

ESRD NETWORK 13

Serving Arkansas, Louisiana & Oklahoma Renal Communities



Revised: NUTRITION IN CHRONIC RENAL FAILURE

STANDARDS:

- Serum albumin is a valid and clinically useful measure of protein-energy nutritional status in all adult ESRD patients.
- The optimal target serum albumin level is ≥ 4.0 gm/dL (BCG) or ≥ 3.7 gm/dL (BCP).

RATIONALE:

- Serum albumin levels have been used extensively to assess the nutritional status of individuals with and without chronic renal failure. Malnutrition is common in the end stage renal disease (ESRD) population, and hypoalbuminemia is highly predictive of future mortality risk when present at the time of initiation of chronic dialysis as well as during the course of maintenance dialysis. It follows that nutritional interventions that maintain or improve serum albumin concentrations may be associated with improved long-term survival, although this has not been proven in randomized, prospective clinical trials. Serum albumin levels may rise with increased protein or energy intake.
- Although no ideal measure of nutritional status exists, the serum albumin concentration is considered to be a useful measure of protein-energy nutritional status in maintenance dialysis patients. The extensive literature, in individuals with or without renal failure, relating serum albumin to nutritional status, and the powerful association between hypoalbuminemia and mortality risk in the chronic dialysis population, strongly support this contention. In addition, the measurement of serum albumin levels is inexpensive, easy to perform, and widely available.

EVALUATION:

- The MRB requires the Network staff to evaluate facilities for compliance with established standards. Due to various CMS constraints on data collection, there are currently two opportunities to review timely nutrition indicators [Voluntary Lab Data Collection (LDC) activity and ESRD National Clinical Performance Measures (CPM) activity].
- Performance of the voluntary LDC will facilitate QIC/MRB review of nutrition standard by facility, state and Network. The preliminary CPM data analysis should provide guidance as to Network-specific standing within the national setting. Subsequent to receipt of any Network 13 specific data files and/or analysis from the Lab Data Collection activity, Network 13 will run state-specific CPM data analysis reports for QIC/MRB review prior to development of CPM QI work plan (QIWP). 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.
- **Note that monitoring of albumin levels has been removed from Phase III ESRD CPM and does not appear to be an outcome available after release of CROWNWeb (February 2009).**

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