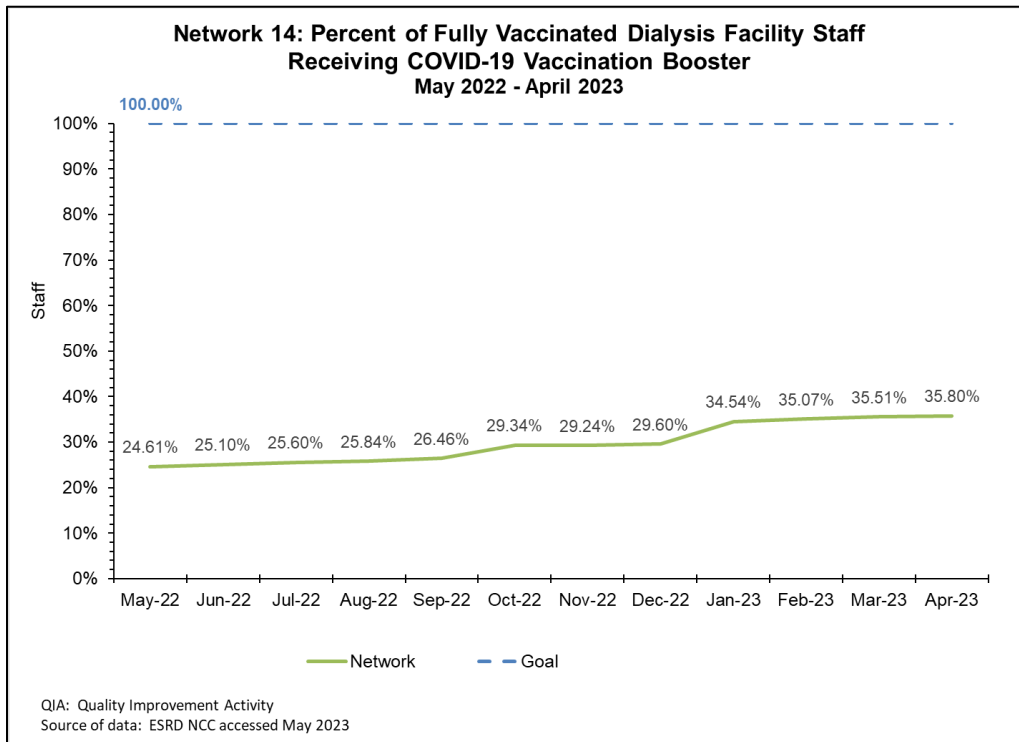


Chart 20: Percent of Fully Vaccinated Dialysis Facility Staff Receiving COVID-19 Vaccination Booster May 2022-April 2023



Data Quality (Admissions, CMS Form 2728, CMS Form 2746) May 2022-April 2023

Network 14 focused on improving data quality for the annual performance period from May 1, 2022, through April 30, 2023. During the performance period, the Network engaged facilities and corporations in dialogue and communication surrounding the topic of data quality.

- Automatic tracking of emails in a customer relationship management tool (Salesforce) used by all Network staff at AHS
- Multiple meetings with large dialysis organization corporate IT staff regarding data quality efforts
- Reporting of data quality metrics to facilities and corporations
- Updating of Transplant Activity Report (TAR) templates
- Assisting transplant facilities in obtaining access to EQRS
- 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

Key areas of focus for data quality included:

- Forms and Roster verification audit
- Admissions data entered in EQRS within five days
- Timely submission of initial 27214 forms
- Timely submission of CMS 2746 forms

Network 14 conducted a roster validation and forms review on 20% of its dialysis facilities during the performance period. Facilities were selected for roster validation. Data for comparison was 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.

Network 14 worked to achieve an increase in the submission of admission data within five days of 5.80%.

Strategies to address this goal included:

- Meeting with data managers to establish recommendations to facilitate admission within five days
- Meeting with LDO leadership to address barriers and issues to improve admission data submission rate within five days
- Providing technical assistance for near-match tickets (727)
- Developing and deploying First Not New ESRD notifications
- Publishing educational articles in monthly professional newsletters
- Mailing Data Quality Improvement scores to facilities and associated corporations

- Developing and deploying an online ticketing system to provide customer support for admission issues, including automating response and providing resources to facilities to collect data needed to resolve admission issues.

Network 14 worked to achieve an increase in the submission of initial CMS 2728 forms within 45 days of 3.65%.

Actions were taken to improve the submission rate of initial CMS 2728 forms from dialysis facilities included:

- Develop and send a report to all facilities of their on-time percentage and a detailed listing of CMS 2728 that comprise their on-time percentage
- Developed an Excel file for facility use to track forms
- Developed and deployed a database tool to send weekly notifications of CMS 2728 forms due within 10 days and to send daily notifications of outstanding forms
- Provided educational articles in professional newsletters
- Technical assistance with 652 CMS 2728 forms

Network 14 worked to achieve an increase in the submission of CMS 2746 forms within 14 days of 2.89%.

Actions were taken to improve the submission rate of initial CMS 2746 forms from dialysis facilities included:

- Develop and send a report to all facilities of their on-time percentage and a detailed listing of CMS 2746 that comprise their on-time percentage,
- Developed an Excel file for facility use to track forms
- Developed and deployed a database tool to send weekly notifications of CMS 2746 forms due within 10 days and to send daily notifications of outstanding forms
- Provided educational articles in professional newsletters
- Technical assistance with 102 CMS 2746 forms

Chart 21: Percent of Patient Admission Records Entered within 5 Business Days May 2022-April 2023

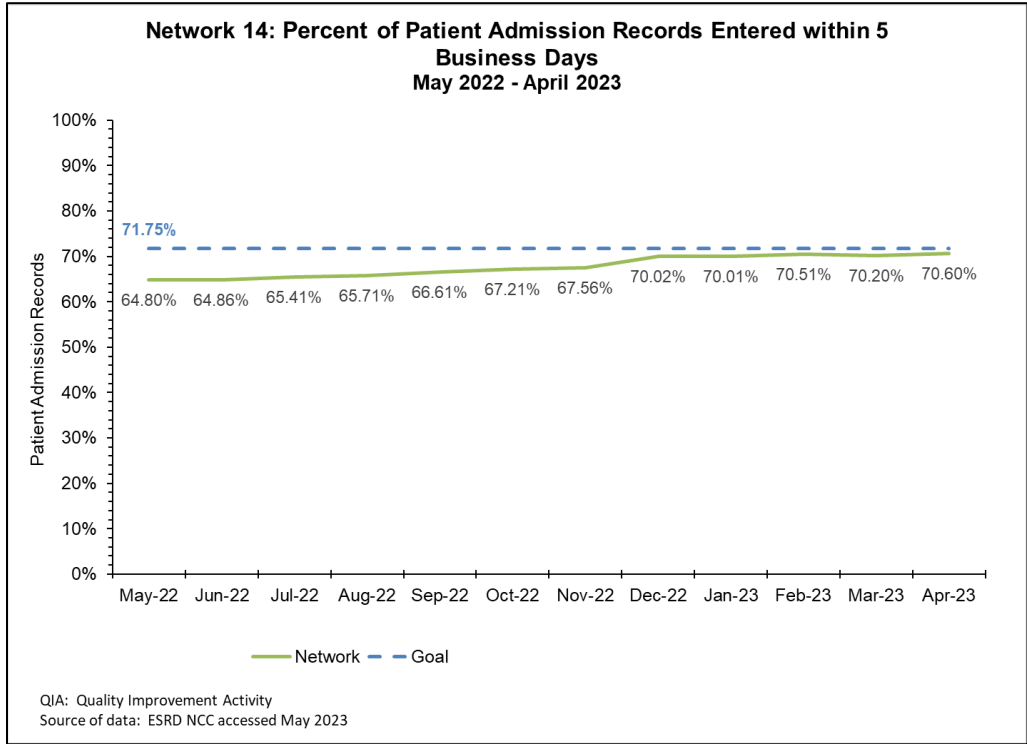
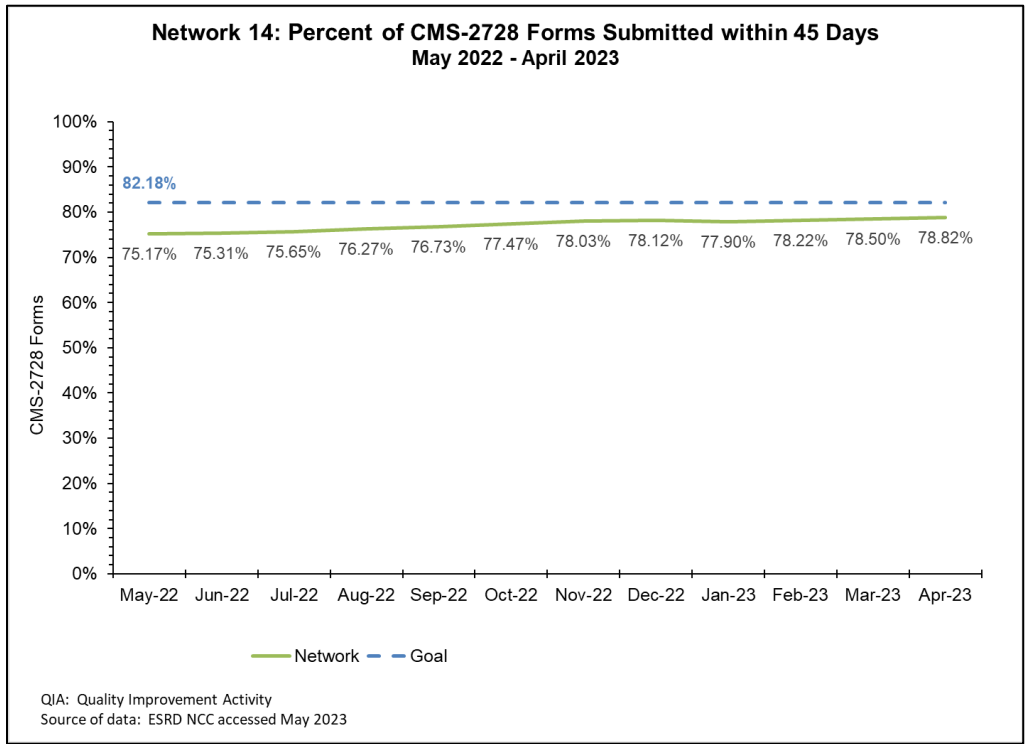
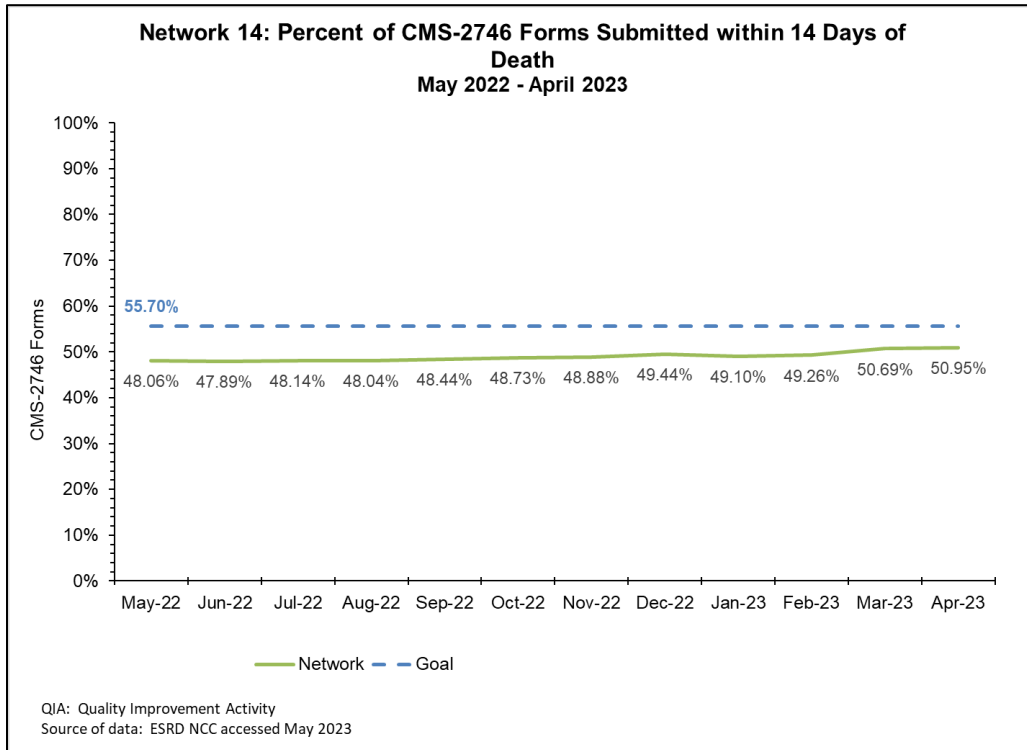


Chart 22: Percent of CMS-2728 Forms Submitted within 45 Days May 2022-April 2023



**Chart 23: Percent of CMS-2746 Forms Submitted within 14 Days of Death
May 2022-April 2023**



Hospitalization (Inpatient Admissions, ED Visits, Readmissions, and COVID-19 Admissions) May 2022-April 2023

During option period one, Network worked toward improving the goals of this quality improvement activity with all facilities in the Network service area. The Network provides 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 May 2022, the Network assembled an Advisory Council 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 socioeconomic challenges and not following treatment orders.
- Patient misuse of the Emergency Department due to the convenience of the ED or use of ED as primary care
- Failure 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
- Lack of primary care physician
- Vascular access barriers

Based on findings from the advisory council and feedback from one-on-one interactions with providers, the Network identified and provided targeted interventions to dialysis facilities.

Interventions to drive improvement:

- Sharing and promoting the use of the Forum of ESRD Networks Transitions of Care Toolkit
- Sharing and promoting the use of the ESRD NCC Change Package to Reduce Hospitalizations
- Providing patients with educational resources addressing missed treatments, tips to manage thirst, dangers of fluid overload, infection prevention, medication adherence, and the importance of following a renal diet
- Ensuring patients have the correct nephrologist and facility contact information and know when to reach out
- Utilization of vaccination and zone tools
- Promotion of 5 Diamond Patient Safety Program Care Coordination and Missed Treatment Modules for staff education

Promising practices identified by participating facilities during this project included:

- Establishing relationships with local hospital discharge planners
- Obtaining and reviewing discharge summary reports
- Use of post-hospitalization checklist
- Facility fun activities to encourage patients to attend scheduled treatments.
- Medication review post hospitalization

Additionally, the feedback 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 2023, 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 24: Rate of ESRD-Related Hospital Admissions per 100 Patient-months May 2022-April 2023

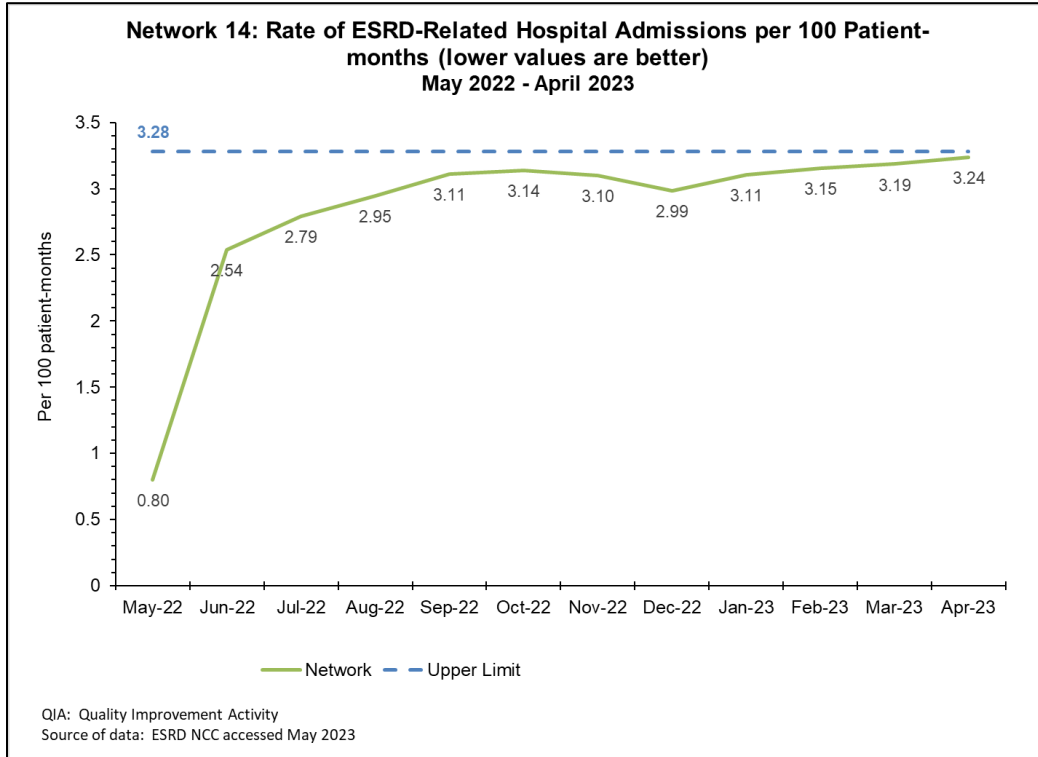


Chart 25: Rate of Outpatient Emergency Department Visits per 100 Patient-months May 2022-April 2023

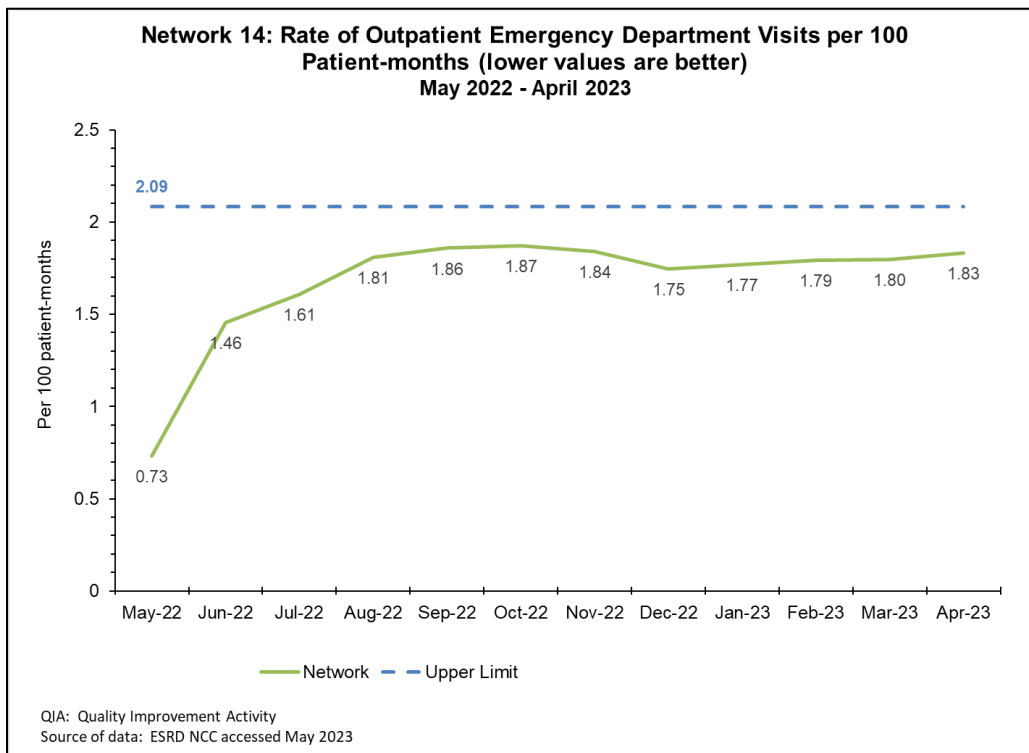


Chart 26: Percent of Hospital 30-Day Unplanned Readmissions May 2022-April 2023

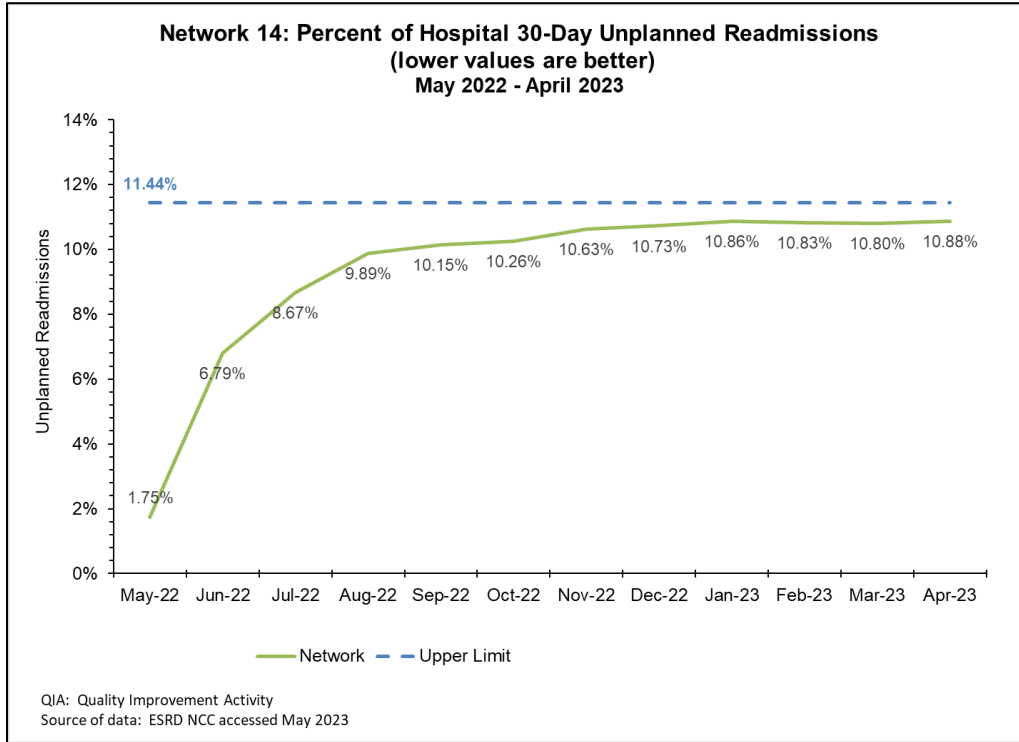
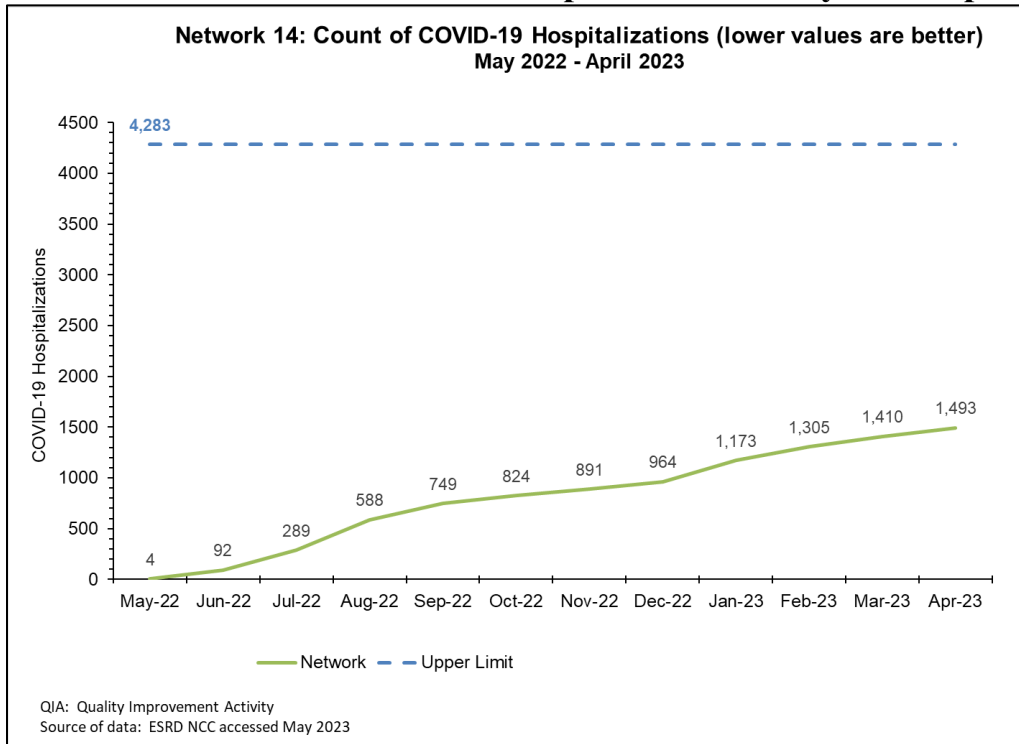


Chart 27: Count of COVID-19 Hospitalizations May 2022-April 2023



Nursing Home (Blood Transfusion, Catheter Infection, and Peritonitis) May 2022-April 2023

Network 14 worked to improve 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 blood transfusions. At the outset of this quality improvement (QI) activity, there were four SNF/LTC home dialysis programs in Texas; seven new providers opened during this option period, for a total of eleven providers as of April 30, 2023.

Networks were required to achieve a 6% decrease in the hemodialysis catheter infection rate in dialysis patients receiving home dialysis in nursing homes, a 3% decrease in peritonitis events, and a 3% decrease in the rate of dialysis patients receiving dialysis at nursing homes who also received a blood transfusion by April 30, 2023.

The following interventions were utilized to address these metrics:

- Individualized coaching calls to conduct needs assessments and explain the purpose and goals of QI activity
- Provision of monthly education for infection prevention and anemia management
- Provision of monthly data updates for each metric and patient-specific case review as warranted
- Quarterly collaborative meeting with TMF, the QIN-QIO for Texas, to identify areas of need and brainstorm potential solutions
- Quarterly collaborative meeting with the Texas Department of State Health Services to identify areas of need and brainstorm potential solutions such as the use of Project Firstline educational materials
- Identification of facility-specific EQRS data contact with a monthly patient census review to correct data discrepancies caused by batch upload and delayed EQRS admissions

Despite the above interventions and ongoing efforts to improve the quality of SNF/LTC admission records within EQRS, Network 14 did not meet the catheter improvement goal of 0.30% infections, having five catheter infections reported in 622 patient months (baseline 2 infections in 616 patient months). The peritonitis goal was met, with 0 episodes reported. The transfusion goal of 10.27% was not met, with 68 transfusions reported in 625 patient months (baseline 67 transfusions in 620 patient months).

Chart 29: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Home per 100 Patient-months May 2022-April 2023

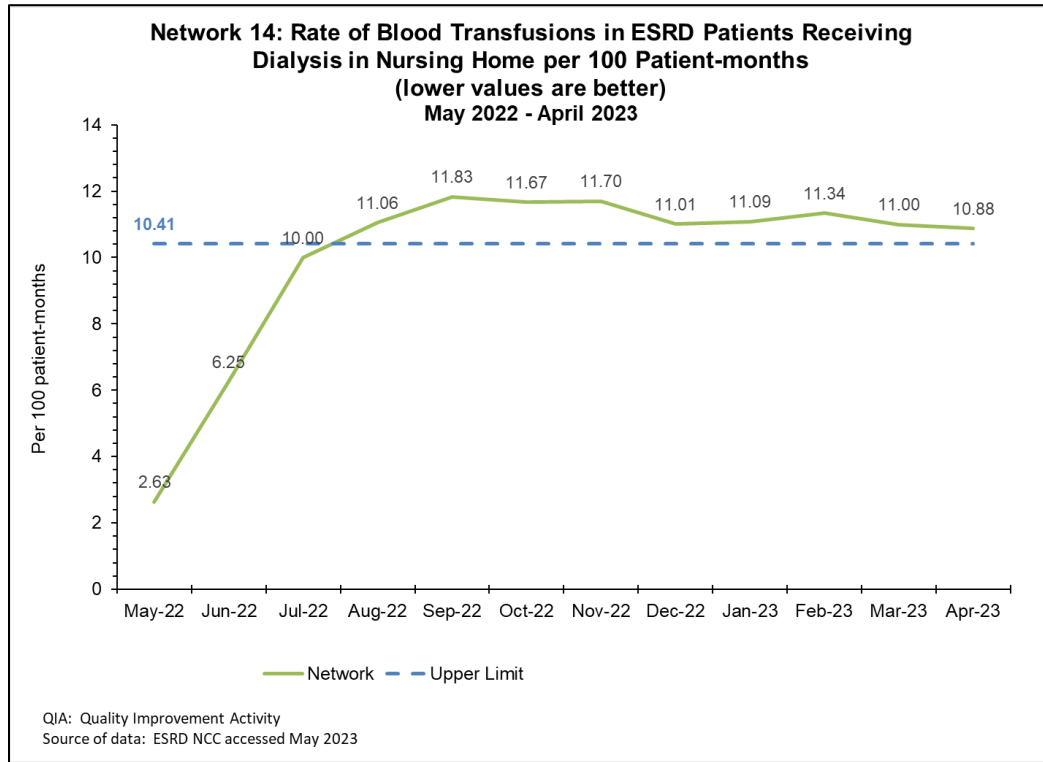


Chart 30: Rate of Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes per 100 Patient-months May 2022-April 2023

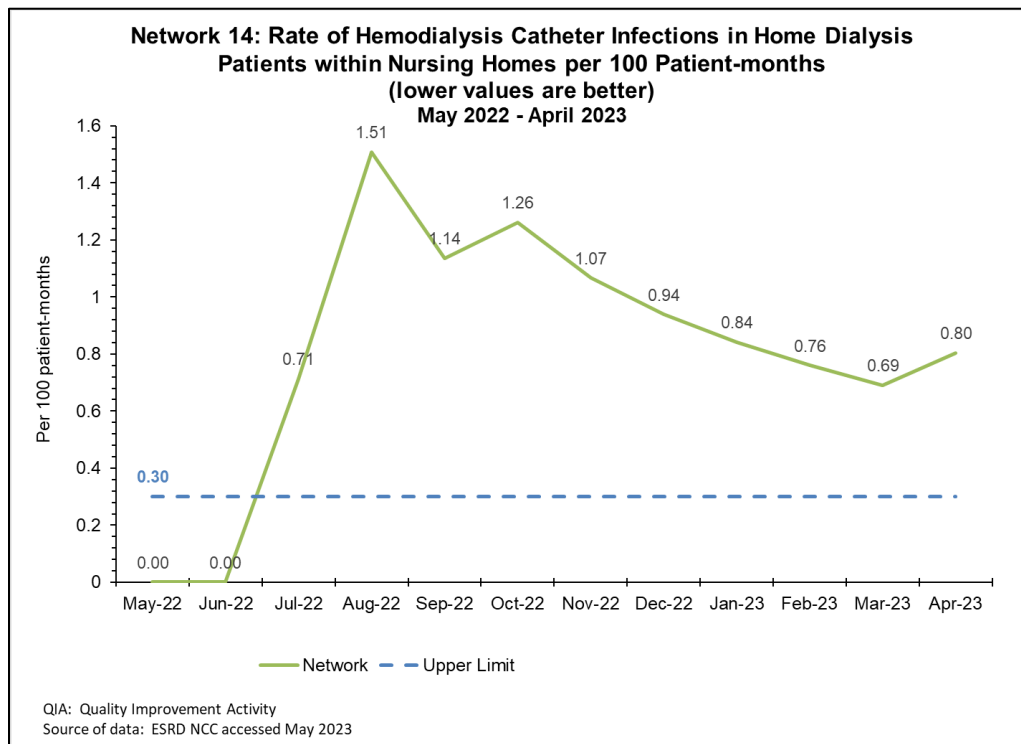
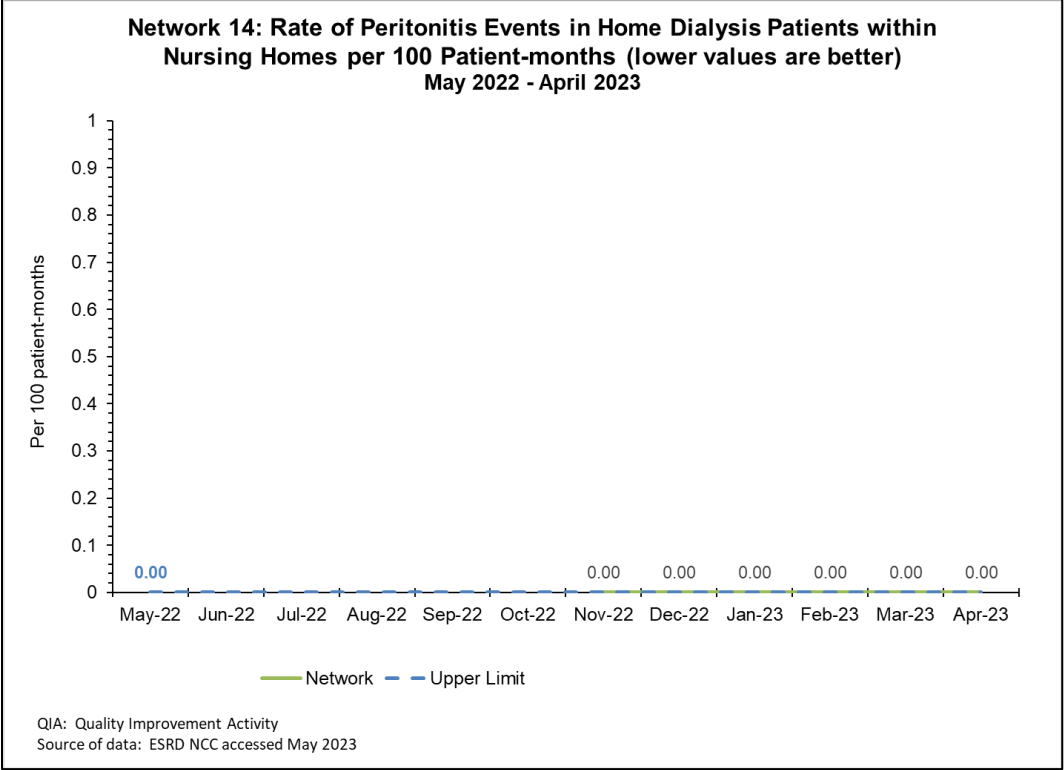


Chart 31: Rate of Peritonitis Events in Home Dialysis Patients within Nursing Homes per 100 Patient-months May 2022-April 2023



Telemedicine May 2022-April 2023

The ESRD Statement of Work for option period one May 2022 through April 2023 goal for the Network was to achieve a 4% increase in the number of rural Medicare Fee for Service patients using telemedicine to access a home modality. Network 14 achieved a 55% increase from the baseline of 391 by increasing to 606 patients accessing telemedicine services for home modality visits, exceeding the 4% goal.

The Network conducted an RCA as part of the home dialysis improvement plan to determine the greatest barriers and challenges for facilities and patients in utilizing telemedicine services. The results of the RCA indicated 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 the technology needed.
- Patients prefer to see a doctor face to face.
- Older population's difficulties with technology.

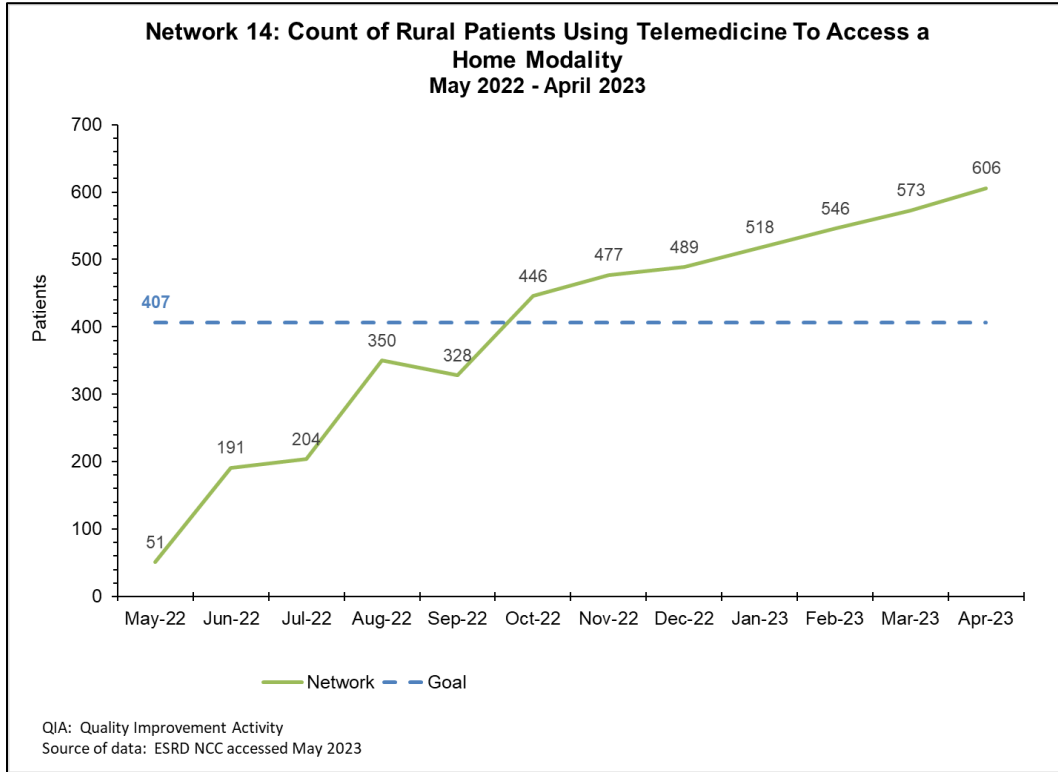
The Network provided one-on-one technical assistance, interventions, and resources to address these specific barriers. Some of the interventions and resources include:

- The Network 14 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 become accustomed to using telemedicine. Dialysis patients, especially those in the older population, needed more one-on-one support and coaching on how to access the applications and device use. After this was provided, facilities found that patients had much more ease in using telemedicine as an option.

While the Network saw an increase in the use of telemedicine during the COVID pandemic, many patients and providers have now resumed in-person visits. Additionally, the Texas ESRD State Regulations prohibit the use of telemedicine for monthly physician visits and must be in person. During the Public Health Emergency PHE, the State Emergency Rule allowed for telemedicine with the exception of once every three-month visit. The ESRD Network 14 Medical Review Board drafted two position statements to the Texas Health and Human Services Commission advocating for regulatory changes to the use of telemedicine.

Chart 32: Count of Rural Patients Using Telemedicine to Access a Home Modality May 2022-April 2023



ESRD Network Recommendations

Providers in the Network 14 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 14 monitors facilities that are struggling to meet quality measures and develop 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 2022, there were no providers who consistently failed to cooperate with Network goals.

CMS Expanded Services:

- Based on feedback from patients and providers, Network 14 would recommend that CMS provide enhanced benefits for beneficiaries related to transportation services, which would decrease missed treatments and unplanned hospitalizations. Transportation services would also assist patients with access to transplant centers for assessments and follow-up appointments. Patients especially in need of this are those who are ineligible for Medicaid transportation yet cannot afford private transportation.
- To increase the utilization of home dialysis, CMS may consider reimbursement for in-home staff assist dialysis, which would allow those that do not have a care partner, transportation, low health literacy, or motor functions to benefit from home dialysis.
- Some states may benefit from CMS advocating with state regulatory agencies to allow the use of telehealth. Patients in rural areas or who lack transportation services would benefit from the use and reduced burden.
- CMS promotion of in-center self-care to dialysis providers would increase patients' awareness and comfort with transitioning to home dialysis.

ESRD Network 14 strongly believes in fostering partnerships with the dialysis facilities in Texas to meet and exceed the ESRD Network 14 goals established by CMS to support the Department of Health and Human Services (DHHS) and CMS national improvement goals and priorities. In 2022, Network 14's service area experienced nine new openings and 24 facility closures. Newly opened facilities consisted of 100% in urban areas, and of the nine new openings, 78% were associated with an LDO. Of the 24 closures, 96% of the facilities were in an urban area, with 83% affiliated with a large dialysis organization. The facility closures resulted from dialysis organizations consolidating smaller patient census facilities for proportionate staffing.

ESRD Network COVID-19 Emergency Preparedness Intervention

In 2022, Network 14 experienced a decrease in COVID-19 cases. Dialysis cohort facilities were closed, and COVID-positive patients were treated at their home facilities. Network 14 continued to work closely with the TMF Health Quality Institute and other state emergency management organizations to address the COVID-19 pandemic. The Texas ESRD Emergency Coalition (TEEC) hosted monthly meetings in the spring and summer of 2022 to address barriers, strengthen resources amongst dialysis facilities, and collaborate with state organizations. In August, as the number of COVID cases declined, TEEC calls were moved to a quarterly schedule. Network 14 has continued its partnership with the Department of Health and Human Services Emergency Preparedness Management team in Austin to discuss methods of improving emergency plans for dialysis facilities and utilization of Texas emergency community resources. One of the main barriers for facilities and patients was vaccine fatigue.

All tools presented to facilities to overcome barriers are vetted and discussed by Network 14, TEEC, the Network's MRB, and other State Representatives to determine which resources are available and what best practices are used by other facilities that have decreased the number of cases. Network 14 staff and MRB members created a suggestion resource on how to conserve dialysate supply during the nationwide shortage, which was provided to independent and small dialysis organizations. Network 14 also distributed COVID-19 professional and patient educational material through email blasts, social media postings, and website postings throughout the year.

The Network patient services department has continually provided resources to help facilities address patients' impatience and fear, and the mental health strain patients and staff have faced due to the pandemic.

During 2022, dialysis and transplant facilities continued to experience staffing shortages and dialysate shortages. Dialysis organizations were closing shifts and facilities due to the lack of staff as well as making policy changes to patients' treatments as dialysate was not readily available.

ESRD Network Significant Emergency Preparedness Intervention

In 2022, Texas continued to battle the COVID-19 pandemic and experienced one winter storm (Winter Storm Landon) within the ESRD Network geographic area. Texas prepared for the potential impact of disastrous weather conditions and tropical depressions. There were additional reports of other isolated facility incidents, including fire, water issues, and power outages. The Network submitted required ESSRs to KCER and CMS.



Beginning January 28, 2022, Winter Storm Landon brought widespread freezing temperatures, snowfall, sleet, and freezing rain to at least a dozen states, including Texas. The storm caused power outages and dangerous driving conditions. The Network participated in calls with area State Regional Advisory Councils to assist dialysis patients and dialysis facilities. Daily TEEC meetings were conducted to discuss facility and patient needs, and continued to promote the [Texas ESRD Emergency Portal](#). The portal is updated with current information and resources related to impending storms and emergencies (deemed best practice by CMS). The Network provided information to facilities and patients to help with transportation issues, information concerning financial assistance through various organizations, and information concerning regulation waivers and supply assistance. The TEEC hotline was activated with incoming calls directed to Network staff cell phones for after-hour assistance.

During local and nationwide emergencies, TEEC conducted emergency conference calls to ensure the safety of all dialysis patients and assisted facilities' immediate needs for patients and staff. Network 14 and KCER share important safety strategies with dialysis facilities, patients, family members, and caregivers. The Texas State Operations Center and TEEC have played a key role in ensuring the Network is aware of areas impacted by significant weather events to assist facilities and patients with emergency preparations, transportation, and access to care. These efforts are generated through daily alerts sent through EMResource (a real-time emergency system identified as a best practice) and ongoing interactive meetings with TEEC representatives.

In 2022, Network 14 staff continued to provide training opportunities to the dialysis and transplant facilities through one-on-one sessions or by attending and presenting during dialysis organization's emergency disaster drills/training sessions. The spread of emergency disaster preparations was conducted through the Network's social media platforms highlighting KCER and [texasready.gov](https://www.texasready.gov) resources.

On February 23, 2022, the Network conducted an annual Emergency Disaster Tabletop drill with Networks 8 and 11. KCER facilitated the drill with 125 stakeholders, which included one patient. Stakeholders included CMS representatives, LDO leadership, State Agencies, Texas Medical Foundation, TEEC members, and the Network staff.

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.