



ORIGINAL ARTICLE

Evaluation of the Spanish Urological Association quality care indicators in a kidney transplantation program[☆]



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KEYWORDS

Quality indicators;
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Abstract

Introduction: Indicators show the presence of a phenomenon and its intensity. They assess the level of quality care and identify potential situations for improvement.

Our objective is to assess the 2013 and 2014 quality care indicators of our department's kidney transplantation area.

Material and method: For 2013 and 2014, we reviewed 88 and 106 kidney transplants and 47 and 66 extractions. We evaluated the quality care indicators developed by the Spanish Urological Association, analysing the results with the SPSS v 21.0 program.

Results: The mean cold ischemia time (CIT) was 14.96 h in 2013 and 18.07 h in 2014. The CIT was ≤ 18 h in 53% and 56% of cadaveric donor kidneys in 2013 and 2014, respectively. The rate of relevant early onset urinary fistulae was 1.14% and 2.83% for each year. The rate of early transplantectomy due to a vascular complication was 3.41% and 2.83% for 2013 and 2014, respectively.

Overall patient survival at 1 year was 100% for both periods, and graft survival at 1 year was 95% and 94.34% for 2013 and 2014, respectively.

The rate of living-donor transplantation was 14.77% and 17.92%, and 92.31% and 68.42% of the living-donor extractions were laparoscopic for 2013 and 2014, respectively.

Residents were the first surgeon in 6.67% and 12.64% of the transplantations and in 55.88% and 19.14% of the cadaveric extractions during 2013 and 2014, respectively.

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PALABRAS CLAVE

Indicadores calidad;
Asociación Española
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Conclusions: During the evaluated period, all quality care standards in kidney transplantation were met, except for CIT in both years and residents participation in kidney implantation in 2013.

This analysis promotes improvements in quality care, highlighting weak spots that need work.
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Evaluación de los indicadores de calidad asistencial de la Asociación Española de Urología en un programa de trasplante renal

Resumen

Introducción: Los indicadores muestran la presencia de un fenómeno y su intensidad. Evalúan el nivel de calidad asistencial, identificando situaciones de mejora potencial.

Nuestro objetivo es evaluar los indicadores de calidad asistencial de 2013 y 2014 del área de trasplante renal de nuestro servicio.

Material y método: Revisamos 88 y 106 trasplantes renales, y 47 y 66 extracciones realizados durante 2013 y 2014. Evaluamos los indicadores de calidad asistencial elaborados por la Asociación Española de Urología, analizando los resultados con el programa SPSS v 21.0.

Resultados: Tiempo de isquemia fría (TIF) medio 14,96 h en 2013 y 18,07 h en 2014; TIF \leq 18 h en 53% y 56% de riñones de donante cadáver. Tasa de fístula urinaria precoz relevante de 1,14% y 2,83% cada año; tasa de trasplantectomía precoz por complicación vascular 3,41% y 2,83%.

Supervivencia global del paciente al primer año del 100% para ambos periodos; supervivencia de injerto al primer año del 95% y 94,34%.

Porcentaje de trasplante de donante vivo del 14,77% y 17,92%, siendo laparoscópicas el 92,31% de extracciones de vivo en 2013 y 68,42% en 2014.

Médicos en formación (MIR) como primer cirujano en el 6,67% y 12,64% de trasplantes, y en el 55,88% y 19,14% de extracciones de cadáver.

Conclusiones: Durante el periodo evaluado se cumplieron todos los estándares de calidad asistencial en trasplante renal, salvo el TIF en ambos años y participación de MIR en implante renal únicamente en 2013.

Este análisis promociona mejoras en la calidad asistencial, pudiendo trabajar sobre puntos débiles detectados.

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Introduction

Measures on the quality of care achieved by a unit or medical team have been running since the late nineteenth century and early twentieth century.¹ But only since a few decades ago this quality control is integrated systematically in the day-to-day healthcare.

There are indicators used to assess health care quality. Those indicators aim to show the existence of a phenomenon and its intensity as part of a monitoring system. Thanks to those indicators it is possible to identify deviations or situations of possible improvement.²

Despite the importance for a care unit to know the degree of the quality of health care they are holding for a proper functioning of a unit, there are few relevant publications in the field of urology. That is why in 2011 a Board of Directors of Asociación Española de Urología (Spanish Association of Urology, henceforth, AEU) promoted along with the Avedis Donabedian Foundation and Pfizer Laboratories the formation of a panel of experts in different areas of urology to create quality of care indicators in this field.¹ Those indicators should, among other objectives, provide self-assessment methods common to all urologists and serve

as a tool for clinical management. The proposed standards turned out to be achievable objectives for most groups, and are subject to possible adjustments in future reviews.

In order to perform a protocolized self-assessment of our renal transplant unit, we analyzed the indicators of the AEU for transplants (Table 1) for 2013 and 2014. Thanks to this tool we know the weak points of our unit that can be improved and we are able to monitor the progressions made after relevant changes.

Material and methods

We reviewed 88 kidney transplants and 47 removals performed in our center in 2013, as well as 106 transplants and 66 removals performed in 2014 (summary of the series in Table 2). We have evaluated the quality of care indicators in urology written by members of the working groups of the AEU (Table 1). We collected the necessary data through digitized medical records and analyzed them with the statistical program SPSS v. 21.0.

The indicators analyzed were the following: cold ischemia time (CIT) in kidneys from cadaver donors, rate of early urinary fistula, overall survival of kidney transplant

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