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

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## Background

Conservative kidney care is holistic patient-centered 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 QIs.

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

## Results

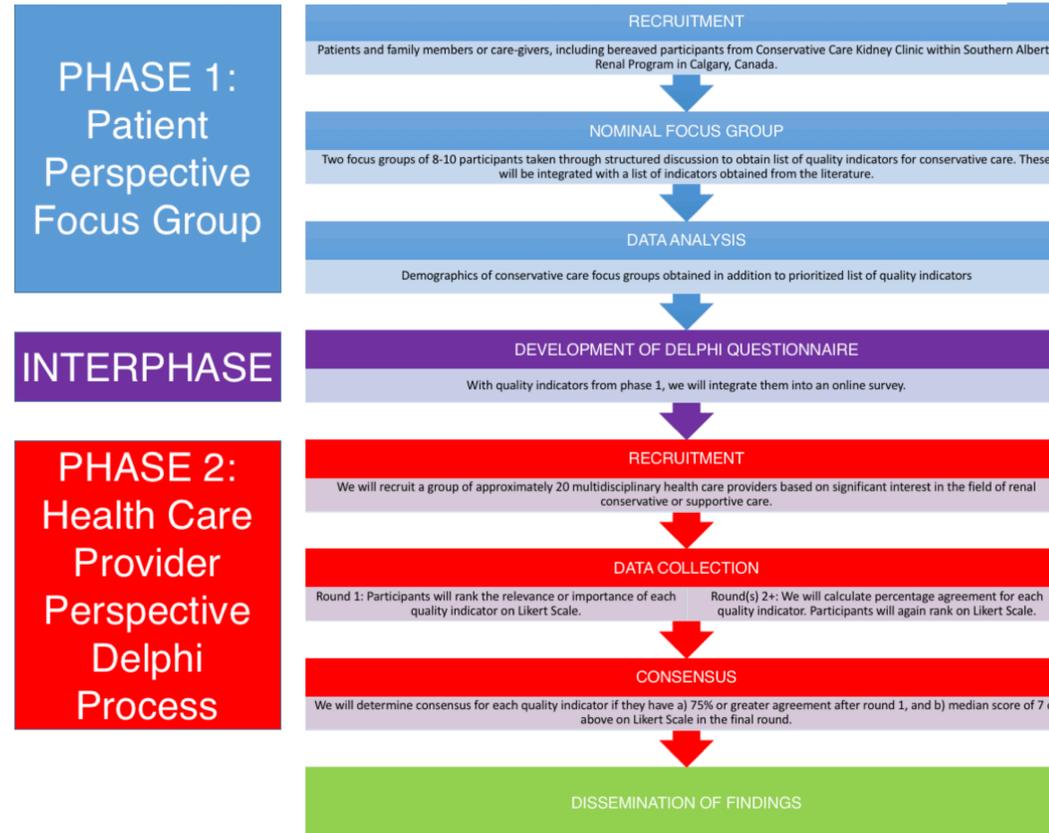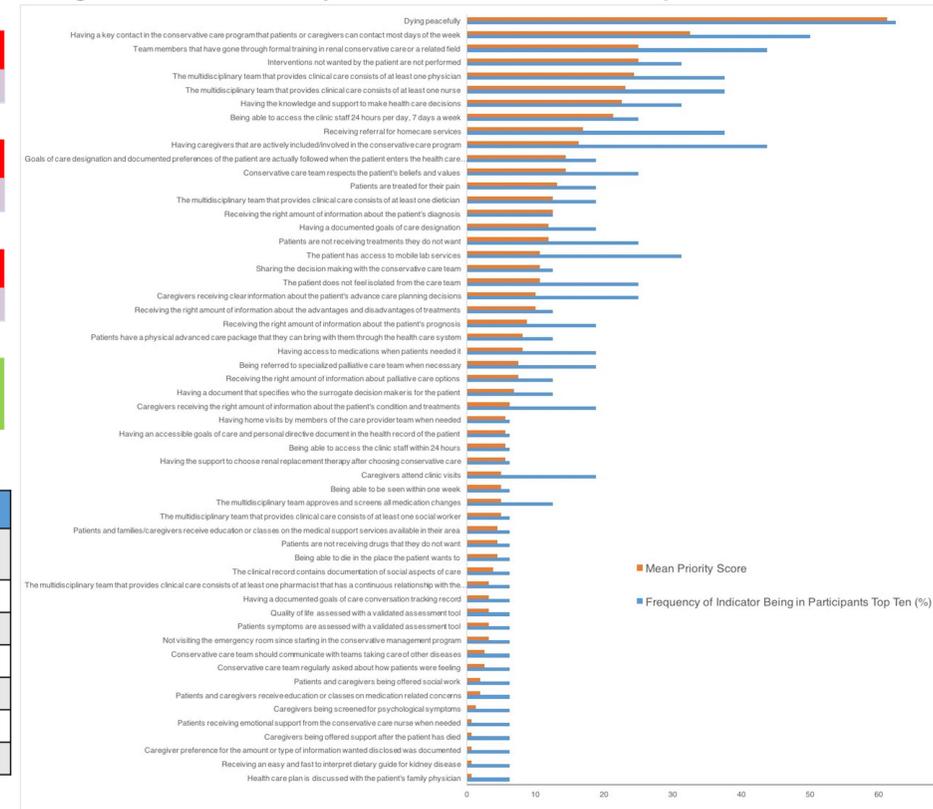**Figure 1. Summary of Research Protocol**



**Table 2. Demographics of Focus Groups**

| | |
|---|---|
| Composition of Group(s) | 2 current patients 6 current care providers 8 bereaved care providers |
| Female (%) | 62.5% |
| Age of participants | 18-34 yrs = 0% 35-49 yrs = 6.3% 50-64 yrs = 31.3% 65-74 yrs = 50% 75 or older = 12.5% |
| Etiology of kidney disease (many had multiple) | Diabetes 37.5% Unknown 31.3% Hypertension 18.8% Amyloidosis 12.5% Heart failure 6.3% Glomerulonephritis 6.3% |
| Received RRT (dialysis or transplant) | 18.8% |
| Average duration involved with the conservative care program (months) | 31.9 |

**Figure 2. Ranked Quality Indicators from Focus Groups**



**Table 1. Domains of Conservative Care Quality Indicators**

| |
|---|
| 1. Interventions to delay progression of kidney disease and minimize risks of adverse events or complications (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 |

## 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 complete. This will be followed by 2-3 Delphi Rounds where participants will rank QIs until consensus is achieved.

## Conclusions and Future Directions

Patient and caregiver focus groups identified 56 QIs for conservative care, which prioritized of quality of life and death, and continuous multidisciplinary care that is accessible in a timely manner.

There is considerable interest worldwide in quality assessment of conservative nephrology care.

Consensus driven QIs in conservative care may allow for targeted assessment of existing programs, and development of new programs.

## Contact

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