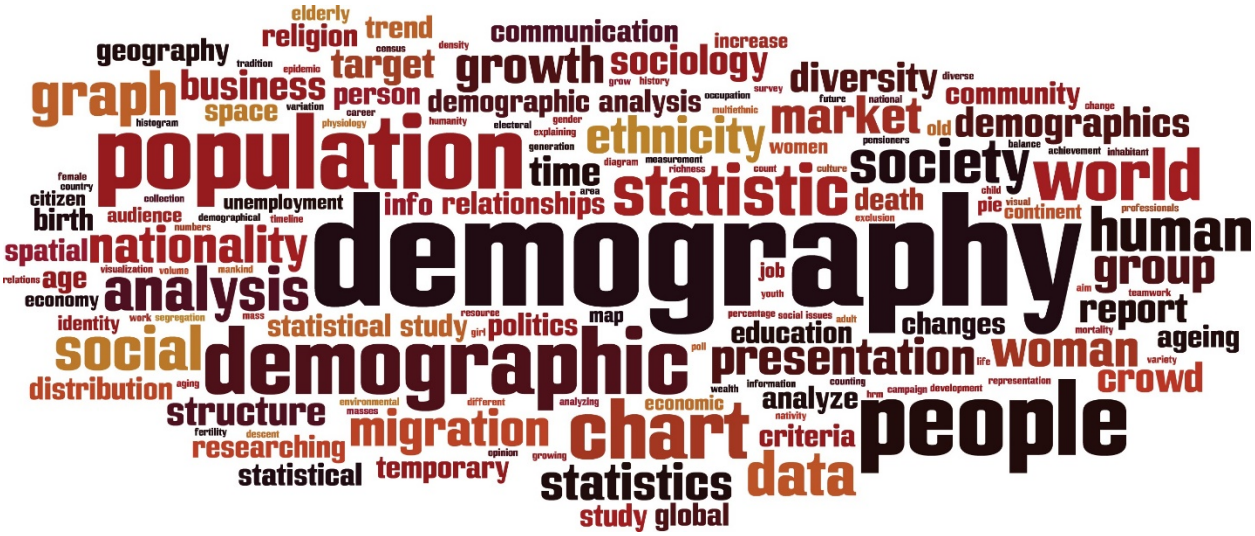
ESRD NETWORK 2019 ANNUAL REPORT

ESRD Network 11

Table of Contents

ESRD DEMOGRAPIC 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 people with kidney disease. We serve a five-state region: Michigan, Minnesota, North Dakota, South Dakota, and Wisconsin.

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.

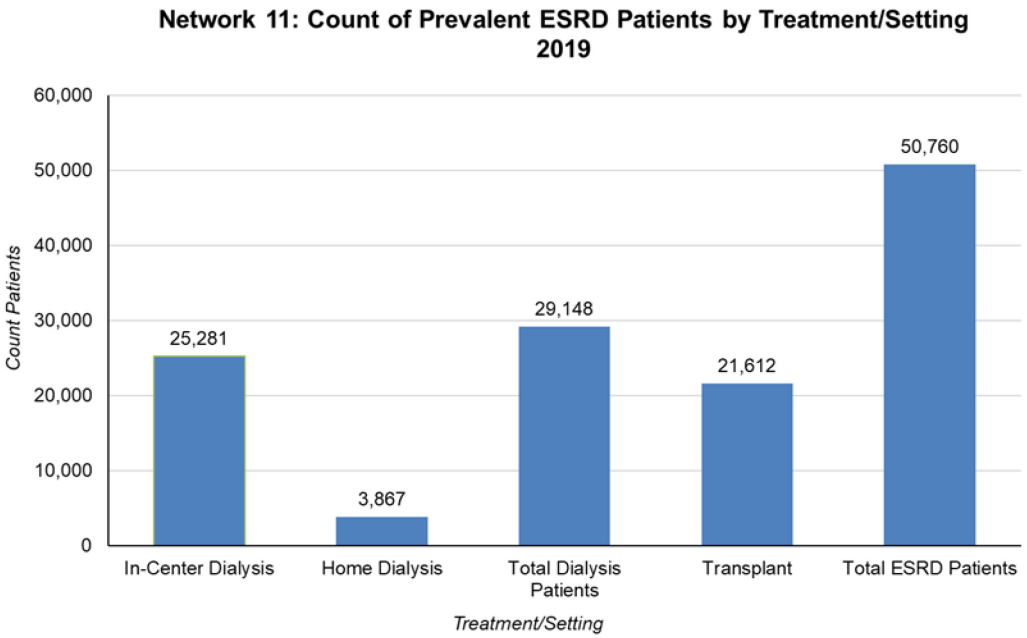
Diverse Populations

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.

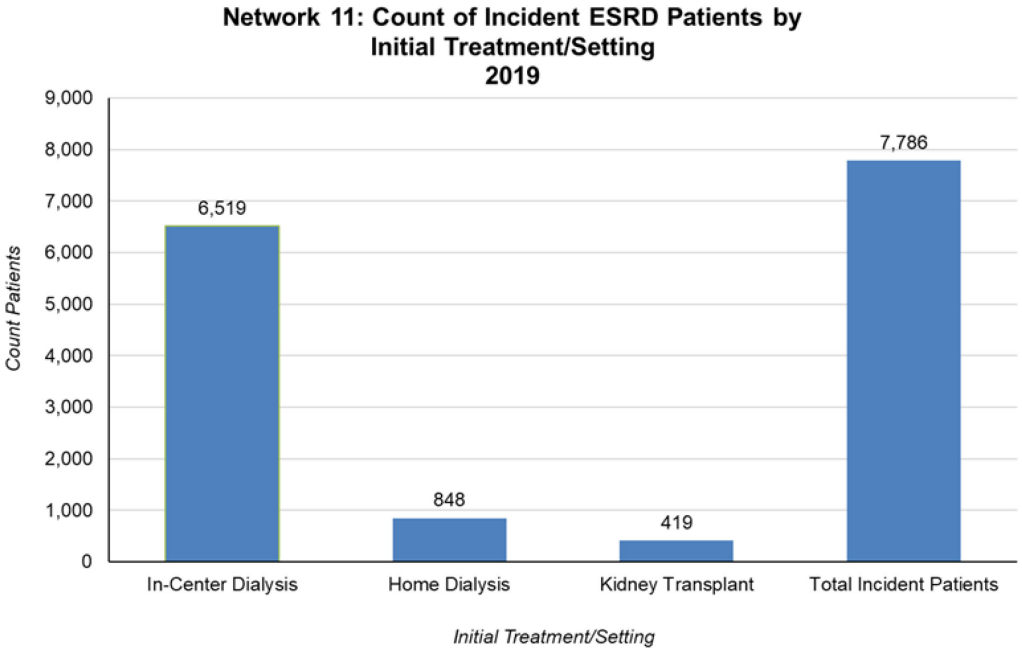
- At 82%, Detroit, Michigan has the highest percentage of African American population in a USA City.
- Midwest Kidney Network's five-state area contains more than fifteen Native American reservations with some of the largest populations in the United States.
- People of color populations have increased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

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

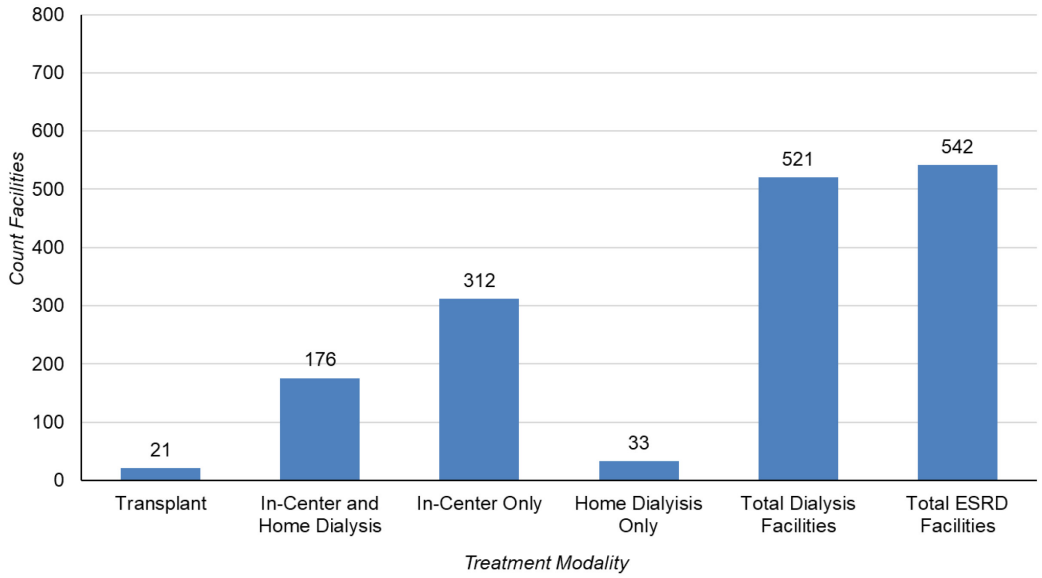
Midwest Kidney Network collaborates with 535 ESRD providers. Of the dialysis providers in this 5-state region, 41% are affiliated with DaVita, 33% are affiliated with FMC, 12% are affiliated with a regional chain, and 14% are independent.



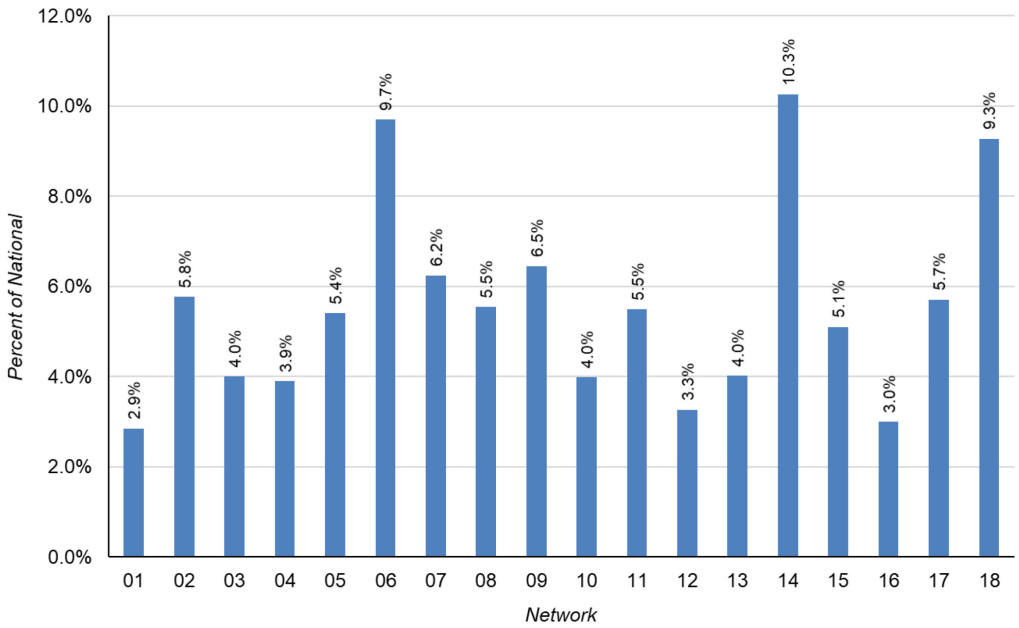
Total Dialysis Patients = In-Center Dialysis + Home Dialysis
Total ESRD Patients = Transplant + Total Dialysis
SNF dialysis patients are not shown due to small numbers.
Source of data: CROWNWeb May 2020



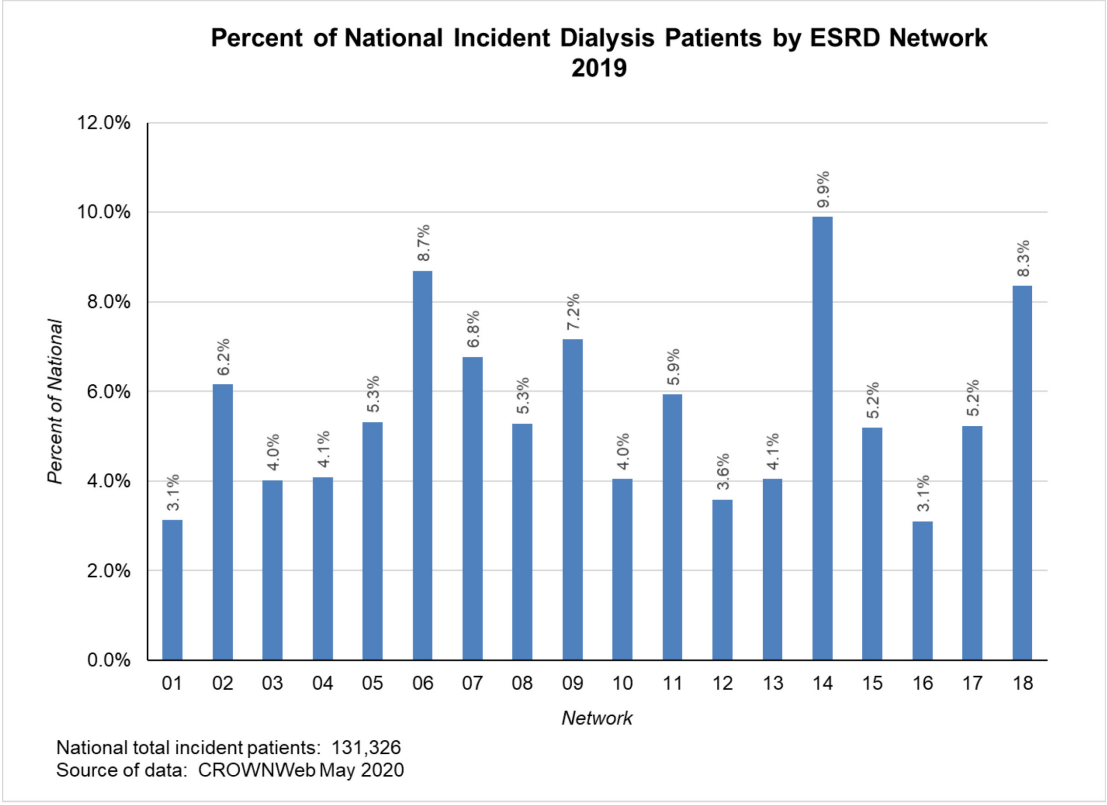
Total Incident = Patients In-Center + Home + Kidney Transplant
Source of data: CROWNWeb May 2020



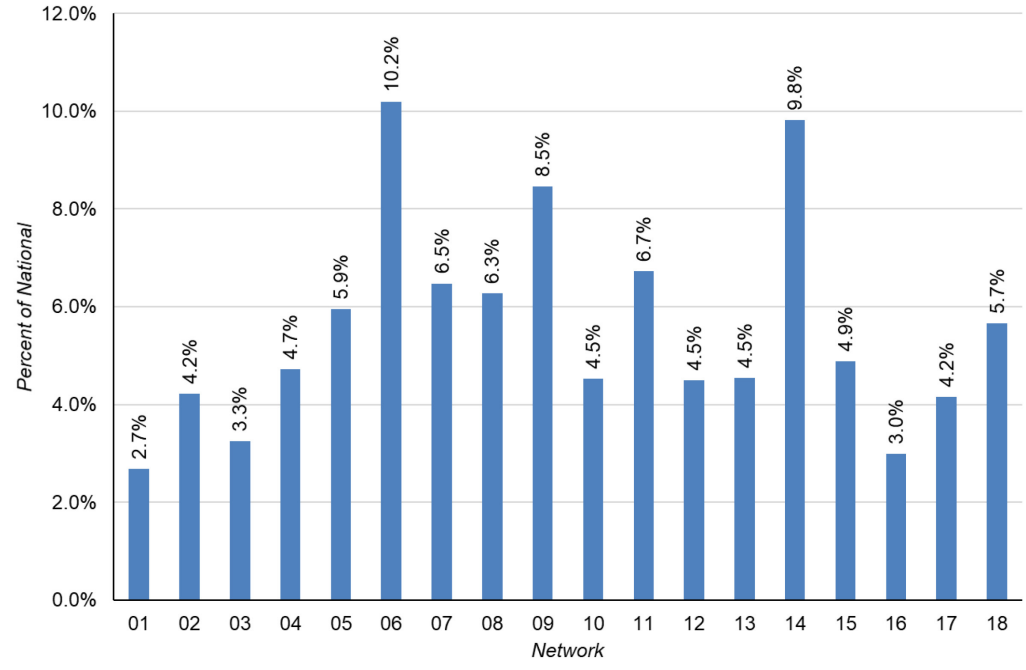
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only
Total ESRD Facilities = Transplant + Total Dialysis Facilities
Source of data: CROWNWeb May 2020



National total dialysis patients: 530,311
Source of data: CROWNWeb May 2020

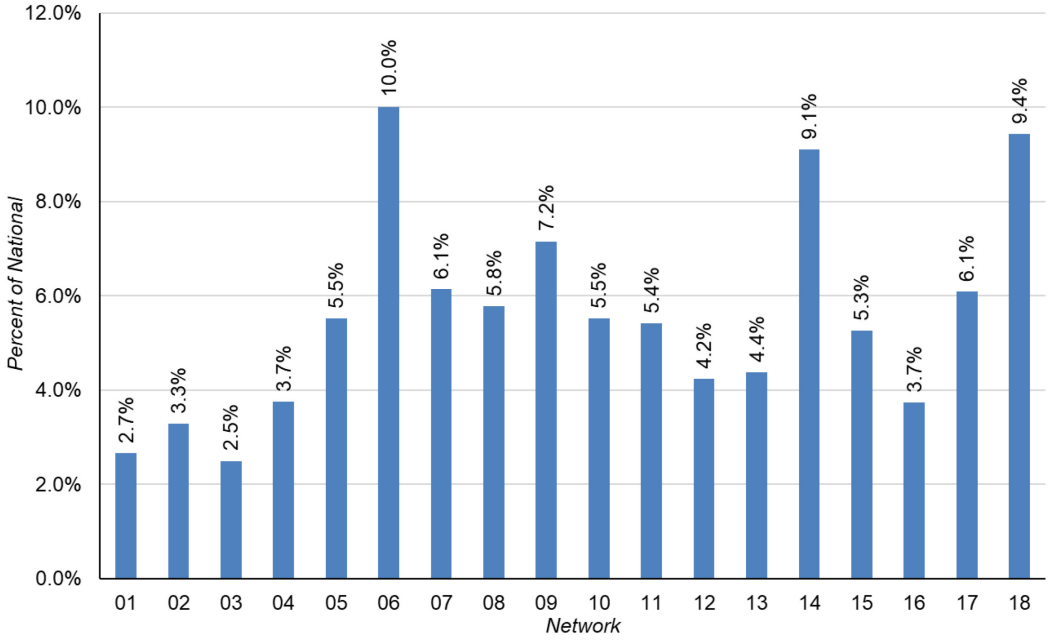


National total incident patients: 131,326
Source of data: CROWNWeb May 2020



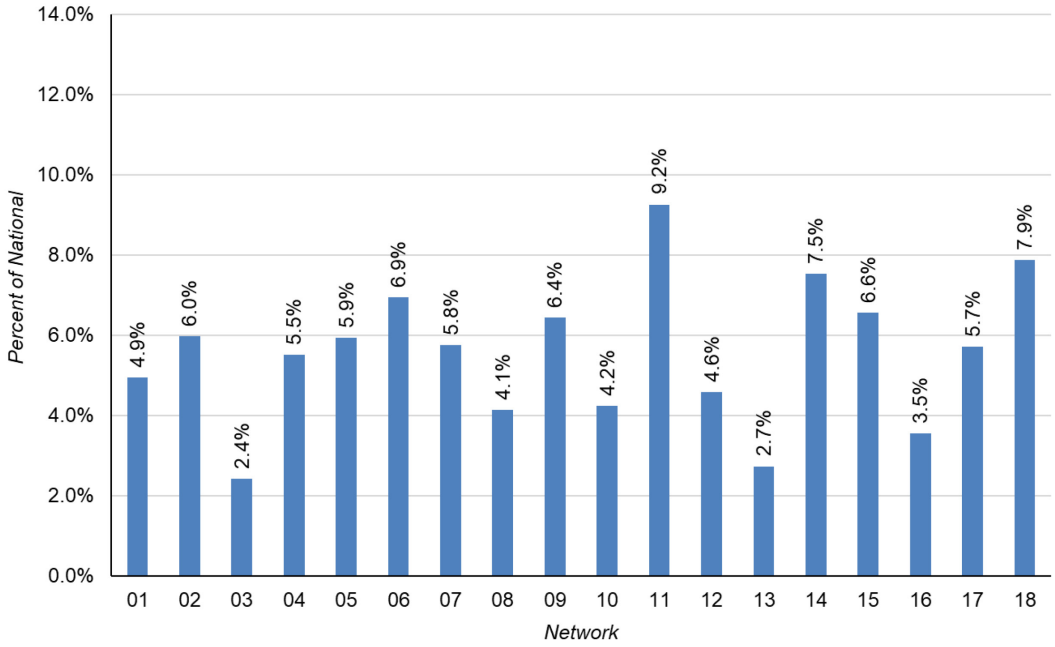
National total ESRD Medicare-certified dialysis facilities: 7,752
Source of data: CROWNWeb May 2020

Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2019

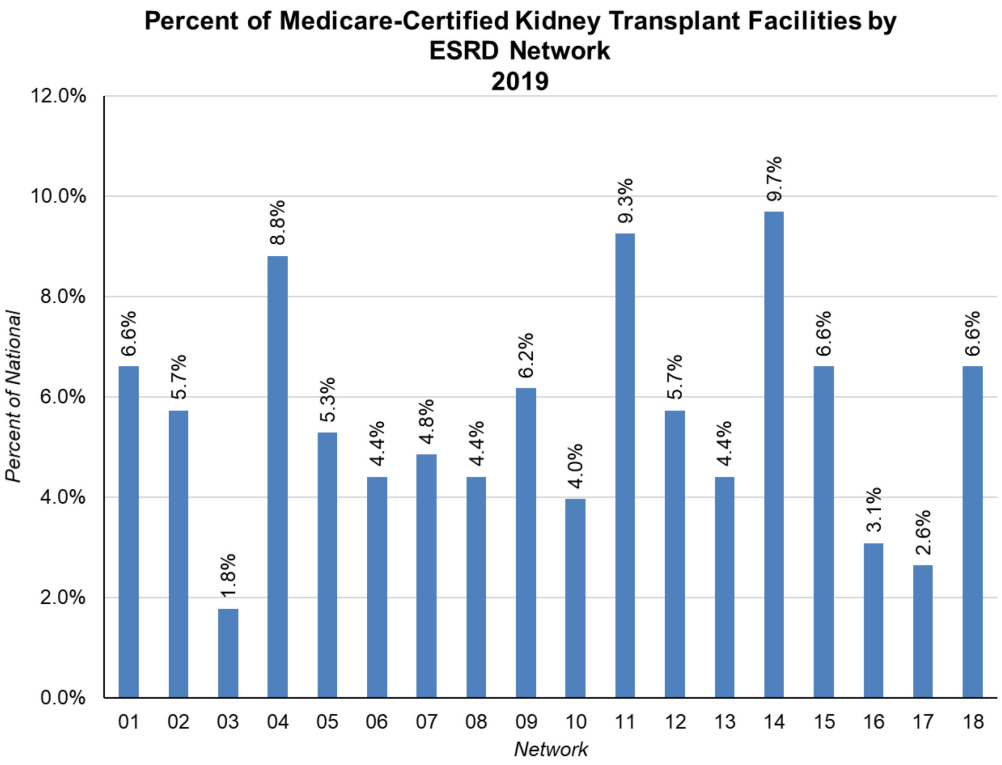


National total home hemodialysis and peritoneal dialysis patients: 71,408
Source of data: CROWNWeb May 2020

Percent of National Transplant Patients by ESRD Network 2019



National total transplant patients: 233,650
Source of data: CROWNWeb May 2020



National total ESRD Medicare-certified kidney transplant facilities: 227
Source of data: CROWNWeb May 2020

ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA

Grievance Quality Improvement Activities

Goals

- The Network shall increase patient awareness of the Network as an educational resource and mediator for grievances with metrics included in the Network Internal Quality Improvement plan.
- The Network shall improve the grievance satisfaction score provided by the ESRD National Coordinating Center from the month of December 2018 by at least 10% relative improvement by the time of evaluation in 2019.

Responding to Patient's Concerns

The Network responded to 136 calls from patients and provided support, strategies, options, and assistance. Midwest Kidney Network staff were intentional in their individualized customer service and incorporated the following best practices into their discussions with patients:

- 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 grievance letters thanking the patient for their call and summarizing their grievance process.
- Informed them that they will be contacted for follow-up on satisfaction with the process.

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 the Midwest Kidney Network, our Facebook page, and in our *Kidney Concerns* newsletter for patients and their families.

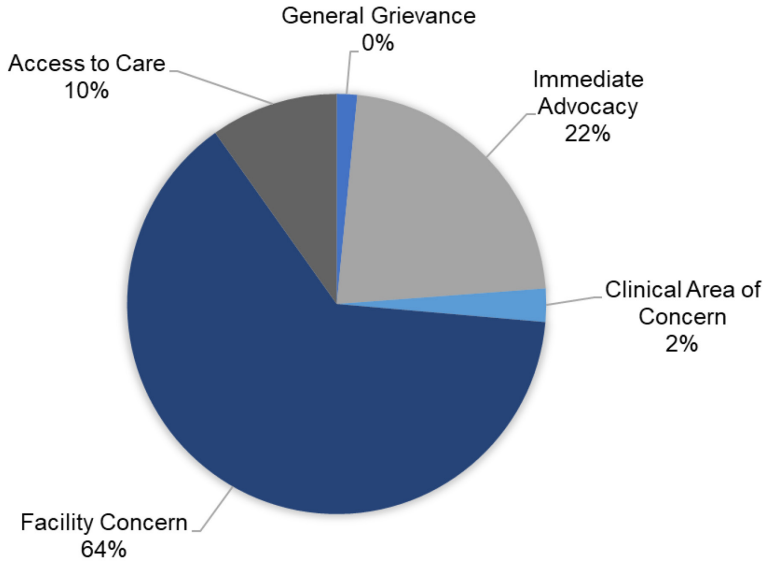
Working with Dialysis Providers with Concerns

In 2019, Midwest Kidney Network received 375 calls from facilities/providers. These facilities represent the diversity of urban/rural, inner city/suburban, Large Dialysis Organization facilities, and independent dialysis facilities. Midwest Kidney Network responded to calls from dialysis facilities by aiding in problem solving, sharing best practices, and helping to understand 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 by 21% (from 112 in 2018 to 136 in 2019). During 2019, our grievance satisfaction scores increased by 10%, from 74.7 to 82.0.

Network 11: Percent of 2019 Grievances and Non-Grievances by Case Type



Source of data: Patient Contact Utility (PCU) accessed November 2019

ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

Reducing Long-Term Catheter (LTC) Quality Improvement Activity

Goal

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

Project Participants

- 257 dialysis facilities (50% of the Network) with the highest number of excess bloodstream infections were chosen for the bloodstream infection project.
- From these units, the units with a long-term catheter (LTC) rate ≥ 15% in July 2018 were selected for the LTC project.
- 61 units in the Blood Stream Infection (BSI) cohort had LTC rates ≥ 15%

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 three-tiered interventional approach with cohort facilities dependent on facility-level long-term catheter rate. Units could be in more than one tier. The top 25 units were divided into two tiers. Tier One included 7 dialysis units affiliated with an independent chain, which were given intensive education. Tier Two included 18 dialysis units which had a modified off-site record review.

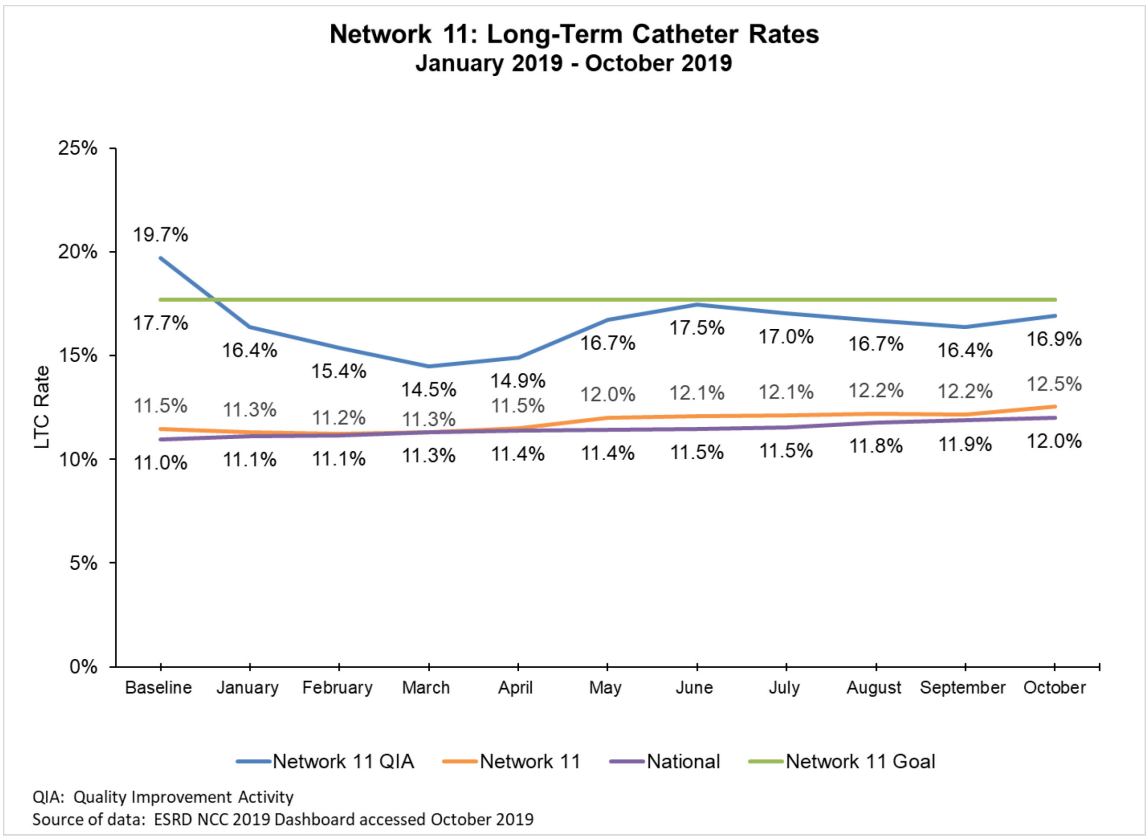
Tier One: Intensive Technical Assistance	***Intensive customized technical assistance*** ***(7 dialysis facilities)*** We provided intensive technical assistance and monitoring for one dialysis provider group. There were 7 dialysis units in this group with similar policies and procedures. Including monthly monitoring throughout, we had a call and webinar in April to review their rates for LTC and for BSI. In May, we addressed their barriers and developed a plan to work on them. Monthly monitoring continued and in October- November, we conducted a comprehensive review of their bloodstream infections and long-term catheter patient records by 3 reviewers. Intensive technical assistance will continue in 2020.

Tier Two: Off-site Reviews	***Off-site record review and focused technical assistance*** ***(18 dialysis 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 long-term catheters.

Tier Three: **Unit-specific Reports**	***Virtual Learning Session and Facility-Specific Reports*** ***(52 dialysis facilities)*** We convened a webinar with facilities featuring frequently requested resources and successful strategies to reduce long-term 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 vascular accesses. • Establishing a vascular access manager. • Medical Director engagement in promoting surgical vascular accesses whenever possible • 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

Overall, we achieved a 2.78% reduction in the long-term catheter rate (19.70% - 16.92%), surpassing the goal of 2% improvement.



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

Reducing Blood-Stream Infection (BSI) Quality Improvement Activity

Project Goal

Achieve a ≥ 20% reduction in the bloodstream infection (BSI) rate from the baseline of January-June 2018 to January-June 2019.

We achieved a reduction of 166 bloodstream infections. This is better patient care and equates to an estimated $4.6 million savings ($21,000 minimum per infection) to Medicare.

Project participation

257 dialysis facilities serving over 13,000 in-center dialysis patients participated in the project. Improvement was measured based on the 103 facilities with the highest bloodstream infection rates based on January - June 2018 National Healthcare Safety Network (NHSN) data.

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 pictures or videos.

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. By September, 93% of eligible facilities had completed this which met the goal of 90%.
- 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 dialysis facilities to establish an evidence-based, highly effective health information transfer system that captures positive blood cultures during transitions of care. 77 facilities (30%) reported having a system like this in place which met the 20% goal.
- We completed a focused review of one provider group, comprising five facilities, which resulted in a 7% decrease in their BSI rates.

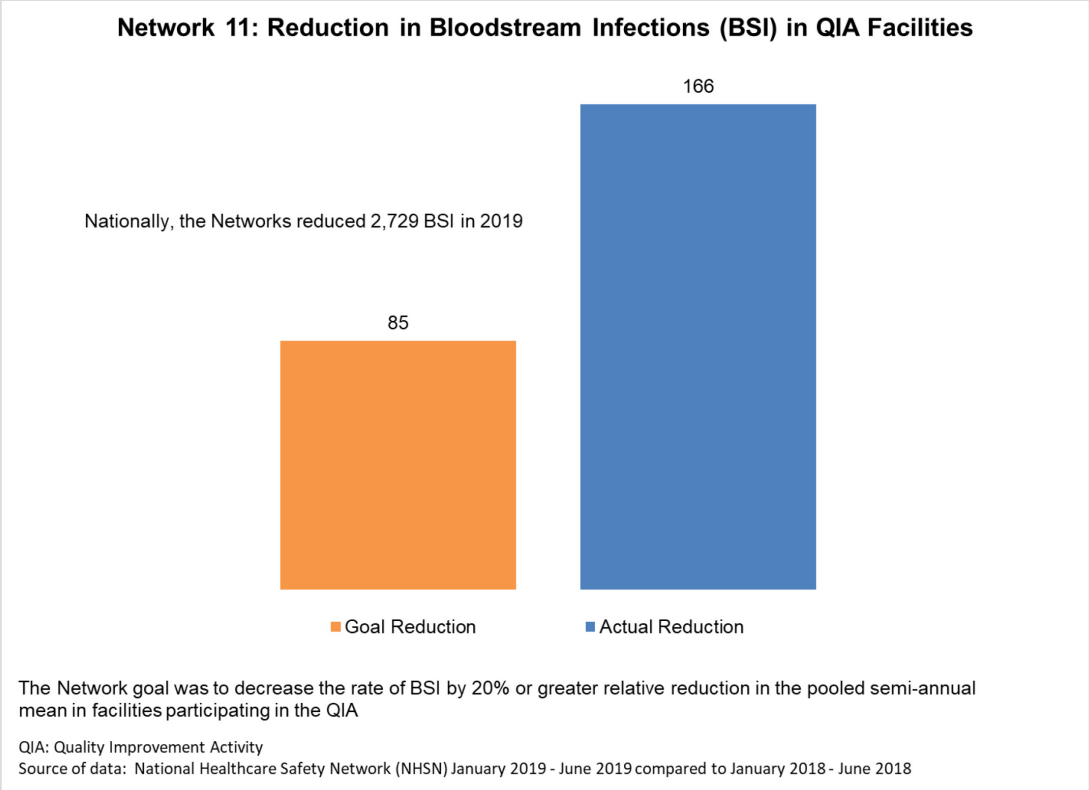
- We attended weekly meetings of their administrators, nurse managers, infection control managers, and other quality personnel to revise policies and procedures.
- We assisted with audits for dialysis staff compliance with new policies.
- We reviewed root cause analyses of infections and created a plan for improvement.
- We discussed sustainability of these interventions within their system.

Results

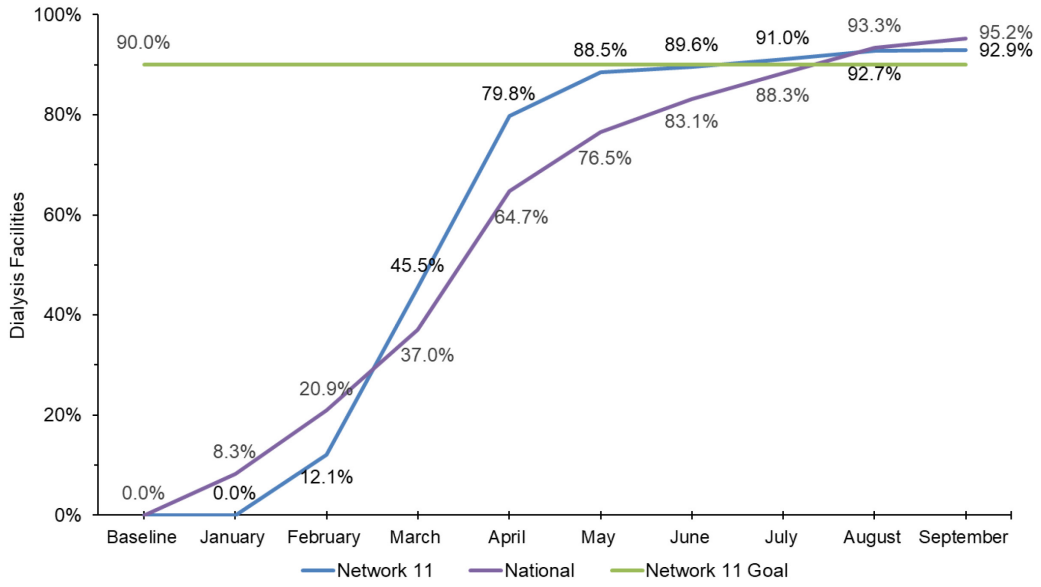
With a 39% relative improvement, Midwest Kidney Network met and exceeded its goal to reduce the BSI rate. This improvement meant a reduction of 166 BSIs in the cohort facilities.

The NHSN training goal of 90% was exceeded. 93% of eligible facilities in Midwest Kidney Network had at least one person complete the training.

The HIE goal of 20% was exceeded. 30% of cohort facilities reported having an HIE or an evidence-based, highly effective health information transfer system that captures positive blood cultures during transitions of care.

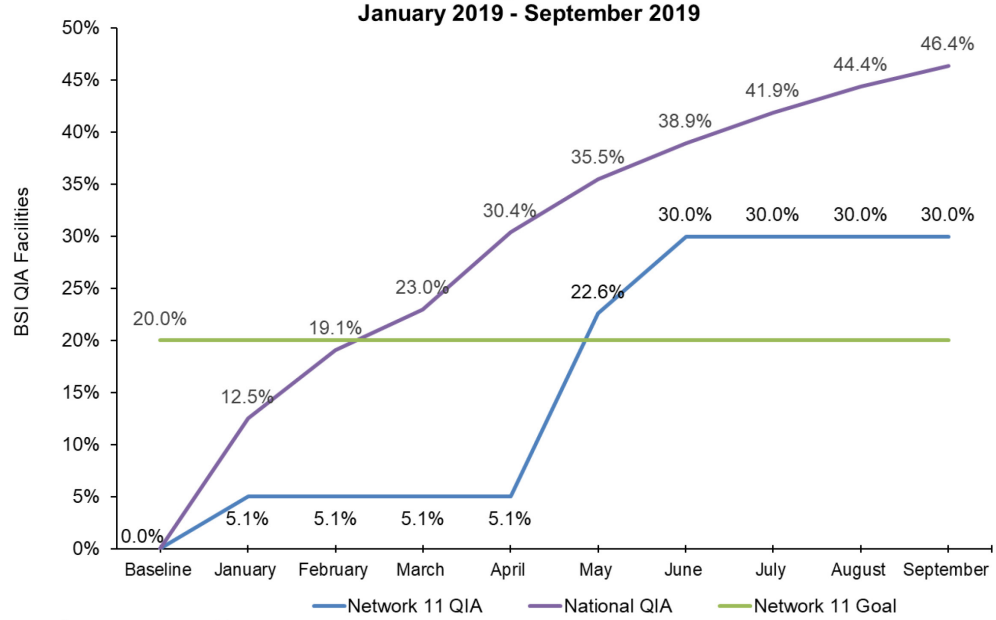


Network 11: Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training
January 2019 - September 2019



Source of data: ESRD NCC 2019 Dashboard accessed October 2019

Network 11: Percent of BSI QIA Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System
January 2019 - September 2019



QIA: Quality Improvement Activity
BSI: Bloodstream Infection
Source of data: ESRD NCC 2019 Dashboard accessed October 2019

Adding Patients to the Kidney Transplant Waitlist
Quality Improvement Activity

Project Goal

The transplant waitlist project had a goal of increasing by 2 percentage points the natural trend of the Network of patients on the transplant waitlist. To meet this goal, 430 patients would need to be added to the transplant waitlist during the January -September project timeline.

Project participation

There were 169 home dialysis and in-center dialysis facilities participating in the project. We also worked with 21 kidney transplant centers throughout the course of the project.

Patient involvement

Patient participation was solicited throughout the quality improvement activity. Facility level patient subject matter experts provided feedback on interventions and written materials. This information was utilized to shape the ongoing strategies for the project. Patients dialyzing at home, patients dialyzing in-center, and kidney transplant recipients also provided input through Network workgroups and our Consumer Committee.

> The KART questionnaire helps to identify misunderstandings about transplantation. For example, one question asks if the following question is true or false. "In general, patients can live at least 5 years longer with a kidney transplant than if they stayed on dialysis." Interestingly, 43% answered false, but the correct answer is true.

Project interventions

Midwest Kidney Network implemented a variety of strategies to help establish better working relationships between the dialysis facilities and their kidney transplant centers by using liaisons, coordinators as well as patients themselves. We also worked with dialysis facilities and kidney transplant centers on best practices to support patient education and movement through the referral to waitlist process. Results-oriented interventions included the following activities:

- Convened calls with DaVita, Fresenius Kidney Centers, and independent dialysis providers to discuss best practices, brainstorm barriers, and assess facility needs related to kidney transplant education for patients and communication with transplant centers.
- Worked with transplant centers to present a panel discussion titled: *Reality of Kidney Transplantation.* The renal social worker panelists focused on communication and partnership with dialysis facilities in the referral to transplant process.

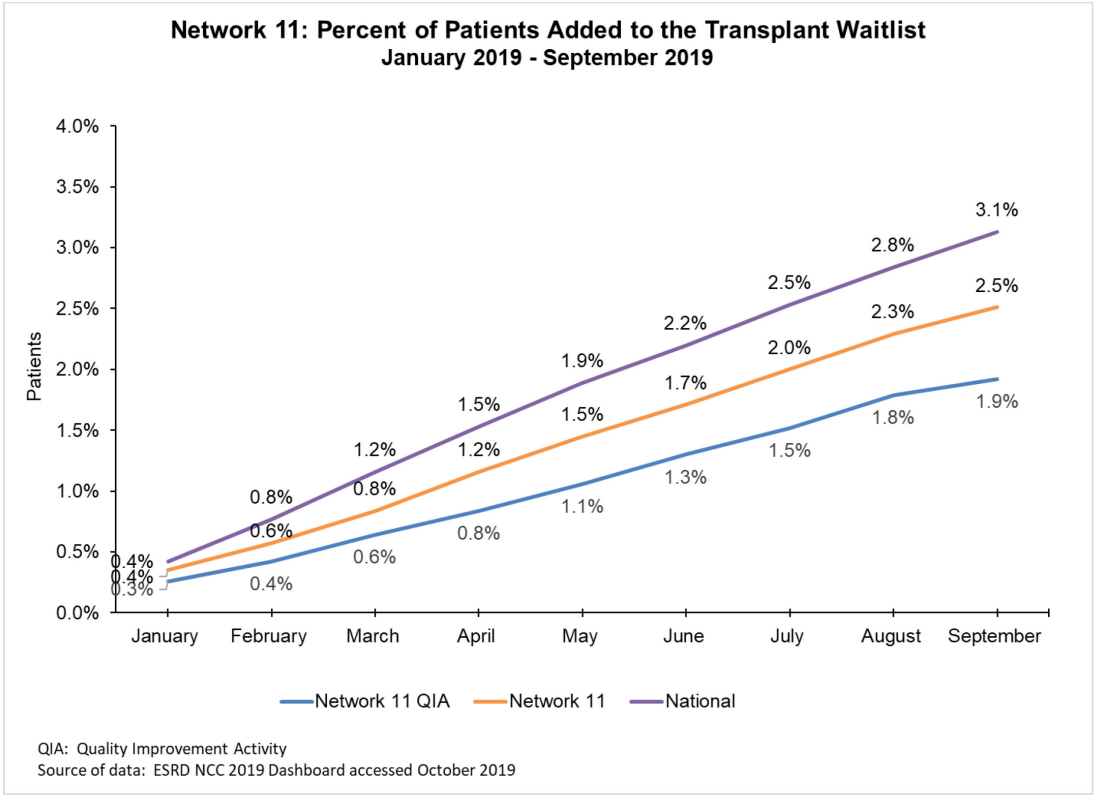
- Worked with focus dialysis facilities monthly to determine what strategies were implemented successfully and how they were being sustained. As new challenges were identified, approaches were explored that could mitigate the barriers.
- Provided a PowerPoint on demand that included best practices for improving communication between transplant centers and dialysis facilities. Tips for conversations with transplant coordinators were also included.
- Distributed information on Transplant Navigation to project drivers as a resource for review and implementation of practices not currently standardized.
- Convened calls with select kidney transplant center representatives for input on challenges and best practices that could be addressed and utilized to drive successful strategies for the project.
- Promoted the *Knowledge Assessment of Renal Transplantation (KART)*[1] questionnaire.
- Helped to identify knowledge gaps and misconceptions by dialysis patients and dialysis staff. Using this tool helped to tailor patent and staff education to specifically address the knowledge gaps. For example, aggregate responses from a sample group of patients and dialysis staff were reviewed and provided to dialysis facilities and kidney transplant coordinators. These answers from this sample group of patients and dialysis staff were utilized during discussions & education with patients, by dialysis staff and transplant staff to address misconceptions.
- Identified disparities in transplant between white and non-white populations. To promote awareness of this racial disparity, we provided a PowerPoint on demand for ESRD staff review. We also distributed copies of *About Choices in Transplantation and Sharing (ACTS)*[2] booklet for patient education.
- Responded to requests for resources and solicited feedback from dialysis facilities on the type, content, and frequency of communications. We also provided technical assistance to those who identified barriers through root cause analyses.
- Verified and reconciled 7-step data to monitor patient movement in the process from referral to evaluation to being added to the transplant wait list.

Results

During the 9-month project period, 205 patients (1.9%) from the 169 cohort facilities were added to the kidney transplant waitlist.

[1] Peipert, J. D., Hays, R. D., Kawakita, S., Beaumont, J. L., & Waterman, A. D. (2019). Measurement Characteristics of the Knowledge Assessment of Renal Transplantation. *Transplantation*, *103*(3), 565–572. https://doi.org/10.1097/TP.0000000000002349

[2] https://med.emory.edu/education/vme/TransplantCoalitionChecklist/assets/LivingACTS.pdf



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

Increasing Home Dialysis Quality Improvement Activity

Project Goal

The home dialysis project had a goal of increasing by 2 percentage points the natural trend of the Network of starting a home dialysis modality (from January to September 2019). To meet this goal, Midwest Kidney Network would need to have 857 patients start or transition to a home dialysis modality.

Project participation

There were 169 dialysis facilities participating in the project including both home dialysis and in-center dialysis facilities.

> The cost of care for a patient on home dialysis is approximately $13,600 less than that of an in-center dialysis patient. In 2019, 868 patients in the cohort facilities started on or transitioned to home dialysis. This represents an approximately 11.8-million-dollar savings to Medicare.

Patient involvement

Patient participation was solicited throughout the quality improvement activity. Facility level patient subject matter experts provided feedback on interventions and written materials. To ensure that patient values were integrated in patient educational materials, patients at the participating dialysis facilities evaluated and offered feedback on materials, such as *My Life, My Dialysis Choice.* This information was utilized to shape the ongoing strategies for the project. Home dialysis and in-center dialysis patients also provided input through Midwest Kidney Network workgroups and our Consumer Committee.

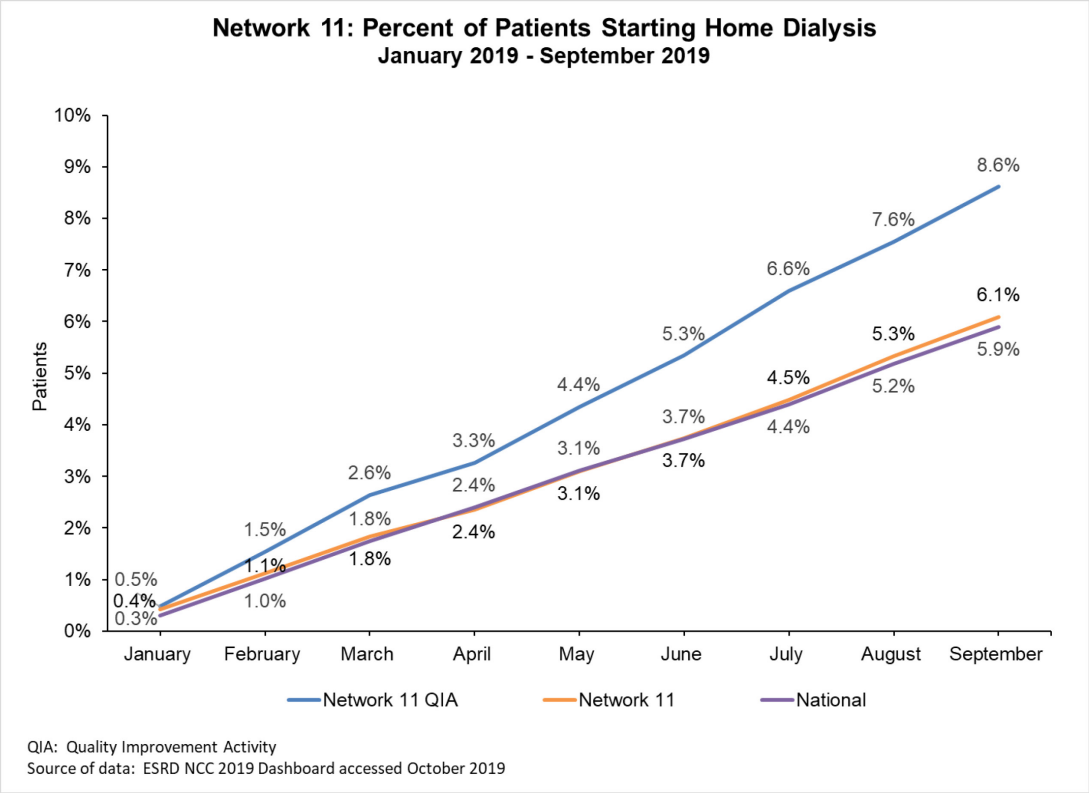
Project Interventions

- Implemented a variety of interventions to help enhance communication between the home dialysis facilities and in-center dialysis facilities. These interventions included education, supporting strategies to strengthen relationships, and standardize best practices.
- Provided tools and education on the importance of patient voice & lifestyle values, including resources to non-branded tools to support informed decision making for patients. An example of this would be *My Life, My Dialysis Choice* from the Medical Educational Institute: http://mydialysischoice.org
- Supported direction of the project by reviewing root cause analysis forms completed by cohort dialysis facilities.
- Convened a kickoff call for the Home Dialysis Project, which covered the goals and expectations of the project. It also reviewed best practices and lessons learned from 2018.

- Convened calls with DaVita, Fresenius Kidney Care, and independent dialysis providers to discuss best practices, brainstorm barriers, and assess facility needs related to education for patients, facilities, and dialysis staff.
- Responded to requests for resources and solicited feedback from dialysis facilities on the type, content, and frequency of communications, as well as providing technical assistance.
- Produced and distributed a Tip Sheet of these practices to all facilities in the Network region, with instructions to incorporate at least one of the practices into their current process.
- Collaborated with several dialysis providers to present a webinar to share successful practices at their facilities to improve patients starting home dialysis as a first modality choice. Representatives from two dialysis providers served as webinar faculty to discuss and answer questions on key components for home modality growth and the importance of communication and physician support.
- Produced and distributed a "*Steps to Home Dialysis*" PowerPoint to dialysis facilities for review and comment. Dialysis facility personnel used this as a resource to better understand the definitions for the home dialysis steps. This resource supports educating both in-center dialysis staff and patients as they address specific discussion topics with the dome dialysis staff.
- Produced and distributed a PowerPoint on demand for all cohort facilities. This presentation included project challenges, lessons learned, and project successes. Best practices included establishing a process for regular communication between home dialysis and in-center dialysis facilities and sustaining tips for successful practices. Select facilities were asked to provide feedback on what content they felt would be valuable to include, and this has been incorporated into the presentation.
- Worked with patient subject matter experts to produce short videos related to their experience on a home dialysis modality to be posted to our Facebook page. In one patient's video, she speaks about peritoneal dialysis supporting her ability to continue to work.
- Promoted the value of telemedicine for both urban and rural patients during a call and a webinar.
- Identified a disparity between white and non-white patient populations. To raise awareness on this racial disparity, we distributed a Power point on demand for dialysis staff review and provide feedback on its value.
- Shared best practices and innovative ideas throughout the project. One innovative practice was shared by a regional dialysis provider that has started a successful process for home modality education for in-center dialysis patients and patients with an eGFR <20. The dialysis provider will set up their home dialysis clinic like rooms of a house. A home hemodialysis dialysis (HHD) patient will be running in one room to talk about home hemodialysis along with unit staff to explain HHD and answer questions. They also have a peritoneal dialysis patient and kidney transplant patient present to discuss their modalities. This innovative approach was shared with the project cohort.

Results

During the 9-month project period, 868 patients (8.6%) from the 169 cohort facilities started or transitioned to a home dialysis modality which met the project goal.



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

Referring and Receiving Vocational Rehabilitation Services: Gainful Employment of ESRD Patients

Project Goal

Increase the percent of patients referred to an employment network or vocational rehabilitation services by 10%. Increase the percent of patients receiving employment network or vocational rehabilitation services by 5%.

Project Cohort

Fifty-three dialysis centers in Minnesota and Wisconsin participated in the project. They served approximately 3,400 dialysis patients.

Person and Family Engagement

- Asked patients to complete a needs assessment survey to determine what needs they might have and what resources they might want for finding work.
- Provided dialysis facilities with a best practices sheet to use while educating patients during their care planning meetings to increase patient awareness of vocational rehabilitation.
- Encouraged the cohort facilities to select a patient representative to review education and tools for this project and provide feedback to be presented during the QAPI meeting. The facility could then use this feedback to adapt their educational tools and activities.
- Distributed a tip sheet for patients and how they can participate in QAPI. Patients can utilize this resource to provide their input into QAPI meetings.
- Produced a word search puzzle, which was emailed to all cohort facilities to distribute to their patients. The word search used words regarding vocational rehabilitation and employment networks. This educational tool was popular and helped to generate conversations between patients and dialysis staff at the cohort facilities.
- Incorporated comments from a patient subject matter expert after their review of an educational resource/toolkit for both patients and facilities regarding employment resources. This toolkit also included stories from three patient Advisory Committee subject matter experts. Their stories and experiences were used to assist in motivating and encouraging other ESRD patients.

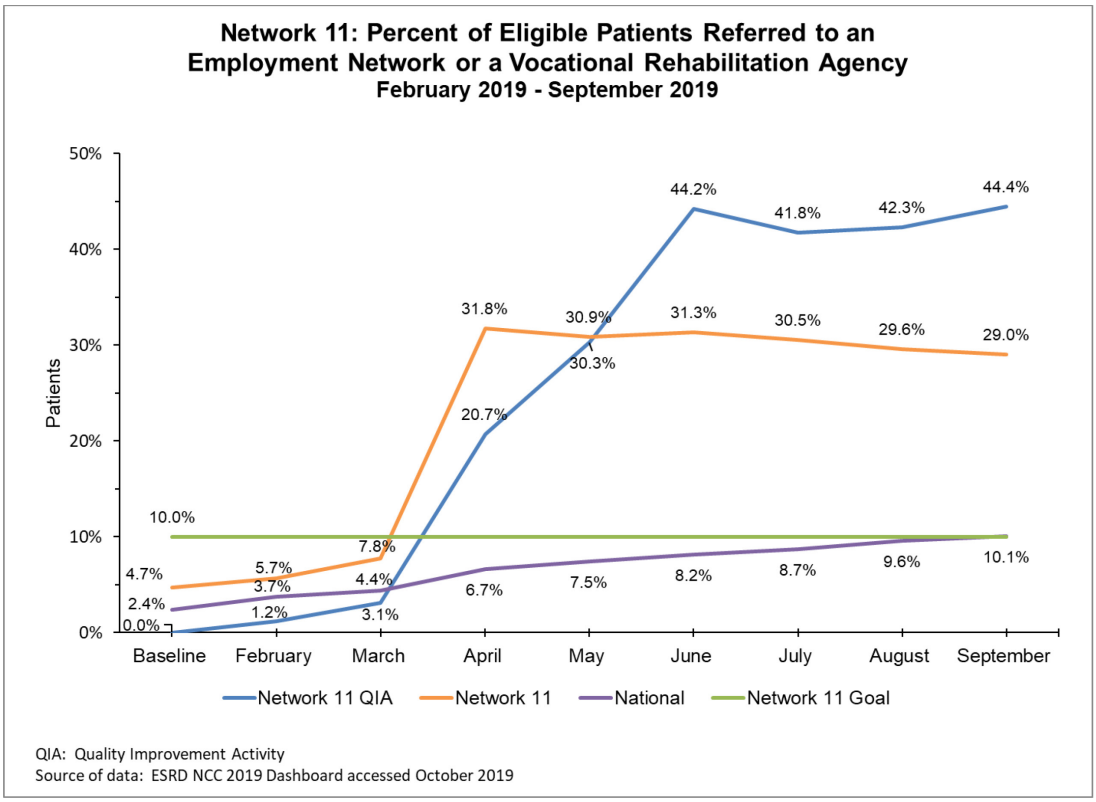
Interventions included the following:

- Sent resources to facilities such as *The Red Book* and *Ticket to Work* information.
- Presented webinars from MN Workforce and University of WI Stout (Rehabilitation Services) on getting ESRD patients into the work force.
- Made bi-monthly check-in calls to cohort facility social workers.

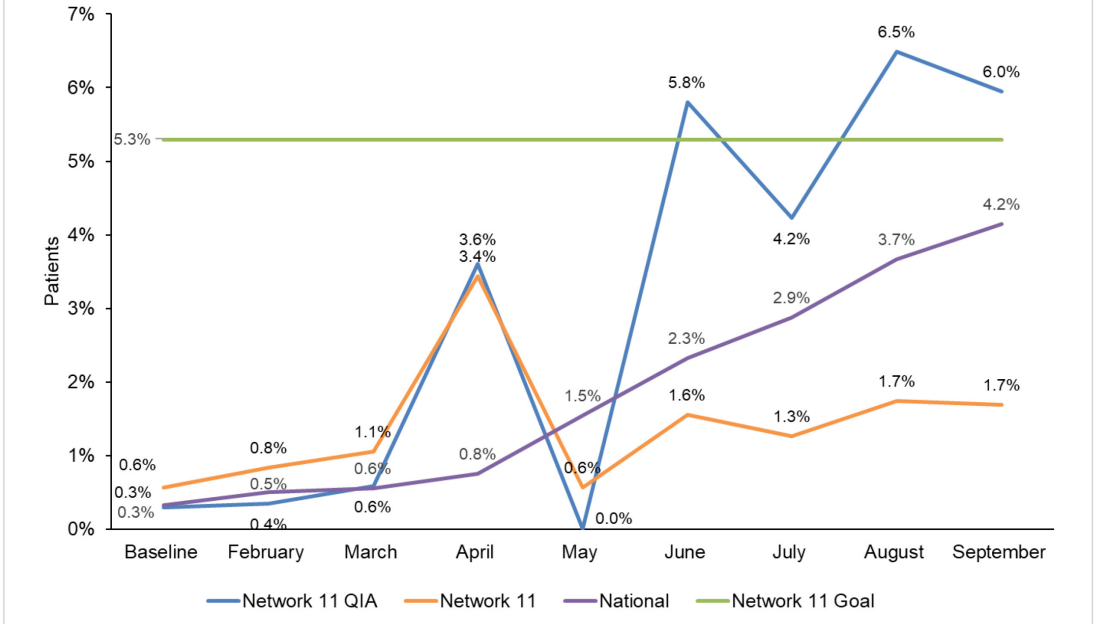
- Distributed PowerPoint presentations on sustainability and spread to social workers to watch at their convenience.
- Collaborated with five other ESRD Networks to glean Best Practices. Through multi-Network collaboration, the Innovation Challenge will allow a larger-scale collection of facility best practices.
- Developed resources for cohort facilities including Tracking Tool to monitor a patient's interest in vocational rehabilitation; a Tip sheet for making changes in CROWNWeb to reflect vocational rehabilitation use; various webinars including the kickoff webinar, and the U of WI-Stout and MN DEED webinars dealing with employment issues, the process of returning to work, and the issues facility ESRD patients.
- Provided social workers with specific handouts for patients on the Department of Vocational Rehabilitation process.
- Promoted the Gainful Employment Toolkit to all cohort facilities. This toolkit was adapted with permission from ESRD Network 16.
- Collaborated and planned a Face Book (FB) Live Event with 5 ERSD Networks to promote and encourage ESRD patients to return to work. In this format, there was an opportunity for other patients to ask questions and show support. The recording is available on our FB page.
- Continued to work with MN DEED throughout the project to promote educational information.
- Promoted resources from MN DEED regarding employment services for Minnesotans with Disabilities brochure and Frequently Asked Questions about the State of MN Vocational Rehabilitation Services program.

Results

By September 2019, cohort facilities had referred 44.44% of their eligible patients for employment network or vocational rehabilitation services, exceeding the goal of 10%. The cohort facilities reported 5.95% of their eligible patients were receiving employment network or vocational rehabilitation services by the end of the project, exceeding the goal of 5.29%.

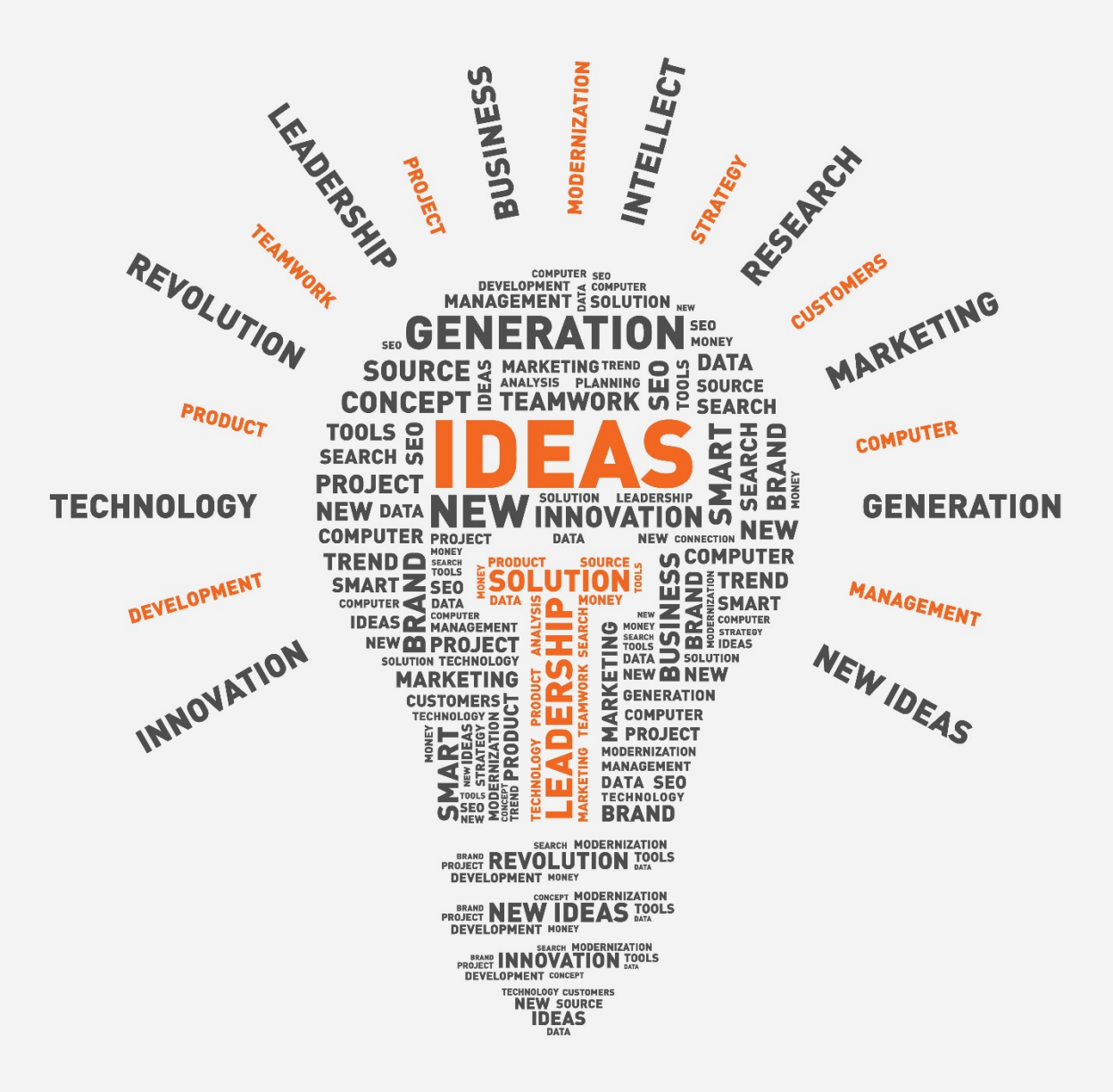


QIA: Quality Improvement Activity
Source of data: ESRD NCC 2019 Dashboard accessed October 2019



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

ESRD NETWORK RECOMMENDATIONS



RECOMMENDATIONS FOR SANCTIONS, SERVICES, AND/OR FACILITIES

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 2019, the Network did not recommend any sanctions or alternative sanctions.

Recommendations to CMS for Additional Services or Facilities

Home dialysis services: In 2019, with the support of the Advancing American Kidney Health Initiative, Midwest Kidney Network noticed an increase in the number of dialysis facilities applying and being approved to offer hone dialysis services. This expanded service capacity will contribute to the goals of increasing the number of patients dialyzing at home.

Early ESRD Modality education: Early ESRD modality education for patients and their families is a best practice, ideally performed before a patient starts hemodialysis in an in-center dialysis unit. Such early education gives patients the following advantages:

- Promotes pre-emptive kidney transplant opportunities by having patients and their families to consider living donation.
- Improves the chances for a patient to have a peritoneal catheter placed in a planned way so that patients can start peritoneal dialysis at home as their first treatment modality.
- If patients elect hemodialysis as their first treatment option, whether receiving home hemodialysis or in-center dialysis, early education gives patients a distinct advantage to have a vascular access plan initiated before starting dialysis.
- If patients are hospitalized with the first diagnosis of ESRD, vessel mapping and vascular access options can be explored to give patients the added advantage of starting hemodialysis with a permanent vascular access or at least with a catheter for < 90 days.

ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

Emergency Preparedness Activities

In 2019, dialysis providers in the Midwest Kidney Network region experienced emergencies such as inclement weather, power outages, and flooding. Despite these challenges, dialysis providers experienced very few interruptions in service. In partnership with the Kidney Community Response (KCER) Coalition, we submitted two Emergency Status Situational Reports (ESSRs) in 2019.

- **February 11, 2019**: Network staff monitored extreme cold and some power outages in Grand Rapids, MI.
- **May 27, 2019**: a facility electrical fire led to temporary closure. Network staff provided technical assistance with patient transfers in CROWNWeb. The facility reopened on July 11, 2019.

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 dialysis providers on emergency plans.

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.