

# GOALS & RECOMMENDATIONS FOR 2009-2010

The goals and recommendations listed below were adopted by the MARC Board of Directors to focus Network 5 activities during 2009-2010. In addition to the areas addressed below, the Medical Review Board will examine other quality indicators (such as patient grievances, hospitalization, mortality, etc.), and conduct improvement initiatives as indicated.

## GOALS

### **1. Adequate Dialysis for Adult Patients ( $\geq 18$ years)**

- At least 90% of hemodialysis patients should have a delivered have a  $Kt/V > 1.2$ , determined by the single pool method.
- At least 90% of peritoneal dialysis patients should have a weekly  $Kt/V_{urea} \geq 1.7$  CAPD and Cyclor.

### **2. Anemia Management for Adult Patients ( $\geq 18$ years)**

- No more than 10% of all patients (hemodialysis and peritoneal dialysis) should have a Hemoglobin  $< 10$ g/dl.
- 55% of all patients (hemodialysis and peritoneal dialysis) should have a Hemoglobin between 10-12g/dl.
- No more than 10% of all patients (hemodialysis and peritoneal dialysis) should have a Hemoglobin  $\geq 13$ g/dl.

### **3. Vascular Access for Adult Patients ( $\geq 18$ years)**

- By March 2010 at least 52.1% of all prevalent hemodialysis patients (adults  $\geq 18$ ) should use an AV Fistula with a long term goal of 66%.
- No more than 10% of all prevalent hemodialysis patients (adults  $\geq 18$ ) should be maintained on catheters  $\geq 90$  days with no internal access in place.

## RECOMMENDATIONS

### **1. Adequacy**

- Residual renal function should be incorporated into adequacy measures when appropriate (250cc/day).

### **2. Conflict resolution**

- All facilities should provide staff training on professionalism by utilizing resources found on the MARC website.
- All facilities should provide staff training on dealing with difficult patient situations by utilizing resources found on the MARC website.
- Facilities should actively consult with the Network regarding difficult patient situations prior to any situation escalating to the consideration of an involuntary discharge.

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**3. Emergency Preparedness**

- All facilities will have a policy and plan for emergency preparedness and response.
- All facilities will send the Network two (2) disaster contacts and their contact information which must include two non-facility phone numbers.

**4. Facility Quality Assessment and Performance Improvement (QAPI) Program**

- All facilities must develop, implement, maintain and evaluate an effective, data-drive QAPI program with participation by the professional members of the interdisciplinary team.
- QAPI activities at the facility level should enhance the facility’s ability to provide high quality care, and, to meet and/or exceed Network 5 goals.

**5. Patient Safety**

- All facilities are urged to embrace a “culture of safety” and initiate specific measures to enhance safety, and prevent/reduce medical errors, such as:
  - Maintain an updated patient medication list
  - Use a standardized abbreviation list
  - Use stickers to warn of allergies, of like or similar names and anticoagulation therapy
  - Post a list of drug dialyzability, or drugs to avoid during dialysis
  - Track adverse events/incidents
- All facilities are encouraged to participate in the *5-Diamond Patient Safety Program*.
- All facilities should follow the CDC’s *Recommendations for Preventing Transmission of Infections Among Chronic hemodialysis Patients*.

**6. Preventive Care**

- All dialysis patients should be vaccinated against influenza, hepatitis B, and pneumococcal pneumonia, in accordance with the ESRD Conditions for Coverage, and ACIP and CDC recommendations.
- All facilities should offer annual influenza vaccination.
- At least 90% of healthcare workers should receive HBV vaccination, or have HBV antibodies.
- Adult and adolescent patients should be evaluated for dyslipidemias at least annually in accordance with K-DOQI Practice Guidelines.
- All facilities should offer smoking cessation materials to patients who use tobacco.

**7. Transplantation**

- All facilities should establish the transplant status of patients
- All facilities should have a written policy defining delivery of transplant information to all patients, including: when transplant information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
- All facilities should designate one staff member to facilitate transplant education, evaluation referrals, submission of laboratory samples, and patient status changes.
- All Network 5 transplant centers will provide written kidney transplant inclusion and exclusion criteria to the Network. The Network will post a link to this information on the MARC web site.

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**8. Vascular Access**

- All facilities should employ a prospective monitoring (assessment) program for vascular accesses where staff trend results.
- All facilities should employ a surveillance program which utilizes one of the K-DOQI preferred and CROWNWeb collected methods: Intra-access flow measures, direct or derived static venous pressure or duplex ultrasound.
- All facilities should have a written policy addressing referral to a surgeon for vascular access.

**9. End of Life**

- All facilities should have a written policy addressing advance directives and health care proxy.

Approved by the Board of Directors December 2009