

# ESRD NETWORK 2017 ANNUAL REPORT

Description of the patient and facility population in the ESRD (End Stage Renal Disease) Network program and the outcomes of the quality improvement activities performed by this Network compared to the Network program performance

ESRD Network #5

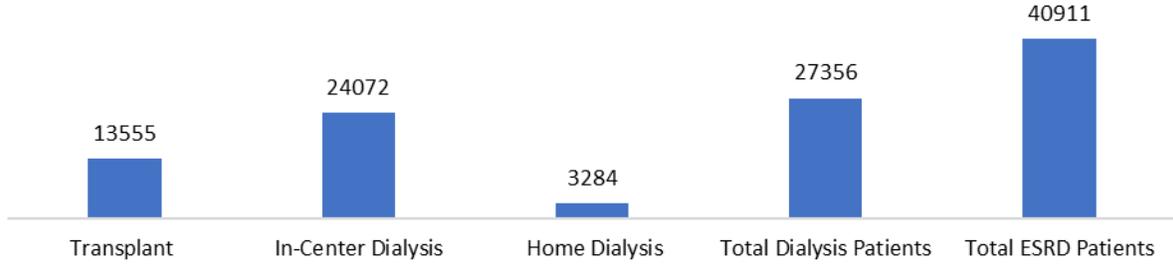
## Table of Contents

<b>ESRD Demographic Data</b> .....	<b>2</b>
<b>ESRD Network Grievance and Access to Care Data</b> .....	<b>6</b>
Grievance Quality Improvement Activities.....	9
<b>ESRD Network Quality Improvement Activity Data</b> .....	<b>11</b>
In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems Quality Improvement Activity.....	12
Long-Term Catheter Quality Improvement Activity.....	14
Blood-Stream Infection Quality Improvement Activity .....	16
Hepatitis B and Pneumococcal Pneumonia Vaccination Quality Improvement Activity.....	18
Population Health Focused Pilot Projects Quality Improvement Activity .....	20
Quality Incentive Program Quality Improvement Activity.....	23
National Healthcare Safety Network Data Quality Improvement Activity .....	25
<b>ESRD Network Recommendations</b> .....	<b>27</b>

# ESRD DEMOGRAPHIC DATA

\* All data and data displays were provided by the ESRD National Coordinating Center

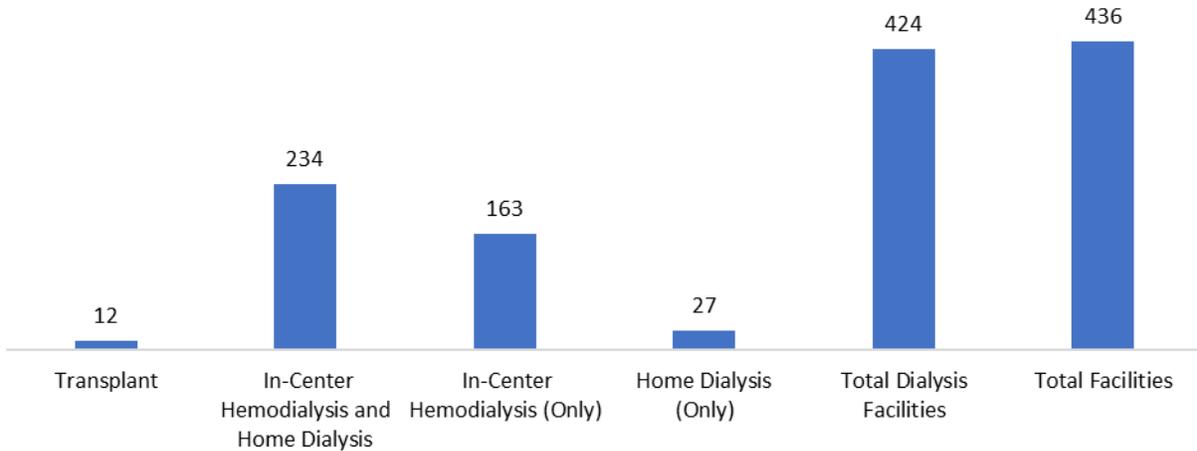
**Network 5: Prevalent ESRD Patients by Treatment Modality  
As of December 31, 2017**



Total Dialysis Patients = In-Center Dialysis + Home Dialysis  
 Total ESRD Patients = Transplant + Total Dialysis Patients

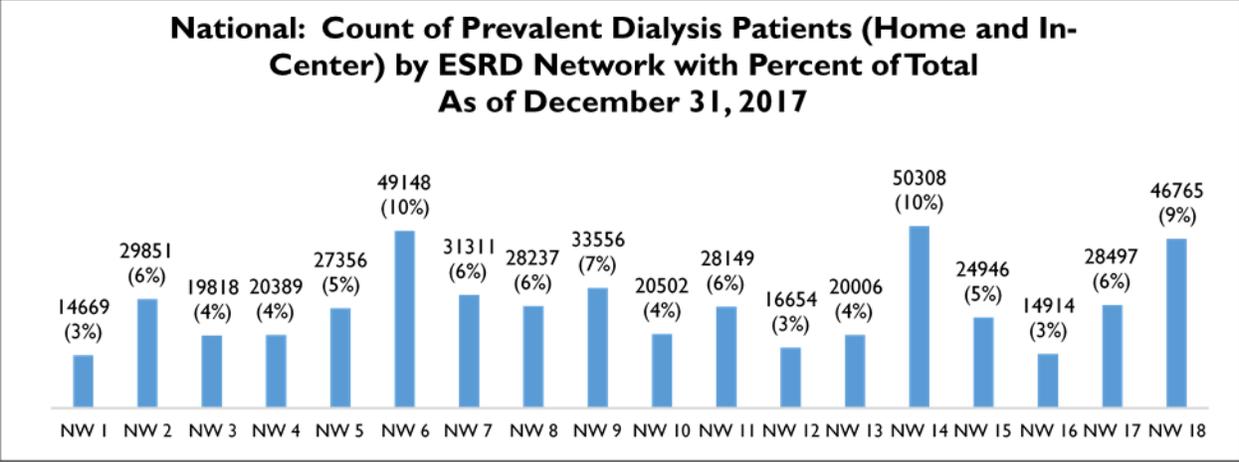
Source of data: CROWNWeb

**Network 5: Number of ESRD Medicare-Certified Facilities by Modality  
Type Offered  
As of December 31, 2017**

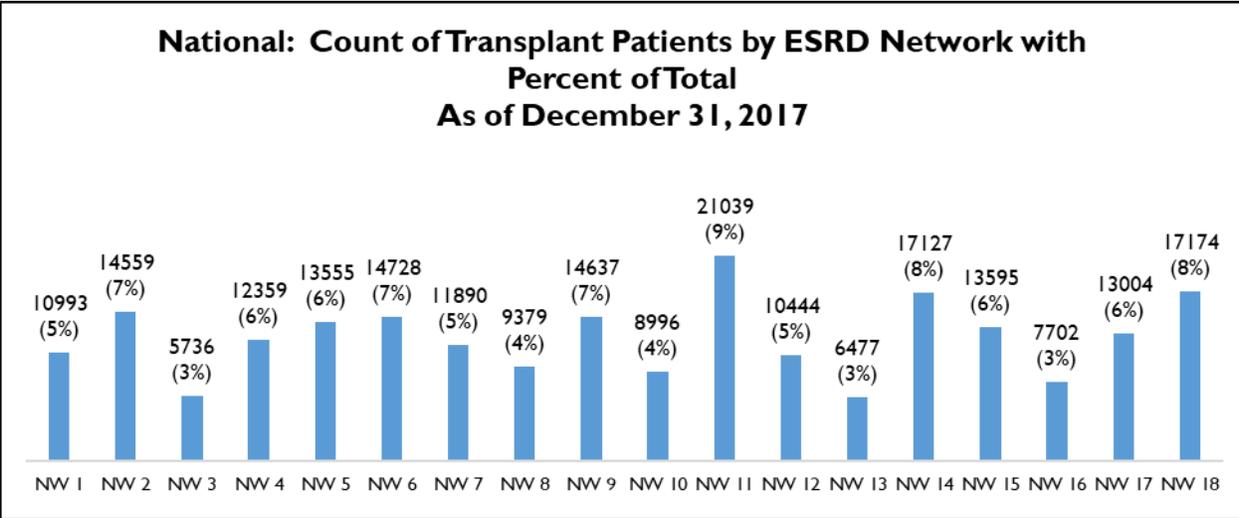


Total Dialysis Facilities = In-Center Hemodialysis and Home Dialysis + In-Center Hemodialysis (Only) + Home Dialysis (Only)  
 Total Facilities = Transplant + Total Dialysis Facilities

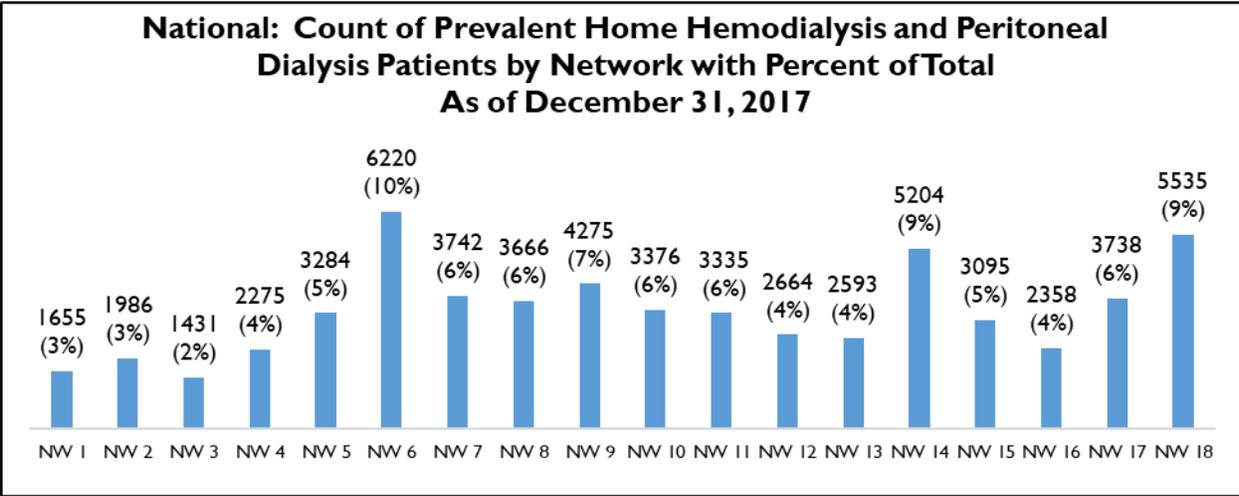
Source of data: CROWNWeb



Source of data: CROWNWeb

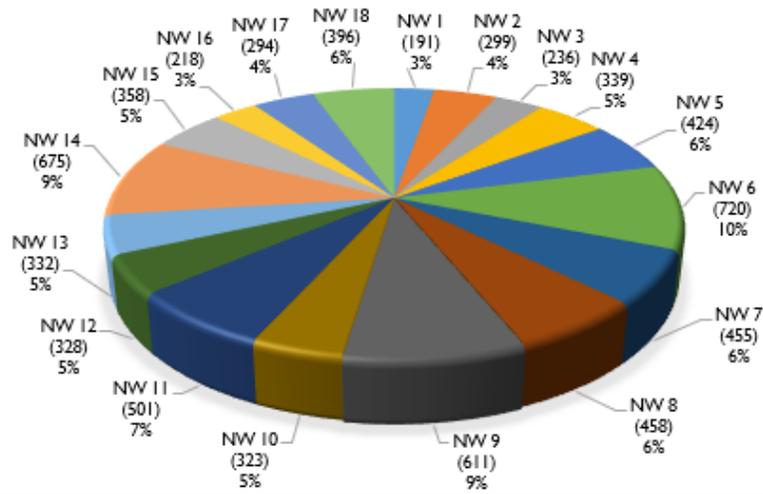


Source of data: CROWNWeb



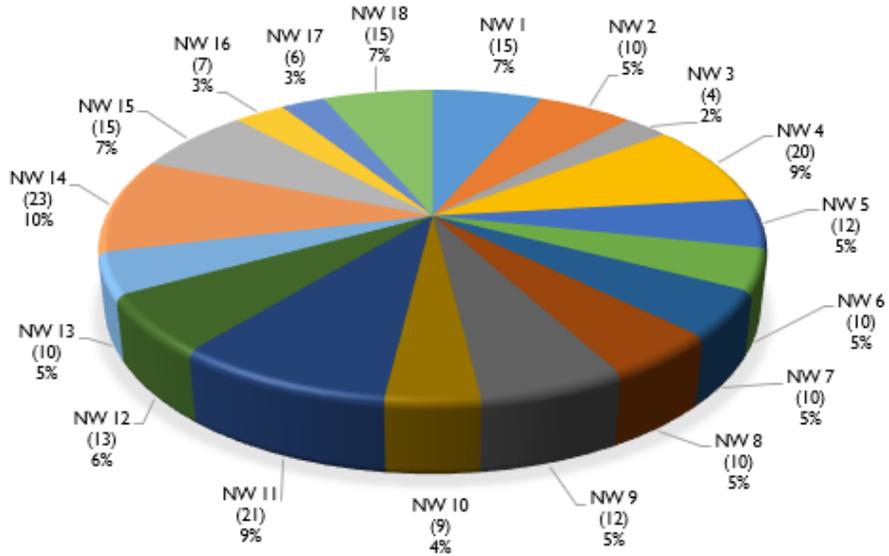
Source of data: CROWNWeb

**National: Count of ESRD Medicare-Certified Dialysis Facilities by ESRD Network with Percent of Total As of December 31, 2017**



Source of data: CROWNWeb

**National: Count of ESRD Medicare-Certified Kidney Transplant Facilities by ESRD Network with Percent of Total As of December 31, 2017**



Source of data: CROWNWeb

# ESRD NETWORK

# GRIEVANCE AND ACCESS

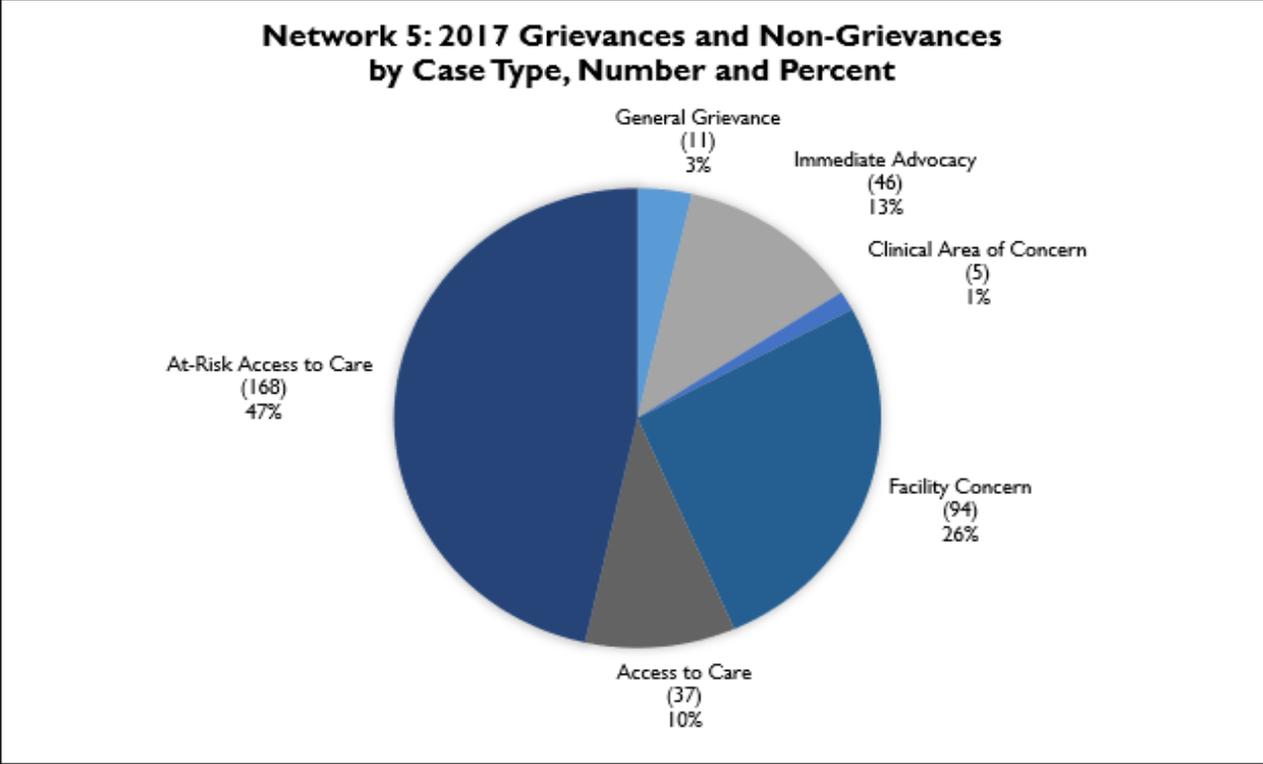
# TO CARE DATA

\* All data and data displays were provided by the ESRD National Coordinating Center

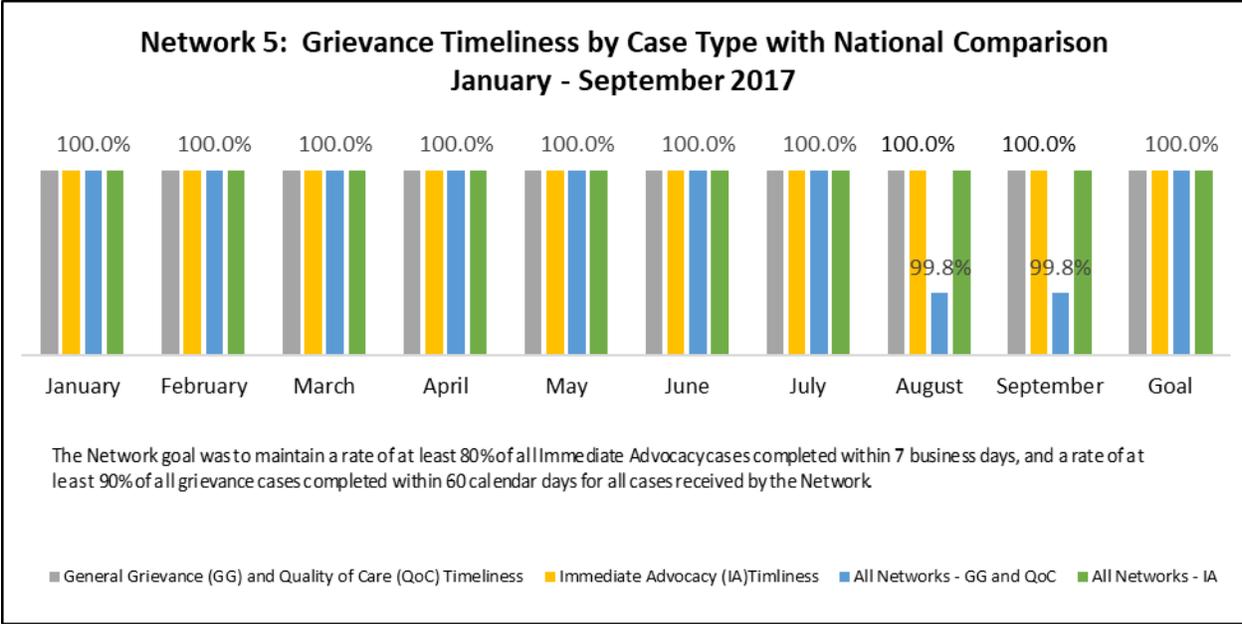
<b>Category</b>	<b>Cases</b>
<b>Grievance Cases</b>	<b>62</b>
General Grievance	11
Immediate Advocacy	46
Clinical Area of Concern	5
<b>Non-Grievance Cases</b>	<b>299</b>
Facility Concern	94
Access to Care: Confirmed Involuntary Transfer/Discharge (IVT/IVD)	37
At-Risk Access to Care	168
<b>Additional Case Information</b>	
Averted IVT/IVD	2
Failure to Place	8
<b>Total Cases 2017</b>	<b>361</b>
Note: Revised cases were placed in those revised categories.	

### **Network 5: Grievance Data for Calendar Year 2017**

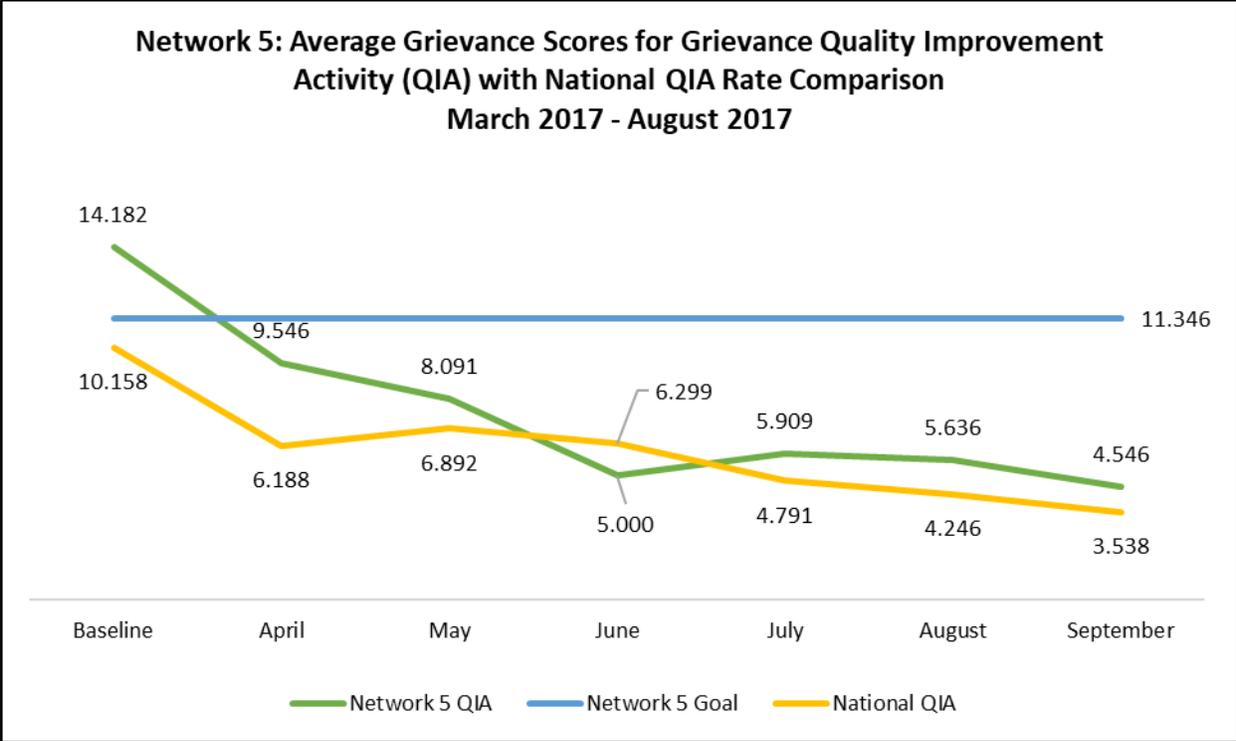
Source of data: Patient Contact Utility (PCU)



Source of data: Patient Contact Utility (PCU)



Source of data: October 2017 ESRD Network Dashboard



Source of data: October 2017 ESRD Network Dashboard

## Grievance Reduction QIA

### Goals

The Network implemented a Quality Improvement Activity (QIA), We Hear You, to improve facility grievance processes and to decrease enrolled facilities' grievance scores by 20 percent or more between the baseline (March 2017) and re-measurement (September 2017). The grievance score mechanism, as defined by CMS, is displayed in the table below.



### Mechanism for Scoring Grievances as Defined by CMS

Grievance Issue	Examples	Score
Major Quality of Care or Access to Care Issues	Major bleeds, wrong dialyzer, prescription changes without physician order, IVDs either at-risk or actual	1
Minor Quality of Care Issues	Simple bleeding after dialysis, minor infection control issues	2
Operational Issues	Inadequate staffing, other issues related to the operation of the facility	3
Interpersonal Issues	Conflicts between patients, conflicts between staff and patients	4
Environmental Issues	Facility too cold, basic maintenance issues such as chair, lobby	5

### Performance

The graph, Network 5: Average Grievance Scores for Grievance QIA, provided by the ESRD National Coordinating Center (NCC) and found on page 8, shows that Network 5 QIA facilities had an average grievance score of 14.182 at baseline (March 2017) compared to the National QIA rate of 10.58. Network 5 had an average score of 4.546 at re-measurement (September 2017) compared to the National QIA average score of 3.538 for the same time period. However, Network 5's average score improved 9.636 points compared to the National QIA that had an improvement of 6.62. Network 5 far exceeded its goal of 11.346.

### Best Practices

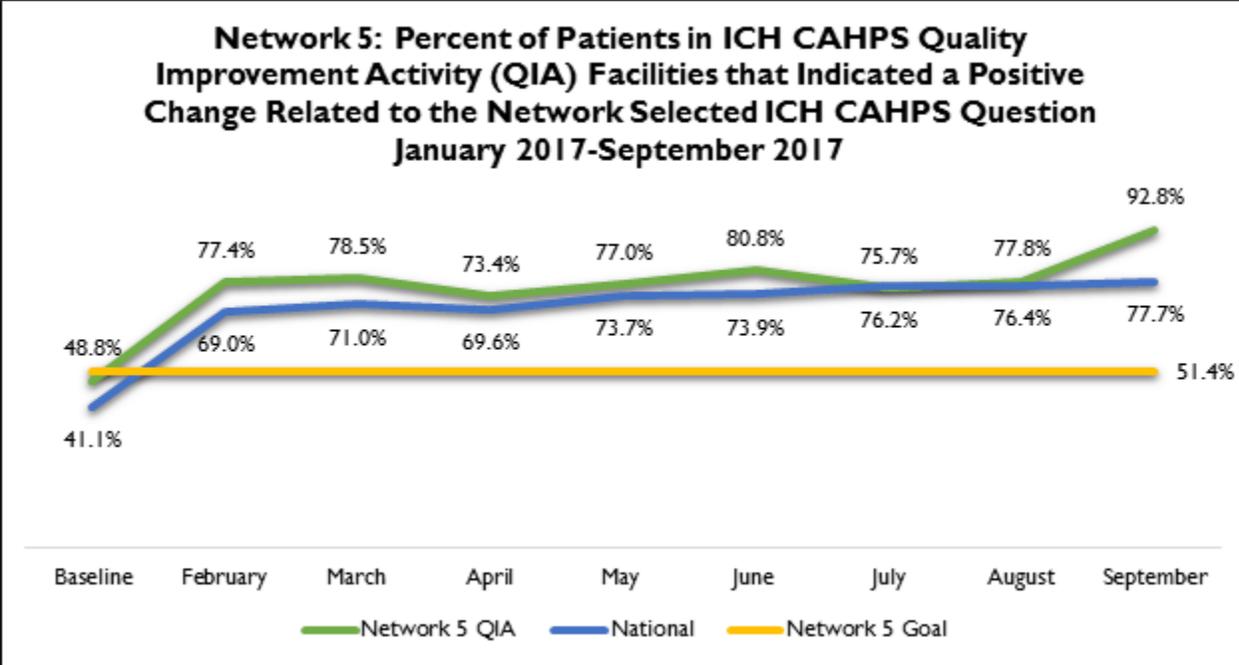
Facilities developed improved grievance tracking practices with use of Dialysis Provider Conflict (DPC) tools. The tools provide useful tracking and trending information for review in quality assessment and performance improvement (QAPI) meetings to help identify trends and determine interventions. Facilities used patient engagement practices to build better patient satisfaction and experience of care through sharing of aggregate grievance issues, plans for improvement, and requests for feedback of and involvement in interventions. The DPC Toolkit provides several modules to assist staff in building skills to increase communication and conflict resolution. Individualized feedback reports provided to facilities indicated individual progress, including a table of grievances by score type and line graph. Facilities ensured patients were aware of their options for expressing concerns, including direct communication with the Network, and to supporting patients through the grievance process.

# ESRD NETWORK QUALITY

# IMPROVEMENT ACTIVITY

# DATA

\* All data and data displays were provided by the ESRD National Coordinating Center



Source of data: October 2017 ESRD Network Dashboard. Option 1 to use for Networks 2, 3, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, and 18.

\*In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS)

## ICH CAHPS QIA

### Goals

The Network implemented a QIA to improve enrolled facilities' rates on question 39 from the Treatment component of the ICH CAHPS scores by a relative 5 percent between the baseline (Spring 2016) and re-measurement (September 2017). Question 39 asks:

Peritoneal dialysis is dialysis given through the belly and is usually done at home. In the last 12 months, did either your kidney doctors or dialysis center staff talk to you about peritoneal dialysis?



### Performance

The graph, Network 5: Percent of Patients in ICH CAHPS QIA Facilities Who Indicated a Positive Change Related to Network Selected ICH CAHPS Question, provided by the ESRD NCC and found on page 12, shows that 48.8 percent of Network 5 QIA patients indicated a positive response to the Network-selected ICH CAHPS question at baseline compared to 41.1 percent of the National QIA patients for the same time period. At re-measurement in September 2017, 92.8 percent of Network 5 QIA patients indicated a positive response to the Network-selected ICH CAHPS question compared to 77.7 percent of the National QIA patients. Network 5 far exceeded the goal of 51.4 percent.

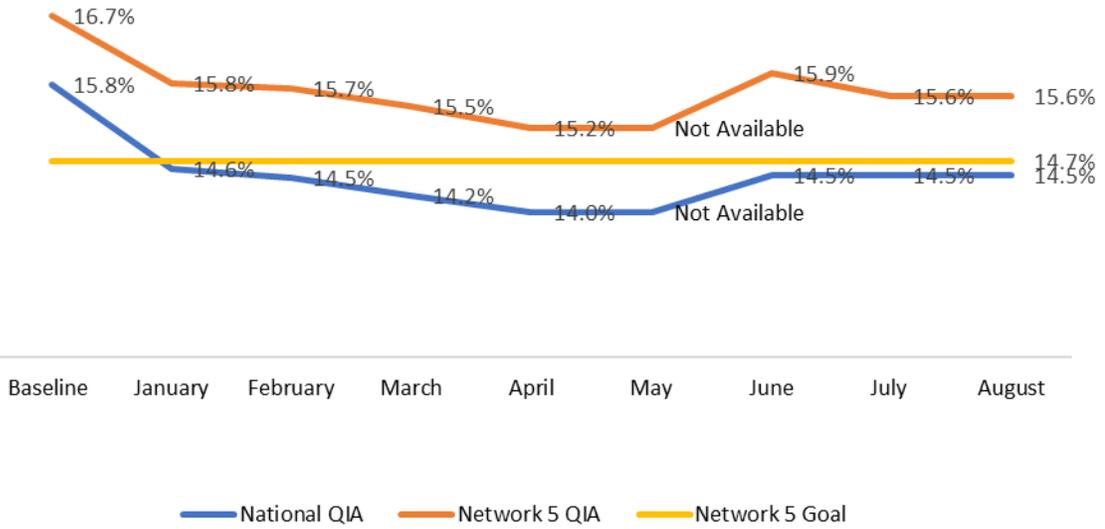
### Best Practices

Tools developed by the Medical Education Institute, Inc. (Method to Assess Treatment Choices for Home Dialysis (MATCH-D) and *My Life, My Dialysis Choice* web-based decision aid) were used to assess patient candidacy for and barriers to home options. Utilizing the teach-back method assured patient comprehension. Patients with home therapy experience were involved in peer mentoring. Facilities were encouraged to share information about the project and post scores for all patients and staff to view and make comment/provide feedback.

### Barriers

Patients misunderstand the question, believing the question asks if they want additional information about peritoneal dialysis (PD) or if they want to do PD. Patients do not recognize the words “peritoneal dialysis” because they are educated about “PD” and “home dialysis.”

**Network 5: Long-Term Catheter (LTC) Rates for Quality Improvement Activity (QIA) Facilities with National QIA Rate Comparison  
January 2017 - August 2017**



Source of data: CROWNWeb

## Reduce Long-Term Catheter QIA

### Goals

Network 5 implemented a QIA, Reduce Long-Term Catheter Use/Support Permanent Access Placement, to reduce long-term catheter rates in targeted dialysis facilities by two percent between baseline (September 2016) and re-measurement (July 2017).



### Performance

The graph, Network 5: Long-Term Catheter (LTC) Rates for QIA Facilities, provided by the ESRD NCC and found on page 14, shows that Network 5 had an LTC rate of 16.7 percent at baseline (September 2016) compared to the National QIA rate of 15.8 percent. Network 5's LTC rate decreased 1.1 percent by re-measurement (August 2017), while the National QIA rate decreased 1.3 percent during the same period.

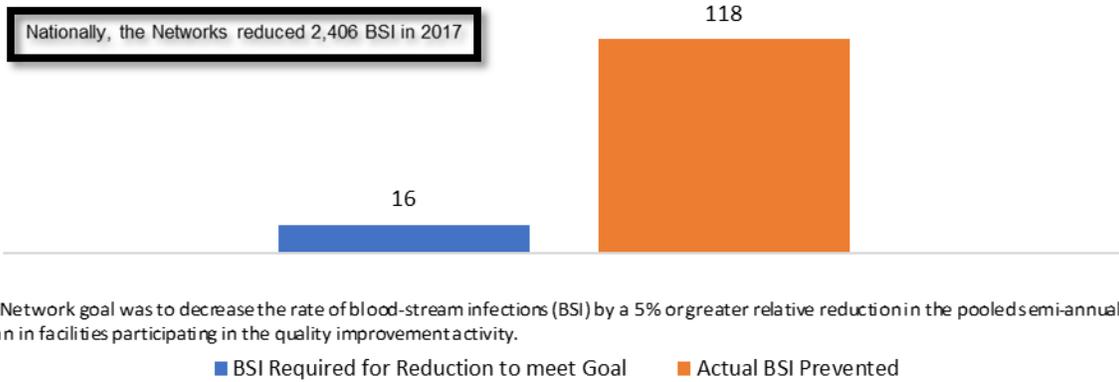
### Best Practices

Facilitating face-to-face learning sessions for this QIA was identified as a best practice. The Network convened QIA facilities for a 1-day workshops in Virginia and Maryland to focus on rapid cycle improvement, vascular access assessments, and patient engagement. Additionally, an Outcomes Congress was held at the end of the QIA, during which project teams from across the Network 5 area presented posters and shared their best practices. Vascular access managers, LTC tracking, and bridging gaps to surgical access were highlighted as best practices.

### Barriers

Month to month, steady decline in LTC rates was reported throughout the project until May. In May, data validation became a concern due to issues with electronic transfer of dual accesses from one of the organizations.

### Network 5: Bloodstream Infections (BSI) and Quality Improvement Activity (QIA) by ESRD Network



Source of data: June 2017 NHSN (National Healthcare Safety Network)

## Bloodstream Infection Reduction QIA

### Goals

Network 5 implemented a QIA, Wipe Out, to reduce bloodstream infection (BSI) rates in targeted dialysis facilities by five percent or more between the baseline (first and second quarter of 2016) and re-measurement (first and second quarter of 2017).



### Performance

The graph, Network 5 BSI and QIA by ESRD Network, provided by the ESRD NCC and found on page 16, shows that 16 BSIs were required for reduction to meet goal and that 118 actual BSIs were prevented. Nationally, the Networks reduced 2,406 BSIs in 2017.

### Best Practices

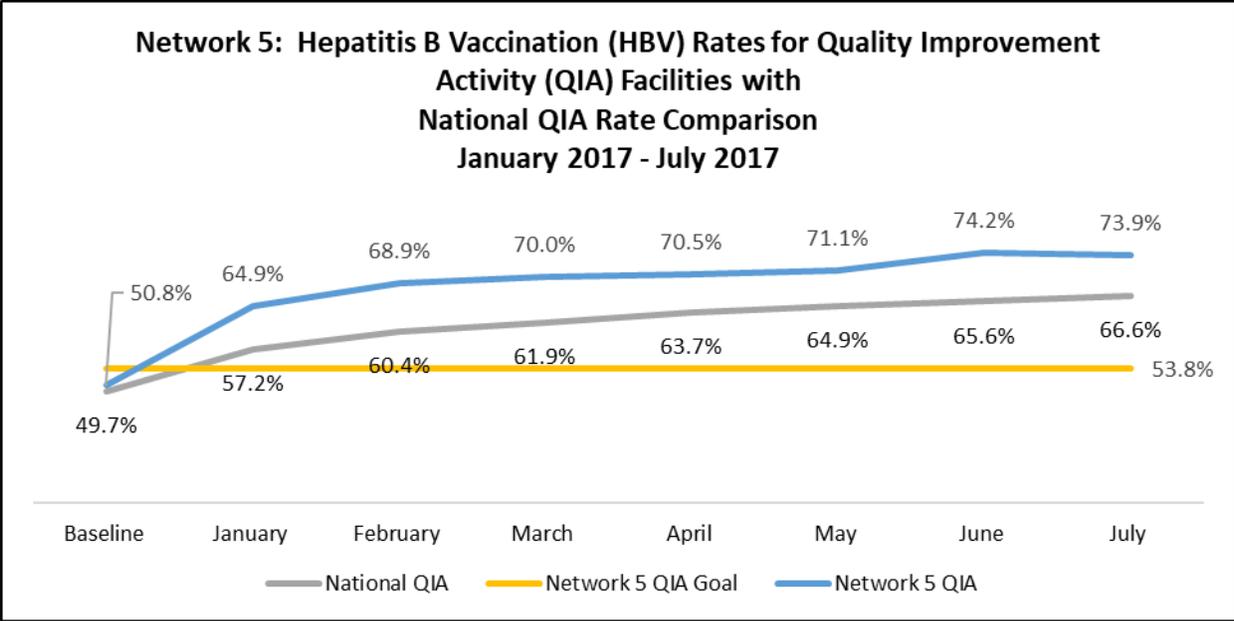
The Network utilized the Institute for Healthcare Improvement (IHI) Model for Improvement to facilitate a multi-prong quality initiative incorporating the nine Centers for Disease Control and Prevention (CDC) Core Interventions in 68 dialysis facilities. Additional best practices included goal setting and data feedback. The Network provided monthly feedback reports for facilities to use in quality improvement; the reports included progress toward goals, comparison to benchmark facilities, and completion of preventative process measures and reporting requirements in the National Healthcare Safety Network (NHSN). Best practices were shared through the Network 5 Learning and Action Network (LAN) webinars and Network Council Meeting. The Network LAN schedule is displayed in the table below.

**Network LAN Schedule**

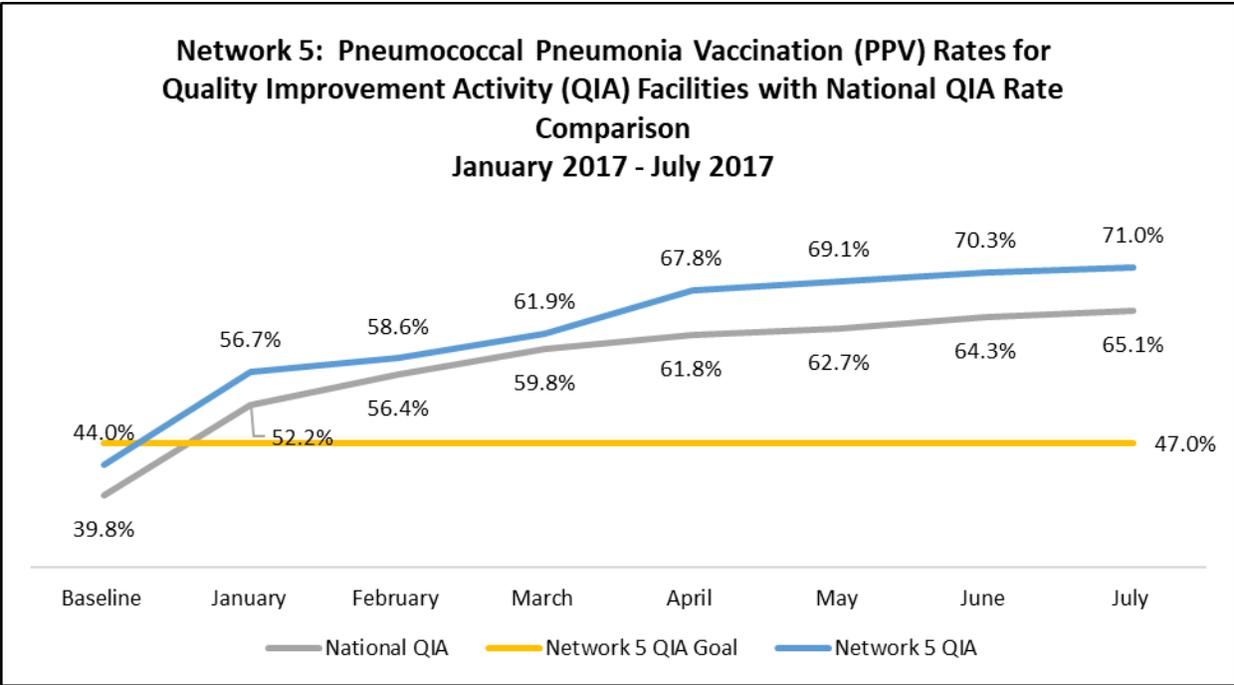
Presenter	Topic	Date	Delivery
Deb Smith BSN, CIC, from HQI & Ericka D'Agata, MD, MPH	Antibiotic Stewardship in Hemodialysis Facilities	3/13/17	Network Webinar
Alan Kliger, MD Nephrologists Transforming Dialysis Safety	Stop Preventable Infections in Dialysis Facilities	7/25/17	Network Webinar
Leslie Wong, MD Nephrologists Transforming Dialysis Safety	Changing the Culture of Dialysis Facilities to Eliminate Infections	10/10/17	Network Council Meeting Breakout Session

### Barriers

Root cause analysis performed by the Network identified wide variances in catheter care policies and procedures. Many facilities do not adhere to the ninth CDC Core Intervention, which recommends the use of antimicrobial ointment at the catheter exit site. An article addressing antimicrobial ointment at the exit site was provided by the CDC and distributed to all of the facilities in the QIA.



Source of data: CROWNWeb



Source of data: CROWNWeb

## Vaccination QIA

### Goals

The Network implemented a QIA, Coverage, to increase hepatitis B (HBV) and pneumococcal pneumonia vaccination (PPV) rates in targeted facilities by three percentage points between the baseline (calendar year 2016) and re-measurement (July 2017).



### Performance

The graph, Network 5 Hepatitis B Vaccination Rates for QIA Facilities, provided by the ESRD NCC and found on page 18, shows that Network 5 had an HBV rate of 50.8 percent at baseline (calendar year 2016) compared to the National QIA rate of 49.7 percent. Network 5 increased the HBV rate to 73.9 percent by re-measurement (July 2017) compared to the National QIA rate of 66.6 percent for the same time period. Network 5 exceeded its goal of 53.8 percent.

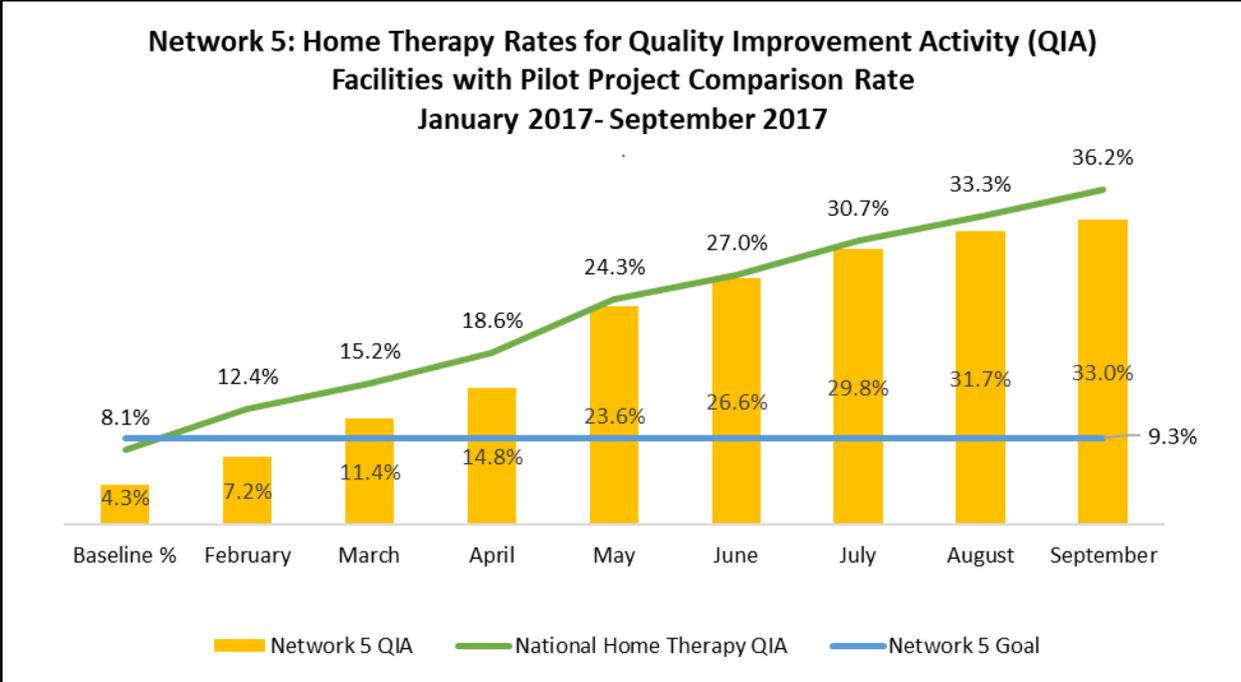
The graph, Network 5 Pneumococcal Pneumonia Vaccination Rates for QIA Facilities, provided by the ESRD NCC and found on page 18, shows that Network 5 had a PPV rate of 44.0 percent at baseline (calendar year 2016) compared to the National QIA rate of 39.8 percent. Network 5 increased the PPV rate to 71.0 percent by re-measurement (July 2017) compared to the National QIA rate of 65.1 percent for the same time period. Network 5 exceeded its goal of 47.0 percent.

### Best Practices

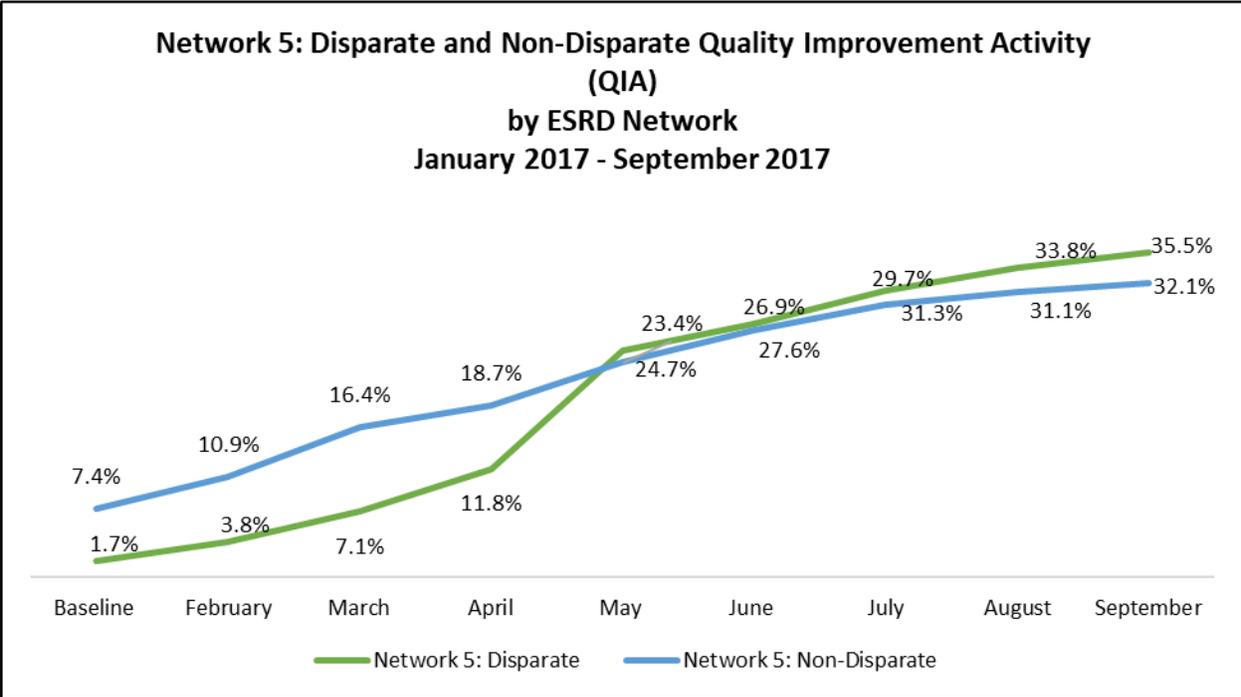
Facilities that employed vaccination managers trained in HBV and PPV protocols had strong vaccination programs. Patient engagement is a core element in a highly effective vaccination program. Best practices were shared during monthly QIA webinars.

### Barriers

The primary barrier identified during this QIA was the lack of electronic data transfer from facilities' electronic medical records (EMR) to CROWNWeb. This project required significant manual data entry.



Source of data: October 2017 ESRD Network Dashboard



Source of data: October 2017 ESRD Network Dashboard

\*Disparate population is African American and non-disparate population White.

## Promoting Appropriate Home Dialysis

### Goals

Network 5 facilitated an AIM 2 QIA, New Shift, to achieve quantitative goals of reducing the identified race disparity by at least one percent and increasing overall home dialysis referral by five percent from baseline (April – September 2016) to re-measurement (September 2017). The qualitative goal was to successfully demonstrate and implement six attributes, listed in the table below. Performance is described in the graphs on page 20.



### Best Practices

Network 5 had an opportunity to identify, test, and implement several best practices through the monthly application of one or more of the qualitative attributes. Best practices are summarized in the table below. Best practices were shared on NCC AIM 2 Work Group Project conference calls, Community of Practice (CoP) calls, webinars, at the annual Network Council meeting, and at the Virginia Commonwealth University (VCU) Langston Center School of Nursing.

#### AIM 2 QIA Best Practices

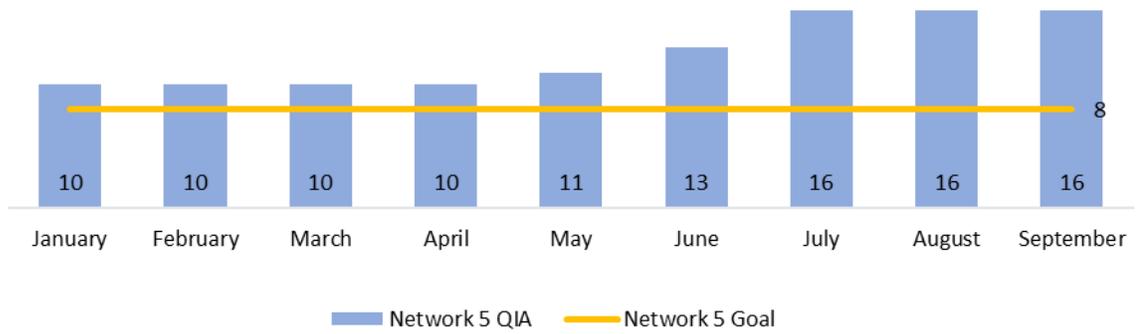
Attribute	Best Practice
Innovation	<p>Shift to Home podcast series – a collection of interviews with patients and care partners on the topic of utilizing home therapies, the challenges of home therapies, and partnering with patients and care partners to engage and promote home therapy.</p> <p>Medical Education Institute Dialysis Decision Aid – an interactive decision aid that allows for patients to self-identify which lifestyle, health, and family values matter most to them and match those values with the dialysis therapy option that best supports what individual patients have identified as most important to them.</p>
Boundarilessness	Collaborated with nephrologist and researcher Dr. Deidra Crews to host the “Disparities in ESRD” webinar.
Rapid Cycle Improvement	Disparity Deep Dive – an adapted report that aids dialysis center staff in identifying and engaging, through chairside communication and one-on-one consultation, with home therapy-eligible patients of the disparate population.
Customer Focus	Analyzed In-center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) patient responses to questions 17, 36, 39, and 40 for all AIM 2 QIA facilities and prepared facility feedback reports that allowed facilities to view ICH CAHPS responses to questions 17, 36, 39, and 40 by patient age, gender, and race to develop facility-level interventions based on responses.
Unconditional Teamwork	#ENGAGE Campaign – interactive patient engagement campaigns developed and executed by dialysis center staff in collaboration with patient representatives to support the promotion of home therapies and self-management, peer-to-peer education and engagement, customer focus, and innovation.
Sustainability	Sustainability Action Plan – a comprehensive plan created by patient representatives and dialysis center staff on actions to sustain the promotion of home therapies, equity among home referrals, and sustained patient engagement and partnership.

### Barriers

Root cause analyses were performed by all QIA facilities prior to implementing monthly intervention(s). The primary root causes identified included lack of patient education and modality options prior to

starting dialysis or being diagnosed with ESRD. Many patients have misconceptions about home therapy. The final barrier was poor or inconsistent home referral tracking and monitoring process at the organizational or facility-level.

**Network 5: Count of Quality Incentive Program (QIP) Quality Improvement Activity (QIA) Facilities That Successfully Completed Plan-Do-Study-Act (PDSA) Cycles and Met the Improvement Target for Three Consecutive Months  
April 2016 - September 2017**



Source of data: October 2017 ESRD Network Dashboard

## Kt/V QIP QIA

### Goals

ESRD Network 5 conducted an AIM 3 QIA, Adequacy and Beyond, to assist underperforming Network facilities in improving their Kt/V adequacy ESRD Quality Incentive Program (QIP) outcome measure. The goal for each of the 10 facilities enrolled in the Network's QIP QIA was to "graduate" from the QIA upon exceeding, for a consecutive three months, the ESRD QIP penalty threshold (93.08%) or achieving a 25-percent relative improvement from the September 2016 comprehensive baseline. The Network's minimum goal was to graduate at least eight of the 10 enrolled facilities out of the QIP QIA by the end September 2017.



### Performance

The graph, Network 5: Count of QIP QIA Facilities That Successfully Completed PDSA and Met the Improvement Target, provided by the ESRD NCC and found on page 23, shows that the Network exceeded the goal of graduating eight facilities by September.

### Best Practices

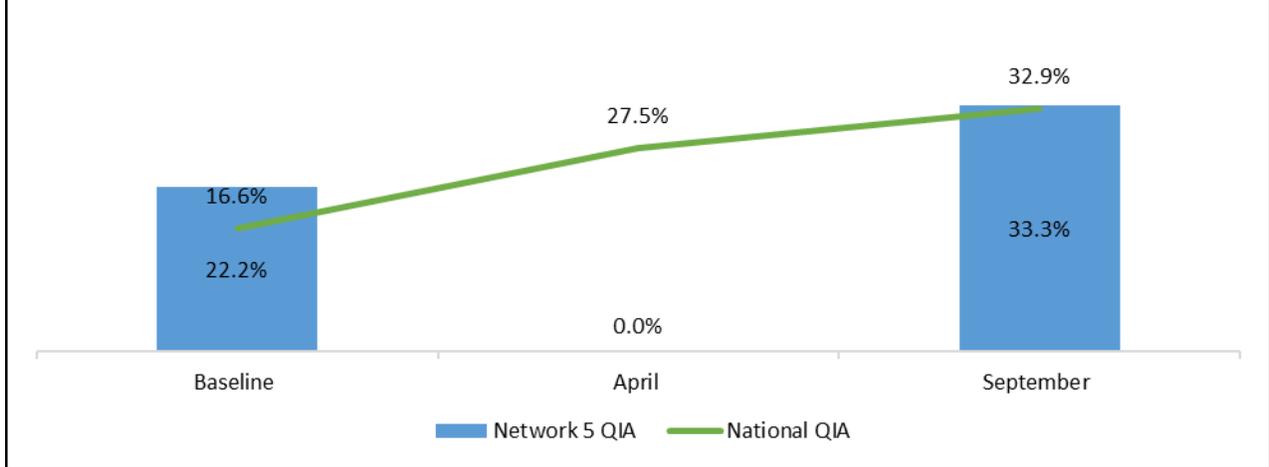
The Network was charged with facilitating the implementation of individual facility root cause analyses (RCA) and Plan-Do-Study-Act (PDSA) cycles to address facility-identified root causes driving poor performance on the Kt/V adequacy measure. The best practices proven to have had a positive impact on the facilities' performance include the use of an online survey tool to solicit, document, and provide to facilities feedback reports of their responses. As a best practice, the Network arranged individual 1-hour planning sessions with each facility to discuss the primary patient-, access-, prescription-, and staff-related factors driving poor performance and help facilities devise an initial PDSA cycle to address the greatest contributing factor(s). Another best practice that positively impacted facility Kt/V performance was engaging the facilities in a simultaneous CROWNWeb data cleanup project that focused heavily on reconciling discrepancies in CROWNWeb related to inaccurate patient Kt/V values and patient dialysis treatment information (e.g., session per week, type of dialysis treatment, and type of dialysis training) and ensuring that appropriate facility staff were aware of the facility/dialysis provider batch date. The latter best practice was shared with the National Coordinating Center (NCC), on NCC AIM 3 Work Group calls, and on webinars.

### Barriers

Root cause analyses were performed by all QIP QIA facilities prior to implementing PDSA cycles. The primary three root causes identified by facilities as barriers to exceeding the standard QIP threshold were

- 1) Patient-related factors (e.g., shortened treatments, missed treatments, patient refusal/resistance to permanent dialysis access)
- 2) Dialysis access-related factors (e.g., patient refusal/resistance to permanent dialysis access, long-term catheter in place, delayed fistula maturation, delay to vascular surgery)
- 3) Dialysis prescription factors (e.g., decreased treatment time, low blood flow rate)

**Network 5: Bloodstream Infection Reporting Rates for National Healthcare Safety Network (NHSN) Data Quality Improvement Activity Facilities with National QIA Rate Comparison  
September 2016 - September 2017**



Source of data: September 2017 NHSN (National Healthcare Safety Network)

## NHSN Data Quality QIA

### Goals

The Network implemented a QIA, Improving NHSN Data Quality, to improve hospital/dialysis community communication by increasing the number of positive blood cultures identified in the hospital over baseline (September 2016).



### Performance

The graph, Network 5: Bloodstream Infection Reporting Rates for NHSN Data QIA, provided by the ESRD NCC and found on page 25, shows that Network 5 had a BSI reporting rate of 22.2 percent at baseline (September 2016) compared to the National QIA rate of 16.6 percent. Network 5 increased the BSI reporting rate to 33.3 percent by re-measurement (September 2017) compared to the National QIA rate of 32.9 percent for the same time period. Network 5 met the goal to increase reporting.

### Best Practices

Network 5 only used a health information exchange (HIE) to improve communication between a dialysis facility and hospital. Dialysis providers must overcome barriers to obtain lab results from hospitals, as most freestanding outpatient dialysis facilities do not have access to hospital electronic health record (EHR) systems. Dialysis facilities can request admission and treatment records from hospital medical records departments, but the disclosure of information could take days to weeks. When patients miss treatments, dialysis facility staff often complete follow-up calls and learn of patients' hospitalizations. However, this notification does not provide relevant or detailed clinical information (e.g., lab results) to the dialysis providers to ensure a seamless return of patients to dialysis post-hospitalization. HIEs eliminate time spent faxing or calling other providers for clinical information by providing data transparency among healthcare providers. Access to an HIE increases accessibility to healthcare data, which in turn provides dialysis facilities with more complete patient health records to identify, treat, and communicate about BSIs diagnosed in acute care hospitals.

### Barriers

The primary barrier to this QIA was the Network not being able to access the clinical query portal due to legalities; therefore the Network was not able to validate facility reporting to ensure all BSIs were being reported to NHSN.

# ESRD NETWORK

# RECOMMENDATIONS

**Facilities that Consistently Failed to Cooperate with Network Goals**

There were no facilities that consistently failed to cooperate with Network goals in 2017.

**Recommendations for Sanctions**

No sanction recommendations were made to CMS in 2017.

**Recommendations to CMS for Additional Services or Facilities**

The Network has no recommendations for additional facilities.