

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



PERFORMANCE GUIDANCE: 2011

PURPOSE: The following objectives are to provide guidance in ascertaining appropriate provider delivery of dialysis care to patients on chronic dialysis therapy. **RED = NEW as of June, 2011.**

APPLICABILITY: Dialysis providers serving adult (≥ 18 years old) dialysis patients.

NETWORK PERFORMANCE GUIDANCE BY INDICATORS:

1. **ADEQUACY OF HEMODIALYSIS:** *Each provider should strive to attain and subsequently maintain...*
 - **96%** of in center hemodialysis patients with urea reduction ratio (URR) $\geq 65\%$
 - 94% of in center hemodialysis patients with $Kt/V \geq 1.2$
2. **PERITONEAL DIALYSIS ADEQUACY:** *Each provider should strive to attain and subsequently maintain...*
 - 100% adequacy testing on PD patients during a four month period
 - 90% of PD patients achieving a weekly Kt/V_{urea} of at least 1.7 (dialytic + residual) during a four month period.
3. **ANEMIA MANAGEMENT:** *Each provider should strive to attain and subsequently maintain...*
 - Less than 10% of the dialysis patient population having Hgb levels < 10 gm/dL
 - **Less than 10% of the dialysis patient population having Hgb levels > 12 gm/dL on ESA therapy.**
 - “Minimal to zero” patients with Hgb levels ≥ 13 gm/dL on ESA therapy.
4. **NUTRITION MANAGEMENT:** *Each provider should strive to attain and subsequently maintain...*
 - 35% of the dialysis patient population achieving serum albumin (Alb) levels greater than 4.0 / 3.7 gm/dL (BCG/BCP).
5. **MINERAL METABOLISM:** *Each provider should strive to attain and subsequently maintain...*
 - 50% of the dialysis patient population achieving serum phosphorus levels between 3.5-5.5 mg/dL.
 - 80% of the dialysis patient population achieving serum levels of corrected total calcium levels within the normal range for the laboratory used, preferably toward the lower end (> 8.4 and < 10.2 mg/dL).
 - 70% of the dialysis patient population achieving serum calcium-phosphorus products at < 55 mg^2/mL^2 , if monitored for facility-aggregate outcomes.
 - 70% of the dialysis patient population achieving intact PTH levels between 150-300 pg/mL (16.5-33.0 pmol/L).
 - Intact PTH levels need to be monitored quarterly at a minimum; however, if patient-specific levels are not in target range, monthly monitoring is appropriate.
6. **VASCULAR ACCESS MANAGEMENT:** *Each provider should strive to attain and subsequently maintain...*
 - **CATHETERS:** Less than 10% of chronic maintenance hemodialysis patients utilizing a catheter for 90 days or longer.

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

VASCULAR ACCESS MANAGEMENT (continued):

- ARTERIOVENOUS FISTULAE:
 - 66% of **prevalent** hemodialysis patients utilizing primary AV fistulas.
 - Primary AVF placement in at least 50% of all **new (incident)** patients electing to receive hemodialysis as their renal replacement therapy.
- MONITORING/SURVEILLANCE FOR ACCESS DYSFUNCTION: 100% monitoring for access dysfunction in all adult hemodialysis patients utilizing AVF's or AVG's as primary vascular access.

7. IMMUNIZATIONS: *Each provider should strive to attain and subsequently maintain...*

- 90% of dialysis patient population with documented receipt of annual influenza immunizations.
 - 100% of dialysis patient population with documentation in patient record of receipt or refusal of annual Influenza vaccinations annually between 10/01 and 03/31.
- 60% of dialysis patient population with documented receipt of pneumococcal pneumonia immunizations.
 - 100% of dialysis patient population with documentation in patient record of receipt or refusal of Pneumococcal pneumonia vaccination on schedule.
- 90% of dialysis patient population with documented receipt of Hepatitis B vaccination series.
 - 100% of dialysis patient population with documentation in patient record of receipt or refusal of Hepatitis B vaccination series on schedule.

8. INFECTION CONTROL: *Each provider should...*

- **Strive to achieve zero infection control events**
- Document and analyze aggregate infection control rates (e.g., incidence) for baselines and trends.
- Analyze rates and trends for:
 - Septicemia
 - Access-related infections in permanent vascular access (AVF, AVG, tunneled catheter), temporary catheters, and PD catheters

9. PATIENT SAFETY: *Each provider should develop & document facility-specific goals / tracking to address...*

- Medication Errors
- Medication Reconciliation
- Patient Falls
- **Intradialytic Hypotension**

10. FLUID MANAGEMENT: *Each provider should develop and document facility-specific goals / protocols and monitoring to address...*

- **Blood Pressure Targets**
- **Management of Fluid Gains**
- **Establishment and Review of Dry Weights**

Limitation Statement: *With regards to Network analysis of provider performance, it is recognized that small providers/facilities, could have one or two poor patient outcomes which would greatly skew their performance scores for reasons unrelated to the quality of care they have furnished. Therefore, we will make every effort to use datasets with a minimum of 11 cases that meet the reporting criteria for the measure being analyzed. We believe that this minimum case threshold will help prevent the possibility that a small number of poor outcomes artificially, and for reasons unrelated to the quality of care, skew a small provider/facility's performance score. Also, eleven cases is a statistically valid threshold that will give us confidence that a provider/facility's total performance score is an accurate reflection of the quality of care it furnishes.*