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Interdisciplinary CKD Clinic Outcomes

Judith Dixon, RN, MSN, DHMC, Lebanon, NH

Patricia Borden, RN, CNN, DHMC, Lebanon, NH

Thomas Kaneko, MD, MS, Clinical Nephrologist and Associate Professor of Medicine, DHMC, Lebanon, NH

Anton Schoolwerth, MD, MSHA, Clinical Nephrologist and Professor of Medicine, DHMC, Lebanon, NH

This longitudinal, retrospective study compared the outcomes of 312 incident dialysis patients who initiated dialysis with or without the support of the interdisciplinary CKD clinic. The interdisciplinary CKD clinic concepts included: utilization of evidence based KDIGO guidelines to direct CKD care, stage based education, risk factor modification, and relationship building. The subjects were categorized into three groups: the Intervention group received care through the interdisciplinary CKD clinic (n=230), the Traditional group (n=31) received care from the nephrologist alone, and the Emergent group (n=51) started dialysis within one month of their initial nephrology evaluation.

Statistical comparisons were done between all three groups and repeated with only the Intervention group and the Traditional care group which is the focus of this abstract. There were no baseline differences between the groups in gender, presence of diabetes, hypertension, cardiac disease, tobacco use. The mean age (intervention 60.8 vs traditional 63.2) at initial nephrology evaluation was not significant (p=0.47). There was no difference in the mean eGFR at initial nephrology evaluation (24.5 vs 20.6; p=0.61).

Comparing the interdisciplinary group to the traditional group: fewer catheters used at initiation (53.5% vs. 96.8%; p<0.0001) and more fistula's placed (64.2% vs. 6%), fewer inpatient days when admitted to the hospital for HD initiation (4.14 vs 17.65; p<0.0001), fewer days hospitalized (2.76 vs 8.48; p<0.001) and fewer charges for a 90 day period (17572.38 vs 41097.87; p=0.01) after initiation. The mean number of days between initial nephrology evaluation and dialysis initiation for the intervention vs traditional group was 1422.5 vs 1162.6. Mortality assessed at one year indicated a strong trend towards decreased mortality in the intervention group when compared to the traditional group though it did not achieve statistical significance 18.6% vs. 32.3% (p=0.075)

Summary: The use of an interdisciplinary team with the CKD patient may lead to improved outcomes for those patients who initiate dialysis.

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