The ESRD Network has just wrapped up our 2018 Statement of Work Quality Improvement Activities with great success. We now have begun to prepare for 2019 projects. While most of our projects will remain as ongoing, the Network staff will be working on the following for 2019:

- Reduce Bloodstream Infections (BSI) Rates – 50% of Network Facilities
  - Reduce Long Term Catheter (LTC) Rates – >15% LTC and in BSI
  - Assist Facilities to join a Health Information Exchange (HIE)
- Increase Rates of Patients on a Transplant Waitlist – 30% of Network Facilities
- Increase Rates of Patients Dialyzing at Home – 30% of Network Facilities
- *New - Improve Dialysis Care Coordination with Focus on Reducing Hospital Utilization – 10% of Network Facilities

**2019 CMS Priorities and Goals**

The Network shall promote positive change relative to the secretary’s priorities and CMS goals. The HHS Priorities are interpreted for purposes of this SOW as:

**Priority 1:** Opioid Crisis  
**Priority 2:** Health Insurance Reform  
**Priority 3:** Drug Pricing  
**Priority 4:** Value-Based Care

The CMS Goals are interpreted for purposes of the SOW as:

**Goal 1:** Empower patients and doctors to make decisions about their health care  
**Goal 2:** Usher in a new era of state flexibility and local leadership  
**Goal 3:** Support innovative approaches to improve quality, accessibility, and affordability  
**Goal 4:** Improve the CMS customer experience

The ESRD Network of Texas has grown by leaps and bounds over this past year, adding 64 new facilities– taking our total facility count to 721.

Thank you for all you do for our patients and families in Texas as we work together to ensure we are providing the best care possible. Always feel free to reach me via email at malbin@nw14.esrd.net or phone 469-916-3809.

Mary Albin  
ESRD Network 14 Executive Director

*Continued on page 2*
Every year, Network 14 works with facilities that have high long-term catheter (LTC) rates. A long-term catheter is a catheter that has been placed in a dialysis patient for 90 or more days. In 2018, based on baseline data from June 2017, we identified 54 facilities with LTC rates above 15% from the top facilities with high bloodstream infections in our network area. As a reminder, the national goal by the Centers for Medicare & Medicaid Services (CMS) is for all facilities to have LTC rates below 10%. The combined baseline for the 54 focus facilities in this project was 20.04%. The target rate to meet the goal of a two percentage point improvement was 18.04% or less by the end of September 2018.

We initiated this project’s interventions in March 2018. Interventions included an introduction webinar hosted by the Network with the 54 focus facilities, completion of a root cause analysis (RCA), complete monthly reports and review during QAPI/QA meetings, implementation of the CDC Core Interventions related to vascular access, participation in the NCC HAI LAN calls, improvement and sustainability plans, and patient engagement activities geared towards the reduction of LTCs.

Based on findings from the RCAs, the top root causes were: patient refusal to obtain a fistula or a graft, comorbidities, no-show or canceling appointments, financial issues, referral issues and lack of communication, payment/reimbursement issues, internal process failures such as high staff turnover and lack of follow-up, lack of available surgeons in specific areas, hospital discharge with no access or plan in place, and transportation issues. From these findings, facilities were able to develop and implement interventions and best practices, including early referrals, designated vascular access coordinators (regional and at the facility-level), patient champions or FPRs as liaisons, monthly data reporting, brainstorming sessions, and tools and resources implementation obtained from the NCC HAI LAN calls and recommended by the Network.

As a result of these interventions, the Network has achieved a 3.15% reduction in the LTC rate from baseline (20.04%) to the last set of data released as of 10/31/2018, which represents July 2018 at 16.89%. As depicted in the chart below, we were able to surpass our final goal of 18.04%.

Continued on page 3
The Network would like to recognize the hard work facilities and patients have poured into making this project a success. For the first time in many years, Network 14 achieved LTC goal with a 3.15 percentage point reduction. With this achievement, the Network is eager to continue its contribution in decreasing LTC and associated infection rates for ESRD patients in the state of Texas.

For more information on this project visit our CORE LTC page [here](#).
Bloodstream Infection Quality Improvement Activity

The Bloodstream Infection (BSI) Quality Improvement Activity (QIA) worked with 50% of Network 14’s facilities with the highest bloodstream infection (BSI) rates this year, which was a total of 264 facilities. The average BSI rate of the QIA group was 1.25, with the goal of achieving a 20% or greater relative reduction in their pooled mean rate at re-measurement compared to their 2017 BSI rates. The top 20% of these facilities with the highest BSI rates had increased interventions with a specialized focus on BSI reduction through the use of the CDC’s nine core interventions in order to achieve the 20% reduction, while the remaining 30% cohort participated in all of the QIA’s activities to reinforce infection prevention best practices. At the start of the QIA, the 20% cohort possessed a pooled mean rate (PMR) of 1.25, compared to the overall ESRD Network 14 average PMR of 0.60. The 30% cohort started with a much lower PMR of 0.53, while as a group the facilities began the QIA with a PMR of 0.80. During the re-measurement period in October 2018, the 20% cohort exceeded the QIA goal by achieving an overall 49% reduction in their PMR from 1.25 to 0.63. The 30% cohort was also able to achieve an 18% decrease in their PMR from 0.53 to 0.43 and as a group they reduced their semi-annual PMR from 0.80 to 0.51, having an overall 36% reduction in the QIA.
Continued from page 4

Beginning in February 2018 through November 2018, facilities also participated in monthly patient engagement activities, covering specific infection topics tailored to the nine CDC core interventions. This was designed to address the highest rated root cause of bloodstream infection/dialysis events identified by the facilities during the baseline period (January – June 2017): patient non-compliance. The monthly patient engagement activities were reinforced through facility participation in national infection prevention awareness events, the use of the Network’s patient engagement calendar and topics with patients, and sharing educational videos on infection prevention topics from relevant organizations, such as the CDC, WHO, and AHRQ.

At the end of the QIA, a comparison between the facilities performance in carrying out the four required NHSN prevention process measures monthly audits was performed. Pre-QIA, less than 25% of the group was completing the four selected audits. However, by the end of the QIA, up to 78% of the group was completing all four monthly audits and entering them into NHSN each month.

Many of the BSI QIA facilities had several staff members join the Centers for Disease Control and Prevention’s Making Dialysis Safer for Patients Coalition this year and substantially increased the number of facility patient representatives with 73% of the QIA facilities having at least one or more.

To learn more about the BSI QIA initiative, or if you would like more information on the resources used in this year’s BSI QIA, please visit www.esrdnetwork.org/infection-detection.
This year, Network 14 worked for the first time with facilities to increase the transplant wait list in Texas. This project included facilities with a lower than average transplant wait list rate according to UNOS data. We looked at facilities in Texas that had a transplant wait list of 10% or below. The baseline was 12.44% and was obtained based on nine months of data from October 2016 to June 2017. The kidney wait list national average rate is 18.5% and the national goal is to achieve a rate of at least 30% by 2023.

The project launched in February 2018 and was named “TIPS” for transplant improvement program for success. The main goal was to increase patient wait list rates by at least 10% overall. Some of the interventions included an introduction and exit webinar hosted by the Network, root cause analysis (RCA), tracking of the transplant 7-step process, review of project progress and barriers during QAPI/QA meetings, monthly reports to the Network, participation in the NCC transplant learning and action network (LAN) calls, sustainability plans, and a robust patient engagement component.

Some of the top root causes identified for lower wait list rates included comorbidities, such as obesity and cardiac issues, missed appointments, unstable housing and lack support, transportation issues, ineffective teaching, no protocol or process in place, lack of communication between transplant programs and facility, national shortage of organs, fear, and financial issues. Rooted in these findings, facilities were able to implement interventions tailored to address their specific issues. Some of the best practices included patient discussion groups, better distribution of educational materials, lobby days in collaboration with transplant coordinators, utilization of the Network-developed patient engagement calendar, and recruitment and involvement of facility patient representatives (FPRs).

Based on final data from July 2018, the goal of 20.44% was not achieved. Data issues that contributed to a negative effect on the trend of improvement were identified and reported. Despite these data issues, facilities were able to enlist a total of 412 patients between January and July 2018. As illustrated in the

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chart below, facilities started at 12.44% base line rate and reached an overall rate of 13.07% by the end of July. Final data for August and September have not been released at this time.

The Network is deeply thankful for the diligent work these facilities and patients have set forth to improve the transplant wait list process. As demonstrated through the project, the successful collaboration between patients and providers will continue to improve transplant wait list rates for our ESRD population in Texas.

For more information on this project please visit our transplant improvement section here.
In 2018, Network 14 began work with facilities based on CROWNWeb patient data for depression screenings. Our base line was obtained from October 2016 through June 2017 data, and included 10% of the Network service area (69 facilities). We looked at facilities in Texas with the greatest opportunity for improvement based on the answer choices selected for patients in CROWNWeb. The goal is to decrease responses to Option 3, “screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given”, by 10%. The Network must also decrease the response to Option 6, “clinical depression screening not documented, and no reason is given”, to zero (0%).

The PHFPQ incorporated all six CMS attributes throughout the contract year via six phases of interventions. The facility interventions began in January 2018 and continued through September 2018. The six phases of the project included an introduction and root cause analysis (RCA), facility patient representative (FPR) recruitment, data submission and accuracy, developing follow-up plans, and sustainability. For each phase of the project, facilities were required to attend the explanation webinar for that phase and complete attestation and polling. All focus facilities were also required to attend the NCC LAN meetings for depression screening and provide feedback to the Network on at least one intervention they used from the National Coordinating Center Learning and Action Network (NCC LAN).

The Network also implemented the monthly collection and reporting of depression screenings to the Network. Focus facilities completed monthly data collection tools and quarterly contact sheets. The data collection tools helped the Network accurately track patients’ screenings, encourage documentation into CROWNWeb, and finally, serve as a data validation tool. The quarterly contact forms provided the Network with the means to keep up with staff turnover and be alerted to project lead changes as they happened, instead of weeks or even months following the change.

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Both of these interventions pointed out data discrepancies in CROWNWeb and a continued high staff turnover rate.

Project results are shown on the graph below.
In 2018, Network 14 initiated work with facilities based on home training rates provided by the National Coordinating Center (NCC) via CROWNWeb patient data. We looked at facilities with the greatest opportunity for improvement based on location (access to home training center) and home training rates. We found that 181 facilities met this criteria, which accounted for about 30% of eligible total Network facilities. The Network also included eight home-only facilities to participate in the Home QIA project as a resource, best demonstrated practices, and a referral source for in-center facilities. As mandated by CMS, the goal for 2018 is to increase the number of patients doing home training by at least 10% by the end of September. Currently, 12% of ESRD patient dialyze at home and CMS’ goal for the nation is to reach a 16% by 2023.

The 2018 Home QIA project launched in January. Facilities were notified via email and contacted via phone as needed. The focus facilities will be required to complete all interventions included in this quality improvement activity (QIA). The Network worked with the Medical Review Board (MRB) and the Patient Advisory Committee (PAC) with face-to-face meetings, workgroup phone calls, and emails. Based on feedback gathered from these activities, the following interventions were selected:

- **Root Cause Analysis** - Project facilities completed a root cause analysis to identify the most common patient, facility, and organizational factors that cause lack of patients being trained for home modalities.

- **Project Webinars** - Project webinars are designed to educate facilities on the next steps in the project as well as give them the opportunity to discuss barriers or success with other project facilities.

- **7-Steps Home Navigation Tool** - Process created for facilities to submit 7 steps progress data to the Network.

- **Patient Engagement component** - Project facilities were required to engaged patients by utilizing an FPR and the Network-developed patient engagement calendar with its respective monthly tools.

*Continued on page 11*
Advanced Renal Education Program (AREP) - The Network partnered with the AREP on a series of home webinars, which included CEU opportunities for attendees.

National Coordinating Center (NCC) Home QIA Learning and Action Network (LAN) calls - The Network invited all project facilities to each Home QIA LAN call via multiple email notices and reminders. Following the LAN calls, the Network asked facilities to identify any resources or best practices they need or use in the webinar via a post LAN survey. LAN resources were shared with all project facilities.

Disparities - Project facilities were provided a disparities survey in which they identified location and access to care as a barriers leading to disparities for patients in rural areas. In response, the Network partnered with Julie St. John, the Associate Chair, Department of Public Health and the Assistant Dean, Graduate School of Biomedical Sciences, Texas Tech University Health Sciences Center who presented a webinar to project facilities. Facilities were also given the IHI disparity/equity tool and the CMS health disparities action statement.

Sustainability - The Network developed a sustainability model to help facilities sustain the improvements made during the project after the project has ended.

The project facilities collectively had a baseline home training rate of 4.29% for focus facilities. The goal was to increase Home Rates by at least 10% or by at least 1,751 patients or from 4.29% to 14.29%. As seen below, by September 2018, while the 10% goal had not been met, the Network successfully increased the number of patients participating in home training programs.
Patient Engagement is one of several key fundamentals to address at the facility level. In 2018, ESRD Network partnered with facilities to increase their level of patient engagement. Each facility was asked to report the number of facility representatives and if they have a peer support group and patient involvement with Quality Assurance and Performance Improvement (QAPI).

The Network’s Patient Family Engagement (PFE) plan states that by June 30, 2018, the Network will provide web-based training to FPRs and facility staff with methods to enable patients and staff to develop patient support groups. The Network completed this goal in the second quarter, and at the end of September, the Network has 606 FPRs reported in CROWNWeb.

### Facility Patient Representatives

![Graph showing the number of facility patient representatives over time]

The Network’s goals are to establish patient council support groups in 12% of project facilities by September 30, 2018. The largest reported barrier is that patients are not interested in participating in a patient support group.” To address this barrier, the Network has spoken with facilities via conference call or during a site visit to discuss additional techniques to consider in developing support groups.

*Continued on page 13*
The plan of care goal is 25% of project facilities will increase the development of policies and procedures related to patient and family participation in patient care plan of care meetings at the facility level by September 30, 2018. The Network goal is to reach 18% (31.54%) of projected facilities to include patient participation in QAPI and/or governing body by September 30, 2018.
Continued from page 13

Network 14 will continue to make strenuous efforts to ensure facilities are providing patient engagement opportunities for all patients. Many facilities have demonstrated great improvement with patient engagement. Patient engagement is often times mistaken to simply be a lobby day and/or plan of care meeting. Patient engagement extends far beyond a monthly or annual interaction with patients. Patient engagement is building and strengthening the relationship between staff and patients. Facilities have a tremendous opportunity to impact the life of a patient, family member, and caregiver. This may appear in a moment when staff encourages celebration for patients that receive a transplant or transition to home hemodialysis. Patient engagement is about teaching, mentoring, advocating, and listening when interacting with patients, family members, and caregivers.

As the Network’s option 2 year comes to a close, we are preparing for option 3 and how patient engagement will be spotlighted in every QIA project and Network activity.

Patient Advisory Committee

The ESRD Network of Texas, Inc. (ESRD Network 14) patient advisory committee (PAC) has continued to grow and added seven new patient subject matter experts (PSMEs) to its committee. PAC members are currently working on Quality Improvement Activities and a Network dialysis resource kit for newly diagnosed patients. The PAC elected to name the kit H.O.P.E, for Help on Processing Everything Dialysis, Resource Kit. These resources will encompass our PAC’s personal story and other resources they found helpful when diagnosed with chronic kidney disease. ESRD is impacting people in the state of Texas and the Network aims to provide resources to support patients, family members, and caregivers in adjusting their lifestyle.

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Network 14 will continue to provide information for lifelong sustainability.

• PAC members provide a voice for the entire ESRD patient population in the state of Texas.
• PAC members work with the Network to improve the quality of care and quality of life for Texas ESRD patients. Some PAC members also serve on the medical review board and the board of directors.
• PAC members share ideas to help improve patient-centered care and communication. In addition, they provide a patient perspective by reviewing patient education materials to ensure they are helpful for patients.
The 2018 NHSN Internal Validation Toolkit and the Guidance for Facility Data Quality Checks developed by the National Healthcare Safety Network (NHSN) are now available on NHSN's webpage at https://www.cdc.gov/nhsn/validation/index.html. The NHSN Patient Safety Data Quality Check Guidance and Toolkit assists facilities in conducting data quality checks of reported central line-associated bloodstream infection (CLABSI), catheter-associated urinary tract infection (CAUTI), surgical site infection (SSI) following abdominal hysterectomy (HYST) and colon (COLO) procedures, methicillin-resistant staphylococcus aureus (MRSA) bacteremia, and clostridium difficile infection (CDI) LabID events. It can be found here.

Save the Date!

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<th>Date</th>
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<td>Upcoming Webinars: 2019 NHSN Dialysis Event Updates for Facility</td>
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<td>March 25 –</td>
<td>NHSN Patient Safety Component Annual Training Registration anticipated to open in January 2019</td>
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CMS QIP NHSN Calendar Year 2018 Reporting Requirements for Dialysis Event Data:

- Q3 2018 data due 12/31/2018 (Q3 = July 2018 - September 2018)
- Q4 2018 data due 03/31/2018 (Q4 = October 2018 - December 2018)

Please ensure that at least one individual at your facility can access NHSN via their Secure Access Management Services (SAMS) account and has been assigned appropriate user rights in NHSN to enter and view your facility's data. To guarantee your data is accurately entered into NHSN, verify that; 1) your monthly reporting plans are complete; 2) you've entered appropriate summary and event data or checked the appropriate no events boxes; and 3) you've cleared all alerts from your NHSN facility homepage. For additional guidance on ensuring your data are accurately sent to CMS for quality reporting purposes, please visit their website and navigate to the appropriate section(s) for your facility type: https://www.cdc.gov/nhsn/cms/index.html. For questions, please contact the NHSN Helpdesk: at NHSN@cdc.gov. It is staffed Mondays thru Fridays, 7 am ET – 5 pm ET, excluding federal holidays.
**ESRD Network of Texas, Inc.**  
**Medical Review Board Recommendations**  
**Goals for Clinical and Safety Performance Measures/Quality Indicators**  
**Calendar Year 2018/Payment Year 2020**

ESRD Network of Texas endorses CMS Quality Incentive Program goals in lieu of setting additional Network-specific goals.

*Denotes new measure for Calendar Year 2018

<table>
<thead>
<tr>
<th>Clinical Performance Measures</th>
<th>Goals</th>
<th>Source</th>
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<tr>
<td>Kt/V Dialysis Adequacy (comprehensive)</td>
<td>98.56%</td>
<td>PY2020 QIP Benchmark</td>
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<tr>
<td>Hypercalcemia*</td>
<td>0.00%</td>
<td>PY2020 QIP Benchmark</td>
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<tr>
<td>Vascular Access – Arteriovenous Fistula (AVF)</td>
<td>79.90%</td>
<td>PY2020 QIP Benchmark</td>
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<td>Vascular Access – Catheter ≥ 90 days*</td>
<td>3.11%</td>
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<td>Standardized Readmission Ratio (SRR)*</td>
<td>0.629</td>
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<td>Standardized Transfusion Ratio (STrR)*</td>
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<td>PY2020 QIP Benchmark</td>
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<td>Standardized Hospitalization Ratio (SHR)*</td>
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<td>NHSN Bloodstream Infection (BSI)*</td>
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<td>ICH CAHPS – Nephrologists’ Communication and Caring</td>
<td>78.09%</td>
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<td>ICH CAHPS – Quality of Dialysis Center Care and Operations</td>
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<td>ICH CAHPS – Providing Information to Patients</td>
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<td>ICH CAHPS – Overall Rating of Nephrologists</td>
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<td>ICH CAHPS – Overall Rating of Dialysis Center Staff</td>
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<td>ICH CAHPS – Overall Rating of the Dialysis Facility</td>
<td>82.48%</td>
<td>PY2020 QIP Benchmark</td>
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<tr>
<td>Mortality, Hospitalization, Transplant</td>
<td>Facility is “As Expected” or “Better than Expected”</td>
<td>Dialysis Facility Report</td>
</tr>
</tbody>
</table>

*On these measures, a lower rate indicates better performance

QIP Benchmark: 90th percentile of performance rates nationally during CY 2016
The ESRD Network of Texas (Network 14) works closely with the Centers for Medicare & Medicaid Services (CMS) to resolve grievances. The Network investigates grievances related to the quality of dialysis and transplant services and care provided to Medicare patients or in Medicare-certified facilities. The patient services department is continually working to improve the patient experience of care, facilitate positive provider interactions, and reduce grievances. Although patients provide the initial notification of a grievance, the Network contacts providers to offer resolution guidance and technical assistance.

The patient services department also handles questions related to the quality and safety of care received by patients and any questions regarding grievances process. The Network’s role in resolving grievances, depending upon the situation, is to act as investigator, facilitator, advocate, educator, coordinator, and/or referral agent. To resolve grievances, the Network participates in patient care conferences, both in-person and via teleconference. The Network provides technical assistance to facilities related to grievance resolution, patient engagement and alignment with treatment goals, behavior management, resource referrals, and access to care concerns.

In the recent focused audit of patient grievances, the most prevalent areas of concern were related to clinical quality of care, concerns with facility staff, treatment concerns, and concerns with the physical environment. Many of these were linked to secondary areas of concerns, including communication/miscommunication issues, professionalism, patient safety/health, and treatment schedule.

In many cases, patient grievances were resolved by the facility staff, utilizing a patient-centered approach, mediation, and effective communication. The Network encourages continued use of related interventions and internal facility grievance processes to improve patient experience of care.

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Access to Care Concerns

The patient services department handles several concerns related to involuntary discharges (IVD). An IVD should be a last resort, and should begin only if all efforts to resolve the problem have failed. The issues and interventions to address them must be been properly documented as well.

IVDs should be completed in accordance with Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC). The CfC (§ 494.180 (f)) recognizes involuntary discharge for the following reasons: the patient or payer no longer reimburses the facility for the ordered services/nonpayment; the facility ceases to operate; the transfer is necessary for the patient’s welfare because the facility can no longer meet the patient’s documented medical needs; and if the facility has reassessed the patient and determined the patient’s behavior is disruptive and abusive to the extent that delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired. In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the CfC guidance, an ‘immediate severe threat’ is considered to be a threat of physical harm.

The Network has compiled resource material to assist with understanding IVD processes. These resources are posted on the Network’s website: http://www.esrdnetwork.org/social-worker-tools-resources.

Second Chance for Access to Care Patients

The ESRD Network of Texas (Network 14) patient services department is often contacted by patients, caregivers, and providers with concerns related to an ESRD patient being unable to obtain placement due to an involuntary discharge and/or past behavioral concern. These patients end up relying on their local hospitals and emergency rooms for dialysis treatments and are frequently admitted inpatient to manage ESRD and related complications. Relying on the hospitals and emergency rooms for dialysis treatments not only increases patients’ risk factors but it burdens families, caregivers, and providers.
Patients who are involuntarily discharged often present with challenging behaviors, which creates barriers to obtaining placement. In an effort to advocate for patients and families and ensure that facilities are able to operate safely with minimized patient disruption, Network 14 has developed a second chance program for access to care patients. The purpose of this program is to provide an alternative treatment option for ESRD patients who have been involuntarily discharged and rely on the hospitals for dialysis treatments. Implementation of this program allows dialysis facilities and nephrologists the option to admit a patient for a 90-day trial to determine if the provider can adequately meet the patient’s needs.

Second chance placements are not intended for multiple placements. Only the Network can initiate a second chance placement and each case will be evaluated individually. The safety of patients and facility staff is an utmost concern of the Network. Patients that have presented a credible threat and have an involuntary discharge that was supported by the Network will not be included in the second chance program.

Missing Patients and Lost-to-follow-up Patients

The ESRD Network of Texas (Network 14) patient services department is frequently contacted by facility staff members with concerns related to patients missing treatment for 30 or more consecutive days of treatment and lost-to-follow-up-patients.

In an effort to both advocate for patient’s rights and assist facilities in maintaining their standing with CMS, Network 14 has developed a missing patients protocol to assist with handling patients who miss 30 or more consecutive days of treatment in accordance with the conditions for coverage (CfCs). This resource is posted on the Network’s website: http://www.esrdnetwork.org/sites/default/files/Missing%20Patients%20Protocol.pdf.

We appreciate all you do for patients and families. Please feel free to contact the patient services department with any questions or concerns.
# ESRD Network 14 Staff Contacts

**Do NOT Email Patient-specific Information. Fax Only.**

<table>
<thead>
<tr>
<th>CROWNWeb</th>
<th>Patient Engagement and Patient Services Grievances/IVDs/IVTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Bain (NW8, NW14) P: 601-813-0742 Email: <a href="mailto:rbain@nw14.esrd.net">rbain@nw14.esrd.net</a></td>
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</tr>
<tr>
<td>Sadé Castro P: 469-916-3805 Email: <a href="mailto:scastro@nw14.esrd.net">scastro@nw14.esrd.net</a></td>
<td>Adalia Salazar P: 469-916-3817 Email: <a href="mailto:asalazar@nw14.esrd.net">asalazar@nw14.esrd.net</a></td>
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<table>
<thead>
<tr>
<th>Infection Detection (BSI QIA)</th>
<th>Transplantation QIA and Long Term Catheter (LTC)</th>
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<tbody>
<tr>
<td>Maryam Alabood P: 469-916-3803 Email: <a href="mailto:malabood2@nw14.esrd.net">malabood2@nw14.esrd.net</a></td>
<td>Dany Anchia P: 469-916-3813 Email: <a href="mailto:danchia@nw14.esrd.net">danchia@nw14.esrd.net</a></td>
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<thead>
<tr>
<th>Hospitalization Referrals QIA</th>
<th>Home Referrals QIA and Emergency Planning</th>
</tr>
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<tbody>
<tr>
<td>Javoszia Sterling P: 469-916-3800 Email: <a href="mailto:jsterling@nw14.esrd.net">jsterling@nw14.esrd.net</a></td>
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</tbody>
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ESRD Network of Texas

ESRD of Texas Network 14 at:

[www.esrdnetwork.org](http://www.esrdnetwork.org)

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Patient Toll-free Number: 1-877-886-4435
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