ALLIANT QUALITY | END STAGE RENAL DISEASE NETWORK 8 INC. | END STAGE RENAL DISEASE NETWORK OF TEXAS

KIDNEY COLLABORATIVE

ESRD NETWORK 8

2020

ANNUAL

REPORT

Table of Contents

ESRD DEMOGRAPHIC DATA

Network 8, Inc. is a subsidiary of Alliant Health Solutions, a corporation that also holds seven Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contracts, as well as the End Stage Renal Disease (ESRD) Network 14 contract. The two ESRD Networks 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 both Networks' quality improvement, patient engagement, and emergency management activities.

Network 8 serves dialysis and transplant patients and providers in the states of Alabama, Mississippi, and Tennessee, with the administrative office located in Ridgeland, Mississippi. Administrative guidance is received from the Corporate Governing Body (CGB), program oversight from the Medical Review Board (MRB), and project development advice and consultation from a diverse group of patient subject matter experts who form the Patient Advisory Council (PAC), and ESRD professionals who serve on the Network Council.
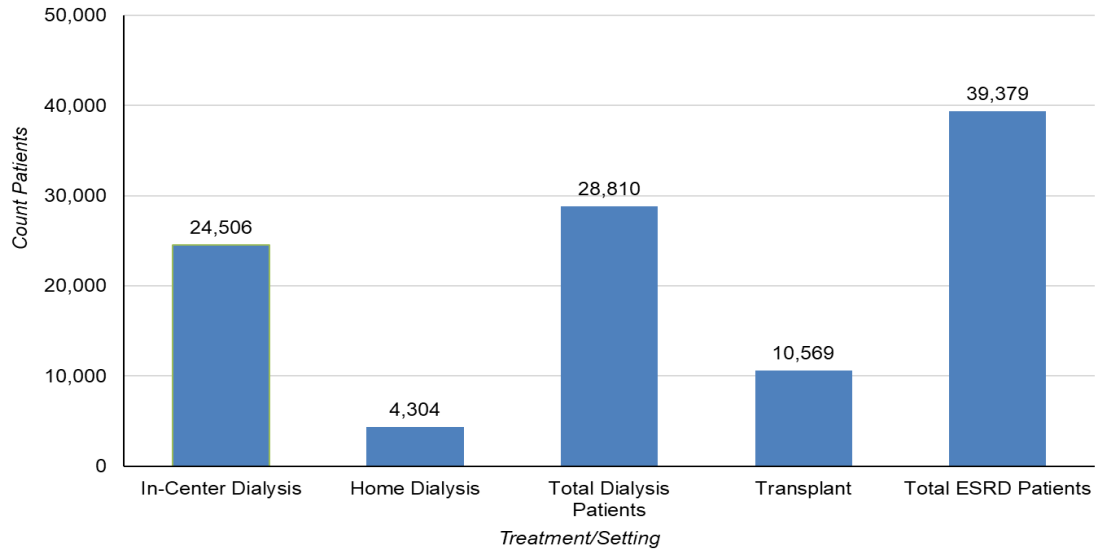
The Network area has a population of approximately 14.7 million. Alabama and Mississippi share more geographic, climate, population, and cultural similarities with each other than with their neighbor to the north, Tennessee, which has more topographic and demographic diversity, and shares boundaries with eight states. Mississippi is the most rural of the three states, followed by Alabama and Tennessee.

In 2020, 13 new Medicare-certified dialysis facilities opened in the Network 8 service area and two Medicare-certified dialysis facilities closed, bringing the total number of facilities to 489. Approximately 90% of the dialysis facilities in Network 8 are managed by a Large Dialysis Organization (LDO). The remaining 10% are managed by a small dialysis organization or an independent organization.

As of December 31, 2020, preliminary data shows that Network 8 served 24,506 in-center patients and 4,304 home patients who received renal replacement therapy from one of 491 dialysis units. There were an additional 10,569 kidney transplant patients who received care at one of nine transplant units, bringing the total Network 8 ESRD population to 39,379. By modality type, 62% of total ESRD patients received in-center dialysis, 11% dialyzed at home, and 27% had a kidney transplant. As of December 31, 2020, a total of 11,849 patients were receiving dialysis services in Tennessee, 10,000 in Alabama and 7,525 in Mississippi.

In 2020, Network 8 collaborated with the PAC, dialysis providers, and community stakeholders to address the needs of the ESRD population due to the impact of coronavirus disease 2019 (COVID-19). In March of 2020, initiatives began to educate patients and staff on COVID-19 symptoms and safety measures to prevent the spread. Through these partnerships, interventions were implemented to address disparities and barriers highlighted in this report.

Network 8: Count of Prevalent ESRD Patients by Treatment/Setting
2020

A bar chart titled "Network 8: Count of Prevalent ESRD Patients by Treatment/Setting 2020" with the y-axis labeled "Count Patients" ranging from 0 to 50,000 and x-axis labeled "Treatment/Setting":

- In-Center Dialysis: 24,506
- Home Dialysis: 4,304
- Total Dialysis Patients: 28,810
- Transplant: 10,569
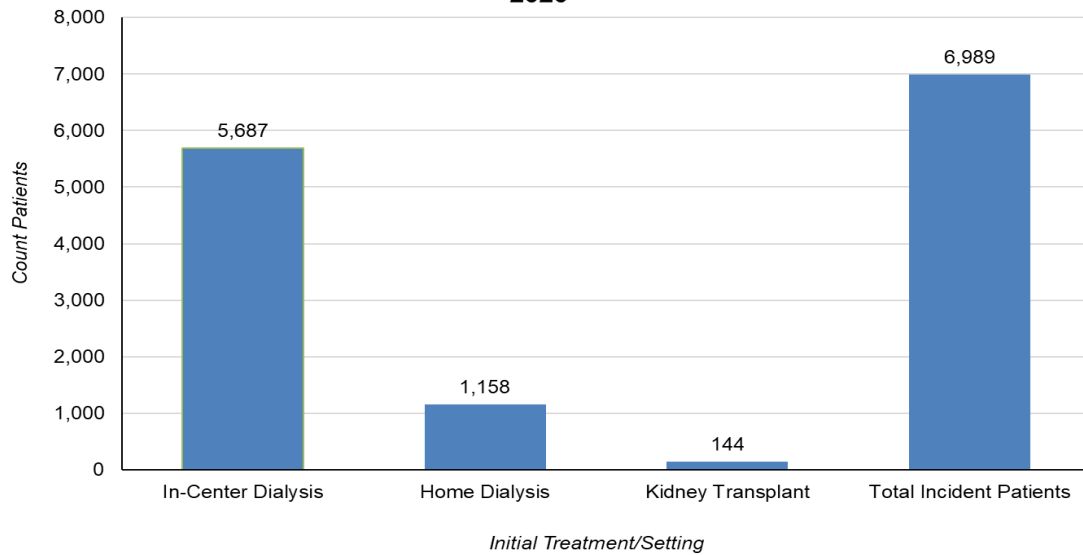- Total ESRD Patients: 39,379

Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.

Network 8: Count of Incident ESRD Patients by
Initial Treatment/Setting
2020

A bar chart titled "Network 8: Count of Incident ESRD Patients by Initial Treatment/Setting 2020" with the y-axis labeled "Count Patients" ranging from 0 to 8,000 and x-axis labeled "Initial Treatment/Setting":

- In-Center Dialysis: 5,687
- Home Dialysis: 1,158
- Kidney Transplant: 144
- Total Incident Patients: 6,989

Total Incident Patients = In-Center + Home + Kidney Transplant

Network 8: Count of Medicare-Certified Facilities by Treatment/Setting 2020

Chart: Count Facilities (y-axis) by Treatment Modality (x-axis)

- Transplant: 9
- In-Center and Home Dialysis: 134
- In-Center Only: 321
- Home Dialyisis Only: 36
- Total Dialysis Facilities: 491
- Total ESRD Facilities: 500

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 accessed May 13, 2021 (Data is not final)

Percent of National Prevalent Dialysis Patients by ESRD Network 2020

Bar chart — Percent of National (y-axis, 0.0% to 12.0%) by Network (x-axis, 1 to 18):

Network	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Percent	2.6%	4.2%	4.2%	3.7%	6.0%	8.1%	6.5%	6.1%	5.9%	4.4%	5.5%	3.5%	4.3%	10.2%	5.2%	3.3%	6.4%	9.9%

National total dialysis patients: 473,780
Source of data: EQRS accessed May 13, 2021 (Data is not final)

Percent of National Incident Dialysis Patients by ESRD Network 2020

Bar chart — Percent of National (y-axis, 0.0% to 12.0%) by Network (x-axis, 1 to 18):

Network	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Percent	2.7%	4.6%	4.1%	4.0%	5.9%	7.5%	6.9%	6.0%	6.7%	4.3%	6.1%	3.4%	4.3%	9.8%	5.5%	3.6%	5.9%	8.8%

National total incident patients: 115,623
Source of data: EQRS accessed May 13, 2021 (Data is not final)

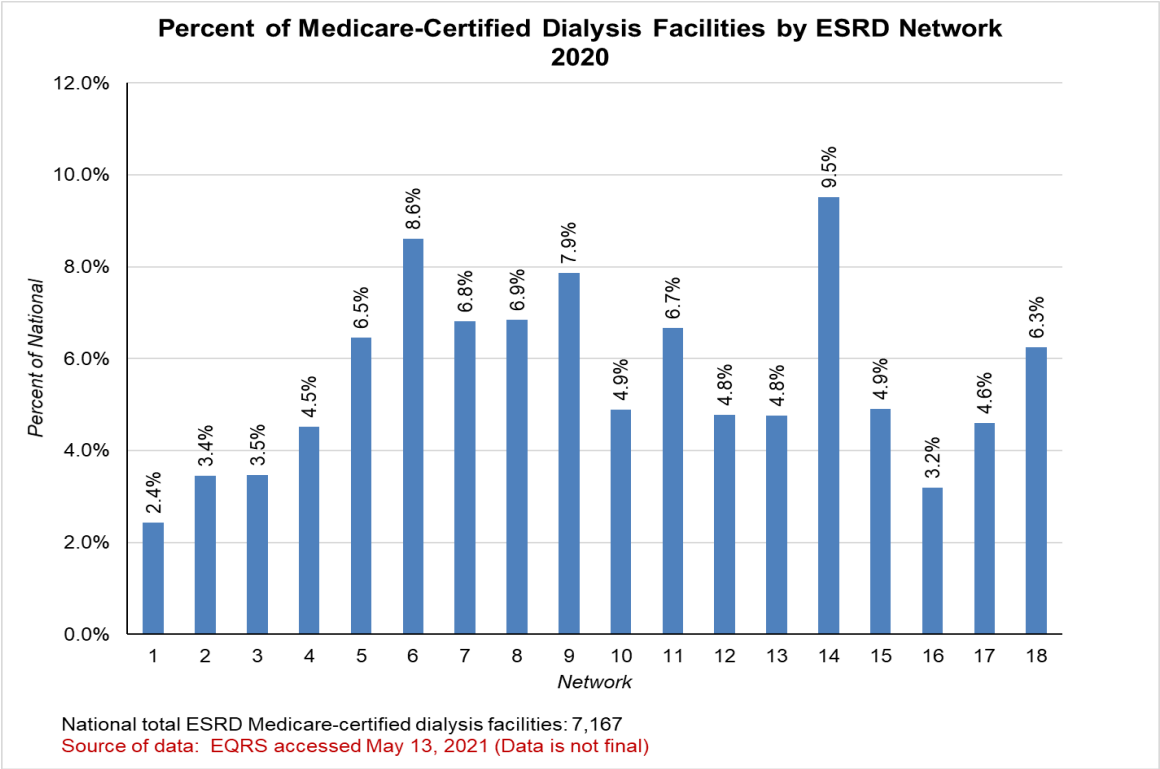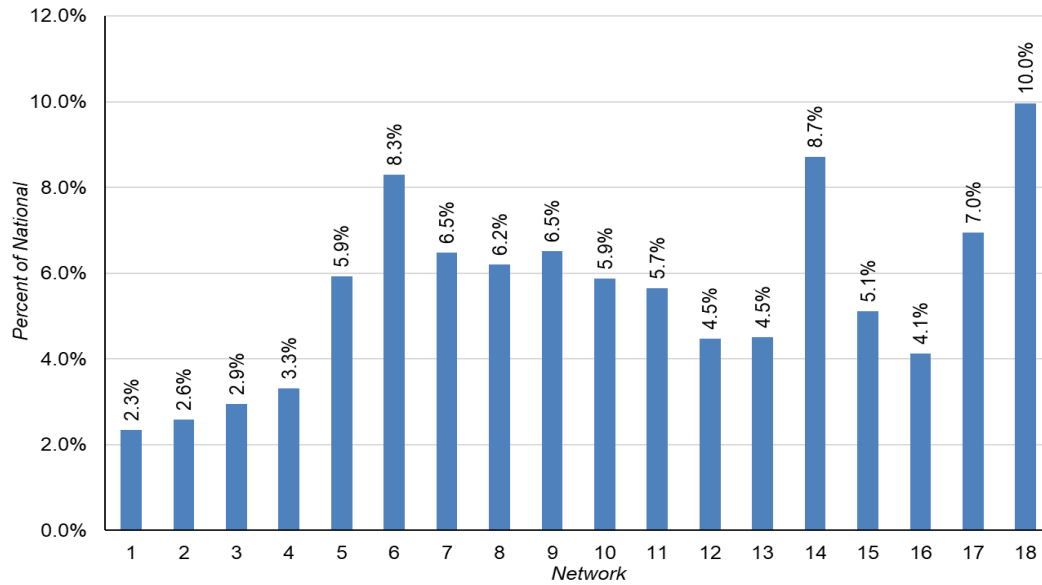## Percent of Medicare-Certified Dialysis Facilities by ESRD Network 2020

National total ESRD Medicare-certified dialysis facilities: 7,167
Source of data: EQRS accessed May 13, 2021 (Data is not final)

Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network
2020

Network	Percent of National
1	2.3%
2	2.6%
3	2.9%
4	3.3%
5	5.9%
6	8.3%
7	6.5%
8	6.2%
9	6.5%
10	5.9%
11	5.7%
12	4.5%
13	4.5%
14	8.7%
15	5.1%
16	4.1%
17	7.0%
18	10.0%

National total home hemodialysis and peritoneal dialysis patients: 69,318
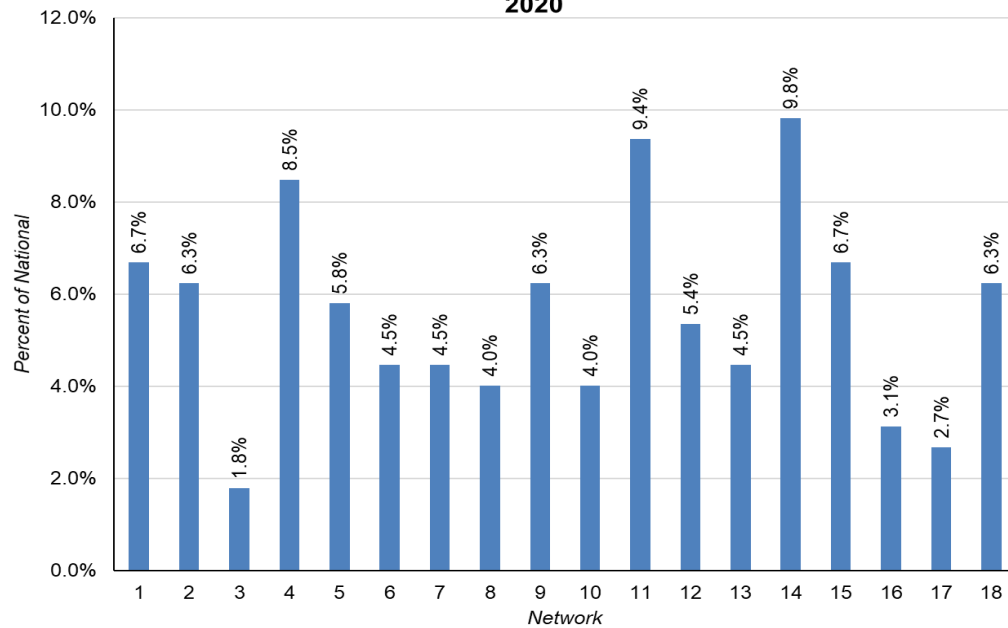Source of data: EQRS accessed May 13, 2021 (Data is not final)

Percent of National Transplant Patients by ESRD Network
2020

National total transplant patients: 253,527
Source of data: EQRS accessed May 13, 2021 (Data is not final)

Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network
2020

National total ESRD Medicare-certified kidney transplant facilities: 224
Source of data: EQRS accessed May 13, 2021 (Data is not final)

ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

Grievance Quality Improvement Activity

Grievances

Network 8 responds to grievances filed by or on behalf of ESRD patients in its service area. In 2020, the Network received and investigated 52 grievances, compared to 87 in 2019. In 2020, the Network conducted outreach to patients and providers to promote education about the Network's role to address patient grievances. Upon resolution of a grievance, patients and patient representatives filing a grievance with the Network are contacted by a third party to complete a grievance satisfaction survey detailing their experience with the Network during the grievance process. CMS' goal for Networks was to achieve a 10% relative improvement from baseline in the grievance satisfaction score. Networks with a baseline of 80% or greater were required to maintain or exceed the 80% goal. Due to COVID-19, the grievance satisfaction score goal was suspended, but monthly internal monitoring of the grievance satisfaction score continued. Network 8 had a baseline score of 80.57 and exceeded the goal with a satisfaction score of 81.77, which was the third highest score of all 18 Networks.

Interventions

1. A PEER-View grievance subcommittee was created to assist Network 8 in developing education to address grievances. The subcommittee is comprised of 10 PAC members. Education was developed based on the most reported category of grievances.
2. A grievance form was created as an option for patients to use when filing a grievance. The form includes the patient's rights, responsibilities, and appointment of representative form in the event a patient representative is needed.
3. PAC members assisted with the development of COVID-19 resources to address grievances and patient educational requests.

All grievances are classified into one of three categories: Immediate Advocacy (IA), General, or Clinical Quality of Care (CQOC). Of the 52 patient grievances, a majority were addressed using Immediate Advocacy (n=38). IA cases are simple, generally non–quality of care cases that can be addressed in seven calendar days or less. Network 8 investigated 11 General Grievances. A General Grievance does not involve clinical quality of care issues, but this category is more complex than an IA grievance. The timeframe for a General Grievance is 60 calendar days. Three grievances were classified as CQOC grievances. These grievances allege that a facility did not meet professionally recognized standards of care and require a clinical review of documentation by a registered nurse. CQOC grievances are generally resolved within 60 calendar days. Of the total number of grievances filed by patients, 11 were COVID-19 related, with the majority being related to changes in policies and procedures at the facility level.

Access to Care

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

There was a total of 260 documented phone calls in 2020. Of the documented calls received by Network 8, there were 51 access to care cases, in which a facility representative indicated a patient was deemed at-risk for IVD. The Network provided educational interventions to staff to circumvent IVD for the 51 patients at-risk. Of those cases identified as at-risk for IVD, 16 (31%) were averted. There was a total of 27 involuntary discharges that occurred in 2020. They were categorized as immediate severe threats ($n=8$), physician discharges ($n=15$), and ongoing, disruptive behavior discharge ($n=4$).

Of all calls received, there were 124 facility concerns, initiated by facility staff requesting assistance to address patient specific issues, such as mental health, nonadherence, lost to follow up, and other general inquiries. Of the facility concerns received, 16 were COVID-19 related with the majority focused on wearing masks and following the facility policy/procedure.
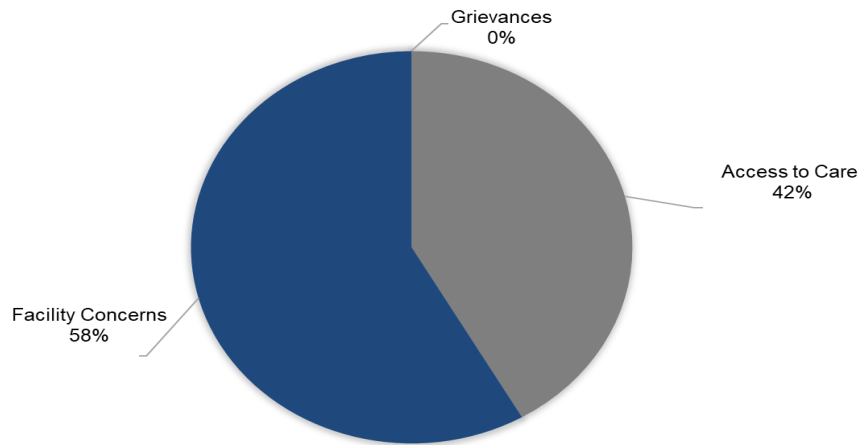
Best Practice

To address IVD and access to care issues, Network 8 advocated for patient's rights, mediated a variety of facility concerns, participated in virtual care conferences, and encouraged a holistic, patient-centered approach.

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

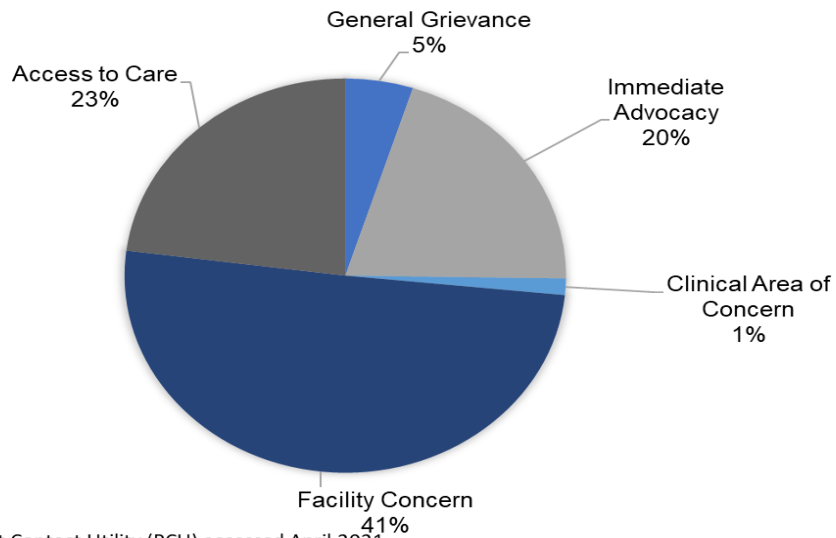Other interventions included the following:

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

Network 8: Percent of Mental Health Related Grievances and Non-Grievances by Case Type
May 2020 - December 2020

Grievances
0%

Access to Care
42%

Facility Concerns
58%

Grievances include Immediate Advocacy, General Grievance, and Clinical Quality of Care
Source of data: Patient Contact Utility (PCU) accessed April 2021

Network 8: Percent of Grievances and Non-Grievances by Case Type
December 2019 - December 2020

General Grievance
5%

Access to Care
23%

Immediate
Advocacy
20%

Clinical Area of
Concern
1%

Facility Concern
41%

Source of data: Patient Contact Utility (PCU) accessed April 2021

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

Long Term Catheter Quality Improvement Activity

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, Network 8 worked toward the goals of this quality improvement activity but was not evaluated on results.

Goal: The long-term catheter (LTC) Quality Improvement Activity (QIA) was implemented with 32 facilities enrolled in the Blood Stream Infection (BSI) reduction project, as further discussed below, and reporting a LTC rate above 15%, i.e., total number of patients in the selected facility dialyzing via LTC only / total number of hemodialysis patients in the facility for July 2019. The baseline LTC rate was 20.91% (444 LTC patients / 2123 total hemodialysis patients) with a goal to decrease the LTC rate by at least two percentage points by July 31 (final data reported September 30; see following chart).

Project Outcome: As of July 30, 424 patients in project facilities dialyzed via LTC-only, a net loss of 20 catheters. With a total patient population of 2120 patients as of July 30, the final LTC rate of 20.00% did not meet project goal of 18.91% or less, however the project goal was suspended by CMS, as noted above, due to impacts of COVID19. During the project period, the number of long-term catheters in use increased by 9,652 nationally with Network 8 having the sixth lowest networkwide LTC rate at 13.10%. 18 of 32 intervention facilities successfully reduced the LTC rate by 2.0 percentage points or greater.

Barriers: A Root Cause Analysis (RCA) was performed with facilities prior to interventions. The analysis revealed the primary cause for long-term catheter use to be prolonged maturation time of permanent access, frequently due to requirement for pre-operative cardiac clearance. Additional barriers included prolonged wait time for permanent access placement, patient refusal of internal access (AVF or AVG) and exhausted access sites due to previous failed vascular accesses. With the emergence of COVID-19, vascular access surgery was categorized as 'elective' in many areas for varying intervals across all three states within the Network region, stalling improvement in long-term catheter rates. To mitigate this new barrier, Network 8 provided CMS guidance to the community that vascular access surgeries were deemed essential.

Interventions: Initially, CROWNWeb LTC data was reviewed by Network staff, and coaching calls were conducted to identify barriers and provide technical assistance with improvement activities as well as to learn successful strategies implemented in facilities with improved outcomes. Additionally, in late February, the Network 8 quality improvement director worked with an LDO to conduct five facility site visits in West Tennessee, educating staff and patients on vascular access and risks of long-term catheter use. As the COVID-19 pandemic spread, CMS directed a change to ESRD Network contracts and technical assistance shifted to COVID-19 support. At this time, monthly interventions, coaching calls, and project requirements were suspended.
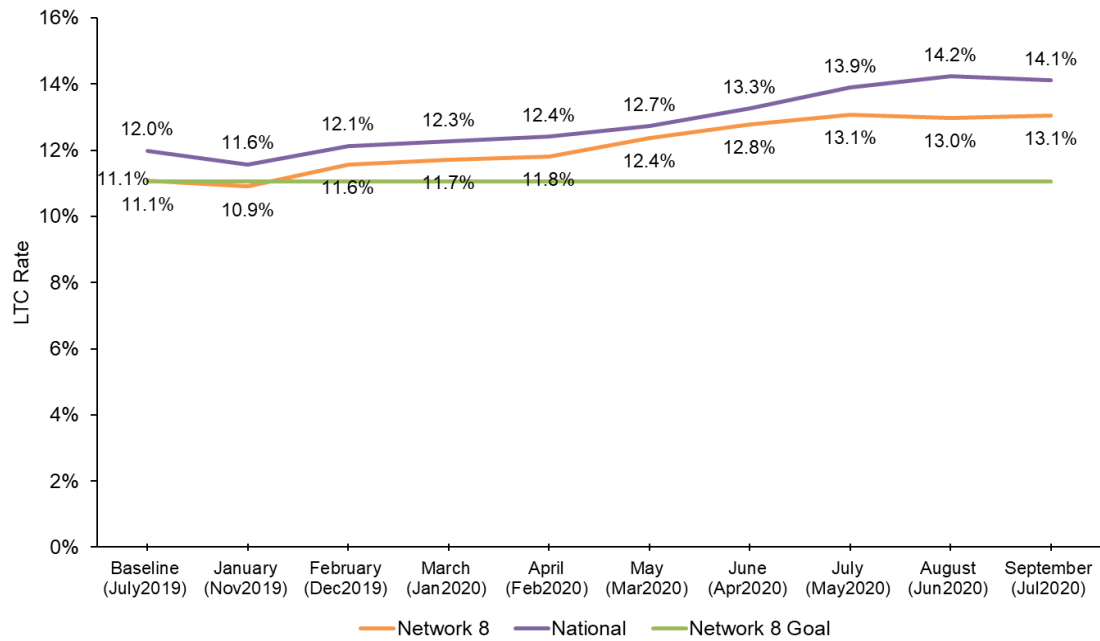
Facilities implemented various interventions to decrease LTC rates during 2020:

- Peer-to-peer conversations were held between patients with internal accesses (fistula or graft) and about importance of removing the catheter as early as possible for those with catheters.
- Newly admitted patients were educated by physician that catheter access is a bridge to fistula or graft, not a permanent access, on initiation of treatment.
- One-on-one patient education was conducted between staff and patient on dangers of long-term catheters using pictures from Atlas of Vascular Access.
- One-on-one patient education was conducted between staff and patient on dangers of long-term catheters using model of human heart and actual LTC to illustrate catheter placement.
- Peritoneal dialysis was considered for patients are unable or unwilling to have fistula or graft placement.
- Catheter removals were celebrated with balloons or inexpensive treats such as bath puff/bath soap to emphasize freedom to shower following catheter removal.
- Patient care technicians were educated about dangers of LTC including infection, thrombus, endocarditis, and central vein stenosis.

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

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

Network 8: Long-Term Catheter Rates
January 2020 - September 2020

Network 8 — National — Network 8 Goal

X-axis: Reporting Month (Data Month)
QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Blood-Stream Infection Quality Improvement Activity

Goal: The BSI project was implemented with the selection of 98 facilities, purposing to reduce BSI rates within the facilities. The baseline pooled mean BSI rate was 1.00% with a goal to achieve a 20% or greater reduction (0.80%).

Project Outcome: Project facilities exceeded the goal with a pooled mean BSI rate of 0.38% by the end of second quarter 2020. Of the 98 facilities in the project, 83 facilities (85%) surpassed the project goal of a 20% or greater reduction in their BSI rate at re-measurement. BSI rates decreased in focused facilities on average by 0.62 percentage points, while rates increased in non-focus facilities on average by 0.11 from baseline to re-measurement. Overall, the focus group achieved a 62% reduction, while the non-focus group increased BSI rate by 50%. The QIA achieved a reduction in Any CVC (Tunneled and Nontunneled Central Line) BSIs from 186 in 2019 to 69 in 2020, potentially preventing 117 central line associated bloodstream infections (CLABSIs).

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

Interventions: Monthly, BSI data was reviewed by Network staff to assess trends. Target facilities that reported an increase of BSIs for three consecutive months were required to perform an RCA and develop an action plan addressing specific challenges identified. Due to COVID-19, facilities had an increased focus on infection control practices and Network interventions incorporated CDC COVID-19 tools. Facilities implemented several interventions to decrease BSI rates. Improvements in facility processes will contribute to sustained improvements in BSI rates.

Interventions included:

- Infection Prevention Stations – Facilities created Infection Prevention Stations featuring the CDC's "Days Since Last BSI" poster to open the conversation with patients about the facility's infection control and reduction efforts. Other materials provided to aid in the creation of the station included: Dialysis Patient Pocket Guide and Clean Hands Saves Lives poster.
- Bingo – Project facilities were provided with 30 Bingo cards and infection prevention questions and answers to play an interactive game with patients to test their knowledge on infection prevention.
- CDC Video- Speak Up: Making Dialysis Safer for Patients – Facilities were provided a video that followed the journey of two patients on dialysis who feel empowered to speak up and share concerns about their treatment to prevent infections. The video also highlighted ways dialysis staff can create an environment where patients feel safe speaking up.

- COVID-19 Outpatient Dialysis Facility Preparedness Assessment Tool – Facilities were provided with the CDC's COVID-19 assessment tool to ensure all staff are trained, equipped, and capable of practices needed to keep patients safe.
- COVID-19 Nursing Home Communication Form – Project facilities were provided with a communication form to assist with the transfer of information between dialysis and nursing home facilities to ensure COVID status was communicated appropriately.
- Hand Hygiene videos – Two hand hygiene videos were provided to show how to properly handwash and hand rub.
- Monthly infection control audits, BSI prevention materials, Core Interventions for Dialysis BSI Prevention, Protocols, checklists, audit tools, "Preventing BSIs in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff" video, and Infection Prevention in Dialysis Settings continuing education course.
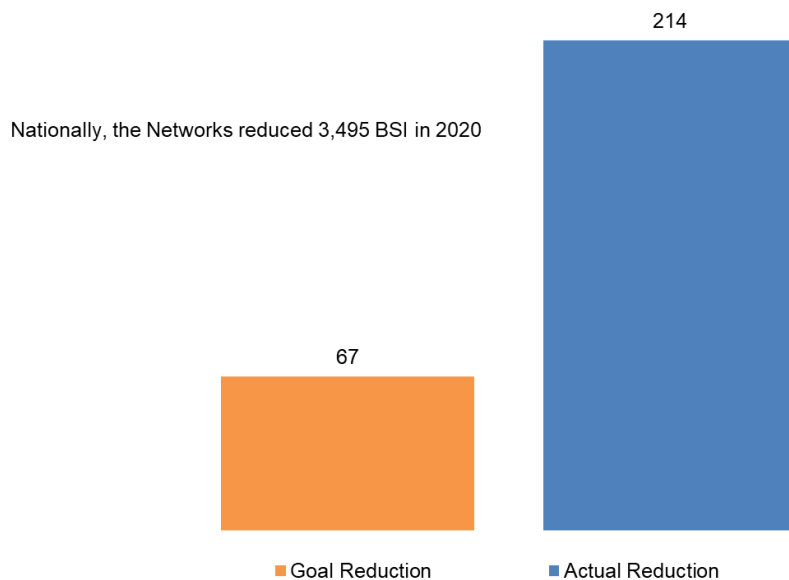
Best Practices: Throughout the duration of the project, Network 8 collaborated with facilities to identify best practices and barriers. Improvement strategies were developed and shared among the QIA facilities. RCA follow-up identified the following best practices:

- Work closely with vascular access surgeons
- Review current protocols to ensure they follow all CDC Core Interventions
- Utilize a Vascular Access Coordinator
- Conduct weekly infection control audits, and rotate these among staff members
- Conduct patient education, so patients know what they (and others) should be doing
- Encourage open discussion among the team, and create a mentality where people feel comfortable sharing their shortcomings
- Change catheter dressings at every dialysis treatment
- Educate patients on how to take care of their catheter at home
- Educate staff on how and when to draw blood cultures

National Healthcare Safety Network (NHSN): All in-center hemodialysis units are eligible for and required to enroll in NHSN, the CDC's healthcare-associated infection tracking system. NHSN-eligible facilities in the Network's service area (434) were supported in the completion of the online annual NHSN Dialysis Events Surveillance Training. The baseline was 0.0%, with a goal to achieve 90% or more of facilities completing the training. Due to COVID-19, the goal to complete the annual NHSN Dialysis Events Surveillance Training was suspended, and technical assistance was provided as needed.

Health Information Exchange (HIE): Assistance was provided to all facilities (n=479) to join a HIE or another evidence-based highly effective information transfer system (i.e., hospital portal access). The baseline was 0.0%, with a goal to achieve 10% or more facilities obtaining hospital portal access. Facilities exceeded the goal with a rate of 66.40%. Interventions included developing an HIE infographic that defined information transfer systems and providing guidance on how to join a HIE or obtain hospital portal access. Hospital Portal Access forms were also collected to determine system processes and best practices. Assistance was offered to facilities that did not have hospital portal access but wished to obtain it.

Network 8: Reduction in Bloodstream Infections (BSI) in QIA Facilities

214

Nationally, the Networks reduced 3,495 BSI in 2020

67

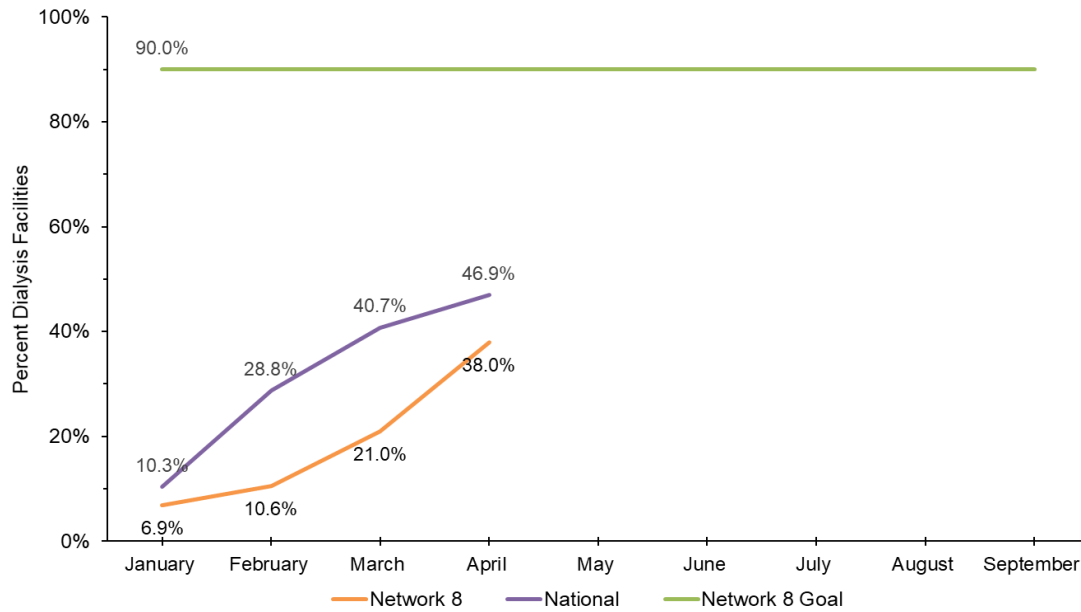■ Goal Reduction   ■ Actual Reduction

The Network goal was to decrease the rate of BSI by 20% or greater relative reduction in the pooled semi-annual mean in facilities participating in the QIA
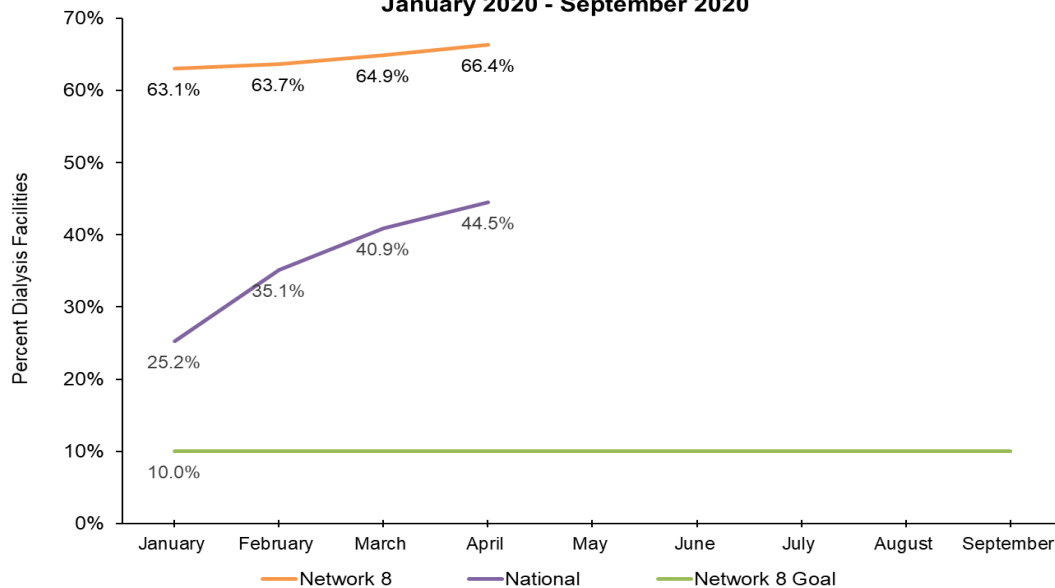
QIA: Quality Improvement Activity
Source of data: National Healthcare Safety Network (NHSN) January 2020 - June 2020 compared to January 2019 - June 2019

Network 8: Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training
January 2020 - September 2020

90.0%

46.9%
40.7%
28.8%
38.0%
21.0%
10.3%
10.6%
6.9%

January | February | March | April | May | June | July | August | September

Network 8 — National — Network 8 Goal

Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Network 8: Percent of Dialysis Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System
January 2020 - September 2020

63.1% | 63.7% | 64.9% | 66.4%

44.5%
40.9%
35.1%
25.2%

10.0%

January | February | March | April | May | June | July | August | September

Network 8 — National — Network 8 Goal

Source of data: ESRD NCC 2020 Dashboard accessed March 2021

20

Transplant Waitlist Quality Improvement Activity

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

Goal: In 2020, Network 8 was tasked with increasing the number of patients added to the kidney transplant waitlist by 1.25 percentage points for all dialysis facilities in the Network service area. The baseline rate from January through September of 2019 was 3.25% with 1107 added to the transplant waitlist. The project goal was to reach a transplant waitlist rate of 3.33%, or 1134 patients added to the transplant waitlist from January through September 2020.

Project Outcome: The NCC provided baseline and monthly data to the Network. As of September, 947 patients had been added to the transplant waitlist for a rate of 2.75%. The transplant waitlist addition rate did not meet the project goal of 3.25%, however the project goal was suspended by CMS, as noted above, due to impacts of COVID-19. As of September 2020, the national transplant waitlist rate was 15.30% with Network 8 having a rate of 13.79%.

Barriers: Fifteen percent of Network 8 facilities (95 facilities) were selected as focus facilities for the QIA, and these focus facilities performed an RCA prior to implementation of monthly interventions. Commonly identified barriers were lack of communication between transplant staff and dialysis staff, incomplete or prolonged transplant work-up, obesity, and non-compliance with dialysis. Additionally, the COVID-19 pandemic led to temporary discontinuation of patient evaluations, and once evaluations resumed, many patients refused to participate in on-site evaluations.

Interventions: Monthly, transplant waitlist data were reviewed to monitor improvement. Focus facilities received monthly interventions to address barriers and assist in identifying potential kidney transplant candidates. In addition to written materials, Network 8 hosted quarterly conference calls with transplant centers and provided updates to dialysis facilities on the impact of COVID-19 on transplant center practices. Some of the interventions implemented include:

- **Transplant QAPI Data Collection Tool** – Facilities were provided a Network-developed tracking tool to list patients identified as potential transplant candidates during monthly QAPI meetings as well as listing the next steps needed to guide the patient through the transplant waitlisting process.
- **Explore Transplant Virtual Patient Meeting** – The virtual patient meeting covered the topics of kidney transplantation and living donation. Patients received copies of educational materials and learned next steps to getting on the kidney transplant waitlist.
- **Transplant Tips Webinars** – Webinars were held with five transplant centers to provide dialysis facility staff with an overview of their referral and waitlist processes, program requirements, transplant center contacts, COVID precautions, and how the pandemic had impacted evaluations.
- **Organ Procurement Organizations (OPO) Partnership**- Network 8 partnered with the four OPOs in the service area and hosted bimonthly meetings to understand the impact of COVID to procurement practices and establish common goals. The partnership resulted
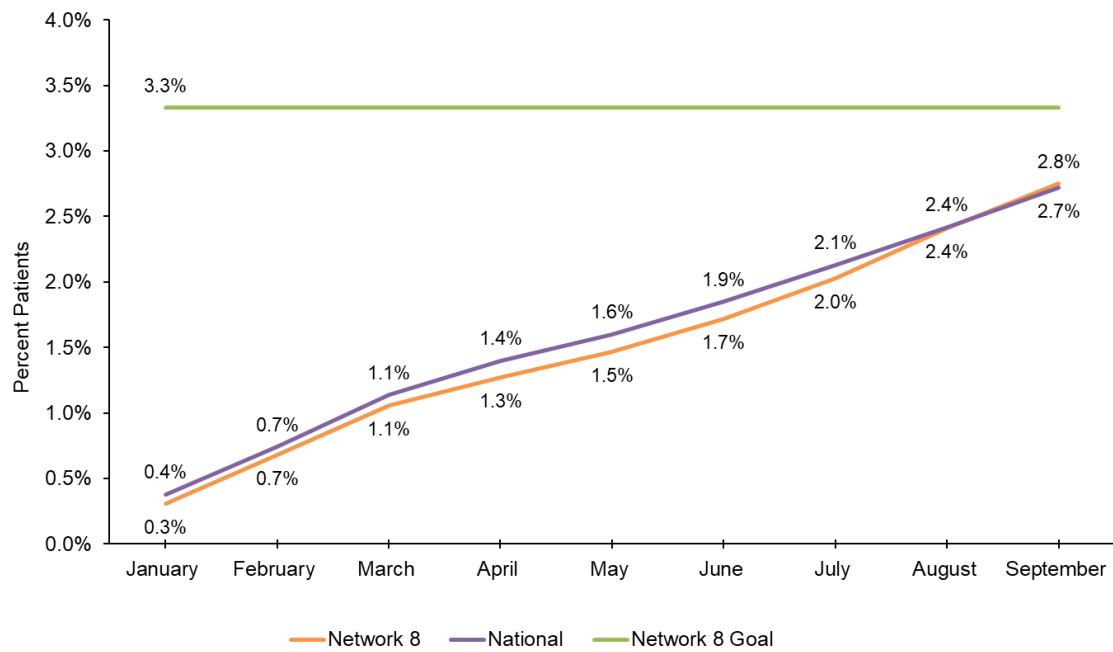
in the development of a high Kidney Donor Profile Index (KDPI) awareness campaign for patients and staff.

- **Q & A About Panel Reactive Antibodies Handout -** This one-page patient handout discusses what the Panel Reactive Antibodies test is, why it is important, and how patients can assist with their monthly blood tests.
- **Transplant Center Tip Sheets -** These tip sheets include the referral process, evaluation process, selection criteria, exclusionary criteria, as well as other important information specific to each of the transplant centers. Facilities were encouraged to print the tip sheets and include them in their facility transplant binders for easy reference.
- **Coaching Calls** –The Quality Improvement Coordinator conducted coaching calls to low performing facilities to discuss barriers and provide one-on-one technical assistance to project contacts to address the identified barriers.

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

- Maintain a Transplant binder to include a tracking sheet to track each patient through the referral process including appointment dates and reasons for denial or hold. Create a tab for each patient to include their referral and appointment letters as well as any other pertinent information.
- Educate patients on transplantation early and frequently. Provide information on both living and deceased donation.
- If a patient is initially not interested in transplant, discuss the reason why. Revisit the option later, as patients may experience life changes that may make them more likely to choose a transplant.
- Assist patients with the initial appointment with the transplant center and other related appointments.
- Link a patient interested in a kidney transplant with a patient who has successfully received a transplant as a peer mentor.
- Include the entire interdisciplinary team in educating and assessing patients for their interest in transplantation.
- Provide different forms of education such as videos, handouts, bulletin boards, and verbal education.
- Educate patients on the KDPI and how it is used to rate how long deceased donor kidneys are expected to last after transplant. Discuss with patients their choice to receive a high KDPI kidney and the benefit of possibly receiving a transplant sooner. Research has shown that receiving a high-KDPI kidney is associated with better long-term survival when compared to remaining on the waiting list for a lower-KDPI kidney.
- Educate patients about the benefits of multi-listing at transplant centers of different Donor Service Areas.
- Discuss patient referral and status reports in monthly QAPI meetings; identify needs and address these.

Network 8: Percent of Patients Added to the Transplant Waitlist
January 2020 - September 2020

QIA: Quality Improvement Activity
Source of data: ESRD NCC 2019 Dashboard accessed March 2021

Home Therapy Quality Improvement Activity

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

Goal: In 2020, Network 8 was tasked with increasing the number of patients utilizing home dialysis by 2.5 percentage points for all dialysis facilities in the Network service area. The baseline rate from January through September of 2019 was 5.44% with 1727 patients initiating home dialysis. The project goal was to reach a home dialysis initiation rate of 5.94%, or 1885 patients initiating home dialysis from January through September 2020.

Project Outcome: The NCC provided baseline and monthly data to the Network. As of September, 1,946 patients had initiated a home modality for a rate of 6.08%, exceeding the project goal. Due to COVID-19, more patients were inclined to consider a home modality. As of September 2020, the national home dialysis rate was 13.73% with Network 8 having the seventh highest rate at 14.57%.

Barriers: Fifteen percent of Network 8 facilities (95 facilities) were selected as focus facilities for the QIA, and these focus facilities performed an RCA prior to implementation of monthly interventions. Commonly identified barriers were misconceptions about home dialysis, lack of patient interest, in-center dialysis preference due to social support from peers, fear of a medical emergency without medical staff present, and the perception that some patients are not home dialysis candidates.

Interventions: Monthly, home dialysis data were reviewed to monitor improvement. Focus facilities received monthly interventions to address barriers and assist in identifying potential home candidates.
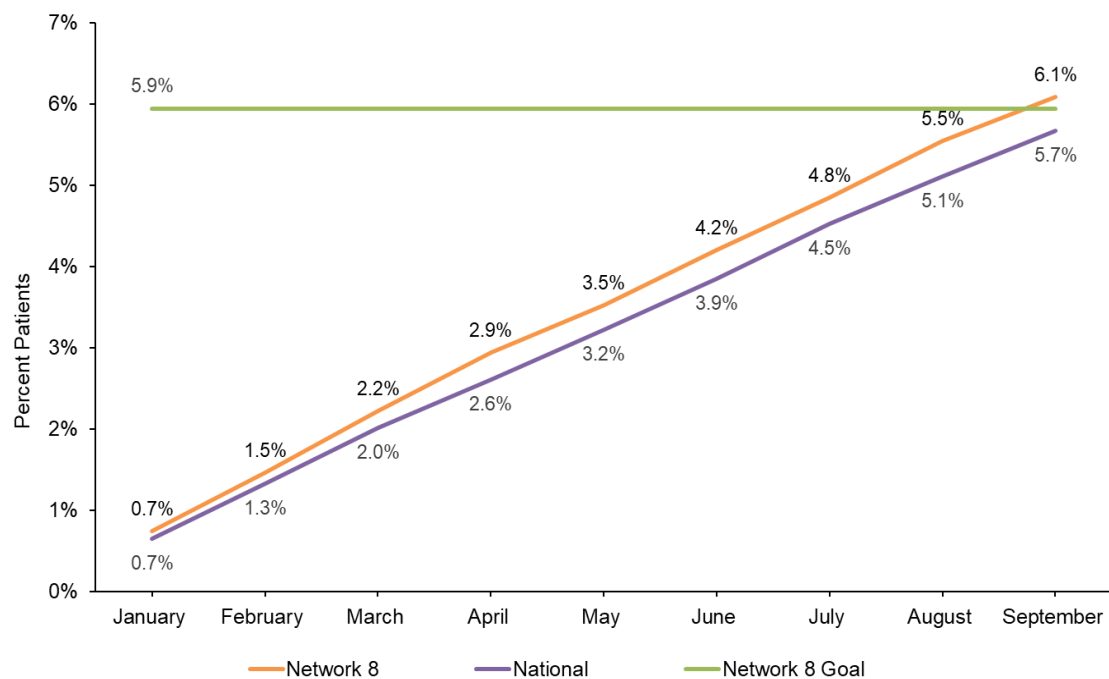
- **Make Yourself at Home QAPI Data Collection Tool** – Facilities were provided a Network-developed tracking tool to identify potential home candidates during monthly QAPI meetings as well as listing the next steps needed to guide the patient through the home dialysis referral process.
- **Home Dialysis Interest Form** – This interest form provided a general overview of home hemodialysis and peritoneal dialysis and discussed the benefit of decreased exposure to COVID-19 and other viruses by choosing a home modality. Patients were asked to select if they were interested in learning more about home dialysis and to return the form to a facility staff member.
- **Lobby Days** – Before the onset of the COVID-19 pandemic, facilities incorporated lobby days so potential candidates could speak to home dialysis nurses and home patients about home dialysis. Lobby days helped provide education to patients and staff as well as address barriers. Implementing lobby days assisted with improving communication between in-center and home dialysis facilities and between home dialysis facility staff and potential home dialysis patients.
- **Home Dialysis Highly Effective Practices Webinar** – A webinar for facility staff was hosted with a Network 8 rural, high performing facility that provided information on successful practices for referring patients for home dialysis.

- **Advanced Renal Education Program (AREP) Home Dialysis Webinar Series** – Networks 8 and 14 along with the AREP jointly hosted a webinar series for facility staff to discuss the current state and future potential of home therapies and offer a patient's perspective on dialysis education.
- **Coaching Calls** –The Quality Improvement Coordinator conducted coaching calls to low performing facilities to discuss barriers and provide one-on-one technical assistance to project contacts to address the identified barriers.
- **Method to Assess Treatment Choices for Home Dialysis (MATCH-D) Tool** – This tool was selected to assist nephrologists and dialysis staff with identifying and assessing candidates for home modalities in addition to sensitizing clinicians to key issues about who can use home dialysis.
- **"What Matters to You?" Patient Webinar –** This patient webinar by Dori Schatell from the Medical Education Institute covered understanding how emotions can affect patients when they have kidney disease, learning about the different types of dialysis and how they affect day-to-day life, and exploring tools to help match a dialysis choice to patient lifestyle.
- **Home Dialysis: Myths vs. Realities Handout –** The handout was developed using the ESRD NCC's National Patient and Family Engagement LAN developed booklet Uncovering Myths About Home Dialysis: Myths vs. Realities to create a condensed one-page handout that addresses common myths about home dialysis.

Best Practices: Throughout the duration of the project, Network 8 collaborated with facilities to identify best practices and barriers. At the conclusion of the project, best practices were shared with all facilities. The following best practices were identified:

- Remind patients that they can reduce their exposure to COVID-19 and other viruses by dialyzing at home. Most home dialysis centers offer telehealth for virtual visits with the healthcare team from the comfort of home.
- Educate patients about home modalities early and frequently. If possible, begin education prior to ESRD. Provide them with information about all home modality options.
- Use the MATCH-D tool to help identify and assess patients for home dialysis candidacy.
- Assess patients' interest in home dialysis by utilizing the My Life, My Dialysis Choice Online Decision Aid.
- Educate caregivers, friends, and family about home dialysis as a treatment option.
- Identify barriers up-front and implement a plan to address those barriers.
- Connect a patient interested in home dialysis with a patient who has successfully used a home modality as a peer mentor.
- Include the entire interdisciplinary team in educating patients on home modalities.
- Bring a home dialysis machine in-center to familiarize potential candidates.
- Discuss patient referrals and next steps in monthly QAPI meetings; identify and address needs.
- Remind patients that they can return to in-center dialysis if they try a home modality and decide that it is not for them.
- Celebrate patients who transition to home dialysis.

Network 8: Percent of Patients Starting Home Dialysis
January 2020 - September 2020

	January	February	March	April	May	June	July	August	September
Network 8 Goal	5.9%								
Network 8	0.7%	1.5%	2.2%	2.9%	3.5%	4.2%	4.8%	5.5%	6.1%
National	0.7%	1.3%	2.0%	2.6%	3.2%	3.9%	4.5%	5.1%	5.7%

—— Network 8   —— National   —— Network 8 Goal

QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

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

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity but was not evaluated on results.

Goal: The intent of this QIA was to assist ESRD patients with seeking gainful employment and/or returning to work. Specifically, the QIA aimed to: (1) increase referrals made for vocational rehabilitation (VR) services or Employment Network (EN) services, (2) increase numbers of patients receiving services, and (3) develop a process to ensure that 95% of patients are screened for interest in VR/EN services and that responses are entered in CROWNWeb. We selected 43 Network 8 facilities to participate in the project: 16 from Alabama, 7 from Mississippi, and 20 from Tennessee. The total facility population for the 43 facilities equaled 3055 patients, which is 10.3% of the Network patient population.

Project Outcome: CROWNWeb data supplied by the ESRD NCC showed that VR services were both under-utilized and under-reported in participating facilities during 2019. Network 8 exceeded project goals with an overall improvement of 40.54 percentage points for referrals and 3.70 percentage points for patients receiving services by September 30, 2020.

Barriers: Project facilities performed an RCA prior to implementation of monthly interventions. The most identified patient barriers were lack of personal motivation and willingness to participate in VR, poor physical health, and fear of losing Medicare and/or disability benefits. Due to the impact of COVID-19, VR appointments decreased, and job placement was difficult.

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

Facility-level interventions included:
- Facilities discussed individual facility practices for screening/reporting VR status and determined if a policy exists to ensure routine and timely update of information.
- Facilities were provided with a process for screening potential VR candidates, to include a review of patients in monthly QAPI meetings and identification of appropriate next steps.
- Staff were educated on appropriate CROWNWeb documentation of VR referrals and utilization.
- Collaborative LAN calls were provided to encourage promotion of VR services.
- A Social Worker Needs Assessment was developed to assess knowledge of VR/EN services, level of comfort with referral process, and barriers to services.
- A monthly tracking tool was developed to provide social workers a way to track a patient's journey through the referral process.
- Monthly coaching calls were conducted to review patients and ensure 95% of patients are being screened for VR services and documented in CROWNWeb.

- Referral tips were provided to social workers to utilize when making VR referrals during COVID-19.

Patient-level interventions included:
- A Patient Needs Assessment was developed to help social workers determine patient interests/needs related to VR.
- A Patient Portal was developed to provide an online platform to reach patients directly.
- Ticket to Work patient success stories were provided via the Patient Portal.
- Information on virtual ENs was provided via the Patient Portal.
- A Ticket to Work fact sheet was provided, via the Patient Portal, to debunk the three biggest myths about disability benefits and work.

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

Innovation – Developed new online Patient Portal to provide an alternative way to offer patient education. New interventions included: patient needs assessment, social worker needs assessment, and development of monthly tracking tool.

Boundarilessness – Conducted outreach to ENs to provide facilities an alternative to local VR agencies.

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

Customer Focus – Provided numerous education resources via the Patient Portal: Ticket to Work information, patient success stories, Getting Back to Work brochure, and links to virtual ENs.
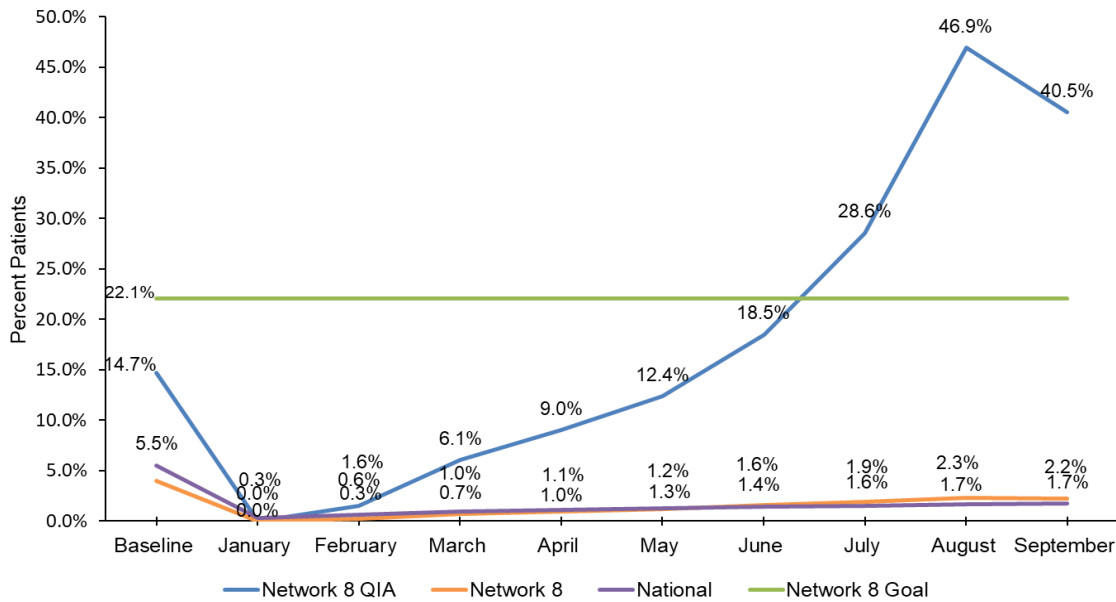
Unconditional Teamwork – Collaborated with other Networks to provide LAN meetings to promote VR services.

Sustainability – Developed a monthly tracking tool to provide social workers a way to track a patient's journey through the referral process and provided referral tips to utilize when making VR referrals during COVID-19.

Best Practices: Throughout the duration of the project, Network 8 collaborated with facilities to identify best practices and barriers. At the conclusion of the project, best practices were shared with all facilities. The following best practices were identified:
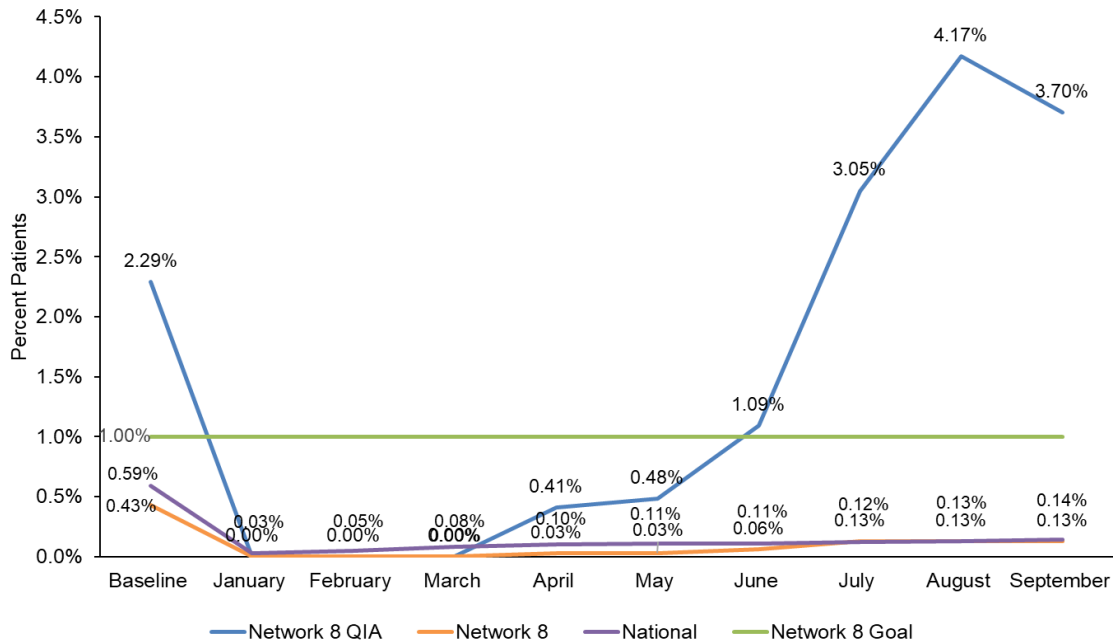
- Maintain a process for reviewing VR status for eligible patients and update status in CROWNWeb.
- Initiate peer-led conversations regarding VR services.
- Use a monthly tracking tool to track patient VR statuses.
- Encourage the use of virtual ENs.

Network 8: Percent of Eligible Patients Referred to an Employment Network or a Vocational Rehabilitation Agency
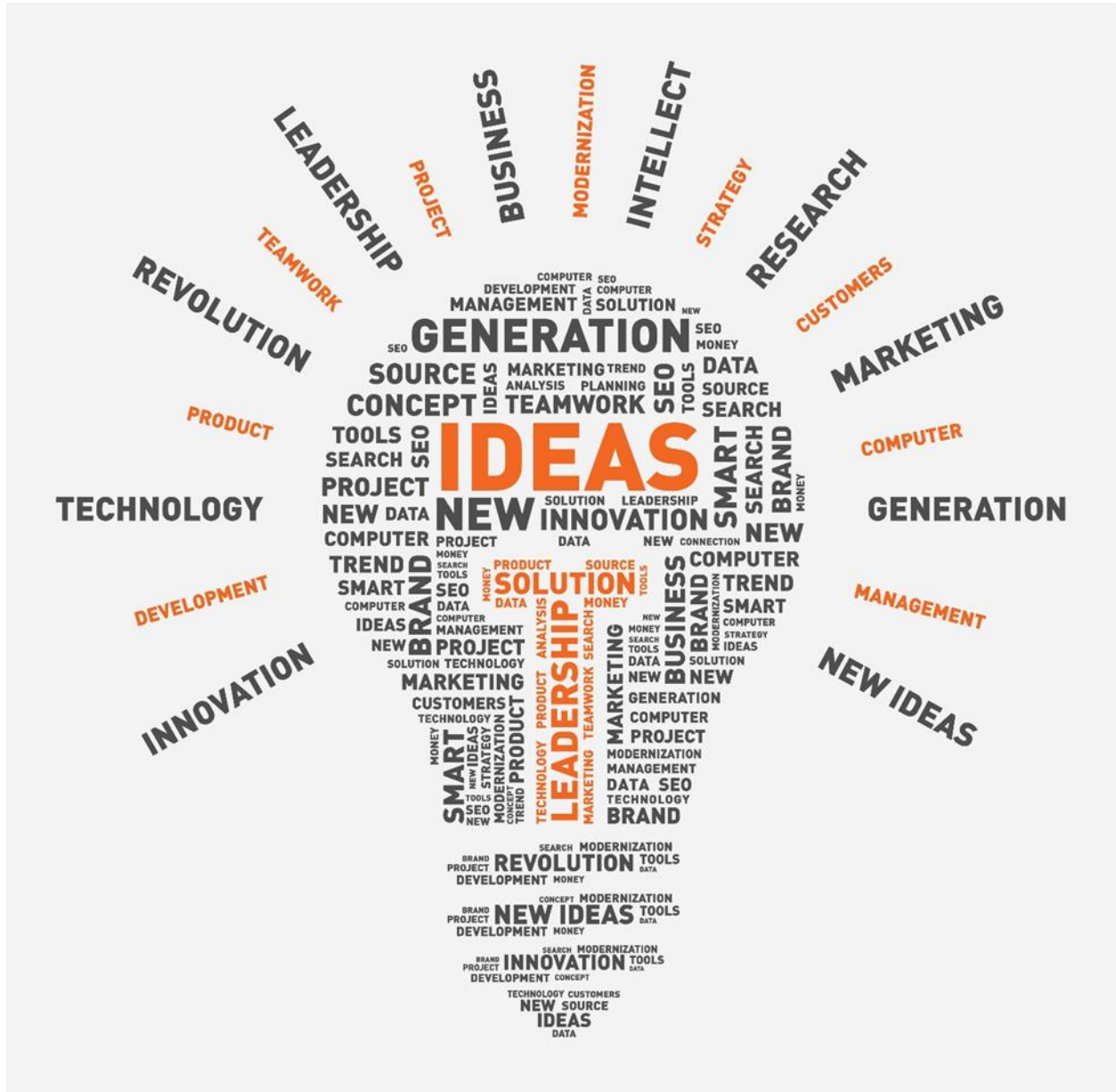**January 2020 - September 2020**

QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

Network 8: Percent of Referred Patients Receiving Services from an Employment Network or Vocational Rehabilitation Agency
January 2020 - September 2020

QIA: Quality Improvement Activity
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

ESRD NETWORK RECOMMENDATIONS

Providers in the Network region are monitored throughout the year for their participation in activities specified in the Network's CMS contract and for their performance on several quality metrics. Due to the impact of COVID-19, Network goals were suspended for many activities.

Networks may recommend that sanctions or alternative sanctions be imposed on facilities that do not cooperate in meeting Network goals or ESRD Conditions for Coverage. In 2020, there were no providers who consistently failed to cooperate with Network goals.

Additional or Alternative Services for Facilities in the Network

Network 8's service area experienced 13 new openings and two facility closures in 2020. The increase in facilities appears to be aligned with the patient population and the treatment modalities of patients. Network 8 has not identified a specific need for additional facilities in the service area.

ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

In late January 2020, Network 8 received a Health Alert Notice (HAN) from the Tennessee Department of Health advising of the novel coronavirus outbreak. During the CMS Quality Conference held February 25-26, the potential impact of the virus was the subject of a Q&A session with the CDC. Immediately after returning from the Conference, the Network began providing credible information from the CDC to dialysis facilities and patients. The first case was reported in Network 8 in early March with cases in all three Network 8 states by mid-March. By late December, vaccines were becoming more widely available, and plans were underway to ensure that the ESRD community was included in vaccine distribution planning. Outreach and interventions during the pandemic are as follows.

Patient Education and Outreach

Network 8 partnered with our PAC and other patient SMEs to understand patient level barriers and provide resources. In May, Network 8 developed a COVID-19 Patient Newsletter and mailed copies for each patient to the dialysis units. The newsletter provided information on how to stay healthy during pandemic, symptoms of COVID-19, facility changes due to pandemic, telehealth, coping with stress and COVID-19 FAQs. As the pandemic continued, an opportunity was identified to replicate Network 14's Patient Portal. During this time, many facilities were discontinuing providing handouts and flyers to patients to reduce the spread of COVID-19. The online Patient Portal became active in July and provides resources directly to patients on COVID-19 and other pertinent topics. Additional education included:

- Various resources to stress the importance of masks, physical distancing, hand hygiene.
- Importance of COVID screening prior to treatment.
- COVID-19 Symptom Checker.
- CDC patient resources: Cleaning and Disinfecting your Home, COVID-19 testing, Traveling and COVID-19, Vaccines for COVID-19.
- Transportation safety.
- Use and benefits of telemedicine.
- Staying safe in multi-generational homes.
- COVD-19 Frequently Asked Questions by ESRD Patients.
- Celebrating holidays safely.
- Connecting with others.
- COVID-19 vaccination.
- Kidney transplant during COVID-19.
- Home dialysis during COVID-19.
- Mental health support for kidney disease patients and caregivers.

> "I don't have enough words in my vocabulary to tell you what a fabulous job you did on the patient portal. The colors, the layout, the information you pulled together...so very awesome.
>
> I can hardly wait to share the portal with my fellow patients and with members at my church. There is information under mental health that discusses the stress from COVID-19 pandemic that could benefit anyone...not just dialysis patients."
>
> **Patient SME,**
>
> **Anna J.**

General Facility Information and Communications

- COVID-19 information page added to Network 8 website March 5, linking visitors directly with CDC, American Society of Nephrology (ASN) and Johns Hopkins COVID-19 sites.
- Weekly 'Provider Digest' was created to provide updates and resources to facilities. At the onset of COVID-19 the digest was provided twice weekly to ensure facility staff had access to most current CDC guidance, information on upcoming educational webinars for patients and staff, and safety tips. The digest transitioned to twice monthly distribution in December.
- COVID-19 updates posted to Network 8 Facebook, Twitter, and LinkedIn social media pages.
- Patient portal developed to allow patients contactless access to educational materials related to COVID-19 using QR code to access content; promotional materials were provided to all facilities with multiple reminders to ensure wide-spread awareness and access.
- Scheduled CMS COVID-19 Stakeholder Calls were included in weekly digests and posted to Network 8 public calendar on the website.

Specific Outreach Topics to Facilities

- Utilization of telemedicine and telehealth.
- Information for screening and management of COVID-19.
- Distribution of information on location of credible information on COVID-19.
- COVID-19 5-Diamond Patient Safety Program: COVID-19 module.
- Frontline Staff Toolkit-Tips for Outpatient Hemodialysis Facilities During COVID-19.
- ESRD NCC COVID-19 Mental Health Toolkit.
- Hand sanitizer and physical environment disinfection audit tools.
- Information to ensure safe transportation to and from dialysis facilities.
- CDC resources specific to tribal communities.
- Managing COVID in the dialysis unit.
- ASN COVID-19 Toolkit for Nephrology Clinicians: Preparing for a Surge.
- Importance of flu vaccination during a pandemic.
- COVID-19 form to optimize communication between dialysis unit and nursing home.
- FAQs on COVD-19 testing in Nursing Homes.
- Dialysis COVID-19 module training webinars.
- CDC considerations to reduce virus spread at holiday celebrations.
- CDC launch: Project Firstline.
- Home dialysis during COVID-19.
- mRNA COVID-19 vaccines and healthcare workers.
- What to expect after getting a COVID-19 vaccine.
- Overcoming COVID-19 Screening Fatigue.
- Special Projects for Equitable and Efficient Distribution (SPEED) of COVID-19 Outpatient Therapeutics.

Nursing Home Outreach and Interventions
- Conference calls with the QIN-QIOs to collaborate on initiatives to promote bi-directional communication between nursing homes and dialysis facilities.
- In May, Network 8 provided tips to improve communication between nursing homes and dialysis facilities that were placed in the state Nursing Home Associations' weekly newsletters.
- A nursing home communication form developed by Paul Palevsky, MD and promoted through the Forum of ESRD Networks, was modified (with permission) to provide to Network 8 dialysis facilities with nursing home patients.
- Network 8 participated in a nursing home focused webinar hosted by the QIN-QIO to share practices for communicating with dialysis facilities and avenues for offering dialysis in the nursing home setting to reduce the spread of COVID-19.

Communication with Community Partners
- Routine and ad hoc calls with CMS ESRD leadership.
- Biweekly Kidney Community Emergency Response (KCER) calls.
- Quarterly calls with State Survey Agencies with routine distribution of Provider Digest and ad hoc emails.
- Routine and ad hoc outreach to emergency preparedness contacts.

Data analytics and technical assistance to facilities
- COVID-19 data was reported weekly by all facilities, beginning in March. This data was then aggregated by KCER into the weekly Emergency Situational Status Report (ESSR).
- The weekly ESSR was reviewed along with the COVID-19 dashboard, created by the ESRD NCC, to identify hotspot areas, defined as counties with a doubled case count during previous 7 days.
- Outreach was conducted to facilities within hotspot areas to assess local barriers with targeted technical assistance then offered to address specified barriers.

Highly effective facility practices
- Use of telehealth for physician / physician extender visits.
- Routine infection control audits with frequent disinfection of high-touch surfaces.
- Staff leading by example and following strict infection control practices.
- Visitor / vendor restrictions coupled with screening and masking of all building entrants.
- Utilization of cohort facilities for COVID positive patients with dedicated units or shifts for persons under investigation (PUI) while waiting for COVID test results.
- Extended time between patient shifts to allow for thorough cleaning and disinfection of facility.
- Use of surgical face masks for all patients; sending masks home with patients to ensure that mask was available for use when not in the clinic; offering face shield in addition to face mask.
- Pre-screen calls to patients the day before treatment to assess for virus signs / symptoms or known exposure.
- On-site virus testing.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

In 2020, the Network 8 service area experienced various weather conditions that impacted numerous facility operational statuses. Network staff responded to nine events including tornadoes and hurricanes.

On September 16, Hurricane Sally made landfall in Gulf Shores, Alabama affecting dialysis facilities in Alabama and Mississippi. The storm impacted 59 facilities within the Network. Throughout the event, Network staff remained in contact with affected facilities. Facilities implemented their emergency plans and made schedule adjustments in advance to accommodate dialysis needs. Network staff confirmed 45 facility closures and 14 altered schedule facilities due to Hurricane Sally. Outreach was done to the Alabama Department of Health to update them on the operational status of dialysis facilities in the wake of Hurricane Sally. The Kidney Community Emergency Response (KCER) program, which serves as the leading authority on emergency preparedness and response for the kidney community, was on standby throughout the event and hosted daily status calls with all impacted Networks, dialysis corporate leadership, and CMS to monitor needs and local conditions.

Additionally, Network 8 provided ongoing resources and educational outreach to dialysis facilities in preparation for events. Network capacity was enhanced through ongoing collaborations with emergency management agencies and through the annual desktop exercise coordinated by KCER. The Network maintained an updated comprehensive emergency management plan and a reciprocal relationship with a partner Network able to provide services to this region in the event of a catastrophic event impacting the Network 8 office.

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.