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Date: 3/12/2009

To: Medical Director, Administrator, and Nurse Manager
Network 11 Dialysis Facilities

From: James Brandes, MD, Chair, Medical Review Committee

Re: Medical Review Committee Recommended Treatment Guidelines and Review Criteria

Each year, the Medical Review Committee (MRC) reviews its recommended treatment guidelines and makes revisions based on changes in clinical practice guidelines. This process has been completed, and enclosed in this mailing are the newly revised guidelines for 2009. These guidelines were approved by the MRC and Executive Committee in February 2009. The following are changes to the guidelines for this year and the rationale for the changes.

- **Anemia Management.**

As you are aware, in 2008, NW 11 made significant changes to its recommendations for anemia management. Those changes will be used to review facilities based on their Q4 2008 lab data. In addition, the attached recommendations also include the criteria for best practice in anemia management. The best practice goal requires a facility to meet the Recommended Treatment Goals **AND** have a percent of patients with hemoglobin concentration within the target range of 11-12 gm/dL that falls in the highest 10% of facilities in Network 11, based on the previous year's data collection. By using that data we are assured that the best practice goals are achievable. **For the Q4 2008 time period, the best practice goal will be $\geq 58\%$ of patients achieving the target range of 11-12 gm/dL.**

- **Data collection change.** Network 11 has historically used the average of the first lab value of the month for each clinical indicator. This was done to be consistent with the Clinical Performance Measures (CPM) Project. With the advent of Crown Web, facilities will be entering the last lab value of the month, and that will be the value used for the CPM project. Therefore, beginning with the 2009 collection, the lab data collection will be based on an average of the **last lab value of the month**, averaged over 3 months for each clinical indicator

- **Peritoneal Dialysis Adequacy.** This recommendation has been updated to recommend that PD adequacy be measured at least every four months. This is to provide consistency with KDOQI Peritoneal Dialysis Adequacy Guideline 2.

These treatment guidelines are to assist your facility as you develop and update your Quality Assessment and Performance Improvement program and to keep you informed regarding the MRC facility-specific review process. The guidelines are posted on the Network 11 Web site at www.esrdnet11.org/quality/mrc_guides.asp. If you have questions regarding any of these areas, or would like assistance with your quality improvement program, please contact Jan Deane at the Network office (651) 644-9877 or by email at jdeane@nw11.esrd.net.

Thank you for your part in the effort to improve the care of dialysis and transplant patients in our region.

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