

[FP317] IMPROVEMENT OF DIALYSIS QUALITY ACCORDING TO LEGALLY ADVISED BENCHMARKING IN GERMANY

Helmut Bink,¹ Karsten Schumann,² Lutz Fricke,³ Helmut Steil,⁴ Judith Kirchgessner.⁴ ¹Dialyse am Hellweg, Dortmund, Germany; ²Gemeinschaftspraxis Schumann/Meiners, Luenen, Germany; ³Gemeinschaftspraxis Gaeckler/Jaekel/Fricke, Bochum, Germany; ⁴Clinical Management Europe, Fresenius Medical Care, Bad Homburg, Germany

INTRODUCTION AND AIMS:

In Germany all private dialysis units are legally obliged to follow guidelines on quality outcome starting from June 2006. Each unit has to prove the quality delivered to their pts by participating in a benchmarking system and regularly providing the local *Kassenaerztliche Vereinigungen* with key data on dialysis treatment. 4 key indicators on dialysis adequacy and anaemia have to be provided on a quarterly basis. Defined targets of spKt/V ≥ 1.2 , treatment time ≥ 240 min, frequency ≥ 3 sess/wk and Hb ≥ 10 g/dL have to be achieved in 85% of pts. In 2003 some units already started with the benchmarking system EuCliD voluntarily. This study investigated the effect of benchmarking on quality improvements in those German units.

METHODS:

The 5 key indicators were selected as quality markers. Data were collected prospectively in 40 German units using the database EuCliD. 4400 prevalent HD pts on dialysis for more than 90 days from Dec 2000 to Nov 2006 were followed for 4 yrs. Indicators were evaluated by quarterly means (\pm SD) starting with the 1st quarter (Q1) after implementation of benchmarking. Significance ($p < 0.01$) was tested by one-way ANOVA (SPSS 14).

RESULTS:

Mean age at admission to the units was 63.4 \pm 15.1 yrs (males: 56.6%), time on dialysis 3.7 \pm 2.7 yrs. With an incremental percent of obese pts (BMI M > 27.8 ; F > 27.3 kg/m²: 34.7 vs 38.1%) dry body weight and BMI increased from 74.6 \pm 15.4 to 75.4 \pm 17.4 kg and 26 \pm 5 to 27 \pm 6 kg/m², resp. (BMI $p < 0.01$). Mean prescribed time was longer in Q8, Q12 and Q16 ($p < 0.01$) than in Q1. The increase was accompanied by a growing proportion of pts treated ≥ 4 h and a higher proportion on ≥ 3 sess/wk. Significantly higher spKt/V values were reached in Q8, Q12 and Q16 ($p < 0.001$). At the same time a higher proportion of pts achieved the spKt/V ≥ 1.2 . There was a significant increase in Hb over the observation period with a nonsignificant increase of the no. of pts with Hb ≥ 10 g/dL.

Quarters	Q1	Q4	Q8	Q12	Q16
Treatment time (min)	255 \pm 36	255 \pm 44	256 \pm 34	263 \pm 37	265 \pm 32
Pts on ≥ 240 min/sess.	88.2%	83.7%	88.5%	92.8%	94.7%
No. of sess/week	2.91 \pm 0.49	3.01 \pm 0.48	2.98 \pm 0.18	3.02 \pm 0.29	3.02 \pm 0.53
Pts on ≥ 3 sess/wk	92%	94%	97%	98%	94%
Mean spKt/V	1.34 \pm 0.37	1.32 \pm 0.38	1.36 \pm 0.36	1.42 \pm 0.39	1.49 \pm 0.53
Kt/V of ≥ 1.2	66.2%	63.2%	72.1%	78.7%	84.6%
Mean Hb (g/dL)	11.5 \pm 1.32	11.6 \pm 1.38	11.6 \pm 1.32	11.7 \pm 1.32	11.5 \pm 1.38
Hb ≥ 10 g/dL	88.8%	87.3%	88.7%	90.2%	87.9%

CONCLUSIONS:

1 year after implementation of the benchmarking system EuCliD first improvements were observed. After 4 years the threshold of 85% of pts was achieved for all 4 indicators. Despite the increasing trend in body weight and BMI the Kt/V target was reached. As EuCliD evaluates more than 4 key indicators, it delivers an even more sophisticated analysis for assessment of dialysis quality than required by German regulations. Benchmarking is able to support further improvements in quality of dialysis.

Friday, June 22, 2007

Poster: Dialysis - Techniques and adequacy - 1