

ANNA'S 43RD NATIONAL SYMPOSIUM APRIL 29-MAY 2, 2012 WALT DISNEY WORLD DOLPHIN, ORLANDO, FL

A One-Year Assessment of Quality Indicators within an Apheresis-Only Center Operated by a Large Dialysis Provider

Vicki Chapman, RN, HP (ASCP); Joanne Brady, RN, MBA; Elon Levine; Robert Provenzano, MD, FACP, FASN, DaVita Inc., Denver, CO

Introduction: Little information has been published about safety procedures and quality indicators in the provision of apheresis treatments. To improve patient (pt) safety, enhance communication among pt care teams, understand the nursing care given, and optimize clinical outcomes for pts, the nurses of a large dialysis organization completed an Acute Clinical Outcome Indicators (ACOI) form for each apheresis treatment within an apheresis program for 2010. We present key indicators of clinical outcomes and process of care measures using the ACOI form data from each treatment.

Methods: Twelve hospitals submitted data for their apheresis programs. Random chart audits were performed to ensure consistency between the ACOI form and treatment flowsheet. Data were reported monthly.

Results: Participating hospitals provided 1206 apheresis treatments in 2010; 1157 therapeutic plasma exchanges, 19 red cell exchanges, 27 white cell depletions and 3 platelet depletions. The majority of treatments were outpatient (57.2%). Results from the ACOI for apheresis pts (98.5% completion rate for 2010) are shown.

Question		2010 Goal	2010 Actual
Signs and/or symptoms of infection present	% of Yes	≤15%	3.0%
Post apheresis vascular access site bleeding ≥20	% of Yes	≤5%	2.2%
minutes			
System clotted during treatment	% of Yes	≤20%	0.7%
Assessed pain prior to treatment initiation	% of Yes	≥90%	98.9%
Maintenance anticoagulant delivered per pump	% of No	0%	0.1%
Procedure education provided to pt and/or family	% of Yes	≥75%	98.9%

Discussion: Our data show that our 2010 ACOI goals were met. The ACOI form allowed tracking of clinical outcomes during apheresis treatments and can be used to assure pts, payers and healthcare providers of the value of the prescribed therapy. This data set will be used to establish a benchmark to allow assessment of future safety and patient outcomes quality initiatives. For 2011, we expanded and improved the ACOI data set to also collect for: condition type treated, timing of treatments, emergent vs scheduled treatments, and whether treatment was completed as ordered.

Abstract selected for presentation at ANNA's 43rd National Symposium, Orlando, FL, 2012