IDENTIFICATION OF QUALITY INDICATORS IN THE CONSERVATIVE MANAGEMENT OF ADVANCED CHRONIC KIDNEY DISEASE: Phase One Results and Future Directions

Background

Conservative kidney care is holistic patientcentered care for patients with advanced CKD that does not include RRT. It focuses on delaying progression, symptom management, and frequent communication and support.

As guidelines recommend the provision of conservative care as a modality option for the management of advanced CKD, it is necessary to examine how quality should be measured for these programs

Currently there is no consensus as to what constitutes high quality conservative care.

Quality indicators (QIs) are useful tools in assessing the quality of healthcare programs where improvements could be made.

Objective

To identify consensus-driven QIs for the conservative management of advanced CKD.

Methods

QIs will be identified in a two-phase approach; phase one results are presented here.

After identifying a list of QIs through a literature review, the first phase included two focus groups of patients and caregivers using a nominal group approach, to derive a comprehensive list of QIs for conservative care.

Focus group participants then individually ranked their top ten Qls.

Mean priority scores were calculated for each indicator to enable aggregate ranking.

Figure 1. Summary of Research Protocol

PHASE 1: Patient Perspective Focus Group

INTERPHASE

PHASE 2: Health Care Provider Perspective Delphi Process

1.	Interventions









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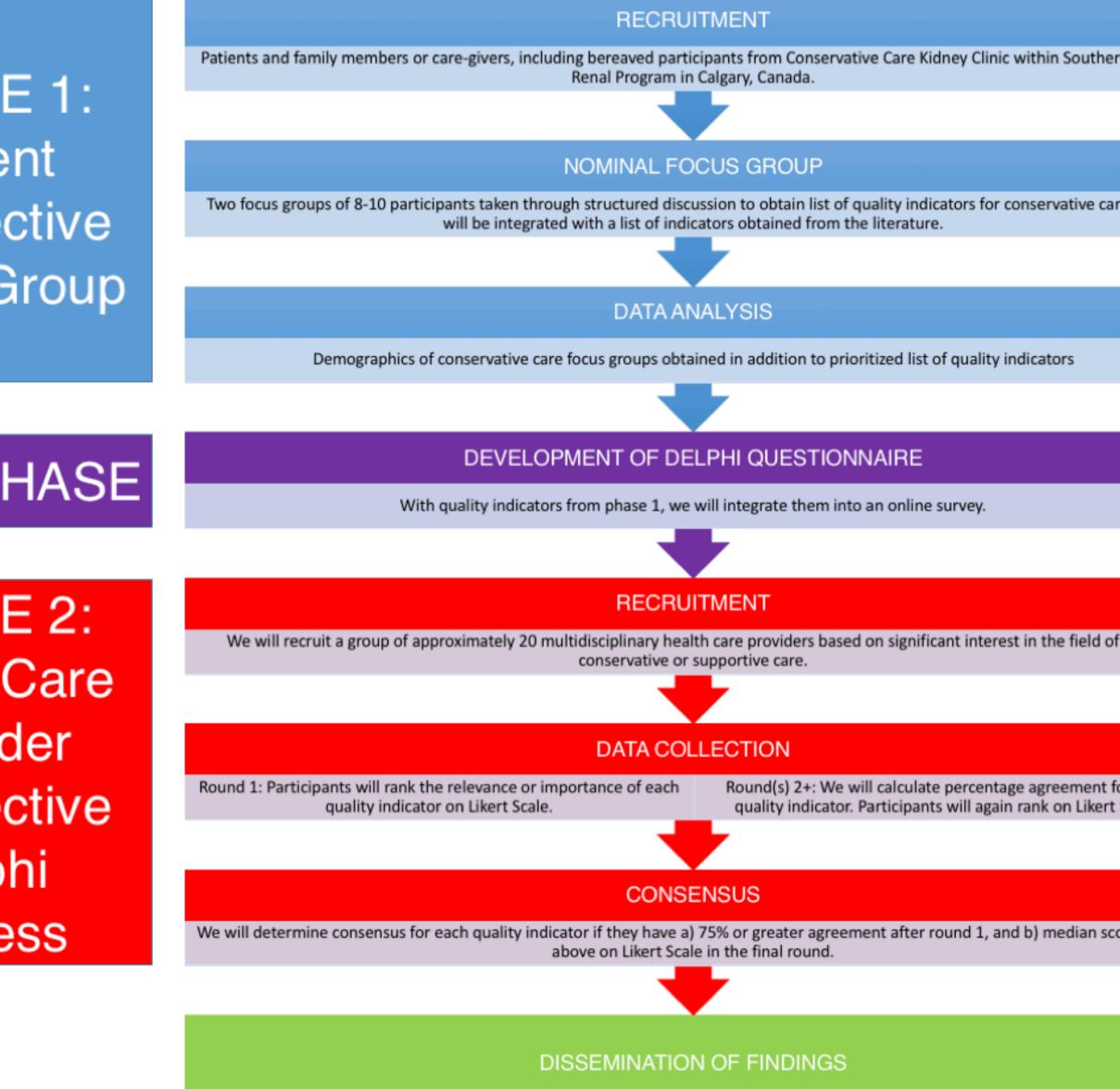


Table 1. Domains of Conservative Care Quality Indicators
to delay progression of kidney disease and minimize risks of adverse events or complicat (including the infrastructure of the program)
2. Shared Decision Making (including personnel)
3. Active Symptom Management and Dying
4. Communication including Advanced Care Planning
5. Psychological Support
6. Social and Caregiver Support
7. Cultural and Spiritual care

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Health care plan is discussed with the patient's family physician	ions	Caregivers receiving the right amount of information about the patient's condition and treatments Having home visits by members of the care provider team when needed Having an accessible goals of care and personal directive document in the health record of the patient Being able to access the clinic staff within 24 hours Caregivers attend clinic visits Being able to be seen within one week The multidisciplinary team approves and screens all medication changes The multidisciplinary team that provides clinical care consists of at least one social worker Patients and families/caregivers receive education or classes on the medical support services available in their area Patients are not receiving drugs that they do not want Being able to die in the place the patient wants to The clinical record contains documentation of social aspects of care The multidisciplinary team that provides clinical care conversation tracking record Quality of life assessed with a validated assessment tool Patients symptoms are assessed with a validated assessment tool Not visiting the emergency room since starting in the conservative management program Conservative care team should communicate with teams taking care of the disease Conservative care team regulary asked about how patients were feeling Patients and caregivers being offered social works Patients and caregivers being offered social works Patients and caregivers being screened for psychological symptom	
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	Delphi Composition		
	Table 3. Demographics of Delphi Survey		
	Number of participants	85	
	Current Location (number)	Canada = 31 United Kingdom = 22 Australia and New Zealand = 13 United States = 12 Other Europe = 5 Central and South America = 1 Africa = 1 Asia = 0	
	Primary Profession (%)	Physician = 64.7% Nurse = 17.6% Researcher = 3.6% Unknown = 3.5% Social Worker = 2.4% Administration = 2.4% Dietician = 2.4% Psychologist = 1.2% Pharmacist = 1.2% Spiritual Care = 1.2%	
	The initial Delphi survey is be followed by 2-3 Delphi participants will rank QIs achieved.	Rounds where	
	Conclusions a	and Future	
	Directio	one	
	Direction	0113	
	Patient and caregiver foce QIs for conservative care quality of life and death, a multidisciplinary care that timely manner.	, which prioritized of and continuous	
	There is considerable inte quality assessment of cor care.		
op Ten (%)	Consensus driven QIs in allow for targeted assessing programs, and development	ment of existing	

Contact

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