



Midwest Kidney Network

**ESRD Network 11
Annual Report
2015**

Table of Contents

Report Highlights	3
Introduction.....	5
CMS' End Stage Renal Disease Network Organization Program.....	5
Medicare Coverage for Individuals with ESRD	5
History of CMS' ESRD Network Organization Program	5
ESRD Network 11	6
Network Goals.....	8
Profile of Patients in the Network's Service Area	9
Improving Care for ESRD Patients	10
Project: Increase Patients Setting Personal Goals.....	11
Project: Reduce Rates of Bloodstream Infections.....	13
Project: Increasing Referrals to Dialyze at Home	15
New Resource: Helping Patients Transition from Kidney Transplant to Dialysis.....	17
Facilities that Consistently Failed to Cooperate with Network Goals.....	18
Recommendations for Sanctions	18
Recommendations to CMS for Additional Services or Facilities	19
Contributions to the Professional Literature	21
Grievances and Access to Care.....	22
Emergency Preparedness and Response	24

Report Highlights

It is rewarding to collaborate with 519 providers of End Stage Renal Disease (ESRD) services to serve the 47,000 people with kidney failure in our 5-state region. In 2015, our highest priorities included:

- Fostering a culture of safety.
- Informing, empowering, and engaging patients and providers.
- Incorporating health literacy principles.
- Decreasing long-term catheters.
- Reducing bloodstream infections by applying standardized practices.
- Promoting home dialysis and kidney transplantation.
- Minimizing involuntarily discharged patients whenever possible.

Our 2015 Annual Meeting offered education to reduce hospitalizations, reduce healthcare disparities, identify risk for violence in healthcare facilities and apply strategies to de-escalate potential violence, and develop personal resilience. We are particularly pleased to report highlights of the following accomplishments.

Reduced long-term catheters

In 2015, the Midwest Kidney Network reduced its Long-term Catheter (LTC) in-use rate by 2.1 percentage points, from 16.3% to 14.2%. This effort helped 260 patients get a permanent vascular access, an annual savings of approximately three million dollars.

This was accomplished through a 3-tiered intervention approach for nearly 100 dialysis facilities with >10% LTC in-use rate. We conducted:

- Workshops for 65 dialysis facilities.
- Off-site record reviews for 16 dialysis facilities.
- On-site focused reviews for 15 dialysis facilities.

260 dialysis patients receiving a permanent access equal an annual savings of approximately **\$3 million dollars.**

Increased the percent of patients setting personal goals by 46%

Patients tell us that not all life is measured by dialysis-related clinical measures. When patients set their own personal goals, they rekindle hope for themselves. Setting goals is an intentional exercise, which is associated with improved outcomes. At the conclusion of this project, 65% of the patients had set personal goals. In addition, three project facilities reported that encouraging patients to identify and set personal goals would become a part of patient care plans.

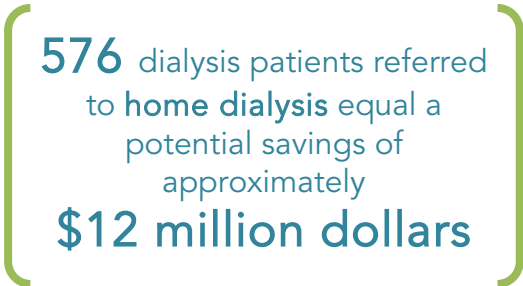
Decreased bloodstream infections by 36%

Conducting monthly audits to prevent healthcare-associated infection (HAI), results in decreased bloodstream infections (BSI). The 93 dialysis facilities that conducted monthly audits in 2015 decreased their BSI rate by 36%, whereas all other dialysis facilities in the Network region only had an 18% decrease.

Increased home dialysis referrals by 17.7%

Dialyzing at home can increase independence and quality of life for people with kidney failure. The first step in this process is being referred.

In less than nine months, 12 dialysis facilities worked intensively to refer 576 patients for home dialysis, which equates to a \$12 million savings as these patients progress to going on dialysis at home.



576 dialysis patients referred
to home dialysis equal a
potential savings of
approximately
\$12 million dollars

Helped to ease the transition from kidney transplant to dialysis

Midwest Kidney Network's Consumer Committee members expressed the anxiety associated with the transition from kidney transplant to dialysis. No resources were found about this. Committee members developed three tri-fold brochures to help patients and providers to ease this difficult transition.

Introduction

CMS' End Stage Renal Disease Network Organization Program

The End Stage Renal Disease Network Organization Program (ESRD Network Program) is a national quality improvement program funded by the Centers for Medicare & Medicaid Services (CMS). CMS is a federal agency, part of the U.S. Department of Health and Human Services.

CMS defines end stage renal disease (ESRD) as permanent kidney failure in an individual who requires dialysis or kidney transplantation to sustain life.

Under contract with CMS, 18 ESRD Network Organizations, or ESRD Networks, carry out a range of activities to improve the quality of care for individuals with ESRD. The 18 ESRD Networks serve the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

Medicare Coverage for Individuals with ESRD

Medicare coverage was extended to most ESRD patients in the U.S. under the Social Security Act Amendments of 1972 (Public Law 92-603). Individuals with irreversible kidney failure are eligible for Medicare if they need regular dialysis or have had a kidney transplant and they meet (or their spouse or parent meets) certain work history requirements under the Social Security program, the railroad retirement system, or federal employment.

History of CMS' ESRD Network Organization Program

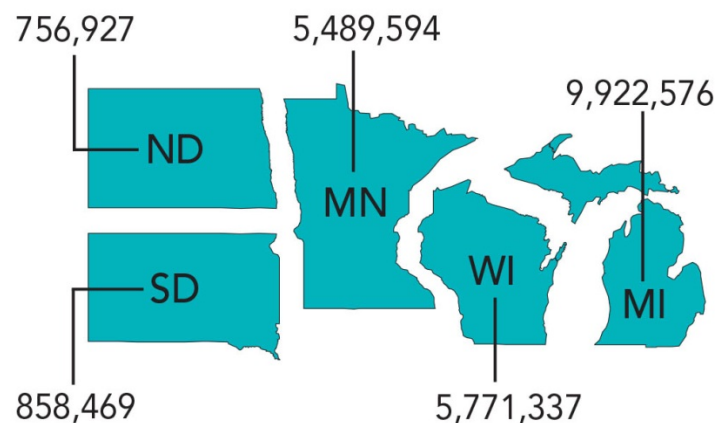
Following passage of the 1972 Amendments to the Social Security Act, in response to the need for effective coordination of ESRD care, hospitals and other health care facilities were organized into networks to enhance the delivery of services to people with ESRD.

In 1978, Public Law 95-292 modified the Social Security Act to allow for the coordination of dialysis and transplant services by linking dialysis facilities, transplant centers, hospitals, patients, physicians, nurses, social workers, and dietitians into Network Coordinating Councils, one for each of 32 administrative areas.

In 1988, CMS consolidated the 32 jurisdictions into 18 geographic areas and awarded contracts to 18 ESRD Network Organizations, now commonly known as ESRD Networks. The ESRD Networks, under the terms of their contracts with CMS, are responsible for: supporting use of the most appropriate treatment modalities to maximize quality of care and quality of life; encouraging treatment providers to support patients' vocational rehabilitation and employment; collecting, validating, and analyzing patient registry data; identifying providers that do not contribute to the achievement of Network goals; and conducting onsite reviews of ESRD providers as necessary.

ESRD Network 11

Midwest Kidney Network (ESRD Network 11) serves a five-state region: Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin. Midwest Kidney Network (MKN) is a private, nonprofit organization working to assess and improve the care of chronic kidney disease patients.



Geography and Population Density

MKN's service area covers more than 350,000 square miles and spans three time zones. More than 22.6 million people live in the 5-state region. Of that population, 72% reside in Detroit, Milwaukee, and Minneapolis-Saint Paul, while 28% reside in rural areas.

Racial and Cultural Diversity

- Michigan's African American population is the tenth largest in the U.S.
- The city of Detroit, Michigan, is home to an 82% African American population.
- MKN's 5-state area contains more than fifteen Indian Reservations that are among the largest in the United States.

These are notable numbers, as African Americans and Native Americans have a disproportionately higher incidence of kidney disease.

Table A. Dialysis Facilities and Transplant Centers in the Network's Service Area, as of December 31, 2015

Category	Number
Number of Dialysis Facilities in the Network's Service Area	498
Number of Transplant Centers in the Network's Service Area	21

Source of data: CROWNWeb.

Table B. Number of Medicare-Certified Dialysis Facilities in the Network's Service Area and Number and Percent of Dialysis Facilities Offering Dialysis Shifts Starting after 5 PM, as of December 31, 2015

Category	Number	Percent
Medicare-Certified Dialysis Facilities in the Network's Service Area	475	
Medicare-Certified Dialysis Facilities in the Network's Service Area Offering Dialysis Shifts Starting after 5 PM	272	57%

Source of data: CROWNWeb.

Network Goals

CMS establishes priorities for the ESRD Network contractors annually in the Statement of Work section of each Network's contract with the agency. These priorities support CMS and Department of Health and Human Services (HHS) national quality improvement goals and priorities.

In 2015, the ESRD Network contractors were tasked with meeting the following goals:

- Improving care for ESRD patients in the Network's service area by:
 - Promoting patient- and family-centered care.
 - Responding to grievances about ESRD-related services filed by, or on behalf of, ESRD patients.
 - Supporting improvement in patients' experience of care.
 - Ensuring that all dialysis patients have access to appropriate care.
 - Promoting best practices in vascular access management.
 - Helping dialysis facilities reduce the incidence of healthcare-associated infections.
- Improving the health of the ESRD patient population in the Network's service area through activities designed to reduce disparities in ESRD care.
- Reducing the costs of ESRD care in the Network's service area by supporting performance improvement at the dialysis facility level and supporting facilities' submission of data to CMS-designated data collection systems.

Medical Review Committee Treatment Goals

Each year, the Midwest Kidney Network Medical Review Committee (MRC) updates its treatment goals. It sets these goals after reviewing its past recommended treatment guidelines and making revisions based on changes in clinical practice guidelines.

In setting these goals, the MRC relies on available evidence and accepted practice guidelines such as those provided by the Kidney Dialysis Outcomes Quality Initiative (K/DOQI).

More at <http://midwestkidneynetwork.org/quality-improvement/recommended-treatment-goals>

Profile of Patients in the Network's Service Area

The ESRD Network Program collects data on incident (new) ESRD patients, prevalent (currently treated) dialysis patients, and renal transplant recipients.

The Network uses data on patients' clinical characteristics—including primary cause of ESRD, treatment modality, and vascular access type—to focus its outreach and quality improvement activities.

Table C. Clinical Characteristics of the ESRD Population in the Network's Service Area, Calendar Year 2015

Category	Number	Percent
Incident (New) ESRD Patients		
Number of Incident ESRD Patients, Calendar Year 2015	7,362	
Prevalent Dialysis Patients		
Number of Prevalent Dialysis Patients as of December 31, 2015	27,036	
Treatment Modality of Prevalent Dialysis Patients as of December 31, 2015		
In-Center Hemodialysis or Peritoneal Dialysis	24,038	89%
In-Home Hemodialysis or Peritoneal Dialysis	3,046	11%
Total	27,084	99.9%
Vascular Access Type at Latest Treatment among Prevalent In-Center and In-Home Hemodialysis Patients as of December 31, 2015		
Arteriovenous Fistula in Use	15,496	69%
Arteriovenous Graft in Use	4,115	18%
Catheter in Use for 90 Days or Longer	2,888	13%
Total and Percent of Patients in These Categories**	22,499	100%
Renal Transplants		
Number of Renal Transplant Recipients,* Calendar Year 2015	1,569	
Total	1,569	100%

Source of data: CROWNWeb.

*Count of unduplicated individuals receiving renal transplantation during the calendar year.

** This total does not include 1,941 patients with a catheter in use for < 90 days

Improving Care for ESRD Patients

The Network works closely with ESRD patients, patients' family members and friends, nephrologists, dialysis facilities and other healthcare organizations, ESRD advocacy organizations, and other ESRD stakeholders to improve the care for ESRD patients in the Network's service area.

Under its contract with CMS, the Network is responsible for:

- Identifying opportunities for quality improvement and developing interventions to improve care for ESRD patients in the Network service area.
- Identifying opportunities for improvement at the facility level and providing technical assistance to facilities as needed.
- Promoting the use of best practices in clinical care for ESRD patients.
- Encouraging use of all modalities of care, including home modalities and transplantation, as appropriate, to promote patient independence and improve clinical outcomes.
- Promoting the coordination of care across treatment settings.
- Ensuring accurate and timely data collection, analysis, and reporting by facilities in accordance with national standards.

Project: Increase Patients Setting Personal Goals

Background

The Midwest Kidney Network is committed to incorporating the perspective of patients, family members, and other caregivers into its quality improvement activities. In 2013, the Midwest Kidney Network established a Patient and family Engagement Learning and Action Network (LAN). The Midwest Kidney Network's Patient and Family Engagement LAN is named the Engaging Patients to Improve Care (EPIC).

Project description

The Midwest Kidney Network's Consumer Committee and the EPIC LAN members expressed the important benefits for patients to set their own personal goals. This project implements strategies and resources for social workers to use to help their patients to set personal goals.

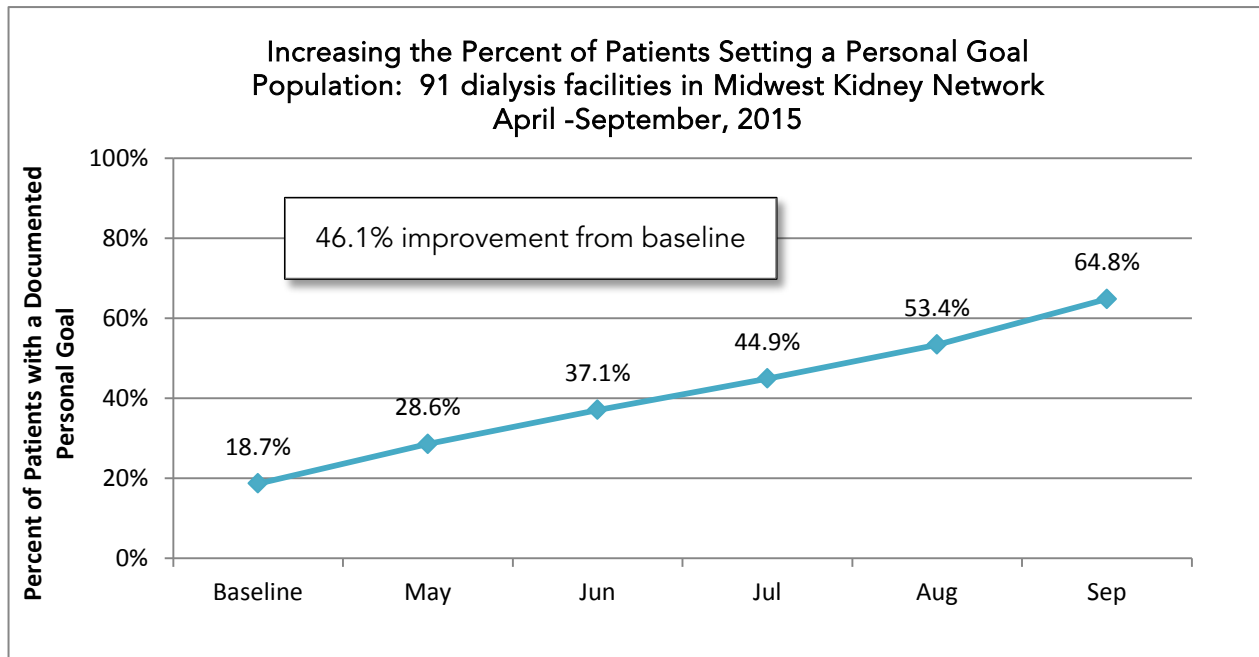
- Facility social workers attended webinars in April and July to learn about the following topics.
 - Fundamentals of goal setting and the difference between dialysis or health-related goals and personal goals
 - Patient perspectives of setting personal goals were shared in both learning sessions by a variety of patients
 - Facility report of success with this project – best practice
 - Conversations with patients about goal setting
- Facilities submitted monthly data on the number of patients setting goals each month
- Facility social workers received phone contact from Midwest Kidney Network each month to discuss successes and concerns.

Project Goal

Improve the percent of patients setting personal goals by 5% in the 6-month period from April 2015 (baseline) to September 2015 (re-measurement).

Participants

Ninety-one (91) dialysis facilities volunteered to participate in this project. These facilities serve about 3,200 dialysis patients. Adult in-center and home hemodialysis and home peritoneal dialysis patients were included. Pediatric patients and kidney transplant patients were excluded.



Outcomes

This project measured the percent of patients that set a personal goal each month as documented in the patient care plan. The chart above illustrates a 46.1% increase in patients setting personal goals.

Numerator: Number of eligible patients setting a personal goal during the month as documented in the patient care plan

Denominator: Number of eligible patients in the dialysis facility cohort

Sustainability

Going forward, Midwest Kidney Network will continue to communicate with the cohort facilities to determine whether or not the concept of having patients set personal goals has continued now that the project is completed. We will collect best practices and integrate the processes developed into other Network quality activities. For example, three facilities have incorporated patient goal-setting into their care planning process.

Lessons Learned

This project was developed to provide resources for social workers to help dialysis patients develop and work towards achieving personal goals. As the project progressed, however, it was interesting to see that other member of the care team became involved in the project and began to join in project leadership.

“I have ongoing goals with patients for all assessments. The project helped me to expand and support patients with goals for all areas of patient lives... including the simplest goals for quality of life and coping.”
-Renal Social Worker

Project: Reduce Rates of Bloodstream Infections

Background

In spite of increased national attention, vascular access infections remain a major concern for hemodialysis patients. According to the Centers for Disease Control and Prevention (CDC), about 37,000 central line-associated bloodstream infections occur annually in the United States. Hemodialysis (HD) patients with catheters are 2-3 times more likely to be hospitalized and die due to sepsis complications than HD patients with fistulas or grafts.

Project Description

In 2015, Midwest Kidney Network (MKN) conducted a quality improvement activity to reduce bloodstream infections (BSI) by encouraging dialysis facilities to conduct HAI process audits developed by the CDC and enter the audit data into the National Healthcare Safety Network (NHSN) database

Participants were introduced to the project via webinar to discuss bloodstream infections and receive detailed instructions on how to conduct the audits. Midwest Kidney Network staff also emphasized the following best practices for successful audits.

- Make efforts to vary staff observed
- Limit people who complete the audits
- Audits should be unannounced
- Record day and shift for each observation

To include the patient voice into the project, a dialysis patient shared her firsthand experience with having a bloodstream infection and how she is now engaged in the infection control process at her facility.

Monthly check-in calls with the Network ensured that participants continued to identify both barriers and successes/best practices in conducting the audits.

Project Goal

100% of project facilities conduct the following CDC audits each month: 30 hand hygiene opportunities, 10 catheter connection/disconnection opportunities, and 10 AV Fistula/Graft cannulation opportunities

Participants

Ninety-three dialysis facilities representing approximately 6000 hemodialysis patients participated in this project. These facilities represented the highest BSI rates in Midwest Kidney Network and they had not participated in this project during 2014. Home hemodialysis and peritoneal dialysis patients were excluded.

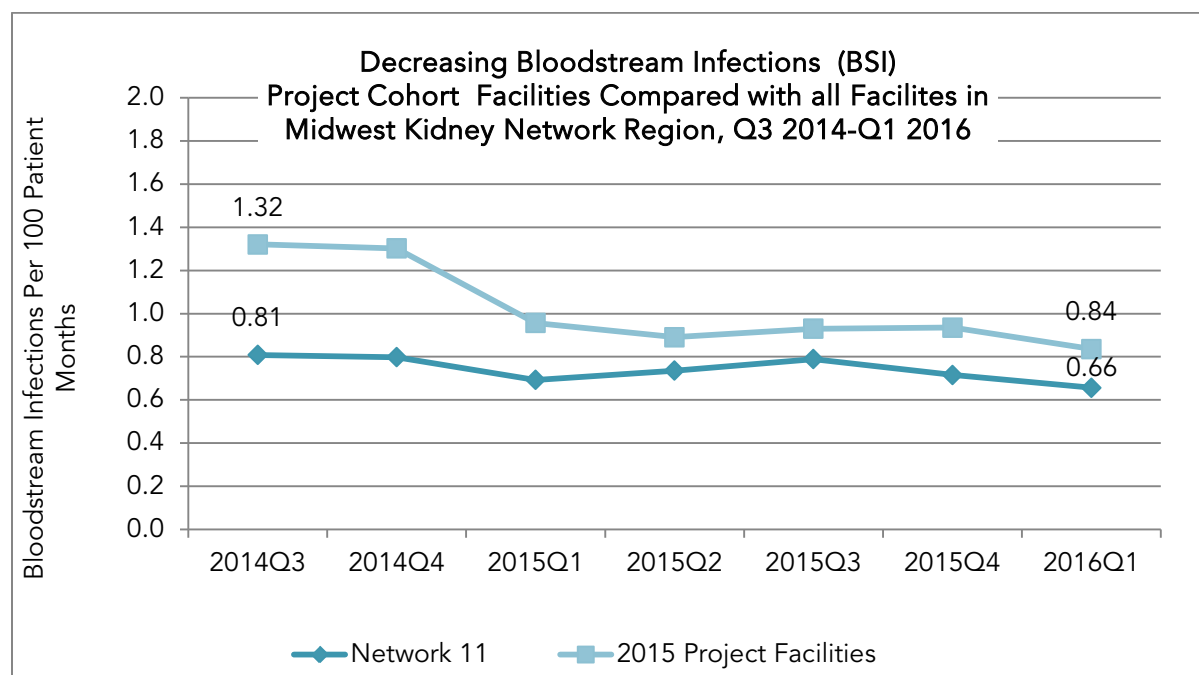
Outcomes

Results in September 2015 showed 100% of facilities correctly conducting the audits and entering the results into NHSN.

Numerator: Number of facilities conducting audits and entering results into NHSN monthly

Denominator: Number of facilities in the cohort

In addition, Network staff looked at whether or not these facilities actually reduced their BSI rates over the course of the project. Analysis of the data in December 2015 showed the following results. Project facilities demonstrated a greater rate of BSI reduction (36%) than facilities in the Network region overall (18%).



Sustainability

Analysis of the data from the 2014 BSI project shows that the improvement that occurred in 2014 was maintained throughout 2015. These data demonstrate that monthly process audits result in improved BSI rates, and that those results can be sustained.

Many of the cohort facilities have incorporated the audit process into their corporate infection control procedures. During the 2016 project introduction, a facility from the 2015 project shared their experience and success with continuing the auditing process.

Lessons Learned

- Continuous observation is an important process for decreasing bloodstream infections in dialysis patients.

- Routine process auditing in the dialysis unit can lead to a change in the culture of the facility.
- Quick turnaround times between patients and frequent turnover of dialysis staff require constant education and review of infection control processes.

Project: Increasing Referrals to Dialyze at Home

Dialyzing at home is associated with increased patient independence, improved quality of life, and decreased healthcare costs, yet this therapy is underused in the USA and the Network region. This project was launched to promote a culture of home dialysis where all patients would have the opportunity to receive an initial visit with the home dialysis team.

Project Description

Workshops and webinars with in-center dialysis facility staff, home dialysis staff, and the patient's perspective raised awareness and address misconceptions about candidacy for home dialysis. "*Ask Me about Home Dialysis*" stickers were worn by dialysis facility staff to stimulate conversations with patients. Also, home referral was added to the electronic medical record to easily monitor progress towards the goal.

Project Goal

Increase home dialysis referral rates in cohort population by 5% relative improvement.

Participants

Twelve in-center dialysis facilities from a single regional chain were selected for this project because of their commitment to grow their home dialysis program. These dialysis facilities serve about 1500 in-center dialysis patients (6% of the dialysis patients served in the Network region). Pediatric and kidney transplant recipients were excluded.

Outcomes

The home dialysis referral rate increased by 17.7%, and 576 patients were referred to home dialysis in this short time period. Since the cost for home dialysis is \$20,800 less per patient per year when compared to in-center dialysis (2012 USRDS Annual Report), this equates to a saving of nearly \$12 million for this one year if each patient progresses to dialyzing at home.

While only 26 of those patients actually started home dialysis by 12/2015, the regional chain has continued the project in 2016. When more recent data is available it is anticipated that their home dialysis program will continue to grow.

Sustainability

Two major factors assured that this project would be continued. The senior leadership was committed to increasing their home dialysis program. In addition, having home dialysis referral as a field in the electronic medical record that can be queried is an on-going method for tracking home referral by facility and by patient characteristics.

Lessons Learned

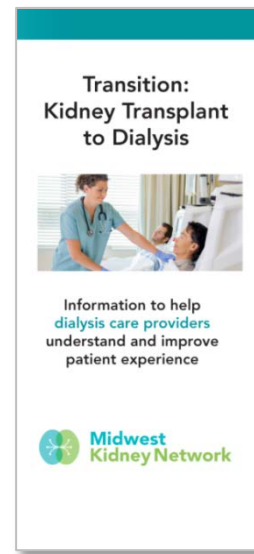
Working with a regional dialysis chain committed to home dialysis was a wonderful partnership. We had not set facility-specific goals, so this might be an opportunity to adjust for future projects.

New Resource: Helping Patients Transition from Kidney Transplant to Dialysis

The Consumer Committee of Midwest Kidney Network developed a series of tri-fold brochures about making the transition from kidney transplant to dialysis.

To our knowledge, no resources like this exist for dialysis providers and patients. These three brochures are designed to help [care providers](#), [nephrologists](#) and [patients](#) in the following ways.

- Increase awareness of this transition.
- Provide guidance to staff that care for these patients.
- Encourage discussion between patient and staff about the emotions and concerns.
- Prevent patients from feeling isolated and hopeless.



Understanding Patient Perspective

You have just received a patient who has lost a kidney transplant and is transitioning to dialysis. You may be assuming some things about the patient's point of view.

"They have done this before. They know the ropes." or "They should be able to adapt to the changes in dialysis care."

These assumptions are not always correct. It is likely that a patient is experiencing a wide range of feelings.

Fear

*What is going to happen to me?
How sick am I going to get?
Can I survive this?
Should I even go back on dialysis?
Will my family survive this?
Can I continue to work through this?
What if there is nothing we can do?
Can I afford this?*

Guilt

*What did I do wrong?
Is this my fault?
What will my living donor say or feel?
I feel like such a burden to my family - they don't deserve this.*

Anger

*Why me?
What did I do to deserve this?*

How Strong Feelings Affect Patients

Strong emotional turmoil can lessen a patient's perception. Patients dealing with these emotions can't remember what was said or instructions that they are given.



Fear can prevent patients from acknowledging the reality of the situation. They may become hopeless and disinterested in their health.



Feelings can manifest externally and internally. Patients may express aggression, anger, or crankiness. Alternatively, they may become quiet and withdrawn, internalizing their feelings.

How to Help Patients Cope

Engage

Do not minimize the patient's experience. Acknowledge it. Encourage them to express their feelings so you can help them find comfort.

*"I can see that you are very upset."
"I can understand that this process is overwhelming."
"Do you want to talk about how you are feeling?"*

Inform

Help patients move forward by providing resources and answering questions.

*"What questions can I answer?
"Do you think it would help if you...?"
"Have you considered this option?"*

Empower and Encourage

- Do not underestimate the power of human touch. Holding and stroking a patient's hand can be very comforting.
- Provide patient success stories. Let them know that they are not alone in their experience.
- Help them focus on positive aspects of their life. Ask about things they enjoy.

Facilities that Consistently Failed to Cooperate with Network Goals

In 2015, no one facility was cited for failing to meet goals of the Midwest Kidney Network. However, there were many dialysis facilities still struggling to meet vascular access goals, specifically long-term catheters < 10%.

Those dialysis facilities were targeted for intensive and individualized technical assistance in 2016. This technical assistance will include off site medical record reviews, on site visits to the dialysis facility, workshops, and meetings with regional and corporate offices.

Recommendations for Sanctions

Midwest Kidney Network monitors ESRD facilities in this region against measures described in the goals section of this report (see page 8). Based on review, the Network did not recommend any sanction or alternative sanction in 2015. A sanction refers to a CMS termination of Medicare certification and an alternative sanction refers to financial penalties.

Recommendations to CMS for Additional Services or Facilities

Background

There are a very small number of Medicare-eligible dialysis patients that are unable to be placed in an outpatient, Medicare-certified dialysis facility. These patients most often have behavioral and mental health issues and may have physically threatened or harmed dialysis facility staff. Because of these behaviors, these patients are often well known in their dialysis community. This makes placement even more challenging.

Dialysis facility personnel, ESRD Networks, community hospitals, and State Survey Agencies creatively collaborate to find ways for patients to routinely dialyze in out-patient dialysis facilities. Despite this collaboration, there are a small number of patients unable to be placed. In the Network region, we had two such patients in 2015, and we estimate that there are less than 50 of the 476,100 (0.01%) of Medicare-eligible patients unable to be placed in the USA in 2015.

High-Cost Emergency Room Care

To receive life-saving dialysis, such patients are admitted through the emergency room for dialysis in a hospital, but patients do not always get adequate dialysis. This care provision system does not meet the healthcare needs of patients nor providers, and is more than 3 times the cost of dialysis in an outpatient dialysis facility. Special purpose dialysis units and rotating the patient or the provider have not been successful options.

Patients who present to the Emergency Department for treatment are often given tests to assess chemical imbalance and fluid status. If the results do not indicate an emergency situation, the patient is turned away and told to return the next day. When the patient returns with test results that indicate a medical emergency, the patient is either admitted to the hospital for dialysis or admitted to a 23-hour short stay unit for dialysis.

It costs **\$156,000** to dialyze a patient **once per week** for one year in an **emergency room**.

It costs **\$46,000** to dialyze that patient **3 times per week** for one year in a **standard outpatient dialysis setting**.

In either case, actual billing records show that conservatively, it costs \$3000 for an inpatient emergency dialysis once weekly for one year, which equals \$156,000 annually (52 dialysis procedures x \$3,000 per procedure), compared with approximately \$46,000 annually for standard outpatient dialysis three times weekly.

Community hospitals that have successfully helped patients have offered dialysis 2-3 times each week, have intensively used behavioral health services, and have stabilized patients for return to routine ESRD therapy. However, these community hospitals have experienced reimbursement hardships.

Recommendation

After all options have been exhausted for dialysis in an outpatient Medicare-certified dialysis facility, we recommend the following.

1. CMS adopt a *special needs composite rate* to reimburse community hospitals that accept care for such special needs patients without requiring the community hospital to apply for Special Purpose status and not having to apply for Medicare certification as an ESRD provider.
2. The ESRD Network and the State Survey Agency could submit a recommendation to the CMS Regional Office for the community hospital to receive a special needs composite rate comparable to the composite rate for Medicare-certified outpatient dialysis facilities in the region.
3. CMS could also develop a work group to consider these recommendations, and we are happy to serve as needed.

Contributions to the Professional Literature

The Agency for Healthcare Research and Quality (AHRQ) awarded contracts and subcontracts to the Midwest Kidney Network (ESRD Network 11), Health, Research & Educational Trust (HRET), and the University of Michigan Kidney Epidemiology and Cost Center to address infection control for dialysis patients. This project was titled NOTICE (National Opportunity to Improve Infection Control in ESRD) and a key component of this work on safety culture in hemodialysis facilities was published as follows.

Author(s): Kristina K. Davis, Kathleen G. Harris, Vrinda Mahishi, Edward G. Bartholomew, and Kevin Kennard

Title: *Perceptions of Culture of Safety in Hemodialysis Centers*

Name of journal: Nephrology Nursing Journal

Volume and issue: March-April 2016, Vol. 43, No. 2.

Page numbers: 119-126 and 182

Grievances and Access to Care

The Network responds to grievances filed by or on behalf of ESRD patients in its service area. In 2015, Midwest Kidney Network responded to 69 grievances. Of these, 6 (9%) involved issues related to access of care.

Table D. Grievance Data for Calendar Year 2015

Category	Number
Number of Grievance Cases Opened by the Network in Calendar Year 2015	69
Number of Grievance Cases Involving Access to Care	6 (9%)
Number of Cases Involving Involuntary Transfer	0
Number of Cases Involving Involuntary Discharge	4
Number of Cases Involving Failure to Place	2
Number of Non-Grievance Cases Involving Access to Care	70
Number of Non-Grievance Access to Care Cases Involving Involuntary Transfer	3
Number of Non-Grievance Access to Care Cases Involving Involuntary Discharge	59
Number of Non-Grievance Access to Care Cases Involving Failure to Place	8
Total Number of Grievance and Non-Grievance Cases Involving Access to Care	76
Number of Grievance Cases Closed by the Network in Calendar Year 2015	69
Number of Non-Grievance Access to Care Cases Closed by the Network in Calendar Year 2015	70

Source of data: Patient Contact Utility.

Involuntarily Discharged Patients and Access to Care

Midwest Kidney Network works proactively with its facilities to avoid involuntarily discharged patients (IVDs) whenever possible. In the Network region, the rate of IVDs (IVD/1000 patients) has dropped from 3.11 in 2004 to 0.73 in 2015.

In 2015, there were 20 patients involuntarily discharged. The most common reason for IVD in 2015 was for *severe and immediate threat*. When an IVD does occur, we work with the facility to review and follow the steps prescribed in the Conditions for Coverage. We also notify the State Survey Agency whenever an IVD occurs.

Grievances Cases Referred to the State Survey Agencies

We refer all grievances that are associated with the Conditions for Coverage to the SSAs. In addition, during 2015, we referred several notable grievances to the SSA.

- One patient was given an immediate involuntary discharge (IIVD) for carrying a knife in his pocket. Midwest Kidney Network referred the case to the SSA for their assessment. The SSA cited the facility for discharging the patient without going through the proper steps.

- One grievance was referred to the SSA at the request of a patient. The grievance was regarding the dialysis facility temperature and professionalism on the part of the dialysis facility staff. When the SSA investigated the complaint, it was not substantiated.
- One patient called Midwest Kidney Network to file a grievance regarding significant infection control issues in dialysis facility. Examples cited were dialysis facility staff not washing hands between gloving and tubing left uncapped. This complaint was referred to the SSA. The SSA conducted an investigation, and the dialysis facility was cited on infection control issues.

Emergency Preparedness and Response

Wide spread power outages have occurred in the State of Michigan. Patients relying on life sustaining dialysis treatments and kidney transplant recipients are particularly vulnerable to long lasting power outages.

In the state of Michigan in 2015, there were:

- 21,000 people with kidney failure: 14,000 people on chronic dialysis therapy, and 7,000 kidney transplant recipients.
- 213 providers of End Stage Renal Disease ESRD services: 205 dialysis facilities and 8 kidney transplant centers.

Midwest Kidney Network partnered with the Michigan Department of Health and Human Services, Division of Emergency Preparedness and Response to accomplish the following.

- Adapted EMResource for use by dialysis facilities in Michigan.
- Recruited support and tested the application with two large dialysis facility organizations.
- Launched the project in the fall of 2015 through two webinars for dialysis facilities in Michigan.
- Assisted 205 dialysis facilities with entry of the key data elements needed in an emergency (dialysis facility affiliation, open or closed status, availability of an alternative generator or isolation stations, estimate of additional capacity, and most current census of in-center and home dialysis patients).
- Reported on this innovative work to Kidney Community Emergency Response (KCER) and RenalWeb.