Comagine Health

ESRD Network 16 Annual Report

This report will cover quality improvement efforts led by ESRD Network 16 Task Order Number 75FCMC21F0003 from May 1, 2022 - April 30, 2023.
ESRD Demographic Data

Comagine Health ESRD Network 16 covers five states in the Pacific Northwest (Alaska, Idaho, Montana, Oregon and Washington), holding the contract for the work since the inception of the ESRD Network program in 1978. The purpose of the ESRD Network program is to improve cost-effectiveness, ensure quality of care for dialysis patients, encourage kidney transplantation and home dialysis, and assist patients to return to work. Networks are charged to develop a relationship with the dialysis professionals, providers, and patients and create a collaborative environment to improve patient care. “One of the primary functions of the Network Organizations is to assist CMS in understanding the needs of ESRD patients by including patients in quality improvement activities and meetings with CMS.” (CMS.Gov - ESRD Network Organizations)

The 2022 U.S. Census estimates that the general population served in ESRD Network 16 is nearly 16 million. The five states covered include the urban populations in the Seattle and Portland area as well as more rural setting throughout the rest of the territory. The Network geography spans nearly one million square miles and four time zones. While Network 16 is one of the smallest Networks in the country in terms of ESRD population, it is the largest geographically, creating challenges for many rural patients to access adequate care particularly during inclement weather or during natural disasters. Flooding, wildfires, and severe storms are becoming more common.

<table>
<thead>
<tr>
<th>State</th>
<th>Total 2022 population</th>
<th>% of Network</th>
<th>Land Area</th>
<th>Population per sq mi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>7,785,786</td>
<td>49%</td>
<td>71,298</td>
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<td>Network</td>
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<td>100%</td>
<td>1,065,669</td>
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As of December 31, 2022, there were 15,287 dialysis patients and 9,665 transplant patients, for a total of 24,952 patients with ESRD in the Network 16 service area. The Network saw a total of 3,792 individuals newly diagnosed with ESRD in 2022. Of these patients, 19% (725) were home patients and 3.4% (130) received a transplant. There were 700 reported kidney transplants performed in 2022 at the Network’s seven Medicare certified transplant centers, a decrease from 2022. Fifty-five more kidney transplants also occurred at an Oregon VA facility in 2022. As of December 31, 2022, Network 16 comprised 3% of the total national prevalent dialysis patient population and 3% of the national incident patient population.

At the end of 2022, 19.8% of Network 16 patients were categorized as home patients, an increase from 18.6% in 2021. Of these patients, Idaho had the highest home rate with 28% patients categorized as home patients. The other states had the following home rates: 21% of Alaska patients, 20% of Montana patients, 20% of Oregon patients, and 18% in Washington dialyze at home.
Network 16: Count of Prevalent ESRD Patients by Treatment/Setting 2022

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 2023

Network 16: Count of Incident ESRD Patients by Initial Treatment/Setting 2022

Total Incident Patients = In-Center + Home + Kidney Transplant
Source of data: EQRS May 2023
Network 16: Count of Medicare-Certified Facilities by Treatment/Setting 2022

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 2023
Percent of National Prevalent Dialysis Patients by ESRD Network 2022

National total dialysis patients: 430,015
Source of data: EQRS May 2023

Percent of National Incident Dialysis Patients by ESRD Network 2022

National total incident patients: 127,256
Source of data: EQRS May 2023
Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2022

National total ESRD Medicare-certified dialysis facilities: 7,967
Source of data: EQRS May 2023

Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2022

National total home hemodialysis and peritoneal dialysis patients: 80,460
Source of data: EQRS May 2023
Percent of National Transplant Patients by ESRD Network 2022

National total transplant patients: 288,023
Source of data: EQRS May 2023

Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2022

National total ESRD Medicare-certified kidney transplant facilities: 220
Source of data: EQRS May 2023
ESRD Network Grievance and Access to Care Data

GRIEVANCES:

The top category of grievances for May 2022 – April 2023 were Clinical Quality of Care Concerns (patient safety/health issues, access site issues, infection control, physician order). The second most common category of concerns was staff related (communication, professionalism, staff relations, clinical competency). For all case types (Clinical Quality of Care, General Grievance, and Immediate Advocacy), staff-related complaints were the most common. Eighty percent of cases had some reported staff concerns. Ten percent of grievances were mental health related.

ACCESS TO CARE:

Involuntary Discharge

The top reason for notification of an involuntary discharge (IVD) was Immediate Severe Threat, followed by Disruptive/Abusive Behaviors and Termination by Nephrologist. Network 16 was successful in averting 53% of IVD cases. Forty-two percent (42%) of IVD cases were mental health related.

Failure to Place

The top reason for inability to place patients in an outpatient dialysis facility was prior IVD, followed by no accepting dialysis unit (no nephrologist agreed to follow care, or the dialysis facility was full). Seventeen percent (17%) of failure to place cases were mental health related. Network 16 was able to facilitate placement in an outpatient facility for 67% of these patients.

NETWORK INTERVENTIONS:

The most utilized Network 16 interventions in case review included:

• Network mediation
• Network staff and Medical Review Board (MRB) advocacy
• On site investigation and technical assistance
• Working with regional leadership and quality staff on plans for improvement/sustainment
• Assisting the facility with developing slides for staff training – specific to the concerns brought forward in the case or to the patient’s unique needs/behaviors
• Education on:
  o ESRD Regulations
  o EQRS discharge reasons
  o Appropriate boundaries
  o Grievance Toolkit
  o DPC Toolkit Addendum
  o Dialysis Facility Compare
  o Patient-centered behavior agreements
  o Implicit bias
  o Health literacy
  o Patient life plans
Network 16: Percent of May 2022-Apr 2023 Grievances and Non-Grievances by Case Type

- Facility Concern: 55%
- Access to Care: 19%
- Patient Concern: 14%
- General Grievance: 4%
- Clinical Area of Concern: 6%
- Immediate Advocacy: 2%

Source of data: Patient Contact Utility (PCU) accessed May 2023 (Data is final)
Transplant Waitlist & Transplanted
May 2022-April 2023

Network 16: Count of Patients Added to a Kidney Transplant Waiting List
May 2022 - April 2023

QIA: Quality improvement Activity
Source of data: ESRD NCC accessed May 2023

Network 16: Count of Patients Receiving a Kidney Transplant
May 2022 - April 2023

QIA: Quality improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

The transplant project continued our focus on improving care of patients with the emphasis on “Putting Patients First.” Interventions centered around appropriate modality education and identifying ways to support patients to get on to the transplant waitlist quickly. The Network challenged the dialysis providers to improve communication between the transplant centers and increase patient engagement in the process of transplant waitlisting.

The Network provided training on use of electronic medical record (EMR) phone applications, direct EMR access and improving pre-referral barrier identification and intervention care planning.

Technical assistance calls focused on facility-specific issues and provided strategies to reduce barriers inhibiting each individual patient from pursuing a kidney transplant.

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

Root Cause Analysis (RCA) was used at the onset with every facility assigned to this focus area, and then completed individually as needed with participants who, under regular monitoring, were found to be underperforming. RCAs came in written and digital formats, with individual guidance given by Network staff on the phone. RCA data was used to provide guidance on foundation of strong PDSA cycles with monthly follow up as needed. In collaboration with Large Dialysis Organizations (LDOs)/provider leadership, the Network analyzed RCAs by company with feedback provided regarding underperforming facilities.

The Network 16 service area has transplant centers in two of our five states. These transplant facilities are on the western side of WA and OR with one exception. This presents a major economic challenge for patients that needed to travel for waitlisting workups and transplantation.

The COVID pandemic continued to have a major negative impact on improving transplant waitlisting and transplant rates. For example, the transplant evaluation process continued to be impacted by staffing shortages. In particular, wait times to schedule diagnostic tests continued to be backlogged. These issues slowed down the capability of transplant centers to get more patients on to the waitlist. To address this, the Network continued to advise dialysis providers to use telemedicine to complete evaluation steps as well as planning for specific tests pre-referral.

Many patients who were already listed as active on the waitlist and declined to take the COVID-19 vaccine continued to be inactivated or removed from the transplant waitlist. The Network continued to distribute a Transplant Center COVID-19 Vaccine requirements grid outlining the differences in requirements between transplant centers, enabling dialysis providers and patients to have a better understanding of their options. Additionally, the Network shared information about transplant centers in other areas of the county that were not requiring COVID-19 vaccination.

Collaborative Efforts with Stakeholders

The Network involved the Transplant Coalition members to identify and work on solutions to barriers to transplantation. The coalition was comprised of members from transplant centers, OPOs, CMS representatives, dialysis providers and patient representatives.
Throughout the year, the Network tracked common barriers experienced by facilities and escalated these challenges to coalition members for recommendations of best practices and targeted solutions. Some examples of best practices include:

- Improving bidirectional communication between patients, dialysis centers, and transplant centers through the use of EMR phone applications.
- Increasing knowledge and use of strategies to find a post-transplant support partner.
- Increase referral of qualified patients through identification and intervention of patient barriers prior to referral.

**Robust Patient Engagement**

The Network accommodated each patient’s learning style by providing transplant educational resources in a variety of formats such as written text and videos. To further support patient learning and success, the Network encouraged patients to use Peer Mentor programs including the National Kidney Foundation program and local patient groups.

Through technical assistance, facilities reported challenges with patient motivation and lack of post-transplant support. The Network engaged the patient advisory council members to identify and develop resources to overcome these barriers. For example, the Network PAC/SMEs representatives contributed to the creation of “Using Patient EMR Apps” resources and continued participation in the Network Transplant Coalition meetings.

**Results**

The Network provided over 267 instances of individualized technical assistance to facilities based on their progress with transplant waitlisting and transplantation goals. As a result, the Network made 108% of the waitlisting goal resulting in 644 patients being waitlisted and 100.2% of the transplantation goal resulting in 699 patients receiving a transplant. The Network transplant waitlisting achievement was 12.98% relative improvement over baseline and the Network transplantation achievement was 6.23% relative improvement above baseline.
Home Therapy May 2022-April 2023

Network 16: Count of Incident Patients Starting Dialysis Using a Home Modality
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Network 16: Count of Prevalent Patients Moving to a Home Modality
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

The home modality project continued our focus on improving care planning with the emphasis on “Putting Patients First.” In care planning for home dialysis, the focus was on appropriate modality education and finding a way to get any patient home that was interested in either home modality. The Network also challenged the dialysis providers to find a way to say “yes” to even non-traditional home patients.

The Network reviewed available data from the Network Coordinating Center (NCC) and found no disparity greater than 5% in the reported data. In the home data provided by the NCC, only one facility with a home program was below the Network home penetration average. Technical Assistance calls focused on facility specific issues around moving patients to a home modality.

The Network expanded the collaboration with the National Kidney Foundation offering the Home Dialysis ECHO to three additional Networks. The Faculty Hub was revised to represent subject matter experts from around the country including representing diverse programs (rural, etc.). The Network presented at the 2023 CMS Quality Conference with representatives from the University of Washington and the National Kidney Foundation. Final outcomes for Year 1, ending in December 2022, showed a 3.5% increase in the median home dialysis uptake. Outcomes for Year 2 across all four Networks preliminarily look positive; a complete evaluation will be done at the end of Year 2 in December 2023.

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

Root Cause Analysis (RCA) was used at the onset with every facility assigned to this focus area, and then completed individually as needed with participants who, under regular monitoring, were found to be underperforming. RCAs came in written and digital formats, with individual guidance given by NW staff on the phone. RCA data was used to provide guidance on a foundation of strong PDSA cycles with monthly follow up as needed. In collaboration with LDO/provider leadership, the Network analyzed RCAs by company and provided feedback regarding underperforming facilities.

The COVID pandemic had a major impact on improving the rates of patients moving/starting on a home modality. Home training rooms were used to isolate dialysis patients that were COVID positive or had a COVID exposure. The virus impacted staffing as dialysis staff became COVID positive. Home dialysis nurses were covering multiple in-center shifts to keep the dialysis facilities open. Hospitals did have delayed peritoneal dialysis catheter placement at the beginning of the project year.

Facilities continued to struggle with staffing shortages in 2022-2023 for causes that included burnout, staff choosing to leave health care and/or staff leaving for better paying positions. The Network did not challenge the dialysis providers that needed to use their home training rooms or home nursing to cover the in-center shifts since the objective was to treat as many of the provider’s patients as possible. The Network worked with providers to look at all tasks completed by nursing to see if clinical judgement was needed. If clinical judgement was not needed, the task might not need to be completed by a nurse. This type of task balancing was used to help with the nursing shortage.

The staffing situation started to improve in early 2023. This allowed home nurses to return to training new patients. We also had a number of “new to home modality” dialysis nurses. Due to a lack of experience this contributed to increased clinical issues such as peritonitis and technique failure in home patients. Some nephrologists were also not comfortable with the new home nurses.
Collaborative Efforts with Stakeholders

When hospital boarding was at an all-time high of approximately 450 patients between the Seattle and Portland markets, the Network engaged a coalition to help move these boarded patients to directly start on a home modality, as appropriate. This reduced hospital burden, improved hospital modality education and patient modality choice. A poster was presented at the Quality Conference that included several barriers and the resolution.

Robust Patient Engagement

Patients can learn differently from other patients and may be willing to ask different questions about a home modality. The Network encouraged patients to use the Network peer mentors, utilizing the National Kidney Foundation program and local patient groups (Road Back to Life), to ask about the patient’s real experience with home modalities.

The Network worked with local hospitals to ensure that dialysis accesses were placed as soon as possible, and to encourage the hospital from using outside sources for dialysis modality education. As outpatient dialysis chairs became more and more scarce, the Network encouraged hospitals to support patients starting directly to dialysis where appropriate.

Results

The Network made 98% of the CMS Network goal to move incident patients to start on a home modality and 89% of the CMS Network goal to transition in-center patients to a home modality. The Network has an overall 19.8% home modality rate for patients dialyzing in the Network, which is the highest rate in the nation and 4.6% higher than the national average.
Influenza Vaccinations (Patient and Staff)
May 2022-April 2023

Network 16: Percent of Dialysis Patients Receiving an Influenza Vaccination
May 2022 - April 2023

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

QIA: Quality improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

Interventions in influenza vaccination focused on supporting both patients and providers to increase influenza vaccination rates by addressing systemwide challenges and using community resources for success.

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

Root cause analysis of past vaccination results was used to target facilities who would benefit from Network technical assistance. The RCA revealed a trend in low vaccination rates from multiple facilities owned by a specific company as well as facilities that were in specific geographic areas.

- The Network provided over 200 instances of individualized technical assistance to facilities based on their progress with the vaccination goal. The Network targeted facilities with high numbers of missing patient or staff influenza vaccinations for technical assistance.
- The Network developed a missing vaccination report that enabled poor-performing facilities to easily identify which patients and staff were missing vaccinations. Facilities were instructed to use the report as they conducted chart audits and follow up with their IT departments if vaccination was given and documented in the patient EMR, but credit was not reflected in the data. Adaptations to the intervention involved corporate data leaders to ensure corporate batching of data was correct.
- Staff hesitancy from the COVID-19 vaccination and mask mandates had a negative influence on the flu vaccination rates.
- ESRD Network 16 held focus area webinars recommending the use of interventions such as the use of the NCC Vaccinations Change Package, guidance on co-administering the influenza vaccine with the other vaccinations, and education on how to report staff influenza vaccinations into the NHSN module.

Collaborative Efforts with Stakeholders

The Network continuously involved LDO regional leadership, the Network Vaccination Coalition and representatives from state departments of health in rapid cycle improvement for facility barriers that were identified in Network technical assistance outreach. The Network partnered with state departments of health to increase access to flu vaccines in underserved communities. The Network Vaccination coalition met to address barriers with flu vaccination for staff caused by the mask mandate for COVID-19, as well as implementing strategies to overcome vaccine burnout among patients and staff.

Robust Patient Engagement

Facilities were encouraged to engage patients in open dialogue about the importance of vaccination for patients. The Network continued to focus on the importance of individualized care planning, stressing the importance of patient choice regarding vaccination given scientific evidence of the benefits of vaccination.
Results

As a result of our interventions, the Network was able to achieve the following results by the end of the last contract cycle.

- The Network achieved 86.98% toward the Patient Influenza vaccination goal of 90%, resulting in an overall rate of 78.28%. Our results surpassed the national average by 0.32%.
- The Network achieved 53.2% toward the Staff Influenza vaccination goal of 90%, resulting in an overall rate of 42.78%.
COVID-19 Vaccinations (Patients and Staff)
May 2022-April 2023

Network 16: Percent of Dialysis Patients Receiving a Primary COVID-19 Vaccination and/or Vaccination Series
May 2022 - April 2023

Network 16: Percent of Fully Vaccinated Dialysis Patients Receiving COVID-19 Vaccination Booster
May 2022 - April 2023

QIA: Quality improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

Interventions focused on providing education on the necessity and effectiveness of the vaccine as well as technical assistance to support both patients and providers to increase COVID-19 vaccination rates by addressing systemwide challenges, using community resources to improve vaccination uptake and fight misinformation.

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

The Network utilized data from a NHSN COVID-19 vaccination module database to initiate root cause analysis and QI efforts with facilities with the aim of increasing patient and staff vaccination rates. The Network provided over 200 instances of individualized technical assistance to facilities based on their progress with COVID-19 vaccination. The Network provided NHSN vaccination reports throughout the project cycle and followed up with facilities as they worked to resolve discrepancies. Facilities with low patient and staff COVID-19 vaccination rates were educated on the NHSN reporting process. The Network verified that facilities had conferred rights to our Network and had access to the appropriate NHSN modules.

Root cause analysis revealed that low vaccination rates were the result of missing patient documentation in EMRs and lack of reporting by staff into internal systems had impacted accuracy of data batching. Individual facilities did not have control of this data batching process into NHSN making focused follow up difficult. The Network instructed facilities to conduct chart audits and follow up with their IT department if vaccination was given to patient, but credit was not reflected in the vaccination data.

As facilities worked to update records for both staff and patients, the Network provided guidance on utilizing the state immunization registry to collect records from outside providers. The Network adapted interventions to involve corporate data leaders to ensure corporate batching of data was correct. This process remained a challenge due to NHSN not using separate unique identifiers for patients or staff making it difficult to track undocumented vaccinations in the state systems.

The newness of the vaccine and boosters, in combination with political atmosphere fed by misinformation, had an influence on vaccination hesitancy. To resolve these concerns, the Network continuously provided COVID-19 vaccination education from credible and culturally relevant organizations such as the NAACP and PICAWA in addition to information found in state departments of health and CDC guidance. The Network also promoted the use of the ESRD FORUM Vaccination Toolkit in QAPI meetings and the NCC Vaccination Change Package to address barriers.

Collaborative Efforts with Stakeholders

The Network partnered with QIO LTPAC teams, community led nursing home coalitions and dialysis providers to enhance communication of patient COVID-19 vaccinations and booster doses. The Network vaccination coalition involved state departments of health and local Health Care Coalitions to increase access to vaccines of choice, clarify wastage guidelines for use of multi-dose vials for single patients, and to develop educational resources such as a patient-specific booster flyer. The Network involved LDO leadership to reduce NHSN data batching errors that contributed to the persistence of a high number of patients and staff with a vaccination status of unknown showing in NHSN reports.
Robust Patient Engagement

Vaccination hesitancy and burnout was a significant barrier. Facilities were encouraged to engage patients and staff in open dialogue about the importance of vaccination. Facilities were instructed to provide ongoing question and answer sessions with staff and patients to reduce hesitancy and misinformation. The Network continued to focus on the importance of individualized care planning, stressing the importance of patient choice regarding vaccination given scientific evidence of the benefits of vaccination.

Results
As a result of our interventions the Network was able to achieve the following results by the end of Option Year 1 (OY1):

- The Network achieved 94.1% of the Patient COVID-19 primary series vaccination project goal of 80%, resulting in an overall rate of 75.3%.
- The Network achieved 81.4% of the Patient COVID-19 booster vaccination project goal of 80%, resulting in an overall rate of 65.1%.
- The Network achieved 80.35% of the Staff COVID-19 primary series vaccination project goal of 100%.
- The Network achieved 33.4% of the Staff COVID-19 booster vaccination project goal of 100%.
Data Quality (Admissions, CMS Form 2728, CMS Form 2746) May 2022-April 2023

Network 16: Percent of Patient Admission Records Entered within 5 Business Days
May 2022 - April 2023

Network 16: Percent of CMS-2728 Forms Submitted within 45 Days
May 2022 - April 2023

QIA: Quality improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

This year, the Network addressed improving data quality measure timeliness through targeted facility interventions and technical assistance, and through working directly with the LDOs.

The Network selected low-performing facilities for 2728 and 2746 timeliness. These facilities were given individualized technical assistance and reports to identify and address barriers appropriate for that specific facility or organization. Network staff met monthly with any facility not showing improvement.

To reduce burden on facilities, the Network also worked with the LDOs directly to understand barriers, coordinate education efforts, and compile and distribute resources to provide targeted assistance to improve all data quality timeliness for each organization. This was done through quarterly meetings between the LDOs and representatives from the data staff.

Addressing Barriers

The network reached out to the focus facilities to identify barriers. For these facilities, the largest barriers were the ability to obtain the nephrologist’s signature for the 2728 and the impact staff turnover had on form timeliness.

The Network worked with its low-performing facilities to document their form submittal processes. The Network then reviewed the process with the facility with a focus on responsible staff and the timeline in which steps in the process were to be taken. We found most of the facilities were not allowing enough time in their process for a form to be reviewed, signed, and returned by the nephrologist. The Network worked with the dialysis facility to adjust their process timeline to allow for the maximum amount of
time for the nephrologist portion. We also made sure the facility staff positions responsible for each task were well documented, making the transition easier for new staff to understand the flow of the form.

To increase nephrologist awareness and participation, the Network worked with its MRB to create a letter that outlined the importance of timely submission of the 2728 and 2746 forms and the role of the Medical Director in compliance with the form deadlines. This was distributed to all Medical Directors and Facility Administrators.

For the 2746 form, obtaining a timely cause of death was the most common barrier for facilities. They stated that in order to obtain an accurate cause of death, they needed more than the 14-day due date. To address this, Network staff worked with the facility on their process to look for efficiencies, including when to start the 2746 form, different ways to investigate causes of death, and earlier follow-up dates for form submissions.

For admission timeliness, the largest barrier reported was troubleshooting and/or resolving data issues impacting electronic submission of admission records. We focused on these during the quarterly meetings with the LDOs and worked with this group about consistent messaging on how to resolve admissions not making it into EQRS.

**Other Network Technical Assistance and/or Interventions**

In addition, the Network created and distributed a missing form report for facilities identifying due and overdue missing CMS 2728 and CMS 2746 forms along with a timeliness summary of the forms submitted during the year.

We also continued to provide data quality appointments that allowed facilities to schedule meetings for one-on-one technical assistance on EQRS issues impacting DQM timeliness and reached out to new data staff and facility administrators to offer EQRS onboarding appointments, assisting them with EQRS requirements and navigation.

**Results**

- The Network met our 73.48% goal for admissions timeliness.
- The Network achieved 96% of our 85% goal for 2728 timeliness. We increased our rate of 2728 forms submitted on time to 82% in April 2023.
- The Network achieved 99% of our 70.47% goal for 2746 timeliness. We improved our rate of 2746 forms submitted on time to 69% in April 2023.
Hospitalization (Inpatient Admissions, ED Visits, Readmissions and COVID-19 Admissions)
May 2022-April 2023

Network 16: Rate of ESRD-Related Hospital Admissions per 100 Patient-months (lower values are better)
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
Network 16: Rate of Outpatient Emergency Department Visits per 100 Patient-months (lower values are better)
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023

Network 16: Percent of Hospital 30-Day Unplanned Readmissions
(lower values are better)
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

The hospitalization project continued our focus on improving care of patients with the emphasis on “Putting Patients First” initiative. Preventing hospitalizations and unplanned readmissions requires attention to the patient’s needs and test results more often than just annually. Facility specific barriers and hospitalization reasons were addressed on technical assistance calls.

The Network worked to use dialysis provider policies/interventions where possible. For example, the Network wanted post hospitalization assessments and had the facilities use their company’s post hospitalization assessment.

The Network has been encouraging dialysis providers to get EMR access to their primary admitting hospital for the last nine years. This was continued and even expanded to include a secondary hospital when the local area to the dialysis provider has multiple hospitals.

The COVID pandemic did cause public changes in the use of health care. Hospitals were at or beyond capacity for much of the project year. Primary care offices and other specialists were booked out so far that it might take months to get an appointment. According to patients, this was one of the reasons that they were using the emergency departments.

The COVID pandemic also caused changes to dialysis care. If a patient tested positive for COVID, had symptoms, or was exposed they were isolated. This could mean a move to another clinic and/or a change in shift. Patients sometimes missed these treatments due to difficulty getting to the isolation clinic or the new time not meeting the needs of the patient’s life. Staffing issues caused dialysis
treatments to be shortened and there was no ability for patients to have extra treatments for fluid overload or to make up a missed treatment. Dialysis staffing improved late 2022 into early 2023.

Decreases in the number of primary care providers, specialists and nephrologists caused delays in appointments, with the worst reported being an 18-month wait to see an endocrinologist. All these issues impact the quality of dialysis provided and can increase the need for hospitalization or emergency department use. The Network continues to see primary care providers that are not taking new patients, especially Medicare patients, difficulty getting into specialists and increased ER/admissions due to accessibility.

**Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)**

Root Cause Analysis (RCA) was used at the onset of the project with every participant, and then individually as needed with participants who, under regular monitoring, were found to be underperforming.

During technical assistance calls, the Network reviewed facility results, primary/secondary discharge diagnosis and even patient level details. Many of the plans made revolved around facility-specific issues, EMR and discharge coordination, and then patient-specific issues.

Challenges discovered during RCA that were difficult to address included mental health and substance abuse issues. Continued work will need to be done to improve care for these patients.

**Collaborative Efforts with Stakeholders**

While reviewing the primary discharge codes, the Network noted that the number one reason for hospitalization was sepsis. The Network reached out to the Washington, Idaho and Oregon health departments for partnership with COVID-19 and sepsis. These efforts covered vaccination information, contract tracing, technical assistance, fit testing for respirators, etc. The Network partnered with WA and ID Department of Health Epidemiologist to perform Infection Control and Response (ICAR) surveys in facilities with high admissions with a sepsis ICD-10 code. The Network partnered with hospitals to assist with Special Purpose Dialysis Facilities, to identify ESRD patients early and to send them back out to an outpatient dialysis provider for dialysis treatment.

**Robust Patient Engagement**

Reducing hospitalizations, unplanned readmissions and emergency department visits takes individualized patient care. The Network encouraged patient-directed care planning/goal setting. Various members of the interdisciplinary team needed to engage with the patients one on one to resolve that patient’s issues, for example missed dialysis treatment or the lack of a primary care provider.

The Network also encouraged patients who were missing treatments to connect with a peer mentor. Peer mentoring has been shown to help patients adjust to continued dialysis.

**Results**

At 2.50 hospital admissions per 100 patient-months in December 2022 and 2.89 in April 2023, the Network hospital admission rate was trending close to its 2.54 goal until January 2023, and at 1.76 visits per 100 patient-months in December 2022 and 1.86 in April 2023, the Network ER usage rate was also
trending very close to the 1.77 goal until a slight uptick in January 2023. Medicare patients can change their Medicare plans and the Network is seeing a trend of more patients selecting Medicare Advantage plans. The move to these Advantage plans dropped our denominator in January 2023, which caused an increase in the ratio without an actual increase in events.

The Network successfully met the 9.76% goal for lowering unplanned readmissions, reducing them 8.18%, 16% better than the goal.

The 519-patient goal for reducing COVID-19 hospital admissions was not met, as 615 Network COVID patients were admitted. The Medical Review Board of the Network did not want the Network to have patients who need to be hospitalized to second guess this decision when they had COVID. The concern was that these patients were so compromised that a delay in hospitalization can increase the complication/mortality rates. The Network emphasized the importance of COVID vaccinations and prevention measures to work on reducing COVID hospitalizations.
The Network’s Depression Coalition oversaw all activities for the Depression focus. The Coalition consists of renal social workers, nurses, facility administrators, dialysis and transplant patients, and a Comagine Health psychiatrist. Network 16’s primary focus once data was available in fall of 2022 was sharing data with facilities (Depression Screening and Treatment Reports, Missing Data Reports) and addressing discrepancies when the data was not accurately reflected in EQRS.

Conversations with social workers during Option Year 1 TA calls revealed many barriers to treatment. Patient reluctance to disclose depression or follow up with recommended mental health treatment; and finding mental health providers that accept Medicare assignment and are taking new patients were the top identified barriers. The Network shared bulletin board resources for patients, including a Network-developed resource on “Warmlines,” the Zone Tool for self-identifying depression, and a flyer promoting the Forum’s Depression Toolkit with a QR code for easy access. All resources shared were reviewed by Network 16’s Patient Advisory Council (PAC).

Network 16 also engaged the Board, MRB and PAC in person at a live meeting in Seattle for recommendations to address barriers. Key suggestions from the March 2023 meeting that will be incorporated into the Network’s project plans for Option Year 2 are summarized below.

- Survey top-performing dialysis facilities to identify and share best practices.
- Identify focus facility barriers to patients being treated for depression.
- Develop a tool for patients to help navigate Medicare’s Care Compare mental health provider search.
• Assist focus facilities with normalizing behavioral health – standard practice with new patients to advise that the treatment team will be checking in periodically to see how they are managing the day-to-day stress of dialysis.

• Promote peer-to-peer support groups as a gateway to mental health treatment acceptance – learn from peers who have experienced mental health concerns and received help.

• Encourage sharing of peer-to-peer support resources with incident patients.
Nursing Home (Blood Transfusion, Catheter Infection, and Peritonitis) May 2022-April 2023

Network 16: Rate of Blood Transfusions in ESRD Patients Receiving Dialysis in Nursing Home per 100 Patient-months
(lower values are better)
May 2022 - April 2023

Network 16: Rate of Hemodialysis Catheter Infections in Home Dialysis Patients within Nursing Homes per 100 Patient-months
(lower values are better)
May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

The Network believes that offering dialysis in a skilled nursing facility (SNF) may be the best option for the patient and potentially save money by reducing transportation cost and supports the Network’s initiative of “Putting Patients First.”

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

Root Cause Analysis (RCA) was used at the onset of the project, and then repeated as necessary if no improvement was realized.

The dialysis provider and skilled nursing facility staff meet weekly and share responsibility for patient care planning.

Collaborative Efforts with Stakeholders

The Network discussed this modality option with State Survey Agencies and offered to have surveyors speak with surveyors in other states that have a higher use of home modalities in the skilled nursing facility. Education to SNFs was provided to the QIO and groups like Leading Age Washington to ensure that skilled nursing facility providers knew of dialysis options.

Results

This is a new dialysis option in ESRD Network 16. The Network had a baseline of zero dialysis access infections, peritonitis and blood transfusions that was maintained throughout the year among the patients dialyzing in this SNF.
Telemedicine May 2022-April 2023

Project Structure

Patient-centered interventions included supporting both providers and patients in using telemedicine, billing for telemedicine and using state and federal programs to obtain internet access and equipment.

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

Barriers that needed to be overcome were both on the provider side and on the patient use side. Materials were used on provider preparation and telemedicine etiquette. Part of provider preparation for telemedicine included how to have support for patients on the platform used. Overall, most home providers in the area used telemedicine.

Barriers were discussed and mediations developed during the Network technical assistance calls which were facility/provider-specific.

Collaborative Efforts with Stakeholders

We worked with providers on their concerns for telemedicine. We worked to assist registered dietitians to register for their NPI number to allow for billing for telemedicine services.

Due to the unwind of the Public Health Emergency, we partnered with providers and state departments of health to get licensure in states where telehealth services were being offered.
Robust Patient Engagement

The Network answered patients’ questions regarding telemedicine. Tools were distributed to patients to assist them in using various federal and state programs to ensure they had the access needed for telehealth.

Results

At 259 patients, the Network exceeded our 159-patient telemedicine goal for the contract year by 63%.
Pneumococcal Vaccinations (PCV13 & PPSV23) May 2022-April 2023

Network 16: Count of ESRD Patients Receiving Pneumococcal Conjugate Vaccination (PCV 13) May 2022 - April 2023

Network 16: Percent of ESRD Patients Receiving an Initial Pneumococcal Polysaccharide Vaccination (PPSV 23) May 2022 - April 2023

QIA: Quality Improvement Activity
Source of data: ESRD NCC accessed May 2023
Project Structure

Interventions focused on supporting both patients and providers to increase pneumonia vaccination rates by addressing systemwide challenges and using CDC resources for success.

Root Cause Analysis (RCA) as the Foundation of Quality Improvement (QI)

The Network conducted RCA of pneumonia hospitalizations and vaccination rates of facilities with sustained poor performance. The Network provided over 200 instances of individualized technical assistance to facilities based on their progress with pneumonia vaccination goals. During each facility specific Technical Assistance call, we used relevant interventions to address facility specific vaccinations needs and barriers. For example, gaps in knowledge of which pneumonia vaccination a patient needed was a persistent challenge.

The Network targeted facilities for technical assistance to those with high numbers of missing pneumonia vaccinations. Network 16 developed vaccinations reports using EQRS data, that enabled poor-performing facilities to easily identify which patients were missing vaccinations. The Network instructed facilities to conduct chart audits and follow up with their IT department if vaccination was given to a patient, but credit was not reflected in reported data.

RCAs revealed historical pneumonia data was not transferring into EQRS resulting in lower vaccination rates. This was exacerbated by LDO EMR software updates in the fall erasing data in EMRs used for batching. This information needed to be manually re-entered into the new software system. Throughout the project year, the Network adapted interventions to involve corporate data leaders to ensure corporate batching of data was correct by providing updates and collaborating in improvement activities.

The Network promoted use of updated CDC vaccine schedules for pneumonia including tools such as the PneumoRecs Vax Advisor App that aided providers to know which vaccine type a patient needed. Facilities held off on PCV13 and or PPSV23 administration due to CDC guidance updates that recommended administration of PCV15 or PCV20. Additionally, the Network recommended the use of the NCC Vaccinations change package as a universal improvement tool.

Collaborative Efforts with Stakeholders

The Network encouraged cross reporting between hospitals, primary care physicians, nursing homes and dialysis providers in an effort to catch all vaccinations and prevent multi-dosing.

The Network Vaccination Coalition identified that historical pneumonia vaccination data was not transferring into EQRS resulting in lower vaccination rates for otherwise high performing facilities. The Network facilitated a meeting with EQRS, HIE, and dialysis providers to implement a resolution.

Robust Patient Engagement

Facilities were encouraged to engage patients in educational activities which focused on emphasizing the necessity of vaccinations for health and to prevent pneumonia hospitalizations.
Results
As a result of our interventions the Network was able to achieve the following results by the end of OY1:

Pneumonia Vaccinations:

- The Network achieved 88% of the PCV13 goal with a total of 8,933 patients who had received the vaccination.
- PPSV23 Initial: The Network has achieved 90% of the 90% PPSV23 Initial vaccination goal with a rate of 81.01%, surpassing the national average by 6.32%.
- PPSV23 Booster: At 74.09%, the Network has exceeded the 68.38% PPSV23 booster vaccination goal by 8.35%, resulting in a 19.19% relative improvement over the 52.59% baseline and exceeding the national average by 4.8%.
- PPSV23 Over Age 65: The Network has achieved 87% of the 85% PPSV23 over age 65 vaccination goal with a rate of 73.98% exceeding the national average by 5.54%.
ESRD Network Recommendations

There have been no facilities that have consistently failed to cooperate with network goals. Staff work regularly with individual facilities as well as regional provider leadership to address facilities who have areas needing improvement. Network staff have consulted several hospital systems to assist in their designation as special use facilities. This has been a critical effort to help address the continuing staffing crisis.

Recommendations for the service area for Network 16 include:

- More outpatient chair availability in WA and OR where we are seeing delays in hospital discharges due to the need for outpatient dialysis
- More nocturnal shifts
- More outpatient dialysis chair availability for stable higher acuity patients (vents/trachs)
- Transplant evaluations and follow-ups closer to a patient’s home especially in states without transplant facilities
ESRD Network COVID-19 Emergency Preparedness Intervention

COVID-19 continued to impact dialysis facilities in Network 16. The ongoing staffing crisis caused disruptions to facility operations with many reducing shifts or closing permanently. The Network convened facility administrators, regional leadership, and state survey agencies to address the staffing shortages. The Network identified and educated facilities on the use of staffing waivers and competency-based tasks specific training for all roles.

The Network assisted several hospitals to set up a “special use facility” to dialyze patients while waiting for permanent placement at a dialysis facility. Providers were still held responsible for patient placement, but the Network worked with the community to get the extra patient treatments, shared hospital capacity knowledge with patients, and encouraged dietary and fluid restrictions.

In addition to providing technical assistance to facilities, education included current CDC COVID guidance. The Network continued to utilize existing on-demand learning materials stored on NW16’s ESRD Online learning system, which the Network updated as new resources became available. Resources include patient-specific and provider specific resources. Topics include aids to help with mental health, telehealth, vaccination information and CDC updates. To address education for different ethnicities, the Network located and shared culturally appropriate resources from community partners such as PICA-WA, NAACP, and Tribal Health.

The Network partnered with state departments of health to reduce facility burden, mitigate issues revealed and share best practices. The Network continued to adapt technical assistance to facilities to reduce risk factors, and partner with health departments and coalitions on infection prevention efforts.

Facilities experiencing staffing shortages had low primary series COVID-19 patient vaccination rates (see COVID-19 Vaccination Section). Concerns were escalated to corporate data batch submitters and regional leadership to improve reporting and resolve data discrepancies. Large scale EMR and corporate batching system misalignments were identified, which attributed to low facility primary series and booster vaccination rates. The Network pivoted from 1:1 documentation work with facilities to engagement with corporate batch submitters to resolve documentation issues.
ESRD Network Significant Emergency Preparedness Intervention

Emergency Exercise

Network 16 partnered with Networks 15, 17, and 18 to facilitate an emergency exercise focused on wildfires on February 23, 2023. Key emergency management and dialysis partners from throughout the Network 16 region participated, and new relationships were established to ensure timely and efficient emergency preparedness, response, and recovery, and patient access to care.

Emergency Events

Network 16 continued to experience facility closures due to staffing shortages (partial/shift closures and full closures), and worked with state departments of health, regional dialysis leadership, and hospitals to mitigate the impact on patient access to outpatient dialysis care.

There were facilities that had brief closures due to isolated emergency events during this reporting period (brief power outages, water system issues, winter weather, windstorms, and flooding) but no large-scale disasters.
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.