

Renal care

Quality indicators

A number of resources were compiled in relation to quality indicators for renal care as part of *The measurement maze* research. Through the qualitative aspect of the research it was ascertained that front-line clinicians and managers would find it useful to see a list of all the identified quality improvement indicators in one place. The lists of local quality indicators and missing indicators together give a richer picture of what is meaningful to clinical teams beyond the national-level indicators.

This document includes three indicator lists: national-level quality indicators, local quality indicators and missing indicators.

National-level quality indicators

The following list brings together 47 national-level quality indicators or measures that are relevant to the work of a hospital-based renal care team. The indicators have been grouped into themes and/or stages of the care pathway to enable easier reading and navigation. Not all the indicators listed are specific to renal care; for example, some are relevant to hospital care more generally. The lowest level of specificity available (adult with chronic kidney disease (CKD), hospital inpatient, and so on) for each indicator is included in the list.

The list is up to date as at November 2017, to the best of our knowledge and efforts. Though comprehensive, this list is not exhaustive; it includes indicators that reflect the services delivered by the clinical teams interviewed. For example, indicators relating to kidney transplants have been excluded. Further, some indicators that are part of clinical registries or datasets have been grouped into summary descriptions, such as 'Information about dietetics'.

Links to the summary data are provided where available. Where published data is unavailable, further information about the measure or collection of the dataset has been linked. Some of the listed datasets and dashboards are no longer updated.

Chronic kidney disease (CKD) progression

1. [Adults with, or at risk of, CKD have eGFRcreatinine and albumin:creatinine ratio \(ACR\) testing at the frequency agreed with their healthcare professional.](#) (Not mandated or routinely reported.)
2. [Mortality from chronic renal failure.](#)
3. [Years of life lost due to mortality from chronic renal failure.](#)
4. [Information about clinical observations and investigations in relation to renal care.](#)
5. [Information about dietetics in relation to renal care.](#)
6. [Proportion of patients receiving consultant-led treatment within 18 weeks of their referral.](#) (Renal care incorporated into the 'urology' treatment function category.)

7. [Patients waiting over 6 weeks for the diagnostic test: urodynamics – pressures and flows.](#)

Secondary prevention

8. [Adults with CKD have their blood pressure maintained within the recommended range.](#) (Not mandated or routinely reported.)
9. [Adults with CKD are offered atorvastatin 20mg.](#) (Not mandated or routinely reported.)

Infection control

10. [Incidence of the health care associated infection MRSA bacteraemia.](#) (Reported by trust.)
11. [Incidence of the health care associated infection C. difficile.](#) (Reported by trust.)
12. Incidence of the health care associated infection MSSA bacteraemia. ([A report on associated fatalities with hospital site and patient breakdowns is published.](#))
13. Incidence of the health care associated infection E. coli bacteraemia. ([A report on associated fatalities with hospital site and patient breakdowns is published.](#))

Safety

14. [Never event incidence.](#) (Reported as a type of incident, with additional detail.)
15. [Potential under-reporting of patient safety incidents.](#) (Reported by trust.)
16. [Proportion of reported patient safety incidents that are harmful.](#) (Reported as a proportion of overall incidents at each trust and by organisation cluster.)
17. [Proportion of all patients receiving harm-free care.](#) (In relation to medication and the four most commonly occurring harms in health care.)

Stage five chronic kidney disease (CKD)

18. [Adults preparing for or receiving renal replacement therapy, and their family members or carers, undertake individualised education programmes at specialist renal centres.](#) (Not mandated or routinely reported.)
19. [Adults who will need renal replacement therapy are offered a pre-emptive kidney transplant, if they are medically suitable.](#) (Not mandated or routinely reported.)
20. [Access to transplant listing for patients starting haemodialysis or peritoneal dialysis \(PD\).](#)
21. [Adults on dialysis are offered a kidney transplant, if they are medically suitable.](#) (Not mandated or routinely reported.)
22. Proportion of planned renal replacement therapy initiation with established access or pre-emptive transplantation.

23. Adults with established kidney failure who are starting planned dialysis have a functioning arteriovenous (AV) fistula or peritoneal dialysis catheter. (This quality statement has been removed to align with the National Institute for Health and Care Excellence (NICE) guideline.)
24. Proportion of prevalent long-term dialysis patients receiving dialysis treatment via 'definitive access': arteriovenous (AV) fistula, AV graft or peritoneal dialysis.
25. Proportion of renal patients receiving treatment with end-stage kidney disease (dialysis and transplant) registered on the national PatientView system.
26. Proportion of renal patients on renal replacement therapy registered on PatientView that have accessed the system within the last 3 months.

Haemodialysis

27. Adults who need long-term dialysis are offered home-based dialysis. (Not mandated or routinely reported.)
28. Proportion of all patients with established end-stage kidney disease commencing planned haemodialysis should receive dialysis via a functioning arteriovenous (AV) fistula or AV graft.
29. Adults receiving haemodialysis have their vascular access monitored and maintained using systematic assessment. (Not mandated or routinely reported.)
30. Information about haemodialysis, including prescription, observations and complications.
31. Adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis. (This quality statement has been removed to align with the NICE guideline.)
32. Rate of Staph aureus bacteraemia in haemodialysis patients.

Peritoneal dialysis

33. Peritoneal dialysis (PD) peritonitis rate.
34. Information about peritoneal dialysis (PD), including prescription, observations and complications.
35. Catheter patency: proportion of catheters that are patent at one year.
36. Complications following peritoneal dialysis (PD) catheter insertion: peritonitis within 2 weeks of insertion. (Collected through the Multisite Dialysis Access Audit, but not reported due to low data completeness.)

Inpatient care

37. Composite indicator: in-hospital mortality for nephrological conditions. (Previously reported as part of the [Care Quality Commission's \(CQC's\) Intelligent Monitoring report.](#))
38. [Summary hospital-level mortality indicator.](#)
39. [Hospital standardised mortality ratio.](#) (Reported by hospital site.)
40. [Emergency readmissions within 30 days of discharge from hospital.](#)
41. [Proportion of admitted patients risk-assessed for venous thromboembolism \(VTE\).](#)
42. [Deaths from venous thromboembolism \(VTE\) related events for all inpatients.](#)
43. [Proportion of patients with category 2, 3 and 4 pressure ulcers.](#) (Reported by trust.)
44. Hip fractures from falls during hospital care. (Indicator in development at time of study.)
45. [Proportion of patients with falls, with or without harm.](#) (Reported by trust.)

Patient feedback

46. [How likely they would be to recommend the service to their friends and family, if they needed similar care or treatment – reported through the Friends and Family Test](#) (Reported by ward.)
47. Patient experience of hospital care, calculated based on a number of questions from the CQC survey. (Reported by trust.)

Local quality indicators

The following list identifies quality indicators being measured at a local level by the renal care team interviewed. Whether these local indicators are included in any national-level indicator or measurement framework is unconfirmed.

1. Adherence to the principles of the [SHAREHD](#) programme, which 'aims to support patients receiving haemodialysis (HD) treatment in hospital to be more independent and confident in participating in aspects of their own haemodialysis care'.
2. The number of regular 'did not attends' for dialysis treatment. (To encourage better compliance.)
3. Antibiotic prescribing, and uptake of and access to NICE-approved medicines and technologies. (Local audits carried out.)
4. Patient-reported outcome measures (PROMs); for example, to understand how many patients take their own blood pressure at home. (Collected through ad hoc surveys.)

5. Analytical data received from the [Dr Foster online system](#) in response to the submission of data, for example on patient length of stay.
6. Peritoneal catheter adequacy testing for dialysis patients, and annual tests on the peritoneal membrane. (Twice yearly.)

Missing quality indicators

The following list identifies indicators that the renal care team interviewed identified as being useful, but that were not available to them as either a national or local indicator.

1. Indicators to track patient access, activation and choice in relation to dialysis.
2. Disease retardation measures: to understand the effectiveness of treatments to delay kidney disease progression, before the point of eQuality innd-stage kidney disease.
3. Staff-to-patient ratios on dialysis wards, with an associated operational standard.
4. Use of patient-reported outcome measures (PROMs) in renal care.