



## MEMORANDUM

To: Facility Manager

From: Shean Strong, QI Director  
Lisle Mukai, QI Coordinator

Subject: **2010 Lab Data Collection Report**

Date: May 28, 2010

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ESRD Network 18 participated in the 2010 Lab Data Collection Project. We worked with local Hemodialysis and Peritoneal Dialysis facilities to obtain patient-specific laboratory values for the last quarter of 2009 (October – December). Enclosed please find:

1. 2010 Lab Data Collection Reference Guide
2. Facility-specific Lab Data Collection Project Report(s) – Hemodialysis (Adult/Pediatric) and/or Peritoneal Dialysis (Adult/Pediatric) depending on the modalities offered at your facility.
3. 2010 Facility Clinical Profile(s) - Hemodialysis (Adult/Pediatric) and/or Peritoneal Dialysis (Adult/Pediatric)
  - Includes updated Network Goals for 2010 - 2011

Before you review your reports, please note the following:

- Your facility-specific results are based on the electronic data collection for Large Dialysis Organizations and manual data collection (via USB flash drives) for Independent facilities. The Medical Review Board has approved these reports for general distribution since some of the Independent facilities have no other means of comparing their data to the Network or the National data.
- The laboratory results were collected separately for 2 modalities (hemodialysis and peritoneal dialysis), so the number of reports you receive is based on the dialysis services your facility offers to patients.
- Discrepancies may occur due to various patient status changes during the study period. Network results are considered sufficient when 85% of the submitted data is correct. (Calculations are adjusted to accommodate 15% of discrepancies.)

We hope this report is informative and you will use it to adjust your quality improvement activities as necessary. **Please remember that under the Conditions for Coverage 494.110 (Condition level), “The dialysis facility must develop, implement, maintain, and evaluate an effective, data-driven, quality assessment and performance improvement program with participation by the professional members of the interdisciplinary team.”** Facilities that fall below the Network or national means/proportions for each indicator will be monitored per the Medical Review Board approved Network protocol.

If you have any questions or comments, please contact Shean Strong or Lisle Mukai at the Network office at (323) 962-2020.

Thank you for your continued support in improving patient care!