

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.

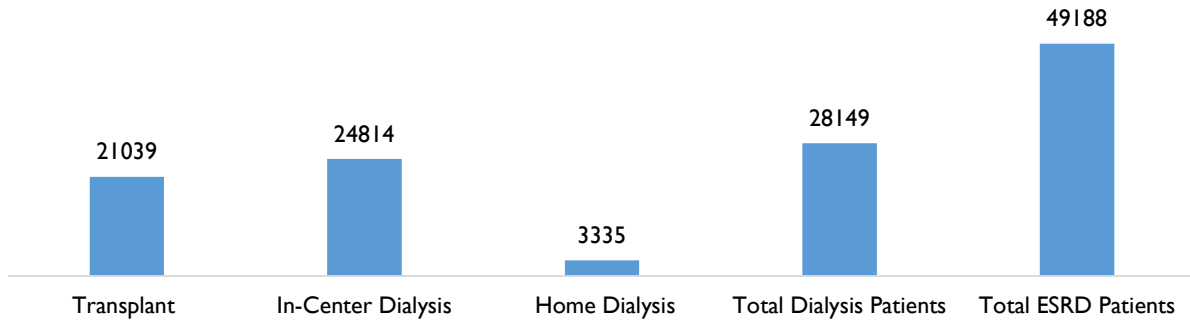
ESRD Network 11

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ESRD Demographic Data

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

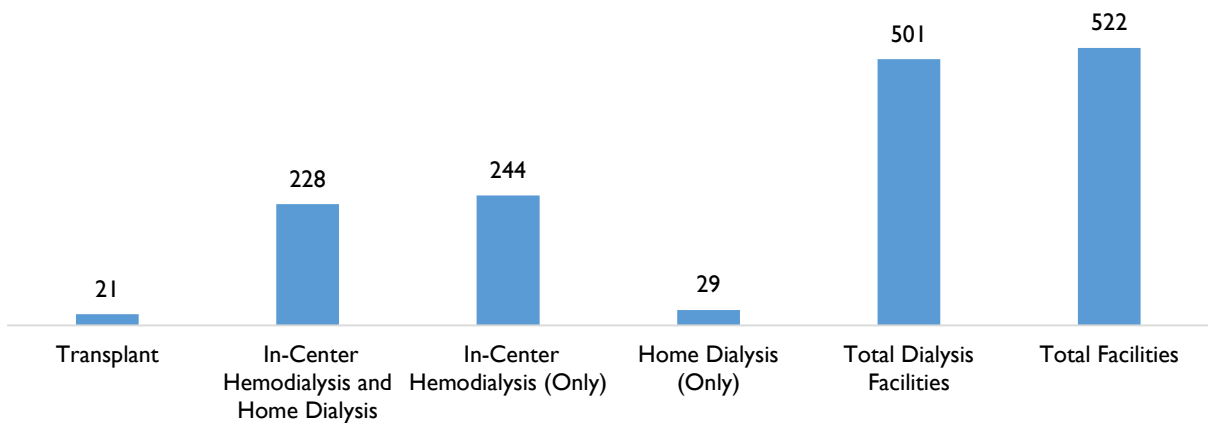


Total Dialysis Patients = In-Center Dialysis + Home Dialysis

Total ESRD Patients = Transplant + Total Dialysis Patients

Source of data: CROWNWeb

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

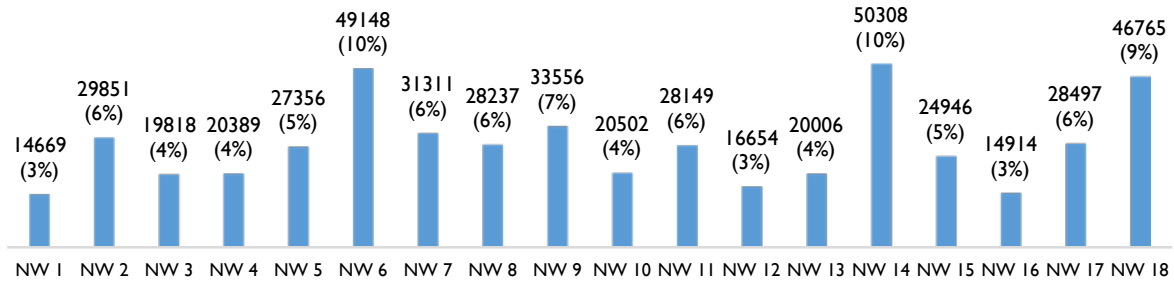


Total Dialysis Facilities = In Center Hemodialysis and Home Dialysis and In-Center Hemodialysis (Only) plus Home Dialysis (Only)

Total Facilities = Transplant and Total Dialysis Facilities

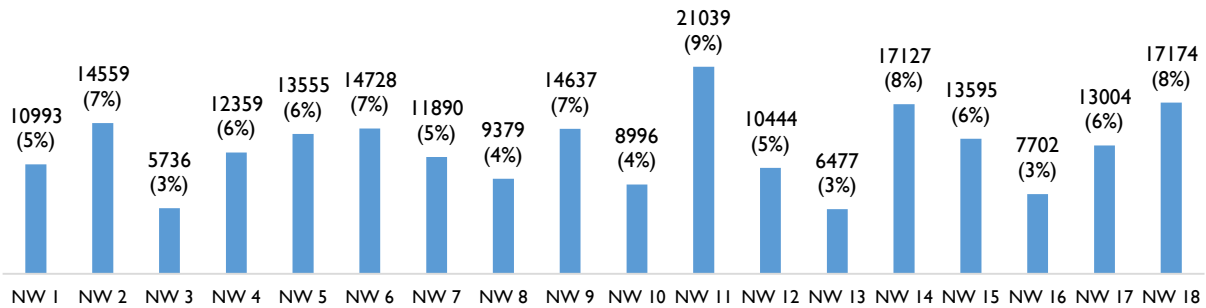
Source of data: CROWNWeb

**National: Count of Prevalent Dialysis Patients (Home and In-Center) by ESRD Network with Percent of Total
As of December 31, 2017**



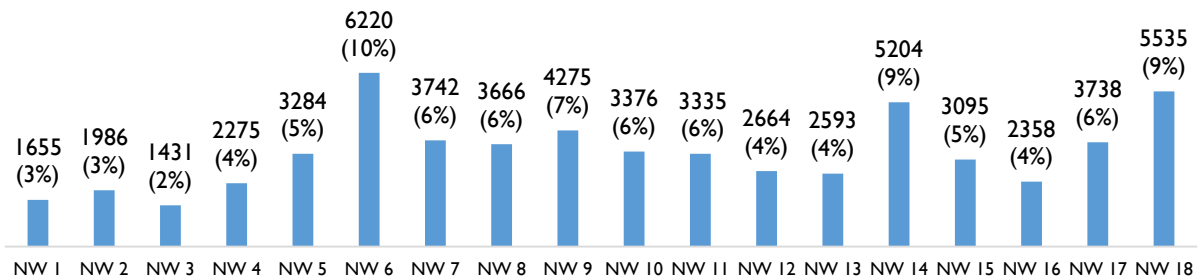
Source of data: CROWNWeb

**National: Count of Transplant Patients by ESRD Network with Percent of Total
As of December 31, 2017**

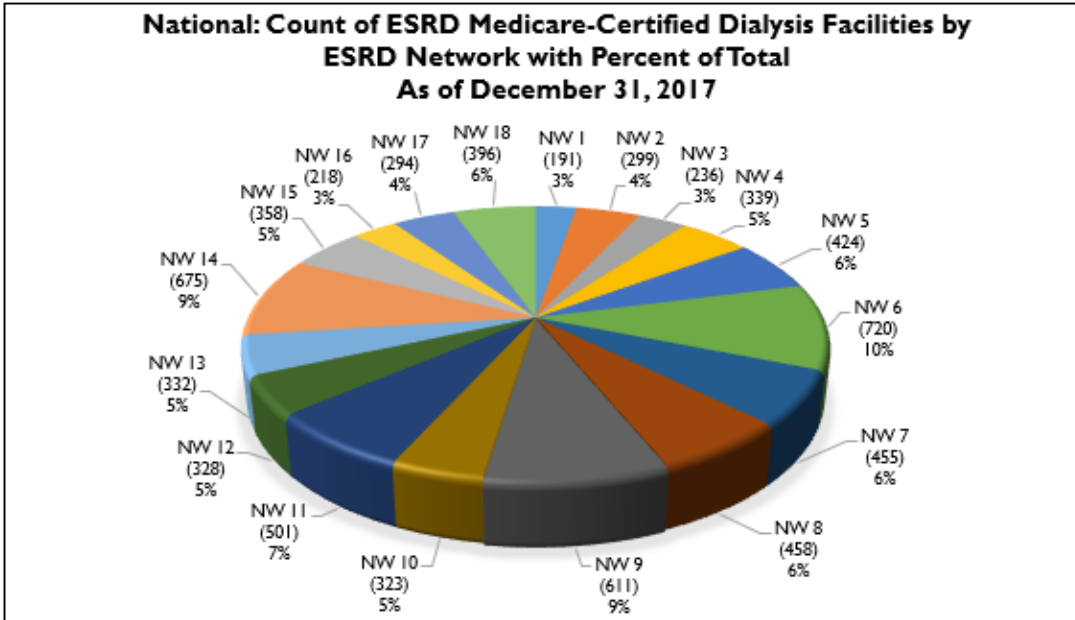


Source of data: CROWNWeb

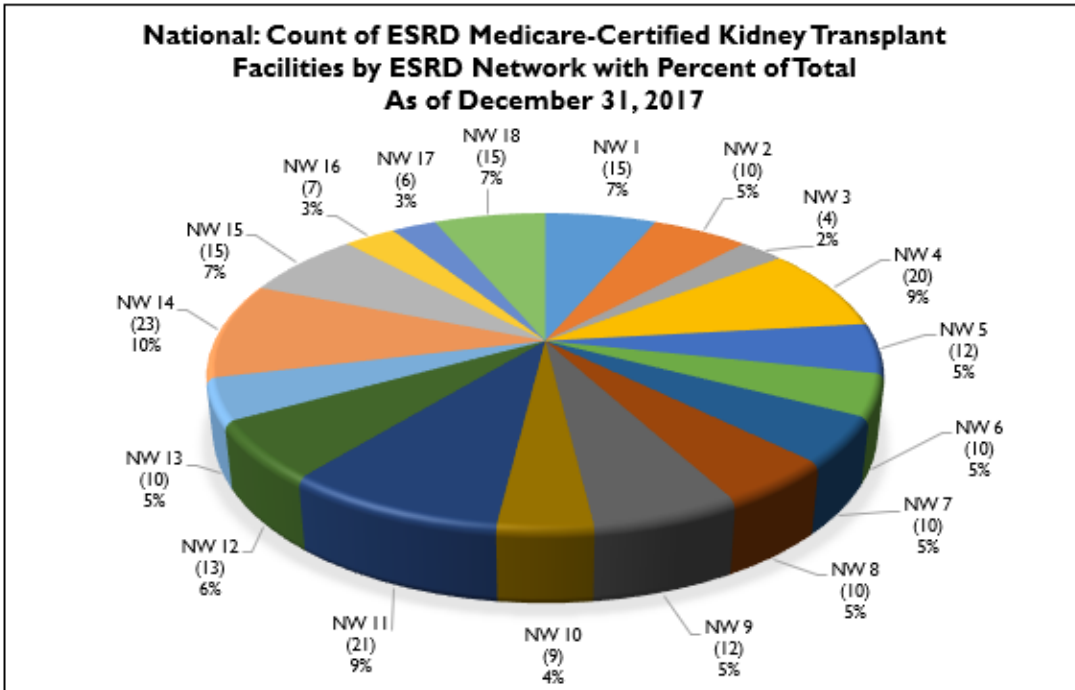
**National: Count of Prevalent Home Hemodialysis and Peritoneal Dialysis Patients by Network with Percent of Total
As of December 31, 2017**



Source of data: CROWNWeb



Source of data: CROWNWeb



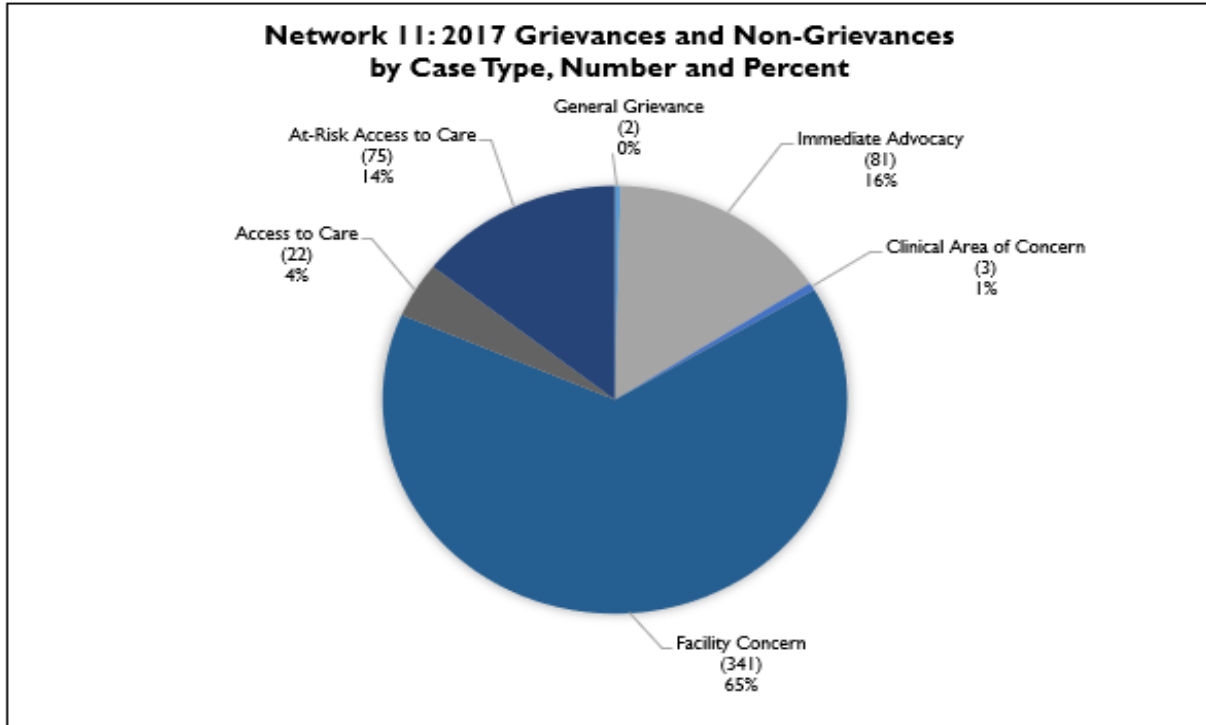
Source of data: CROWNWeb

ESRD Network Grievance and Access to Care Data

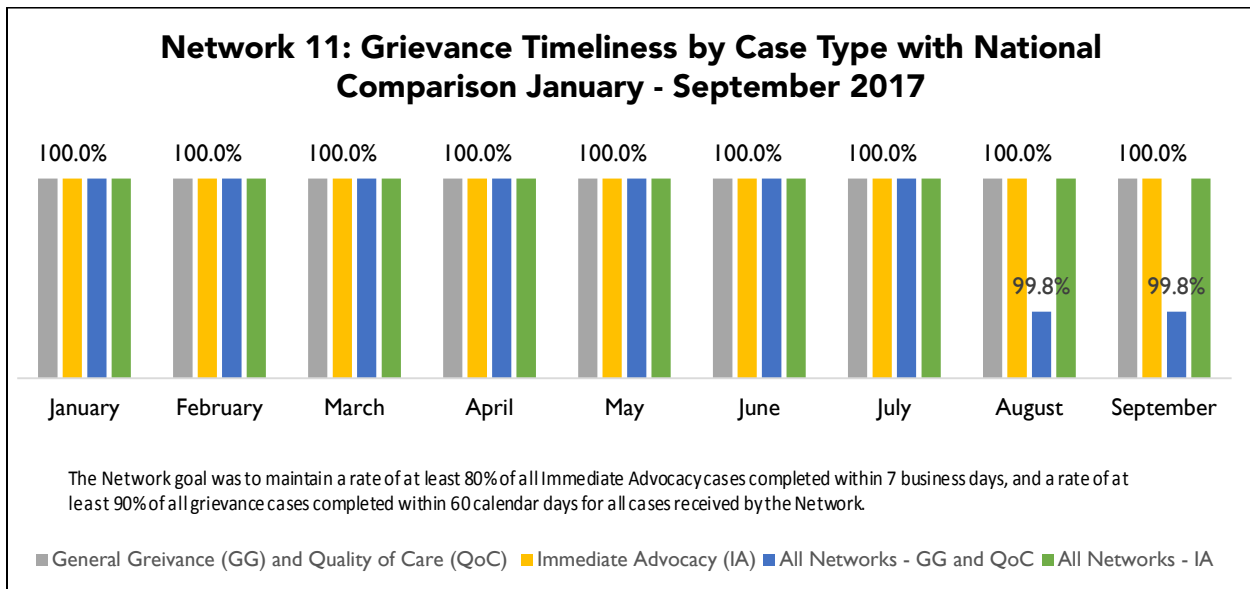
Network 11: Grievance Data for Calendar Year 2017

Category	Cases
Grievance Cases	86
General Grievance	2
Immediate Advocacy	81
Clinical Area of Concern	3
Non-Grievance Cases	438
Facility Concern	341*
Access to Care: Confirmed Involuntary Transfer/Discharge (IVT/IVD) Note: This includes 11 Facility Concerns that have a patient Discharge.	22
At-Risk Access to Care	75
Additional Case Information	
Averted IVT/IVD	0
Failure to Place	1
Total Cases 2017	524

Source of data: Patient Contact Utility (PCU)

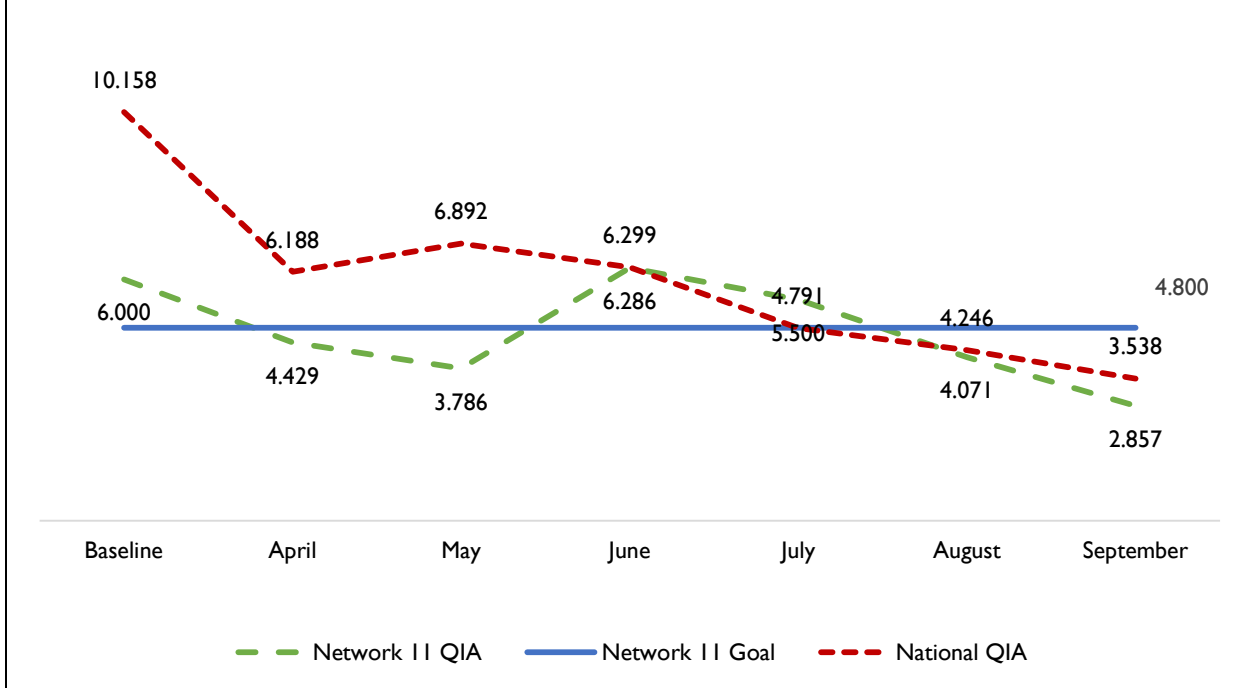


Source of data: Patient Contact Utility (PCU)



Source of data: October 2017 ESRD Network Dashboard

**Network 11: Average Grievance Scores for Grievance Quality Improvement Activity (QIA) with National QIA Rate Comparison
March 2016-August 2017**



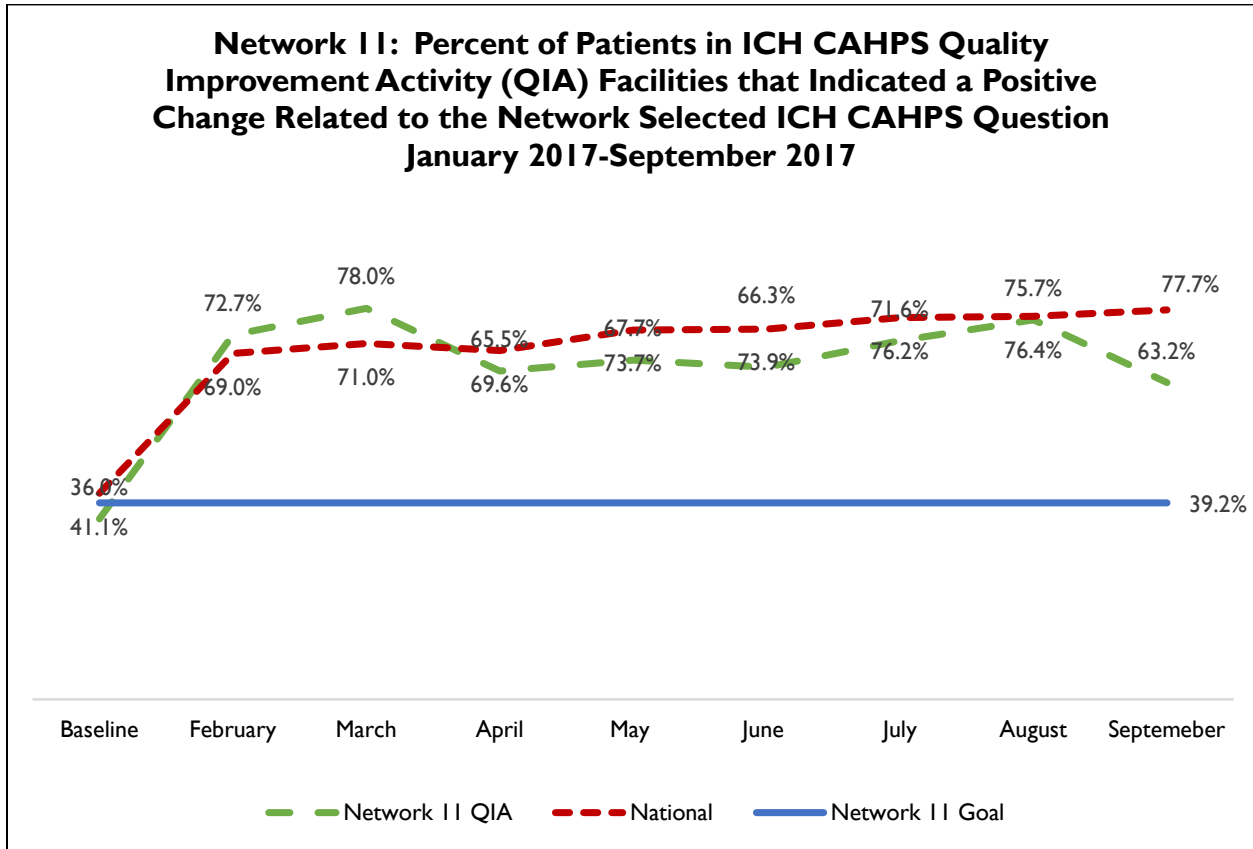
Source of data: October 2017 ESRD Network Dashboard

**Midwest Kidney Network (ESRD Network 11)
Improving the Grievance Process at the Dialysis Facility Level Project Summary**

What was the goal?	Improve the facility-level grievance process and enhance patient-staff communication by assisting dialysis facilities to resolve grievances before they escalate to the Network level.
How were patients engaged?	<p>Patients are engaged in this project in the following ways.</p> <ul style="list-style-type: none"> • Patient representatives joined the project planning workgroup • Patients served as faculty for all educational presentations • Patients were surveyed regarding their perception of the facility grievance process and our role • Patients were interviewed by phone regarding their perceptions of the facility grievance process
Which facilities were in the project?	<p>Fourteen (14) dialysis facilities selected for this project were identified through a focused review of Network received grievances for 2016. Facilities participating in this project represent a diversity of urban/rural, inner city/suburban, Large Dialysis Organization facilities, and independent facilities.</p>
What were the interventions?	<p>Educational webinars for dialysis facilities covering the following topics:</p> <ul style="list-style-type: none"> • Project overview • Sharing Best Practices • Introducing the Grievance Toolkit developed by the National Forum of ESRD Networks • Customer Service • Monthly phone contacts with participating facilities to review grievances and facility level resolution • Patient Survey of the facility grievance process to be used to identify educational needs • Phone calls with patient volunteers to assess the dialysis facility and Network grievance processes
What were the results?	<p>We met our goal with a 52% relative improvement in the average grievance score.</p>
Lessons Learned	<ul style="list-style-type: none"> • Dialysis facilities need input from patients to help understand how to prevent concerns that could escalate into grievances. • Dialysis facilities with active patient councils show more improvement than those without the patient councils.

ESRD Network Quality Improvement Activity (QIA) Data

ICH-CAHPS Quality Improvement Activity



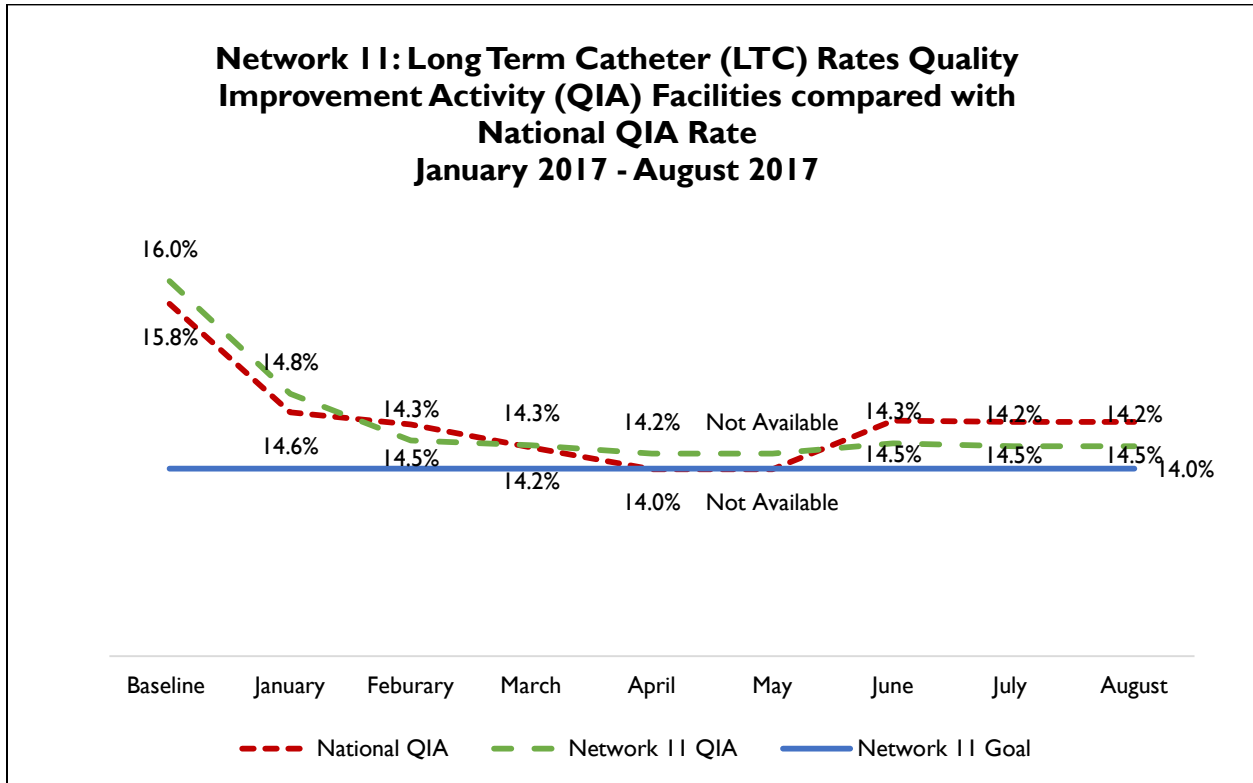
Source of data: October 2017 ESRD Network Dashboard

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

**Midwest Kidney Network (ESRD Network 11)
Improved Dialysis Patient Understanding about Peritoneal Dialysis Project
Summary**

What is the goal?	Achieve a $\geq 5\%$ relative improvement in patient acknowledgement of receiving information about peritoneal dialysis (PD).
How were patients engaged?	Two subject matter experts with peritoneal dialysis experience volunteered to be part of this project. They were especially helpful in identifying concerns regarding health literacy.
Who was in the project?	Twenty-eight (28) dialysis facilities serving about 1,800 patients were selected for this project. Selection was based on percent of negative responses to question #39 regarding peritoneal dialysis from the ICH CAHPS survey (In-Center Hemodialysis Consumer Assessment of Healthcare Provider Services).
What were the interventions?	<ul style="list-style-type: none"> • Educational webinar covering health literacy and methods for discussing home dialysis with patients. • Periodic conference calls with project facilities to identify barriers to patient understanding and best practices. • Distributed home dialysis brochure and video. • Promoted home dialysis education to facility staff and patients using strategies such as lobby days, educational lunches, and one-on-one education from a PD nurse. • Formed a workgroup of staff and patients to establish creative and effective teaching methods for modality education.
What were the results?	Network 11 met and exceeded its goal with a 76% relative improvement in patient responses.
Lessons Learned	<ul style="list-style-type: none"> • Increased emphasis on health literacy is an important intervention. Patients need to hear information in a manner in which they understand. • A variety of educational materials and methods are necessary as part of the modality education program.

Reducing Long-Term Catheter Rates Quality Improvement Activity

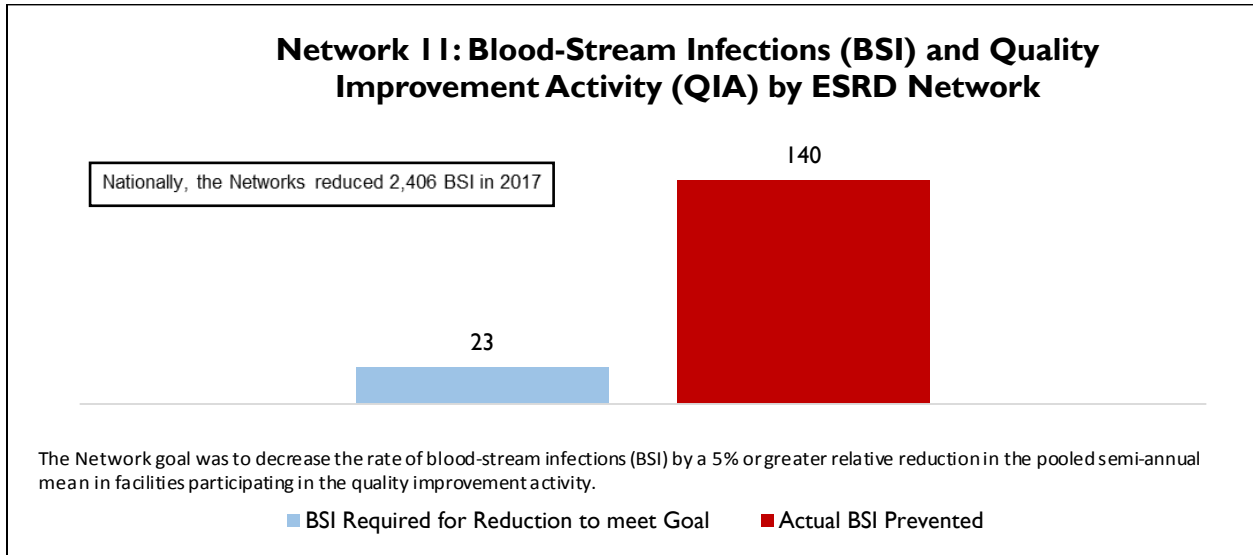


Source of data: CROWNWeb

**Midwest Kidney Network (ESRD Network 11)
Reduce Long Term Catheter Rates for Prevalent Patients Project Summary**

What was the goal?	Reduce the rate of long-term catheters in the cohort of facilities with a long-term catheter in use rate of $\geq 10\%$ by 2%. Baseline = 16% and Goal = 14%.
How were patients engaged?	Patients were engaged in the planning process and in producing the educational brochure.
Which facilities were in the project?	All 228 dialysis facilities were included that had long-term catheter (LTC) rates $\geq 10\%$ as of 9/2016. The 228 dialysis facilities had an aggregate LTC rate of 16%.
What were the interventions?	<p>Project facilities were divided into 5 tiers, dependent on facility level LTC rate:</p> <ol style="list-style-type: none"> 1. On-site focused review: n=9 2. National workgroup: n=15 3. Regional chain workshops: n=12 4. Off-site record review: n=24 5. Educational webinar: n=168 <ul style="list-style-type: none"> • Four calls were conducted with the medical directors of specific project facilities to assess their level of engagement and encourage increased involvement. • In each on-site focused review, Network staff met with senior leadership of the facility to encourage partnership with the Network in reducing LTC rates. • Monthly progress reports were sent to all project facilities comparing them to their goal and to other facilities in the project. • An educational brochure for patients was revised and distributed to all project facilities. <ul style="list-style-type: none"> - The Network 11 Consumer Committee worked in conjunction with Network staff to revise and reformat the brochure. - A survey was sent to selected facilities for evaluation. Overall, facilities liked the brochure and evaluated its effectiveness as 4 out of 5 with 5 being best.
What were the results?	Network 11 reduced the rate of patients using a long-term catheter by 1.2%. The greatest improvement was seen in facilities that received an onsite focused review. These facilities decreased their LTC rate by 5.3%.
Lessons Learned	<ol style="list-style-type: none"> 1. Medical director involvement is essential for decreasing LTC rates. 2. Further work needs to be done to identify new and continuing barriers to reducing long term catheters.

Reducing Blood-Stream Infections Quality Improvement Activity

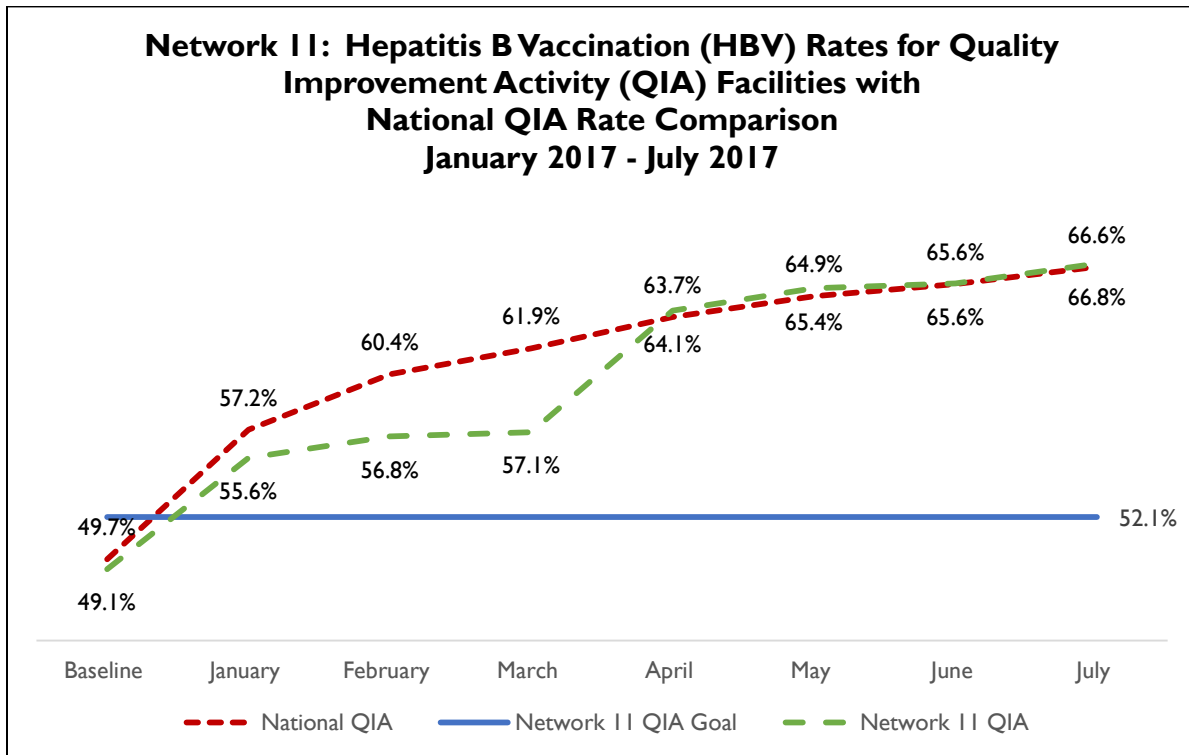


Source of data: June 2017 NHSN (National Healthcare Safety Network)

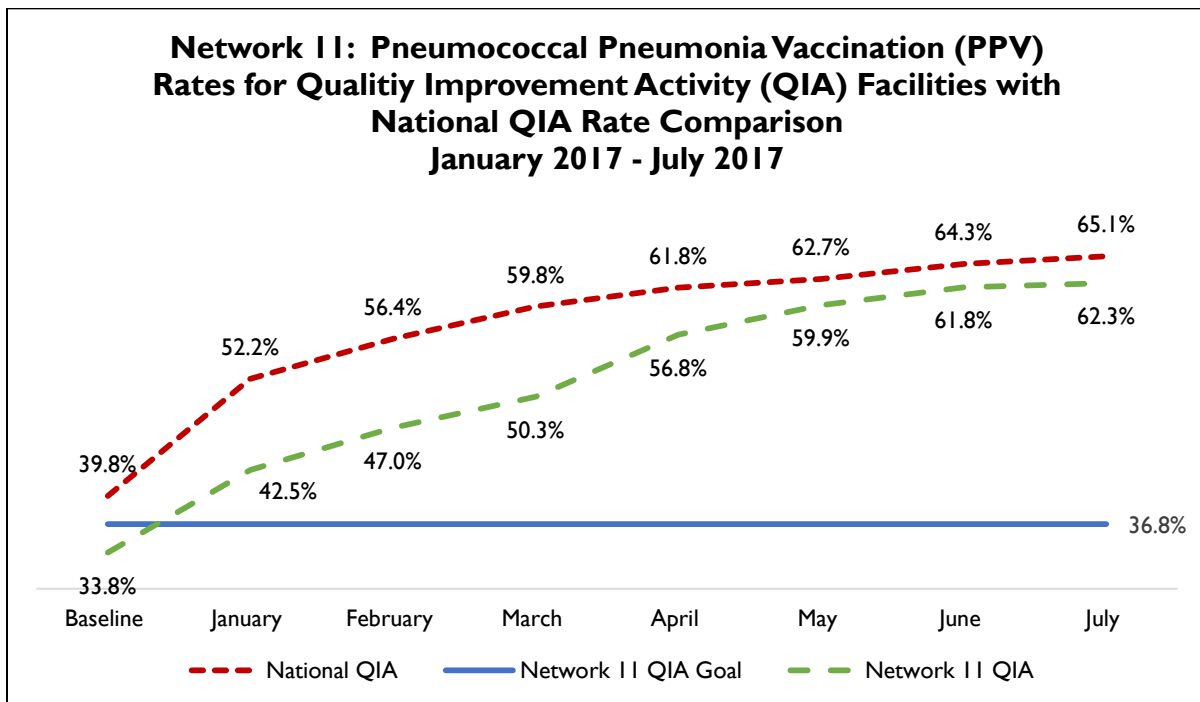
**Midwest Kidney Network (ESRD Network 11)
Decrease Rates of Blood Stream Infections Project Summary**

What was the goal?	Decrease bloodstream infection (BSI) rates in in-center hemodialysis patients from Jan-Jun 2016 to Jan-Jun 2017 by a \geq 5% relative reduction.
How were patients engaged?	Two subject matter experts from the Consumer Committee volunteered to be part of the planning process for this project. These patient Subject Matter Experts contributed to preparing the work plan and designing the interventions.
Which facilities were in the project?	110 in-center dialysis facilities were included in this project. These facilities demonstrated medium-high BSI rates based on January - June 2016 NHSN data.
What were the interventions?	Interventions included the following: <ul style="list-style-type: none"> - Facility-specific root cause analysis - Monthly coaching calls based on CDC Core Interventions Best practice facility stories Patient stories - Monitoring of monthly infection control audits as demonstrated in NHSN - Monthly comparative data reports showing progress towards goal
What were the results?	Network 11 met and exceeded its BSI reduction goal with a 32% relative improvement.
Lessons Learned	<ul style="list-style-type: none"> • Increased patient involvement will assist dialysis facilities in their development of more patient-centered interventions. • Use of the monitoring tools in NHSN is essential to promote sustainability. • Periodic instructional webinars are important to maintain facility skill levels with NHSN.

Increasing Hepatitis B and Pneumococcal Pneumonia Vaccinations



Source of data: CROWNWeb

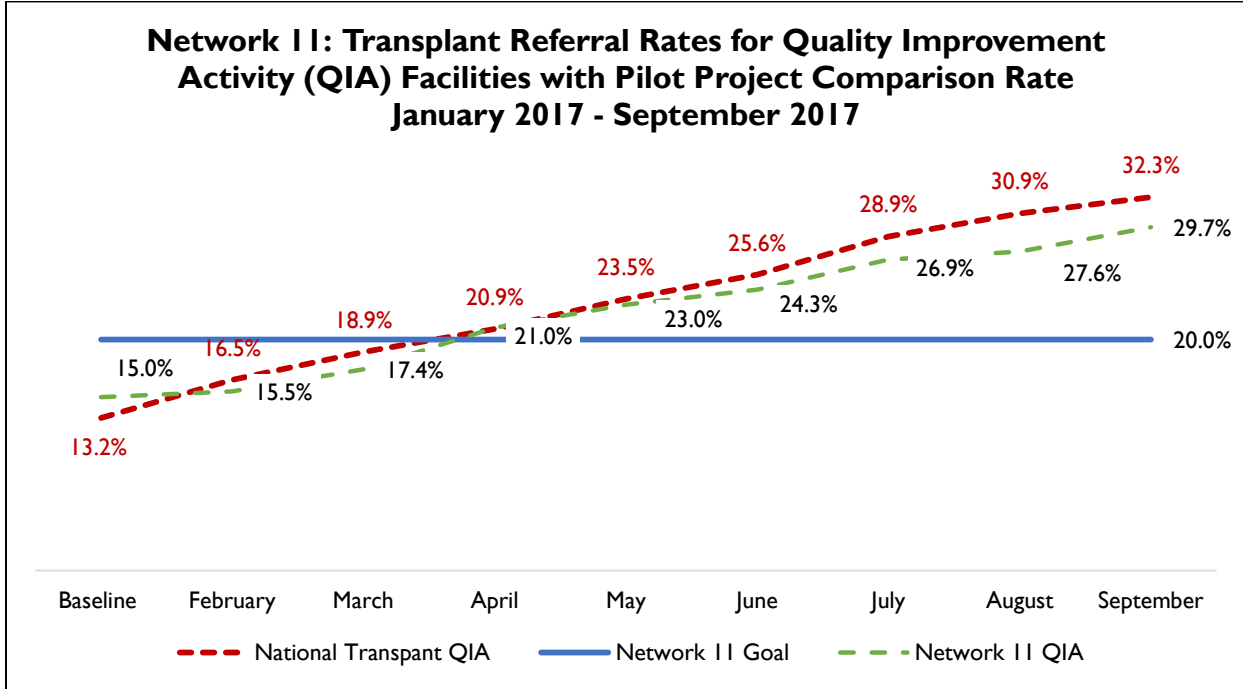


Source of data: CROWNWeb

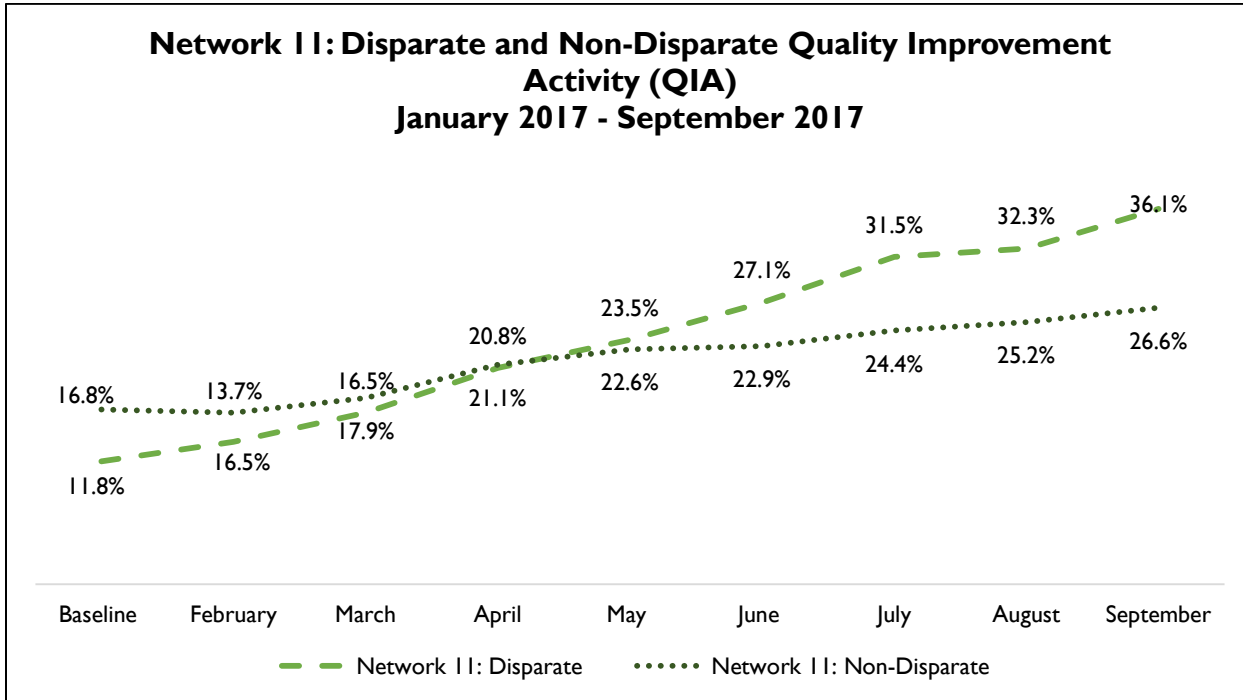
**Midwest Kidney Network (Network 11)
Increase Hepatitis B and Pneumococcal Pneumonia Vaccination Rates Project
Summary**

What was the goal?	Increase the percent of dialysis patients receiving a full Hepatitis B (HBV) vaccination series <u>and</u> Pneumococcal Pneumonia (PPV) vaccination by at least 3% for each vaccination.
How were patients engaged?	Two patient subject matter experts volunteered to be an integral part of the planning of this project and contributed to the development of interventions.
Which facilities were in the project?	Twenty-six (26) dialysis facilities serving about 2,600 patients were selected for this project. The facilities had vaccination rates < 60% for both HBV and PPV. Dialysis units using batch submission and single-user data entry into CROWNWeb were selected to discern between data entry issues and actual vaccination concerns.
What were the interventions?	<ol style="list-style-type: none"> 1. Educational webinars were conducted on <ul style="list-style-type: none"> - Importance of vaccination; - Motivational interviewing; and - Effect of refusing vaccinations on the entire family. 2. One-on-one technical assistance was given to those facilities having problems with data entry. 3. On-site root cause analysis with one regional chain was performed to determine barriers preventing patients from being vaccinated.
What are the results?	Network 11 met and exceeded its goal of 3% improvement: HBV: 18% improvement, and PPV: 31% improvement.
Lessons Learned	<ol style="list-style-type: none"> 1. Facilities continue to need education regarding the importance of immunizations for ESRD patients. 2. For dialysis facilities having difficulty with CROWNWeb, one-on-one education is the most effective intervention.

Increasing Transplant Referral Quality Improvement Activity



Source of data: October 2017 ESRD Network Dashboard



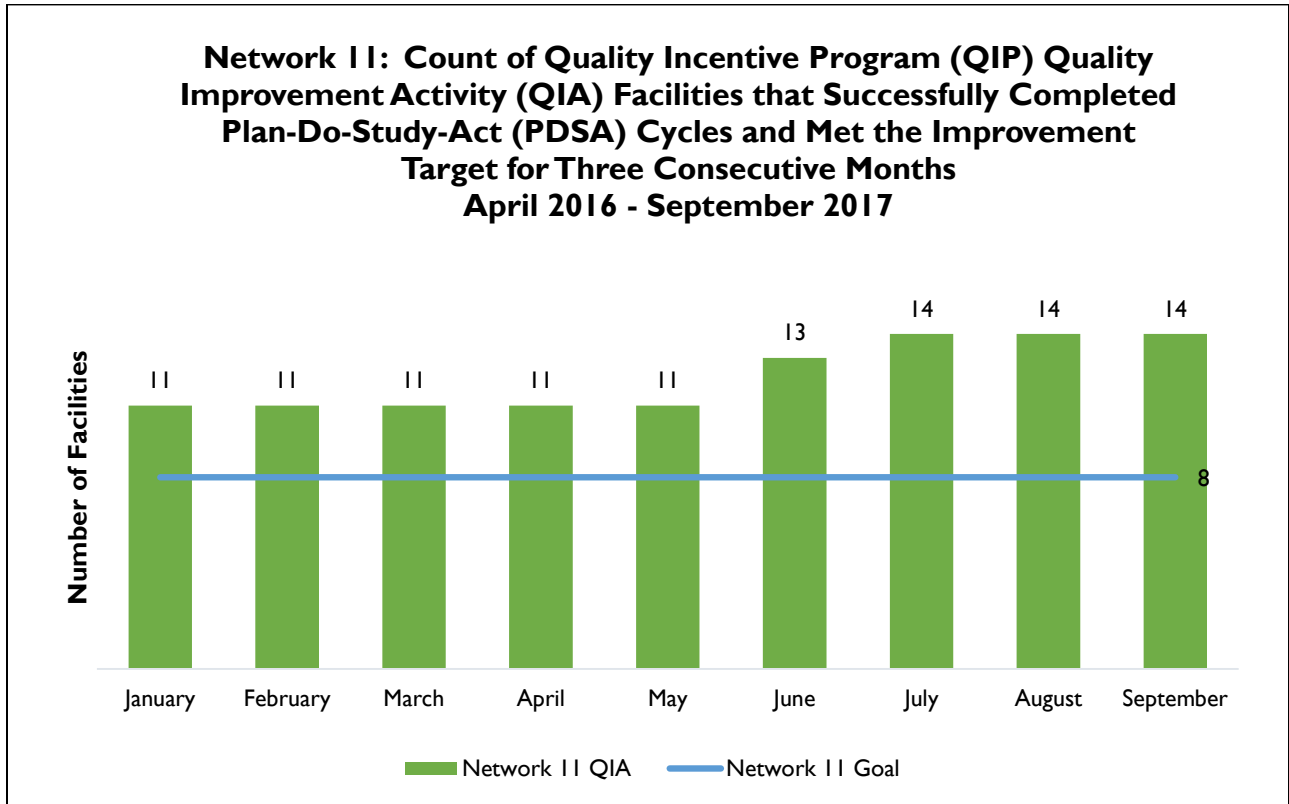
Source of data: October 2017 ESRD Network Dashboard

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

**Midwest Kidney Network (ESRD Network 11)
Increasing Kidney Transplant Referral Project Summary**

What was the goal?	Increase the percent of patients referred for kidney transplant by 5% and decreases the racial disparity (African American vs. white) by 1% in the cohort of project facilities.
How were patients engaged?	Two kidney transplant patients from the Consumer Committee volunteered to be part of this project and were instrumental in developing the work plan and the interventions. <ul style="list-style-type: none"> - Patient Subject Matter Experts were interviewed regarding educational needs of patients contemplating kidney transplantation. - Patients were faculty on webinars. - Patients participated in developing a patient-centric e-learning module regarding transplantation.
Which facilities were in the project?	Twenty (20) dialysis facilities from a single Large Dialysis Organization (LDO) were selected for this project. These facilities serve approximately 1,400 dialysis patients (5% of dialysis patient population served in the Network 11 region).
What were the interventions?	<ol style="list-style-type: none"> 1. Educational webinars were conducted <ul style="list-style-type: none"> - New UNOS (United Network of Organ Sharing) transplant wait listing rules - Healthcare disparity - Patient educational needs 2. Educational materials distributed 3. E-learning module developed and distributed 4. Patient interviews and promotion of peer mentor programs
What were the results?	Network 11 met and exceeded its goals. Baseline referral – 15%/Re-measurement – 29.7% (14.7% improvement) Baseline disparity – 5%/Re-measurement – -9.4% (14.4% improvement)
Lessons Learned	<ol style="list-style-type: none"> 1. Close collaboration between dialysis facility and transplant center is important for educational purposes as well as encouraging patients to seek transplant referral. 2. Peer-to-peer interventions lead to increased interest in transplant referral.

Quality Incentive Program Quality Improvement Activity

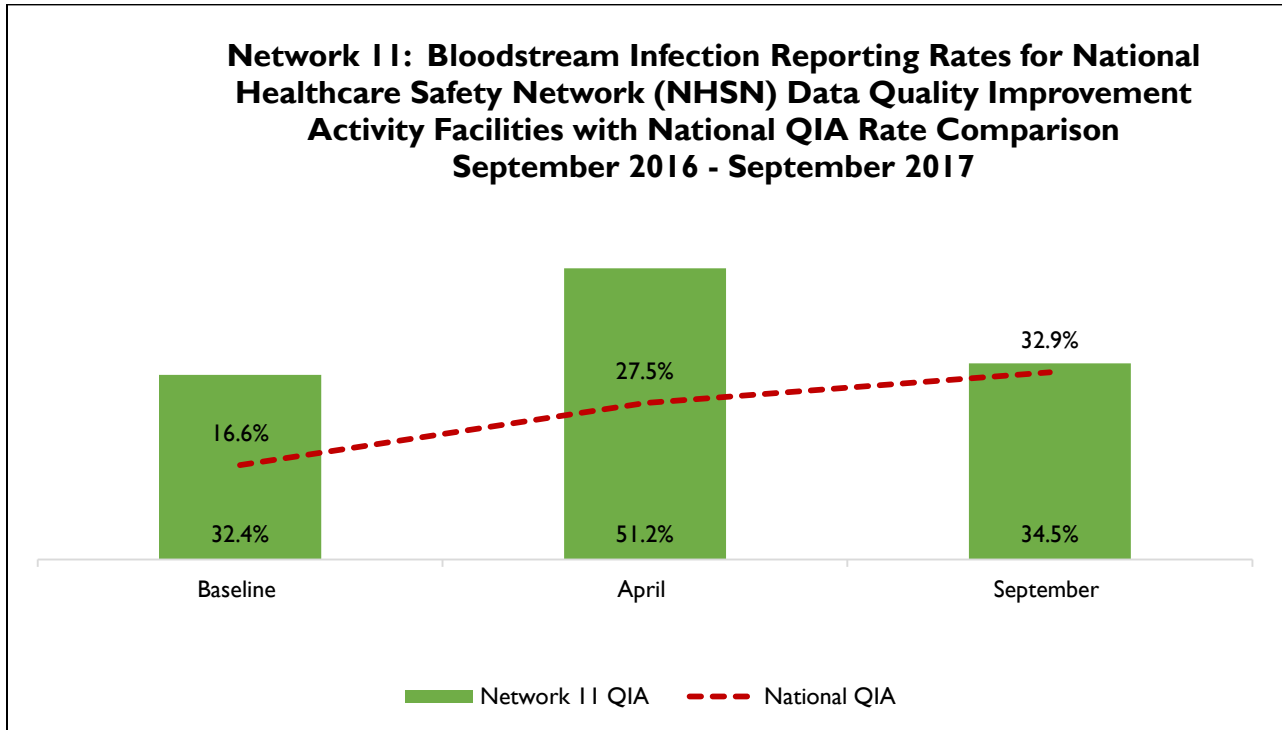


Source of data: October 2017 ESRD Network Dashboard

Meeting Quality Incentive Program Requirements Project Summary

What was the goal?	Improve in-center hemodialysis adequacy outcomes by 25% or meet the Quality Incentive Program performance standard (percent of patients with Kt/V \geq 1.2) for CY 2017, which is 93.6%.
Which providers were in the project?	Ten dialysis facilities were selected for this project. These facilities had points deducted in the Payment Year 2017 Quality Incentive Program due to hemodialysis adequacy.
What were the interventions?	<ul style="list-style-type: none"> • Midwest Kidney Network provided education about performing root cause analysis and the cycle of Plan, Do, Study, Act. Implementing these processes, dialysis facility staff learned more about quality improvement techniques and ways to apply this to other healthcare issues. • Midwest Kidney Network shared resources for addressing missed or shortened dialysis treatment times and for dialyzing patients with a high body mass index. • Target dialysis facilities implemented tracking sheets, and Midwest Kidney Network provided monthly feedback reports to the target facilities. • Target dialysis facilities reviewed Kt/V in weekly/monthly meetings of dialysis staff. During these meetings, dialysis facility staff also reviewed lab and adequacy data and the tracking form for individual patients and facility trends. • Target facilities reviewed dialysis adequacy in monthly meetings on Quality Assessment and Performance Improvement (QAPI).
Lessons Learned	<p>The following were key lessons learned during this project.</p> <ul style="list-style-type: none"> • Dialysis units need to educate patients on CVC and vascular access options-review current prescription with MD. Address reasons for poor BFR with CVC. • Continue to adjust new patient prescriptions to target goal and check kt/v. • Use tracking record to establish current cannulation and needle size to achieve adequate BFR to meet adequacy goal-while maintaining integrity of access.

National Health Care Safety Network Quality Improvement Activity



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

**Midwest Kidney Network (ESRD Network 11)
Improving Accuracy of Reporting in
National Healthcare Safety Network Project Summary**

What is the goal?	Increase the percent of bloodstream infections (BSI) reported to NHSN that were identified in the hospital within the first day of hospitalization
How are patients engaged?	One patient from the Consumer Committee volunteered to be part of the workgroup for this project, providing vital input on project design and interventions.
Which providers were in the project?	Twenty (20) dialysis facilities and 5 hospitals within one region of Network 11 were selected based on the following criteria: <ul style="list-style-type: none"> - Low number of reported BSIs/100 patient months; - Reported difficulty in obtaining lab results from hospitals; - Provider type.
What were the interventions?	<ol style="list-style-type: none"> 1. Educational webinars <ul style="list-style-type: none"> - General infection control information and information specific to dialysis - NHSN data entry strategies - Available electronic health information exchange (HIE) 2. Regular contact with each participating facility to review data, identify barriers and develop strategies for communication with hospital infection preventionists 3. Expanded Network 11's knowledge of Health Information Exchanges (HIE) by conducting informational phone calls with local HIE experts
What were the results?	Network 11 met the goal by increasing the percent of bloodstream infections (BSIs) reported to NHSN that were identified in the hospital within the first day of admission from 32.4% to 34.5%.
Lessons Learned	<ol style="list-style-type: none"> 1. It is important to get the right hospital contacts. Each hospital/system may have a different person. 2. Face to face introductions to hospitals may assist in breaking down barriers of communication 3. QIO/QIN collaboration is helpful.

Facilities that Consistently Failed to Cooperate with Network Goals

In 2017, no End Stage Renal Disease provider in this 5-state region was cited for failing to cooperate or meet goals of the Midwest Kidney Network.

Recommendations for Sanctions

Midwest Kidney Network monitors ESRD facilities in this region against annually updated Midwest Kidney Network's Recommended Treatment goals. In 2017, the Network did not recommend any sanctions or alternative sanctions.

Recommendations to CMS for Additional Services or Facilities

As illustrated in the table below, there are 511 dialysis facilities and 21 kidney transplant centers in the Midwest Kidney Network (ESRD Network 11) service area.

State	Dialysis Facilities	Kidney Transplant Centers
Michigan	216	8
Minnesota	125	5
North Dakota	16	2
South Dakota	25	2
Wisconsin	129	4
Total	511	21

In 2017, 12 new dialysis facilities opened and six closed. The increase in dialysis facilities appears to align with the patient population and the treatment modalities of patients. The Network has not identified a specific need for additional ESRD facilities or services in this service area.