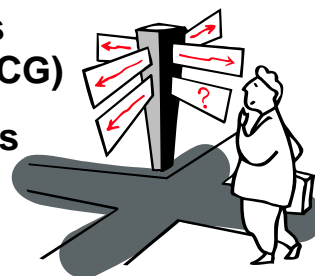


In Search of Albumin Best Practices

Sources:

- A Network interview with six dietitians in facilities where 50% of patients have albumin levels ≥ 4 (BCG)
- A comparison of the 2006 Dialysis Facility Reports (DFR) between the 6 facilities with the highest and 6 facilities with the lowest albumin levels.



Interview tips:

- Team approach to patient education: all staff participate
- $KT/V \geq 1.4$; better dialyzed = better appetite
- Assess all variables, not just albumin (i.e., ferritin, infection, inflammatory process, co-morbid conditions)
- Increase the albumin target to ≥ 4 (BCG) and ≥ 3.7 (BCP); talk with your nephrologists
- Facilities with higher albumins had higher AV fistula rates, lower long term catheter rates, and lower infection rates

What the DFR numbers show:

Percent of Patients	Weighted average* at facilities with >50% of patients meeting serum albumin targets	Weighted average* at facilities with <10% of patients meeting serum albumin targets
% using AVF, 2006; $p < 0.001$	64.7	50.7
% using Catheter, 2006; $p < 0.001$	20.5	35.2
% using Catheter > 90 Days with no other access in place, 2006; $p < 0.001$	6.6	16.4
% Hct 33 or more, 2006; $p < 0.05$	93.4	88.6
% Asian/Pacific Islander, 2006; $p < 0.001$	12.2	2.1
% Native American, 2006; $p < 0.001$	1.1	7.5
% Hispanic, 2006; $p < 0.001$	12.7	3.7
% White, 2006; $p < 0.001$	77.5	89.7
% at Nursing Home, 2006; $p < 0.001$	11.5	21.4
% Medicare (any kind), 2006; $p < 0.001$	83.7	94.7
% Age 65 or more, 2006; $p < 0.01$	45.7	56.2
Standardized Hospitalization Ratio, 2003-05; $p < 0.05$	0.79	0.73

*The weighted average is the average of all patients at all facilities in each group.

Potential Barriers to Achieving Albumin Targets

(Source: Interview of six dietitians at facilities with low albumins.)

- Patient apathy
- Patient denial
- Food doesn't taste good
- High protein foods expensive
- Recreational drug use (i.e., methamphetamine)
- Very elderly population
- Low socioeconomic status
- Lower goals in facilities: 3.7 (BCG) and 3.5 (BCP)
- Poor appetite
- Illness
- Age
- Income level
- Staffing hours
- Staffing ratios
- Lab assay – testing and equipment
- Diabetes complications (i.e., open wounds, amputations)
- Albumin not appropriate marker for nutrition
- Acute phase response
- Inflammatory response
- Multiple co-morbid issues
- People don't know how to cook
- Supplements not available, just samples
- Cost of supplements
- Dialysis schedule interferes with meal times
- Albumin is not the only value to monitor
- Lower educational level
- Patients living alone, no support
- Lack of medical coverage
- Lack of dietary compliance
- Hospitalizations