

# Southeastern Network 6 Kidney Council, Inc.

**TO:** Nursing Supervisor

**CC:** Medical Director  
Administrator

**FROM:** Leighann Sauls RN, CDN  
Director, Quality Improvement

**DATE:** October 17, 2011

**RE:** Mandatory - Adequacy Quality Improvement Project

**PROVIDER:** **Provider Number – Provider Name**

**DUE DATE:** **October 28, 2011**

Lab data for 100% of hemodialysis patients at **[Provider Name]** were submitted by your facility for October-December 2010. The reports were mailed to you for your review in April 2011. The Southeastern Kidney Council Medical Review Board reviewed the reports and chose all facilities in Network 6 with  $\geq 40$  hemodialysis patients and less than 80% of the patients with a URR  $\geq 65\%$  (as of the October-December 2010 lab data) to participate in an Adequacy Quality Improvement Project. Based on this information your facility has been selected.

The Medical Review Board is mandated by CMS to identify and assist facilities that fall below Network and CMS recommended standards. In reviewing the reports generated from the lab data, **[Provider Name]** was noted to have only **[percent]** % of hemodialysis patients with a URR of 65% or greater. This is below the Network goal of 90% or more patients with a URR of 65% or greater. It is also below the Network average of 90.7%.

We are writing to request additional data from July, August, and September 2011 on 100% of your hemodialysis patients. Please complete the data collection survey at <http://www.surveymonkey.com/s/adequacy> by October 28, 2011. If you have any questions regarding this information, please contact me at (919) 855-0882.

*The mission of the Southeastern Kidney Council is to improve the lives of people with or at risk for End Stage Renal Disease by promoting and advancing quality of care.*

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