ESRD NETWORK 2018 ANNUAL REPORT

ESRD Network 11

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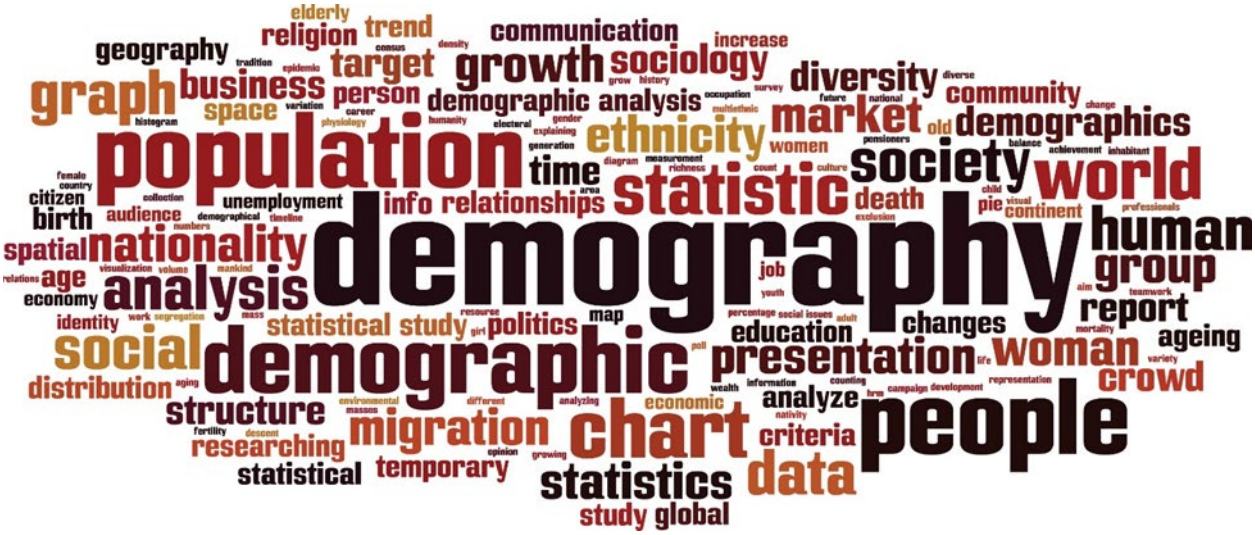
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women
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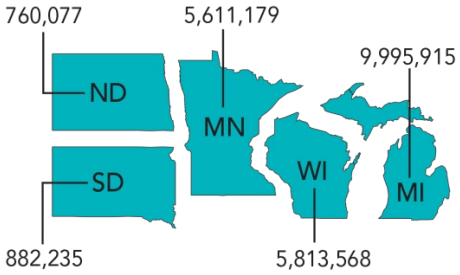
continent
job
elderly
increase

ESRD DEMOGRAPHIC DATA

Midwest Kidney Network (End Stage Renal Disease Network 11)

Midwest Kidney Network (MKN) is an independent, nonprofit organization working to assess and improve the care of chronic kidney disease patients. We serve a five-state region: Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin.



General Population by State, 2018
US Census Estimates

Geography and Population Density

Our service area covers more than 350,000 square miles and spans three time zones. More than 23 million people live in this five-state region. About 70% reside in the metropolitan areas of Detroit, Milwaukee, and Minneapolis-Saint Paul, while about 30% reside in rural areas.

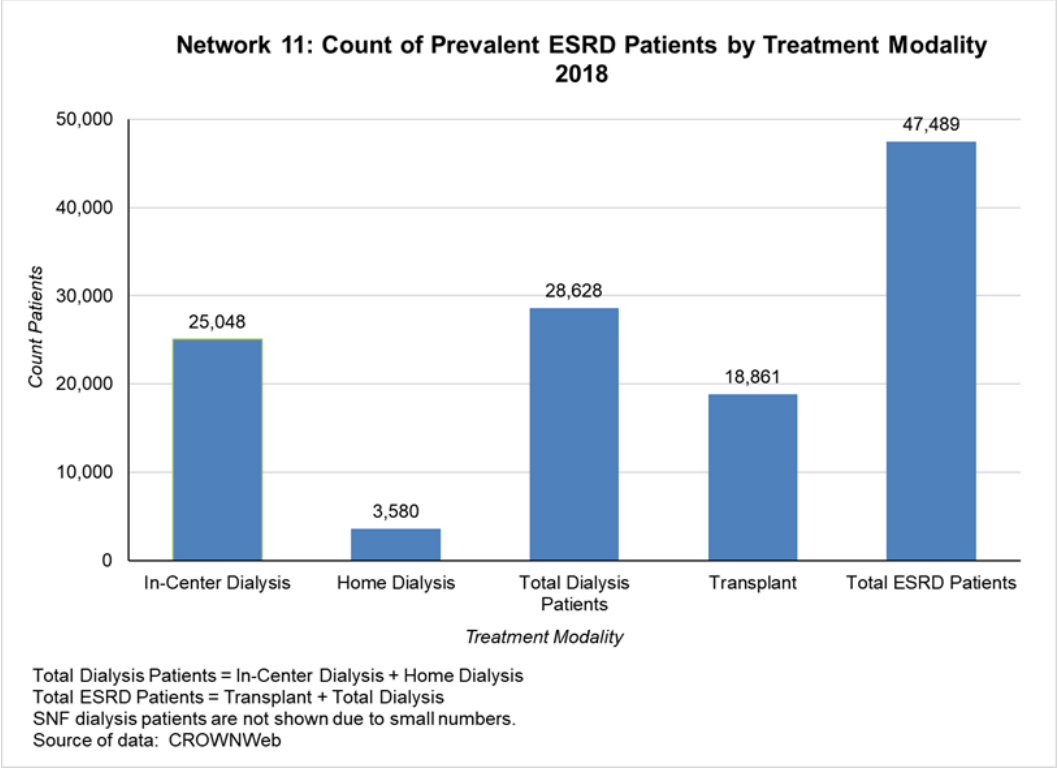
Diverse Populations

The following are notable points about the population in our five-state region as African Americans and Native Americans have a disproportionately higher incidence of kidney disease.

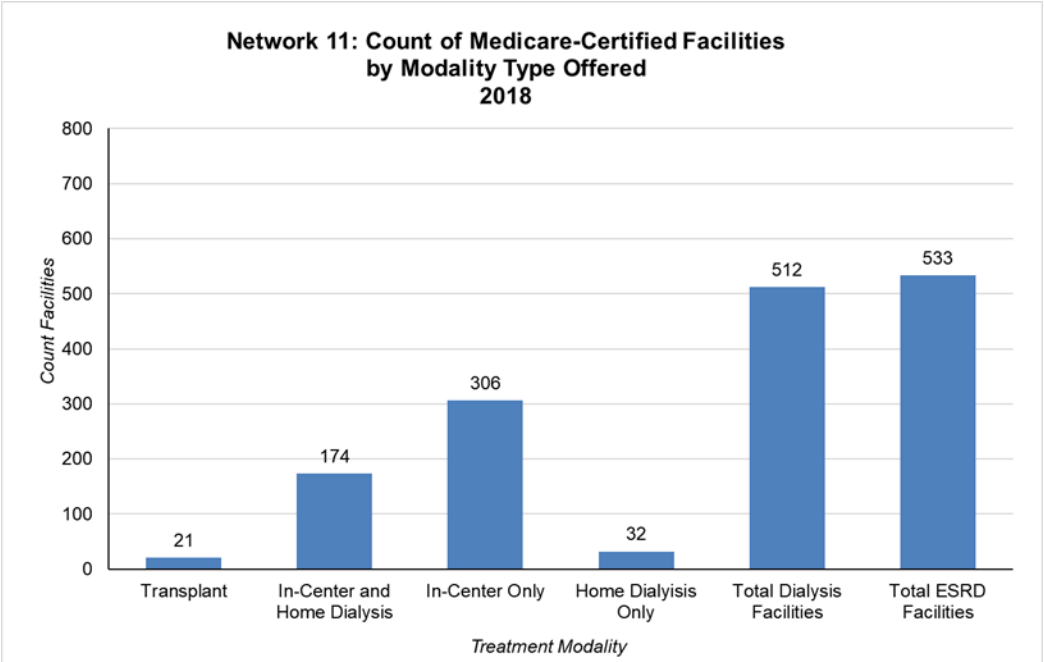
- At 82%, Detroit, Michigan has the highest percentage of African American population in a US City.
- Midwest Kidney Network's five-state area contains more than fifteen Native American reservations with some of the largest populations in the United States.
- People of color populations have increased faster in Minnesota than the rest of the nation since 2010.

End Stage Renal Disease (ESRD) in Midwest Kidney Network Region

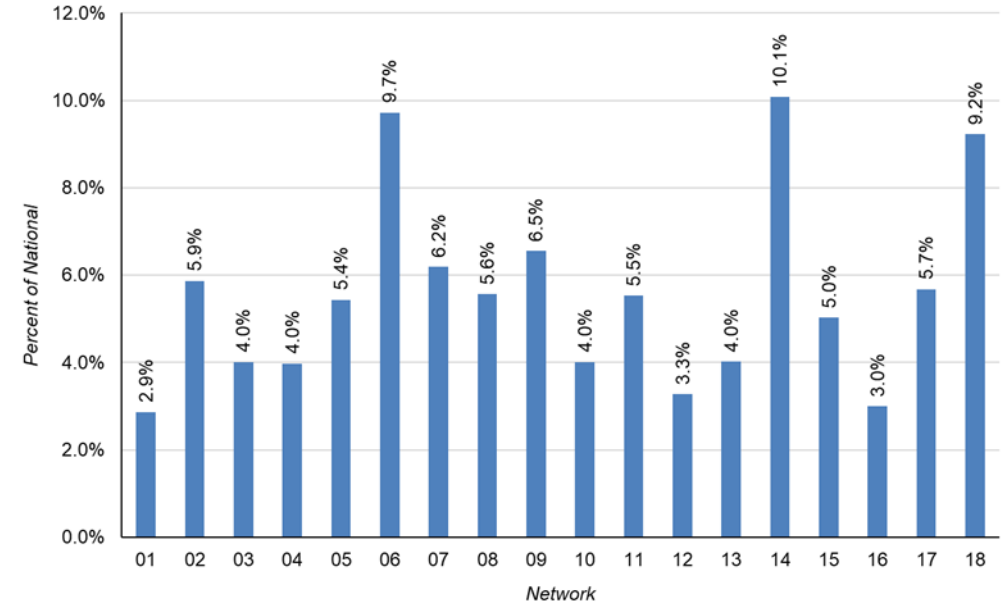
Midwest Kidney Network collaborates with 533 ESRD providers. Of the dialysis providers in this 5-state region, 41% are affiliated with Davita, 32% are affiliated with FMC, 12% are affiliated with a regional chain, and 15% are independent.



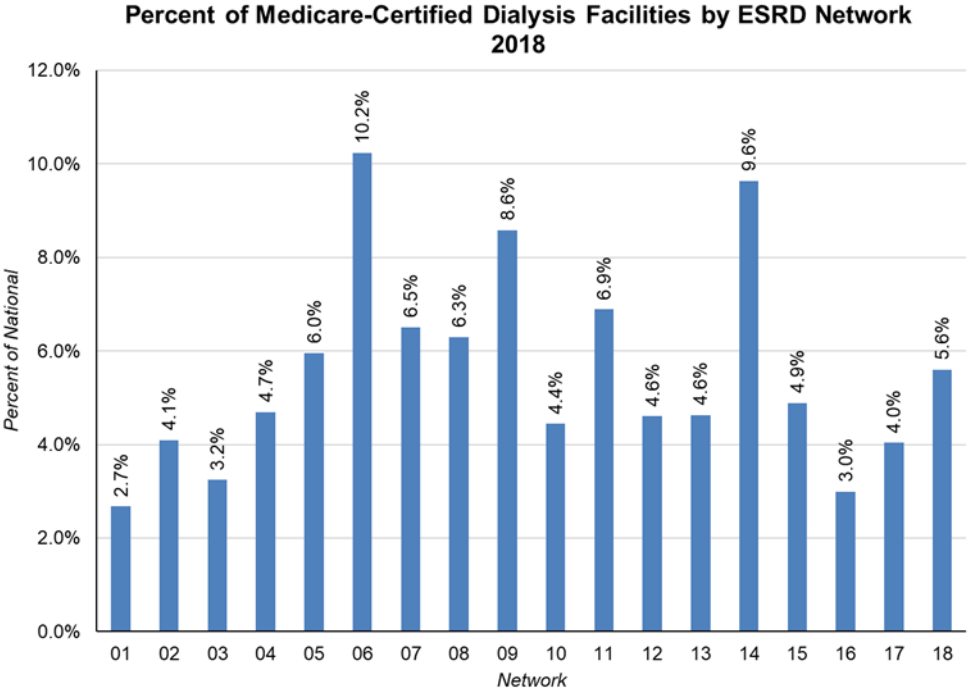
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: CROWNWeb



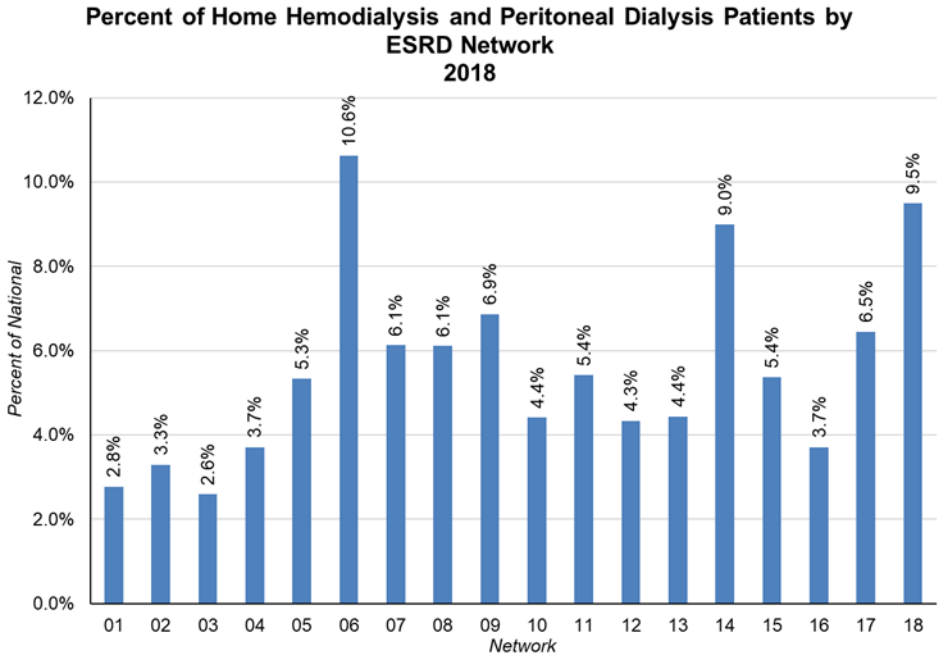
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: CROWNWeb



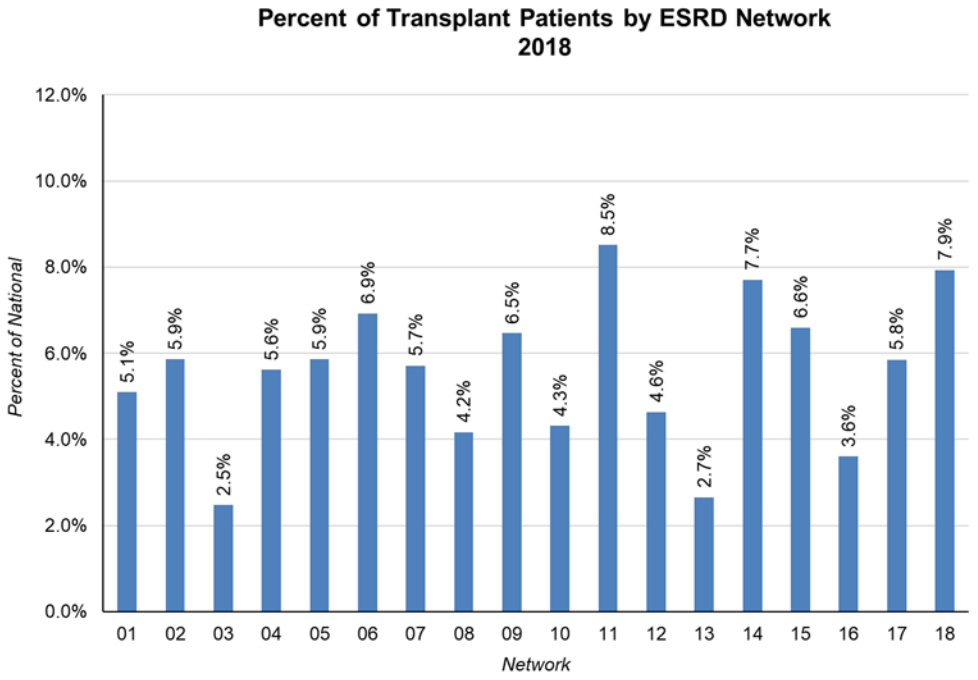
National total dialysis patients: 518,106
Source of data: CROWNWeb



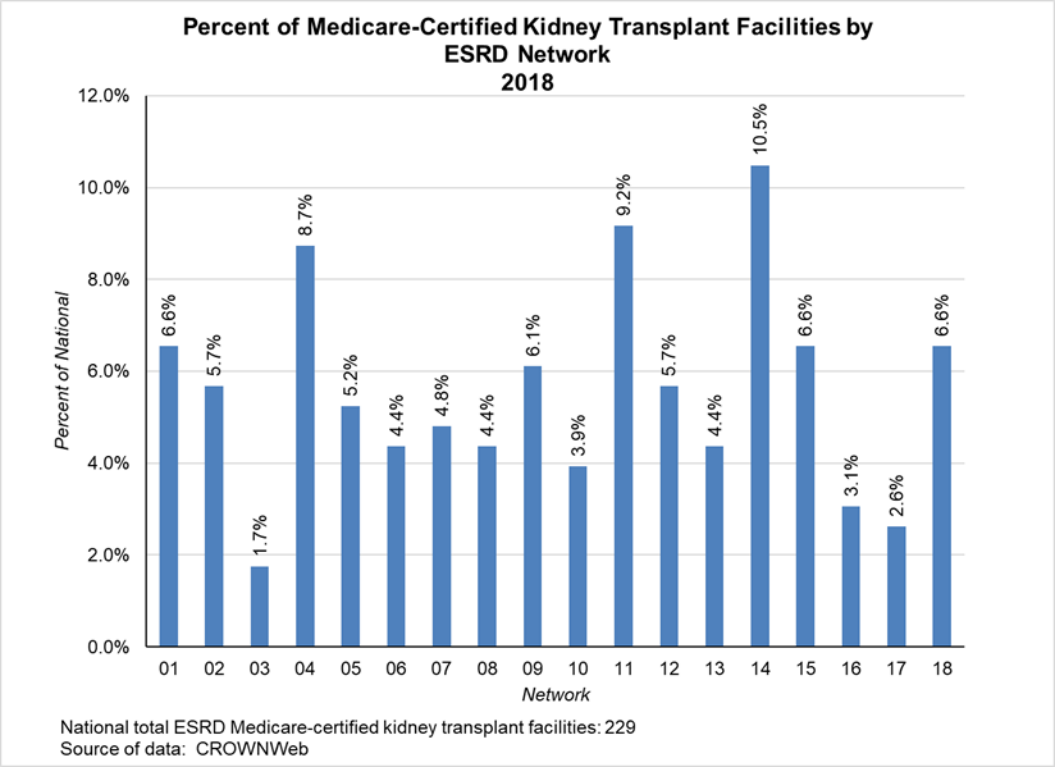
National total ESRD Medicare-certified dialysis facilities: 7,431
Source of data: CROWNWeb



National total home hemodialysis and peritoneal dialysis patients: 61,826
Source of data: CROWNWeb



National total transplant patients: 221,497
Source of data: CROWNWeb


Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network
2018
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Percent of National
6.6%
5.7%
1.7%
8.7%
5.2%
4.4%
4.8%
4.4%
6.1%
3.9%
9.2%
5.7%
4.4%
10.5%
6.6%
3.1%
2.6%
6.6%
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18
Network
National total ESRD Medicare-certified kidney transplant facilities: 229
Source of data: CROWNWeb


compromise
negotiate
negotiation
settlement
agreement
communication
understanding
business
agree
mutual
compromised
compromising
negotiating
concessions
contract
acceptance
argument
successful
partnership
tolerance
meeting
balance
demand
deal
dispute
give up
benefit
cooperation
success
arrangement
mediation
argue
handshake
give
discussion
discuss
debate
truce
adjustment
solution
resolve
problem
settle
conflict
strategy
relationship
share
beneficial
risk
pact
diplomacy
teamwork

ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

Goals

- Improve the facility-level grievance process by enhancing patient-provider communication.
- Improve patient satisfaction with the grievance process at the Network level.

Working with People on Dialysis with Concerns

The Network responded to 116 calls from patients and provided support, strategies, options, and assistance. Staff were intentional in their individualized customer service and incorporated the following best practices into their discussions with patients:

- Informed them that they will be contacted for follow-up on satisfaction with the process.
- Explained the grievance process and what Midwest Kidney Network can do to address their grievance.
- Reassured callers that their concern was important to us.
- Sent letter thanking the patient for their call.

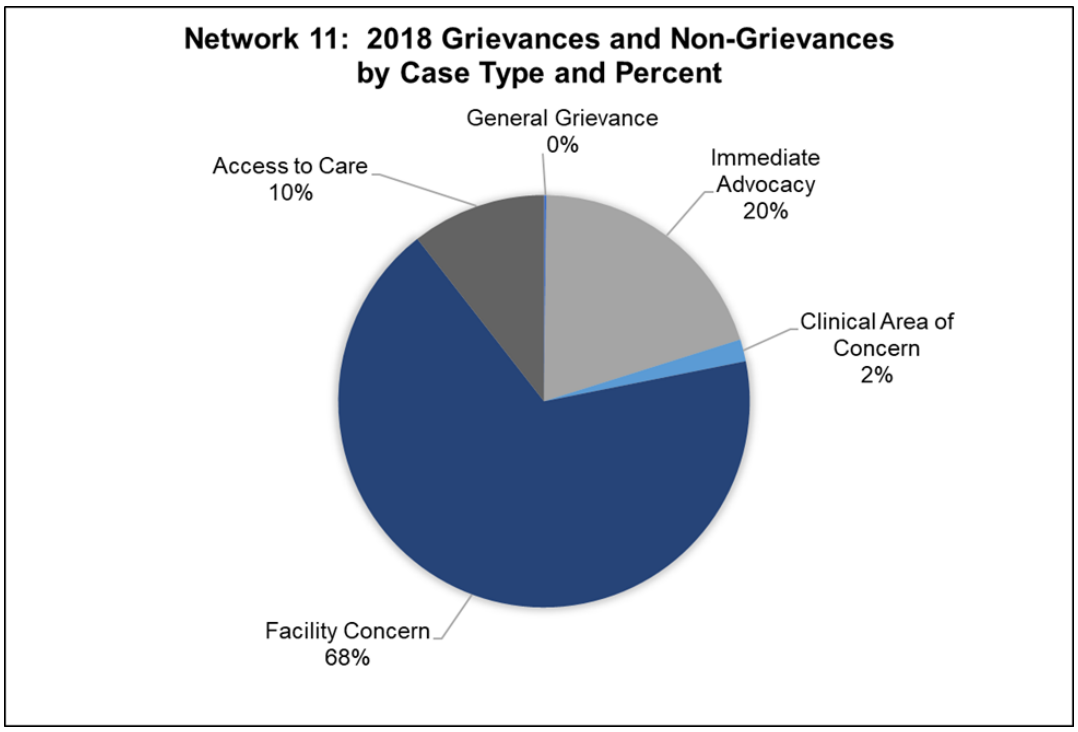
To educate patients and families, Midwest Kidney Network distributed brochures describing the role of the Network and the grievance process including the option for filing anonymous grievances. In addition, we provided this information in our patient newsletter, *Kidney Concerns*, on the Midwest Kidney Network website and on our Facebook page.

Working with Dialysis Providers with Concerns

In 2018, Midwest Kidney Network received 399 calls from facilities/providers. These facilities represent a diversity of urban/rural, inner city/suburban, Large Dialysis Organization facilities, and independent facilities. Midwest Kidney Network responded to calls from facilities/providers by providing assistance in problem solving, strategizing and understanding the Medicare Conditions for Coverage as it applies to grievances.

Results

Promoting the Network as a resource for patients helped increase the number of grievances received from 86 in 2017 to 112 in 2018. During 2018, our grievance satisfaction scores increased from 60.17 to 75.80.



Source of data: Patient Contact Utility (PCU)


metrics
product
target
best practice
indicator
procedure
industry best
quality
process
standard
continuous
strategic
analysis
professional
experience
management
education
identify
business
performance
result
cost
advice
proven
technology
status
market
evaluation
measurement
progress
best firm
specific
operational
criterion
development
comparing
benchmarking
company
comparison
control
time
information
strategy
industry
success
training
test
functional
team
plan
benchmark
reference
improvement
expert
solution
financial
measure
methodology
compare
knowledge
service
practice
survey

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

LONG-TERM CATHETER QUALITY IMPROVEMENT ACTIVITY

Goal

Reduce the rate of long-term catheters (greater than 90 days) by 2%.

Project Participants

52 dialysis facilities, serving 4,400 patients

Participating dialysis facilities had long term catheter rates > 15% and had medium to high blood stream infection rates.

Patient Engagement

Patients were engaged during the project design and planning of educational materials. Specifically, feedback from patient subject matter experts was used in the production of the brochure for patient and dialysis staff education.

Interventions

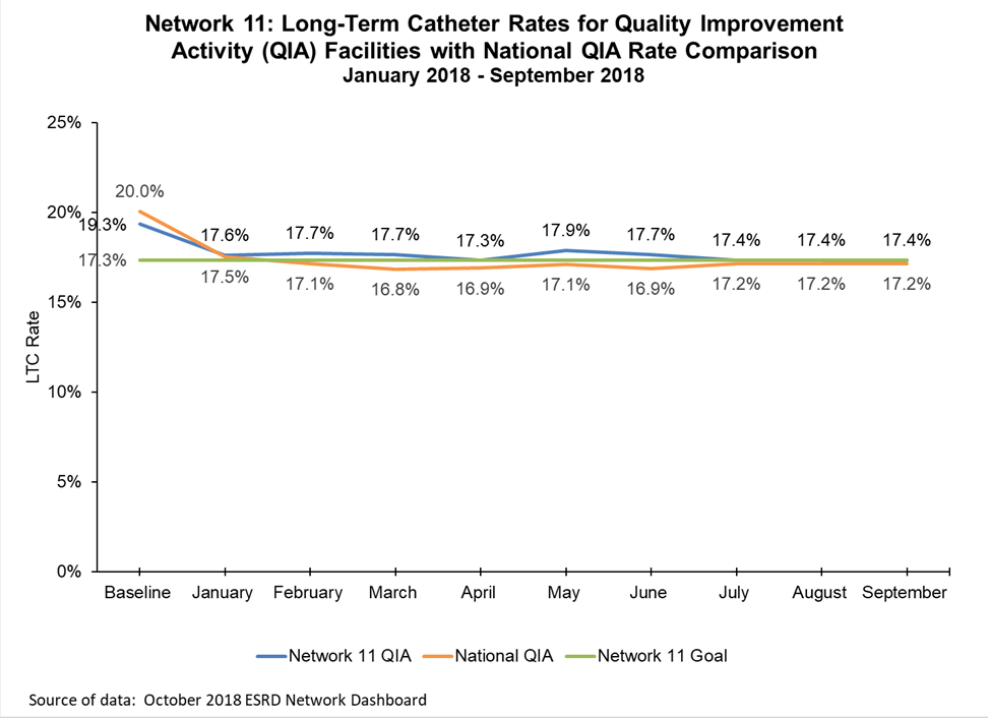
We used a two-tiered interventional approach with cohort facilities dependent on facility-level long-term catheter rate.

Tier One	***Off-site record review and Focused Technical Assistance*** ***(18 facilities)*** In these facilities, we reviewed medical records for two patients in each facility. Our record review focused on the dialysis facility's current pattern in having a permanent vascular access done and removing the catheter. Based on the record review, we provided facility-specific recommendations for improvement. After two months, we contacted the facilities to determine: • The specific improvement strategies implemented. • Success in the reduction of catheters.

Tier Two	***Virtual Learning Session and Facility-Specific Reports*** ***(52 facilities)*** We convened a webinar with facilities featuring frequently-requested resources and successful strategies to reduce catheters. • A patient-developed brochure on choosing a vascular access. • How to use a model heart to illustrate the dangers of catheter placement. • A job description for expert cannulators of new accesses. • Establishing a vascular access manager. • Medical Director engagement in vascular access. • Early education for patients on the importance of a permanent vascular access. In addition to the learning session, we provided facilities with monthly, comparative progress reports.

Results

We achieved a 1.979% reduction in the long-term catheter rate (19.332% - 17.353%).



BLOOD-STREAM INFECTION QUALITY IMPROVEMENT ACTIVITY

Project Goal

Achieve a ≥ 20% reduction in the bloodstream infection (BSI) rate for 2018 from January- June 2017 baseline to January- June 2018.

Project participation

232 dialysis facilities serving 15,200 in-center dialysis patients

Dialysis facilities in the project had medium-high BSI rates based on January - June 2017 National Healthcare Safety Network (NHSN) data.

We achieved a 46% relative improvement, with a reduction of 219 blood stream infections, as well as an estimated $4.6 million cost savings ($21,000 minimum per infection) to Medicare.

Patient involvement

Several patient subject matter experts joined the BSI workgroup meetings. Two of the meetings with patients focused on patient education materials.

Patients advised that visual materials are frequently the best option as some patients may have trouble reading but could understand illustrations or video. They also recommended including the significant others of patients in the educational process.

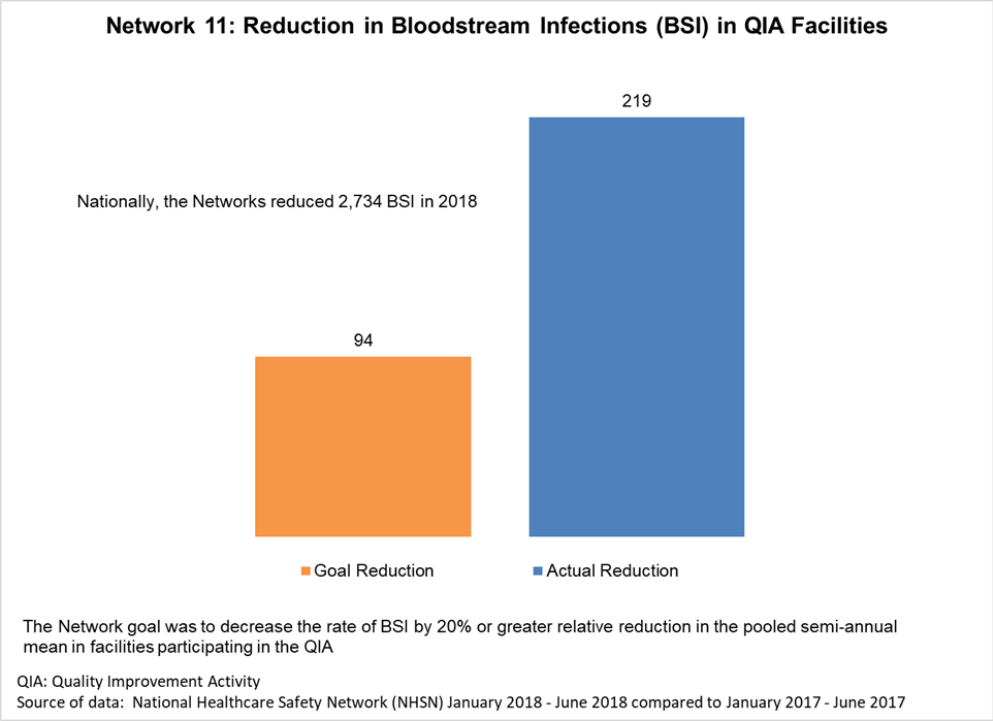
Project Interventions

- We analyzed facility-specific monthly infection control rates from NHSN.
- We sent monthly comparative data reports to each participating dialysis facility showing progress toward their goal.
- We offered intensive technical assistance to dialysis facilities with the highest BSI rates.
- We corresponded with cohort facilities to ensure that at least one person completed annual NHSN Dialysis Event Surveillance training.
- We educated dialysis facility personnel on Centers for Disease Control's (CDC) Core Interventions using monthly coaching webinars. Each of the CDC Core Interventions was discussed with examples of resources and best practices from other facilities in the project. Strategies included CDC Practice Audits, use of NHSN data base to review infections, and long term catheter reduction.
- We worked intensively with 52 dialysis facilities to establish an evidence-based, highly effective health information transfer system that captures positive blood cultures during transitions of care.

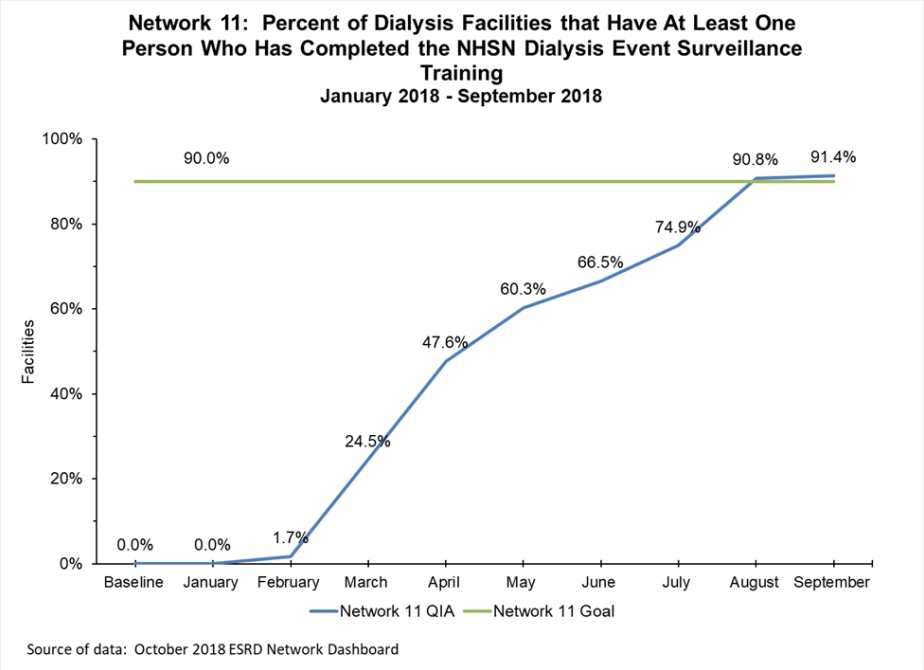
- We completed a focused review of one provider group, comprising five facilities, which resulted in a 39% decrease in their BSI rates.
    - We attended their weekly meetings of their administrators, nurse managers, infection control managers and other quality personnel to revise policies and procedures
    - We assisted with audits for staff compliance with new policies.
    - We reviewed root cause analysis of infections and created a plan for improvement.
    - We discussed sustainability of these interventions within their system.

Results

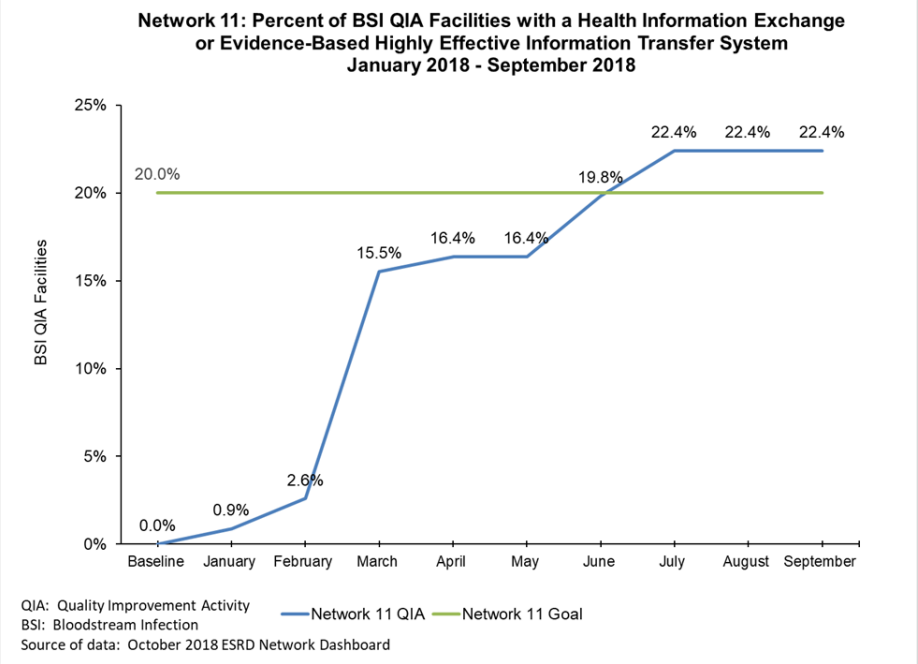
Reduced Bloodstream Infections: With a 46% relative improvement, Midwest Kidney Network met and exceeded its BSI reduction goal.



***Promoted NHSN annual training*:** By September 2018, 91.4% of dialysis facilities had at least one person who completed NHSN Dialysis Event Surveillance training.



Documented effective health information exchange: By September 2018, 52 dialysis facilities (22.4% of the BSI cohort) had an evidence-based, highly effective health information transfer system that captures positive blood cultures during transitions of care.



TRANSPLANT WAITLIST QUALITY IMPROVEMENT ACTIVITY

Project Goal

Achieve a 10% increase in patients on the kidney transplant waitlist in cohort facilities.

Project Cohort

155 dialysis facilities serving 9,600 patients

Person and Family Engagement

Eleven patient subject matter experts served on a workgroup for this project and provided valuable feedback to inform project interventions. Workgroup members included both kidney transplant recipients and patients on dialysis. Barriers identified during the project kick-off related to patient-provider communication and meeting the numerous steps in the transplant evaluation process.

Key Finding

Standardizing communication between the dialysis facility and the transplant center is essential, as well improving patient understanding of the transplant evaluation process.

Workgroup members reviewed a variety of patient educational tools. They suggested ways to improve communication between patients, dialysis providers, and transplant centers—a key intervention of this project. They also collaborated with Network staff to create a checklist to help patients complete the required steps toward getting on the transplant waitlist.

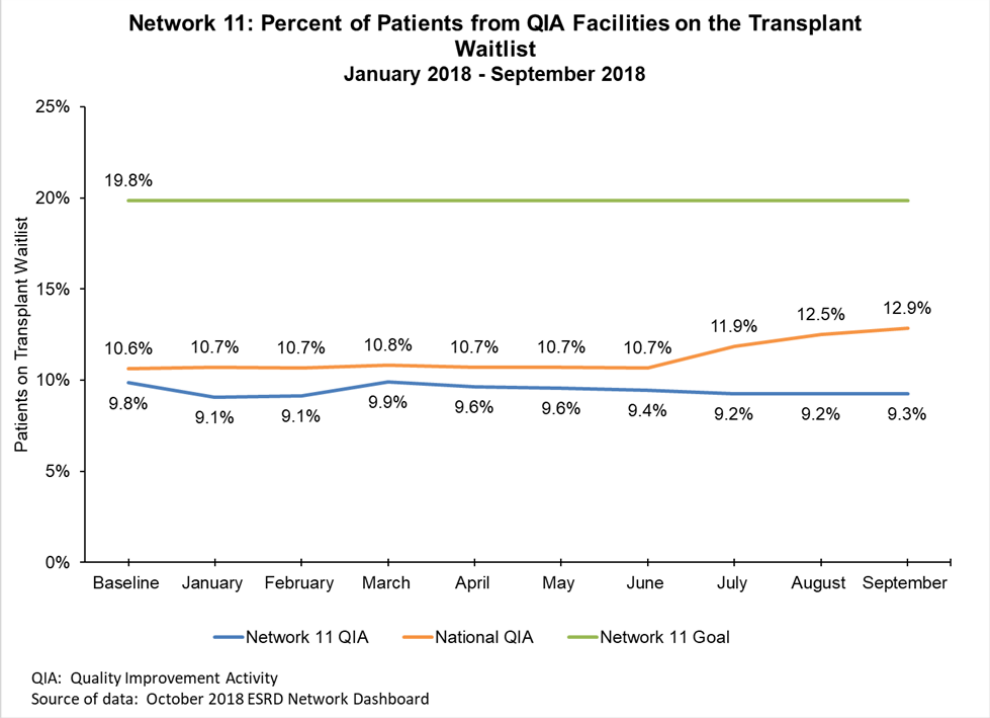
Interventions

In response to patient and provider feedback, Network staff implemented the following interventions.

- Surveying cohort facilities to assess current practices and challenges.
- Establishing and supporting relationships among dialysis facility transplant liaisons, transplant coordinators, and patients.
- Promoting standardized communication and information exchange between transplant center and dialysis centers.
- Collaborating with ESRD Networks and transplant centers to educate dialysis providers on patient engagement strategies.
- Identifying and implementing effective patient education tools, such as Explore Transplant.
- Making transplant staff readily available to patients in dialysis centers through lobby days and individual meetings with patients.
- Giving technical assistance to dialysis providers to improve tracking and sustainability.
- Sharing ESRD Provider initiatives and best practices.

Results

The goal of this project was ambitious given the short time period, and ESRD Networks will continue this work through 2020. During 2018, we gained valuable feedback from patients and providers, which will inform future quality improvement initiatives.



HOME THERAPY QUALITY IMPROVEMENT ACTIVITY

Project Goal

Achieve a 10% increase in patients starting home dialysis training.

Project Cohort

143 facilities serving 7,700 in-center hemodialysis patients

Person and Family Engagement

Eight patient subject matter experts served on a workgroup for this project: one caregiver, two patients on home hemodialysis, two patients on peritoneal dialysis, and one kidney transplant recipient.

By sharing their experiences and challenges, workgroup members helped Network staff to identify both barriers and potential strategies for improvement. These centered on helping patients understand the variety of options and the quality of life afforded by home modalities.

Patient Insight

Home dialysis allowed me to have a more flexible schedule for work and travel. It also allowed me to remain gainfully employed and achieve my personal financial goals.

One member of workgroup presented to the project cohort on why he chose a home modality and the benefits he experienced with home hemodialysis. Workgroup members agreed that the most effective educational tools help patients choose the modality that fits best with their desired lifestyle.

Interventions

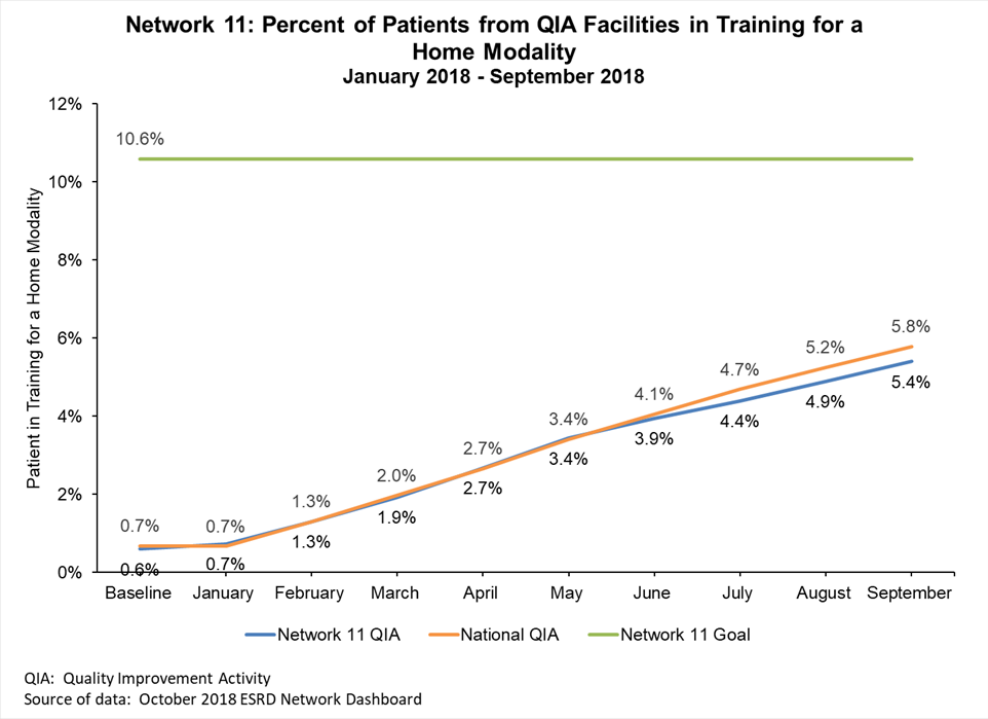
In response to patient and provider feedback, Network staff implemented the following interventions.

- Surveying cohort facilities to assess current practices and challenges.
- Improving information exchange between in-center dialysis and home dialysis staff by establishing Home Dialysis Champions[1] in in-center dialysis facilities
- Identifying and implementing educational tools such as My Life, My Dialysis Choice & Match D to help patients make informed choices about modality
- Piloting a workgroup focused on incident patient education to inform patients at an earlier stage in their care planning.
- Collaborating with NxStage™ to educate providers on the benefits of home hemodialysis including improved patient outcomes.
- Educating providers on appropriate patient candidacy for home dialysis.
- Giving providers technical assistance with tools focused on improving tracking and sustainability.

[1] Home Dialysis Champions serve as a central point of contact between in-center dialysis and home programs.

Results

We are pleased to have achieved a 5.4% increase in the percent of patients starting home dialysis training. In addition, work performed in 2018 served to promote home dialysis, improve communication between in-center and home dialysis staff, and educate patients and dialysis staff about broader views on candidacy for home dialysis. ESRD Networks will continue these efforts through 2020.



QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard

POPULATION HEALTH FOCUS PILOT PROJECT
QUALITY IMPROVEMENT ACTIVITY

Project Goals

- Decrease the percent of patients having no documented depression screening to zero.
- Achieve a 10% decrease in patients that have no documented follow up after a positive screening for depression.
- Address and decrease a disparity[2] in depression screening.

Project Participants

50 dialysis facilities serving 3,300 patients

Person and Family Engagement

Patient subject matter experts made significant contributions to this project including: produced a Facebook Live event on depression, served as faculty on webinars, and were primary authors of a national Depression Toolkit.

In addition, we convened monthly patient subject matter expert calls to obtain their input on educational materials designed for patients and dialysis staff. Educational materials were developed and revised based on suggestions and feedback from patients.

Patient Insight

I am really glad we are beginning to look at this issue [depression] because when it comes to quality of life it's one the most important things.

Interventions

We provided the following resources to participating cohort facilities and their patients. We then solicited feedback on the implementation of these resources to determine how helpful they were to participants.

Provider Education

- Information about the widely used depression screening tools such as PHQ2 and PHQ9
- *Depression and Chronic Illness* webinar presented by a psychiatrist; 82% respondents reported that they found this resource valuable and will plan to share it with others
- *Signs and Symptoms of Depression* webinar presented by a therapist
- Articles on working with the Asian population
- YouTube video on working with Asian patients
- Facebook live event about depression presented by a person with kidney disease who has experienced depression
- Depression Toolkit from the Forum of ESRD Networks
- Resources on dealing with mental health issues

[2] Identified disparity was in the Asian patient population

Patient Education

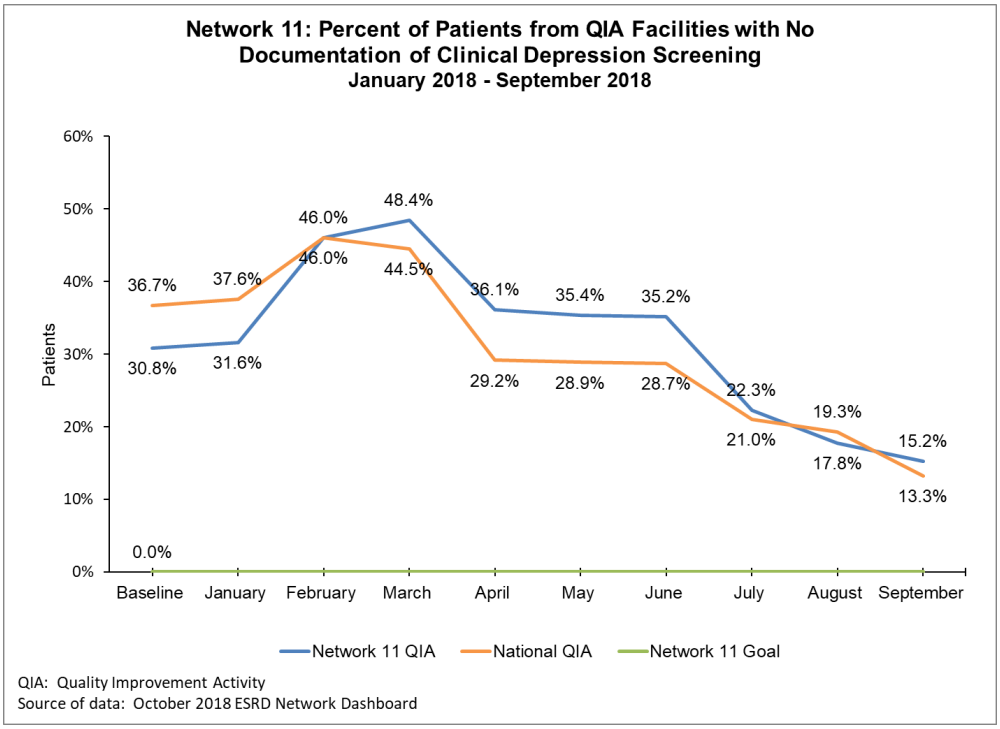
- Exercise
- Goal Setting (received the most positive evaluation from patients)
- Art Therapy
- Play
- Mindfulness
- Journaling
- Cognitive Behavioral Therapy

We also convened focus groups to identify root causes and common barriers. We contacted these facilities each month for an update, and we offered technical assistance as needed.

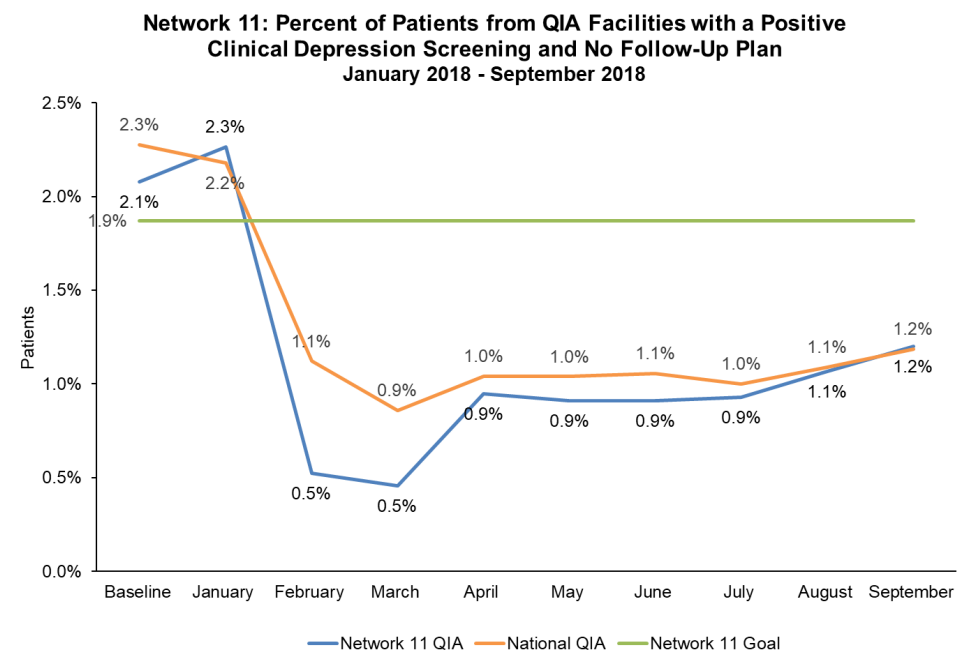
Results

In collaboration with dialysis personnel, patient subject matter experts, and content experts, Midwest Kidney Network can report several project successes.

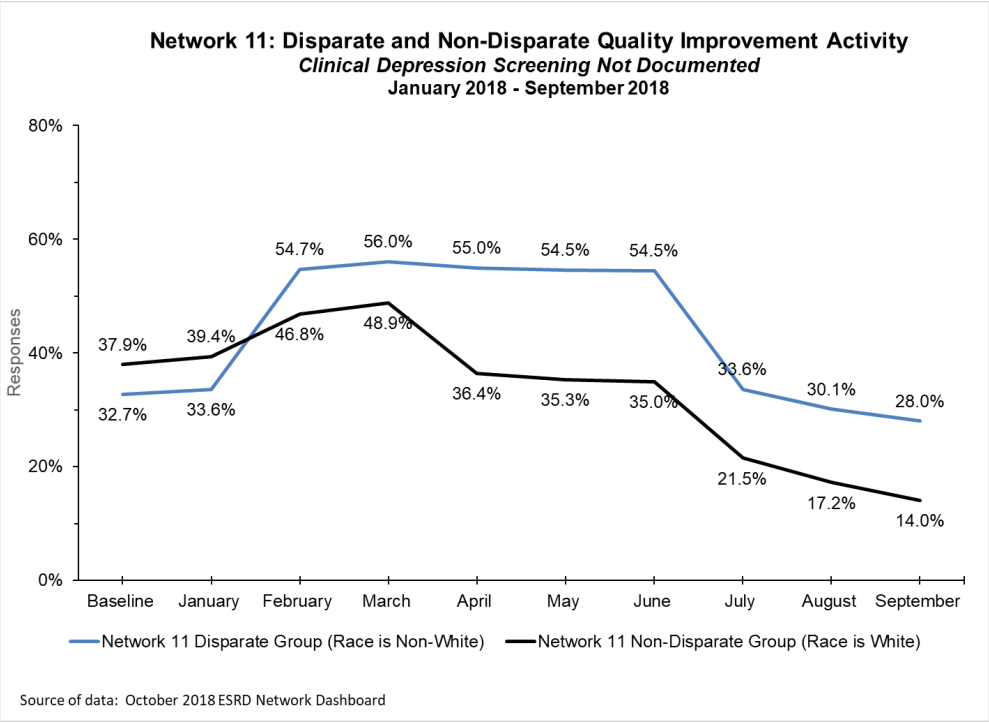
- Achieved a 15.6% decrease in percent of patients with no documentation of depression screening in CROWNWeb
- Improved follow up documentation for patients with a positive screening for depression
- Addressed barriers and provided strategies for Asian patients experiencing depression, such as language. Many of the Asian patients in Network 11 do not read their own language. In addition, there are various dialects to their languages which will make translations difficult.



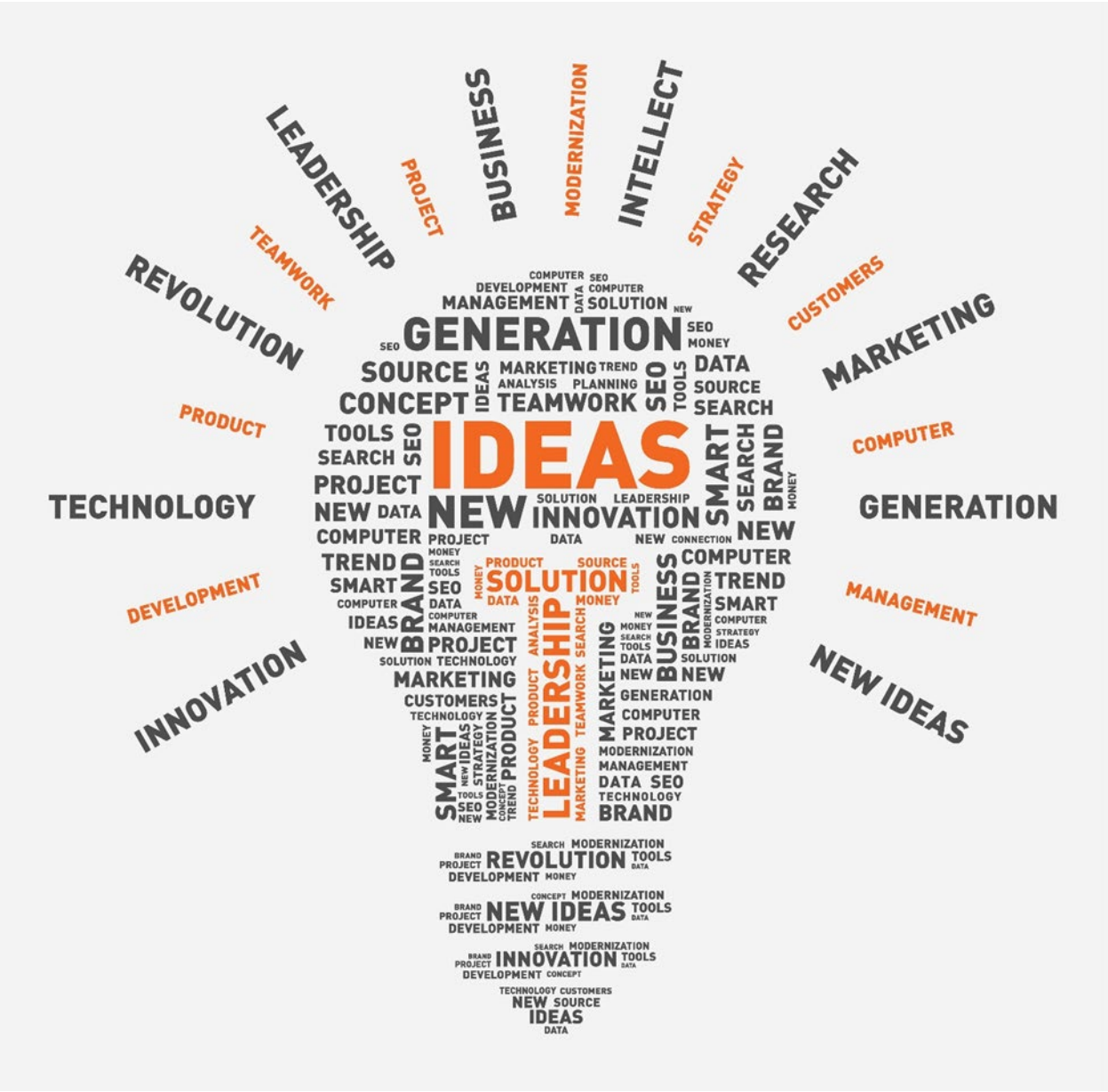
QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard



QIA: Quality Improvement Activity
Source of data: October 2018 ESRD Network Dashboard



Source of data: October 2018 ESRD Network Dashboard


LEADERSHIP
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REVOLUTION
CUSTOMERS
MARKETING
PRODUCT
COMPUTER
TECHNOLOGY
GENERATION
DEVELOPMENT
MANAGEMENT
INNOVATION
NEW IDEAS
IDEAS
GENERATION
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SEARCH
TOOLS
MONEY
COMPUTER
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MANAGEMENT
DEVELOPMENT
SOLUTION
REVOLUTION
NEW IDEAS
INNOVATION
NEW IDEAS

ESRD NETWORK RECOMMENDATIONS

Recommendations for Sanctions

Midwest Kidney Network monitors ESRD facilities in this region using annually updated Midwest Kidney Network Recommended Treatment goals and other indicators. In 2018, the Network did not recommend any sanctions or alternative sanctions.

Recommendations to CMS for Additional Services or Facilities

Midwest Kidney Network offers the following two recommendations for additional services. One is related to improving communication between dialysis and kidney transplant facilities regarding the kidney transplant process, and the other recommendation is regarding the development of change packages to promote home dialysis and kidney transplantation.

State Surveyors, ESRD Networks, Dialysis Facilities, and Kidney Transplantation Centers Working Together to Promote Kidney Transplantation

It is a complex process for a patient to be identified, referred, evaluated, waitlisted, and transplanted. ESRD Networks hear reports from dialysis patients, dialysis providers, and kidney transplant centers that exchange of information systems need improvement to ease this complex process.

ESRD Networks are working with dialysis facilities and kidney transplant centers on improving these communication systems. Adding support from CMS Survey and Certification could spur improvement in communications between dialysis facilities and kidney transplant centers.

Now that State Surveyors are performing Medicare certification surveys for both dialysis facilities and kidney transplant facilities, maybe this topic could be added to the survey process for both dialysis facilities and kidney transplant centers.

Change Packages for Promoting Home Dialysis and Kidney Transplantation

When the Fistula First Campaign was launched, the Institute for Healthcare Improvement helped the nephrology community to develop a change package. This helped to jump start Root Cause Analyses and target interventions with both a national and facility-specific focus. It could be very helpful if work groups, with representation from a variety of stakeholders, could develop change packages to promote home dialysis and kidney transplantation.


first
infrastructure
contingency
environment
aid
continuity
public safety
ambulance
training
communications
earthquake
damage
critical
management
patient
mitigation
injury
planning
preparedness
healthcare
plan
safety
fire
agency
warning
survival
team
medical
service
help
danger
disaster
supplies
emergency room
urgent
protection
safe
jeopardy
resilience
kit
evacuation
stretcher
paramedic
business
alarm
medic
incident
equipment
disease
emergency
urgency
threat
natural
disaster
natural
information
property
recovery
nurse
crisis
doctor
government
health
environmental
situation
risk management
public
response
rescue
hospital
security
room
intervention
life
accident
risk
operations
medicine
education
loss
system

ESRD NETWORK EMERGENCY PREPAREDNESS ACTIVITIES

In 2018, providers in the Midwest Kidney Network region experienced typical emergencies such as inclement weather, power outages, and flooding. Despite these challenges, providers experienced very few interruptions in service. In partnership with the Kidney Community Response (KCER) Coalition, we submitted five Emergency Status Situational Reports (ESSRs) in 2018.

- **February 23, 2018**: monitoring of heavy flooding potential in Michigan, Minnesota, and Wisconsin.
- **April 16, 2018:** monitoring of heavy snowfall (20+ inches) across Central and Northern Minnesota, Northern Michigan, Central and Northern Wisconsin.
- **August 18, 2018:** monitoring of flooding in Monroe County, WI.
- **August 28, 2018:** power outage in Northern Michigan due to straight-line winds.
- **November 8, 2018:** water main breaks at facility in Pierre, South Dakota.

Additional Activities

- Distributed over 3,000 emergency preparedness guides for patients on dialysis.
- Participated in a national emergency preparedness exercise hosted by the KCER Coalition.
- Updated Midwest Kidney Network's emergency preparedness plans.
- Provided technical assistance to providers.

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.