



2009 Clinical Performance Goals

1. Anemia Management

Link to: [CPM Data](#)

Link to: [MRB Position Statement](#)

Due to FDA advisories released in 2007 as well as new K-DOQI and CMS guidelines to avoid targeting hemoglobins over 12 g/dL, The Renal Network, Inc. has revised its anemia management goals. In past years, dialysis facilities were reviewed based on the percent of patients that had a hemoglobin measurement above 11.0 g/dL.

New reporting standards for anemia now present the percentage of patients below 10 g/dL, above 12 g/dL and within the range of 10-12 g/dL. The challenge has been to determine what percentage of patients is expected to fall within these targets.

Members of the Network's Medical Review Board determined expected hemoglobin rates based on facility size and population mean hemoglobin of 11.0g/dL using a statistical technique and actual Network hemoglobin data (see Table of Expected Hemoglobin Rates). This analysis provides a report of what we should realistically expect to see each month in the three hemoglobin ranges. The analysis could be used as a performance measure or a quality improvement tool by identifying what areas need to improve.

The Medical Review Board recommends that facilities track their monthly mean hemoglobin to ensure that this average is moving to the recommended target range. Failure of the mean hemoglobin to fall below 12 g/dL should prompt a review of the facility's anemia management protocol. Further, facilities should compare the observed percentage of patients in each of the three monitoring ranges to the expected percentage. It is likely that your facility will initially be out of range in several categories when making these comparisons as they are based on a population mean hemoglobin of 11.0 g/dL.

Facility goals should be to maximize the percent of patients within 10-12 g/dL while minimizing the percent of patients above 12.0 g/dL and below 10.0 g/dL. Periodic adjustment of the facility anemia management protocol will help you realize these goals over many months.

2. Adequacy of Dialysis

a. Hemodialysis –

- All patients measured for adequacy every month
- $\geq 95\%$ of hemodialysis patient population achieve $Kt/V_{\text{Daugirdas}} \geq 1.2$
- $\geq 95\%$ of hemodialysis patient population achieve $URR \geq 65\%$

b. Peritoneal Dialysis –

- All patients measured for adequacy every 4 months
- 85% of peritoneal patient population achieve a weekly $Kt/V_{\text{urea}} \geq 1.7$.

3. Nutrition

- A stabilized serum albumin equal to or greater than the lower limit of the normal range (approximately 3.5 g/dl for the bromocresol green method) is the outcome goal
- All hemodialysis patients measured for nutrition every month
- All peritoneal dialysis patients measured for nutrition every month of PD clinic visit

4. Mineral Metabolism Management

a. Hemodialysis –

- All patients measured for calcium and phosphorus every month $\geq 75\%$ of hemodialysis patient population will have a $\text{Ca}/\text{PO Product}$ of $< 55 \text{ mg}^2/\text{dL}^2$
- All patients will be measured for “intact” PTH quarterly
- (K/DOQI range 150-300 pg/mL)

b. Peritoneal Dialysis –

- All patients measured for calcium and phosphorus every month of PD clinic visit
- $\geq 75\%$ of peritoneal dialysis patient population will have a $\text{Ca}/\text{PO}_4 \text{ Product}$ of $< 55 \text{ mg}^2/\text{dL}^2$
- All patients will be measured for “intact” PTH quarterly
- (K/DOQI range 150-300 pg/mL)

5. Vascular Access

- $\geq 66\%$ prevalent fistula use
- $\leq 10\%$ catheter only in use for ≥ 90 days