



ANZSN

# QUALITY CARE WORKSHOP

MAY 2022

# INTRODUCTION

The inaugural online ANZSN Quality Care Workshop was an interactive online meeting to discuss the new ANZDATA Quality Indicator Report and to examine aspects of variation in nephrology care across Australia and Aotearoa New Zealand, alongside related quality care implementation projects.

The workshop arose from ANZSN member feedback at Dialysis, Nephrology and Transplant meetings supporting a dedicated workshop to discuss the results of the ANZDATA Quality Indicator Report.

Taking place on 6 April from 10am to 4pm AEST, the program examined the ANZDATA Quality Indicator Report, quality improvement opportunities, particularly a selection of projects from around Australia and Aotearoa New Zealand. Potential new quality indicators for reporting and identifying opportunities were also reviewed.

Delegates to this meeting were invited Heads of Department, nephrologists, nephrology nurses and other quality improvement staff, consumers, and other stakeholders.

Approximately 125 delegates registered for the workshop with over 80 attending each session throughout the day.

# SESSION 1:

## ANZDATA REPORTS

Prof Stephen MacDonald	ANZDATA Overview and Quality Indicator (QI) Reports
Dr Adam Steinberg	QI - variation in nephrology care
Dr Emily See	Governance of QI program

**Professor Stephen McDonald** reported on ANZDATA activities. Historically, the core function of ANZDATA has been the provision of hospital level data, facility data and quality indicator reports which currently measure dialysis and transplantation outcomes. Centre-level surveys and patient-level characteristics have recently been introduced. The way of the future will be data linkage to national jurisdictional and community databases.

**Dr Emily See** discussed how outliers are identified using quality indicator data and the opportunities and challenges in utilising them to improve patient outcomes. Although outlier status can reflect data quality, case mix and process and organizational factors, outlier programs can potentially address variation and result in a measurable improvement in patient outcomes.

**Dr Adam Steinberg** described his research using data on patient-level characteristics to identify factors positively and negatively associated with specific outcomes. This provides an example of how quality indicator data can be used to identify opportunities to improve patient outcomes.



### Quality Care Highlight

Variations in nephrology care - Adam Steinberg: univariate analysis of centre and patient level characteristics identified that definitive vascular access was associated with characteristics including centre size and staffing, but less likely associated with late referral, diabetic nephropathy and diabetes.



## SESSION 2: QUALITY IMPROVEMENT OPPORTUNITIES

Dr Dev Jegatheesan	Increasing kidney transplant referrals in Queensland
Dr Drew Henderson	Taking a closer look at equity- measuring is the first step
A/Prof Jacqui Hughes	Live Strong COVID safe Frailty Free after starting dialysis
Chelsea Baxter	Establishing and implementing minimum standards in home haemodialysis
Dr Helen Eddington	Keeping a real-time “eye” on clinical KPI
Dr Ashley Irish	Taking the transplant team to the regions

Quality improvement projects fell into two themes;

1) Improving access, equity and education in kidney care to regional, remote and indigenous patients.

**Dr Dev Jegatheesan** described a quality improvement project in Queensland aimed at increasing referral rates for transplant through education and clinical support in regional areas.

**Associate Professor Jacqui Hughes** presented outcomes of monitoring and reporting clinical activity in the Live Strong COVID-safe and Frailty Free After Starting Dialysis project in the Northern Territory. This project aimed to provide patients stability of care, health optimisation and facilitate a return to home.

**Dr Ashley Irish** outlined a NIKKTS pilot trial in Western Australia aimed at improving access to kidney transplantation, reducing time to be activated on the waitlist and increase the proportion of Aboriginal patients on the wait list. Multidisciplinary teams undertook outreach visits to regional areas to provide education and clinical assessments.

### Take home messages from these presentations include

- Outreach visits by multidisciplinary kidney care teams are highly successful and, result in increased referrals for transplant, decreased times to wait listing and increased health literacy
- Cultural appropriate care and treatment close to home are vitally important

## 2) Collection and utilisation of data to improve outcomes.

**Dr Drew Henderson** described a project in Waikato District Aotearoa New Zealand looking at equity of care. Outcomes of patient groups were measured at each stage of the kidney care pathway to identify points of inequity and opportunities for improvement.

**Chelsea Baxter** presented a project aimed at improving patient outcomes and reducing unwanted variation in care for patients having dialysis at home. Central to the project was the development of minimum standards and a checklist for identifying potential problems when “checking in” with patients.

**Dr Helen Eddington** described the development of a new data base for collection of nephrology data in the Bay of Plenty Health District Aotearoa New Zealand. Creation of a bespoke database allows tracking and identification of areas that need improvement in real time.

### Take home messages from these presentations include

- Development of appropriate data collection systems allows identification of variation, key point of errors and underlying issues.
- Real time tracking of service performance allows real time opportunities for improved care
- Patient reported data relies on the level of health literacy which may not include a level of clinical reasoning, therefore clinical “check ins” are still required.
- These projects represent a small percentage of the excellent quality improvement work that is happening around Australia and New Zealand.



### Quality Care Highlight

Taking the Transplant Team to the regions: Ashley Irish

Felt man – used for health literacy education in remote communities.

# SESSION 3: NEW QUALITY INDICATORS

A/Prof Leon Worth (VICNISS)	Monitoring infection & antimicrobial rates in Victorian haemodialysis patients
Prof Rachel Morton	Can we use PROMs for Quality Assurance Benchmarking?
Dr Catherine Stannard	Kidney PREM – UK experience

## Quality Care Highlight

32,959 responses



### One underlying dimension: 'The patient experience'

High internal consistency  
(Cronbach's  $\alpha = 0.94$ )

### UK Kidney PREMS - Catherine Stannard

**From almost 33,000 responses, over 5 years, Kidney PREM surveys identified that 40% of variation could be linked to the "Centre Effect."**

**Assoc Prof Leon Worth** described the development of a tool for infection surveillance of dialysis patients in the Victorian healthcare setting. There is currently no standardised program for monitoring of infections in Australian dialysis facilities. There is potential for expansion of bacteraemia data collection in other jurisdictions and data linkage may provide opportunities to expand bacteraemia data detection nationwide.

**Professor Rachael Morton** outlined the work of the ANZDATA PROMS working group and SWIFT trial. PROMS provide opportunities to measure practice variation, but also provide challenges related to case mix and reliability.

**Dr Catherine Stannard** shared results of the PREMS project undertaken by Kidney Care UK. She outlined the processes involved in undertaking large scale patient surveys and how patient experiences can be successfully utilised to identify areas of variation in clinical care.

### Take home messages from these presentations include

- Expansion of quality indicators, beyond those currently collected, provides novel opportunities to better identify variations in clinical care.
- PREMS and PROMS are becoming an increasingly important and integral tool to identify opportunities for quality improvement and should be utilised further.

# CONCLUSIONS AND OUTCOMES

The inaugural ANZSN Quality Care workshop brought together stakeholders within the kidney community to concentrate specifically on the topic of quality indicators and improvement for the first time. The feedback from this first meeting has been overwhelmingly positive and supportive of ANZSN's focus on quality improvement as an important driver for better outcomes for patients with kidney disease.

Two salient points to come out of the workshop were;

1

**The need for a continued emphasis of data quality and transparency**

2

**The opportunities to share quality improvement projects and methodology between units, jurisdictions, and countries.**

ANZSN now plans to act on the feedback and ideas raised at the workshop to support and facilitate quality improvement in kidney care in Australia and Aotearoa New Zealand. We plan to convene similar sessions on an annual basis to continue the important conversation on quality improvement in kidney care and strive for kidney health for all people. The next edition is anticipated to be held next year.