

Abstracts - e-Poster Presentation (Mini-Free Communications)

Thursday, May 11th, 2023 from 16:30-18:00 ADT

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P-043

A QUALITY IMPROVEMENT INITIATIVE TO IMPROVE MULTI-CARE KIDNEY CLINIC REFERRAL RATES FOR ELIGIBLE PATIENTS AT ST. JOSEPH'S HEALTHCARE HAMILTON

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Background: Multi-Care Kidney Clinics (MCKC) are designed to minimize morbidity and mortality for CKD patients. The referral criteria for MCKC are set by the Ontario Renal Network (ORN) and are based on the risk of kidney failure: kidney failure risk equation (KFRE) score >10% or estimated glomerular filtration rate (eGFR) <15 mL/min/1.73m². The ORN monitors referral rates and has set a provincial target of 70% for programs.

Objectives: The primary outcome measure was the percentage of eligible patients referred at each eligible visit in 2-week intervals. The process measure was the percentage of nursing-led referrals created and accepted. The balancing measure was MCKC clinic wait times. We monitored these measures from March 1 to September 15, 2022.

Methods: We used an interrupted time series design to conduct this quality improvement study. Three interventions were implemented from November 16, 2021, to February 28, 2022: posting education posters in general nephrology clinics that outlined the ORN referral criteria, auditing and providing feedback to individual nephrologists regarding their referral rates, and implementing nurse-generated MCKC referrals as part of general nephrology clinic workflow.

Results: Provincial data provided by ORN demonstrated that from January 1 – December 31, 2021, only 51% of eligible patients were referred to MCKC. We performed a local audit that showed that 9.9% of eligible patients were referred at each visit. After our interventions, the mean referral rate for eligible patients at each visit increased from 9.9% to 31.3% and the overall referral rate increased from 51% to 68%. Our process measure showed that the mean completion rate for nursing-based referrals was 93.1% and the physician acceptance rate for referrals was 57.6%. The wait time for MCKC clinics did not change during this time.

Conclusions: With interventions that involved multidisciplinary collaboration, we successfully improved our MCKC referral rate and are closer to reaching the provincial target.