



End-Stage Renal Disease  
Network of the South Atlantic

# 2020 Annual Report



South Carolina State House, Columbia, SC

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## ESRD DEMOGRAPHIC DATA

IPRO End-Stage Renal Disease (ESRD) Network of the South Atlantic (Network 6) is one of four ESRD Networks managed by IPRO, a non-profit organization that works with government agencies, providers, and consumers to implement innovative programs that improve healthcare. In addition to serving as Network 6, IPRO manages the ESRD Network of New England (Network 1), ESRD Network of New York (Network 2), and ESRD Network of the Ohio River Valley (Network 9), collectively known as the IPRO ESRD Network Program. IPRO is fully committed to the goals and vision of the ESRD Network Program and supports the renal community in ensuring safe, effective, patient-centered care for the more than 132,000 renal patients in the four Network areas it manages.

Network 6 serves ESRD patients, dialysis providers, and transplant centers in the states of Georgia, North Carolina, and South Carolina. The role of Network 6 is to improve the quality of care for people who require dialysis and/or transplantation, for ESRD. The Network aligns its mission and activities with the National Quality Strategy's three broad aims and CMS' priorities for the ESRD Network Program. Our goals, our methodology for attaining them, and our achievements are described throughout this report.

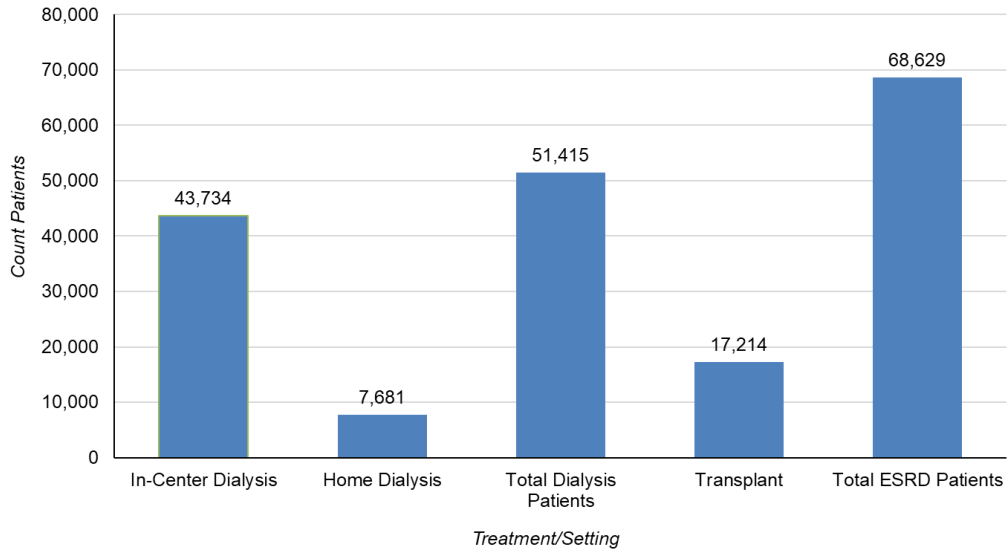
According to ESRD National Coordinating Center (NCC) end-of-year data; the ESRD population in the Network 6 region was 51,415 as of December 31, 2020.

The Network's 2020 activities supported more than 51,415 patients reported as receiving dialysis treatment for ESRD across 807 dialysis facilities, 10 transplant centers and 8 Veteran Affairs (VA) hospitals. 43,734 patients received in-center dialysis treatment and 7,681 patients received dialysis treatment at home. A total of 11,271 patients started dialysis treatment in-center or at home during 2020. The NSA contains the largest home dialysis population in the country, with 10% of the region's dialysis patients receiving treatment using a home modality.

In 2020, the largest concentration of patients and dialysis facilities in the NSA was in Georgia, where 41.5% patients received treatment in 48.2% facilities; the next largest population was located in North Carolina, where 37.2% patients received treatment in 31.1% facilities. Within the NSA, South Carolina had the smallest population of kidney patients in 2020, with 20.1% patients receiving treatment in 20.6% facilities. In 2020, 34 Medicare-certified dialysis facilities opened in the Network service area (NSA), increasing the number of facilities from 775 to 807. Within the NSA, 82% of the dialysis facilities are owned or managed by a large dialysis organization (LDO); 13% are owned or managed by medium or small dialysis organizations; and 5% are independently owned.

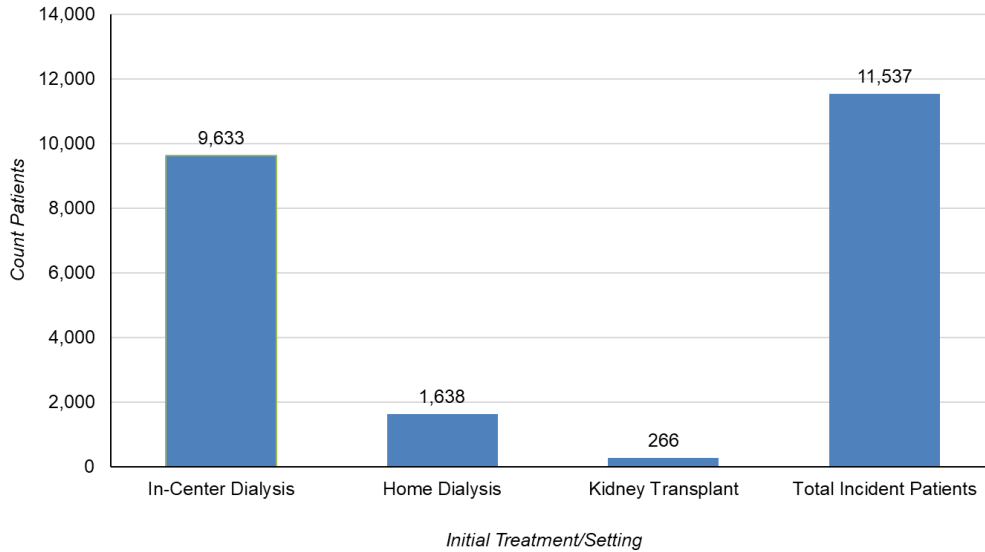
The Network has established strong partnerships across the Network region to assist with creating and implementing interventions designed to meet goals outlined in the ESRD Network Statement of Work (SOW). Through collaboration with its Network Council, Medical Review Board, Patient Advisory Committee, Grievance Committee, the Southeastern Kidney Transplant Coalition, state departments of health, regional healthcare coalitions and Network activity-specific committees, Network staff are quickly and effectively able to respond to CMS priorities. The Network deployed interventions and strategies that targeted patients, dialysis and transplant providers, and other stakeholders. These interventions, which focused on engaging patients, reducing disparities, and improving quality of care for ESRD patients are detailed in this report.

**Network 6: Count of Prevalent ESRD Patients by Treatment/Setting 2020**



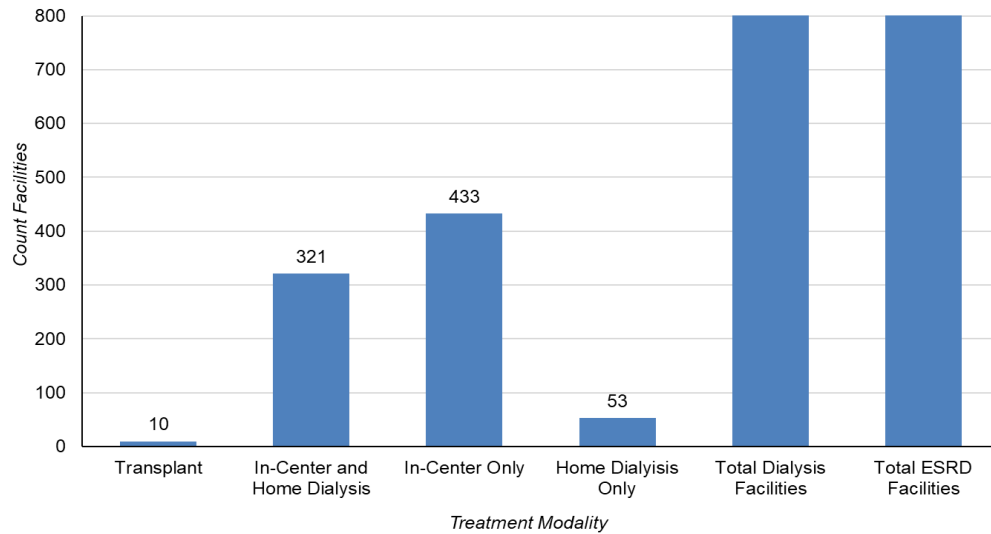
Total Dialysis Patients = In-Center Dialysis + Home Dialysis  
 Total ESRD Patients = Transplant + Total Dialysis  
 SNF dialysis patients are not shown due to small numbers.  
 Source of data: EQRS accessed June 21, 2021

**Network 6: Count of Incident ESRD Patients by Initial Treatment/Setting 2020**



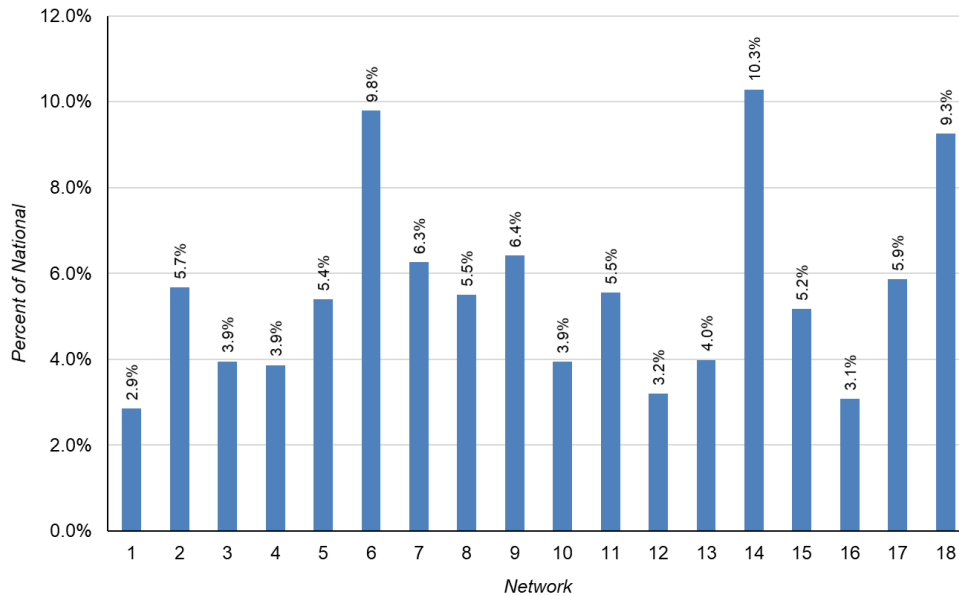
Total Incident Patients = In-Center + Home + Kidney Transplant  
 Source of data: EQRS accessed June 21, 2021

**Network 6: Count of Medicare-Certified Facilities by Treatment/Setting 2020**



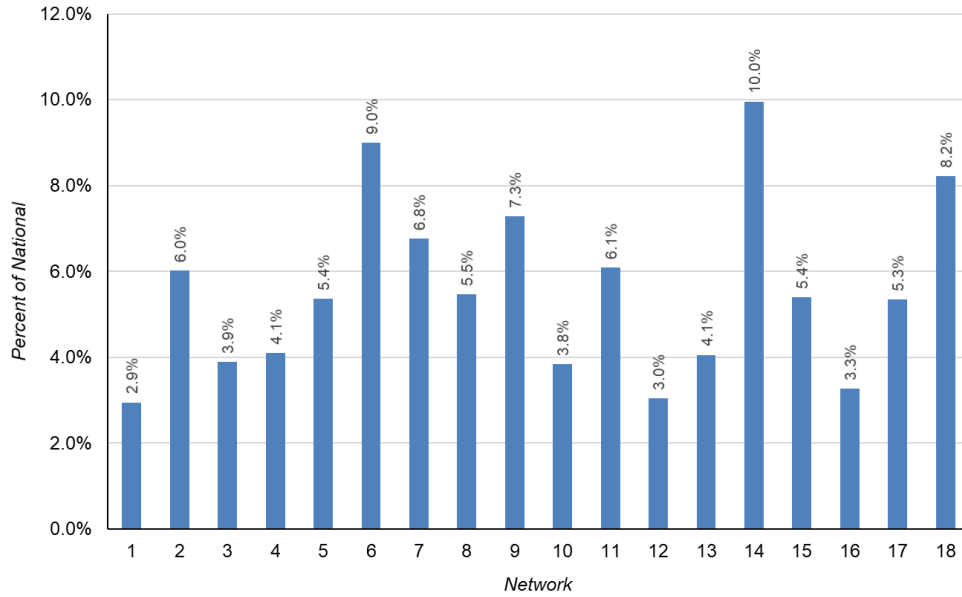
Total Dialysis Facilities = In-Center and Home Dialysis + Home Dialysis Only + In-Center Only  
 Total ESRD Facilities = Transplant + Total Dialysis Facilities  
 Source of data: EQRS accessed June 21, 2021

**Percent of National Prevalent Dialysis Patients by ESRD Network 2020**



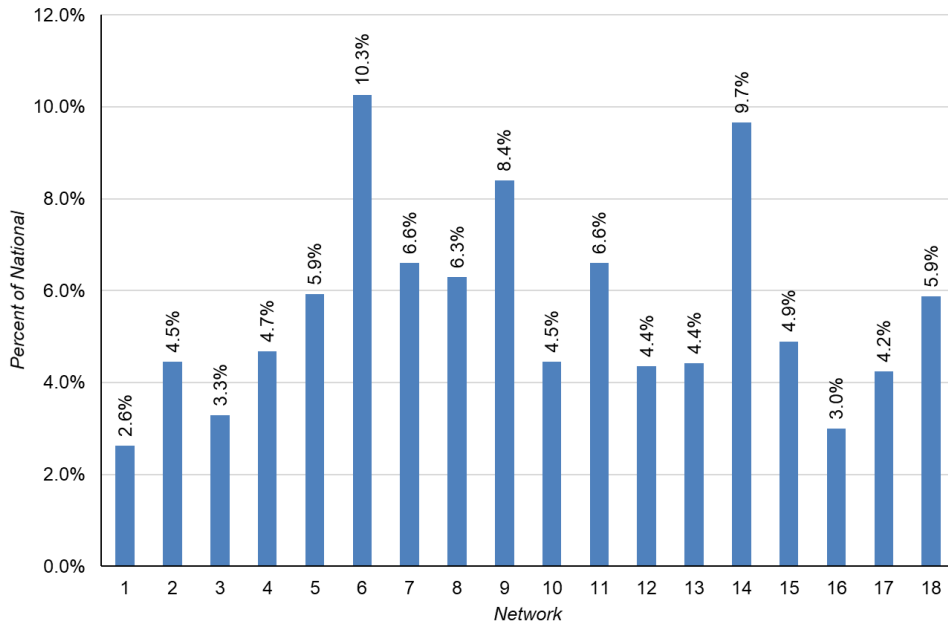
National total dialysis patients: 525,148  
 Source of data: EQRS accessed June 21, 2021

**Percent of National Incident Dialysis Patients by ESRD Network  
2020**



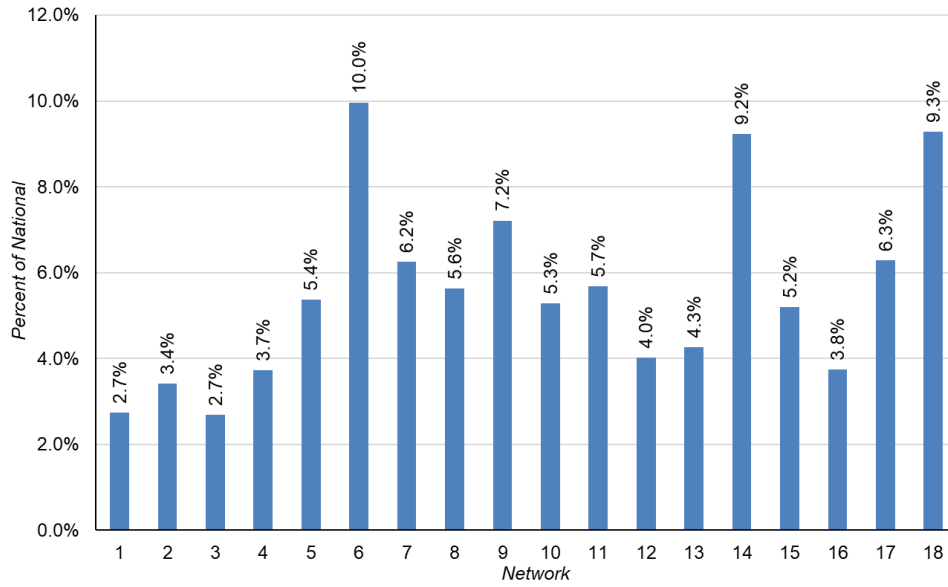
National total incident patients: 128,323  
Source of data: EQRS accessed June 21, 2021

**Percent of Medicare-Certified Dialysis Facilities by ESRD Network  
2020**



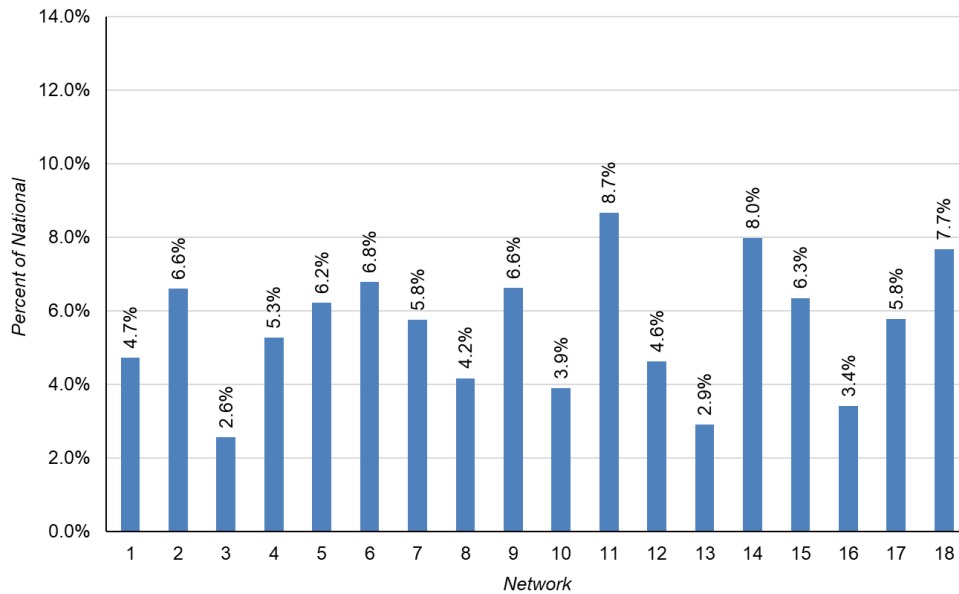
National total ESRD Medicare-certified dialysis facilities: 7,864  
Source of data: EQRS accessed June 21, 2021

**Percent of National Home Hemodialysis and Peritoneal Dialysis Patients by ESRD Network 2020**



National total home hemodialysis and peritoneal dialysis patients: 77,131  
 Source of data: EQRS accessed June 21, 2021

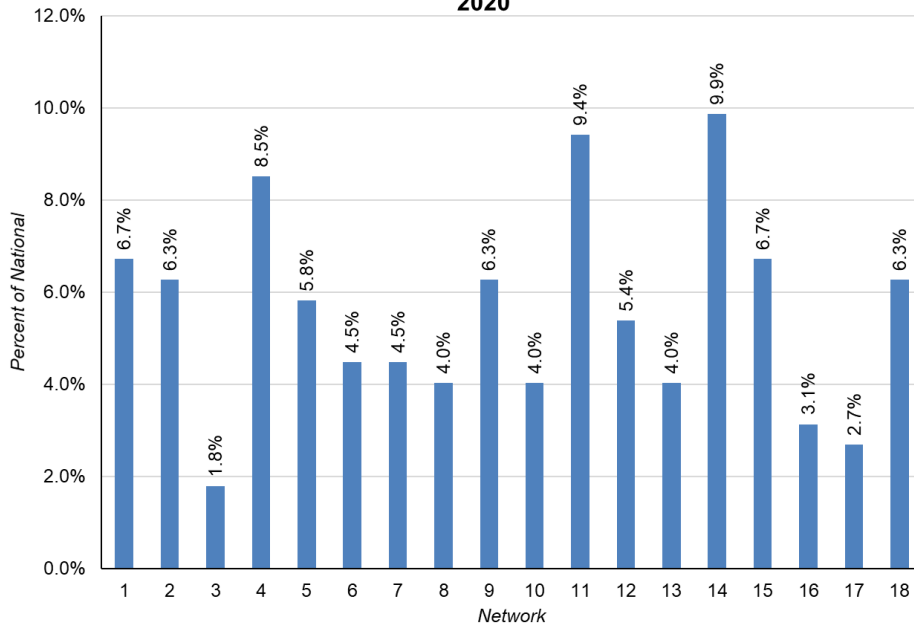
**Percent of National Transplant Patients by ESRD Network 2020**



National total transplant patients: 253,487  
 Source of data: EQRS accessed June 21, 2021

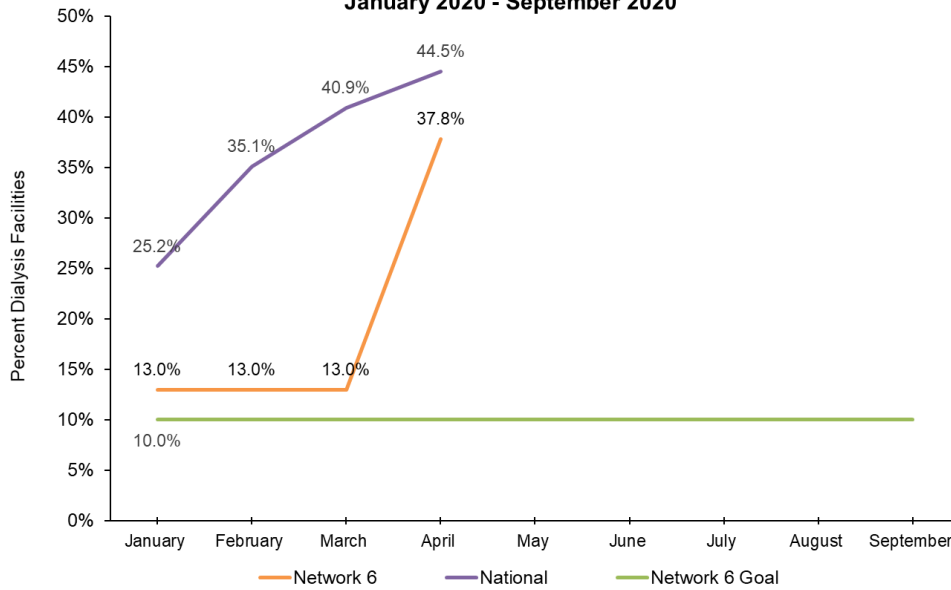


**Percent of Medicare-Certified Kidney Transplant Facilities by ESRD Network 2020**



National total ESRD Medicare-certified kidney transplant facilities: 223  
 Source of data: EQRS accessed June 21, 2021

**Network 6: Percent of Dialysis Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System January 2020 - September 2020**



Source of data: ESRD NCC 2020 Dashboard accessed March 2021



## **ESRD NETWORK GRIEVANCE AND ACCESS TO CARE DATA**

IPRO ESRD Network of the South Atlantic responds to grievances and access to care cases filed by or on behalf of ESRD patients and works with facilities with a goal to address and mitigate concerns. The Network reviewed 660 such cases during 2020.

The Network's case review activities fall into three categories: 1) Facility Concerns, 2) Grievances (which includes three subcategories, and 3) Access to Care (which includes two subcategories).

### **Facility Concerns**

In 2020 Network staff supported 303 Facility Concern cases, providing technical assistance, including education and resources to dialysis facility staff. The Network used these interactions as opportunities for training on topics to support staff in being proactive about addressing patient concerns. Training topics included de-escalation strategies, identifying and responding to agitated patients, sourcing community health resources, engaging families, and expanding interdisciplinary team approaches.

The Network provided technical assistance in helping facility staff create plans for patients with known or suspected mental health diagnoses. This approach proved to be successful in avoiding involuntary discharges and establishing community relationships; based on the results of the Network's semi-annual grievance audits.

### **Grievances**

In 2020, the three grievance subcategories accounted for 32% of the total number of Network supported cases - an increase of 3% from the previous year. CMS defines a grievance as a "written or oral communication from an ESRD patient and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant expectations with respect to safety, civility, patient rights, and/or clinical standards of care." A breakout by grievance subcategory of the reviewed cases follows: General Grievances (106), Immediate Advocacy (48) and Clinical Area of Concern (7).

An analysis of the data analysis revealed the most reported areas of concern were related to the patient's treatment and quality of care (scheduling and transportation issues, physicians' orders, and policy and procedures); staff and interpersonal related conflicts (professionalism, clinical competency, staff/patient ratio, and communication); facility's physical environment (infestation, sanitary conditions, temperature control); and clinical quality of care (access site issues, infection control and patient safety).

The Network developed and implemented interventions to resolve reported grievances; these included Network mediation, initiating and participating in interdisciplinary conference calls, an intensive review of patient medical records, education on appropriate communication techniques, promoting the improvement of the facility's professional culture, identifying resource materials and trainings for provider participation, provision of clinical input by the Network's quality improvement team, and collaborating with the Network's Medical Review Board when appropriate. The Network created new educational resources, utilized best practice strategies and provided intervention materials to mitigate grievances.

### **Access to Care**

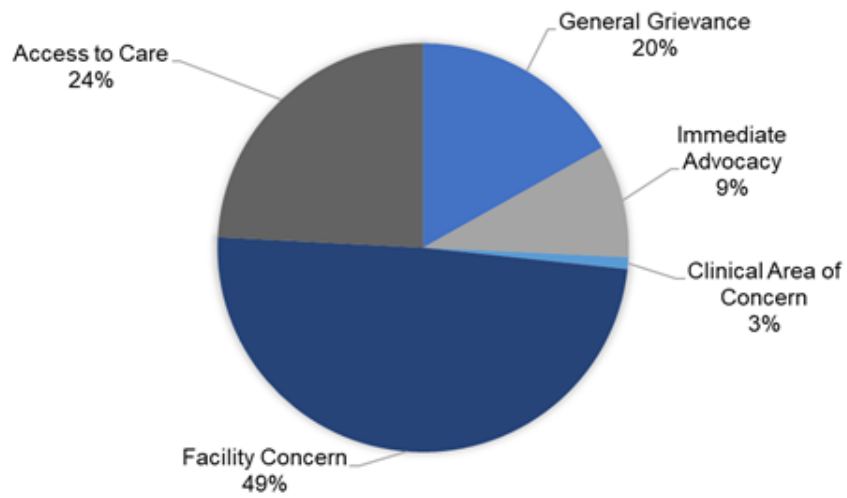
The Network opened 195 Access to Care cases in 2020. With each of these cases, Network staff worked with facilities and advocated for patients to avert potential Involuntary Discharges (IVD) and Involuntary Transfers (IVT). Included in this category were cases involving patients "At-risk" for IVD/IVT (74),

actual IVD/IVT cases (102), and patient-initiated cases- involving patients who were classified as “failure to place” in an outpatient dialysis facility (17). The Network’s review of access to care cases identified the most prevalent issues leading to IVD were threatening and violent behaviors that continued even after several attempted interventions by the facility. This behavior accounted for approximately 50% of IVD cases. Despite non-adherence being an unacceptable reason for discharge, it remained the second highest cause due to physicians terminating their relationships with patients. An analysis of the actual discharge data showed that approximately 30% of cases were due to physicians terminating patient care for adherence-related issues. Oftentimes the dialysis clinic was unable to locate an accepting physician within its clinic or even within the entire nephrology practice because the patient had been rejected by local nephrology providers. Several of these cases resulted in the patient not being admitted to an alternate outpatient facility, (failure to place), and required that the patient rely on emergent dialysis therapy through hospital emergency departments, as opposed to being placed at an outpatient dialysis facility. The Network responded to these cases by collaborating with hospital systems, dialysis providers, mental health professionals, and patients in hope of achieving placement to an outpatient facility for continuity of care. The Network continues to report such cases to state regulatory agencies and to CMS leads for guidance and oversight.

Facilities were encouraged to look at all dimensions of patient care to determine the root cause for any patient’s concerning behavior. Care conferences were often utilized as a tool for the facility and patient to come to a better understanding of the current situation and develop a resolution. These conferences created a safe environment for the patient to verbalize concerns and request clarification on several aspects of their treatment. Additionally, a team care planning approach encourages patients to become more active in their care aiding them in adjusting to dialysis and improved health outcomes. The Network began tracking grievance and access to care cases directly related to COVID-19. Between the months of April and December 2020, there were a total of 16 grievances related to concerns surrounding COVID-19. There were four access to care cases reported and twenty facility concerns from dialysis staff who required guidance and consultation. Areas of concern related to policy and procedure being followed (masks, disinfection, lobby capacity), altered schedule and treatment times, transportation issues, and patient and staff? emotional fatigue.

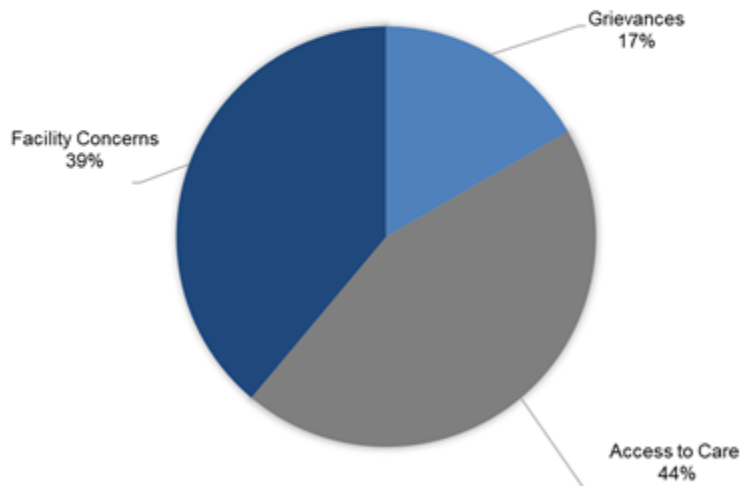
The Network worked one-on-one with all patients who called in with concerns or access to care issues, often serving as a mediator between the facility and patient. Facilities received one on one consultation to brainstorm potential interventions when working with the patients. The Network shared with patients several resources, created by other organizations, to assist patients with communicating and managing concerns with their care. Resources included, Thriving Without Fear: Managing Retaliation developed by the ESRD NCC as well as the National Forum of ESRD Networks’ Patient Advisory Committee (PAC) Grievance Toolkit. The Network has made these tools available on its website, creating a family of materials accessible by patients and providers at their convenience. The Network’s goal continues to be to prevent grievances and decrease the number of patient discharges through enhanced communication and problem solving between patients and the facility staff. By improving the experience of care and assisting facilities in managing disruptive patients the Network has been able to lower the number of potential and actual access to care issues. The Network has found that a key strategy to achieve this goal is to encourage the ESRD patient to become an active member of his or her care team, which is a constant focus of our Network activities.

**Network 6: Percent of Grievances and Non-Grievances  
by Case Type  
December 2019 - December 2020**



Source of data: Patient Contact Utility (PCU) accessed April 2021

**Network 6: Percent of Mental Health Related  
Grievances and Non-Grievances by Case Type  
May 2020 - December 2020**



Grievances include Immediate Advocacy, General Grievance, and Clinical Quality of Care  
Source of data: Patient Contact Utility (PCU) accessed April 2021



# ESRD NETWORK QUALITY IMPROVEMENT ACTIVITY DATA

## Long Term Catheter Quality Improvement Activity

Despite reduced provider staffing and limited procedures due to the COVID-19 pandemic, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity, but was not evaluated on results.

### Project Overview

Patients with long term catheters (LTC) are defined as patients with a catheter in use for dialysis treatments for 90 days or longer. The Network's efforts to lower LTC rates have primarily focused on improving processes within the ESRD facility. While these efforts are important, a paradigm shift is necessary to decrease the number of patients who present to an ESRD facility with a LTC by focusing on placement of permanent access at the start of dialysis.

The work of the LTC reduction QIA is to drive improvement in access placement practices and reduce the utilization of LTC in the prevalent patient population. The Network met the target goal from baseline during the months of January and February; however, the COVID-19 pandemic created challenges in scheduling surgical procedures to remove LTCs and replace them with permanent access types. As a result, the rate of in-use catheters continuously increased during the months of March through August. As of data from September (July 2020), Network 6 had achieved stable LTC rates with a 12.0% rate. The Network had the second lowest LTC rates in the nation, 2.1% below the national average of 14.1%.

### Interventions

The Network worked with QIA facilities across its service area, by creating intervention tier levels based on facility performance at baseline. A subset of 117 facilities comprised a focused intervention cohort. The Network provided technical assistance to facilities as follows:

All facilities in the NSA received interventions to support provider and patient education. These included:

- Mailing of patient educational resources that included the *Vascular Access for Hemodialysis* Poster.
- Resources and support were provided to encourage facilities to participate in Network sponsored contests for the best Education Station, Bulletin Board or Lobby Day as a way to promote patient education. In addition, Patient *Facility Representatives* were involved in the activity. Participating facilities sent a picture of their patient education setting to the Network, and *Patient Subject Matter Experts* (PSMEs) selected the top performers for recognition on the Network's website.
- Inviting all providers in the NSA to participate in the ESRD NCC Learning and Action Network (LAN) calls on increasing permanent vascular access placement strategies were offered during the months of January and March of 2020.

The 117 intervention cohort facilities, participated in all above interventions, and were invited to work with the additional interventions:

Facilities were asked to identify a *Patient Facility Representative* (a patient leader who would support patient-to-patient education on placement of a permanent access).

The assignment of a staff member to take on the *Vascular Access Navigator Role* was key in supporting the project lead and fostering an interdisciplinary approach to reducing LTC rates. These staff members were asked to take the *Coaching Fundamentals* and *Coaching to Support Kidney Care Choices Vascular Access Planning Module* modules.

Facilities were asked to use the provided LTC Toolkit, a collection of professional and patient education resources, that included the *Vascular Access Planning for Professionals*, *Life line for a lifetime Vascular Access Planning for Patients*, *Questions or Concerns about a Permanent Access?* and the *Vascular Access at Time of Initiation Summary Report*.

Facilities were encouraged to implement a “huddle board”, which included patients’ status on permanent access placement/maturing and removal of LTC to continuously discuss with the interdisciplinary team. Facilities were provided with supporting material such as the *NCC Change Concept - Review Vascular Access* during QAP, and the Network developed an *LTC Rapid Cycle Improvement Worksheet*

The Network created and provided a data entry CROWNWeb Job Aid: *How to Run a Vascular Access and Vascular Access Cleanup* to assure that vascular access information was accurately captured in the ESRD system of record.

### **Barriers to achieving goals**

The COVID-19 pandemic created a significant challenge in scheduling of vascular access surgery, causing an increase in the LTC rates. In addition, COVID-19 has left many individuals with newly diagnosed kidney failure, resulting in an increased demand for such services, during a period of limited resources and capabilities.

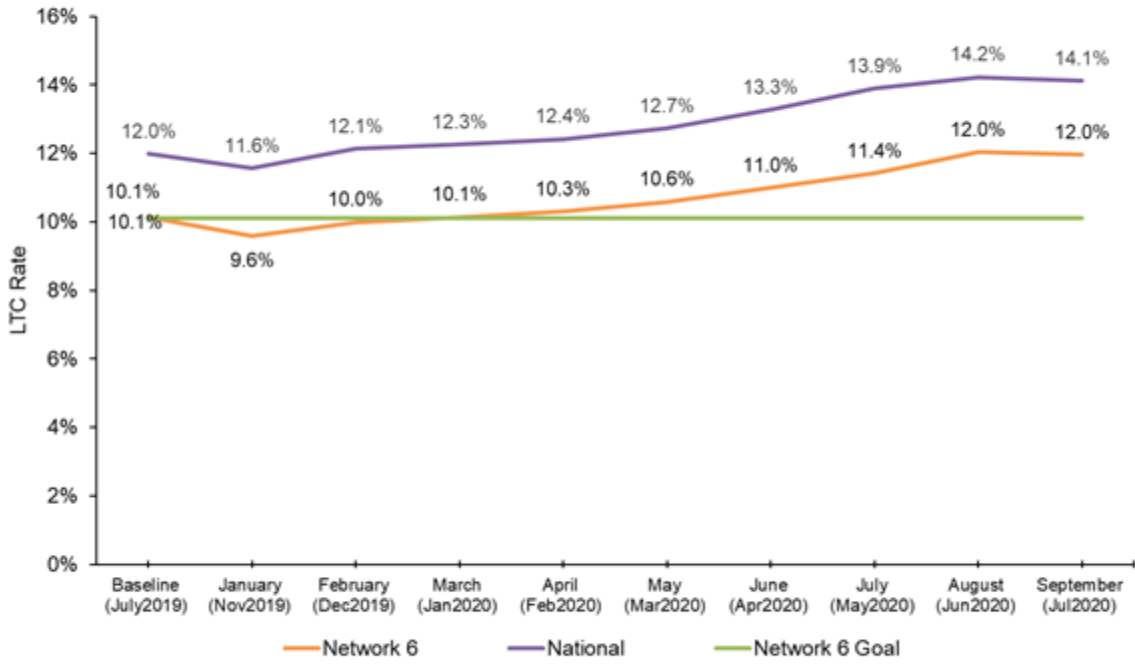
Additional barriers included patients being discharged from the hospital with no vascular access plan, patient refusal of permanent access placement, and inaccessibility to vascular access providers in some regions.

### **Best practices spread to achieve goals**

To mitigate challenges in vascular access placement resulting from the COVID-19 pandemic, facilities focused their efforts on scheduling surgery appointments and supporting required additional logistics such as a negative COVID-19 tests results, transportation, communication with Nursing Home Facilities as needed, among others.



### Network 6: Long-Term Catheter Rates January 2020 - September 2020



X-axis: Reporting Month (Data Month)  
 QIA: Quality Improvement Activity  
 Source of data: ESRD NCC 2020 Dashboard accessed March 2021

## Blood-Stream Infection Quality Improvement Activity

### Project Overview

Dialysis patients are at higher risk than the general population for acquiring healthcare-associated infections (HAIs)—specifically, bloodstream infections (BSIs)—due to the regular and frequent use of catheters and other forms of access to their bloodstream while dialyzing. To support the goal of reducing BSIs by 20%, the Network worked to assure that facility staff received National Health and Safety Network (NHSN) training on reporting BSIs, and supported providers in using Health Information Exchange (HIE) systems.

In 2020, the Network worked with 150 target facilities that demonstrated the highest infection rates at baseline data to reduce bloodstream infections. The Network surpassed the 20% reduction goal with a semi-annual pooled means of 63.66% reduction rate within QIA facilities based on NHSN data (January-June 2020). This effected a change from 371 infections/100 patient months to 125 infections/100 patient months.

With the onslaught of the COVID-19 pandemic, the Network conducted more than 650 COVID-19 Technical Assistance calls and collected best practices to prevent the spread of COVID 19. The focus on infection prevention from providers, showed to positively impact BSIs. Best practices were shared throughout the Network community under the campaign *Back to Basics*. Although the Network continued to work with reducing BSIs, the goals of using an HIE and attesting completion of NHSN Surveillance Training including the collection of self-reported data was suspended.

### Interventions

The Network worked with QIA facilities across its service area by creating intervention tier levels based on facility performance. A subset of 150 facilities comprised the interventions cohort to which the Network provided technical assistance as follows:

All facilities in the NSA received interventions to support provider and patient education. These included:

- Mailing of patient educational resources that included the *CDC Hand Hygiene* Poster
- Resources and support were provided to encourage facilities to participate in Network sponsored contests for the best Education Station, Bulletin Board or Lobby Day as a way to promote patient education. In addition, Patient *Facility Representatives* were involved in the activity.
- Inviting all providers in the NSA to participate in the ESRD NCC Learning and Action Network (LAN) calls on infection prevention that were offered during the months of January and March of 2020. (These calls were later suspended).
- The 150 intervention cohort facilities, participated in all above interventions, and were invited to work with the additional interventions:
- Facilities were asked to identify a Patient *Facility Representative*, (is a patient leader who supports patient to patient education on infection prevention).
- The assignment of a staff member to assume the role of *Infection Prevention Champion* supported the project lead and fostered an interdisciplinary approach to reducing BSI rates.

- Facilities were asked to use the provided BSI Toolkit, a collection of professional and patient education resources that included the *CDC Core Interventions, Audit Tools, Conversation Starter, SPICE Injection Safety Video, Staff and Patient Infection Prevention Pledge Tool, BSI Rapid Cycle Improvement Worksheet, and Clean Hands Count for Patients and Visitors Fact Handout.*
- Interventions to reduce infections during the pandemic also included the frequent release of ever-evolving CMS and CDC guidelines to reduce spread of COVID 19 and the provision of technical assistance to facilities struggling to implement the new protocols. This included the release of a CDC-developed, three-part series of provider-facing educational modules.: *Infection Prevention Basic Tips for Outpatient Hemodialysis Facilities (Basic Infection Control, Personal Protective Equipment and Screening and Patient Placement).* This series was supplemented by a Network-recorded webinar and resources. Within the NSA, 95% of the facilities confirmed completion of these modules by July 2020.
- The Network designed a *Call Ahead Culture* campaign that promoted bi-directional communication across dialysis facilities, nursing homes, and transportation companies. Printed material and educational webinars/recorded videos emphasized the importance of transparency in COVID-19 testing and test results as well as appropriate cohorting.

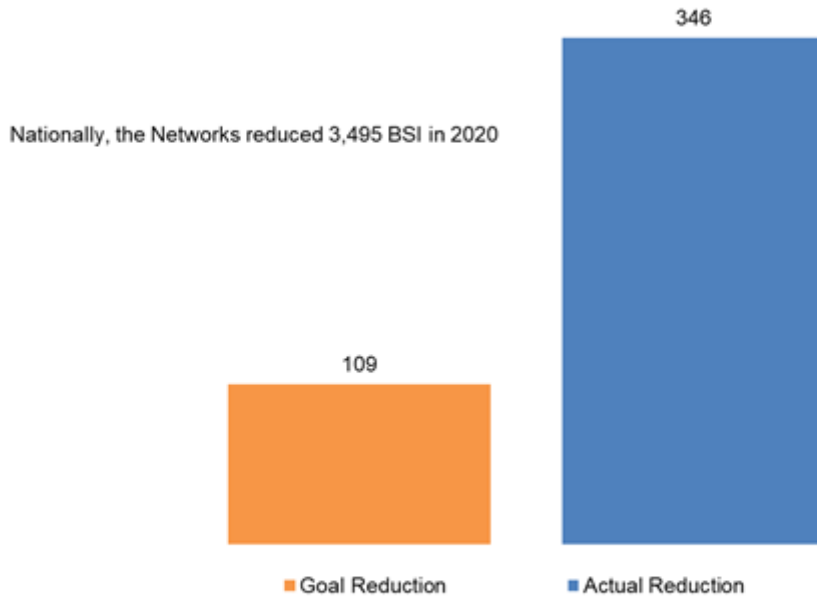
### Barriers to achieving goals

- The harsh reality of the high rates of mortality associated with the spread of infection during the pandemic was a unifying force in overcoming most barriers in the use of infection prevention practices. Shortages of supplies (e.g.: masks and gloves) created intermittent issues which were resolved typically through communication and collaboration.

### Best practices spread to achieve goals

- Collaboration with partners including the QIN-QIO, state surveyor agents, departments of health, and other stakeholders was crucial in implementing infection prevention practices.
- The provision of technical assistance allowed the Network to identify both challenges that needed to be addressed, and best practices to be spread.
- The “*Back to Basics*” campaign helped reinforce the importance of hand hygiene and surface disinfection during the pandemic. This campaign featured hand washing and hand sanitizer audits and a matrix document (*Is it Flu, Allergies, COVID or Cold?*) to assist with the differential diagnosis and assessment of patients’ symptoms during COVID-19 screenings.

### Network 6: Reduction in Bloodstream Infections (BSI) in QIA Facilities

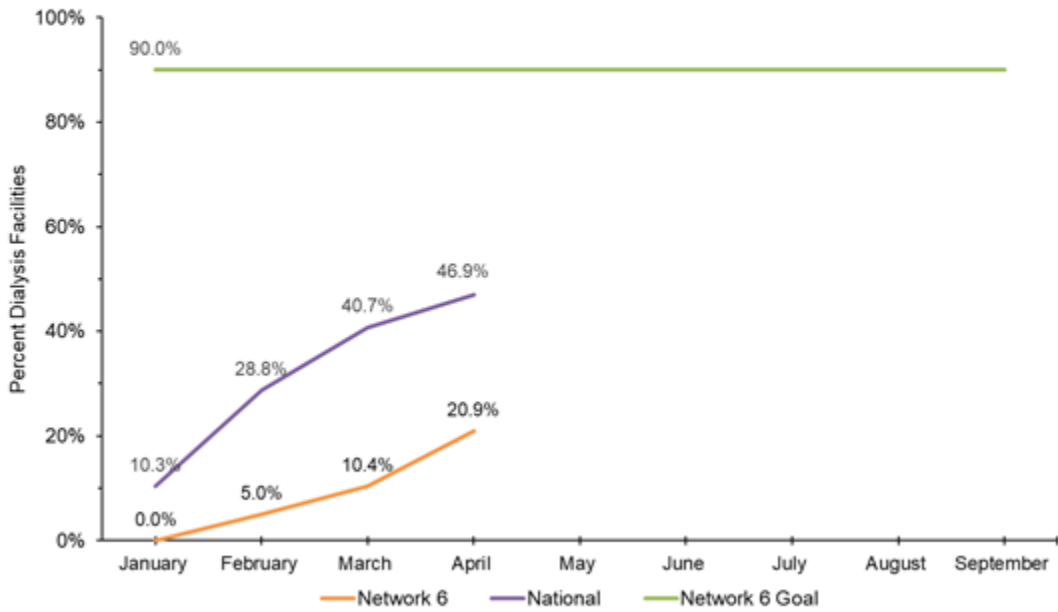


The Network goal was to decrease the rate of BSI by 20% or greater relative reduction in the pooled semi-annual mean in facilities participating in the QIA

QIA: Quality Improvement Activity

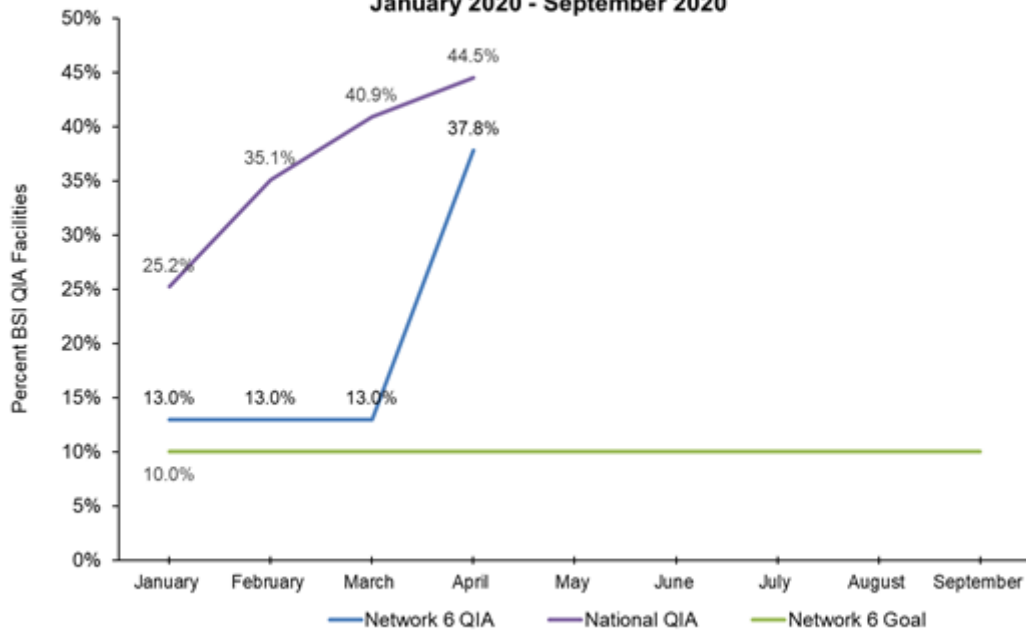
Source of data: National Healthcare Safety Network (NHSN) January 2020 - June 2020 compared to January 2019 - June 2019

**Network 6: Percent of Dialysis Facilities with At Least One Person Who Has Completed the NHSN Dialysis Event Surveillance Training**  
January 2020 - September 2020



Source of data: ESRD NCC 2020 Dashboard accessed March 2021

**Network 6: Percent of BSI QIA Facilities with a Health Information Exchange or Evidence-Based Highly Effective Information Transfer System**  
January 2020 - September 2020



QIA: Quality Improvement Activity

BSI: Bloodstream Infection

Source of data: ESRD NCC 2020 Dashboard accessed March 2021

## Transplant Waitlist Quality Improvement Activity

Despite reduced provider staffing and limited procedures due to the COVID-19 pandemic, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity, but was not evaluated on results.

### Project Overview

To support the Advancing American Kidney Health (AAKH) initiative, the Network established quality improvement initiatives to achieve the initiative's long range goal to improve kidney health by having 80% of new ESRD patients either receive dialysis at home or receive a transplant by the year 2025. The Transplant QIA focused on assuring that patients were receiving education to understand their treatment options, including kidney transplantation. In addition, the Network worked with renal providers to assure the steps towards kidney transplantation were supported for patients to successfully be waitlisted. The Network team worked to achieve the yearly goal of an 3.18% rate in the service area; and surpassed that goal by achieving a 4.14% rate by February 2021.

### Interventions

The Network worked closely with the Southeastern Kidney Transplant Coalition (SEKTx), which comprises a group of experts from transplant centers and organ procurement organizations, as well as dialysis staff, transplant patients and representatives from other kidney focused organizations such as the National Kidney Foundation and AAKP. Through this collaboration, a *Knowledge and Practice Assessment Survey* was developed to identify best practices and barriers in kidney transplant. This survey was administered to dialysis facilities in the NSA, revealing that 64% of facilities communicated with transplant centers monthly, 92% of facilities only spent five hours or less communicating with the transplant center weekly and more than 50% of the facilities indicated they would be better able to help a patient deemed to be unsuitable for a transplant if they were provided the reasons for the determination. To address barriers in communication, the Network tiered facilities into intervention cohorts based on their organizational initiatives to improve communication efforts, including facility utilization of the electronic referral and bi-directional communication system Transplant Referral EXchange (TRES). Piloted as an intervention, TRES benefited a total of 677 clinics across Fresenius Kidney Care, DaVita, Wake Forest Dialysis and Emory Dialysis.

All facilities in the NSA received interventions to support provider and patient education, including:

- Mailing of patient educational resources that included *Kidney Transplant Referral Guide* and the *Transplant Referral is an Option Regardless of your Age* poster.
- Facilities were encouraged to participate in the Education Station, Bulletin Board or Lobby Day Contest for patient education by including their Patient Facility Representative in the activity.
- The Network invited all providers in the NSA to the ESRD NCC Learning and Action Network (LAN) Calls that were offered for transplant during the months of January and March of 2020.

The Network worked with 115 intervention facilities, that participated in the above activities, and also were asked to participate in additional interventions:

- Identification of a *Patient Facility Representative*, a patient leader who would support patient to patient education on kidney transplant.
- Assignment of a staff member to take on the Transplant Navigator Role to support transplant education at chair side. These staff members were asked to take the *Coaching Fundamentals* and *Transplant as a Treatment Option* learning modules.
- The project outline was designed using the ESRD-NCC-developed resource *Partnering Along the Road to Transplant*. To support each step, the Network asked facilities to educate patients on transplant using the *Transplant Word Search* and *Do you know all your treatment options? - Transplant Tri-fold, Treatment Options Interest Form, Kidney Transplant Referral Guide* and the *Flow Charts for Previously Denied Patients, Transplant Appointment Checklist/Glossary*, and the *NCC-Let's Celebrate* poster. A *Transplant Tracker* in Excel for facilities who did not have a tracking system for these steps was also included.
- To support our dialysis and transplant providers, the Network offered a series of live and recorded webinars that included *Living Donor Financial Resources, Transplant Center Outreach/Financial Coordinator Recorded Webinar, Myths and Facts about Treatment Options*

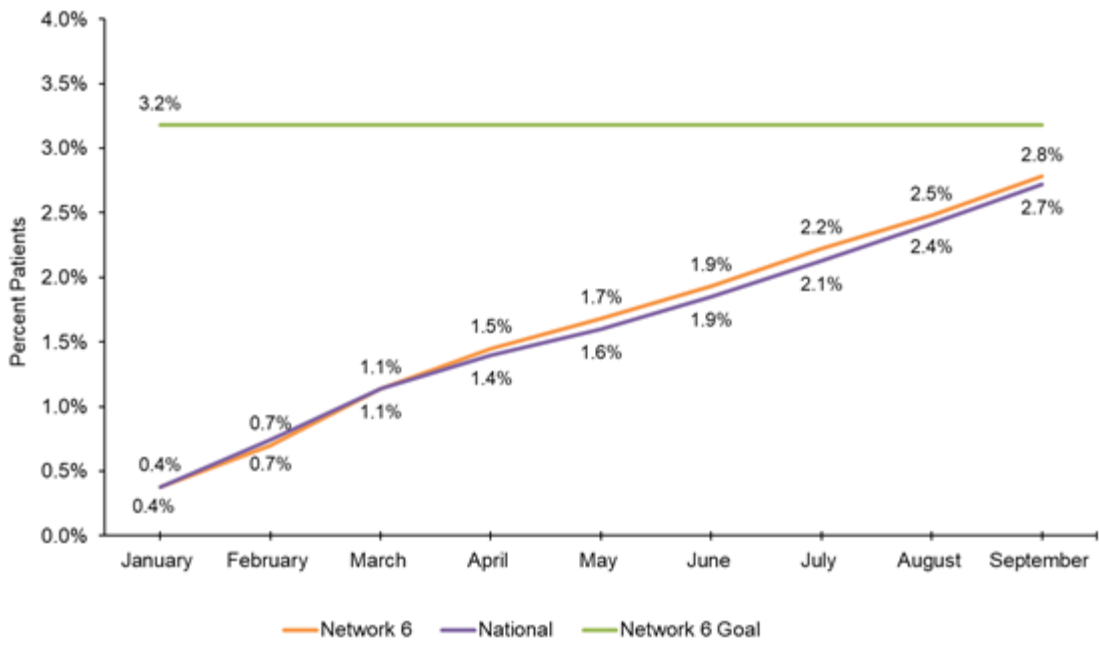
### Barriers to achieving goals

- The COVID-19 pandemic impacted significantly kidney transplantation, where many living donor transplants were held, and deceased kidney transplants were scarce for months.
- Age disparity was identified in kidney wait listing in the NSA. The Network collaborated with members of the SEKTx to host an Age Disparity Best Practice Webinar, showcasing fitness test practices to screen patients.
- Financial barriers, transportation barriers, low health literacy, medical and non-medical contraindications, and patient lack of interest were identified as barriers by NSA facilities.
- Tacrolimus shortages were reported to the NSA transplant centers during the pandemic. Transplant center providers were able to provide alternative medications to prevent loss of transplanted kidneys, the Network created a website page with these medication resources.

### Best practices spread to achieve goals

- Rapid adoption by transplant centers of telehealth to continue educating and assessing patients toward the goal of kidney wait listing and transplantation during the pandemic. In collaboration with transplant centers, the Network offered a best practice webinar on the use of telehealth for transplant, which included the patient perspective.
- Best practice facilities reported that they established interdisciplinary teams to bring kidney transplant education and support to patients. The team approach was used during rounds, QAPI and POC meetings.
- The enabling of 677 dialysis facilities utilizing TREX has allowed for improvement in the communication between dialysis providers and transplant centers. Through this system, a total of 4,989 referrals can be tracked electronically along the transplant status data for 43,902 patients in the NSA (Data as of 4/14/21).

**Network 6: Percent of Patients Added to the Transplant Waitlist  
January 2020 - September 2020**



QJA: Quality Improvement Activity  
Source of data: ESRD NCC 2019 Dashboard accessed March 2021



## Home Therapy Quality Improvement Activity

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity, but was not evaluated on results.

### Project Overview

To support the national focus to provide ESRD patients with more treatment options such as Home Hemodialysis (HHD) and Peritoneal Dialysis (PD), the Network focused on the implementation of patient and provider education through interventions and the promotion of best practices to increase home dialysis utilization rates throughout the NSA. These interventions were designed to increase the number of patients receiving home dialysis by assisting dialysis providers with refining the referral processes, improving communication between in center dialysis facilities and home dialysis programs, and empowering patients to take an active role in the health care decision making process. In order to foster improvement and achieve goals, the Network collaborated with renal providers and stakeholders to identify and mitigate the barriers associated with patient referrals to home dialysis.

The goal of this project was to demonstrate a 2.5 percentage point improvement in the number of patients added to a home modality in the NSA. The Network was able to achieve a total of 3,674 patients that completed home modality training during the QIA period, superseding the goal of 3,171 patients initiating home modality. This increase represented a 112.77% progress toward the goal resulting in being the highest Home Therapy Cost Savings of the 18 ESRD Networks surpassing a >\$22.3-million-dollar cost savings to CMS.

### Interventions

The Network collaborated with dialysis facilities throughout the NSA by utilizing a tiered approach based on performance data. The Network worked with a subset of 232 facilities which allowed for a more focused approach when overcoming identified barriers to increasing home modality utilization rates, as identified in an initial Knowledge and Practice Assessment. The Network provided Technical Assistance in the following areas:

All facilities in the NSA received interventions to support provider and patient education:

- Mailing of patient educational resources that included the *Home Dialysis Treatment Options* Poster.
- Facilities were encouraged to participate in the Education Station, Bulletin Board or Lobby Day Contest for patient education by including their Patient Facility Representative in the activity.
- The Network invited all providers in the NSA to the ESRD NCC Learning and Action Network (LAN) Calls that were offered for Home Dialysis during the months of January and March of 2020.

The Network worked with 232 intervention cohort facilities, who received the above resources and activities, in addition to the following interventions:

- “Coaching Fundamentals” and “Home Dialysis as a Treatment Option” professional modules that were developed to educate staff in the role of Home Dialysis Navigator on how to effectively educate patients about home dialysis options.

- The Network collaborated with Lucy Todd of Baxter International health care company to provide targeted home dialysis educational sessions to medical professionals. The PD Therapy Lecture Series was a non-proprietary training with a total of ten training sessions.
- Let's Start Healthy at Home Toolkit: Compilation of resources and tools that was utilized to educate patients and help them explore available home modality treatment options that best suit their needs and lifestyle.

### **Barriers to achieving goals**

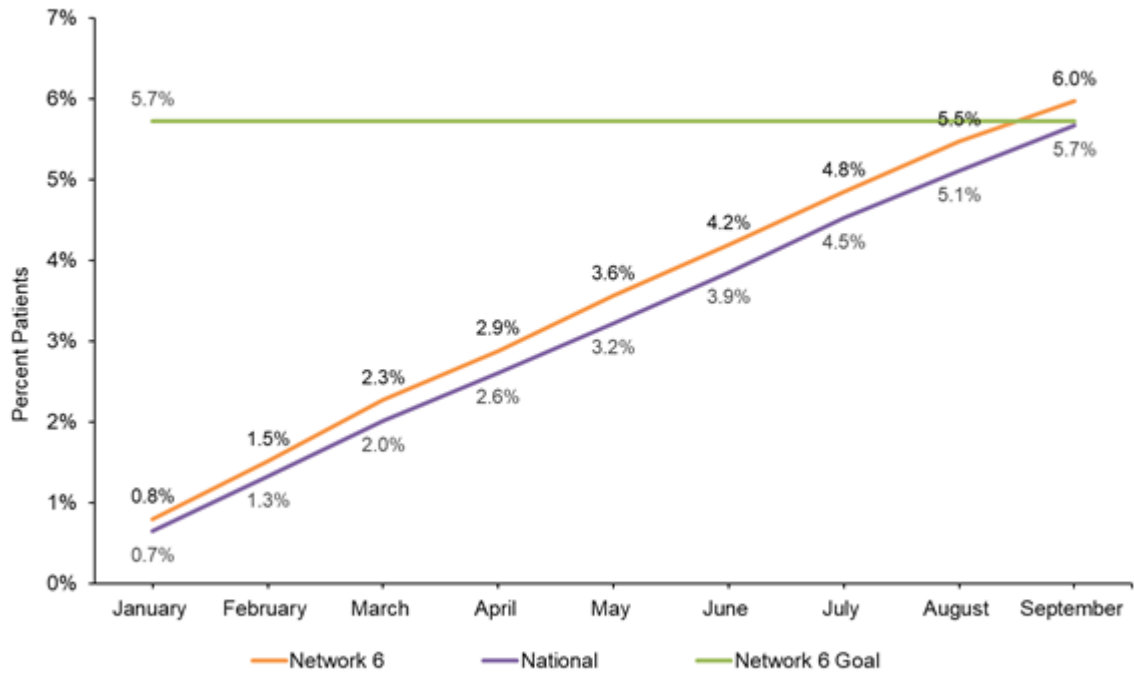
The public health emergency created a shortage of home modality training nurses as they were frequently moved to assist with in-center hemodialysis facilities who were experiencing an increased burden of COVID positive patients, and consequently staff who acquired the virus. Their concerns regarding viral spread during the required home visits training limited and delayed new patient starts. Additionally, many patients were hesitant to leave their homes for the unnecessary appointments such as surgical and modality training.

Despite the ongoing COVID-19 public health emergency, home modality utilization rates continued to increase in the NSA. This was related to the continued focus and release of home therapy treatment options education and the promotion of organizational webinars to patients and providers with a heightened focus on keeping patients safe from exposure to infectious disease by training for a home modality. In addition, the CMS waivers to use telehealth for home dialysis patients also played a key role in this growth.

### **Best practices spread to achieve goals**

- Interdisciplinary team approach to patient care and home modality education and family/caregiver involvement in life planning
- Implementing and promoting a “Home First” mentality
- Early education of patients preferably prior to the start of dialysis
- Establishing good communication and building strong relationships between the in-center hemodialysis facility and home programs to share patient interest, education, and progress toward home modalities
- Home dialysis patient champions who educate and share their journey to support home therapies
- Transitional care units that provide on-site treatments using home equipment, supplemented with patient education on treatment modalities early in a patient’s transition to in-center hemodialysis

**Network 6: Percent of Patients Starting Home Dialysis  
January 2020 - September 2020**



QIA: Quality Improvement Activity  
Source of data: ESRD NCC 2020 Dashboard accessed March 2021

## Population Health Focus Pilot Project Quality Improvement Activity

Due to the COVID-19 pandemic limiting provider staffing and procedures, along with contract goal adjustments, the Network worked toward the goals of this quality improvement activity, but was not evaluated on results.

### Project Overview

Peer Mentorship Programs have shown to positively impact chronically ill patients, including those receiving hemodialysis, when participating as mentees in both psychosocial and physiological areas of their renal care. Peer Mentoring Programs improve goal setting, decision-making and increase self-management for people with chronic conditions like ESRD. Using an environmental scan, the Network identified available peer mentoring programs that were available to patients, and found that the Fresenius Kidney Care (FKC) Peer Mentoring Program was underutilized in the NSA. In collaboration with FKC regional leadership, the Network identified 82 dialysis facilities that were in the process of implementing a peer mentoring program. We offered these facilities a complementary Network-developed project intervention strategy outline to organize their month to month activities and measure patient engagement goals through the project life cycle. The activities dealing with peer mentoring are part of the Transplant QIA project, but included mentoring activities in other areas of focus for the renal community, including home dialysis, vascular access and infection prevention education. During the months of December year 2019 through March year 2020, 75 (91%) of facilities successfully identified at least one person to serve as a peer mentor in their facility. A total of 152 mentors were fully trained and matched with 169 identified mentees. During the first quarter, a total of 136 mentor-mentee interactions occurred to support this initiative. Due to the COVID-19 pandemic and the interactive nature of this program, the Network had to pivot to encourage mentors and mentees to conduct only virtual or telephonic interactions. The project was suspended, and the continued recruitment and training of mentors was put on hold for the safety of the patients. Despite the challenges, Network 6 demonstrated the highest national performance in this QIA focus, having achieved 91% progress towards goal in the first three months of the year. Among the participating 82 facilities, a transplant improvement rate from 0.39% (Jan 2020) to 4.36% (Feb 2021) was observed, showing a higher transplant waitlist rate performance than the NSA (4.15%) the non-peer mentoring Transplant QIA intervention group (3.42%), and NSA Fresenius facilities not in the peer mentoring or transplant focus project (4.30%).

### Interventions

In addition to all focus transplant interventions listed in corresponding section above, these 82 facilities were asked to participate in the following interventions:

- Facilities were asked to engage in the Peer Mentors Recruitment and Training by using the Fresenius Kidney Care Peer Mentoring Program accessible to Social Workers from their organization's SharePoint site. Lead social workers assisted in identifying materials and training of social workers in this program. The Network provided facilities with recruitment criteria for mentors and collected mentors information using a HIPAA Compliant recruitment form.
  - Identification of mentees was conducted by facility social workers, who were also in charge of pairing mentors to mentee and collecting the Mentor Log Sheet.
- The Network hosted a Peer Mentors Kick-Off Webinar to engage recruited mentors with the ESRD Network. Although direct marketing and materials were targeted to patients through email and text messaging, facilities were encouraged to provide a webinar flyer to patients with meeting

details and information. During this call, the Network introduced the program and activities to the mentors, as well as activities that they would be conducting along with the Network and their facility staff. This meeting also served as a platform for mentors to meet and support each other. This meeting had a total attendance of 32% of the recruited mentors.

- A Network sponsored Learning and Action Network (LAN) call was offered to dialysis staff during March 2020. Risa Simon from TransplantFirst, Diana Clynes from the AAKP, and Lori Hartwell from the Renal Support Network were invited to speak. During this call, speakers addressed ways to support virtual peer mentoring strategies in light of the COVID-19 pandemic
- In response to the pandemic, the Network developed and distributed the *Alternative Approaches to Peer Mentoring* handout that addresses virtual and alternative options to connect mentors and mentees.
- A virtual ESRD Bingo Game was created for peer mentors and mentees. The game includes the bingo cards, a glossary, and an interactive PowerPoint slide deck that facilitates the virtual portion of the game. Although the Bingo Game was originally designed to be an in-person activity, the virtual version was made available to facilitate mentor-mentee interaction during the pandemic.

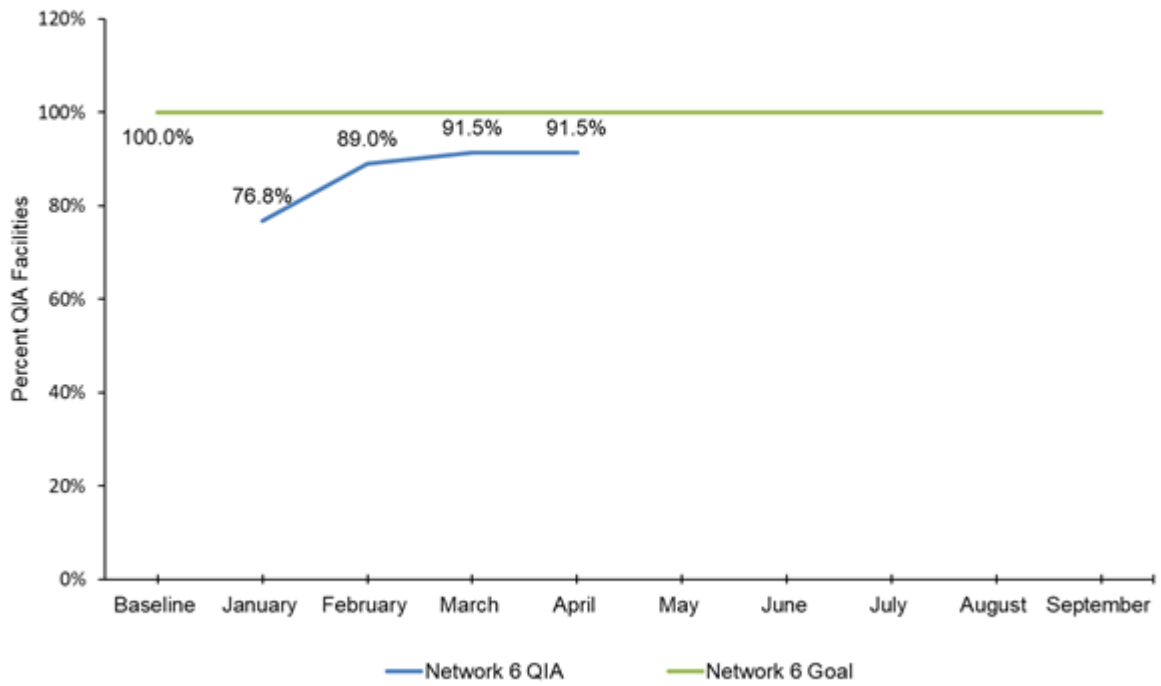
### **Barriers to achieving goals**

- The COVID-19 pandemic significantly affected this quality improvement focus area, as patients could not connect in person for most part of the year. Despite the efforts to promote interactions virtually, the Network did not see success in accomplishing that goal.
- Some facilities reported difficulties recruiting patients who were interested in becoming mentors due to the time commitment for training and future interactions with mentees.

### **Best practices spread to achieve goals**

- Collaboration with dialysis organization leadership in the identification of facility mentor selection and incorporation of organization's own materials contributed to the success of peer mentoring recruitment and training; resulting in 136 mentor-mentee interactions in three months, as well as a higher overall performance in adding patients to the transplant waitlist.
- Direct patient engagement facilitated by the Network throughout the project was successful, and patients expressed they enjoyed connecting with other mentors.

**Network 6: Percent of QIA Facilities with a Patient Mentor  
January 2020 - September 2020**



QIA: Quality Improvement Activity  
Source of data: ESRD NCC 2020 Dashboard accessed March 2021



## ESRD NETWORK RECOMMENDATIONS

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

The ESRD Network of the South Atlantic does not identify any facility who failed to cooperate with Network Goals. On the contrary, the Network recognizes that under the challenges that the COVID-19 pandemic has brought to the renal community, providers have done an extraordinary job working together as teams, organizations and entities. The Network received extraordinary support from dialysis organizations regional leadership, who provided information needed in a timely manner.

### **Recommendations for Sanctions**

The ESRD Network does not recommend any facility for sanctions for the year 2020.

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

The ESRD Network of the South Atlantic recognized the need to provide home dialysis at Skilled Nursing Facilities, as this modality would've been extremely beneficial to help stop the spread of COVID-19 in the ESRD population. The Network has identified providers interested in engaging in the services at the NSA, however state Certificate of Need (CON) restrictions in some of our jurisdictions presents a challenge. Simplifying and making this modality more accessible to providers would benefit ESRD patients who live in a SNF and wish to receive dialysis services at their center. This could be a benefit too by reducing transportation burden and care coordination for these patients.

Another lesson that the Network had during the COVID-19 pandemic was the increased access to care that patients had with the use of telehealth for home dialysis therapies and kidney transplant evaluation. CMS waivers to cover care offered through telehealth, positively impacted provider capabilities of making care accessible to ESRD patients seeking these modalities. The Network recommends CMS to consider covering telehealth visits as it regards home dialysis and kidney transplantation beyond the COVID-19 pandemic.

The Network has identified increased concern in involuntary discharges led by physicians terminating patient relationships for non-adherence concerns which is against the CMS Conditions for Coverage. Through investigation and case review, identifies the root cause to be limited assessment on barriers and challenges identified by the patient in following medical orders. The Network has observed that when a patient reports feeling "better" with less dialysis or reports kidney function, the patient is seldom offered a reassessment or to being in a sample prior to a termination letter or even notice to the Network. The Network recommends additional clarification of CMS policy in the physician's responsibility to the dialysis facility adherence to the Conditions for Coverage acceptable reasons for IVD as well as ethical considerations in respect to patient autonomy.



A word cloud shaped like a heart, with words in various sizes and colors (red, black, brown). The words represent concepts related to disaster emergency response and healthcare. The most prominent words are 'emergency', 'disaster', 'safety', 'management', 'recovery', 'response', 'health', and 'rescue'. Other visible words include 'medical', 'danger', 'recovery', 'rescue', 'hospital', 'risk', 'life', 'accident', 'loss', 'system', 'medicines', 'intervention', 'public', 'room', 'government', 'doctor', 'information', 'property', 'natural', 'disaster', 'threat', 'equipment', 'jeopardy', 'safe', 'service', 'help', 'urgent', 'resilience', 'disease', 'kit', 'evacuation', 'stretcher', 'paramedic', 'business', 'authority', 'alarm', 'fire', 'extinguisher', 'medic', 'blanket', 'professional', 'bandages', 'ambulance', 'mitigation', 'patient', 'earthquake', 'orthopedic', 'injury', 'supplies', 'reconstruction', 'emergency room', 'fire', 'team', 'incidents', 'urgency', 'natural', 'crisis', 'environmental', 'security', 'operations', 'education', 'operations', 'education', 'loss', 'system', 'medicines', 'intervention', 'public', 'room', 'government', 'doctor', 'information', 'property', 'natural', 'disaster', 'threat', 'equipment', 'jeopardy', 'safe', 'service', 'help', 'urgent', 'resilience', 'disease', 'kit', 'evacuation', 'stretcher', 'paramedic', 'business', 'authority', 'alarm', 'fire', 'extinguisher', 'medic', 'blanket', 'professional', 'bandages', 'ambulance', 'mitigation', 'patient', 'earthquake', 'orthopedic', 'injury', 'supplies', 'reconstruction', 'emergency room', 'fire', 'team', 'incidents', 'urgency', 'natural', 'crisis', 'environmental', 'security', 'operations', 'education'. The words are arranged in a dense, heart-shaped pattern.

## ESRD NETWORK COVID-19 EMERGENCY PREPAREDNESS INTERVENTION

The Network began monitoring the COVID-19 pandemic in mid-January of 2020. On January 19, the Network received the first notification from one of the healthcare coalitions in North Carolina. On February 19 and 20, a Network staff member participated as subject matter expert in a Stakeholder Engagement Meeting hosted by U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR). Held in Washington, D.C., the meeting focused on assisting state, local, territorial, and tribal organizations in meeting the public health and medical needs of victims of major disasters or public health and medical emergencies. The meeting also included discussion about pandemic planning and preparedness based on the anticipated impact of the COVID-19 national health crisis on the United States. On March 13, 2020 the Federal Emergency Management Agency (FEMA) issued a nationwide Emergency Declaration in response to the ongoing COVID-19 pandemic. In response to the pandemic, the Network has provided assistance to patients and dialysis providers within the ESRD community; strategized how to best support community needs in dealing with the pandemic (e.g., transportation, personal protective equipment); and has continued to provide ongoing technical assistance.

Early in 2020 the Network convened a group of professionals representing dialysis facilities; stakeholders including emergency management healthcare coalitions, state surveyors, and state departments of health; Network Medical Review Board members; and other key leaders to serve as a Network 6 Task Force.

Using an interactive online platform, the members of the Task Force regularly participated in open discussions to address challenges and community needs as they related to the pandemic and to share educational resources about COVID-19. Some initial challenges identified by the group focused on the topics of transportation and the high infection rates of dialysis patients who reside in nursing homes and receive treatment in dialysis facilities. As relevant information became available, the Network would post announcements to this group and ask them to spread the information within their leadership areas.

The Network utilized multiple platforms to communicate credible information and/or guidance to facilities and patients. An emergency messaging channel and COVID-19 branded messaging were used to bring attention to these special communications for all providers in our NSA and our Patient Advisory Committee (PAC), a group of over 700 patients who act as leaders in their facilities. The Network distributed information to facilities and patients through the following planned communications: weekly COVID-19 Provider email summaries, weekly COVID-19 Patient Communications, Monthly Provider Insider Newsletter. In addition, ad hoc communications were distributed based on the urgency of the communication need. To communicate with patients, the Network also used email, text messaging, recorded call messages, Patient Advisory Committee (PAC) calls, and Patient Subject Matter Expert calls.

The Network employed a community organizing approach to communicate key information to these members and ask them to share received information with other patients and staff at the dialysis center. Patients received COVID-19 related information and education on a regular basis directly from the ESRD Network via email, text messages and website content. In addition, the Network asked ESRD providers to distribute patient information directly to patients in their facility and were also invited to PAC/PSME Calls in which the Network provided information about COVID-19 as well as resources available for patient leaders to disseminate to other patients at their facility.

In response to the national health crisis and the high call volume experienced by the Network early on, the Network established a 24/7 Support Hotline to support the needs of the ESRD community. Calls that were received through the 24/7 Support Hotline, or any other Network line were tracked to quantify the challenges being encountered, as well as the resolution or technical assistance that was offered.

The Network recognized the need for patients to learn about sources of reliable information (general resources) during the COVID-19 pandemic, specifically education targeted to persons with ESRD (targeted resources). More than 208 targeted resources were shared by the Network, as recorded in the Network educational resource tracker. In addition, more than 140 COVID-19 general resources were shared with patients and providers, as per the addendum, from March 4 through year end 2020.

The ESRD Network distributed credible information about the COVID-19 virus and vaccination resources throughout the pandemic. The Network developed a reliable source repository of organizations and their respective website tools. These organizations included the ESRD NCC, CDC, CMS, NKF, AAKP, among others. In addition, the Network released to PAC members and dialysis facilities a resource guide to assist with identifying reliable resources provided by the ESRD NCC.

To support the needs of the ESRD community, the ESRD Network created a *COVID-19 Toolkit* with a focus on infection prevention basics and screening and management of COVID-19. The Network used the CDC's *Frontline Staff Toolkit* and the *Screening and Management Video for Outpatient Hemodialysis Facilities*. The video focuses on topics that include how COVID-19 spreads; methods to promptly identify/ screen patients preferably prior to entering the building to minimize exposure; implementation of universal source control measures such as patients properly wearing a cloth face covering; PPE; managing symptomatic and asymptomatic patients; and maintaining a safe distance of at least six feet between patient stations. The video also contains information on methods for separating patients during treatment based on symptoms, COVID positivity and type of respiratory infection along with recommendations for staffing methods in these circumstances, as well as surface disinfection protocols for waiting areas and patient care areas.

The Network has placed a strong emphasis on providing infection prevention resources to both patients and providers throughout the pandemic. Partnering with Alliant Quality (the Quality Innovation Network – Quality Improvement Organization [QIN-QIO] for North Carolina and Georgia), the Georgia Hospital Association (GHA) and dialysis leadership in Georgia, the Network worked to identify ways to promote synergy with partner organizations. Ultimately, these organizations worked together toward their common goals of reducing hospitalizations; improving care between care settings; promoting home dialysis and transplantation as the first option of treatment for kidney patients; and improving diagnosis, management and screening for chronic kidney disease.

In addition, the Network, in collaboration with members of the Task Force, identified the need for nursing home data transparency. To address this, the Network partnered with the departments of health in Georgia, North Carolina, and South Carolina to ensure that the data would be made publically available to dialysis providers. This data transparency allowed facilities to make timely cohorting strategy decisions to contain the spread of COVID-19. The Network created and distributed a video on best communication practices between dialysis providers and staff at skilled nursing facilities, with a goal to enhance care of “shared” patients.

The provision of technical assistance revealed that transportation challenges of PUI or positive patients constituted another significant barrier to patient care in 2020. Closer examination of the issue found that it was particularly difficult for transportation to be established for patients residing in skilled nursing facilities or for those in rural areas who had limited alternatives for cohort facilities. For this reason, the

Network partnered with the ESRD Network of New York (Network 2), the NY Department of Health and Medicaid Transport Management (MAS) to deliver a webinar to address COVID-19 transportation challenges and lesson learned to improve transportation for dialysis patients to treatment from their homes and nursing facilities. A total of 114 transportation providers attended the webinar, 84% reported the webinar as highly effective and 74% planned to implement strategies they learned during the webinar. Additional short educational videos designed to share transportation best practices for COVID-19 were recorded with Logisticare and Southeast Trans.

The ESRD Network released a telehealth utilization assessment collection tool to dialysis facilities. Through this assessment, the ESRD Network learned that 316 (98%) of the 324 facilities either with standalone home programs or associated with a home program were utilizing telehealth with home modality patients to minimize exposure to the coronavirus. The Network distributed more than 30 telehealth resources to dialysis facilities in response to COVID-19, including a series of Network-developed materials. These resources included a series of Network developed resources, CMS waivers, promotion of reliable sources webinars, websites and handouts, among others. The Network also created a Telehealth Toolkit for providers and patients to help educate the renal community about this option as a best practice to help prevent the spread of COVID-19 in its service area.

As the COVID-19 vaccination became available towards the end of 2020, the Network hosted several calls with corresponding state departments of health and dialysis regional leadership to educate providers about the enrollment process for becoming vaccination providers. Towards the end of 2020 most dialysis providers were enrolling all of their dialysis facilities; however, some challenges in receiving supplies were still observed this year.

As part of the ongoing COVID-19 response, the Network continues to support providers, patients and stakeholders and to provide technical assistance where the need is identified. The ESRD Network of the South Atlantic team is proud of the work we do, prepared to work through any challenges we encounter and committed to the safety and wellbeing of the ESRD population that we serve.

## ESRD NETWORK SIGNIFICANT EMERGENCY PREPAREDNESS INTERVENTION

For individuals who have been diagnosed with ESRD, missed dialysis treatments can have serious adverse health effects. This makes the ESRD patient population especially vulnerable during emergencies and disasters. The Network successfully managed two emergency events that required intervention, response, and/or tracking during 2020. For these emergencies, Network staff offered comprehensive support to patients and linked healthcare practitioners to appropriate resources, including the Kidney Community Emergency Response Coalition (KCER) program, local and state offices of emergency management, and other stakeholders as appropriate.

Hurricane Isaias was a Category 1 hurricane that made landfall at Ocean Isle Beach, NC, during the evening of August 3, 2020, with maximum sustained winds near 85 mph. The storm brought heavy rains and strong winds; multiple tornado touchdowns occurred across portions of coastal South and North Carolina. Hurricane Isaias produced six tornadoes, including a deadly EF-3 twister in Bertie County (NC) and caused severe storm surges and flooding in eastern NC that contributed to power outages that inundated cities with overflowing rivers. During this event, over 55 facilities were impacted.

Tropical Storm Zeta brought high winds through the Carolinas causing power outages due to flying debris, fallen trees and downed power poles and lines. Heavy rainfall from Zeta caused flash flooding throughout the NC mountains. During this event, minimal impact was reported by dialysis providers. The Network also supported facilities during winter storm Nash which also had minimal impact on the operations of dialysis facilities in the NSA.

The Network collaborated with the SC Low Country Healthcare Coalition to co-present at the 2020 SC Emergency Management Association Conference on March 3, 2020, to address the needs of at-risk populations such as dialysis patients before, during and after an emergent event. After attending this conference, it was identified that there were additional partnerships and collaborative opportunities that the ESRD Network could continue to assess especially in the vulnerable, at risk coastal counties of South Carolina where our ESRD population could potentially be evacuated and relocated during emergent events. Additionally, on March 4th, the Network presented at the North Carolina Disaster Symposium in Greenville, NC. During this presentation, the Network presented to key stakeholders on the topic of unique considerations to take into account for ESRD patients when dealing with an emergency.

All three states in the Network region (NC, SC, and GA) continue to identify the ESRD population as their vulnerable population group during an emergency. The Network collaborated with the Georgia Department of Public Health and the SC Low Country Healthcare Coalition to create and launch the annual Critical Asset Survey (CAS) with all facilities in the Network region; yielding a 99% average response rate. The purpose of the CAS is to identify facility and patient needs ahead of the start of hurricane season and to identify key information, facility assets and needs. The results of the survey were provided to local, state and emergency management officials, healthcare coalitions and state survey agency contacts to support and expedite response times to ensure maintenance and/or re-establishing of operations that affect ESRD patients' access to medical care during an emergency.

The results of the critical asset survey revealed that 55% of dialysis facilities had an established relationship with their regional healthcare coalition -- a dramatic increase from the previous year's data of only 11%. In addition, the 2020 survey found that 87% had an established relationship with their local emergency management agency where the previous year's data indicated that only 23% of the facilities

had established that relationship. The Network, working in partnership with each state, identified unique and innovative ways to implement strategies to engage and educate dialysis facilities about emergency preparedness resources with the goal to improve continuity in operations for facilities. The Network also fostered an environment of sharing emergency preparedness strategies across the three states. In collaboration with NCDHHS and the eight NC healthcare coalitions, the Network worked with dialysis providers to create cooperative and collaborative relationships between North Carolina dialysis facilities and their regional healthcare coalition to improve patient access to care and maintain dialysis series during a disaster.

## 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.