



Government of **Western Australia**
Department of **Health**

Quality Improvement Indicators for Renal Replacement Therapy in Western Australia

WA Renal Health Network
February 2013

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Quality Improvement (QI) Indicators for Renal Replacement Therapy in Western Australia

Proposed Quality Improvement (QI) Indicator	Scope	Measure	Reporting period	Target
1. Proportion of patients with progressive chronic kidney disease (CKD) who have CKD education before starting dialysis	<p>CKD education, defined as either attending a CKD session or one-on-one session with a member of the renal team, about treatment options including:</p> <ol style="list-style-type: none"> 1. Home dialysis 2. Centre haemodialysis 3. Transplant, and 4. Supportive care (palliative care) <p>(using standardised education package)</p>	<p>Numerator: all new planned patients that have received education before starting dialysis</p> <p>Denominator: all new planned patients</p> <p>Exclusion: late referrals - patients commence dialysis within 3 months of first renal consultation</p>	Six monthly	70%
2a. Proportion of patients diagnosed end stage kidney disease (ESKD) who were referred to an access surgeon >6months before first dialysis session	Patients with ESKD requiring dialysis have timely referral for appropriate vascular access surgery.	<p>Numerator: Number of patients with ESKD referred to vascular access surgeon</p> <p>Denominator: total number of new planned patients starting dialysis</p> <p>Exclusion: late referrals – patients in the system <6 months</p>	Six monthly	60%

Proposed Quality Improvement (QI) Indicator	Scope	Measure	Reporting period	Target
<p>2b. Proportion of <u>eligible</u> patients with ESKD commencing haemodialysis (HD) with permanent vascular access</p> <p>Ineligible:</p> <ol style="list-style-type: none"> 1) Failed surgical creation of AV access 2) Short term dialysis where long term AV access is inappropriate. (Planned transplant/ PD/ terminal conditions) 	<p>Patients with ESKD requiring dialysis have timely access to appropriate vascular access surgery.</p> <p>Vascular access is defined as either arterio-venous fistula (AVF) or arterio-venous graft (AVG)</p>	<p>Numerator: number of new planned patients starting HD using an AVF/AVG</p> <p>Denominator: total number of new planned patients starting HD</p> <p>Exclusion: <u>late referrals - patients commence dialysis within 3 months of first renal consultation</u></p>	Six monthly	60%
<p>3. Proportion of dialysis patients who are dialysed at home</p>	<p>Patients who are dialysed at home on: nocturnal and conventional home haemodialysis (HHD); automated peritoneal dialysis (APD) and continuous ambulatory peritoneal dialysis (CAPD)</p>	<p>Numerator: number of patients on home dialysis: Denominator: total number of patients on dialysis</p>	Quarterly	33%
<p>4. Peritonitis rate of PD patients on home dialysis</p>	<p>Peritonitis rate is calculated as months of peritoneal dialysis at risk (ie total number of months all patients have spent on dialysis), divided by number of episodes (ie total number of episodes experienced by all patients), and expressed as interval in months between episodes (eg 1 per 20 patient-months).</p> <p>Relapsing peritonitis (ie episodes of peritonitis due to the same organism</p>	<p>Numerator: number of peritonitis episodes in all patients</p> <p>Denominator: total number of patient months on PD</p>	Quarterly	1 episode /26 patient months

Proposed Quality Improvement (QI) Indicator	Scope	Measure	Reporting period	Target
	as a previous episode for which treatment was completed less than 4 weeks prior) should be counted as a single episode			
<p>5a. Proportion of eligible patients who receive adequate small solute clearance haemodialysis (ie URR \geq 75%) or Kt/V \geq 1.4</p> <p>Kt/V – Clearance by time over volume</p> <p>URR – Urea Reduction Ratio</p>	Patients with ESKD receive high quality evidence-based treatment	<p>Numerator: number of patients with URR \geq 75% or Kt/V \geq 1.4</p> <p>Denominator: all patients on haemodialysis</p> <p>Exclusion: HHD patients and those patients <6 weeks on dialysis</p>	Quarterly	90%
<p>5b. Proportion of eligible peritoneal dialysis patients with creatinine clearance >50L per week (or Kt/V \geq 1.8).</p>		<p>Numerator: number of patients with Total Creatinine >50L /week or Kt/V \geq 1.8</p> <p>Denominator: number of patients on PD</p> <p>Exclusion: patients < 6 weeks on PD)</p>	Quarterly	90%
<p>6. Proportion of live donor transplants that are pre-emptive</p>	Pre-emptive is defined as transplantation carried out before the initiation of chronic maintenance dialysis	<p>Numerator: number of pre-emptive living kidney donor transplants</p> <p>Denominator: number of living kidney donor transplants.</p> <p>Exclusion: late referrals.</p>	Quarterly	20%

Proposed Quality Improvement (QI) Indicator	Scope	Measure	Reporting period	Target
7. Proportion of new, ESKD patients <65 years who had a transplant or are on the active list within 6 months of requiring RRT	Percentage of new eligible ESKD patients have been transplanted or on the active list 6 months after entering the program	Numerator: number of eligible ESKD patients <65 years who had a transplant or are on the 'active' list within 6 months of requiring RRT Denominator: number of patients <65 years requiring RRT	Quarterly	45%
8. Renal allograft survival at 1 year after transplantation		Death censored graft survival at 1 year	Annually	95%
9. Patient survival after renal transplant at 1 year		Patient survival at 1 year post transplantation	Annually	98%
10. Renal allograft survival at 5 years after transplantation		Death censored graft survival at 5 years	Annually	80%
11. Patient survival after renal transplant at 5 years		Patient survival at 5 years post transplantation	Annually	85%



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