

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



ADEQUACY OF HEMODIALYSIS (HD)

STANDARDS:

- The dialysis prescription should specify the parameters of the hemodialysis calculated to achieve a single pool (sp) kinetics (spKt/V) ≥ 1.2 .
- The delivered dose of hemodialysis should be calculated using urea kinetic modeling (UKM) or Daugirdas II and these methods should be performed at least monthly to assure that adequate hemodialysis is being delivered.
- While it is recognized that urea reduction ratios (URR's) are still an acceptable measure of hemodialysis adequacy, URR's are not encouraged as the primary means to determine delivered dose of hemodialysis at this time.

FACILITY LEVEL PERFORMANCE: The ESRD Clinical Performance Measure (CPM) requires analysis for minimal delivered hemodialysis dose for ESRD hemodialysis patients...

- *Minimum Delivered HD dose for ESRD HD Patients Undergoing Dialytic Treatment for a Period of 6 months or Greater.* Measure Description: Percentage of all adult (≥ 18 years old) patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V ≥ 1.2 during the reporting period.
- *Minimum Delivered HD dose for ESRD HD Patients Undergoing Dialytic Treatment for a period of 90 days or greater.* Measure Descriptions: Percentage of all adult (≥ 18 years old) patients in the sample for analysis who have been on hemodialysis for 90 days or more and dialyzing thrice weekly, and have a residual renal function (if measured in the last three months) less than 2 ml/min/1.73m²), whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V ≥ 1.2 during the reporting period.

EVALUATION:

- The MRB requires the Network staff to evaluate facilities for compliance with established standards. Due to various CMS constraints on data collection, there is one opportunity to review timely adequacy of hemodialysis indicators via the Voluntary Lab Data Collection (LDC) activity.
- Performance of the voluntary LDC will facilitate QIC/MRB review of HD adequacy standard by facility, state and Network. The Lab Data Collection analysis will be done in a comparative fashion to establish groupings and rankings within groupings. Historically the groupings have been done in a high to low methodology with prioritization of QI activities to focus on all facilities.

REFERENCE: The Centers for Medicare & Medicaid Services (CMS) Phase III ESRD Clinical Performance Measures in effect April 1, 2008.

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4200 Perimeter Center Drive Suite 102 Oklahoma City, OK 73112-2314

Phone: 405.942.6000 Main Fax: 405.942.6884 Data Fax: 405.942.6181

Web site: <http://www.network13.org> Email: info@nw13.esrd.net

Mission Statement: "To assess and improve the quality of care provided to individuals with End Stage Renal Disease."