

IMPROVEMENT IN DIALYSIS PREPAREDNESS AND LATE REFERRALS SINCE THE INTRODUCTION OF QOF ON CKD: A SINGLE CENTRE EXPERIENCE

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INTRODUCTION: Quality and Outcomes Framework (QOF) of the UK General Medical Services (GMS) Contract requires primary care practitioners to keep a renal register of patients with Chronic Kidney Disease (CKD) stage 3. A primary purpose of this initiative is the reduction in late presentation onto dialysis. This study analyses the rate of late referral, and rate of permanent access, as a measure of dialysis preparedness, amongst incident haemodialysis patients since the QOF implementation date.

METHOD: All patients referred to or commenced on renal replacement therapy at the Renal Service for Londonderry, Northern Ireland between April 2006 and April 2008 were included in this analysis. Data was extracted from the Northern Irish Regional Renal Database. Patients at risk were given pre-dialysis counselling and referred, depending on eGFR, and rate of decline, for AV fistula formation, peritoneal dialysis access, and worked up for pre-emptive transplantation if suitable. Comparisons were then made of the trend in practice following the first year of QOF implementation, compared to the second year, by assessing parameters for patients, censoring for those who do not survive the first 90 days. This was to exclude from the analysis patients with acute kidney injury.

RESULTS: In 2 years, 32 patients were commenced on RRT. In the first year, 55% of those known to nephrologists for more than 3 months commenced on dialysis either with an AV fistula or PD catheter and 35% of all incident patients were late presenters. In the second year 100% of those known to nephrologists and suitable for permanent access had either an AV fistula or PD catheter at the time of RRT initiation. The improvement in rates of dialysis preparedness was statistically significant ($p=0.04$) and whilst that of late presentation was not ($p=0.9$), there was nonetheless an improvement in the trend, with the rate of late presenters falling to 27%.

CONCLUSION: Improvements in the rate of formation of permanent dialysis access and decreasing number of late presenters to our practice amongst dialysis patients are the results of many factors. In this retrospective audit, it has coincided with the implementation of QOF on CKD. This study supports the hypothesis that a national CKD program benefits outcome for renal patients on the pathway towards RRT by integrating care between disciplines, and between primary and hospital practice.