NZ Standards and Audits Initiative

Mark R Marshall  
Chair, National Renal Advisory Board  
DNT 2011
Introduction

• DNT 2009
  - High level discussion about the need for a system for assessing the quality of nephrology clinical care in Australia
  - Presentation of the NZ Standards and Audit report as an example of an sustainable initiative
Introduction

• DNT 2011
  - Principles of the S & A initiative
  - Issues arising and future directions
  - NZ vs. Australia
Original mandates/commissioned by the NZ Ministry of Health

Owned by the National Renal Advisory Board (www.moh.govt.nz/nrab)
- national clinical leadership in nephrology (regional, medical, nursing, clinical technician, consumer, DHB upper management, KHNZ, Ministry of Health representation)

Operated by an appointed S & A Subcommittee
**S & A Status Quo**

- **S & A Subcommittee**
  - Grant Pidgeon (Medical, Chair)
  - Mark Marshall (Medical)
  - Jenny Walker (Medical)
  - Peta Kelly (Nursing)
  - Fredric Dos (Clinical Technician)

- **Reports prepared on an annual basis by the Subcommittee**
  - Pre-circulated and formally approved by the NRAB
• Reporting
  - Full disclosure (identified w.r.t. Renal Unit)
    • Requirement of the Ministry of Health
    • Requirement of consumers and consumer representative groups
    • Transparency of benchmarking
    • Initial polling of Renal Units in 2004 - only one opposed
    • Engagement of Renal Units w.r.t. both the process and report itself
  - Demography of the DHBs with Renal Units
• Circulation
  - Heads of NZ Renal Units
  - CEOs of all DHBs with Renal Units
  - New Zealand Peritoneal Dialysis Registry
  - ANZDATA
  - New Zealand Ministry of Health (Director General)
  - ANZSN
  - RSA, New Zealand Chapter
  - Kidney Health New Zealand
  - New Zealand Board of Nephrology Practice
  - Patient support groups/societies
S & A Report

- Formally presented
  - Bi-annually at New Zealand Nephrology meetings
- Posted in full form
  - www.moh.govt.nz/nrab
  - www.nzkidneyfoundation.co.nz
S & A Standards

• Compliance at the level of the Renal Unit
  - Patients who achieve clinical targets defined in patient-level standards show lower associated mortality and hospitalization
  - Patients who dialyze in units where a high proportion of patients achieve the clinical targets also show lower associated mortality
    • The more clinical targets that are meet, the greater the apparent benefit
    • Largely independent of any specific single or combination of targets or the level of evidence underpinning them
• Source for Standards
  - Only a few evidence-based standards for facility performance in the literature
S & A Standards

- Development of Standards
  - Prosaic, based on best performing units and expert opinion (both from within the S & A Subcommittee and NZ nephrology community)
  - Clearly causally related to (or strongly associated with) clinical or process outcomes
  - Clearly modifiable practice patterns only
    - e.g. VA / HD dose / peritonitis rate - Yes
    - PO4 - No
    - Crash start - ?
  - Process for frequent review
    - Hb standards revised
    - eGFR at dialysis inception being revised
S & A Standards

- **Data sources**
  - ANZDATA (VA, HD operating parameters, anaemia management)
  - PD registry (Peritonitis rates)
  - NZBS (% patients listed for Tx, rate of Tx)
  - Units (CABSI expressed as BSI/1000 catheter days)
The Standards themselves
- Not validated
- Moderate risk of unforeseen negative consequences
  - “Fistula first” has created an epidemic of CVCs
  - The attributable fraction of deaths from VA has increased by ~1% in ANZ despite a marginal increase in AVF and marked decrease in AVGs
• The Standards themselves
  - Need to be validated
  - Methodology has been derived from another project
  - Work will be done later this year
• Reporting
  - Timeliness
    • 2 years is the usual time needed for a change within facilities to a culture of quality and a systematic approach to quality improvement in dialysis care
    • Added time for changes to process and management
  - Upgrade to PD registry with real time data interfaces available to Renal Units
• Capacity
  - Skill-mix within the S & A Subcommittee
  - No allocated time for members of the S & A Subcommittee
National Renal Advisory Board (NRAB)

www.moh.govt.nz/nrab

The National Renal Advisory Board (NRAB) was established by senior clinicians in the early 1990s to address significant issues in renal service provision that require a consistent national approach.

Members liaise and consult with the stakeholder groups they represent, in formulating advice from the NRAB to relevant DHBs and the Ministry of Health.

This site covers the work of the NRAB (such as the annual New Zealand Dialysis Standards and Audit report), includes documents relevant to renal service provision for all stakeholders, and provides links to relevant related sites in New Zealand and overseas.

View more information About NRAB.

Website feedback
We welcome your feedback on this page.

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