



Quality of care during CRRT in a middle-income country, trying to follow the ADQI recommendations.

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Abstract

There aren't many studies that evaluate the quality of care for those patients who received Renal Replacement Therapy, leading to suboptimal treatments

We performed a retrospective study evaluating the quality of care of CRRT provided to our patients, based on the ADQI 22 recommendations.

A total of 12 patients received CRRT and were included in our study. Quality indicators are essential measures that are in the need of validation and its subsequent evaluation in each center.

Introduction

Safety and quality are important aspects in the critical care patients, particularly the ones that develop AKI, during the ADQI 22 consensus conference they recommended that acute RRT programs should integrate structure, process and outcome quality indicators. This seems to add more workload to healthcare professionals; so, what can we do in a center with middle income and limited personal to achieve these recommendations?

Methods and Materials

We performed a single center retrospective analysis chart review of adults who required CRRT during the last 8 months in the Hospital Universitario of Monterrey "Dr. José Eleuterio González" in Nuevo Leon, México. The quality assessments were: Patient prescribed dose, fluid management, filter life and small solute clearance which were compared to the ADQI quality care requirements. Data was extracted from the clinical records of the patients, and all of the patients that received CRRT in the period of time given were included; patients with incomplete clinical records were excluded. Variables were tested for normality using the Shapiro-wilks test continuous normal data were summarized as means and standard deviation; non-normal data as median and interquartile ranges. Categorical data was presented as frequencies. The analysis was performed with R version 4.0

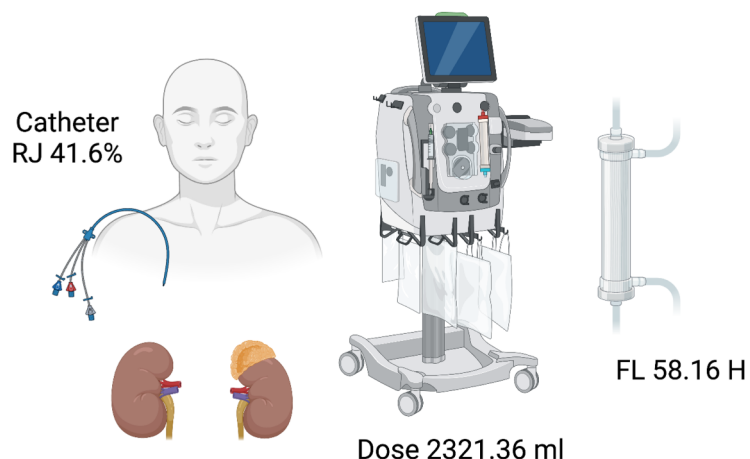
Results

Characteristics	Results
Vascular Access	
Right jugular	41.66% (5)
Left jugular	25% (3)
Right Femoral	25% (3)
Right subclavius	8.3% (1)
Prescribed dose (Effluent)	2321.36 (±581.26)
UF Prescribed	50(50-65)ml/hr
UF Removed	82 (63.75-91.25) ml/hr
Small solute clearance	0.30(±0.26)
Filter life	58.16(±30.42)H
Anticoagulation	66.6 (8)%
N=12	

Goals	Accomplished
Filter life first filter < 60 hours n=12	66.66%(8)
Filter life second filter <60 hours n=5	80%(4)
Filter life third filter <60 hours n=2	50%(1)
Small solute clearance n=10	90.90%(10)
Fluid management UF < 80%	41.66%(5)
Catheter Dysfunction	0%(0)

Conclusions

This is the first time our center perform quality metrics for CRRT patients in the ICU, this data will help us develop an improvement campaign in order to offer better quality and more security to our patients. In Latin America there are few healthcare centers with CRRT programs and even those who have them not often make quality measurements to know if what they are doing is correct or if they fully achieve ADQI goals. We should remember "that we cannot improve what we have not measure".



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