



NEW APPROACH IN OUR OUTPATIENT CLINIC FOR CHRONIC KIDNEY DISEASE



Sonja Pečolar, RN, Franja Kogal, RN,
Splošna bolnišnica Slovenj Gradec, Center za dializo, Slovenia

Background

Chronic kidney disease is a big burden for patients, their families and healthcare budgets. 10% of population have kidney disease. Data from literature shows high rate of hospitalisations, cardiovascular events, late referral and high mortality in CKD stage 4-5. Imperfections of classic outpatient CKD care are overloaded doctors, lack of coordination in patient care, non-efficient control of disease.

Well informed and educated patient regularly takes medications, is physically active, follows his diet plan, performs self control (blood pressure, glucose), manages risk factors.

Methods

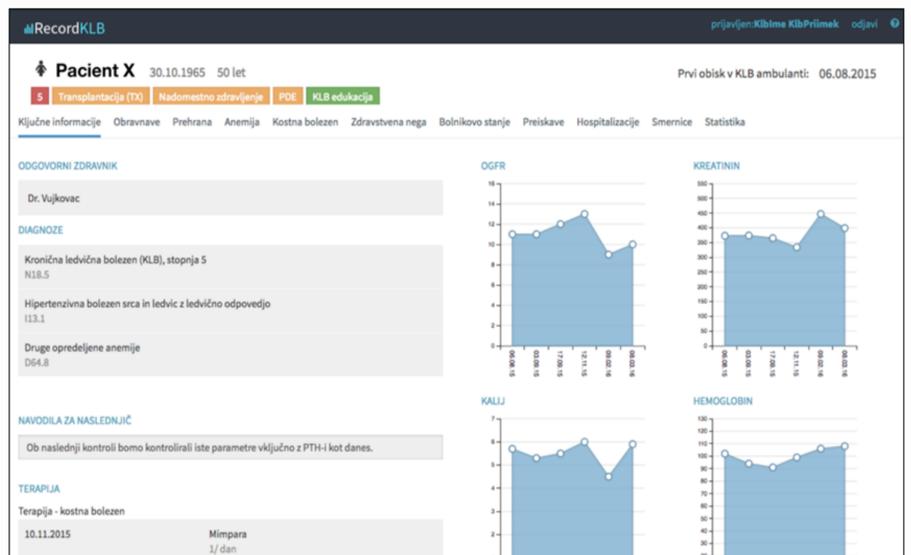
In our hospital we have proactive approach with early detection and referral (advised in oGFR 45-60, regular oGFR under 45), nurse –educator is present and we use IT program for CKD. Methods that we use are communication, education, monitoring and audit.

We compared two types of care for CKD patients-classic and proactive approach.

CKD outpatient clinic – proactive approach

- always with fresh lab. results
 - targeting counseling and education about risk factors, diet, regular bloodpressure cheking, medication
 - involving relatives
 - we developed special computer program
- All patient with oGFR under 15 are on „green list“ and checked on regular team mettings. They need to have individul pre-dialysis education (PDE).

We also have „red list“ for patients with hemoglobin under 100 and „pink list“ for epoetin dose above 2000IE per week.



Our IT program for patients with CKD

Results

	Classic care	Proactive CKD	p
Diary of blood pressure	77%	89,8%	0,02
Disorderly BP	14,9%	13,9%	NS
Know their medication	88,5%	99,2%	0,001
Average potassium	4,98	4,95	NS
Average EPO	2447	837	<0,01
hospitalisations	63,2%	43,4%	<0,01
oGFR drop / year	- 2,88	-0,57	<0,001

Our research showed:

- significant difference in progres of disease (-2,88of drop GFR/year versus -0,57)
- lower use of epoetin (2447 IE versus 837 IE)
- lower rate of hospitalisations
- 97% of patients in both types of care had PDE, but patient in CKD clinic chose significantly more home therapy (20-50%).

Conclusion

With process oriented approach, good communication, education, monitoring and audit you can lower rate of hospitalisations, use of epoetin, disease progres. Patient satisfaction is higher and much more patients want to play an active part in their treatment. IT technology can help us with register of CKD patients, analysis, measurement of outcomes and better monitoring.