Quality Improvement Activity

2000 Quality Performance Measures

Assisting the Renal Community to Improve the Quality of Patient Care

ESRD Network 13

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2000 Quality Performance Measures

Assisting the Renal Community to Improve the Quality of Patient Care

- I. **OBJECTIVES:** This activity is based on a combination of two separate but complimentary activities: <u>outcomes assessment and continuous quality improvement</u>.
- Outcomes assessment concerns the measurement, monitoring, and feedback of data.
 It requires the development of instruments and measures, and it implies a need for
 research to validate and interpret these measures. The role of outcomes assessment
 is to provide feedback of information to clinicians for their use in improving care
 processes.
- Continuous quality improvement is an approach to improving a process that begins
 with an assessment of current knowledge of the process (including comparative
 performance data), searches for causes of performance variation and plans for
 process improvement. This leads to the expectation that processes will be monitored
 continuously allowing for earlier, appropriate intervention application. Progress then
 can be monitored through ongoing collection of process outcome data.
- Outcomes of Interest = (1) Anemia management; (2) Delivery of adequate dialysis therapy; (3) Monitoring of vascular access; and (4) Prevention of infectious complications by immunization.
- Process Indicators = (1) Early detection of anemia, inadequate dialysis therapy, vascular access complications, and (2) Prevention of influenza, pneumococcal pneumonia, and hepatitis as deemed appropriate.
- The anticipated short and long-term goal of this project is to stimulate ongoing quality improvement processes specific to the areas of anemia, adequacy of dialysis, vascular access and prevention/immunization.
- The anticipated short and long term outcomes regarding quality performance measures have been demonstrated in improved anemia management, improved adequacy of dialysis, extending access patency, and decreasing hospitalizations/complications secondary to influenza, pneumococcal infections, and hepatitis.

Adequate care of an end stage renal disease (ESRD) hemodialysis patient requires vigilance towards anemia management, adequacy of dialysis therapy, the establishment and maintenance necessary for vascular access patency, and prevention of diseases as possible via immunizations. Hemodialysis therapy depends upon all of these factors, plus more. This activity focuses on:

- "Does the ESRD provider monitor anemia values in order to maintain patient population in target ranges utilized for anemia management (i.e., Hgb/Hct, EPO usage, iron usage and monitoring)?"
- "Does the ESRD provider monitor adequacy of dialysis values to provide appropriate dialysis therapy?"
- "Does the ESRD provider currently have a policy and/or protocol regarding vascular access initiation, treatment, and intervention(s) as deemed appropriate?
- "Is there an impact secondary to patient receipt of recommended immunizations on hospitalizations and/or mortality?

II. BACKGROUND:

Need - Currently, approximately 11,357 people in Network 13 suffer from end stage renal disease (ESRD), of which 90% are treated by incenter, maintenance hemodialysis and 10% are treated by peritoneal dialysis. There are currently 235 dialysis providers in the Network service area. The crude mortality rate is approximately 21%.

The available National data (historically Core Indicators and now Clinical Performance Measures) activities report on the quality of care being provided to the ESRD beneficiaries and are a commitment to improving ESRD patient care and outcomes. These results provided to date, argue strongly that meaningful feedback data reports are an important tool that can be used by the Network 13 facilities in assessing patient care processes and outcomes, as well as identifying opportunities for improvement. Improvements although not always statistically significant have been reflected during these ongoing annual QI activities. However, these National projects report on a percentage of patients and providers within the Network. A truly reflective facility-specific snapshot of the dialysis care provided throughout Network 13 is now available on an annual basis through these QPM activities.

With the printing and distribution of the National Kidney Foundation-Dialysis Outcomes Quality Initiatives (NKF-DOQI), guidelines were put forth into the renal community for ultimate review and utilization. Based on these guidelines as well as National data, the ESRD Network 13 Medical Review Board and Board of Directors have approved utilization of the QPM as a map to direct areas in which to focus Network 13 QI activities.

The areas are as follows:

ANEMIA -

- 1. Target range for hemoglobin / hematocrit for Epoetin therapy.
 - Target range should be Hgb 11 -12 g/dL and/or Hct 33 36%.
- 2. Assessment of iron stores among anemic patients or patients prescribed Epoetin therapy.
 - Iron status should be monitored by the percent transferrin saturation (TSAT) and the serum ferritin.
 - Target iron level. Chronic renal failure patients should be sufficient iron to achieve and maintain a hemoglobin of 11-12 g/dL (hematocrit of 33% to 36%).
 - Monitoring iron status:
 - a. During the initiation of Epoetin therapy and while increasing the Epoetin dose in order to achieve an increase in hemoglobin / hematocrit, the TSAT and the serum ferritin should be checked every month in patients not receiving intravenous iron, and at least once every 3 months in patients receiving intravenous iron, until target hemoglobin / hematocrit is reached.
 - b. Following attainment of the target hemoglobin / hematocrit, TSAT and serum ferritin should be determined at least once every three months.

ADEQUACY-

- 1. Minimum Delivered Hemodialysis Dose
 - The dialysis care team should deliver a Kt/V of at least 1.2 (single-pool, variable volume) for both adult and pediatric hemodialysis patients. For those using the urea reduction ratio (URR), the delivered dose should be equivalent to a Kt/V of 1.2, i.e., an average URR of 65%; however URR can vary substantially as a function of fluid removal.
- 2. Monthly Measurement of Delivered Hemodialysis Dose
 - The dialysis care team should routinely measure and monitor the delivered dose of hemodialysis.
- 3. Measurement of Total Solute Clearance at Regular Intervals (Peritoneal Dialysis)
 - Both total weekly creatinine clearance normalized to 1.73 m2 BSA and total weekly Kt/V_{urea} should be used to measure delivered peritoneal dialysis doses.
 Consideration should be given to dialysate and urine collections.

VASCULAR ACCESS -

- 1. Monitoring Process and Practice for Vascular Accesses (AVF's, AVG's, catheters)
 - Monitoring AVG's for Stenosis
 - Maximizing placement of AVF's
 - Minimizing Use of Catheters as Chronic Dialysis Access

PREVENTION (Immunization) -

- 1. Maximize prevention of diseases where possible through immunizations
 - Influenza
 - Pneumococcal pneumonia
 - Hepatitis

III. METHODOLOGY – QPM ACTIVITY POPULATION:

<u>Setting of Project:</u> Two hundred, twenty-four (224) HCFA-approved ESRD providers/facilities within Network 13.

- The Network provided project facilities with data abstraction tool.
- Exclusions Any facility listed as "pending" at time of data abstraction, as well as units declaring "primarily acute patient populations and prison units.
- Timeframe: July 2000 or if a new facility "month selected during first quarter of operation".

<u>Data Analysis:</u> It should be noted that the data analyzed for this report was self-reported, facility-specific data. Minimal validation was accomplished via telephone and fax replies to questions regarding data. Each facility's medical director was asked to 'sign off' that the "information provided was current and reflective of performance at their facility".

The data analysis focuses where possible on the facility-specific data especially on the anemia and adequacy of dialysis indicators. There is limited facility-specific vascular access data. Most of the vascular access and prevention data analysis is reported by state and by Total = Network.

Network staff, Quality Improvement Committee (QIC) and the Medical Review Board (MRB) reviewed preliminary data analysis and report, prior to distribution.

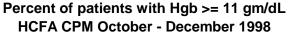
IV. SUMMARY OF FINDINGS & OPPORTUNITIES TO IMPROVE CARE:

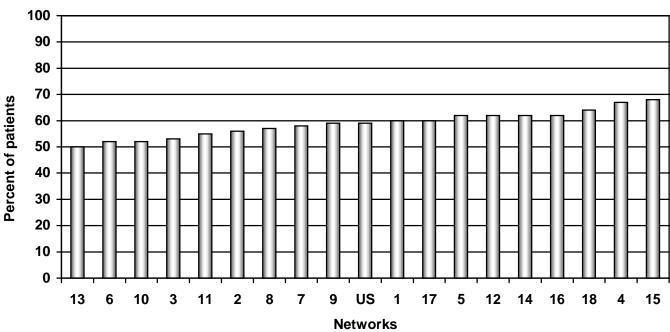
ANEMIA: 100% of reporting facilities are monitoring Hct or Hgb measurements. 40% of facilities report utilizing both methods (up from 20% in 1999). 43% of the reporting facilities are monitoring anemia measurements at least every other week.

The mean hemoglobin for Network 13 is 11.6.

Ninety-nine percent of reporting facilities have an EPO protocol. In the area of iron management 93% of reporting facilities are monitoring both serum ferritin and transferrin saturations. A recognized improvement is noted in the area of anemia management.

We are pleased to report an improvement noted in the area of hemoglobin targets with 99.5% (up from 95% in 1999) of reporting facilities having Hgb target of \geq 11.0. No facilities are now reporting substandard anemia targets.





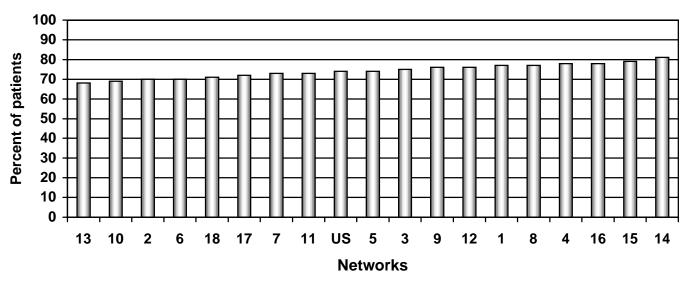
ADEQUACY: Of the reporting facilities, 82% (vs. 65% in 1999) report monitoring URR and 18% (vs. 35% in 1999) report monitoring Kt/V as the primary method of measuring HD adequacy. 99% report HD adequacy measurements done monthly. Sixty-six percent (vs. 42% in 1999) of the facilities report performing an audit for Post-dialysis BUN sample collection. 55% of facilities report at least 80% of their HD patient population is achieving URR ≥ 65%.

Network 13 Mean URR = 70.0 and Mean Kt/V = 1.5.

A new section on Residual renal function was added for the 2000 QPM. Results reflect that 74 facilities (33%) routinely measure residual renal function

The most frequently reported measure for PD adequacy is the Kt/V, with the majority of PD facilities attempting to obtain quarterly adequacy measurement.

Percent of HD patients with URR >= 65% HCFA CPM, October - December 1998



VASCULAR ACCESS: To the question, "Patient history and physical exam done routinely prior to access selection?", 90% (vs. 85% in 1999) of the facilities replied "YES". Exams were done by vascular surgeon (26% in 2000 vs. 42% in 1999), nephrologist (21% in 2000 vs. 30% in 1999), or both (52% in 2000 vs. 28% in 1999).

However, as in 1999 only 36% of the facilities reported diagnostic evaluation done prior to permanent access placement. 34% (up from 33%) reported access placement in advance of ESRD declaration, and 71% (up from 69%) reported vascular access maturation policy in place prior to sticking.

Of the reporting facilities, 88% (up from 71% report access monitoring and maintenance policies in place (mainly stenosis/thrombosis and infection) and 80% (up from 60%) report prevention/management of access complications policies and procedures (mainly stenosis/thrombosis and infection).

Vascular Access Percentages	Fistulas		Gra	afts	Catheters		
	1999 2000		1999	2000	1999	2000	
Arkansas	19%	27%	60%	50%	21%	22%	
Louisiana	18%	19%	59%	56%	23%	24%	
Oklahoma	25%	26%	45%	46%	30%	28%	
Network 13	vork 13 20% 23%		56%	52%	24%	25%	

• **IMMUNIZATION:** Of the reporting facilities, 95% (up from 94%) report offering influenza vaccinations, 97% (up from 94%) report offering hepatitis vaccinations, and 71% (up from 59%) report offering pneumococcal immunizations.

At least 80% of reporting facilities have written policies regarding VRE, MRSA, TB, and Hepatitis C.

V. DATA ANALYSIS REPORT

A. Anemia

Anemia Monitoring (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	siana	Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Anemia	Hematocrit	Count	39	20	14	2	22	5	75	27
Monitoring		% within State	69.6%	35.1%	13.1%	1.8%	40.0%	9.4%	34.4%	12.1%
_		% of Total	17.9%	8.9%	6.4%	.9%	10.1%	2.2%	34.4%	12.1%
	Hemoglobin	Count	8	13	72	76	17	19	97	108
		% within State	14.3%	22.8%	67.3%	66.7%	30.9%	35.8%	44.5%	48.2%
		% of Total	3.7%	5.8%	33.0%	33.9%	7.8%	8.5%	44.5%	48.2%
	Hct & Hgb	Count	9	24	21	36	16	29	46	89
		% within State	16.1%	42.1%	19.6%	31.6%	29.1%	54.7%	21.1%	39.7%
		% of Total	4.1%	10.7%	9.6%	16.1%	7.3%	12.9%	21.1%	39.7%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Hematocrit Monitored Frequency (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Hct	q treatment	Count	6	1	2	9
		% within State	13.6%	2.6%	5.9%	7.8%
		% of Total	5.2%	.9%	1.7%	7.8%
	q weekly	Count	10	12		22
		% within State	22.7%	31.6%		19.0%
		% of Total	8.6%	10.3%		19.0%
	q 2 weeks	Count	23	13	14	50
		% within State	52.3%	34.2%	41.2%	43.1%
		% of Total	19.8%	11.2%	12.1%	43.1%
	q month	Count	3	11	16	30
		% within State	6.8%	28.9%	47.1%	25.9%
		% of Total	2.6%	9.5%	13.8%	25.9%
	Othera	Count	2	1	2	5
		% within State	4.5%	2.6%	5.9%	4.3%
		% of Total	1.7%	.9%	1.7%	4.3%
Total		Count	44	38	34	116
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	37.9%	32.8%	29.3%	100.0%

a. Bi-monthly(4), Calc Hct(1)

Hemoglobin Monitored Frequency (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Hgb	q weekly	Count	6	54	6	66
		% within State	16.2%	48.2%	12.5%	33.5%
		% of Total	3.0%	27.4%	3.0%	33.5%
	q 2 weeks	Count	17	44	23	84
		% within State	45.9%	39.3%	47.9%	42.6%
		% of Total	8.6%	22.3%	11.7%	42.6%
	q month	Count	13	10	17	40
		% within State	35.1%	8.9%	35.4%	20.3%
		% of Total	6.6%	5.1%	8.6%	20.3%
	Other ^a	Count	1	4	2	7
		% within State	2.7%	3.6%	4.2%	3.6%
		% of Total	.5%	2.0%	1.0%	3.6%
Total		Count	37	112	48	197
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	18.8%	56.9%	24.4%	100.0%

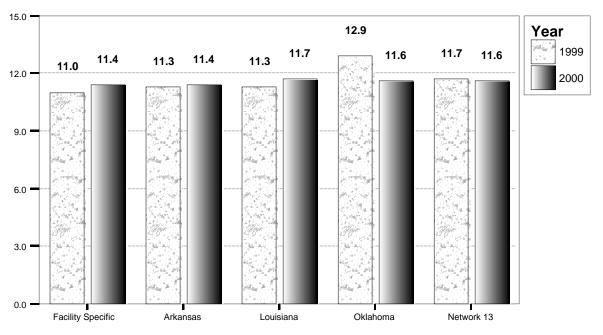
a. Bi-monthly(7)

Hemoglobin Target (1999-2000)

					Sta	ate				
			Arkaı	nsas	Louis	siana	Oklal	noma	Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Hemoglobin	Hgb < 9.5	Count			1		1		2	
Target		% within State			1.1%		3.3%		1.5%	
		% of Total			.8%		.8%		1.5%	
	9.5 <= Hgb <= 10.9	Count			3	1	2		5	1
		% within State			3.3%	.9%	6.7%		3.8%	.5%
		% of Total			2.3%	.5%	1.5%		3.8%	.5%
	Hgb >= 11.0	Count	12	40	87	112	27	47	126	199
		% within State	100.0%	100.0%	95.6%	99.1%	90.0%	100.0%	94.7%	99.5%
		% of Total	9.0%	20.0%	65.4%	56.0%	20.3%	23.5%	94.7%	99.5%
Total		Count	12	40	91	113	30	47	133	200
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	9.0%	20.0%	68.4%	56.5%	22.6%	23.5%	100.0%	100.0%

Mean Hemoglobin (1999-2000)

XX-XXXX



^{*} Standard Non-Weighted Means

Does Facility have EPO Protocol? (1999-2000)

					Sta	ite				
			Arka	nsas	Louis	iana	Oklahoma		To	tal
			1999	2000	1999	2000	1999	2000	1999	2000
Protocol for	Yes	Count	51	54	106	114	54	53	211	221
EPO Admin?		% within State	91.1%	94.7%	99.1%	100.0%	98.2%	100.0%	96.8%	98.7%
		% of Total	23.4%	24.1%	48.6%	50.9%	24.8%	23.7%	96.8%	98.7%
	No	Count	4	3			1		5	3
		% within State	7.1%	5.3%			1.8%		2.3%	1.3%
		% of Total	1.8%	1.3%			.5%		2.3%	1.3%
	No Answer	Count	1		1				2	
		% within State	1.8%		.9%				.9%	
		% of Total	.5%		.5%				.9%	
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

EPO Dose Adjustments Primarily Monitored by (2000)

				State		
			l			
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
EPO Dose	Nurse	Count	36	94	43	173
Adj Monitor		% within State	66.7%	82.5%	81.1%	78.3%
by		% of Total	16.3%	42.5%	19.5%	78.3%
	Medical Doctor	Count	6	7	5	18
		% within State	11.1%	6.1%	9.4%	8.1%
		% of Total	2.7%	3.2%	2.3%	8.1%
	Attending Physician	Count	10	5	3	18
		% within State	18.5%	4.4%	5.7%	8.1%
		% of Total	4.5%	2.3%	1.4%	8.1%
	Other ^a	Count	2	8	2	12
		% within State	3.7%	7.0%	3.8%	5.4%
		% of Total	.9%	3.6%	.9%	5.4%
Total		Count	54	114	53	221
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	24.4%	51.6%	24.0%	100.0%

a. Anemia Management Team-RN/Dietician (1), Both Nurse & Attending Physician (2), Dietician (5), DON/Algorhythm/MD (1), Nurse Manager (2), Physician's Assistant (1)

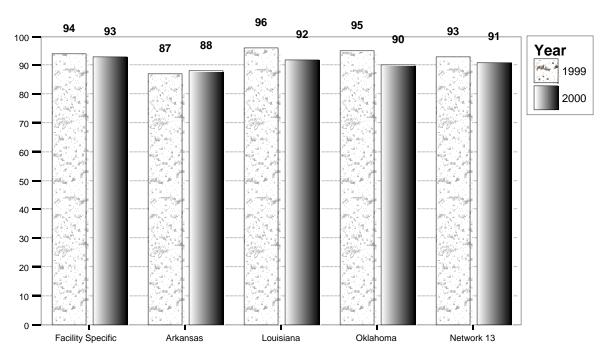
EPO Dose Adjustment Frequency (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	ioma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
EPO Adj Made	q treatment	Count % within State % of Total	1 1.8% .5%				1 1.8% .5%		.9% .9%	
How Often?	q weekly	Count % within State % of Total	1 1.8% .5%	7 12.3% 3.1%	7 6.5% 3.2%	5 4.4% 2.2%	7 12.7% 3.2%	6 11.3% 2.7%	15 6.9% 6.9%	18 8.0% 8.0%
	q 2 weeks	Count % within State % of Total	5 8.9% 2.3%	7.0% 1.8%	3 2.8% 1.4%	14 12.3% 6.3%	2 3.6% .9%	7 13.2% 3.1%	10 4.6% 4.6%	25 11.2% 11.2%
-	q 3 weeks	Count % within State % of Total			7 6.5% 3.2%	4 3.5% 1.8%	6 10.9% 2.8%		13 6.0% 6.0%	4 1.8% 1.8%
	q month	Count % within State % of Total	37 66.1% 17.0%	40 70.2% 17.9%	83 77.6% 38.1%	87 76.3% 38.8%	31 56.4% 14.2%	38 71.7% 17.0%	151 69.3% 69.3%	165 73.7% 73.7%
	Other ^a	Count % within State % of Total	9 16.1% 4.1%	3 5.3% 1.3%	6 5.6% 2.8%	3 2.6% 1.3%	7 12.7% 3.2%	2 3.8% .9%	22 10.1% 10.1%	8 3.6% 3.6%
	No Answer	Count % within State % of Total	3 5.4% 1.4%	3 5.3% 1.3%	1 .9% .5%	1 .9% .4%	1 1.8% .5%		5 2:3% 2:3%	4 1.8% 1.8%
Total		Count % within State % of Total	56 100.0% 25.7%	57 100.0% 25.4%	107 100.0% 49.1%	114 100.0% 50.9%	55 100.0% 25.2%	53 100.0% 23.7%	218 100.0% 100.0%	224 100.0% 100.0%

 $a. \ \ 2000 \ ONLY - q \ 4-6 \ weeks \ (1), \ q \ 6 \ weeks \ (2), \ q \ 10-12 \ weeks \ (1), \ Bi-monthly \ (1), \ No \ Frequency \ Given \ (3)$

Percent of Patients Taking EPO (1999-2000)

XX-XXXX



^{*} Standard Non-Weighted Means

Iron Measurement Utilized (1999-2000)

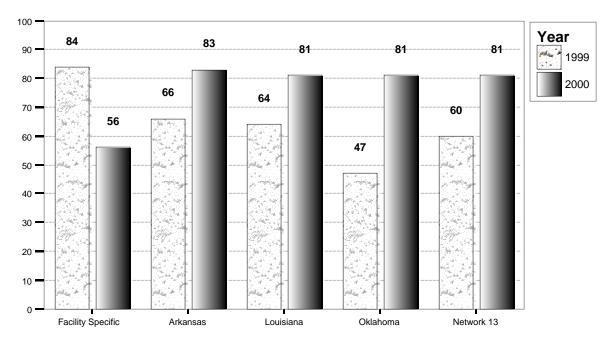
					Sta	te				
			Arkar	nsas	Louișiana		Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Iron	Serum	Count	15	6	14	3	12	4	41	13
Management	Ferritin	% within State	26.8%	10.5%	13.1%	2.6%	21.8%	7.5%	18.8%	5.8%
		% of Total	6.9%	2.7%	6.4%	1.3%	5.5%	1.8%	18.8%	5.8%
	Transferrin	Count	28		68	2	34	1	130	3
	Saturation	% within State	50.0%		63.6%	1.8%	61.8%	1.9%	59.6%	1.3%
		% of Total	12.8%		31.2%	.9%	15.6%	.4%	59.6%	1.3%
	Both	Count	13	51	24	109	9	48	46	208
		% within State	23.2%	89.5%	22.4%	95.6%	16.4%	90.6%	21.1%	92.9%
		% of Total	6.0%	22.8%	11.0%	48.7%	4.1%	21.4%	21.1%	92.9%
	Neither	Count			1				1	
		% within State			.9%				.5%	
		% of Total			.5%				.5%	
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Iron Values Routinely Measured - Serum Ferritin (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	Louisiana		noma	Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Serum Ferritin	q quarter	Count	11	33	16	72	10	44	37	149
Measured		% within State	39.3%	57.9%	42.1%	66.7%	47.6%	86.3%	42.5%	69.0%
		% of Total	12.6%	15.3%	18.4%	33.3%	11.5%	20.4%	42.5%	69.0%
	q month	Count	17	24	22	36	10	7	49	67
		% within State	60.7%	42.1%	57.9%	33.3%	47.6%	13.7%	56.3%	31.0%
		% of Total	19.5%	11.1%	25.3%	16.7%	11.5%	3.2%	56.3%	31.0%
	Other	Count % within State % of Total					1 4.8% 1.1%		1 1.1% 1.1%	
Total		Count	28	57	38	108	21	51	87	216
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	32.2%	26.4%	43.7%	50.0%	24.1%	23.6%	100.0%	100.0%

Percent of Patients with Serum Ferritin >= 100 ng/ml (1999-2000)





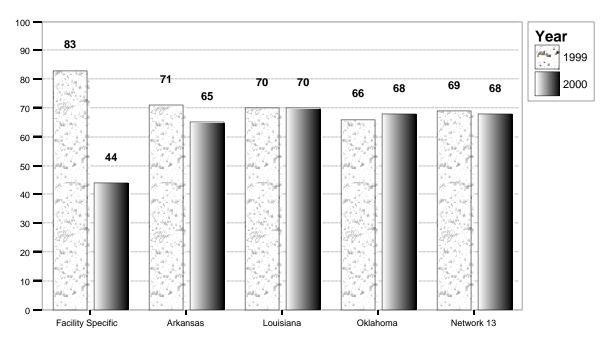
^{*} Standard Non-Weighted Means

Iron Values Routinely Measured - TSAT (1999-2000)

					Sta	te				
			Arkar	ısas	Louis	iana	Oklah	noma	Total	
			1999	2000	1999	2000	1999	2000	1999	2000
TSAT	q quarter	Count	9	21	31	46	5	9	45	76
Measured		% within State	22.0%	41.2%	33.7%	42.2%	11.6%	18.4%	25.6%	36.4%
-		% of Total	5.1%	10.0%	17.6%	22.0%	2.8%	4.3%	25.6%	36.4%
	q month	Count	32	30	61	63	37	40	130	133
		% within State	78.0%	58.8%	66.3%	57.8%	86.0%	81.6%	73.9%	63.6%
		% of Total	18.2%	14.4%	34.7%	30.1%	21.0%	19.1%	73.9%	63.6%
	Other	Count					1		1	
		% within State					2.3%		.6%	
		% of Total					.6%		.6%	
Total		Count	41	51	92	109	43	49	176	209
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	23.3%	24.4%	52.3%	52.2%	24.4%	23.4%	100.0%	100.0%

Percent of Patients with Transferrin Saturation >= 20% (1999-2000)





^{*} Standard Non-Weighted Means

B. Adequacy of Dialysis

Facility-Reported Primary Method of Measuring HD Adequacy (1999-2000)

			Arkan	sas	Louis	iana	Oklal	noma	Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Primary HD	URR	Count	22	40	82	102	37	41	141	183
Adequacy		% within State	39.3%	70.2%	77.4%	89.5%	67.3%	77.4%	65.0%	81.7%
Measurement		% of Total	10.1%	17.9%	37.8%	45.5%	17.1%	18.3%	65.0%	81.7%
	Kt/V	Count	34	17	24	12	18	12	76	41
		% within State	60.7%	29.8%	22.6%	10.5%	32.7%	22.6%	35.0%	18.3%
		% of Total	15.7%	7.6%	11.1%	5.4%	8.3%	5.4%	35.0%	18.3%
Total		Count	56	57	106	114	55	53	217	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.8%	25.4%	48.8%	50.9%	25.3%	23.7%	100.0%	100.0%

Reported Frequency of HD Adequacy Measurement - URR (1999-2000)

					Sta	te				
			Arka	nsas	Louis	iana	Oklah	oma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
URR Performed	Monthly	Count	22	40	81	101	36	40	139	181
		% within State	100.0%	100.0%	98.8%	99.0%	97.3%	100.0%	98.6%	99.5%
		% of Total	15.6%	22.0%	57.4%	55.5%	25.5%	22.0%	98.6%	99.5%
	Quarterly	Count				1	1		1	1
		% within State				1.0%	2.7%		.7%	.5%
		% of Total				.5%	.7%		.7%	.5%
	Other	Count			1				1	***************************************
		% within State			1.2%				.7%	
		% of Total			.7%				.7%	
Total		Count	22	40	82	102	37	40	141	182
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	15.6%	22.0%	58.2%	56.0%	26.2%	22.0%	100.0%	100.0%

Reported Frequency of HD Adequacy Measurement - Kt/V (1999-2000)

					Sta	ate				
			Arkaı	nsas	Louis	siana	Okla	noma	Total	
			1999	1999 2000 1		2000	1999	2000	1999	2000
Kt/V Performed	Monthly	Count	33	17	24	12	18	12	75	41
		% within State	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%
		% of Total	43.4%	41.5%	31.6%	29.3%	23.7%	29.3%	98.7%	100.0%
	Quarterly	Count	1						1	
		% within State	2.9%						1.3%	
		% of Total	1.3%						1.3%	
Total		Count	34	17	24	12	18	12	76	41
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	44.7%	41.5%	31.6%	29.3%	23.7%	29.3%	100.0%	100.0%

Audit for Post Dialysis BUN Sample Collection (1999-2000)

					Sta	ate				
			Arkaı	nsas	Louis	siana	Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Audit BUN Sample	Yes	Count	21	43	48	68	23	36	92	147
Procedure?		% within State	37.5%	75.4%	45.3%	59.6%	41.8%	67.9%	42.4%	65.6%
		% of Total	9.7%	19.2%	22.1%	30.4%	10.6%	16.1%	42.4%	65.6%
	No	Count	29	14	51	36	27	16	107	66
		% within State	51.8%	24.6%	48.1%	31.6%	49.1%	30.2%	49.3%	29.5%
		% of Total	13.4%	6.3%	23.5%	16.1%	12.4%	7.1%	49.3%	29.5%
	Unknown	Count	6		7	10	5	1	18	11
		% within State	10.7%		6.6%	8.8%	9.1%	1.9%	8.3%	4.9%
		% of Total	2.8%		3.2%	4.5%	2.3%	.4%	8.3%	4.9%
Total		Count	56	57	106	114	55	53	217	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.8%	25.4%	48.8%	50.9%	25.3%	23.7%	100.0%	100.0%

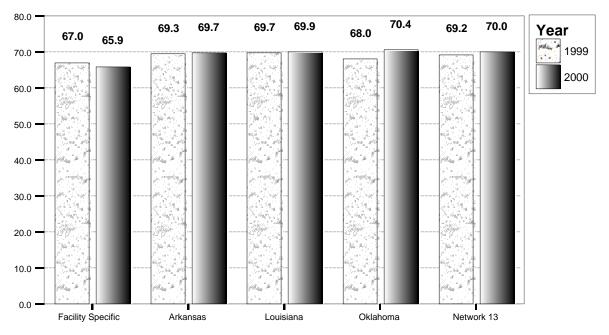
Facility-Reported Percentages of Patients Meeting Minimal Adequacy Guidelines (1999-2000)

					Sta	ate				
			Arkar	nsas	Louis	siana	Oklah	noma	Tot	al
			1999 ^a	2000						
% of pts with	URR >= 80.0%	Count	28	30	50	57	17	35	95	122
Adequacy		% within State	51.9%	52.6%	49.0%	50.0%	30.9%	66.0%	45.0%	54.5%
Measurement Meeting		% of Total	13.3%	13.4%	23.7%	25.4%	8.1%	15.6%	45.0%	54.5%
Minimal	URR 70.0 - 79.9%	Count	11	16	20	38	7	12	38	66
Guidelines		% within State	20.4%	28.1%	19.6%	33.3%	12.7%	22.6%	18.0%	29.5%
		% of Total	5.2%	7.1%	9.5%	17.0%	3.3%	5.4%	18.0%	29.5%
	URR 60.0 - 69.9%	Count	7	6	20	13	15	3	42	22
		% within State	13.0%	10.5%	19.6%	11.4%	27.3%	5.7%	19.9%	9.8%
		% of Total	3.3%	2.7%	9.5%	5.8%	7.1%	1.3%	19.9%	9.8%
	URR < 60.0%	Count	8	5	12	6	16	3	36	14
		% within State	14.8%	8.8%	11.8%	5.3%	29.1%	5.7%	17.1%	6.3%
		% of Total	3.8%	2.2%	5.7%	2.7%	7.6%	1.3%	17.1%	6.3%
Total		Count	54	57	102	114	55	53	211	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.6%	25.4%	48.3%	50.9%	26.1%	23.7%	100.0%	100.0%

a. 1999 ONLY - Counts of Facilities' % of Patients Meeting Adequacy Differ from 2000 QPM because of 3 Facilities that Participated in 1999, but not 2000

URR Mean HD Adequacy Measurement (1999-2000)

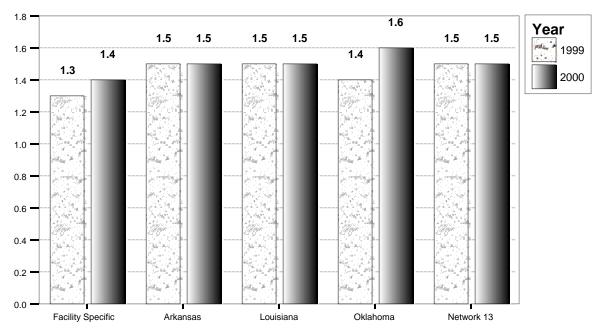
XX-XXXX



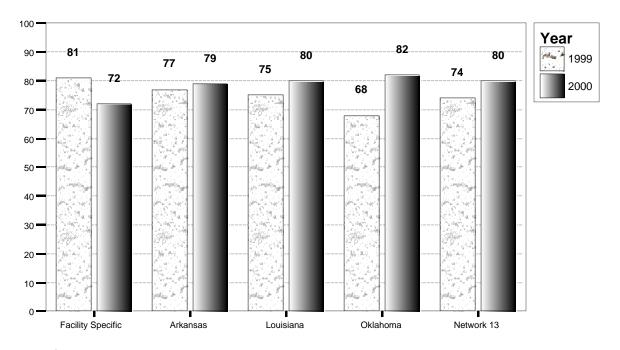
^{*} Standard Non-Weighted Means

Kt/V Mean HD Adequacy Measurement (1999-2000)

XX-XXXX



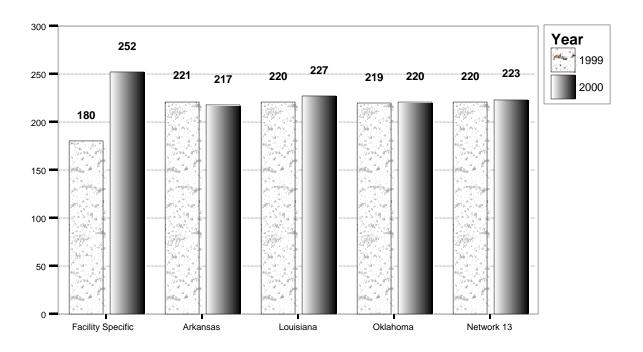
^{*} Standard Non-Weighted Means



^{*} Standard Non-Weighted Means

Average Time on Dialysis (Minutes) (1999-2000)

XX-XXXX



^{*} Standard Non-Weighted Means

Measure Residual Renal Function (RRF) (2006)b

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Measure	Yes	Count	23	27	24	74
Residual		% within State	40.4%	23.7%	45.3%	33.0%
Renal		% of Total	10.3%	12.1%	10.7%	33.0%
Function?	No	Count	34	87	29	150
		% within State	59.6%	76.3%	54.7%	67.0%
		% of Total	15.2%	38.8%	12.9%	67.0%
Total		Count	57	114	53	224
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.4%	50.9%	23.7%	100.0%

a. Data on RRF not Collected in 1999

b. RRF is defined as Urine Output of 200 ml or more per 24 hours

If RRF Measured, Measure All Patients on Admission (2006)^b

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Measure	Yes	Count	11	2	5	18
RRF for All		% within State	47.8%	7.4%	20.8%	24.3%
pts on		% of Total	14.9%	2.7%	6.8%	24.3%
Admission?	No	Count	12	25	19	56
		% within State	52.2%	92.6%	79.2%	75.7%
		% of Total	16.2%	33.8%	25.7%	75.7%
Total		Count	23	27	24	74
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	31.1%	36.5%	32.4%	100.0%

a. Data on RRF not Collected in 1999

If RRF Measured, Measure Based on RRF (2006)^b

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Measure	Yes	Count	5	18	9	32
RRF		% within State	21.7%	66.7%	37.5%	43.2%
Based on RRF?		% of Total	6.8%	24.3%	12.2%	43.2%
OII KKE?	No	Count	18	9	15	42
		% within State	78.3%	33.3%	62.5%	56.8%
		% of Total	24.3%	12.2%	20.3%	56.8%
Total		Count	23	27	24	74
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	31.1%	36.5%	32.4%	100.0%

a. Data on RRF not Collected in 1999

b. RRF is defined as Urine Output of 200 ml or more per 24 hours

b. RRF is defined as Urine Output of 200 ml or more per 24 hours

If RRF Measured, Measure PD Patients Only (2000)b

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Measure	Yes	Count	3	5	8	16
RRF for		% within State	13.0%	18.5%	33.3%	21.6%
PD pts		% of Total	4.1%	6.8%	10.8%	21.6%
Only?	No	Count	20	22	16	58
		% within State	87.0%	81.5%	66.7%	78.4%
		% of Total	27.0%	29.7%	21.6%	78.4%
Total		Count	23	27	24	74
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	31.1%	36.5%	32.4%	100.0%

a. Data on RRF not Collected in 1999

If RRF Measured, Facilities Aware of Which Patients have RRF (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Facilities	Yes	Count	9	9	13	31
Aware of		% within State	39.1%	33.3%	54.2%	41.9%
Which		% of Total	12.2%	12.2%	17.6%	41.9%
pts have	No	Count	14	18	11	43
IXIXI		% within State	60.9%	66.7%	45.8%	58.1%
		% of Total	18.9%	24.3%	14.9%	58.1%
Total		Count	23	27	24	74
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	31.1%	36.5%	32.4%	100.0%

a. Data on RRF not Collected in 1999

b. RRF is defined as Urine Output of 200 ml or more per 24 hours

b. RRF is defined as Urine Output of 200 ml or more per 24 hours

Average HD Time on Dialysis (1999-2000)

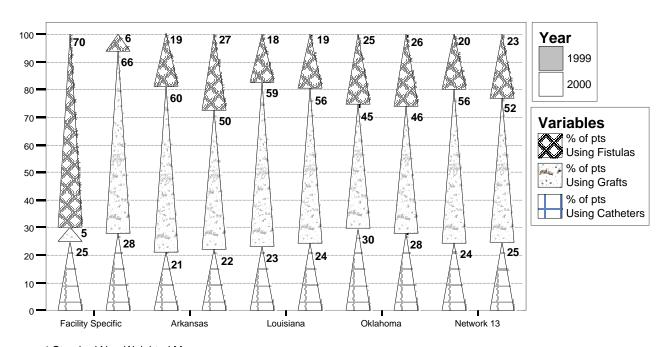
					Sta	te				
			Arkan	ısas	Louis	iana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
HD Time	> 240 Minutes	Count	1	2	6	13		4	7	19
on Dialysis		% within State	1.8%	3.5%	5.8%	11.4%		7.5%	3.3%	8.5%
(mean)		% of Total	.5%	.9%	2.8%	5.8%		1.8%	3.3%	8.5%
	> 180 and <= 240 Minutes	Count	52	51	90	101	54	47	196	199
		% within State	94.5%	89.5%	87.4%	88.6%	98.2%	88.7%	92.0%	88.8%
		% of Total	24.4%	22.8%	42.3%	45.1%	25.4%	21.0%	92.0%	88.8%
	> 120 and <= 180 Minutes	Count	2	3	6		1	2	9	5
		% within State	3.6%	5.3%	5.8%		1.8%	3.8%	4.2%	2.2%
		% of Total	.9%	1.3%	2.8%		.5%	.9%	4.2%	2.2%
	<= 120 Minutes	Count		1	1				1	1
		% within State		1.8%	1.0%				.5%	.4%
		% of Total		.4%	.5%				.5%	.4%
Total		Count	55	57	103	114	55	53	213	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.8%	25.4%	48.4%	50.9%	25.8%	23.7%	100.0%	100.0%

Facility-Reported Dialyzer of Primary Usage (1999-2000)

			Arka		Sta Louis	iana	Oklah			tal
Primary Dialyzer	Altra Nova-140	Count % within State	1999	2000	1999 1 .9%	2000	1999	2000	1999 1 .5%	2000
Code	MCA-160	% of Total Count % within State			.5%		1 1.8%		.5% 1	
	MCA-180	% of Total Count	1		1		1.6% 5% 1	1	.5% .5% .3	1
	AM-BIO-100	% within State % of Total Count	1.8% .5%		.9% .5%	1	1,8% .5%	1.9% .4%	1.4% 1.4%	.4% .4%
		% within State % of Total				.9% .4%				.4% 4%
	CA 110	Count % within State % of Total						1 1.9%		1 ,4% ,4%
	CA 210	Count % within State		6 10.5%		7 6.1%				13 5.8%
	CT 190G	% of Total Count % within State	1 1.8%	2.7% 1 1.8%	2 1.9%	3.1% 3 2.6%	1 1.8%	2 3.8%	4 1.8%	5.8% 6 2.7%
	CAHP 130	% of Total Count % within State	.5% 1 1.8%	.4%	9%	1.3%	.5% 1 1.8%	.9% 1 1.9%	1.8% 2 .9%	2.7% 1 .4%
	CAHP 150	% of Total Count	5% 1	1			.5% 1	4%	.9% 2	.4% 1
	CAHP 210	% within State % of Total Count	1.8% .5% 8	1.8% .4% 3			1.8% .5%		.9% .9% .8	.4% .4% .3
	PSN 210	% within State % of Total Count	14.3% 3.7%	5.3% 1.3%	1	1			3.7% 3.7%	1.3% 1.3%
		% within State % of Total			.9% .5%	.9% .4%			5% 5%	.4% .4%
	F5	Count % within State % of Total	1 1.8% .5%						.5% .5%	
	F7	Count % within State % of Total	2 3.6%	2 3.5%	1 .9%	1.8%	1.8%	1.9%	4 18%	5 2.2%
	F8	Count % within State	9% 17 30.4%	9% 22 38.6%	.5% 36 33.6%	.9% 37 32.5%	5% 34 61.8%	.4% 26 49.1%	1.8% 87 39.9%	2.2% 85 37.9%
	F50	% of Total Count % within State	7.8%	9.8%	16.5% 1 .9%	16.5%	15.6%	11.6%	39.9% 1 .5%	37.9%
	F60A	% of Total Count % within State			5%	1 _9%			.5%	1 .4%
	F80A	% of Total Count	10	4	8	.4% 8	8	7	26	.4% .4%
	F80B	% within State % of Total Count	17.9% 4.6% 3	7.0% 1.8% 7	7.5% 3.7% 18	7.0% 3.6% 35	14.5% 3.7%	13.2% 3.1% 4	11.9% 11.9% 21	8.5% 8.5% 46
	F80M	% within State % of Total	5.4% 1.4%	12.3% 3.1%	16.8% 8.3%	30.7% 15.6%		7.5% 1.8%	9.6% 9.6%	20.5% 20.5%
		Count % within State % of Total	1 1.8% .5%	1 1.8% .4%	6 5.6% 2.8%	2 1.8% .9%	4 7.3% 1.8%	6 11.3% 2.7%	11 5.0% 5.0%	9 4.0% 4.0%
	F70NR	Count % within State % of Total			1.9% 9%	1 .9% .4%			9% 9%	1 .4% .4%
	GFS +20	Count % within State				1 .9%				1 .4%
	ICL-T150L	% of Total Count % within State	6 10.7%	6 10.5%	1 .9%	4%	2 3.6%	2 3.8%	9 4.1%	.4% 8 3.6%
	ICL-T175L	% of Total Count % within State	2.8% 2 3.6%	2.7% 1 1.8%	.5% 9 8.4%	6 5.3%	.9%	.9%	4.1% 11 5.0%	3.6% 7 3.1%
	ICL-T220L	% of Total Count % within State	.9% 2	.4% 1	4.1% 11	2.7% 4	1		5.0% 14	3.1% 5
	ICL-NT120L	% of Total Count	3.6% .9%	1.8% 4%	10.3% 5.0% 1	3.5% 1.8%	1.8% .5%		6.4% 6.4% 1	2.2% 2.2%
	ICL-NT150L	% within State % of Total Count			.9% .5% .2	2			.5% 5% 2	2
	ICL-NT175L	% within State % of Total Count			1.9% .9%	1.8% .9%			9% 9%	.9% .9%
		% within State % of Total				2 1.8% .9%				2 .9% .9%
	Other	Count % within State % of Total		2 3.5% .9%		1 .9% .4%		3.8% 9%		5 2.2% 2.2%
	No Answer	Count % within State			6 5.6%				6 2.8%	
Total		% of Total Count % within State	56 100%	57 100%	2.8% 107 100%	114 100%	55 100%	53 100%	2.8% 218 100%	224 100%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100%	100%

Access use by Percent of HD Patients (1999-2000)

XX-XXXX



^{*} Standard Non-Weighted Means

Facility-Reported Primary Method of Measuring PD Adequacy (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	ioma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
PD	Kt/V	Count	12	12	23	28	19	18	54	58
Adequacy		% within State	21.4%	21.1%	21.5%	24.6%	34.5%	34.0%	24.8%	25.9%
Measured		% of Total	5.5%	5.4%	10.6%	12.5%	8.7%	8.0%	24.8%	25.9%
by	CrCl	Count	2		3	3	1		6	3
		% within State	3.6%		2.8%	2.6%	1.8%		2.8%	1.3%
		% of Total	.9%		1.4%	1.3%	.5%		2.8%	1.3%
	Not applicable	Count	41	45	79	83	35	35	155	163
		% within State	73.2%	78.9%	73.8%	72.8%	63.6%	66.0%	71.1%	72.8%
		% of Total	18.8%	20.1%	36.2%	37.1%	16.1%	15.6%	71.1%	72.8%
	Other	Count	1		2				3	
		% within State	1.8%		1.9%				1.4%	
		% of Total	.5%		.9%				1.4%	
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Facility-Reported Frequency of PD Adequacy Measurements (1999-2000)

					Sta	te				
			Arkar	ısas	Louis	iana	Oklah	oma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
PD Adequacy	Monthly	Count	1		1	1	3	1	5	2
Performed		% within State	6.7%		3.7%	3.2%	15.0%	5.6%	8.1%	3.3%
		% of Total	1.6%		1.6%	1.7%	4.8%	1.7%	8.1%	3.3%
	Quarterly	Count	7	4	22	24	15	15	44	43
		% within State	46.7%	36.4%	81.5%	77.4%	75.0%	83.3%	71.0%	71.7%
		% of Total	11.3%	6.7%	35.5%	40.0%	24.2%	25.0%	71.0%	71.7%
	q 6 months	Count	3	5	1	1	1	1	5	7
		% within State	20.0%	45.5%	3.7%	3.2%	5.0%	5.6%	8.1%	11.7%
		% of Total	4.8%	8.3%	1.6%	1.7%	1.6%	1.7%	8.1%	11.7%
	Annually	Count	2		1	1			3	1
		% within State	13.3%		3.7%	3.2%			4.8%	1.7%
		% of Total	3.2%		1.6%	1.7%			4.8%	1.7%
	Othera	Count	2	2	2	4	1	1	5	7
		% within State	13.3%	18.2%	7.4%	12.9%	5.0%	5.6%	8.1%	11.7%
		% of Total	3.2%	3.3%	3.2%	6.7%	1.6%	1.7%	8.1%	11.7%
Total		Count	15	11	27	31	20	18	62	60
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	24.2%	18.3%	43.5%	51.7%	32.3%	30.0%	100.0%	100.0%

a. 2000 ONLY - q 4 months (4), q 4 months, then recap failures q 1 month (1), q 4-6 months (1), q 3-4 months (1)

C. Vascular Access (VA)

Patient Hx and Physical Exam Done Routinely Prior to Access Selection (1999-2000)

					Sta	ate				
			Arkar	nsas	Louis	siana	Oklah	noma	To	tal
			1999	2000	1999	2000	1999	2000	1999	2000
pt HX &	Yes	Count	48	51	92	101	46	49	186	201
Physical		% within State	85.7%	89.5%	86.0%	88.6%	83.6%	92.5%	85.3%	89.7%
Exam Prior		% of Total	22.0%	22.8%	42.2%	45.1%	21.1%	21.9%	85.3%	89.7%
to Access Selection?	No	Count	5	6	9	13	5	4	19	23
Ocicciion:		% within State	8.9%	10.5%	8.4%	11.4%	9.1%	7.5%	8.7%	10.3%
		% of Total	2.3%	2.7%	4.1%	5.8%	2.3%	1.8%	8.7%	10.3%
	Unknown	Count	3		6		4		13	
		% within State	5.4%		5.6%		7.3%		6.0%	
		% of Total	1.4%		2.8%		1.8%		6.0%	
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

If Patient Hx and Physical Exam Done, by Whom (1999-2000)

					Sta	ate				
			Arkaı	nsas	Louis	siana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
pt Hx &	Nephrologist	Count	14	11	26	23	16	9	56	43
Physical		% within State	29.2%	21.6%	28.0%	22.8%	34.8%	18.4%	29.9%	21.4%
Exam		% of Total	7.5%	5.5%	13.9%	11.4%	8.6%	4.5%	29.9%	21.4%
Done by	Vascular	Count	12	7	45	32	21	14	78	53
	Surgeon	% within State	25.0%	13.7%	48.4%	31.7%	45.7%	28.6%	41.7%	26.4%
		% of Total	6.4%	3.5%	24.1%	15.9%	11.2%	7.0%	41.7%	26.4%
	Both	Count	22	33	22	46	9	26	53	105
		% within State	45.8%	64.7%	23.7%	45.5%	19.6%	53.1%	28.3%	52.2%
		% of Total	11.8%	16.4%	11.8%	22.9%	4.8%	12.9%	28.3%	52.2%
Total		Count	48	51	93	101	46	49	187	201
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.7%	50.2%	24.6%	24.4%	100.0%	100.0%

Diagnostic Evaluation Prior to Permanent Access (1999-2000)

					Sta	ite				
			Arkan	ısas	Louis	iana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Diagnostic	Yes	Count	20	17	41	46	17	19	78	82
Eval Prior		% within State	35.7%	29.8%	38.3%	40.4%	30.9%	35.8%	35.8%	36.6%
to Perm		% of Total	9.2%	7.6%	18.8%	20.5%	7.8%	8.5%	35.8%	36.6%
Access?	No	Count	32	40	56	67	32	34	120	141
		% within State	57.1%	70.2%	52.3%	58.8%	58.2%	64.2%	55.0%	62.9%
		% of Total	14.7%	17.9%	25.7%	29.9%	14.7%	15.2%	55.0%	62.9%
	Unknown	Count	4		10	1	6		20	1
		% within State	7.1%		9.3%	.9%	10.9%		9.2%	.4%
		% of Total	1.8%		4.6%	.4%	2.8%		9.2%	.4%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Access Placement in Advance of ESRD (1999-2000)

					Sta	ite				
			Arkan	ısas	Louis	siana	Oklah	oma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Access	Yes	Count	18	25	37	37	16	13	71	75
Placement		% within State	32.1%	43.9%	34.6%	32.5%	29.1%	24.5%	32.6%	33.5%
Prior to		% of Total	8.3%	11.2%	17.0%	16.5%	7.3%	5.8%	32.6%	33.5%
ESRD?	No	Count	36	31	63	77	32	40	131	148
		% within State	64.3%	54.4%	58.9%	67.5%	58.2%	75.5%	60.1%	66.1%
		% of Total	16.5%	13.8%	28.9%	34.4%	14.7%	17.9%	60.1%	66.1%
	Unknown	Count	2	1	7		7		16	1
		% within State	3.6%	1.8%	6.5%		12.7%		7.3%	.4%
		% of Total	.9%	.4%	3.2%		3.2%		7.3%	.4%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

VA Maturation Policy (Mature Access Prior to Sticking) (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	siana	Oklah	noma	Tot	tal
			1999	2000	1999	2000	1999	2000	1999	2000
Mature	Yes	Count	33	48	82	82	36	30	151	160
Access		% within State	58.9%	84.2%	76.6%	71.9%	65.5%	56.6%	69.3%	71.4%
Prior to		% of Total	15.1%	21.4%	37.6%	36.6%	16.5%	13.4%	69.3%	71.4%
Sticking?	No	Count	21	9	23	32	14	23	58	64
		% within State	37.5%	15.8%	21.5%	28.1%	25.5%	43.4%	26.6%	28.6%
		% of Total	9.6%	4.0%	10.6%	14.3%	6.4%	10.3%	26.6%	28.6%
	Unknown	Count	2		2		5		9	
		% within State	3.6%		1.9%		9.1%		4.1%	
		% of Total	.9%		.9%		2.3%		4.1%	
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Monitoring and Maintenance

Written VA Monitoring and Maintenance Policies (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	siana	Oklal	homa	То	tal
			1999	2000	1999	2000	1999	2000	1999	2000
Access	Yes	Count	28	50	80	97	46	51	154	198
Monitoring		% within State	50.0%	87.7%	74.8%	85.1%	83.6%	96.2%	70.6%	88.4%
and Maintenance		% of Total	12.8%	22.3%	36.7%	43.3%	21.1%	22.8%	70.6%	88.4%
Policies?	No	Count	26	7	25	17	5	2	56	26
i olloics:		% within State	46.4%	12.3%	23.4%	14.9%	9.1%	3.8%	25.7%	11.6%
		% of Total	11.9%	3.1%	11.5%	7.6%	2.3%	.9%	25.7%	11.6%
	Unknown	Count	2		2		4		8	
		% within State	3.6%		1.9%		7.3%		3.7%	
		% of Total	.9%		.9%		1.8%		3.7%	
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

If Performing Monitoring & Maintenance - Stenosis/Thrombosis (1999-2000)

					Sta	ite				
			Arkaı	nsas	Louis	iana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Monitor/Maintain:	Yes	Count	17	42	58	80	34	39	109	161
Stenosis/Thrombosis		% within State	65.4%	84.0%	77.3%	82.5%	75.6%	76.5%	74.7%	81.3%
		% of Total	11.6%	21.2%	39.7%	40.4%	23.3%	19.7%	74.7%	81.3%
	No	Count	9	8	17	17	11	12	37	37
		% within State	34.6%	16.0%	22.7%	17.5%	24.4%	23.5%	25.3%	18.7%
		% of Total	6.2%	4.0%	11.6%	8.6%	7.5%	6.1%	25.3%	18.7%
Total		Count	26	50	75	97	45	51	146	198
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	17.8%	25.3%	51.4%	49.0%	30.8%	25.8%	100.0%	100.0%

If Performing Monitoring & Maintenance - Failure to Rotate (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	siana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Monitor/Maintain:	Yes	Count	9	23	28	39	22	21	59	83
Failure to Rotate		% within State	34.6%	46.0%	37.3%	40.2%	48.9%	41.2%	40.4%	41.9%
		% of Total	6.2%	11.6%	19.2%	19.7%	15.1%	10.6%	40.4%	41.9%
	No	Count	17	27	47	58	23	30	87	115
		% within State	65.4%	54.0%	62.7%	59.8%	51.1%	58.8%	59.6%	58.1%
		% of Total	11.6%	13.6%	32.2%	29.3%	15.8%	15.2%	59.6%	58.1%
Total		Count	26	50	75	97	45	51	146	198
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	17.8%	25.3%	51.4%	49.0%	30.8%	25.8%	100.0%	100.0%

If Performing Monitoring & Maintenance - Pseudoaneurysm (1999-2000)

					Sta	ate				
			Arkar	nsas	Louis	siana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Monitor/Maintain:	Yes	Count	9	26	36	51	22	23	67	100
Pseudoaneurysm		% within State	34.6%	52.0%	48.0%	52.6%	48.9%	45.1%	45.9%	50.5%
		% of Total	6.2%	13.1%	24.7%	25.8%	15.1%	11.6%	45.9%	50.5%
	No	Count	17	24	39	46	23	28	79	98
		% within State	65.4%	48.0%	52.0%	47.4%	51.1%	54.9%	54.1%	49.5%
		% of Total	11.6%	12.1%	26.7%	23.2%	15.8%	14.1%	54.1%	49.5%
Total		Count	26	50	75	97	45	51	146	198
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	17.8%	25.3%	51.4%	49.0%	30.8%	25.8%	100.0%	100.0%

If Performing Monitoring & Maintenance - Infection (1999-2000)

					Sta	ite				
			Arkaı	nsas	Louis	iana	Oklah	ioma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Monitor/Maintain:	Yes	Count	16	43	63	86	37	46	116	175
Infection		% within State	61.5%	86.0%	84.0%	88.7%	82.2%	90.2%	79.5%	88.4%
		% of Total	11.0%	21.7%	43.2%	43.4%	25.3%	23.2%	79.5%	88.4%
	No	Count	10	7	12	11	8	5	30	23
		% within State	38.5%	14.0%	16.0%	11.3%	17.8%	9.8%	20.5%	11.6%
		% of Total	6.8%	3.5%	8.2%	5.6%	5.5%	2.5%	20.5%	11.6%
Total		Count	26	50	75	97	45	51	146	198
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	17.8%	25.3%	51.4%	49.0%	30.8%	25.8%	100.0%	100.0%

If Performing Monitoring & Maintenance - Recirculation (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	noma	Tot	tal
			1999	2000	1999	2000	1999	2000	1999	2000
Monitor/Maintain:	Yes	Count	18	36	45	64	28	34	91	134
Recirculation		% within State	69.2%	72.0%	60.0%	66.0%	62.2%	66.7%	62.3%	67.7%
		% of Total	12.3%	18.2%	30.8%	32.3%	19.2%	17.2%	62.3%	67.7%
	No	Count	8	14	30	33	17	17	55	64
		% within State	30.8%	28.0%	40.0%	34.0%	37.8%	33.3%	37.7%	32.3%
		% of Total	5.5%	7.1%	20.5%	16.7%	11.6%	8.6%	37.7%	32.3%
Total		Count	26	50	75	97	45	51	146	198
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	17.8%	25.3%	51.4%	49.0%	30.8%	25.8%	100.0%	100.0%

Prevention and Management

Written Prevention & Management of Access Complications Policies & Procedures (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	siana	Okla	homa	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Prevention/Management	Yes	Count	20	43	73	87	38	48	131	178
of Access Policies?		% within State	35.7%	75.4%	68.2%	76.3%	69.1%	90.6%	60.1%	79.5%
		% of Total	9.2%	19.2%	33.5%	38.8%	17.4%	21.4%	60.1%	79.5%
	No	Count	33	14	29	25	12	5	74	44
		% within State	58.9%	24.6%	27.1%	21.9%	21.8%	9.4%	33.9%	19.6%
		% of Total	15.1%	6.3%	13.3%	11.2%	5.5%	2.2%	33.9%	19.6%
	Unknown	Count	3		5	2	5		13	2
		% within State	5.4%		4.7%	1.8%	9.1%		6.0%	.9%
		% of Total	1.4%		2.3%	.9%	2.3%		6.0%	.9%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

If Performing Prevention & Management of Access Complications - Stenosis/Thrombosis (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	oma	Total	al
			1999	2000	1999	2000	1999	2000	1999	2000
Prevent/Manage of	Yes	Count	16	37	59	69	30	33	105	139
Access:		% within State	88.9%	86.0%	86.8%	79.3%	78.9%	68.8%	84.7%	78.1%
Stenosis/Thrombosis?		% of Total	12.9%	20.8%	47.6%	38.8%	24.2%	18.5%	84.7%	78.1%
	No	Count	2	6	9	18	8	15	19	39
		% within State	11.1%	14.0%	13.2%	20.7%	21.1%	31.3%	15.3%	21.9%
		% of Total	1.6%	3.4%	7.3%	10.1%	6.5%	8.4%	15.3%	21.9%
Total		Count	18	43	68	87	38	48	124	178
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	14.5%	24.2%	54.8%	48.9%	30.6%	27.0%	100.0%	100.0%

If Performing Prevention & Management of Access Complications - Steal Hand Ischemia (1999-2000)

					Sta	ite				
			Arkar	nsas	Louis	siana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Prevent/Manage	Yes	Count	6	18	24	34	15	12	45	64
of Access: Steal		% within State	33.3%	41.9%	35.3%	39.1%	39.5%	25.0%	36.3%	36.0%
Hand Ischemia?		% of Total	4.8%	10.1%	19.4%	19.1%	12.1%	6.7%	36.3%	36.0%
	No	Count	12	25	44	53	23	36	79	114
		% within State	66.7%	58.1%	64.7%	60.9%	60.5%	75.0%	63.7%	64.0%
		% of Total	9.7%	14.0%	35.5%	29.8%	18.5%	20.2%	63.7%	64.0%
Total		Count	18	43	68	87	38	48	124	178
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	14.5%	24.2%	54.8%	48.9%	30.6%	27.0%	100.0%	100.0%

If Performing Prevention & Management of Access Complications - Infection (1999-2000)

					Sta	ate				
			Arkar	sas	Louis	siana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Prevent/Manage of	Yes	Count	13	37	56	83	32	45	101	165
Access: Infection		% within State	72.2%	86.0%	82.4%	95.4%	84.2%	93.8%	81.5%	92.7%
		% of Total	10.5%	20.8%	45.2%	46.6%	25.8%	25.3%	81.5%	92.7%
	No	Count	5	6	12	4	6	3	23	13
		% within State	27.8%	14.0%	17.6%	4.6%	15.8%	6.3%	18.5%	7.3%
		% of Total	4.0%	3.4%	9.7%	2.2%	4.8%	1.7%	18.5%	7.3%
Total		Count	18	43	68	87	38	48	124	178
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	14.5%	24.2%	54.8%	48.9%	30.6%	27.0%	100.0%	100.0%

Vascular Access Quality of Care Standard of Measurement

Vascular Quality of Care Standard Measurement (1999-2000)

					Sta	te				
			Arkar	ısas	Louis	iana	Oklah	oma	To	al
			1999	2000	1999	2000	1999	2000	1999	2000
Vascular QOC	Yes	Count	20	30	49	89	32	41	101	160
Standard		% within State	35.7%	52.6%	45.8%	78.1%	58.2%	77.4%	46.3%	71.4%
Measurements?		% of Total	9.2%	13.4%	22.5%	39.7%	14.7%	18.3%	46.3%	71.4%
	No	Count	34	27	48	24	19	12	101	63
		% within State	60.7%	47.4%	44.9%	21.1%	34.5%	22.6%	46.3%	28.1%
		% of Total	15.6%	12.1%	22.0%	10.7%	8.7%	5.4%	46.3%	28.1%
	Unknown	Count	2		10	1	4		16	1
		% within State	3.6%		9.3%	.9%	7.3%		7.3%	.4%
		% of Total	.9%		4.6%	.4%	1.8%		7.3%	.4%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

If Performing Vascular Quality of Care Standard Measurement - Thrombosis Rate (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Vascular	Yes	Count	16	22	32	58	16	28	64	108
QOC:		% within State	88.9%	73.3%	65.3%	65.2%	51.6%	68.3%	65.3%	67.5%
Thrombosis		% of Total	16.3%	13.8%	32.7%	36.3%	16.3%	17.5%	65.3%	67.5%
	No	Count	2	8	17	31	15	13	34	52
		% within State	11.1%	26.7%	34.7%	34.8%	48.4%	31.7%	34.7%	32.5%
		% of Total	2.0%	5.0%	17.3%	19.4%	15.3%	8.1%	34.7%	32.5%
Total		Count	18	30	49	89	31	41	98	160
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	18.4%	18.8%	50.0%	55.6%	31.6%	25.6%	100.0%	100.0%

If Performing Vascular Quality of Care Standard Measurement - Primary Access Failure Rate (1999-2000)

					Sta	te				
			Arkan	nsas	Louis	ana	Oklah	oma	To	tal
			1999	2000	1999	2000	1999	2000	1999	2000
Vascular	Yes	Count	9	8	15	27	12	15	36	50
QOC: Pri		% within State	50.0%	26.7%	30.6%	30.3%	38.7%	36.6%	36.7%	31.3%
Access Failure		% of Total	9.2%	5.0%	15.3%	16.9%	12.2%	9.4%	36.7%	31.3%
Rate	No	Count	9	22	34	62	19	26	62	110
rato		% within State	50.0%	73.3%	69.4%	69.7%	61.3%	63.4%	63.3%	68.8%
		% of Total	9.2%	13.8%	34.7%	38.8%	19.4%	16.3%	63.3%	68.8%
Total		Count	18	30	49	89	31	41	98	160
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	18.4%	18.8%	50.0%	55.6%	31.6%	25.6%	100.0%	100.0%

If Performing Vascular Quality of Care Standard Measurement - Infection Rate (1999-2000)

					Sta	te				
			Arkar	ısas	Louis	iana	Oklah	noma	To	al
			1999	2000	1999	2000	1999	2000	1999	2000
Vascular	Yes	Count	16	30	45	88	29	40	90	158
QOC:		% within State	88.9%	100.0%	91.8%	98.9%	93.5%	97.6%	91.8%	98.8%
Infection		% of Total	16.3%	18.8%	45.9%	55.0%	29.6%	25.0%	91.8%	98.8%
Rate	No	Count	2		4	1	2	1	8	2
		% within State	11.1%		8.2%	1.1%	6.5%	2.4%	8.2%	1.3%
		% of Total	2.0%		4.1%	.6%	2.0%	.6%	8.2%	1.3%
Total		Count	18	30	49	89	31	41	98	160
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	18.4%	18.8%	50.0%	55.6%	31.6%	25.6%	100.0%	100.0%

If Performing Vascular Quality of Care Standard Measurement - Patency Rate (1999-2000)

					Sta	te				
			Arkan	sas	Louis	iana	Oklah	oma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Vascular	Yes	Count	5	10	11	27	9	7	25	44
QOC:		% within State	27.8%	33.3%	22.4%	30.3%	29.0%	17.1%	25.5%	27.5%
Patency		% of Total	5.1%	6.3%	11.2%	16.9%	9.2%	4.4%	25.5%	27.5%
Rate	No	Count	13	20	38	62	22	34	73	116
		% within State	72.2%	66.7%	77.6%	69.7%	71.0%	82.9%	74.5%	72.5%
		% of Total	13.3%	12.5%	38.8%	38.8%	22.4%	21.3%	74.5%	72.5%
Total		Count	18	30	49	89	31	41	98	160
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	18.4%	18.8%	50.0%	55.6%	31.6%	25.6%	100.0%	100.0%

D. Immunizations / Infection Control

Flu Immunization Offered (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	oma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	53	56	101	107	52	50	206	213
Influenza		% within State	94.6%	98.2%	94.4%	93.9%	94.5%	94.3%	94.5%	95.1%
(flu)		% of Total	24.3%	25.0%	46.3%	47.8%	23.9%	22.3%	94.5%	95.1%
Vaccine?	No	Count	3	1	6	7	3	3	12	11
		% within State	5.4%	1.8%	5.6%	6.1%	5.5%	5.7%	5.5%	4.9%
		% of Total	1.4%	.4%	2.8%	3.1%	1.4%	1.3%	5.5%	4.9%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Hepatitis B Vaccination Offered (1999-2000)

					Sta	te				
			Arkar	nsas	Louis	iana	Oklah	noma	Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Offer Hepatitis B	Yes	Count	49	53	102	111	54	53	205	217
Immunization?		% within State	87.5%	93.0%	95.3%	97.4%	98.2%	100.0%	94.0%	96.9%
		% of Total	22.5%	23.7%	46.8%	49.6%	24.8%	23.7%	94.0%	96.9%
	No	Count	7	4	5	3	1		13	7
		% within State	12.5%	7.0%	4.7%	2.6%	1.8%		6.0%	3.1%
		% of Total	3.2%	1.8%	2.3%	1.3%	.5%		6.0%	3.1%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Pneumococcal Vaccination Offered (1999-2000)

			Arkan	Arkansas		siana	Oklahoma		Tot	al
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	34	45	54	72	40	42	128	159
Pneumococcal Immunization?		% within State	60.7%	78.9%	51.4%	63.2%	72.7%	79.2%	59.3%	71.0%
		% of Total	15.7%	20.1%	25.0%	32.1%	18.5%	18.8%	59.3%	71.0%
	No	Count	22	12	51	42	15	11	88	65
		% within State	39.3%	21.1%	48.6%	36.8%	27.3%	20.8%	40.7%	29.0%
		% of Total	10.2%	5.4%	23.6%	18.8%	6.9%	4.9%	40.7%	29.0%
Total		Count	56	57	105	114	55	53	216	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.9%	25.4%	48.6%	50.9%	25.5%	23.7%	100.0%	100.0%

Written Policies for VRE (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Written	Yes	Count	41	96	41	178
Policy		% within State	71.9%	85.0%	77.4%	79.8%
for VRE?		% of Total	18.4%	43.0%	18.4%	79.8%
VKE!	No	Count	16	17	12	45
		% within State	28.1%	15.0%	22.6%	20.2%
		% of Total	7.2%	7.6%	5.4%	20.2%
Total		Count	57	113	53	223
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.6%	50.7%	23.8%	100.0%

Written Policies for MRSA (2000)

				State		
		,	Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Written	Yes	Count	43	98	43	184
Policy		% within State	75.4%	86.0%	81.1%	82.1%
for MRSA?		% of Total	19.2%	43.8%	19.2%	82.1%
IVIKSA?	No	Count	14	16	10	40
		% within State	24.6%	14.0%	18.9%	17.9%
		% of Total	6.3%	7.1%	4.5%	17.9%
Total		Count	57	114	53	224
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.4%	50.9%	23.7%	100.0%

Written Policies for TB (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Written	Yes	Count	44	100	47	191
Policy		% within State	77.2%	87.7%	88.7%	85.3%
for TB?		% of Total	19.6%	44.6%	21.0%	85.3%
IB?	No	Count	13	14	6	33
		% within State	22.8%	12.3%	11.3%	14.7%
		% of Total	5.8%	6.3%	2.7%	14.7%
Total		Count	57	114	53	224
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.4%	50.9%	23.7%	100.0%

Written Policies for Hepatits C (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Written	Yes	Count	46	97	47	190
Policy for Hepatitis C?		% within State	82.1%	85.8%	88.7%	85.6%
Hepatitis C?		% of Total	20.7%	43.7%	21.2%	85.6%
	No	Count	10	16	6	32
		% within State	17.9%	14.2%	11.3%	14.4%
		% of Total	4.5%	7.2%	2.7%	14.4%
Total		Count	56	113	53	222
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.2%	50.9%	23.9%	100.0%

Protocol for Treating Fevers (temp > 100 F) During Dialysis (1999-2000)

					Sta	te				
			Arkan	Arkansas		iana	Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Standard Protocol for Fevers	Yes	Count	51	51	92	101	45	47	188	199
		% within State	91.1%	89.5%	87.6%	89.4%	81.8%	88.7%	87.0%	89.2%
		% of Total	23.6%	22.9%	42.6%	45.3%	20.8%	21.1%	87.0%	89.2%
(temp > 100 F)?	No	Count	5	6	13	12	10	6	28	24
1001).		% within State	8.9%	10.5%	12.4%	10.6%	18.2%	11.3%	13.0%	10.8%
		% of Total	2.3%	2.7%	6.0%	5.4%	4.6%	2.7%	13.0%	10.8%
Total		Count	56	57	105	113	55	53	216	223
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.9%	25.6%	48.6%	50.7%	25.5%	23.8%	100.0%	100.0%

Offer Separate Room for VRE (1999-2000)

					Sta	ate				
			Arka	nsas	Louis	Louisiana		noma	Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	21	18	16	13	5	3	42	34
Separate Room for VRE? No		% within State	37.5%	31.6%	15.0%	11.4%	9.1%	5.7%	19.3%	15.2%
		% of Total	9.6%	8.0%	7.3%	5.8%	2.3%	1.3%	19.3%	15.2%
	No	Count	30	32	78	100	42	49	150	181
		% within State	53.6%	56.1%	72.9%	87.7%	76.4%	92.5%	68.8%	80.8%
		% of Total	13.8%	14.3%	35.8%	44.6%	19.3%	21.9%	68.8%	80.8%
	No Answer	Count	5	7	13	1	8	1	26	9
		% within State	8.9%	12.3%	12.1%	.9%	14.5%	1.9%	11.9%	4.0%
		% of Total	2.3%	3.1%	6.0%	.4%	3.7%	.4%	11.9%	4.0%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Offer Dedicated Machine for VRE (1999-2000)

					Sta	ate				
			Arkaı	nsas	Louis	siana	Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	27	32	38	58	14	21	79	111
Dedicated Machine for VRE? No		% within State	48.2%	56.1%	35.5%	50.9%	25.5%	39.6%	36.2%	49.6%
		% of Total	12.4%	14.3%	17.4%	25.9%	6.4%	9.4%	36.2%	49.6%
	No	Count	27	18	58	56	35	30	120	104
		% within State	48.2%	31.6%	54.2%	49.1%	63.6%	56.6%	55.0%	46.4%
		% of Total	12.4%	8.0%	26.6%	25.0%	16.1%	13.4%	55.0%	46.4%
	No Answer	Count	2	7	11		6	2	19	9
		% within State	3.6%	12.3%	10.3%		10.9%	3.8%	8.7%	4.0%
		% of Total	.9%	3.1%	5.0%		2.8%	.9%	8.7%	4.0%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Accept VRE Patients (2000)

				State	1	
			Arkansas 2000	Louisiana 2000	Oklahoma 2000	Total 2000
Accept	Yes	Count	46	108	41	195
pts with		% within State	80.7%	94.7%	77.4%	87.1%
VRE?		% of Total	20.5%	48.2%	18.3%	87.1%
	No	Count	11	5	12	28
		% within State	19.3%	4.4%	22.6%	12.5%
		% of Total	4.9%	2.2%	5.4%	12.5%
	No Answer	Count % within State % of Total		1 .9% .4%		1 .4% .4%
Total		Count	57	114	53	224
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.4%	50.9%	23.7%	100.0%

Offer Separate Room for MRSA (1999-2000)

					Sta	ate				
			Arkar	nsas	Louis	Louisiana		noma	Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	15	17	16	10	6	1	37	28
Separate Room for MRSA? No		% within State	26.8%	29.8%	15.0%	8.8%	10.9%	1.9%	17.0%	12.5%
		% of Total	6.9%	7.6%	7.3%	4.5%	2.8%	.4%	17.0%	12.5%
	No	Count	35	34	83	104	43	51	161	189
		% within State	62.5%	59.6%	77.6%	91.2%	78.2%	96.2%	73.9%	84.4%
		% of Total	16.1%	15.2%	38.1%	46.4%	19.7%	22.8%	73.9%	84.4%
	No Answer	Count	6	6	8		6	1	20	7
		% within State	10.7%	10.5%	7.5%		10.9%	1.9%	9.2%	3.1%
		% of Total	2.8%	2.7%	3.7%		2.8%	.4%	9.2%	3.1%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Offer Dedicated Machine for MRSA (1999-2000)

					Sta	ate				
			Arkaı	nsas	Louis	siana	Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	22	30	41	57	12	21	75	108
Dedicated Machine for MRSA?		% within State	39.3%	52.6%	38.3%	50.0%	21.8%	39.6%	34.4%	48.2%
		% of Total	10.1%	13.4%	18.8%	25.4%	5.5%	9.4%	34.4%	48.2%
	No	Count	32	21	59	57	39	31	130	109
		% within State	57.1%	36.8%	55.1%	50.0%	70.9%	58.5%	59.6%	48.7%
		% of Total	14.7%	9.4%	27.1%	25.4%	17.9%	13.8%	59.6%	48.7%
	No Answer	Count	2	6	7		4	1	13	7
		% within State	3.6%	10.5%	6.5%		7.3%	1.9%	6.0%	3.1%
		% of Total	.9%	2.7%	3.2%		1.8%	.4%	6.0%	3.1%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Accept MRSA Patients (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Accept	Yes	Count	47	111	43	201
pts with		% within State	82.5%	97.4%	81.1%	89.7%
MRSA?		% of Total	21.0%	49.6%	19.2%	89.7%
	No	Count	10	2	10	22
		% within State	17.5%	1.8%	18.9%	9.8%
		% of Total	4.5%	.9%	4.5%	9.8%
	No Answer	Count		1		1
		% within State		.9%		.4%
		% of Total		.4%		.4%
Total		Count	57	114	53	224
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.4%	50.9%	23.7%	100.0%

Offer Separate Room for TB (1999-2000)

					Sta	ate				
			Arkansas		Louis	Louisiana		Oklahoma		tal
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	20	19	26	17	16	5	62	41
Separate		% within State	35.7%	33.3%	24.3%	14.9%	29.1%	9.4%	28.4%	18.3%
Room for		% of Total	9.2%	8.5%	11.9%	7.6%	7.3%	2.2%	28.4%	18.3%
TB?	No	Count	30	30	55	91	25	41	110	162
		% within State	53.6%	52.6%	51.4%	79.8%	45.5%	77.4%	50.5%	72.3%
		% of Total	13.8%	13.4%	25.2%	40.6%	11.5%	18.3%	50.5%	72.3%
	No Answer	Count	6	8	26	6	14	7	46	21
		% within State	10.7%	14.0%	24.3%	5.3%	25.5%	13.2%	21.1%	9.4%
		% of Total	2.8%	3.6%	11.9%	2.7%	6.4%	3.1%	21.1%	9.4%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Offer Dedicated Machine for TB (1999-2000)

					Sta	ate				
			Arkansas		Louis	Louisiana		Oklahoma		al
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	19	24	26	24	6	10	51	58
Dedicated		% within State	33.9%	42.1%	24.3%	21.1%	10.9%	18.9%	23.4%	25.9%
Machine		% of Total	8.7%	10.7%	11.9%	10.7%	2.8%	4.5%	23.4%	25.9%
for TB?	No	Count	33	26	55	84	39	35	127	145
		% within State	58.9%	45.6%	51.4%	73.7%	70.9%	66.0%	58.3%	64.7%
		% of Total	15.1%	11.6%	25.2%	37.5%	17.9%	15.6%	58.3%	64.7%
	No Answer	Count	4	7	26	6	10	8	40	21
		% within State	7.1%	12.3%	24.3%	5.3%	18.2%	15.1%	18.3%	9.4%
		% of Total	1.8%	3.1%	11.9%	2.7%	4.6%	3.6%	18.3%	9.4%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Accept TB Patients (2000)

				State					
			Arkansas	Louisiana	Oklahoma	Total			
			2000	2000	2000	2000			
Accept	Yes	Count	42	59	22	123			
pts		% within State	73.7%	51.8%	41.5%	54.9%			
with TB?		% of Total	18.8%	26.3%	9.8%	54.9%			
I ID!	No	Count	15	55	31	101			
		% within State	26.3%	48.2%	58.5%	45.1%			
		% of Total	6.7%	24.6%	13.8%	45.1%			
Total		Count	57	114	53	224			
		% within State	100.0%	100.0%	100.0%	100.0%			
		% of Total	25.4%	50.9%	23.7%	100.0%			

Offer Separate Room for Hepatitis C (1999-2000)

					Sta	ate				
			Arkansas		Louisiana		Oklahoma		Total	
			1999	2000	1999	2000	1999	2000	1999	2000
Offer	Yes	Count	3	7	3		1	1	7	8
Separate		% within State	5.4%	12.3%	2.8%		1.8%	1.9%	3.2%	3.6%
Room for		% of Total	1.4%	3.1%	1.4%		.5%	.4%	3.2%	3.6%
Hepatitis C?	No	Count	49	44	96	114	51	51	196	209
		% within State	87.5%	77.2%	89.7%	100.0%	92.7%	96.2%	89.9%	93.3%
		% of Total	22.5%	19.6%	44.0%	50.9%	23.4%	22.8%	89.9%	93.3%
	No Answer	Count	4	6	8		3	1	15	7
		% within State	7.1%	10.5%	7.5%		5.5%	1.9%	6.9%	3.1%
		% of Total	1.8%	2.7%	3.7%		1.4%	.4%	6.9%	3.1%
Total		Count	56	57	107	114	55	53	218	224
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%

Offer Dedicated Machine for Hepatitis C (1999-2000)

				State								
			Arkansas		Louisiana		Oklahoma		Total			
			1999	2000	1999	2000	1999	2000	1999	2000		
Offer	Yes	Count	15	25	15	14	14	12	44	51		
Dedicated		% within State	26.8%	43.9%	14.0%	12.3%	25.5%	22.6%	20.2%	22.8%		
Machine for		% of Total	6.9%	11.2%	6.9%	6.3%	6.4%	5.4%	20.2%	22.8%		
Hepatitis C?	No	Count	41	26	87	100	41	40	169	166		
		% within State	73.2%	45.6%	81.3%	87.7%	74.5%	75.5%	77.5%	74.1%		
		% of Total	18.8%	11.6%	39.9%	44.6%	18.8%	17.9%	77.5%	74.1%		
	No Answer	Count		6	5			1	5	7		
		% within State		10.5%	4.7%			1.9%	2.3%	3.1%		
		% of Total		2.7%	2.3%			.4%	2.3%	3.1%		
Total		Count	56	57	107	114	55	53	218	224		
		% within State	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
		% of Total	25.7%	25.4%	49.1%	50.9%	25.2%	23.7%	100.0%	100.0%		

Accept Hepatitis C Patients (2000)

				State		
			Arkansas	Louisiana	Oklahoma	Total
			2000	2000	2000	2000
Accept pts	Yes	Count	42	109	49	200
with		% within State	73.7%	95.6%	92.5%	89.3%
Hepatitis C?		% of Total	18.8%	48.7%	21.9%	89.3%
	No Answer	Count	15	3	3	21
		% within State	26.3%	2.6%	5.7%	9.4%
		% of Total	6.7%	1.3%	1.3%	9.4%
		Count		2	1	3
		% within State		1.8%	1.9%	1.3%
		% of Total		.9%	.4%	1.3%
Total		Count	57	114	53	224
		% within State	100.0%	100.0%	100.0%	100.0%
		% of Total	25.4%	50.9%	23.7%	100.0%

VI. NEXT STEPS: Copies of the QPM facility-specific reports are being distributed to all QPM participants for the purpose of stimulating facility efforts to improve care. The Network staff and Medical Review Board are available to provide assistance in identifying and developing improvement methods.

As mentioned previously, while improvements have occurred, the opportunity to improve care for ESRD patients in Network 13 continues to be striking. Every ESRD facility should be familiar with the clinical practice guidelines now available through NKF-DOQI, the Renal Physicians Association (RPA), and ESRD Network 13

Annually, Network staff, under the direction of the MRB, will continue to assess facility-specific implementation of the quality performance measures. The purpose of this effort will be to assess improvement in care to the ESRD patients and encourage further improvements. The ultimate goal is for ongoing sustained improved care for these patients.

VII. ACKNOWLEDGEMENTS

ESRD Network 13 would like to acknowledge the participation of all facilities involved in this project, as well as the Network 13 Quality Improvement Committee, Medical Review Board, and Board of Directors.

Quality Improvement Committee:

- Jack Work, MD, Co-chair, Shreveport, LA
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- Pam Clark, RN, CNN, Ft. Smith, AR
- Tim Govaerts, MD, Tulsa, OK
- Rajat Kaul, MD, Tulsa, OK
- Susan Knapp, RD, Tulsa, OK
- Faye Melton, RN, Pine Bluff, AR

Medical Review Board:

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- Dana Rabideau, MD, Vice-Chair, Ft. Smith, AR
- Sameh Abulezz, MD, Little Rock, AR
- Frank Boineau, MD, New Orleans, LA
- Dianne Campbell, ACSW, LCSW, Little Rock, AR
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Board of Directors:

- James Pederson, MD, Chairperson, Oklahoma City, OK
- William Stanley, Adm., Chair-elect, Little Rock, AR
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- B.J. Matter, MD, Oklahoma City, OK
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