

IMPROVE THE QUALITY OF YOUR CARE

When you hear the phrase “quality of care”, do you wonder what it means?

Do you think of food, drink, crushed ice, individual TVs, soft chairs, telephone, internet connections, etc? All of these things help pass the time on dialysis but they are *services*. Having these items is “quality of service” NOT “quality of care”.

A simple explanation for “quality of care” is getting the best possible medical care so you can be healthier and live longer. Patients tend to be less aware of quality of care components than they are of quality of service.

Quality of care components include:

- Making sure the dialysis prescription is adequate to prevent the recurrence of uremia
- Having the treatment prescription evaluated at least monthly
- Having a reliable vascular or peritoneal access for dialysis
- Discussing the importance of taking your medications

In 1997, the National Kidney Foundation (NKF) published the Dialysis Outcomes Quality Initiative Guidelines (DOQI), currently known as K/DOQI. These guidelines were written for healthcare professionals to help improve the care of people with kidney failure.

Your healthcare team has been learning about the guidelines for some time now in order to

provide the best possible dialysis treatment for you. Although these recommendations will apply to most people on dialysis, they may not apply to every person in every situation. Your doctor, with **YOUR** help, will be able to plan the best care possible. Many recommendations are made, here are a few you can be involved with:

- Hemodialysis Adequacy (URR or Kt/V)
- Anemia Management (Hematocrit, Hemoglobin, and iron stores)
- Vascular Access (see PAC Facts “What Is Vascular Access” #2 and “Caring For Your Vascular Access” #3)
- Peritoneal Dialysis Adequacy

If I’m on Hemodialysis, do I need to know my URR or Kt/V? Yes, you should know your URR or Kt/V because it tells you if you are receiving adequate dialysis.

What is Anemia and what should I know about it? Anemia is when your body doesn’t have enough red blood cells to carry oxygen in your body or enough iron to make the red blood cells. With anemia you will get tired more easily.

I’m on Peritoneal Dialysis, what do I need to know? On Peritoneal Dialysis (PD), you need to know Creatinine Clearance and Kt/V. These tests tell if you are receiving adequate dialysis.

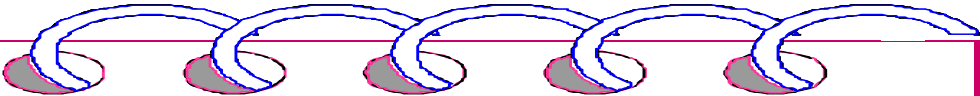
Every member of the healthcare team has a responsibility to provide the best quality of care possible. You owe it to yourself to become an active member of the team!

Southern California Renal Disease Council, Inc.

ESRD Network 18

Quality of Care

One of the keys to feeling better and living longer on dialysis is to be informed about kidney disease and its medical treatment. Start by learning how a few of the K/DOQI guidelines can help you feel better and live longer.

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- **URR** (Urea Reduction Ratio) and **Kt/V** are laboratory tests that tell if you are receiving enough dialysis.
 - **Hematocrit (Hct)** and **Hemoglobin (Hgb)** tell your red blood cell count and level of anemia.
 - **Serum Ferritin** and **Transferrin Saturation (T-Sat)** tests tell if your body has enough iron to make more red blood cells.
 - In Peritoneal Dialysis (PD), the **Creatinine Clearance Total Weekly** and **Kt/V(urea)** tell if the dialysis fluid exchange prescription is “removing” enough waste products from the body.

Compare Yourself To The K/DOQI Guidelines

COMPARE	YOUR LAB VALUE	K/DOQI GUIDELINES
Hemodialysis-URR	%	At least 65% (but try for 70%)
Hemodialysis-Kt/V		At least 1.2 (but try for 1.3)
Hematocrit (Hct)	%	33-36%
Hemoglobin (Hgb)		11-12 g/dl
Transferrin Saturation	%	At least 20%
Serum Ferritin		At least 100
PD Creatinine Clearance (Weekly)		CAPD-at least 60 L/week CCPD-at least 63 L/week
PD Kt/V(urea) (Weekly)		CAPD-at least 2.0 CCPD-at least 2.1

If you would like more information on the K/DOQI guidelines you can ask your dialysis facility, contact the local National Kidney Foundation, or visit the web site: www.kidneysocal.com.