ALLIANT

ESRD NETWORK 14

2023
ANNUAL REPORT

This report will cover quality improvement efforts led by ESRD Network 14
Task Order Number 75FCMC21F0003 from May 1, 2023- April 30, 2024.

Table of Contents

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 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 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.

ESRD Network 14 serves the ESRD community in Texas, with the administrative office located 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; ESRD professionals who serve on the Texas ESRD Emergency Coalition (TEEC); and the Network Council.

Geography and General Population

Texas is the second-largest state in the United States by territory (268,596 thousand square miles[1]) and population (estimated at over 30 million[2]). 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, while Dallas is the third most populous in the state and ninth largest in the United States[3].

ESRD Population

In 2023, five new Medicare-certified dialysis facilities opened in the Network service area, and 20 closed, bringing the total number of facilities to 760 (Chart 3). Approximately 90% of the dialysis facilities in Network 14 are managed by a large dialysis organization (LDO), while the remaining 10% are managed by a small dialysis organization or an independent organization.

As of December 31, 2023, data shows that Network 14 served 47,130 in-center patients and 8,198 home patients (Chart 1). There were an additional 26,655 kidney transplant patients who received care at one of 25 transplant units, bringing the total Network 14 ESRD population to 80,915. By modality type, 58.2% of ESRD patients received in-center dialysis, 10.1% dialyzed at home, and 31.7% had a kidney transplant.

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 the significant number of dialysis facilities and transplant centers operating in the state. End-Stage Renal Disease Quality Reporting System (EQRS) data indicated that, in 2023, ESRD Network 14 had the largest percentage of prevalent ESRD patients by Network (Chart 4). By treatment modality, ESRD Network 14 was the largest

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[1] https://worldpopulationreview.com/state-rankings/states-by-area
[2] https://census.gov
[3] https://worldpopulationreview.com/us-cities

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 2023

Network 14: Count of Prevalent ESRD Patients by Treatment/Setting 2023

Count of Patients (y-axis: 0 to 90,000)

- In-Center Dialysis: 47,062
- Home Dialysis: 8,198
- Total Dialysis Patients: 55,260
- Transplant: 25,655
- Total ESRD Patients: 80,915

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 2024

Chart 2: Count of Incident ESRD Patients by Treatment/Setting 2023

Network 14: Count of Incident ESRD Patients by Initial Treatment/Setting 2023

Count of Patients (y-axis: 0 to 14,000)

- In-Center Dialysis: 10,691
- Home Dialysis: 2,013
- Kidney Transplant: 405
- Total Incident Patients: 13,109

Initial Treatment/Setting

Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2024

Chart 3: Count of Medicare-Certified Facilities by Treatment/Setting 2023

Network 14: Count of Medicare-Certified Facilities by Treatment/Setting 2023

Count of Facilities (y-axis), Treatment Modality (x-axis)

Treatment Modality	Count
Transplant	25
In-Center and Home Dialysis	322
In-Center Only	390
Home Dialysis Only	48
Total Dialysis Facilities	760
Total ESRD Facilities	785

Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
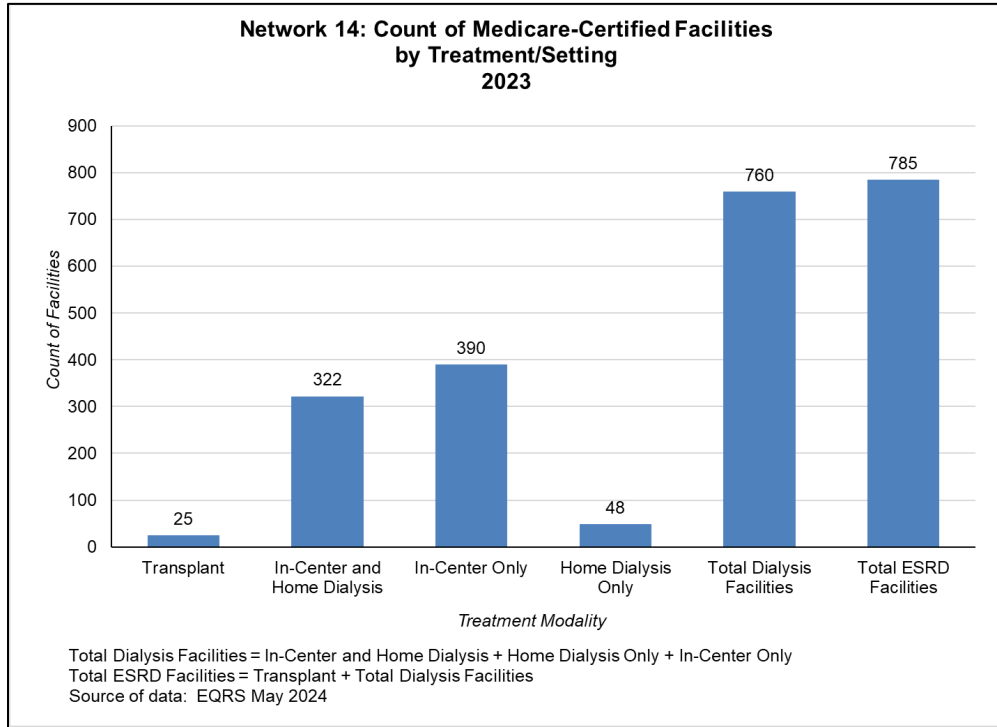Source of data: EQRS May 2024

Chart 4: Percent of National Prevalent Dialysis Patients by ESRD Network 2023

Percent of National Prevalent Dialysis Patients by ESRD Network 2023

Percent of National (y-axis), Network (x-axis)

Network	Percent
1	2.8%
2	5.4%
3	3.9%
4	3.8%
5	5.4%
6	9.7%
7	6.4%
8	5.4%
9	6.2%
10	3.8%
11	5.5%
12	3.2%
13	4.0%
14	10.8%
15	5.2%
16	3.0%
17	6.0%
18	9.4%

National total dialysis patients: 513,225
Source of data: EQRS May 2024
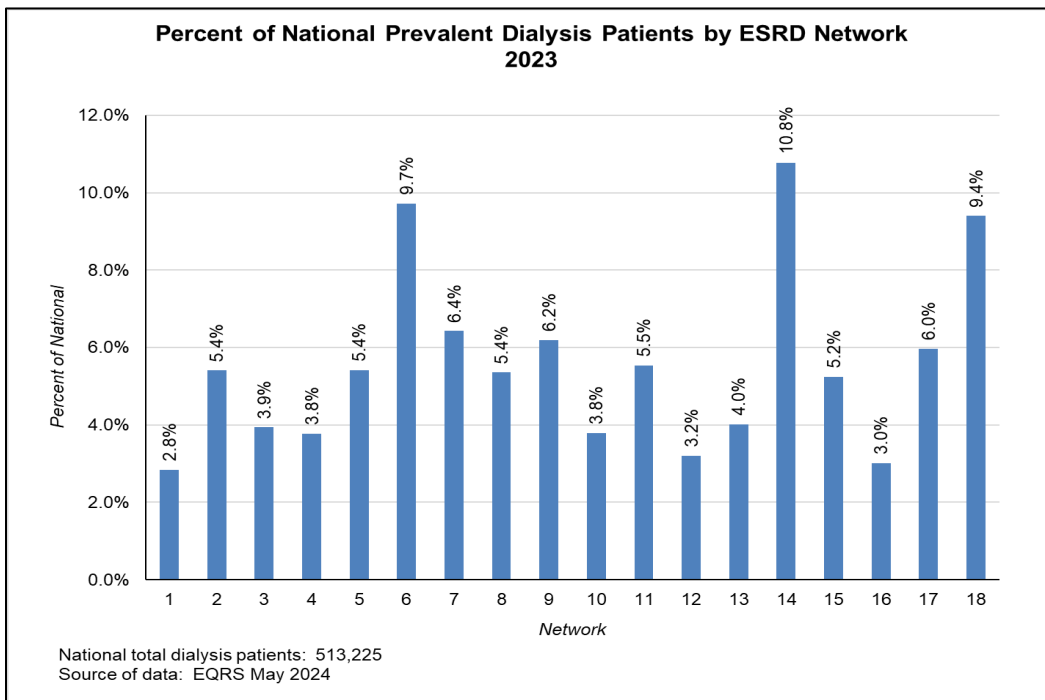
Chart 5: Percent of National Incident Dialysis Patients by ESRD Network 2023

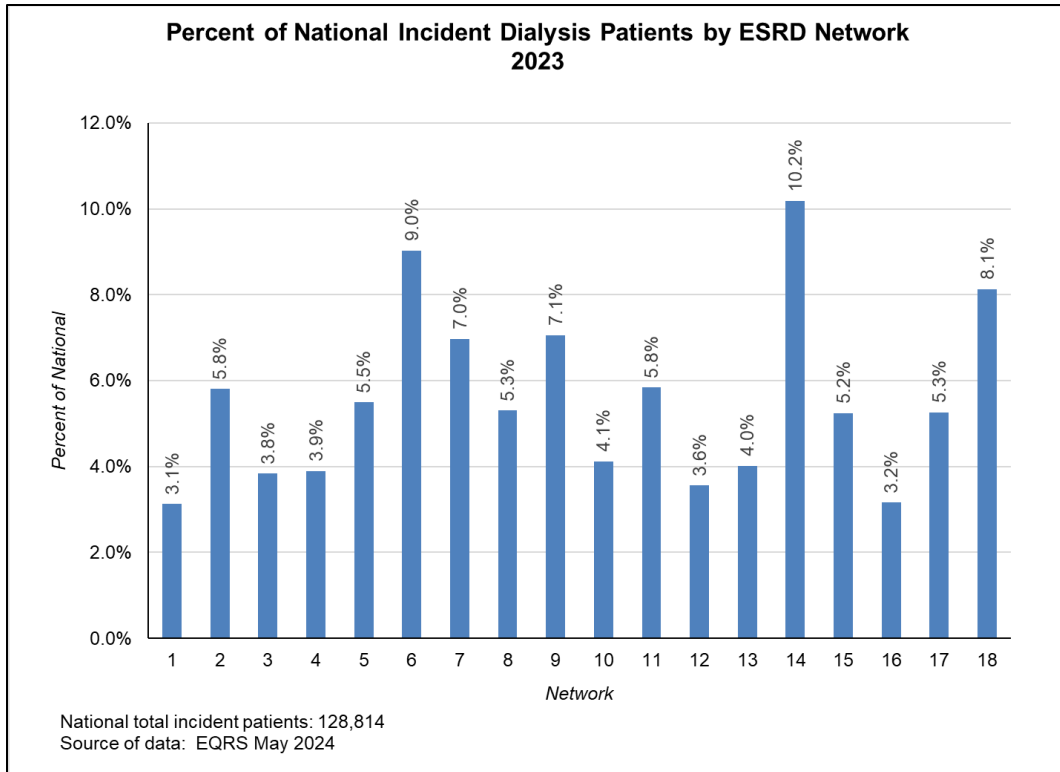**Percent of National Incident Dialysis Patients by ESRD Network 2023**

Network	Percent
1	3.1%
2	5.8%
3	3.8%
4	3.9%
5	5.5%
6	9.0%
7	7.0%
8	5.3%
9	7.1%
10	4.1%
11	5.8%
12	3.6%
13	4.0%
14	10.2%
15	5.2%
16	3.2%
17	5.3%
18	8.1%

National total incident patients: 128,814
Source of data: EQRS May 2024

Chart 6: Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2023

Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2023

Network	Percent
1	2.6%
2	4.7%
3	3.2%
4	4.5%
5	5.8%
6	10.1%
7	6.9%
8	6.2%
9	8.2%
10	4.5%
11	6.5%
12	4.2%
13	4.3%
14	9.7%
15	5.0%
16	3.2%
17	4.4%
18	6.0%

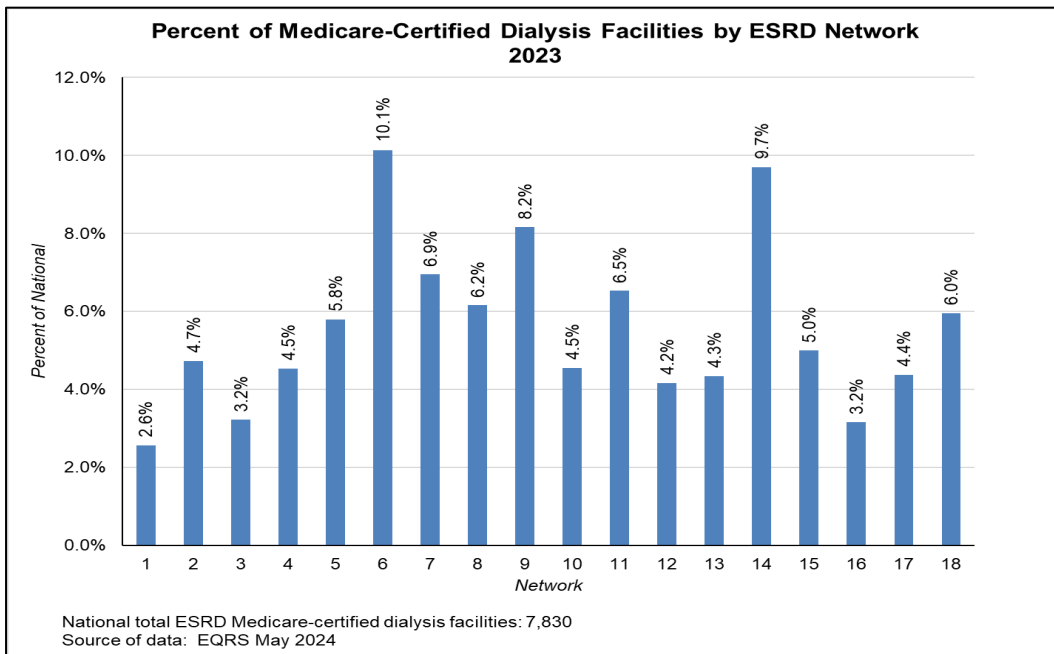National total ESRD Medicare-certified dialysis facilities: 7,830
Source of data: EQRS May 2024

Chart 7: Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2023

Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2023

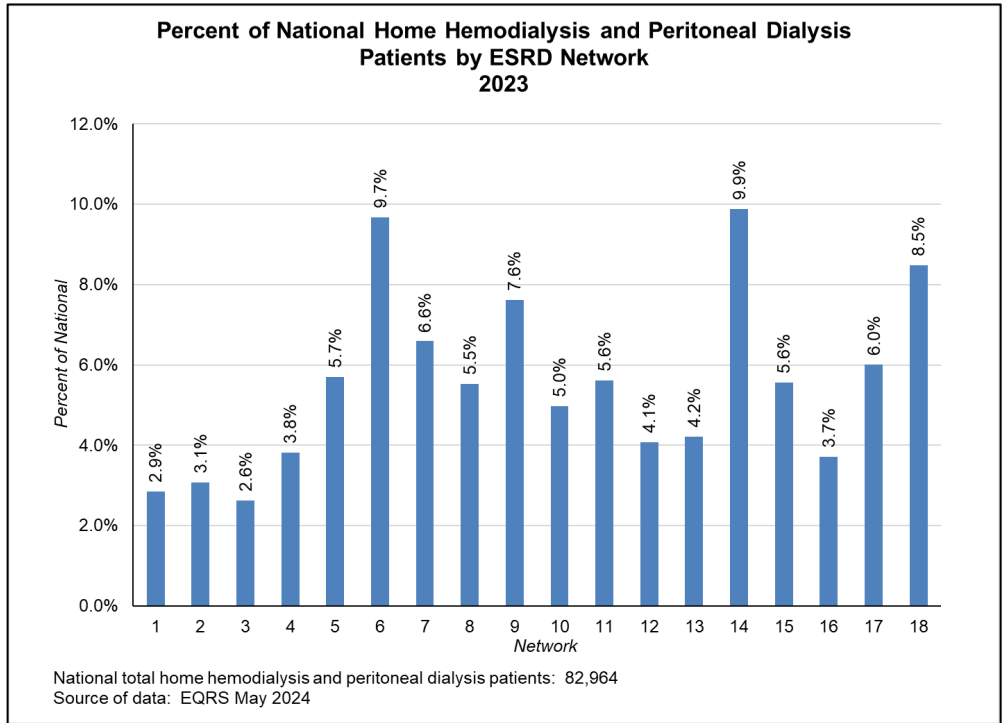National total home hemodialysis and peritoneal dialysis patients: 82,964
Source of data: EQRS May 2024

Chart 8: Percent of National Transplant Patients by ESRD Network 2023

Percent of National Transplant Patients by ESRD Network 2023

National total transplant patients: 306,878
Source of data: EQRS May 2024

Chart 9: Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2023

Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network
2023

Network	Percent of National
1	6.6%
2	6.1%
3	2.2%
4	8.3%
5	5.7%
6	5.2%
7	4.4%
8	4.4%
9	5.7%
10	3.9%
11	9.2%
12	5.2%
13	3.9%
14	10.9%
15	6.6%
16	3.1%
17	2.6%
18	6.1%

National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: EQRS May 2024

Transplant Waitlist & Transplanted Quality Improvement Activity May 2023-April 2024

Network 14 worked to empower patient choice of transplant by implementing interventions and coaching facility staff on process improvements to increase the number of patients added to the transplant waitlist and receiving a kidney transplant. The Network was charged with achieving a 9% increase in the number of patients added to the kidney transplant waitlist and a 12% increase in the number of prevalent patients receiving a kidney transplant.

The Network-led transplant community coalition, consisting of SMEs from transplant centers, organ procurement organizations, and dialysis facilities, identified common barriers and brainstormed possible solutions, which were then utilized during one-on-one technical assistance with facilities to improve waitlisting and transplantation rates. Monthly technical assistance included an initial root cause analysis, sharing of promising practices and provision of resources as indicated with follow-up three months after initial coaching session. Coaching calls focused on various aspects of the transplant process, transplant education, transplant waitlisting management, and promoted specific primary drivers from the ESRD National Coordinating Center (NCC) Transplant Change Package.

Commonly identified barriers:

- Patient lack of follow-up, such as missing appointments without rescheduling or being unresponsive to transplant center phone calls.
- Poor communication between transplant centers, dialysis facilities, and patients.
- Patient lack of understanding of the transplant process.
- Lack of motivation or interest.
- Lack of reliable personal transportation for transplant appointments.
- Existing co-morbid conditions for which transplant is contraindicated.
- Lack of financial resources needed for travel, medication, and insurance costs.

Interventions and processes improvements:

- 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 were 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.
- Utilization and promotion of the Network's Transplant Road Map.
- 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.

Promising practices:
- The Kidney Transplant Checklist, developed by Network 14, was recognized by the National Forum of ESRD Networks as a Highly Effective Practice.
- The Kidney Transplant Road Map, developed collaboratively with Networks 8 and 16, 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.
- How to Avoid Transplant Waitlisting Delays was developed by the transplant community coalition to further assist patients with understanding the importance of timely completion of required health maintenance exams.
- Utilization of a transplant trailblazer increased patients' interest in a kidney transplant and increased the facility's transplant referrals.

In summary, the Network successfully surpassed both the waitlist and the transplant goals. A total of 3,504 patients dialyzing in a Network 14 facility (prevalent patients) were added to the kidney transplant waitlist, and 2,058 patients received a kidney transplant during the performance period. In addition to the 2,058 prevalent transplants performed, 376 patients received a preemptive kidney transplant from a transplant facility within the Network 14 region, according to the NCC Network Patient Reports, Period Prevalence table from April 2024.

Chart 10: Patients Added to a Kidney Transplant Waiting List May 2023 – April 2024
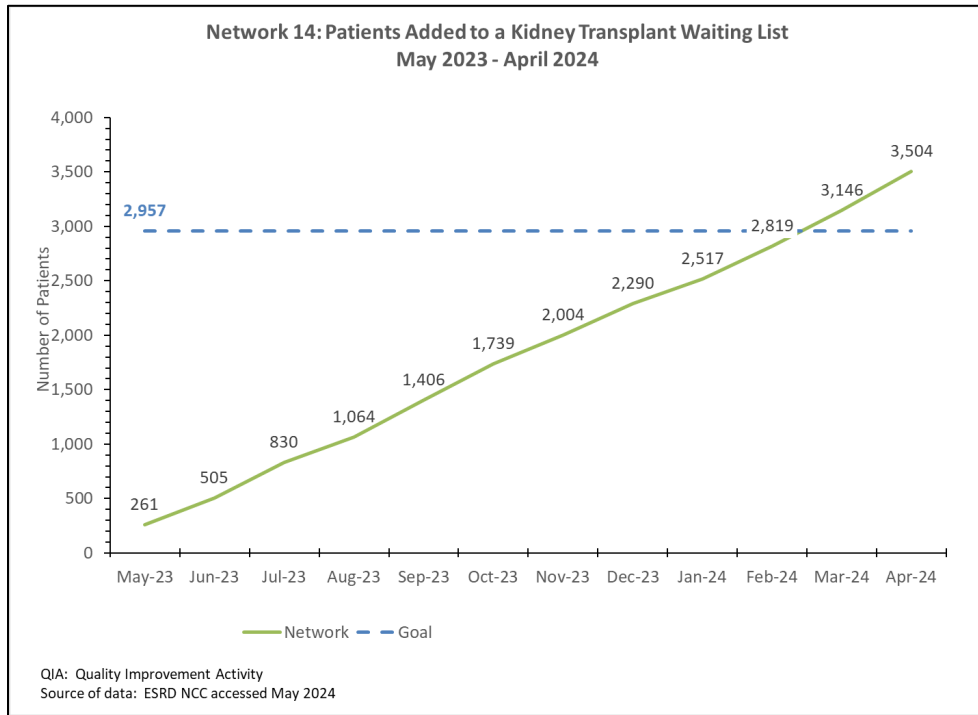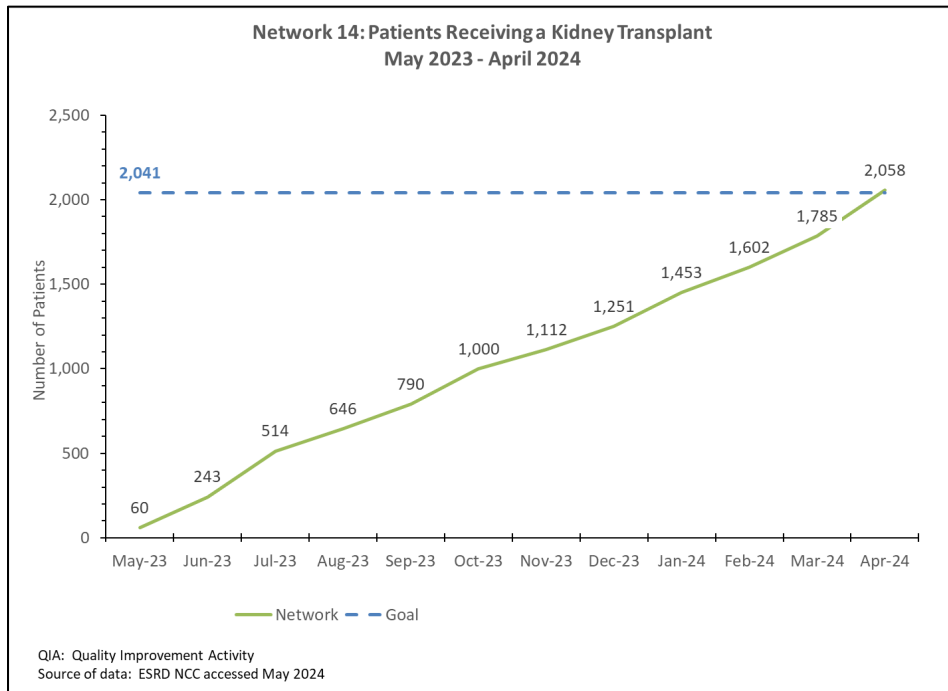
**Network 14: Patients Added to a Kidney Transplant Waiting List
May 2023 - April 2024**

Number of Patients

2,957

261
505
830
1,064
1,406
1,739
2,004
2,290
2,517
2,819
3,146
3,504

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

——— Network   – – Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 11: Patients Receiving a Kidney Transplant May 2023 – April 2024

**Network 14: Patients Receiving a Kidney Transplant
May 2023 - April 2024**

Number of Patients

2,041

60
243
514
646
790
1,000
1,112
1,251
1,453
1,602
1,785
2,058

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

——— Network   – – Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Home Therapy (Incident & Transition to Home) Quality Improvement Activity May 2023-April 2024

The 2023-2024 goal for incident patients beginning ESRD treatment on a home modality was 30%; Network 14 achieved a 26.05% increase, adding 2,274 incident patients to a home modality. The Network also worked to achieve a 12% increase in the rate of prevalent patients transitioning to a home modality and achieved a 9.16% increase, adding 2,682 prevalent patients to a home modality.

A home community coalition, consisting of high-performing providers and patient subject matter experts, was established by the Network to identify barriers and potential solutions to assist low-performing facilities improve home dialysis rates. The Network utilized coalition feedback to provide targeted technical assistance and share best practices to drive process improvements for intervention facilities.

Monthly technical assistance included an initial root cause analysis, sharing of promising practices and provision of resources as indicated with follow-up three months after initial coaching session. Coaching calls focused on various aspects of home modality education and promoted specific primary drivers from the ESRD NCC Home Dialysis Change Package.

Commonly identified barriers:
- 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.
- Patient choice of in-center setting for socialization and a sense of security associated with the provision of treatment by dialysis professionals.
- Patient lack of care partner, family support, or adequate housing.

Interventions and processes improvements implemented:
- Individualized, facility-specific coaching based on identified barriers and needs.
- Provision of resources to highlight the advantages of solo home hemodialysis, promoting this as an option for patients without a care partner and for whom peritoneal dialysis (PD) was not possible.
- Sharing LDO-specific program successes with other facilities owned by the same corporation.
- Sharing information regarding Urgent Start Peritoneal Dialysis and Transitional Care Units with providers.
- Promoting self-care for in-center patients to master basic skills and build self-confidence before initiation of home training.
- Conducting roster reviews and routine data checks to ensure correct reporting of patient modality in EQRS.

Promising practices:
- Establishing a home improvement team for a team-based education approach.
- Selecting a small group of eligible patients for 1:1 coaching; identifying patient-specific life plan goals and exploring the benefits of home dialysis in this context.
- Utilizing Kidney Care Advocate, Kidney Smart educator, or Home Hero to provide early home modality education.
- Employing home modality videos, lobby days, and chairside education to educate patients on the socialization aspects of home dialysis as well as the 24-hour availability of dialysis staff if needed.

By partnering with high-performing facilities to learn best practices while providing targeted technical assistance and spreading best practices, a total of 4,956 patients started or moved to a home modality during the contract period May 2023 through December 2023.

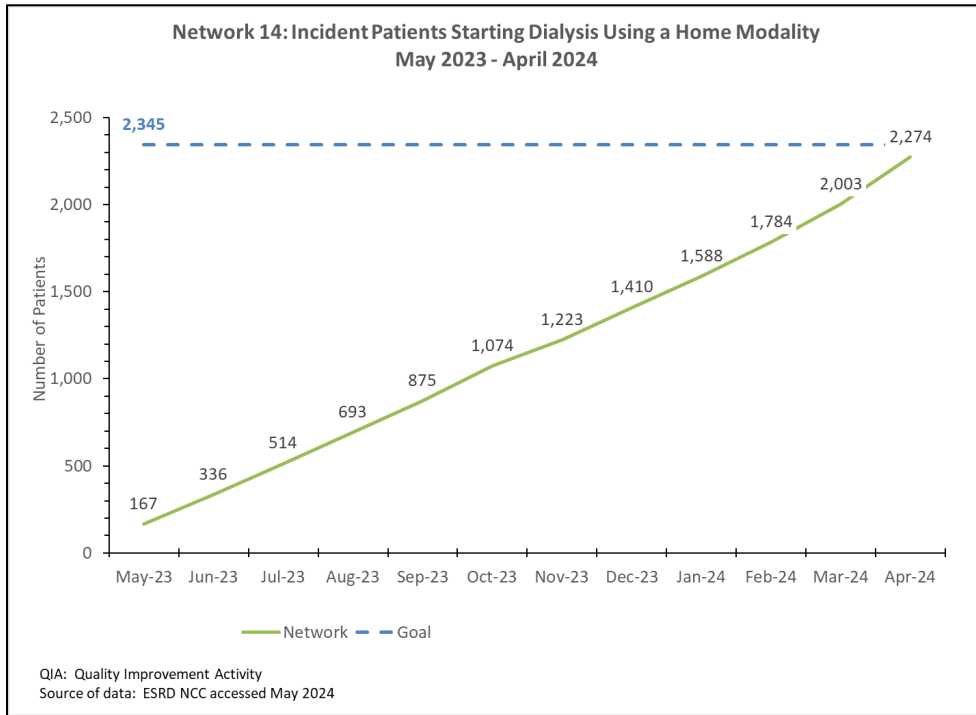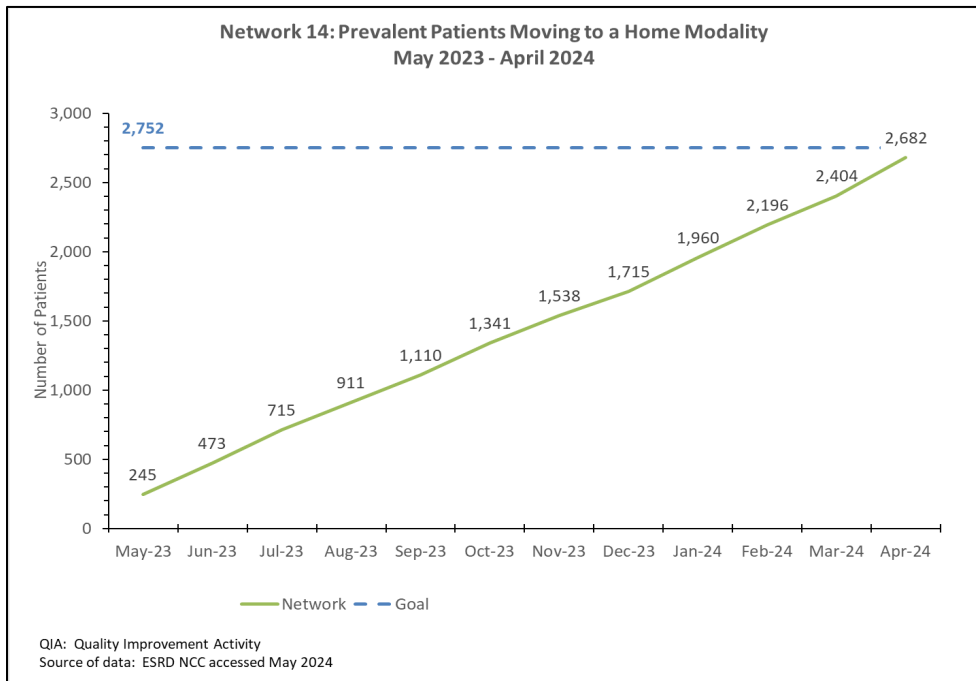**Chart 12: Incident Patients Starting Dialysis Using a Home Modality May 2023-April 2024**

Network 14: Incident Patients Starting Dialysis Using a Home Modality
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 13: Prevalent Patients Moving to a Home Modality May 2023-April 2024

Network 14: Prevalent Patients Moving to a Home Modality
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Influenza Vaccinations (Patient and Staff) May 2023-April 2024

ESRD Networks were tasked to meet the following influenza vaccination goals by the end of the contract period two:

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

Monthly technical assistance included an initial root cause analysis, sharing of promising practices and provision of resources as indicated with follow-up three months after initial coaching session.

Commonly identified barriers:

- Vaccination fatigue
- Allergies
- Refusal of all vaccines
- Distrust/fear
- Political/religious beliefs
- Failure to report staff flu data in NHSN
- Inaccurate data reported to EQRS/National Healthcare Safety Network (NHSN)
- Discrepancies between internal records and EQRS

Interventions and process improvements:

- 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 National Forum of ESRD Networks' Vaccination Toolkit.
- Provision of monthly education to address vaccination hesitancy and common vaccination misconceptions.
- Assistance with obtaining EQRS access.
- Assistance with obtaining access to NHSN's Healthcare Personnel Safety component.
- Provision of training on how to enter staff vaccination data into NHSN.
- Assistance with identifying and troubleshooting batch submission errors to the new EQRS Vaccination Module.
- Monthly sharing of influenza vaccination rates to provide awareness and trend progress.

Promising practices:

- Utilization of State Immunization Registries to identify vaccines received by non-dialysis providers.
- Appointment of facility vaccination manager to track/trend vaccines.
- Development of a vaccination binder to assist with tracking.
- Involvement of the entire interdisciplinary team.

- Development of an immunization bulletin board.
- Incorporation of visual aids to assist with patient education.
- Outreach to other healthcare providers to determine vaccination status.

In addition to the facility-specific interventions above, the Network partnered with the following coalitions: the National COVID-19 Resiliency Network (NCRN) Regional Community Coalition, the Texas Medical Foundation (TMF) Health Quality Institute Partnership for Community Health, and the Texas Statewide Partnerships 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 the contract period. The Network achieved a rate of 80.23% in dialysis patient influenza vaccinations, as recorded in EQRS, and 55.69% in dialysis

Chart 14: Percent of Dialysis Patients Receiving an Influenza Vaccination May 2023-April 2024
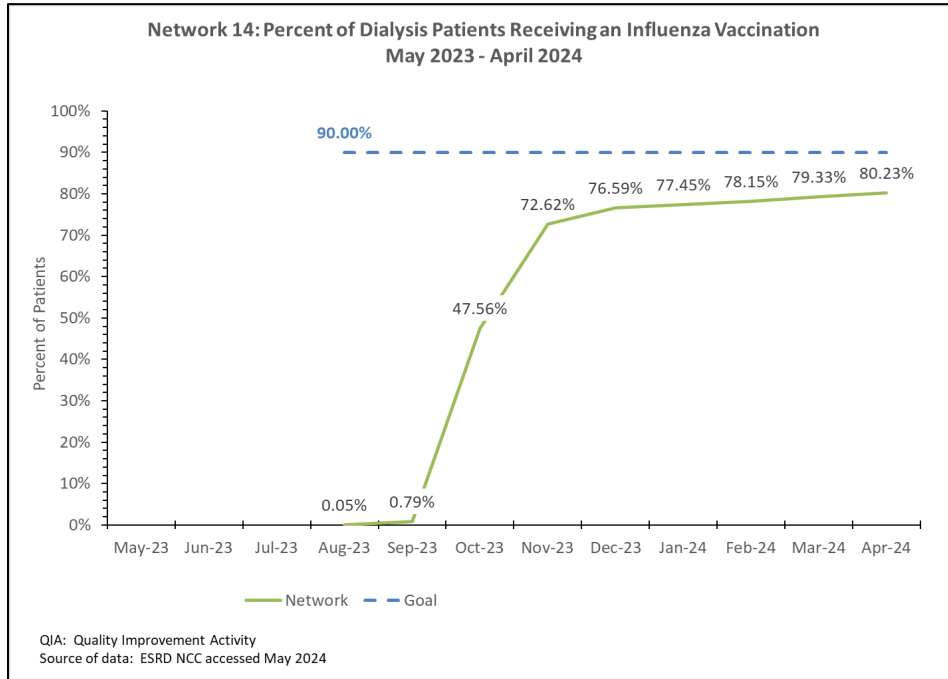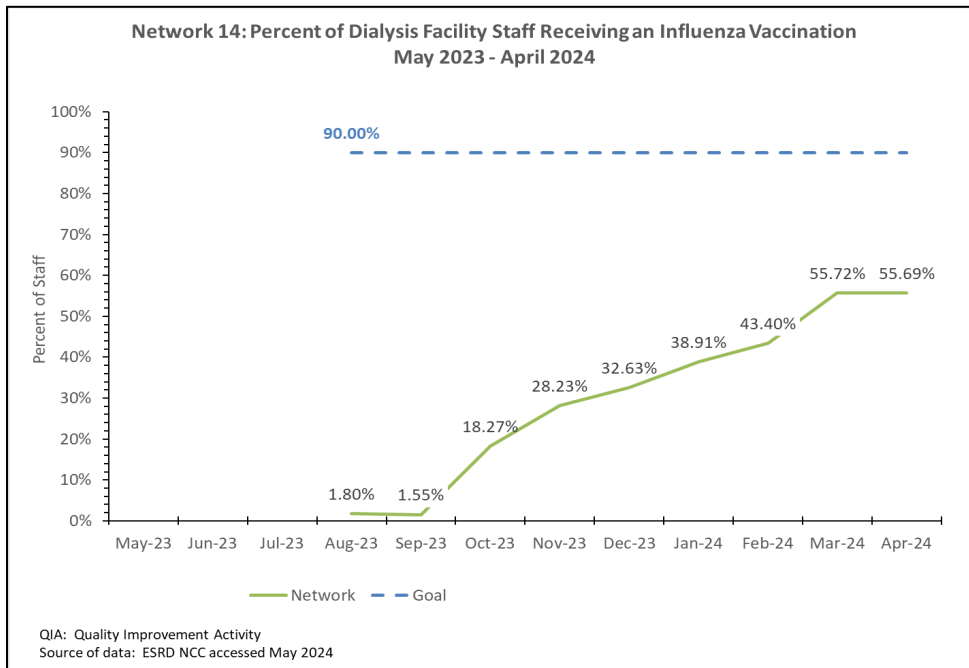

Chart 15: Percent of Dialysis Facility Staff Receiving an Influenza Vaccination May 2023-April 2024

COVID-19 Vaccinations (Patients and Staff) May 2023-April 2024

ESRD Networks were tasked to meet the following COVID-19 vaccination goals by the end of the contract period:
- 80% of dialysis patients are fully vaccinated for COVID-19, including boosters, as determined by the CDC and/or CMS.
- 95% of dialysis facility staff fully vaccinated for COVID-19, including boosters, as determined by the CDC and/or CMS.

Monthly technical assistance included an initial root cause analysis, sharing of promising practices and provision of resources as indicated with follow-up three months after initial coaching session.

Commonly identified barriers:
- Vaccination fatigue
- Allergies
- Refusal of all vaccines
- Lack of trust
- Fear of side effects
- Inaccurate facts/myths
- Knowledge deficit
- Political/religious beliefs
- Lack of reporting in NHSN
- Inaccurate data in NHSN
- Lack of awareness of vaccination rates recorded in NHSN

Interventions and process improvements:
- 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.
- Monthly sharing of COVID-19 vaccination rates to provide awareness and trend progress.

Promising practices:
- Utilization of State Immunization Registries to identify vaccines received by non-dialysis providers.
- Assigning dedicated staff members to track/trend vaccines.

- Incorporation of vaccination education with new patients within 30 days of admissions.
- Involvement of the entire interdisciplinary team.
- Improved communication with other healthcare providers to determine vaccination statuses.
- Utilization of competitions and prizes to encourage patients to receive vaccinations.
- Identification and collaboration with community partners for COVID-19 vaccination.

In addition to the facility-specific interventions above, the Network partnered with the following coalitions: NCRN Regional Community Coalition, TMF Health Quality Institute Partnership for Community Health, and Texas Statewide Partnerships for Community Health. Coalition resources were utilized to enhance technical assistance efforts to address vaccine hesitancy.

With two changes to the definition of "fully vaccinated" by the CDC, once in September 2023 and again in April 2024, effectively resetting vaccination rates to zero, Network 14 did not meet the patient or staff COVID-19 vaccination goals. As of April 30, 3.60% of patients were fully vaccinated for COVID-19, and a rate of 2.58% of dialysis staff were fully vaccinated for COVID-19.

Chart 16: Percent of Dialysis Patients That Are Up to Date with COVID-19 Vaccines May 2023-April 2024

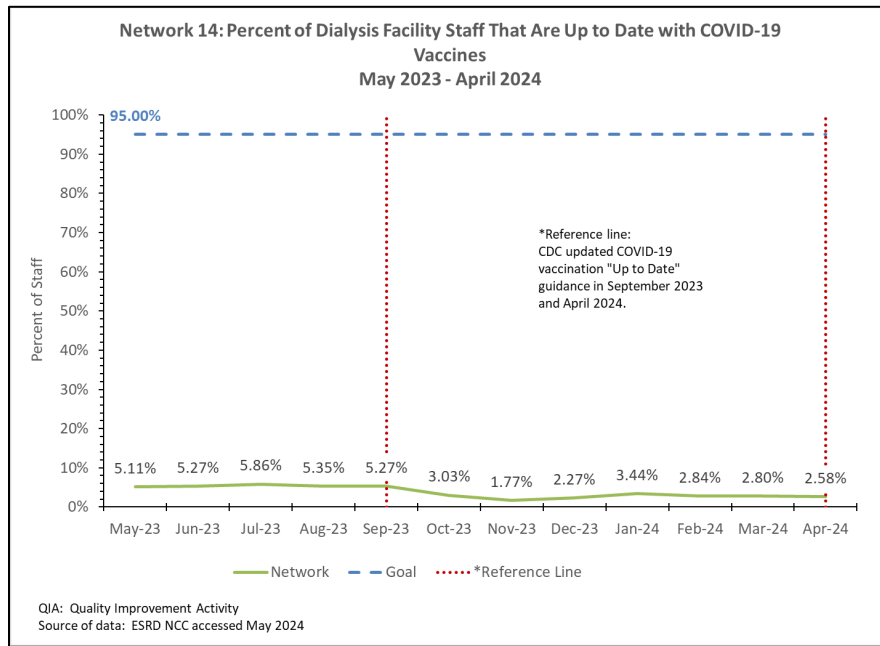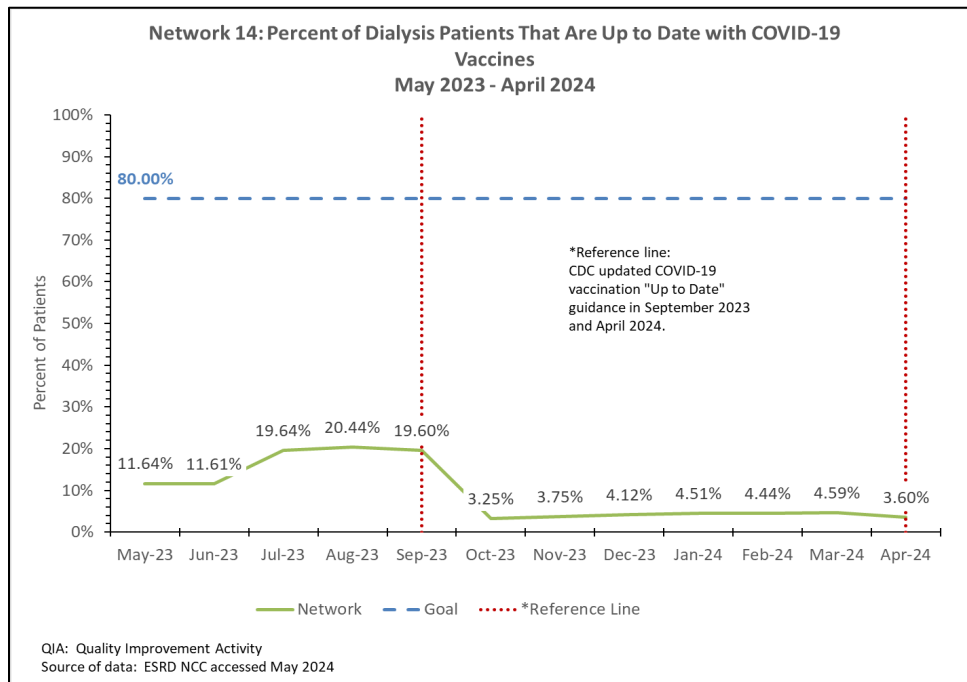Network 14: Percent of Dialysis Facility Staff That Are Up to Date with COVID-19 Vaccines
May 2023 - April 2024

95.00%

*Reference line:
CDC updated COVID-19 vaccination "Up to Date" guidance in September 2023 and April 2024.

5.11% 5.27% 5.86% 5.35% 5.27% 3.03% 1.77% 2.27% 3.44% 2.84% 2.80% 2.58%

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

Percent of Staff

—— Network – – Goal ⋯⋯ *Reference Line

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 17: Percent of Dialysis Facility Staff That Are Up to Date with COVID-19 Vaccines May 2023-April 2024

Network 14: Percent of Dialysis Patients That Are Up to Date with COVID-19 Vaccines
May 2023 - April 2024

80.00%

*Reference line:
CDC updated COVID-19 vaccination "Up to Date" guidance in September 2023 and April 2024.

11.64% 11.61% 19.64% 20.44% 19.60% 3.25% 3.75% 4.12% 4.51% 4.44% 4.59% 3.60%

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

Percent of Patients

—— Network – – Goal ⋯⋯ *Reference Line

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Pneumococcal Vaccinations May 2023-April 2024

Network 14 was tasked with ensuring that 53.84% of patients were fully vaccinated for pneumococcal pneumonia, a 7% increase from the baseline of 50.32%.
Monthly technical assistance included an initial root cause analysis, sharing of promising practices and provision of resources as indicated with follow-up three months after initial coaching session.

Commonly identified barriers:
- Vaccination fatigue
- Knowledge deficit
- Refusal of all vaccines
- Lack of trust
- Fear
- Religious beliefs
- Inaccurate data in EQRS
- Unaware of vaccination rates in EQRS

Interventions and process improvements:
- Individualized coaching calls to review patient-specific data and 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 identifying and troubleshooting batch submission errors to the new EQRS Vaccination Module.
- Provision of education regarding new pneumococcal vaccinations (PCV 15 and PCV 20).
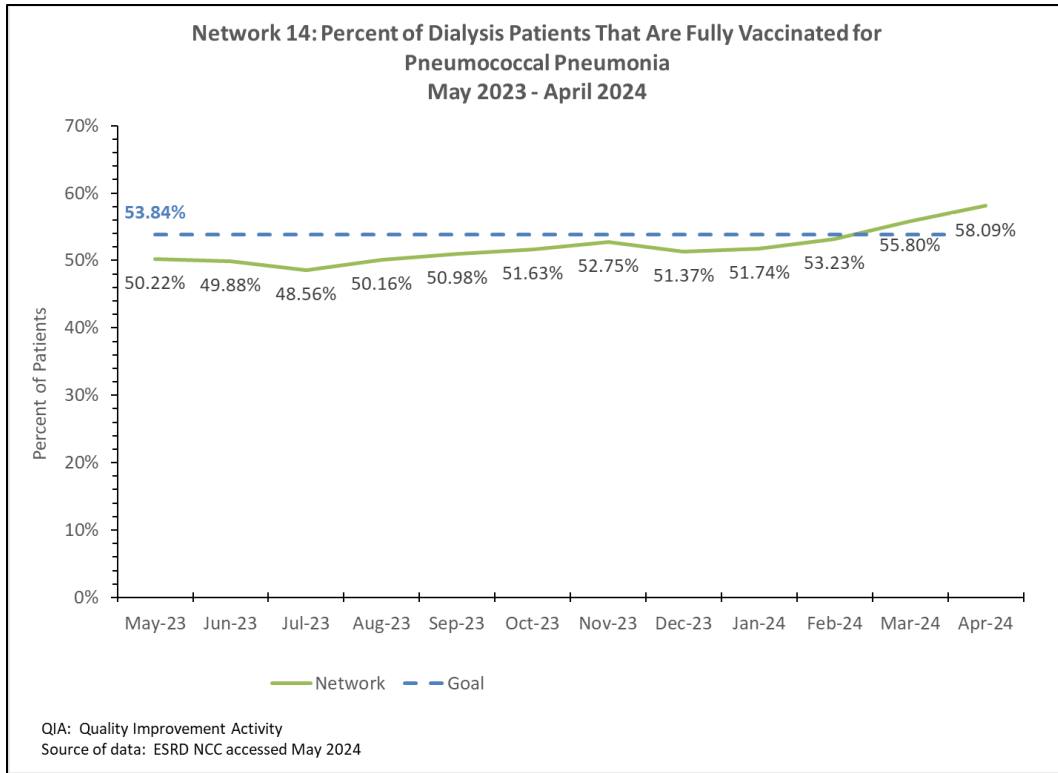- Monthly sharing of pneumococcal vaccination rates to provide awareness and trend progress.

Promising practices:
- Utilization of State Immunization Registries.
- Implementation of Vaccination Manager to track/trend vaccines.
- Implementation of a new pneumococcal algorithm.
- Involvement of the entire interdisciplinary team.
- Improved communication with other healthcare providers to determine vaccination statuses.
- Increased focus on vaccination tracking.
- Provision of pneumococcal vaccinations in the dialysis facility.

In addition to the facility-specific interventions above, the Network partnered with the following coalitions: NCRN Regional Community Coalition, TMF Health Quality Institute Partnership for Community Health, and Texas Statewide Partnerships for Community Health. Coalition resources were utilized to enhance technical assistance efforts to address vaccine hesitancy.

Utilizing the above interventions and ongoing technical assistance efforts to increase pneumococcal vaccinations, Network 14 met the pneumococcal vaccination goal during the contract period, with 58.09% of patients fully vaccinated by April 30.

Chart 18: Percent of Dialysis Patients That Are Fully Vaccinated for Pneumococcal Pneumonia May 2023-April 2024

Network 14: Percent of Dialysis Patients That Are Fully Vaccinated for Pneumococcal Pneumonia
May 2023 - April 2024

50.22% 49.88% 48.56% 50.16% 50.98% 51.63% 52.75% 51.37% 51.74% 53.23% 55.80% 58.09%

53.84%

Percent of Patients

Y-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%

X-axis: May-23, Jun-23, Jul-23, Aug-23, Sep-23, Oct-23, Nov-23, Dec-23, Jan-24, Feb-24, Mar-24, Apr-24

Network ⎯⎯ Goal - - -

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

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Data Quality (2728 Forms Over 1 Year, CMS Form 2728, CMS Form 2746) May 2023-April 2024

Network 14 focused on improving data quality for the annual performance period from May 1, 2023, through April 30, 2024. During the performance period, the Network engaged facilities and corporations in dialogue and communication surrounding the topic of data quality.

Key areas of focus for data quality:
- Achieve a 1% increase from the baseline in the number of incomplete initial CMS-2728 forms that are over one year old and completed and submitted.
- Achieve a 4% increase from the baseline in the rate of initial CMS-2728 forms that are submitted from dialysis facilities within 45 days.
- Achieve a 9% increase from the baseline in the rate of CMS-2746 forms submitted from dialysis facilities within 14 days of the date of death.

Commonly identified barriers:
- Lack of assigned staff member to manage EQRS forms. completion/submission.
- Lack of knowledge of timeframes for EQRS form submission.
- Key facility staff without EQRS account.
- Frequent staffing changes.
- Missing creatinine lab value within 45 days prior to chronic dialysis initiation.
- Inability to obtain the accurate cause of death within the timeframe specified for the 2746 form submission.
- Inability to obtain physician signature within the timeframe specified for 2728 form submission.

Interventions and processes improvements:
- Network collaboration with LDO leadership to address barriers and issues to improve admission data submission rate within five days.
- Notification of First Not New ESRD patient admissions.
- Provision of educational articles regarding EQRS tips, tools, and trainings via the ESRD Network professional newsletter.
- Sharing Data Quality Improvement scores to facilities and associated corporations.
- Weekly notifications of CMS 2728 forms due within 10 days, with daily notifications of outstanding forms.
- Utilization of the 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.
- Reporting of data quality metrics to facilities and corporations.
- Assisting transplant facilities to obtain access to EQRS.
- Review of EQRS forms timeliness during routine monthly facility report card reviews by quality improvement staff with coaching and resources as needed.

Promising practices:
- Sharing of staff with EQRS knowledge and expertise across sister facilities to ensure forms are completed accurately and timely.
- Posting of ESRD NCC EQRS Data Submission Stopwatch for key personnel review.
- Ensuring that key personnel obtain EQRS account and attend EQRS new user training in a timely manner.
- Utilizing hospital portals to obtain necessary information for form completion.
- Setting internal facility goals for form completion prior to the CMS deadline.

Utilizing the above interventions, process improvement techniques and ongoing technical assistance efforts, Network 14 met all three of the Data Quality Measures as indicated in (Charts 19, 20, & 21) by April 30.

Chart 19: Number of Incomplete Initial CMS-2728 Forms that are Over One Year Old that are Completed and Submitted May 2023-April 2024
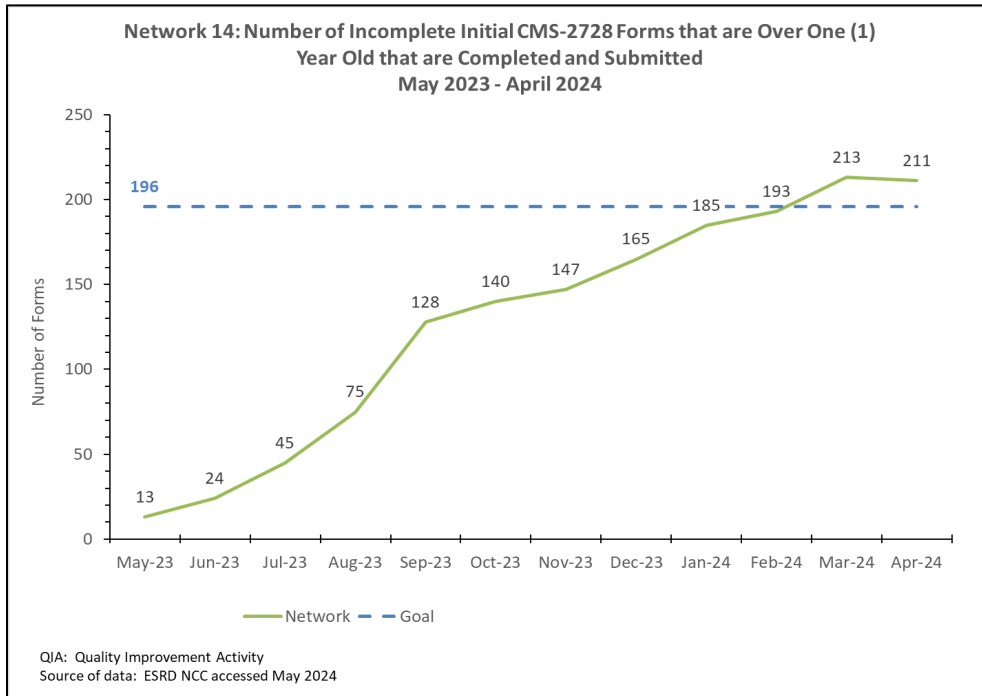
Network 14: Number of Incomplete Initial CMS-2728 Forms that are Over One (1) Year Old that are Completed and Submitted
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 20: Percent or Initial CMS-2728 Forms Submitted Within 45 Days May 2023-April 2024

Network 14: Percent of Initial CMS-2728 Forms Submitted Within Forty-five (45) Days
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
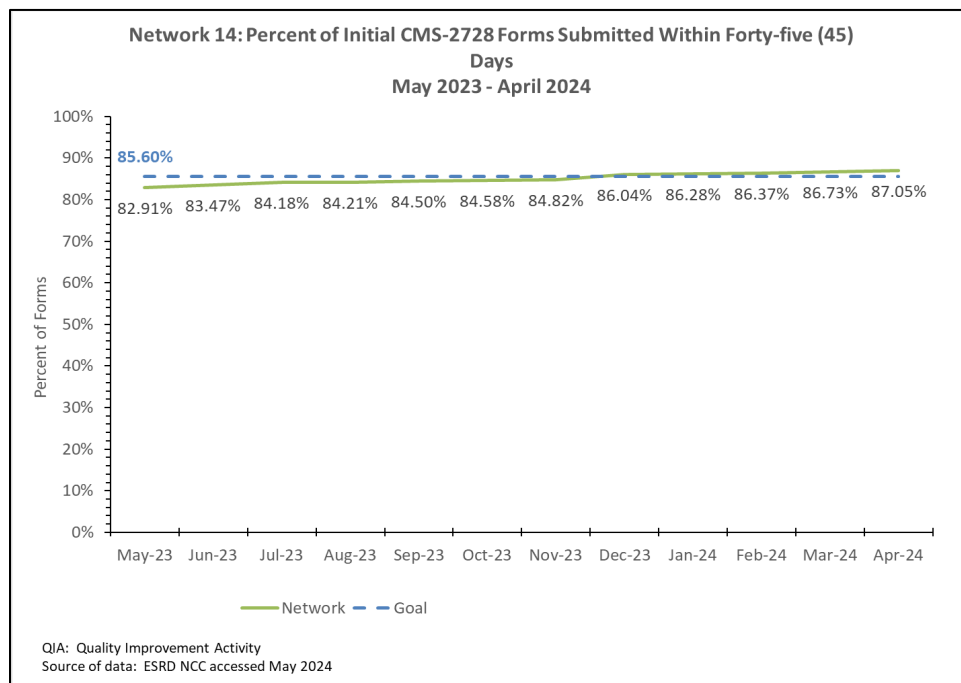
Chart 21: Percent or CMS-2746 Forms Submitted Within 14 Days of Death May 2023-April 2024

Network 14: Percent of CMS-2746 Forms Submitted Within Fourteen (14) Days of Death
May 2023 - April 2024

57.82%

51.94% 52.78% 53.22% 53.50% 53.78% 54.26% 55.19% 56.10% 57.67% 58.52% 58.65% 59.17%

Network — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
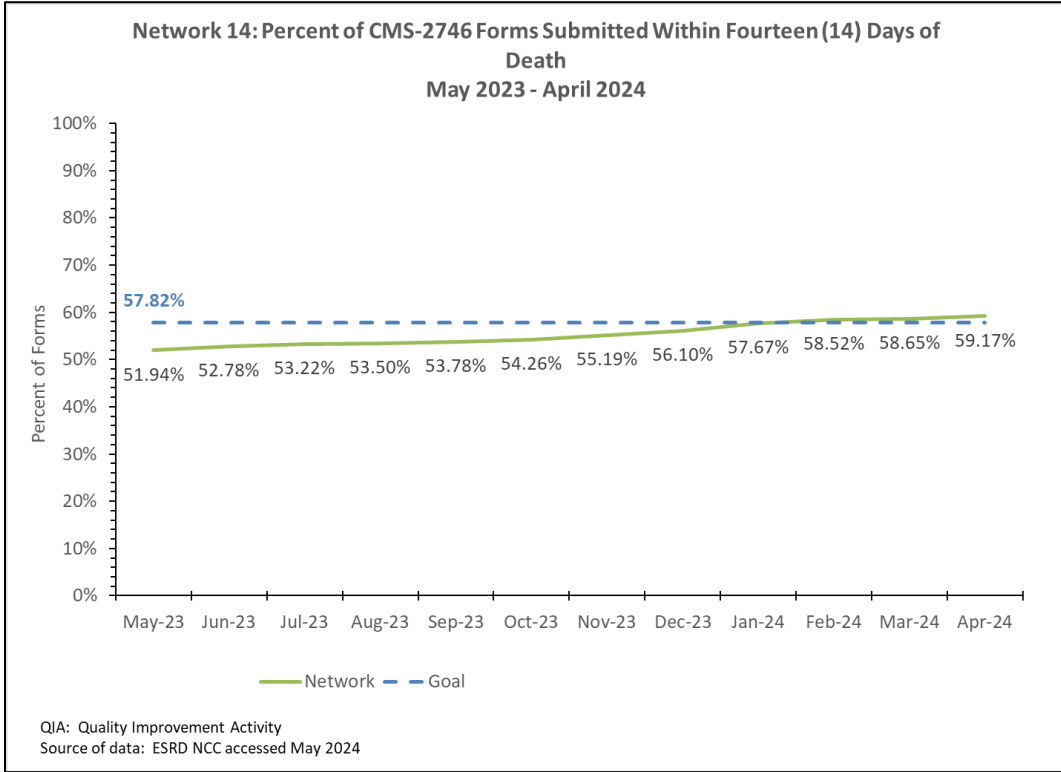
Hospitalization (Inpatient Admissions, ED Visits, Readmissions) May 2023-April 2024

During the contract period, Network 14 sought to achieve a 4% decrease in hospital admissions, 30-day unplanned readmissions, and outpatient emergency department visits. Monthly technical assistance included an initial root cause analysis, improvement plan development, sharing of promising practices and provision of resources as indicated with follow-up three months after initial coaching session.

Commonly identified barriers:
- Missed treatments associated with transportation challenges and/or lack of adherence to scheduled outpatient dialysis sessions leading to ER visit/admission.
- Failure to recognize early complications that could have been addressed more quickly at the facility level to avoid unplanned hospitalizations.
- Inability to access timely vascular access intervention, leading to access malfunction requiring ER visit for prolonged bleeding or hospital admission for access revision.
- Early hospital discharge prior to stabilization/resolution of admission diagnosis, leading to readmission.
- Inappropriate use of emergency department due to lack of primary care physician.
- Patient/family inability to manage multiple co-morbid conditions such as blood sugar, diabetic wounds, gastroparesis, hypertension, congestive heart failure and additional cardiac conditions.

Interventions and processes improvements:
- 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:
- Use of post-hospitalization tracking tool to track facility trends and to identify patients at risk for repeat hospitalization, allowing for early intervention.
- Use of designated hospitalization outcomes manager to review hospital discharge records and review discharge instructions with patients, identifying opportunities for education and utilizing teach-back to ensure information was clearly understood.
- Use of small incentives to encourage patients to attend all treatments as scheduled.

- Encouraging patients to re-schedule missed treatments, even a partial treatment, in an attempt to prevent fluid overload/hyperkalemia.
- Keeping an open treatment chair for patients who need additional fluid removal on a non-dialysis day.
- Obtaining and reviewing hospital discharge records within a short window of time to ensure timely follow-up for appointments and medication changes.

In addition to the facility-level interventions above, the Network continued to partner with TMF, the QIN-QIO for Texas, to share information and resources. Additionally, the Network worked with individual State Departments of Health within the Network 14 region to monitor COVID-19 cases and distribute information to dialysis facilities as needed.

In summary, based on data provided by the ESRD NCC as of April 2024, the Network successfully maintained rates below the upper limit threshold established by CMS for emergency department visits; we exceeded the ceiling for inpatient admissions by 2.5 percentage points and the ceiling for unplanned readmissions by 6.9 percentage points. The Network develops partnerships with providers, patients, quality improvement organizations, community experts, and other stakeholders to improve hospitalization measures while providing interventions to mitigate primary chronic comorbidities in the ESRD population.

Chart 22: Rate of ESRD-Related Hospital Admissions per 100 Patient-months (lower values are better) May 2023-April 2024
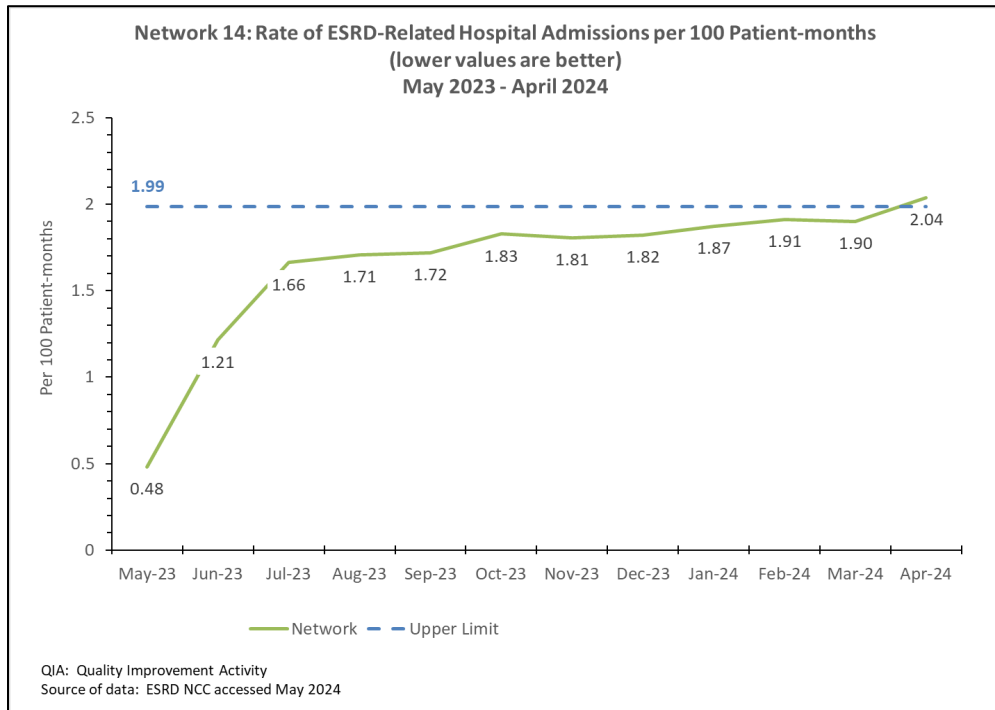

Network 14: Rate of ESRD-Related Hospital Admissions per 100 Patient-months
(lower values are better)
May 2023 - April 2024

1.99
0.48, 1.21, 1.66, 1.71, 1.72, 1.83, 1.81, 1.82, 1.87, 1.91, 1.90, 2.04

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 23: Outpatient Emergency Department Visits per 100 Patient-months (lower values are better) May 2023-April 2024

Network 14: Outpatient Emergency Department Visits per 100 Patient-months
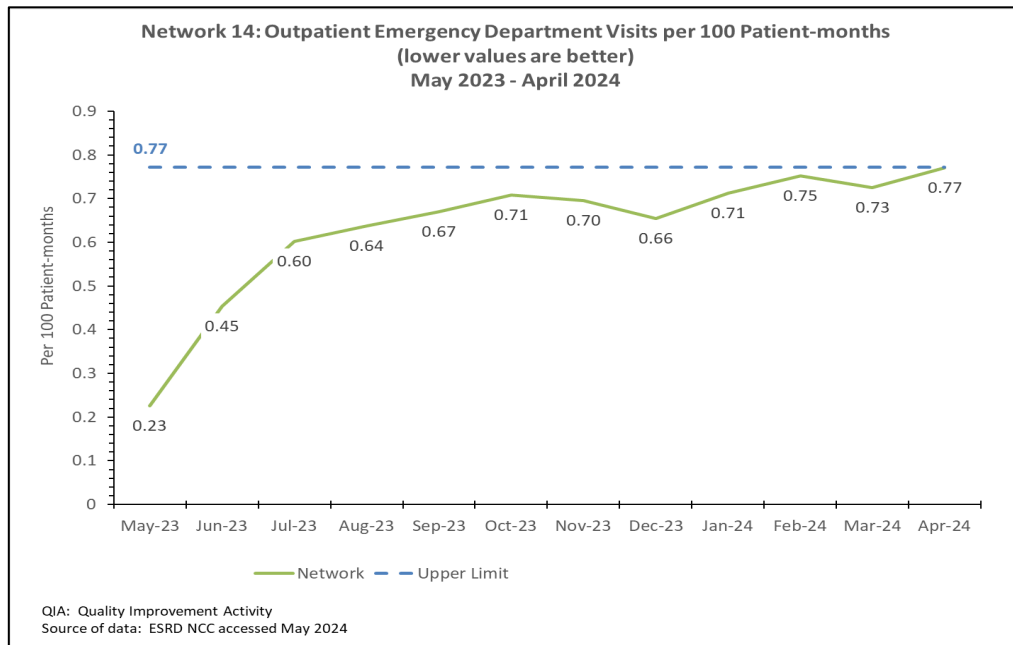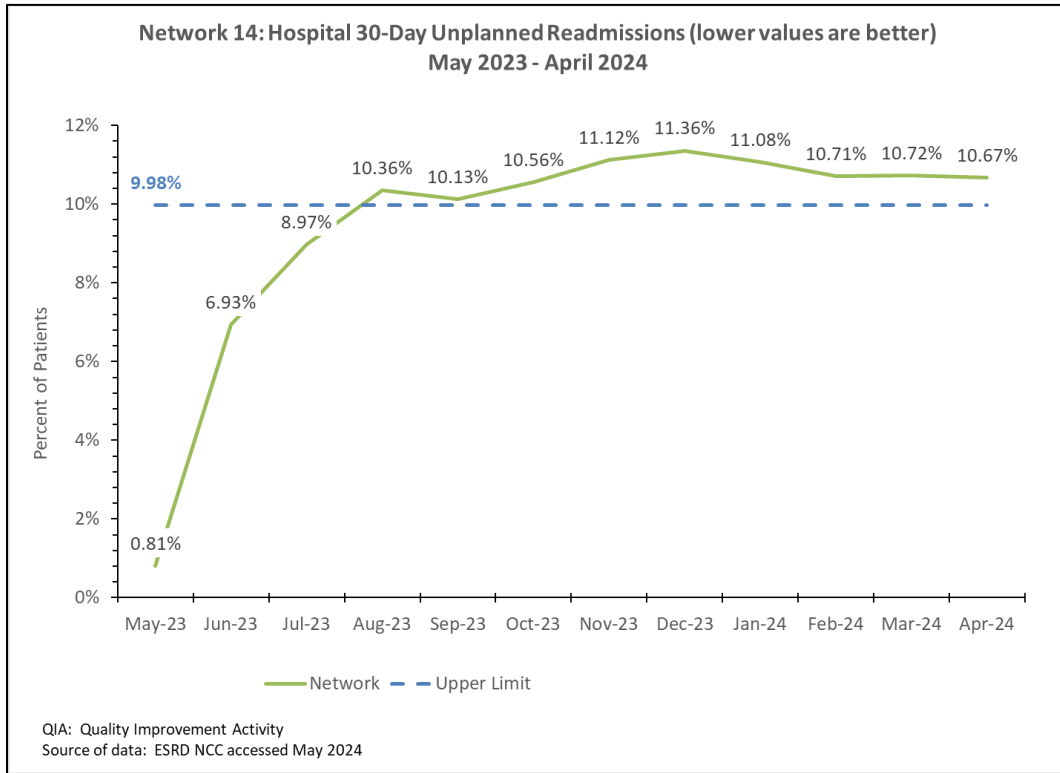(lower values are better)
May 2023 - April 2024

0.77
0.23, 0.45, 0.60, 0.64, 0.67, 0.71, 0.70, 0.66, 0.71, 0.75, 0.73, 0.77

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 24: Hospital 30-Day Unplanned Readmissions (lower values are better) May 2023-April 2024

Network 14: Hospital 30-Day Unplanned Readmissions (lower values are better)
May 2023 - April 2024

- 9.98%
- 0.81% (May-23)
- 6.93% (Jun-23)
- 8.97% (Jul-23)
- 10.36% (Aug-23)
- 10.13% (Sep-23)
- 10.56% (Oct-23)
- 11.12% (Nov-23)
- 11.36% (Dec-23)
- 11.08% (Jan-24)
- 10.71% (Feb-24)
- 10.72% (Mar-24)
- 10.67% (Apr-24)

Percent of Patients

—— Network   – – Upper Limit

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Nursing Home (Blood Transfusion, Catheter Infection, and Peritonitis) May 2023-April 2024

Network 14 endeavored 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, 2024. During the contract period, there were ten providers offering nursing home dialysis as of April 30, 2023.

Commonly identified barriers:
- Lack of clear, effective communication between SNF/LTC staff and dialysis staff.
- Co-morbid conditions leading to blood loss.
- Improper management of CVC, such as missing or wet CVC dressings and improper dressing change procedure.
- Improper PD catheter management, such as exit site assessment/care.

Interventions and processes improvements:
- Development of a coalition of stakeholders to assist with identifying local issues and potential interventions.
- Individualized coaching calls to conduct needs assessments and brainstorm solutions to identified barriers.
- 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 the Texas Department of Health covering available support services such as infection control assessment and response surveys.
- Monthly data review and reconciliation with facility contact to maintain data integrity.

Promising practices:
- Use of standardized, bi-directional communication tools to ensure that nursing facility staff and dialysis staff are knowledgeable of pre and post-dialysis data, including vital signs, medication administration, fluid volume status and relevant lab values.

Through implementation of the above interventions and ongoing efforts to improve the quality of SNF/LTC admission records within EQRS, Network 14 successfully met two of the three measures for this contract year, however, in April 2023 due to an inaccurate reporting of treatment setting in EQRS Network 14 exceeded the ceiling for the transfusion measure. Had the treatment setting been accurately recorded in EQRS, Network 14 would have successfully met the transfusion goal with a rate of 6.90%.

Chart 25: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Home (lower values are better) May 2023-April 2024
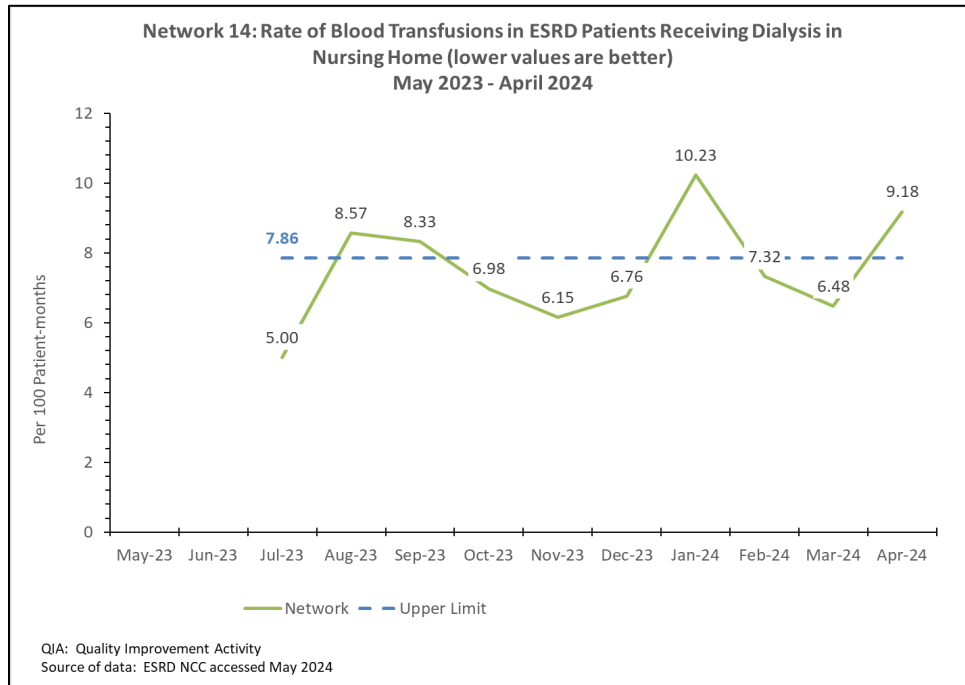

Network 14: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Home (lower values are better)
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

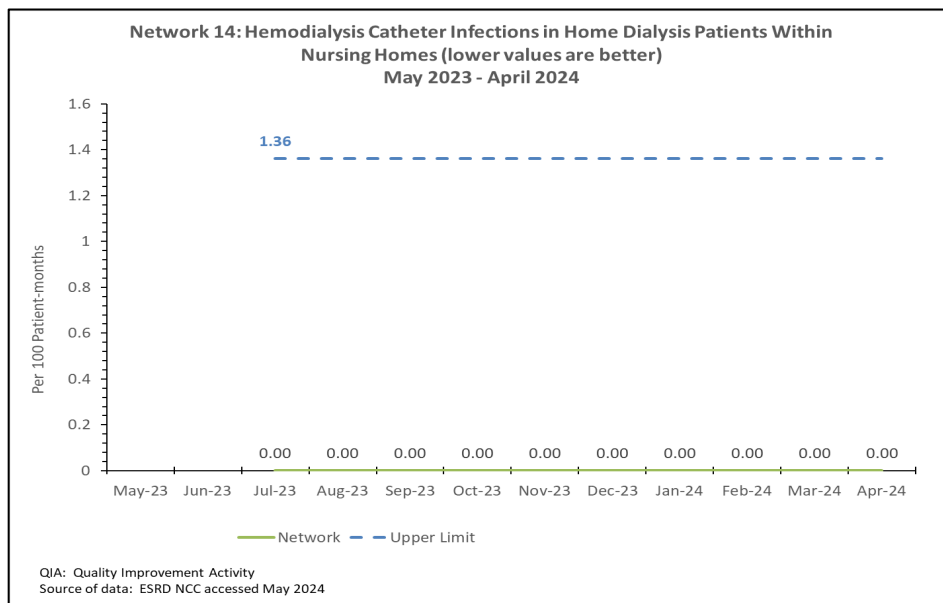**Chart 26: Hemodialysis Catheter Infections in Home Dialysis Patients Within Nursing Home (lower values are better) May 2023-April 2024**

Network 14: Hemodialysis Catheter Infections in Home Dialysis Patients Within Nursing Homes (lower values are better)
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Chart 27: Peritonitis Events in Home Dialysis Patients Within Nursing Home (lower values are better) May 2023-April 2024

Network 14: Peritonitis Events in Home Dialysis Patients Within Nursing Homes
(lower values are better)
May 2023 - April 2024

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024
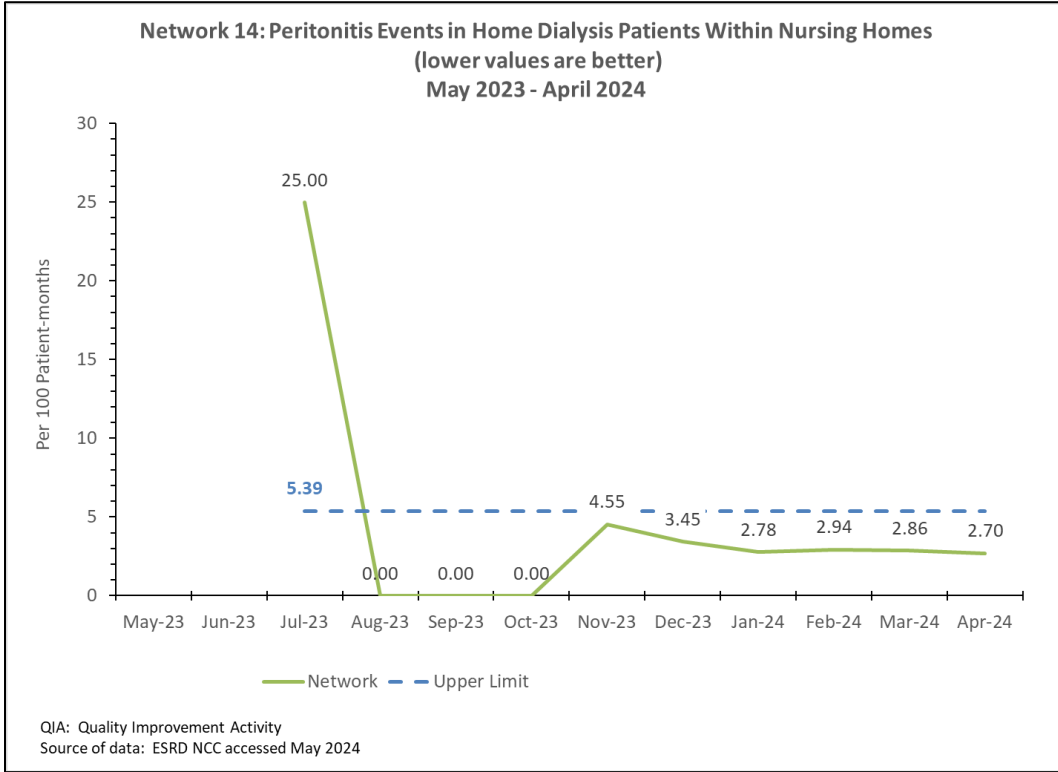
Telemedicine May 2023-April 2024

The Network was tasked with advocating to the state licensure boards for expanded use of home dialysis in rural areas in states prohibiting the use of telemedicine. As Texas State ESRD Regulations require the monthly physician visit be conducted face to face, prohibiting the use of telemedicine for this specific visit, the CMS measure for achieving a 3% relative increase in the number of rural ESRD patients using telemedicine while dialyzing in a home setting was not applicable. However, the Network did conduct an RCA to determine the greatest barriers and challenges for facilities and patients in utilizing telemedicine services for additional physician visits.

Commonly identified barriers:
- Technology limitations
- Limited smartphone data plans due to financial constraints
- Preference for face-to-face visit with provider
- Vision and/or hearing impairments impacting the benefit of telehealth
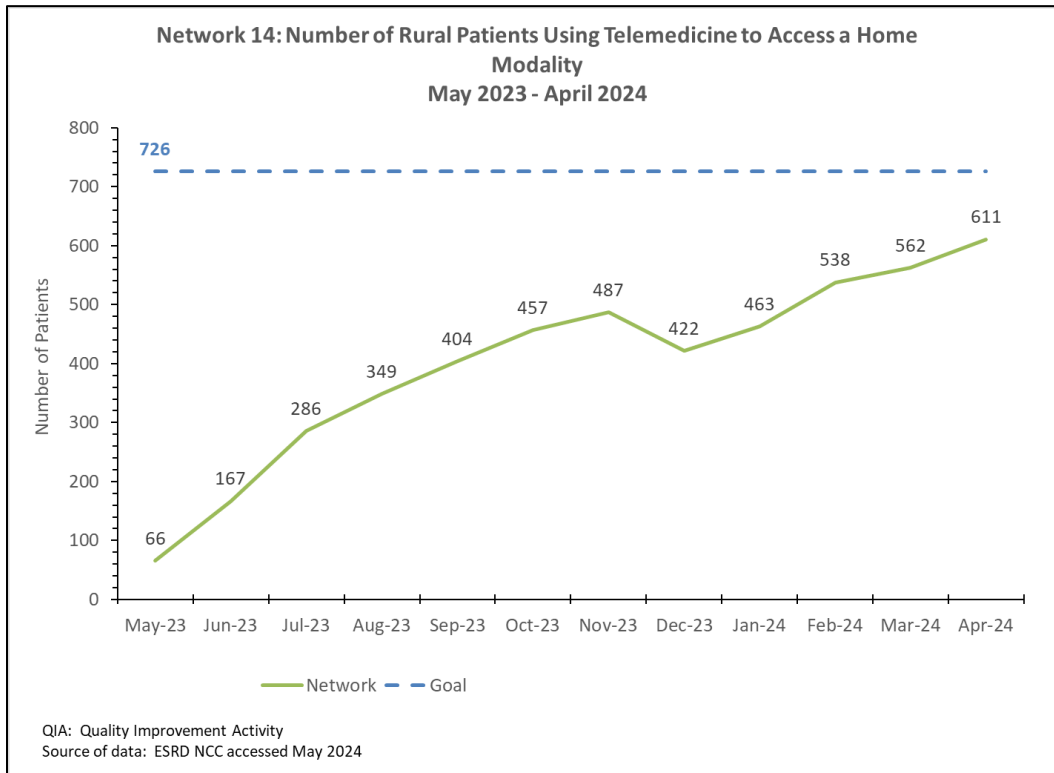
Interventions and processes improvements:
- Provision of one-on-one technical assistance, interventions, and resources such as videos and literacy-level written information to promote the usage and benefits of telehealth:
  - The Doctor will see you now: Telemedicine Makes It Easy
  - Kidney Patient 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

State Licensure Board Advocacy:
The ESRD Network 14 MRB submitted two position statements to the State Licensing Board providing recommendations to expand the use of telemedicine to ensure access to home dialysis for patients specifically in rural areas. In addition, the MRB provided feedback and recommendations during the official comment period to the ESRD State Regulations forthcoming revisions. While Network 14 was not measured on the outcomes of the goal, 611 telemedicine visits with rural home patients were conducted during the contract period.

Chart 28: Number of Rural Patients Using Telemedicine to Access a Home Modality May 2023-April 2024

Network 14: Number of Rural Patients Using Telemedicine to Access a Home Modality
May 2023 - April 2024

Month	Number of Patients
May-23	66
Jun-23	167
Jul-23	286
Aug-23	349
Sep-23	404
Oct-23	457
Nov-23	487
Dec-23	422
Jan-24	463
Feb-24	538
Mar-24	562
Apr-24	611

Goal: 726

Network — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

Depression Treatment May 2023-April 2024

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

Two PDSA groups were formed, and a total of 137 clinics were selected in the four-month cycles. The clinics were chosen based on the follow-up to positive screenings, and the percentage of Part B claims for treatment of Depression. Facilities were sent resources and tools to improve depression screening, referral, and treatment with an emphasis on health equity barriers and solutions. This format fostered open dialogue between facilities, allowing best practices to be shared. Coaching was provided on depression data measurement, the facility's current screening and treatment referral processes and identified areas for improvement.

Interventions and processes improvements:
- It's OK to Ask for Help
- Behavioral health screening workflow
- 3 Good Questions for Better Health English and Spanish
- Health Equity for Patients with Limited English Proficiency
- Management for Depression Zone Tool
- NCRN distress thermometer
- NCC Depression Change Package
- Caring for your Mind and Body picture screen tool English and Spanish
- Texas Mental Health Providers and Resource List

Network-developed resources:
- AHS-PHQ9 Best Practice Workflow-designed to encourage more accurate Depression Screenings
- AHS-ESRD Out of Balance flyer to educate patients on Depression while addressing the stigma of mental health.
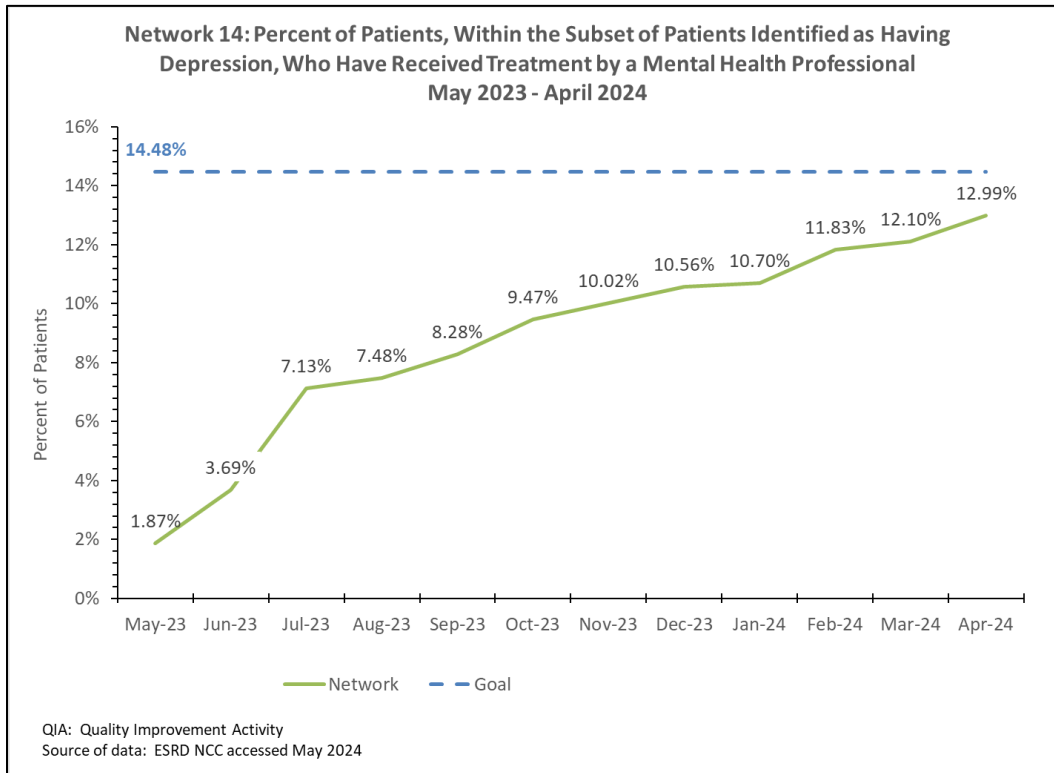
The Network 14 community coalition was formed with members from high-performing clinics; two members were from outside mental health providers. Barriers identified included the stigma of seeking mental health treatment, transportation to appointments, nephrologist prescribing medications and lack of mental health providers available. The coalition discussed the barriers specific to the data collection methodology for cases in which a patient may not screen positive for depression at the dialysis center but may still seek outside mental health treatment. The coalition assisted in creating a list of Texas-specific mental health providers to be distributed to facilities.

Successes:
- Large dialysis organizations implemented the use of Patient Health Questionnaire-2 (PHQ2) at the chairside by nursing staff.
- LDO has allowed for a standardized follow-up plan to be followed for positive screenings.
- Implemented MRB feedback to include social workers contacting nephrologists for prescriptions for antidepressants and referrals to primary care physicians when indicated.

By incorporating best practice interventions suggested by the coalition, an increase in treatment of depression was noted, as evidenced by Medicare Part B claims rising from 1.87% in May 2023 to 12.99% as of April 2024.

Chart 29: Percent of Patients, Within the Subset of Patients Identified as Having Depression, Who Have Received Treatment by a Mental Health Professional May 2023-April 2024

Network 14: Percent of Patients, Within the Subset of Patients Identified as Having Depression, Who Have Received Treatment by a Mental Health Professional
May 2023 - April 2024

Percent of Patients

14.48%

1.87%
3.69%
7.13%
7.48%
8.28%
9.47%
10.02%
10.56%
10.70%
11.83%
12.10%
12.99%

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24

—— Network   — — Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2024

ESRD Network Grievance and Access to Care Data

Network 14 responds to grievances filed by or on behalf of ESRD patients within the Network service area. May 2023 through April 2024 grievances were most often related to communication, professionalism, and patient safety. 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 Network encouraged facilities to discuss patient concerns, grievances, and other areas of concern during the facility's monthly Quality Assurance Performance Improvement meetings to identify long-term strategies and continuous quality improvement. From May 2023 through April 2024, the Network assisted patients with eight General Grievances, five Clinical Quality of Care cases, and six Immediate Advocacy cases.

The Network also provided technical assistance to resolve 80 facility concern cases, which were an opportunity to resolve concerns before Access to Care cases and involuntary discharges. The Network facilitated strategies to improve communication, decrease patient-provider conflict and educate on the role of the Network. The Network provides educational resources on patients' rights and the CMS Conditions of Coverage, as well as providing ongoing support to patients and facilities. The Network provided educational presentations to facility staff on the role of the Network, the Conditions of Coverage, and strategies to work together to resolve patient and provider concerns.
Network 14 implemented the established processes to fulfill CMS requirements and standards established by the ESRD contract attachment 9b. 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:
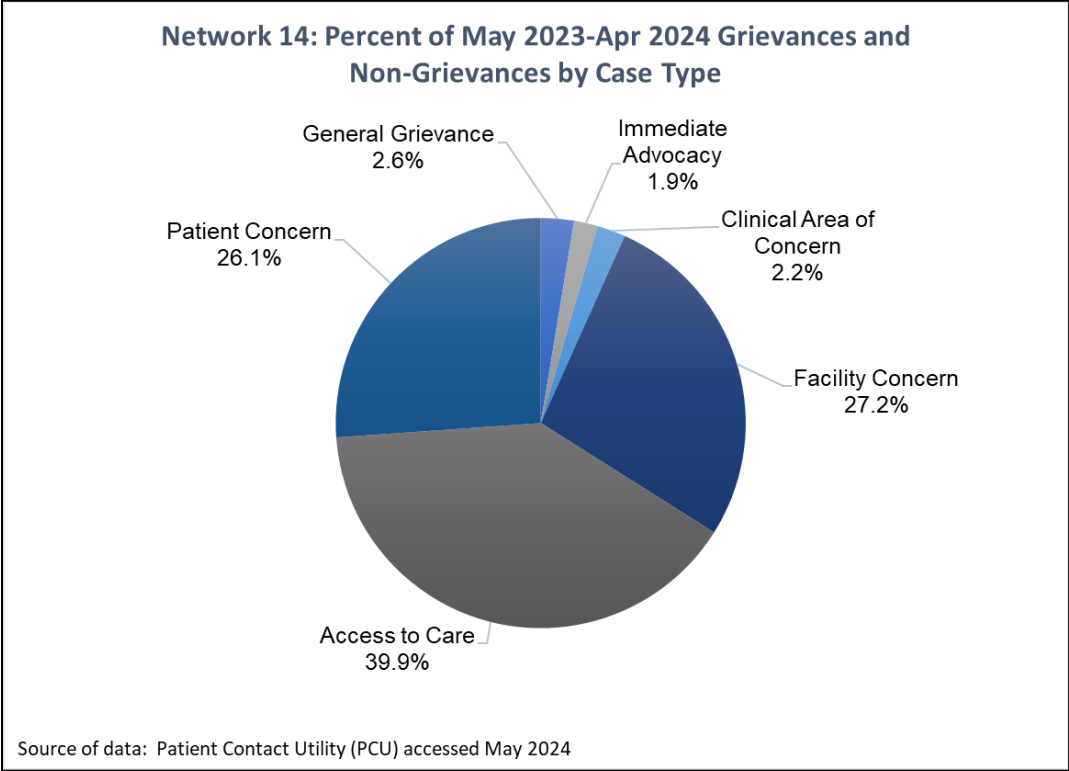
- The patient service staff, executive director, and quality improvement director discussed and assessed all open cases during weekly case review.
- Included dialysis organization leadership in grievance resolution efforts.
- Scheduled one-to-one coaching calls with facility representatives to assist 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 2023 through April 2024, there were 101 cases reported as access to care. Eighty-eight of these were at risk for involuntary discharge, and 40 were successfully averted through either transfer or resolution with the current facility. Forty-four cases resulted in confirmed

involuntary discharge. Seventeen cases were failure to place cases in which the patient contacted the Network for assistance finding placement; 11 of these patients were successfully placed in an outpatient dialysis facility. The Network was able to secure permanent placement for three patients through the Second Chance Program collaboration between the Network, facility, and State Survey Agency. Network 14 advocated for patient rights and responsibilities and provided interventions to staff to avoid and avert an involuntary discharge. The Network also participated virtually in plan-of-care conferences to advocate and mediate concerns and encourage a patient-centered approach. Health equity barriers were addressed, and individualized technical assistance was provided to facilities on how to mitigate the barriers.

Chart 30: Percent of May 2023-Apr 2024 Grievances and Non-Grievances by Case Type

Network 14: Percent of May 2023-Apr 2024 Grievances and Non-Grievances by Case Type

General Grievance 2.6%
Immediate Advocacy 1.9%
Clinical Area of Concern 2.2%
Patient Concern 26.1%
Facility Concern 27.2%
Access to Care 39.9%

Source of data: Patient Contact Utility (PCU) accessed May 2024

ESRD Network Recommendations

Providers in the Network 14 region are monitored throughout the year for their participation and performance in improvement activities specified in the Network's CMS contract for various quality metrics. The Network provides resources and coaching and assists with action plan development for measures that are not meeting CMS goals. Networks may recommend that sanctions or alternative sanctions be imposed on facilities that do not cooperate with Network improvement activities. In 2023, there were no providers who consistently failed to cooperate with Network goals.

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 and CMS national improvement goals and priorities. In 2023, Network 14's service area experienced two new openings and 13 facility closures. Newly opened facilities consisted of 100% in urban areas, and of the two new openings, there was one that was associated with an LDO and one independent facility. Of the 13 closures, 99% of the facilities were in an urban area, with 86% 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 2023, Network 14 experienced a decrease in COVID-19 cases. Patients who were COVID-positive 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 COVID-19 cases. The TEE) suspended its monthly meetings due to the low number of COVID-19 cases in the ESRD community. Network 14 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.

In 2023, Network 14, TEEC, the Network's MRB, and other State Emergency Management representatives vetted and discussed tools presented to facilities to overcome barriers. 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 continually provided resources to help facilities address patients' impatience, fear and the mental health strain patients and staff faced due to the pandemic.

In 2023, dialysis and transplant facilities continued to experience staffing shortages. Dialysis organizations consolidated facilities and closed shifts due to a lack of or shortage of staff.

ESRD Network Significant Emergency Preparedness Intervention

In 2023, Texas experienced a major winter storm and additional weather events such as tornados, wildfires, and tropical storms within the 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 water issues and power outages. The Network submitted the required Emergency Situational Status Report to Kidney Community Emergency Response (KCER) and CMS.

January 31, 2023, through February 3, 2023, Winter Storm Heather brought widespread freezing temperatures, snowfall, sleet, and freezing rain to North and Central Texas. Alerts were distributed to all dialysis and transplant centers starting three days before the event using the State EMResource system. The storm caused power outages and dangerous driving conditions.

On August 22, 2023, Tropical Storm Harold landed in South Texas. 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 to promote the Texas ESRD Emergency Portal (deemed a highly effective practice by The National Forum of ESRD Networks). The TEEC hotline was activated with incoming calls directed to Network staff cell phones for after-hour assistance.

The 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 and ongoing meetings with TEEC representatives.

In 2023, 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 resources. The Network 14 Patient Emergency Disaster Portal, the Network 14 Public Emergency Portal and other emergency disaster educational information were included in the Network 14 professional and patient newsletters. The Network 14 Patient and Family Engagement calendar incorporates patient disaster education during March.

On February 22, 2023, the Network conducted an annual Emergency Disaster Tabletop drill with Networks 7, 8, and 13. KCER facilitated the drill with 214 stakeholders, including one patient. Stakeholders included CMS representatives, LDO leadership, State Agencies, the Texas Medical Foundation, TEEC members, and the Network staff. Network 14 staff attended the 2023 KCER Summit on April 20, 2023.

Acronym List Appendix

This appendix contains an acronym list created by the Kidney Patient Advisory Council (KPAC) 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.