

# Indicators for Care Quality and Safety Improvement (IPAQSS)

## Management of Chronic Haemodialysis Patients

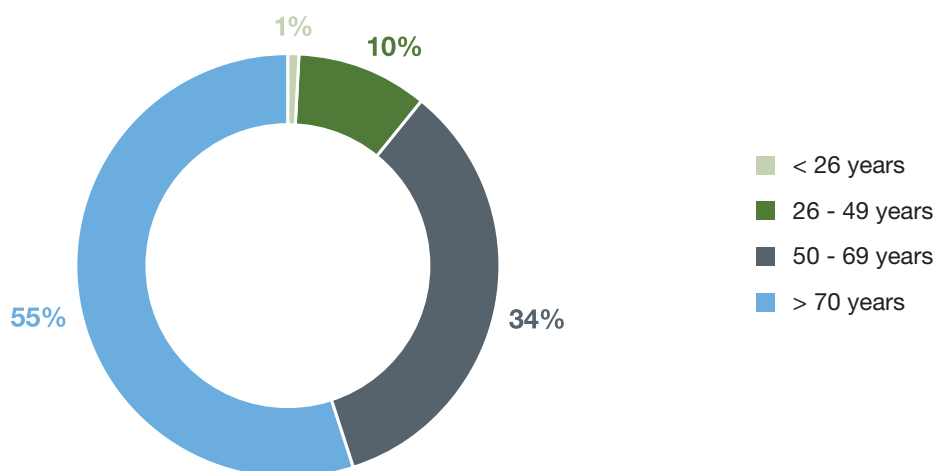
National results of the 2017 campaign – 2017 data

- ▶ 15 708 records analysed representing about 37% of chronic haemodialysis patients managed in France.
- ▶ 99,7% of organisations (N= 314) managing haemodialysis patients at a centre, medicalised dialysis unit, autodialysis unit or at home.
- ▶ Six indicators collected by the organisations, four of them publicly reported.

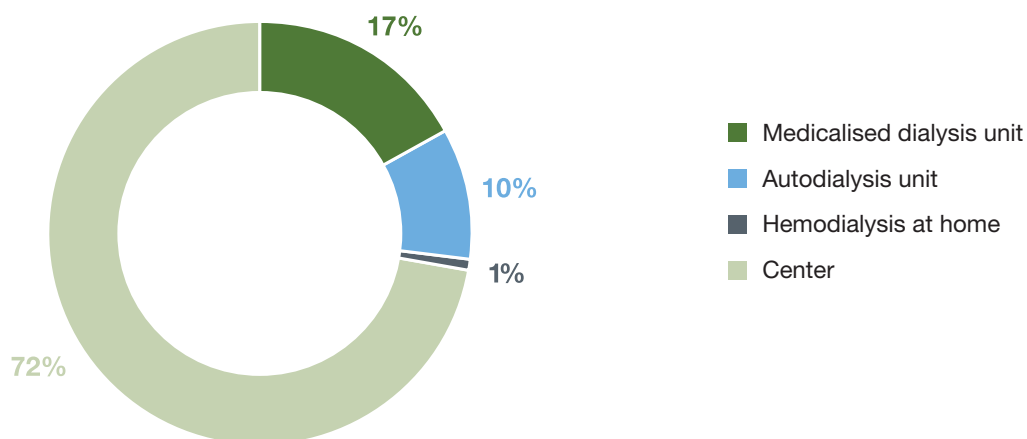
## Characteristics of assessed records

Each organisation managing chronic haemodialysis patients, whatever their organization type (centres, medicalised dialysis units, assisted or unassisted autodialysis units or home), analysed a maximum of 60 randomly, selected records.

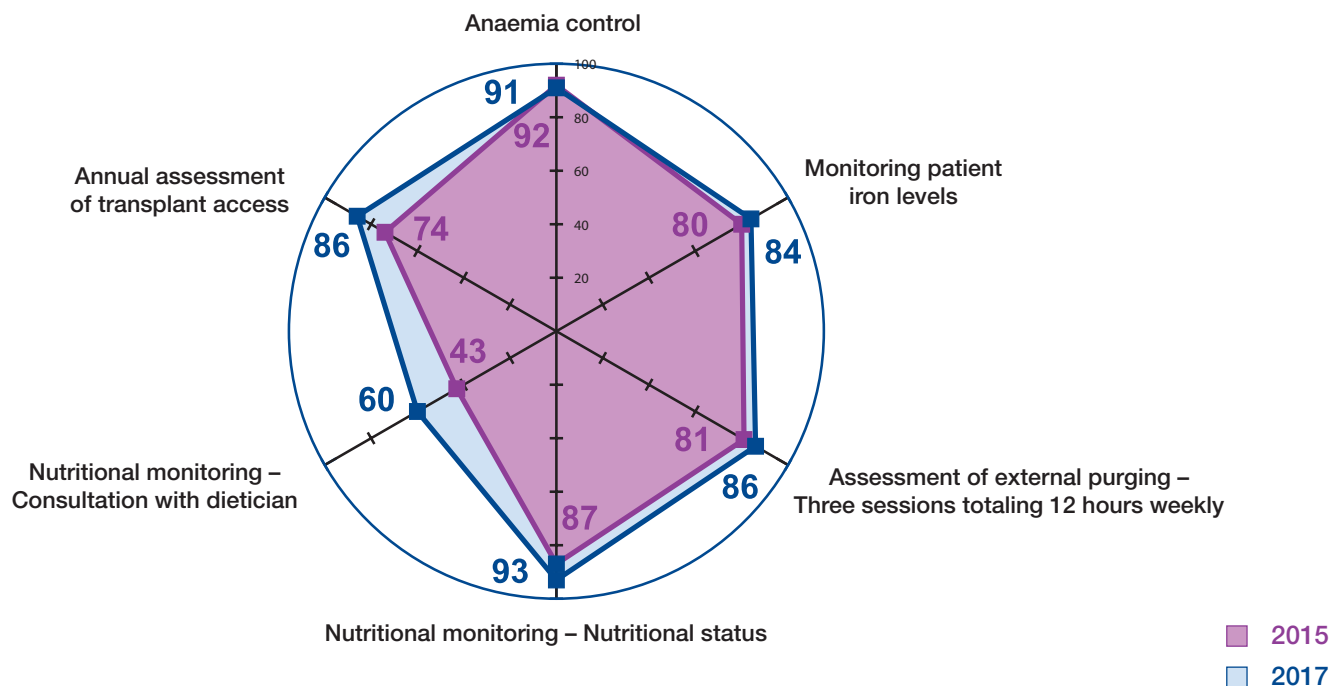
**Distribution of records based on age**  
(mean age: 69,5 years; median age: 71 years)



**Distribution of records according to modality of management of hemodialysis**



## Results - Weighted national means



## Main findings

- Results in 2017:**
  - all indicators show significant variability at national and regional levels;
  - five among 6 had weighted national rates higher than 80%;
  - one is below the national performance threshold of 80% (Nutritional monitoring - Consultation with dietician" - 60%).
- Between the two national campaigns, results of all indicators improved, namely with regards to 2 indicators:**
  - consultation with dietician traceability for patients at risk of malnutrition: increased from 43% to 60% (+ 17 points). This rate remains low and an analysis must be carried out for each structure to allow patients to benefit from specialized consultations when needed;
  - annual assessment of transplant access : from 74 % to 86 % (+ 12 points).
- Other findings in 2017**
  - 13% of dialysis structures do not report resources allocated for dietician time.
  - Management of malnutrition remains a major concern in chronic hemodialysis patients. Nutritional surveillance with a dietician consultation should be better reported to ensure dietician time resources are well-used to benefit patients.
  - Lastly, setting up of therapeutic education programmes for hemodialysis patients is subject to improvement (61%).

Since 2010, each eligible healthcare organisation is required to publish care quality and safety indicators, the list of which is determined annually by ministerial order.

The 2017 National Dialysis Campaign is a retrospective survey of all organisations authorised to manage chronic kidney disease through renal replacement therapy.

The indicators description and complete results are only available in the French report, published on the HAS website.

Publicly reported indicators are available for each healthcare organisation on Scope Santé ([www.scopesante.fr](http://www.scopesante.fr)). Scope Santé is a French informational website that was developed in partnership with the Ministry of Health. It provides information on the quality of care management at healthcare organisations for consumers (patients and the general public).

For consumers, healthcare information is posted on **Scope Santé**, an informational website on the quality of management in healthcare organisations.

For each organisation, the following results are made available:

- Accreditation results
- Results of publicly reported indicators.
- Additional information about healthcare organisations.



[www.scopesante.fr](http://www.scopesante.fr)



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The full report is available only in French at [www.has-sante.fr](http://www.has-sante.fr)

Next national collection campaign in 2017

February 2018