



Performance Excellence and
Accountability in Kidney Care

FREQUENTLY ASKED QUESTIONS

How will the PEAK Campaign reduce mortality?

Research has shown that a broad range of interventions early in a patient's life on dialysis can successfully reduce mortality rates. Increased emphasis on key clinical and patient care measures, including case management, nutrition, anemia management, dialysis adequacy, catheter use, and psychological and social support have been shown to have a strong influence on patient outcomes. The PEAK Campaign's participants represent a large cross-section of the kidney care community and, with a stepped-up focus on quality improvement and safety, we expect these measures to result in a reduction of mortality of 20 percent or at least 10,000 lives over the life of the campaign.

How is the quality of care dialysis patients are receiving today? While the quality of care received by dialysis patients is already high, the kidney care community has shown commitment and leadership in efforts to continuously improve the care provided dialysis patients.

Why is mortality in the first year of dialysis higher than in farther out years? While the medical community has not pin-pointed the cause of higher mortality rates in the first year, physicians and researchers have honed in on certain clinical and patient safety interventions that can improve patient outcomes which is how PEAK identified the areas of emphasis for reducing mortality.

How did the kidney community settle on areas of emphasis for improving survivability of dialysis patients?

Notwithstanding the kidney care community's significant accomplishments, quality improvement is not a static process. Thus, just as it was forward-looking in the area of performance measurement, in 2008 the kidney care community began to explore the launch of a community-wide quality improvement initiative focused on the attainment of national goals. Within the ESRD community, there has been increasing recognition of the significant mortality rate that is associated with initiation of chronic dialysis. Although survival has improved for long-term dialysis patients over the past decade, the mortality rate for patients in the first year of dialysis has not changed.

The effectiveness of interventions to reduce the high morbidity and mortality in the first year on dialysis have been few and infrequent. However, recent work has documented that a broad range of interventions early in the patient's life on dialysis can successfully impact such outcomes. Thus, the kidney care community identified first-year mortality as the area of greatest potential impact for quality improvement – a chance for the kidney community to improve quality and save lives.

Is the mortality of first-year dialysis patients on the rise?

No. According to USRDS, all cause death rates have been stable for 11 years. The pattern of the death rate peaking in the 2- to 4-month period after a patient starts also has been consistent. In contrast, survival during this same recorded period has improved for patients who have been on dialysis for greater than a year.