

European Survey on Renal Replacement Therapy Option Education

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Background

- High-quality Renal Replacement Therapy Option Education (RRTOE) provides patients with chronic kidney disease (CKD) with clear, complete and unbiased information on all treatment options [1,2]
- RRTOE empowers patients to make an informed choice of modality in accordance with their lifestyle, beliefs and values, and as recommended by the European Renal Best Practice guidelines [3]
- To support the delivery of high-quality RRTOE, the first detailed quality standards (QSS) on its key practical aspects (team structure, process, curriculum, materials and quality assessment) have been published recently [1,2]

Objectives

- To assess how current European clinical practice compares with these QSS
- To suggest areas for improvement in RRTOE

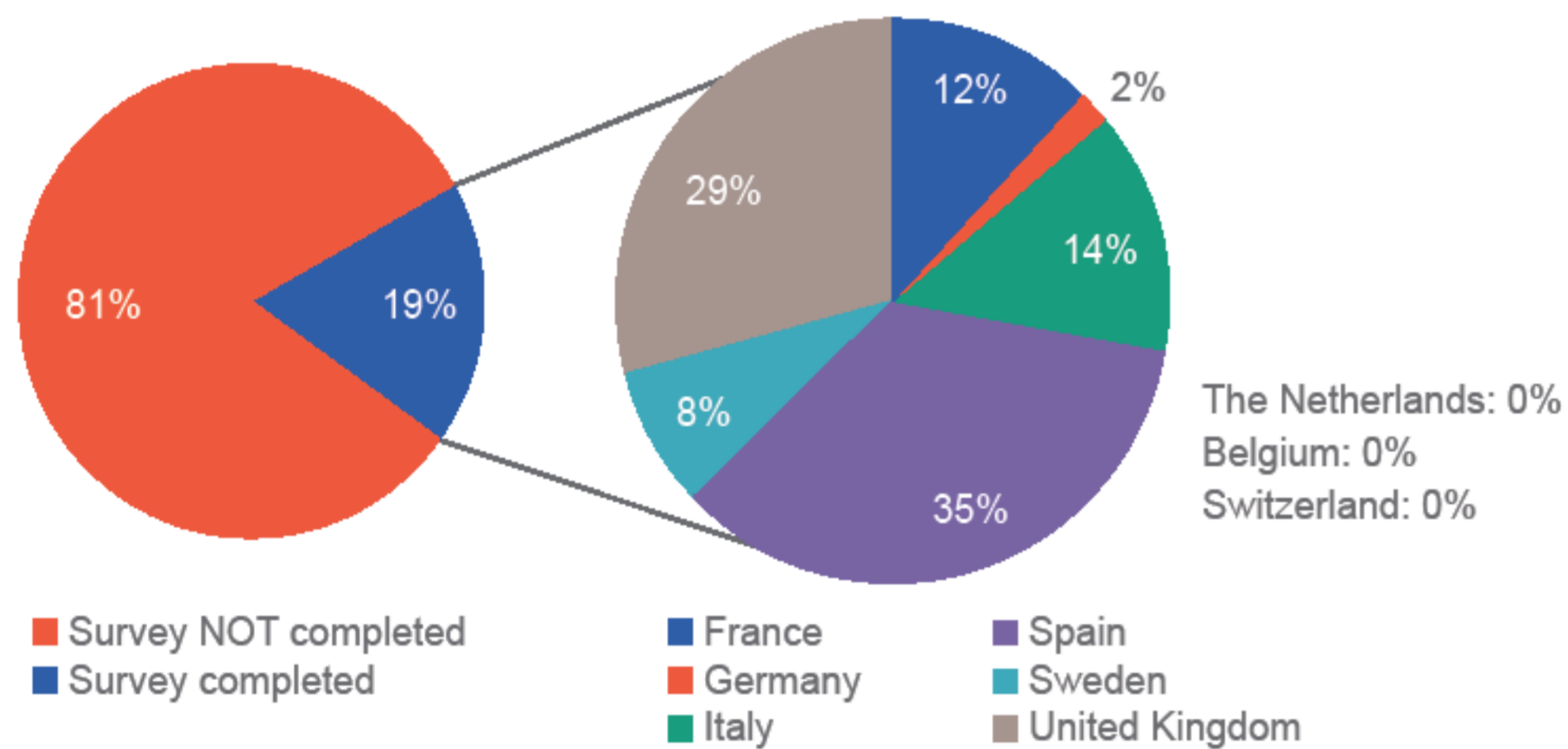
Methods

- Invitations to complete a validated, online questionnaire (25 multiple-choice questions) were sent to 265 renal centres in 9 countries (Belgium, France, Germany, Italy, The Netherlands, United Kingdom, Spain, Sweden and Switzerland). The questionnaire assessed:
 - The centre (staff, patients, RRT modalities offered)
 - The RRTOE programme of the centre (educators, curriculum, process, materials, quality assurance, funding)
- The questionnaire was provided in the local language
- Inclusion criteria:
 - ≥75 patients receiving dialysis
 - A CKD clinic
 - A broad range of treatment modalities offered
- Exclusion criteria:
 - Centres owned by a large dialysis provider organisation

Results

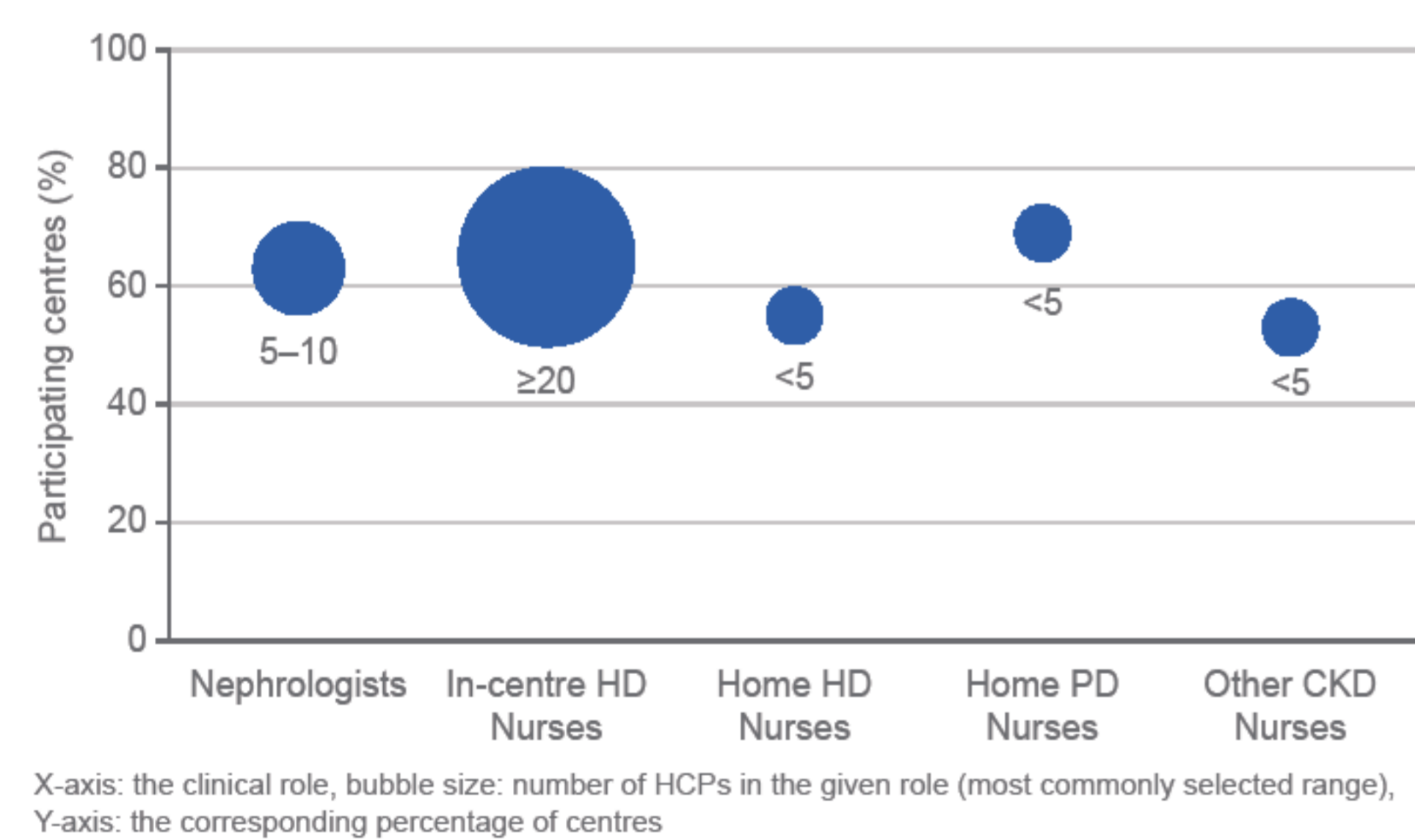
Country distribution of the participating centres

- 25% of the contacted centres were University hospitals
- Of all centres contacted, only 19% (N=49) completed the survey



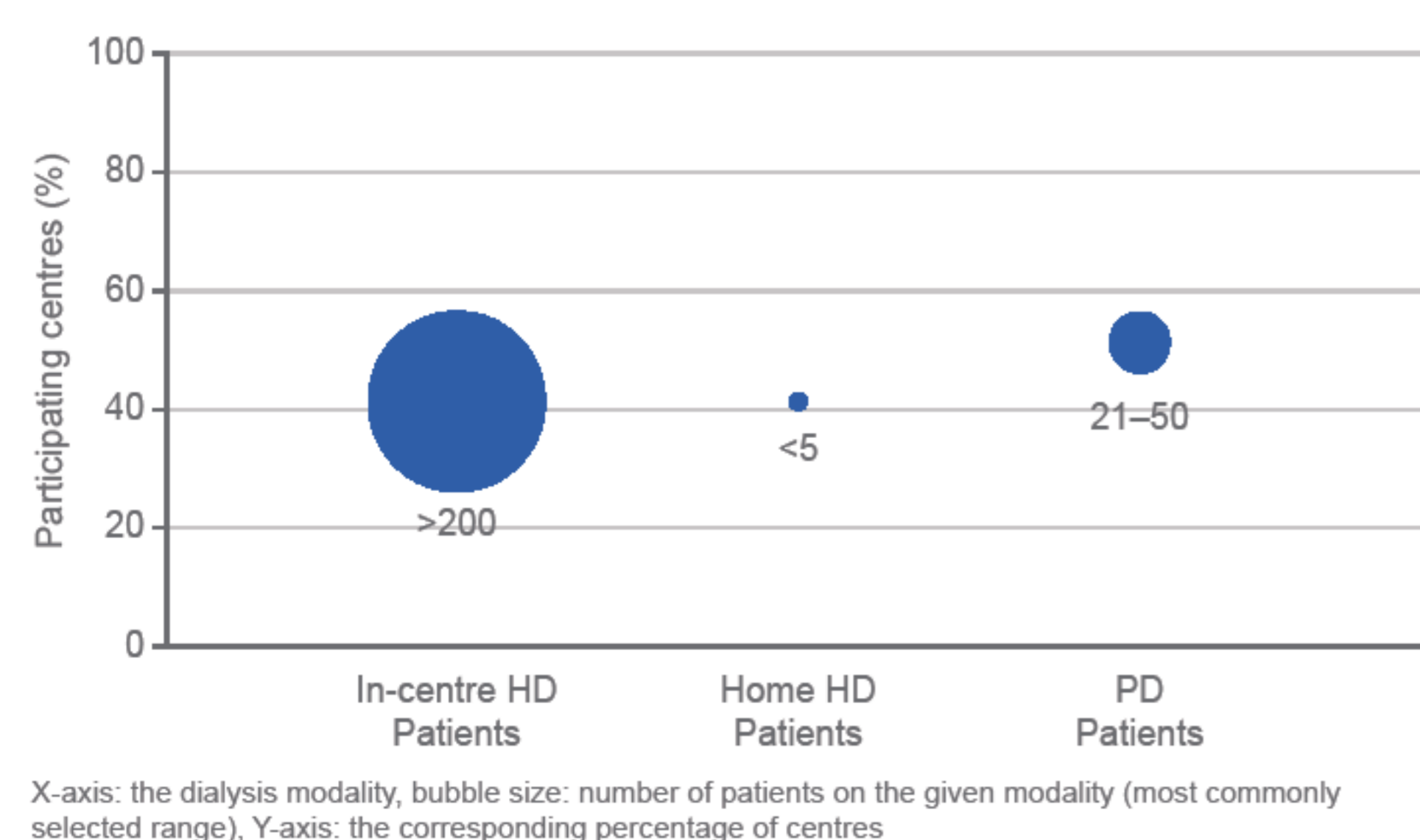
Number of healthcare practitioners (HCPs) at the renal centre

- The typical participating centre was well resourced in terms of HCPs



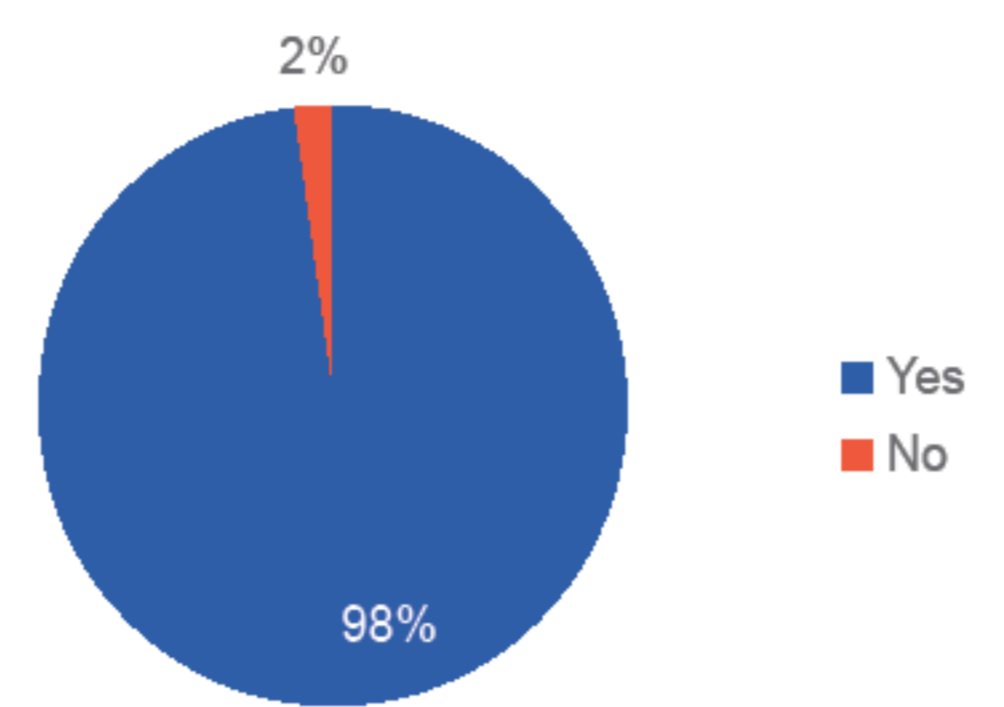
Number of registered dialysis patients at the renal centre

- On average, the number of patients correlated with the availability of HCPs



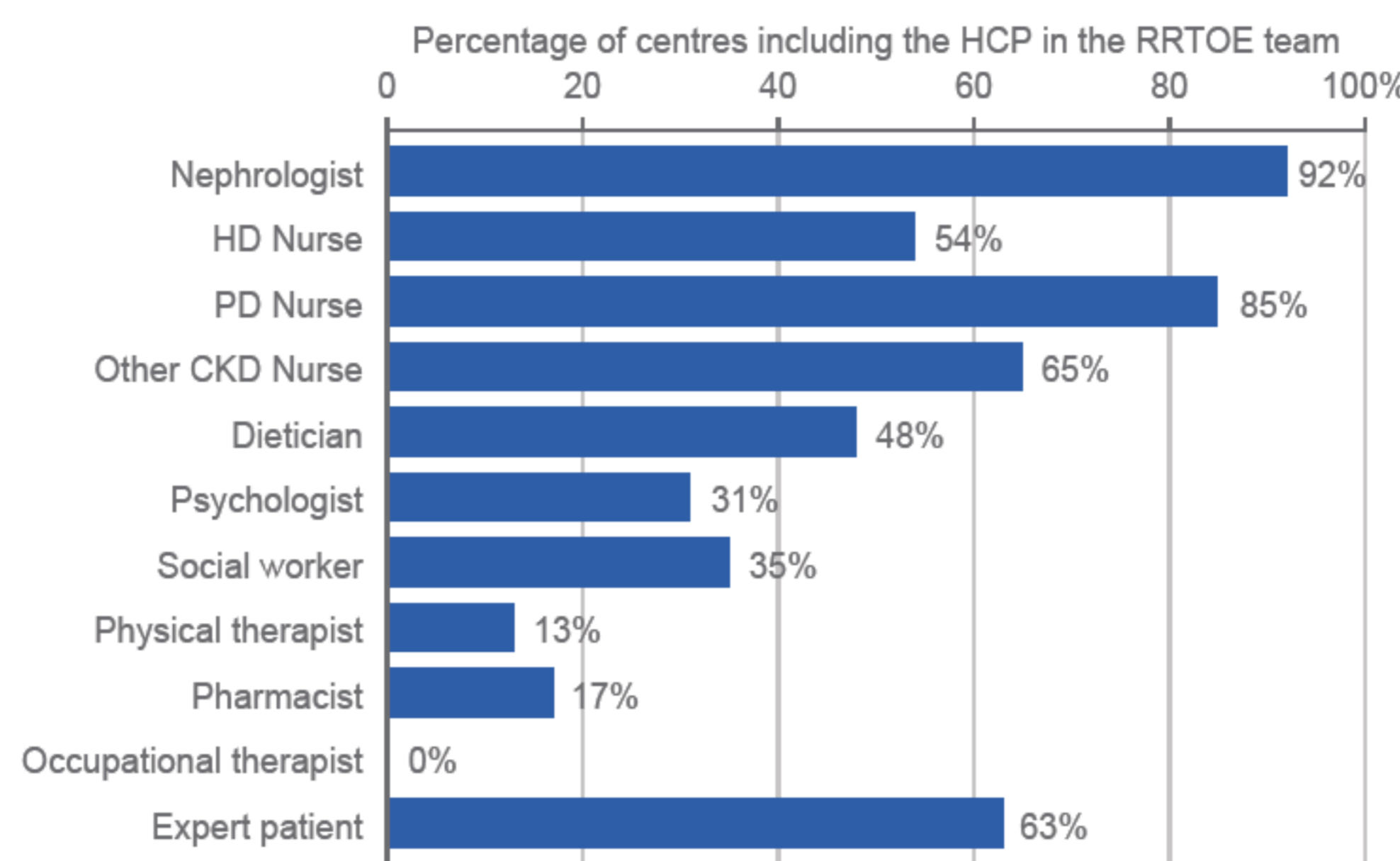
Does your renal unit provide RRTOE?

- RRTOE was provided by 98% (N=48) of the participating centres



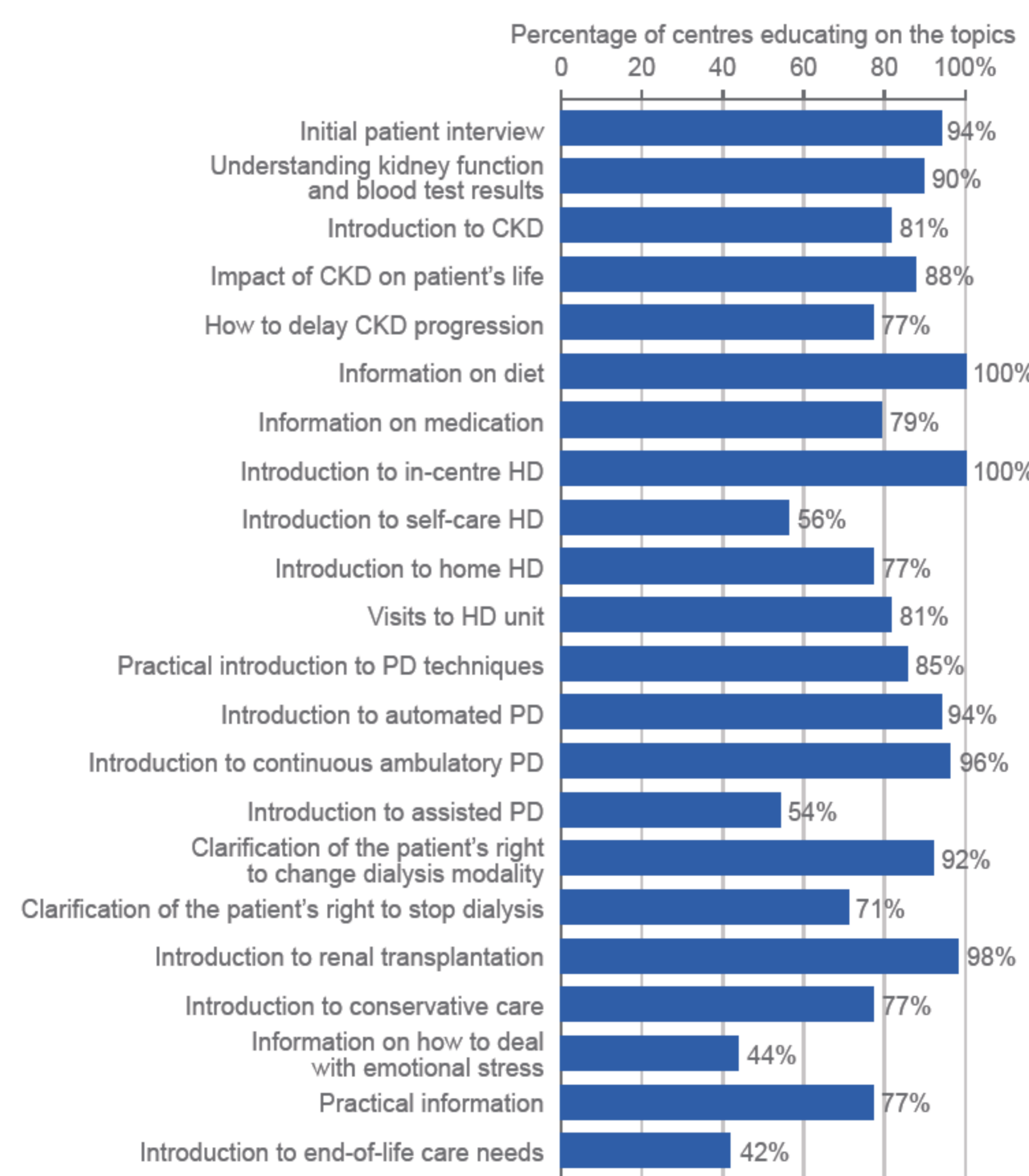
Team of HCPs providing RRTOE

- Responding centres had a well-resourced RRTOE team



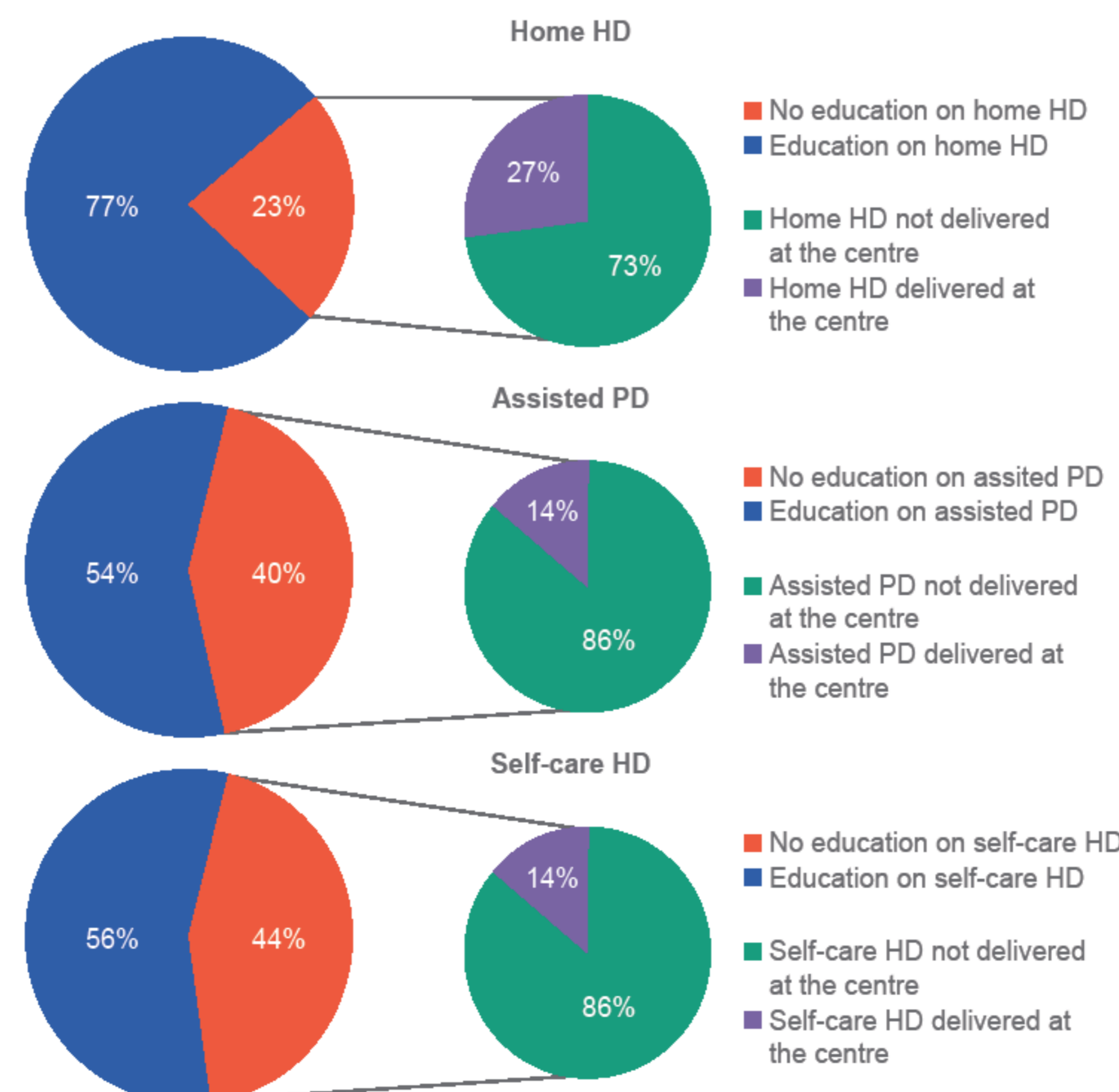
Topics addressed in RRTOE

- All topics recommended by the QSS and included in the survey were covered, albeit to a different extent



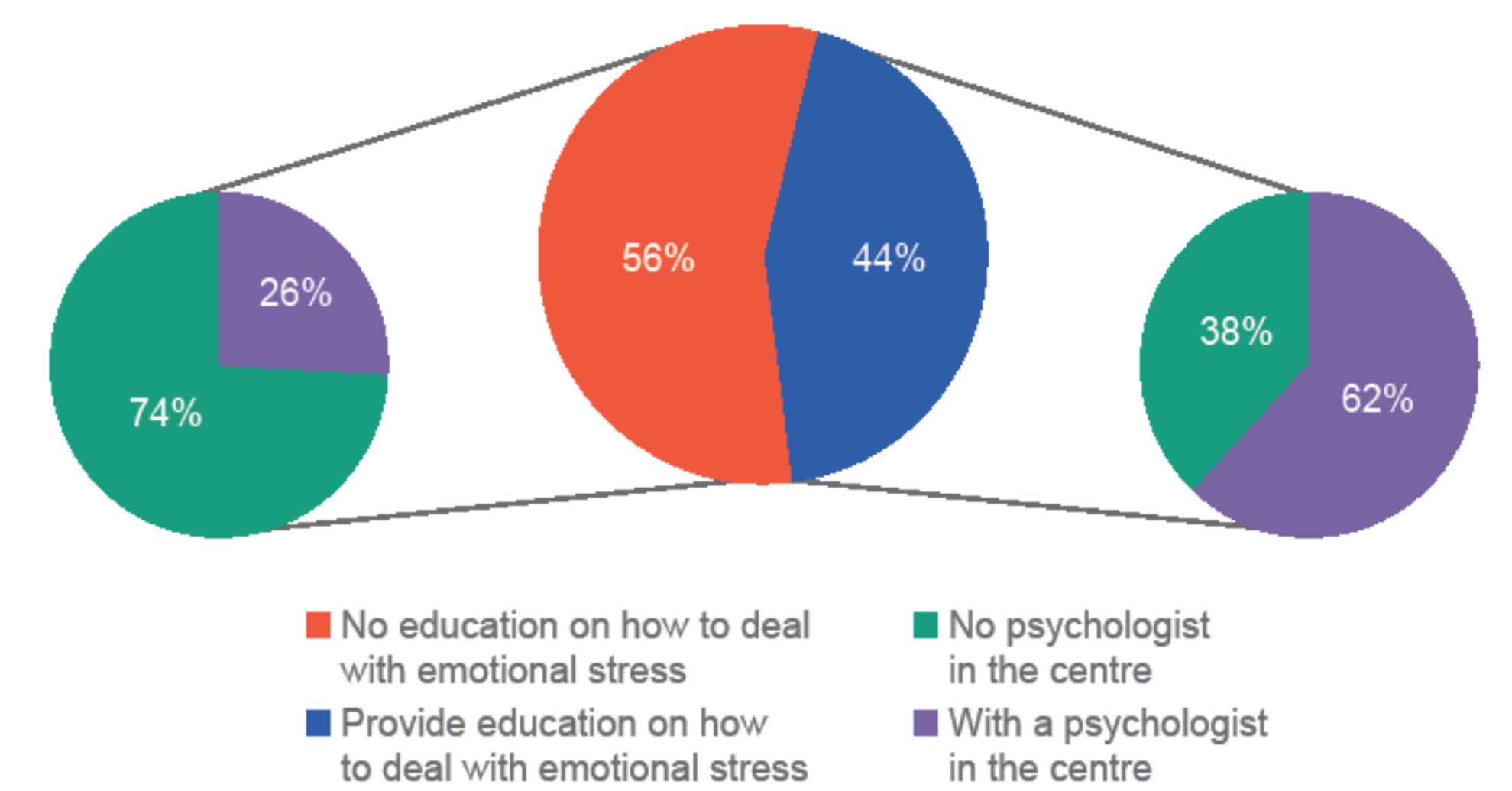
Area for improvement 1: education on all RRT modalities

- Only 23% of centres educated on all modalities
- The majority of centres educated on in-centre HD, automated PD and continuous ambulatory PD (100%, 94% and 96%, respectively)
- Provision of education on modalities related to the availability of the modalities at the centre:



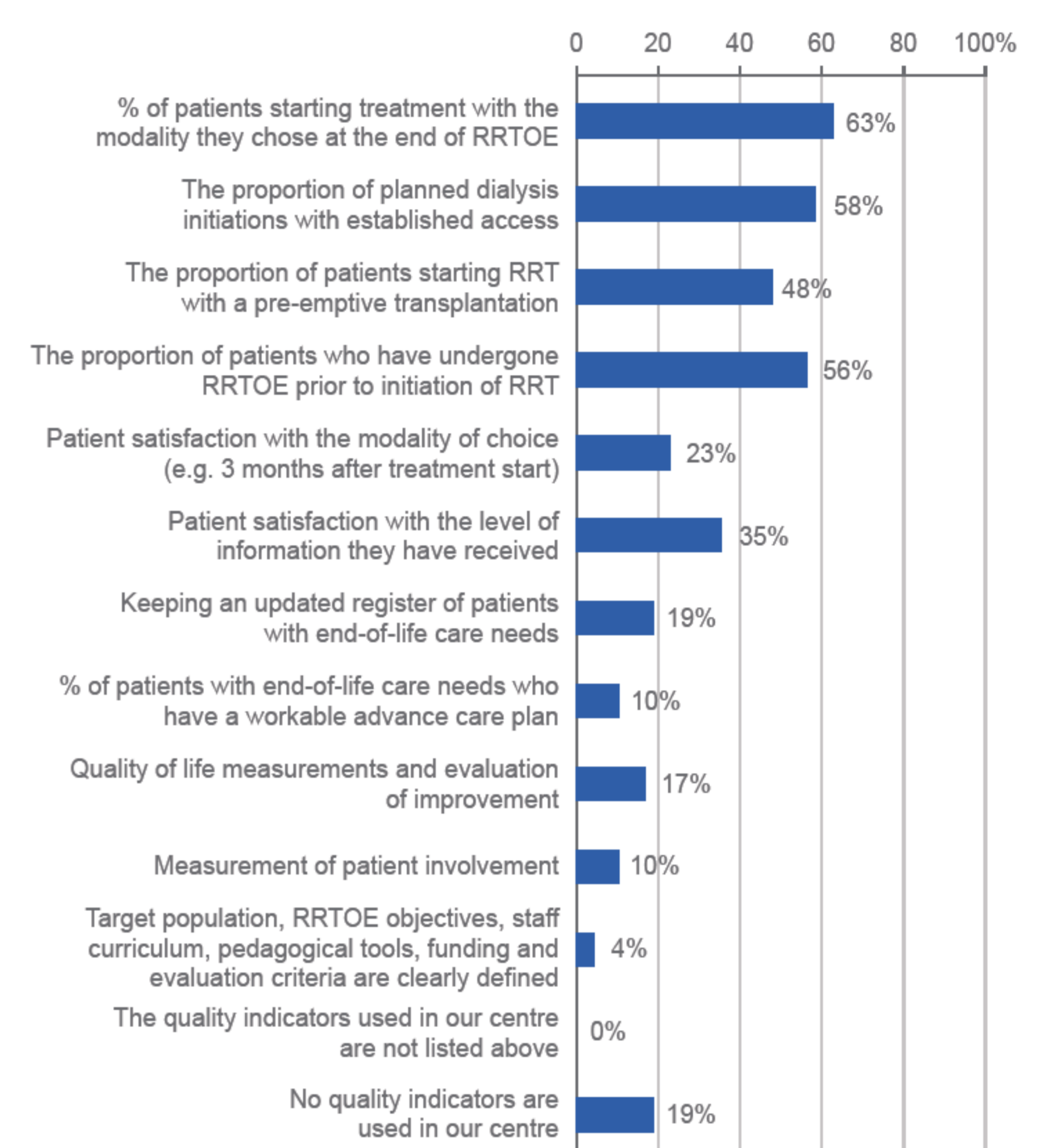
Area for improvement 2: education on how to deal with emotional stress

- Provision of education on how to deal with emotional stress related to the availability of a psychologist at the centre:



Area for improvement 3: standardisation of the quality assessment of RRTOE

- Quality indicators used at the participating centres



Discussion

- The low response rate to this field study suggests a generally low level of interest in RRTOE across Europe
- The small sample of responders seemed to value RRTOE highly and fulfilled the proposed QSS to a great extent
- Areas for improvement have been identified in these units, where there is a tendency to make the most of the resources available using a "bottom-up approach"
- Instead, these units should embrace a "top-down approach" by adopting the published quality indicators and identifying the gaps in their resources that prevent them from meeting the QSS

Conclusions

- This was the first survey of RRTOE practice on a relatively large scale across Europe
- This study could form the basis for further discussions and large-scale initiatives to raise awareness on the importance of RRTOE
- A thorough review of the proposed QSS and critical appraisal of the RRTOE programmes currently in place could help policy makers and local authorities improve the quality of RRTOE in their country, with consequent clinical and economic benefits

References

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- Goovaerts T et al. J Ren Care 2015; 41: 62-75.
- Covic A et al. NDT Plus 2010; 3: 225-233.

Abbreviations

CKD, chronic kidney disease; HCPs, healthcare practitioners; HD, haemodialysis; PD, peritoneal dialysis; RRT, renal replacement therapy; RRTOE, renal replacement therapy option education; QSS, quality standards

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