



## **WELCOME**

**We would like to welcome you** to the Performance Excellence and Accountability in Kidney Care (PEAK) Campaign with the launch of our first PEAK *POINTS* e-newsletter. This issue provides an overview of the latest Best Practices and recommended “Tools of Engagement” and resources. While many in the kidney community have already been receiving information from Kidney Care Partners (KCP) on the PEAK Best Practices released thus far, now, all PEAK partners and KCP members will receive this regular PEAK communication to ensure PEAK Best Practices are widely implemented within the kidney community.

## **ABOUT PEAK**

**In 2009, Kidney Care Partners** launched a new, voluntary quality improvement campaign to reduce mortality among first-year dialysis patients by 20 percent by the end of 2012.

The “Performance Excellence and Accountability in Kidney Care” – or PEAK – Campaign ([www.kidneycarequality.org](http://www.kidneycarequality.org)) has set an ambitious goal of improving survival rates among the most vulnerable dialysis patients during their first year on this life-sustaining therapy.

## **PEAK BEST PRACTICES**

**To most effectively gather** valuable perspectives first-hand from kidney care experts, researchers, clinicians, and patients themselves on how to improve first-year survival rates, KCP, with the assistance of research partners at Brown University and Quality Partners of Rhode Island, created three expert panels.

Over the past year, two of the PEAK expert panels have identified Best Practices and tools and resources to assist campaign participants in their efforts to reduce first-year mortality.

- The **Technical/Curriculum Panel**, composed of physicians, nurses, and academics ([http://www.kidneycarequality.com/popups/listing\\_technical.html](http://www.kidneycarequality.com/popups/listing_technical.html)), drawing upon their extensive background in research and patient care, has

identified appropriate evidence-based, clinical interventions and Best Practices to reduce first-year mortality. Best Practices to date focus on:

- Reducing Catheter Use ([http://www.kidneycarequality.com/PDF/technical\\_best\\_practice\\_01.pdf](http://www.kidneycarequality.com/PDF/technical_best_practice_01.pdf));
  - Improving Cardiovascular Outcomes ([http://www.kidneycarequality.com/PDF/technical\\_best\\_practice\\_02.pdf](http://www.kidneycarequality.com/PDF/technical_best_practice_02.pdf));
  - Managing Nutrition and Inflammation ([http://www.kidneycarequality.com/PDF/technical\\_best\\_practice\\_03.pdf](http://www.kidneycarequality.com/PDF/technical_best_practice_03.pdf));
  - Managing Anemia ([http://www.kidneycarequality.com/PDF/technical\\_best\\_practice\\_04.pdf](http://www.kidneycarequality.com/PDF/technical_best_practice_04.pdf)); and
  - Optimizing Dialysis ([http://www.kidneycarequality.com/PDF/technical\\_best\\_practice\\_05.pdf](http://www.kidneycarequality.com/PDF/technical_best_practice_05.pdf)).
- The **Patient/Family Engagement Panel**, composed of patients, representatives of KCP member patient advocacy groups as well as clinicians with extensive patient care experience ([http://www.kidneycarequality.com/popups/listing\\_patient.html](http://www.kidneycarequality.com/popups/listing_patient.html)), has identified patient-centered interventions central to reducing first-year mortality, including recommendations on how and when to implement them. Because the involvement of family in all aspects of a patient's care is seen as a significant advantage, family-centered interventions are also being developed. Best Practices released thus far include:
    - Offer hope, courage and support to patients during their journey toward improved health and wellness ([http://www.kidneycarequality.com/PDF/best\\_practice\\_01.pdf](http://www.kidneycarequality.com/PDF/best_practice_01.pdf));
    - Enhance and maintain quality of life by incorporating an individual and holistic educational approach about the physical and psychosocial impact of dialysis on patient lives ([http://www.kidneycarequality.com/PDF/best\\_practice\\_02.pdf](http://www.kidneycarequality.com/PDF/best_practice_02.pdf));
    - Educate patients to improve their understanding of kidney disease to empower them to make decisions and choices about their care ([http://www.kidneycarequality.com/PDF/best\\_practice\\_03.pdf](http://www.kidneycarequality.com/PDF/best_practice_03.pdf));
    - Provide depression screening, education, and treatment to patients, as well as education to professionals regarding impact on health outcomes and the importance of identification and treatment ([http://www.kidneycarequality.com/PDF/best\\_practice\\_04.pdf](http://www.kidneycarequality.com/PDF/best_practice_04.pdf));
    - Educate/coach patients on the principles, techniques, and value of partnering with their interdisciplinary health care team, empowering them to become an integral part of that team ([http://www.kidneycarequality.com/PDF/best\\_practice\\_05.pdf](http://www.kidneycarequality.com/PDF/best_practice_05.pdf));

- Support patient efforts to live the best possible quality of life through self-management ([http://www.kidneycarequality.com/PDF/best\\_practice\\_06.pdf](http://www.kidneycarequality.com/PDF/best_practice_06.pdf));
- Provide culturally competent (patient-centered) care to all patients undergoing dialysis ([http://www.kidneycarequality.com/PDF/best\\_practice\\_07.pdf](http://www.kidneycarequality.com/PDF/best_practice_07.pdf)).

To monitor progress toward the goal of reducing first-year mortality by 20 percent by the end of 2012, KCP also convened a third expert group, the **Data/Results Panel** composed of data and research experts from dialysis providers and manufacturers as well as academic and research institutions ([http://www.kidneycarequality.com/popups/listing\\_data.html](http://www.kidneycarequality.com/popups/listing_data.html)).

### **WHAT CAN YOU DO?**

**PEAK provides an opportunity** for the entire kidney community – patients, healthcare professionals, providers, and supporting organizations – to make a significant, meaningful impact in improving the lives of patients with kidney disease. We hope you will use and disseminate these tools and resources provided to ensure implementation of the recommended Best Practices within the kidney community to aid in efforts to reduce first-year mortality by 20 percent by the end of 2012.

To learn more about the panels' efforts, recommended Best Practices and tools and resources available, visit the PEAK Learning Center. (<http://www.kidneycarequality.com/CampLearnCenter.htm>)

*COMING SOON: More on PEAK Best Practices and recommended tools and resources for implementation and an update on progress toward reaching the goal.*

# # #

