

# ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



## PERITONEAL DIALYSIS (PD) ADEQUACY

### STANDARDS:

- At initiation of PD therapy, total Kt/V<sub>urea</sub>, total Ccr, and PNA (with all its components) should be measured within the first two months and then every four months.
- If there is a change in prescription or a major change in clinical status (i.e., hospitalization, weight loss), but in the absence of peritonitis, measurements of delivered weekly Kt/V<sub>urea</sub> and total weekly Ccr should be performed within the next four weeks and then resume adequacy testing at 4-month intervals.

### FACILITY LEVEL PERFORMANCE:

- *Measurement of Total Solute Clearance at Regular Intervals.* Measure Description: Analysis of percentage of all adult ( $\geq 18$  years of age) PD patients with total solute clearance for urea (endogenous residual renal urea clearance & dialytic) measured at least once in a four-month period.
- *Delivered Dose of PD Above the Minimum of 1.7.* Measure Description: Analysis of percentage of all adult ( $\geq 18$  years old) PD patients whose delivered PD dose was a weekly Kt/V<sub>urea</sub> of at least 1.7 (dialytic + residual) during the four month reporting period.

### RATIONALE:

- Measurements of delivered PD dose and total solute clearance are easy to perform, but require attention to detail and precision in techniques for patients and dialysis staff. It is imperative that these measurements become a routine for the patients and facility staff. The 4-month interval is recommended because it strikes a balance: every four months is often enough to be clinically helpful, but not so often as to be intrusive into a PD patient's lifestyle.
- The impact of a change in prescription should be assessed within 2 to 4 weeks in order to determine if the recommended change has actually been executed and if it has accomplished its goal. The promptness of the assessment is important because clinical events could postpone the measurement or confound the results.

### 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 currently one opportunity to review timely adequacy of peritoneal dialysis indicators via the Voluntary Lab Data Collection (LDC) activity. Performance of the voluntary LDC will facilitate QIC/MRB review of PD adequacy standard by facility, state, and Network.
- As part of the Lab Data Collection activity, Network 13 will run state-specific data analysis reports for QIC/MRB review prior to development of the next QI work plan (QIWP). The Lab Data Collection analysis will be done in a comparative fashion to establish groupings and rankings within groupings for QI activities.

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

Recommendation: Initiated in 1999; Revised 04/30/03, 02/06/04  
Transitioned to Standard: 05/25/07, Revised: 06/08, 05/15/09  
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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](mailto:info@nw13.esrd.net)

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