



Heilthúscasamacht na hÉireann
Health Service Executive



RENAL

National Renal Programme 2012

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www.hse/go/nro



Strategic Vision for ESKD Services

(National Renal Strategy Review; NSP11; NSP12)

- The number of patients with ESKD will increase by 40-50 p.m.p. (170-200 patients) per annum.
- Transplantation is the best therapy for suitable patients and represents the best value for money.
- Home therapies offer an enhanced quality therapy and represent the next best value for money.
- Hospital/Clinic-based haemodialysis can also be an excellent therapy but is associated with the highest social costs, consumable costs, overhead costs, transport costs and ancillary costs.

- Planning should aim to maximise the proportion of patients receiving the best value therapies.
- HSE Area-based planning will optimise regional Capacity, Configuration and Governance of services.
- System-wide streamlining of Procurement, Contracting and Funding will enhance this.

Quality, Access, Cost in ESKD Care

1. Renal Transplantation
2. Home Therapies
3. Facility-based Haemodialysis

Many elements in each domain, especially Haemodialysis

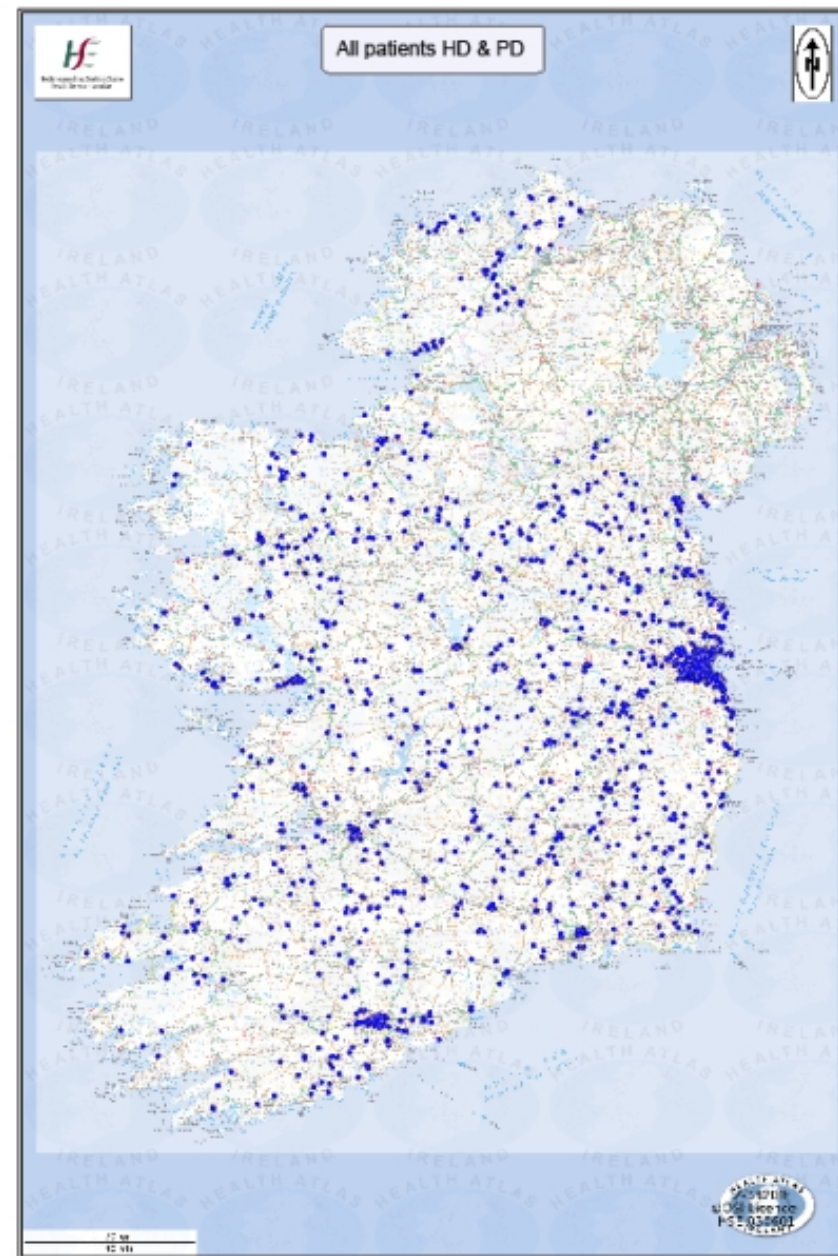
Current Networks of Renal Units

(*contracted Units)

HSE Area	Parent Renal Unit	Satellite HD Unit	Home Programme
Dublin North East	CGH (Cavan)		
	Beaumont (N.Dublin) Mater (N.Dublin)	fmc Northern Cross* fmc Northern Cross*	PD/HHD PD
Dublin Mid Leinster	MRH (Tullamore)		
	AMNCH (S.Dublin) SVUH (S.Dublin)	Beacon Sandymount* Beacon Sandymount*	PD PD
South	WRH (Waterford)	fmc Kilkenny*	PD/HHD
	CUH (Cork)	KGH (Tralee)	PD/HHD
West	MRHD (Limerick)	fmc Limerick*	PD
	MPUH (Galway)	Wellstone Galway* MGH (Castlebar)	PD
	LGH (Letterkenny)	SGH (Sligo)	PD Approved

Renal Health Intelligence

1. Biannual Census of ESKD patients
2. Mapping of ESKD patient residence
3. HD Patient Dependency Study
4. Surveys of Unit Resources
5. National Roll-Out of KDCPMS I.T. System



Activity in Acute Public Hospitals
Annual Report 2010

ESRI

Health Research and Information Division
December 2011

MDC11

Diseases and Disorders of the Kidney and Urinary Tract

- Case Mix Analysis 2010 1,310,527 discharges (excluding maternity)

MDC with highest volume of total discharges
210,413 (14.5%) 89% Day Patients

MDC with 2nd highest volume of Day Patients
187,792 (21.2%)

Haemodialysis (AR-DRG L61Z/ICD-10-AM Z49/ACHI 1060)
167,963 (11.6%)

Highest Ranked AR-DRG for Day Patients (19.9%)

Highest Ranked Diagnosis for Day Patients (21.0%)

Highest Ranked Procedure for Day Patients (21.2%)

MDC11

Diseases and Disorders of the Kidney and Urinary Tract

	Number	% of total	Rank of 24 MDC's
Total Discharges	210,413	14.5%	1 st
Day Patients	187,792	21.9%	2 nd
Inpatient Elective	5,095	4.7%	10 th
Inpatient Emergency	17,519	4.9%	6 th

MDC11

Diseases and Disorders of the Kidney and Urinary Tract

AR-DRG		Inpatients (Emergency)	Median (Mean) LOS Elective	Median (Mean) LOS Emergency
L61Z	Haemodialysis	9(1)	1 (2)	1 (1)
L60A	Renal Failure W Cat CC	506 (477)	10 (15.9)	13 (24.3)
L60B	Renal Failure W Sev CC	725 (661)	7 (8.3)	7 (11.7)
L60C	Renal Failure W/O CC	1,091 (860)	2 (4.3)	5 (7.3)

Priorities for Renal Services

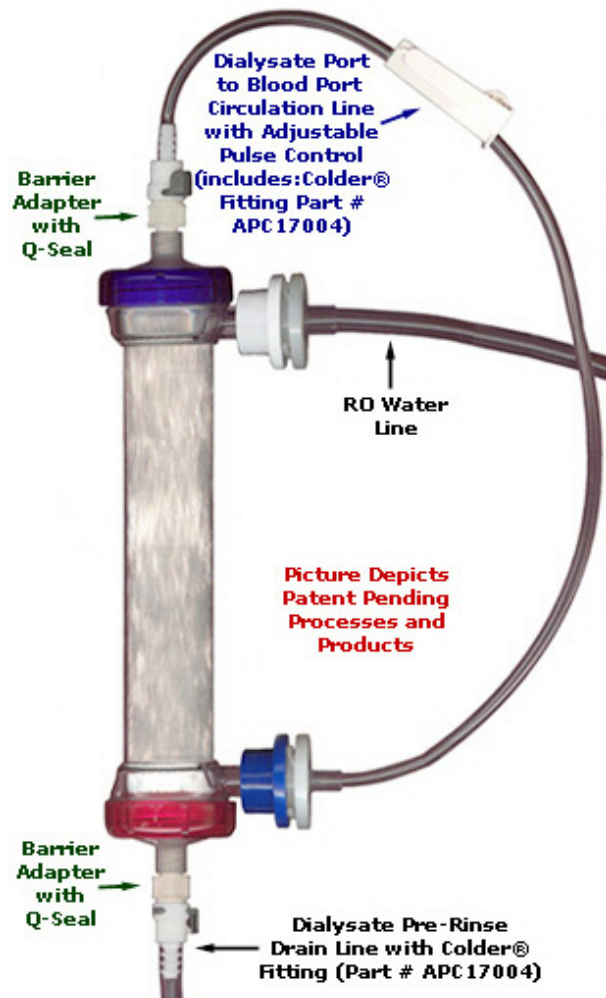
ESKD Services

- Transplant Rate
>175 p.a
- Home Therapies
60 p.m.p. (80 HHD)
- Network of HD facilities
20-30 p.m.p. growth p.a.
- No routine HD after 24.00h
- Reduced travel for HD
- Parent HD Units configured to support AKI/Satellites
- KDCPMS/Renal Registry

Other Renal Services

- Leaner, smarter organisation of Renal Units
- Integrate Renal Units with Acute Medicine Programme
- Develop Outreach services for non-ESKD patients
- Standardised evaluation & management of CKD in community setting
- Better access to dietetic services

Procurement Projects



Equipment/Consumables

HSE South complete
HSE West (Cavan, Midlands) complete
Dublin/Paediatrics in 2012

Contracted Satellite Units

4 Dublin/Environs – approved by Board
Midlands/South East in 2012
Galway

Home Therapies

Home HD National Programme complete
PD National Programme in 2012

Related

Patient Transport (>450,000 journeys/yr)

National CaseMix Programme Ready Reckoner

2011

2012

MDC11

MDC11

L61

L61

166,603

167,955

€439 per case

€395 per case

Major Identified Risks

- Any decrease in Renal Transplantation rate
- **Potential abrupt loss of large HD facility / delay in delivery of planned expansion**
- **Clinical governance of contracted HD Units**
- Inadequate access to vascular access procedures / HAI sepsis
- Poor access to dietetic services

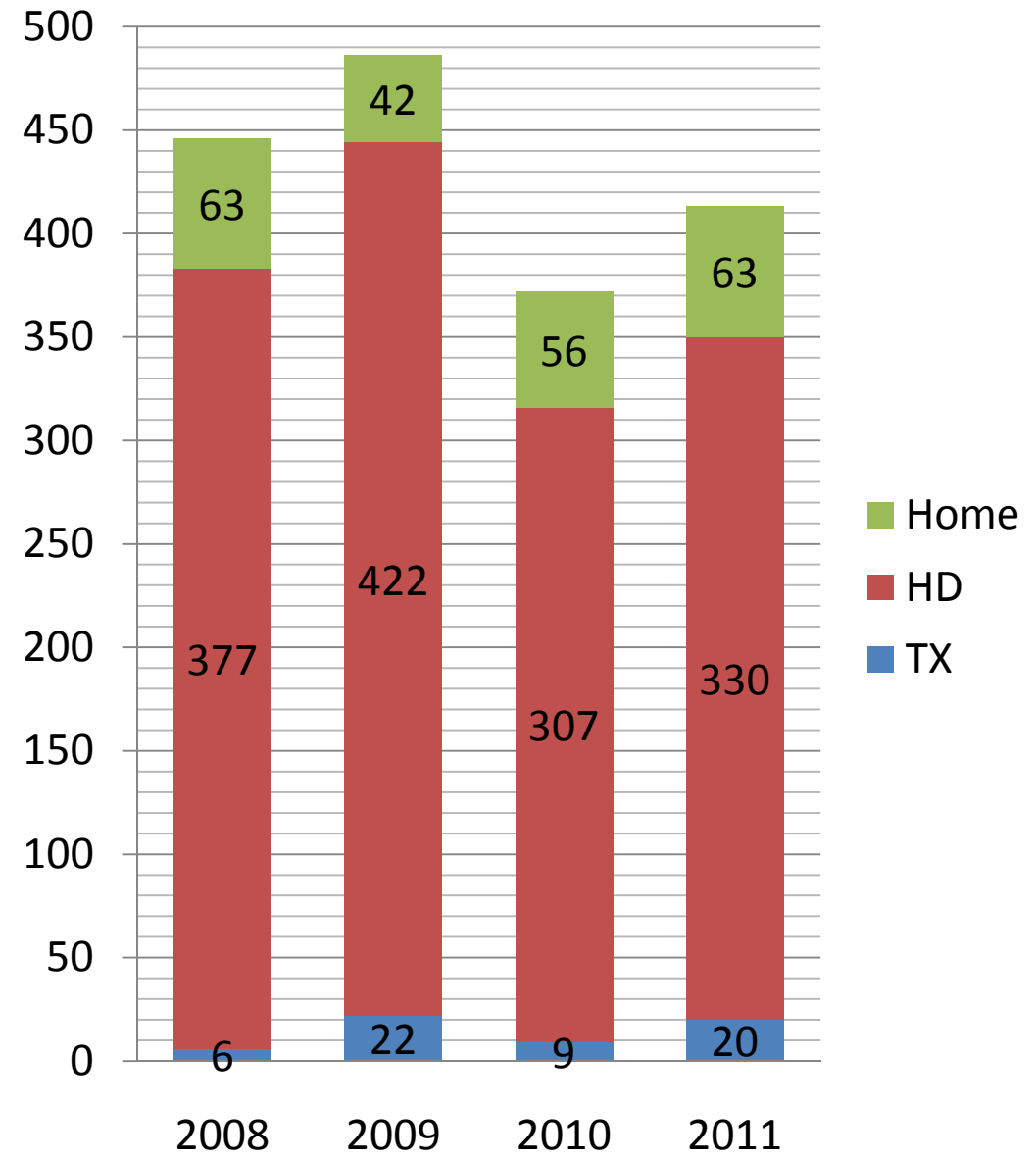


Incident adult ESKD patients (n)

413 patients

80% HD
15% PD
5% TX

90 p.m.p.



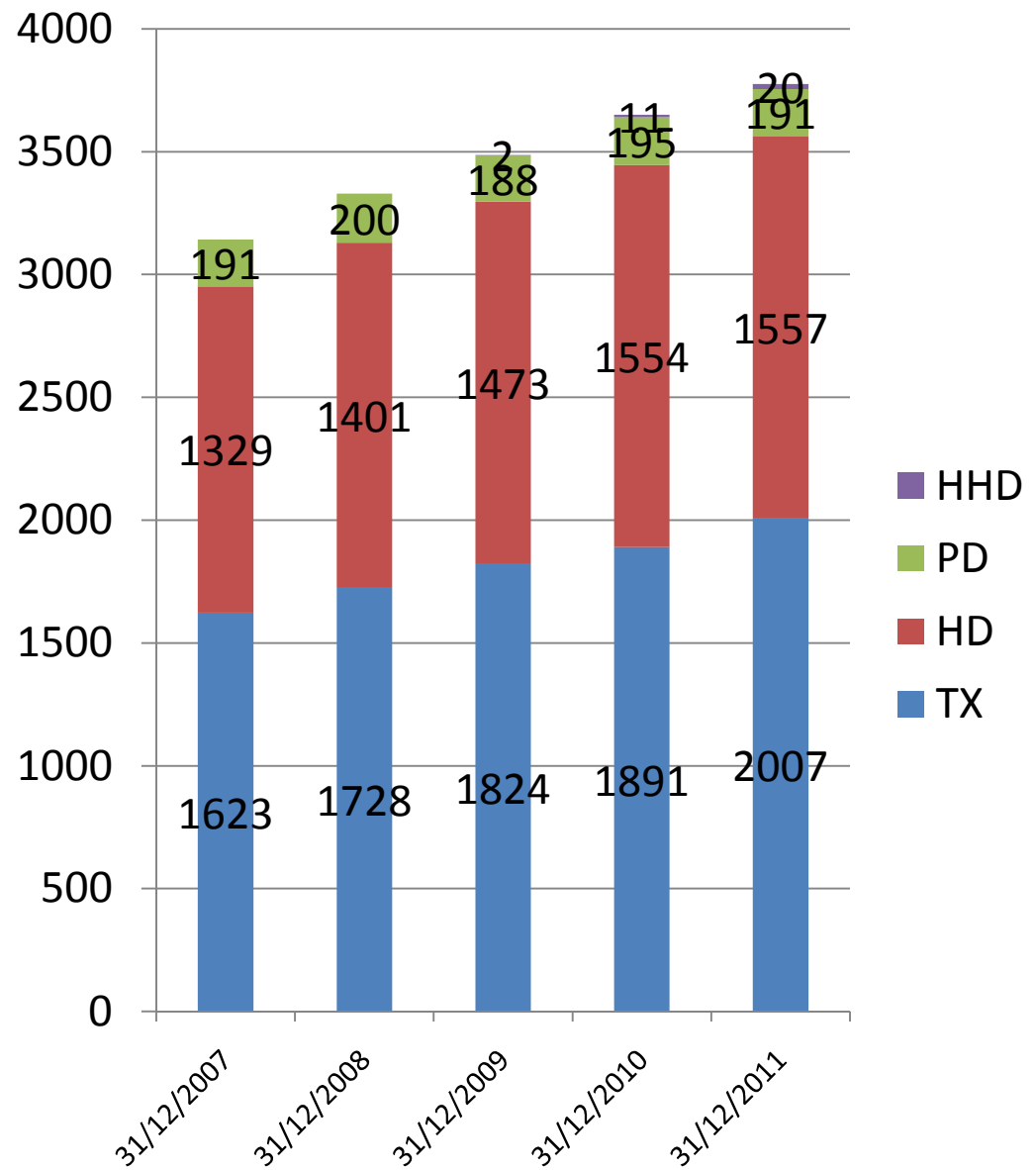
Prevalent ESKD patients (n)

3775 patients

41% HD
6% PD/HHD
53% TX

824 p.m.p.

340 HD
46 PD/HHD
438 TX



Change in 2011

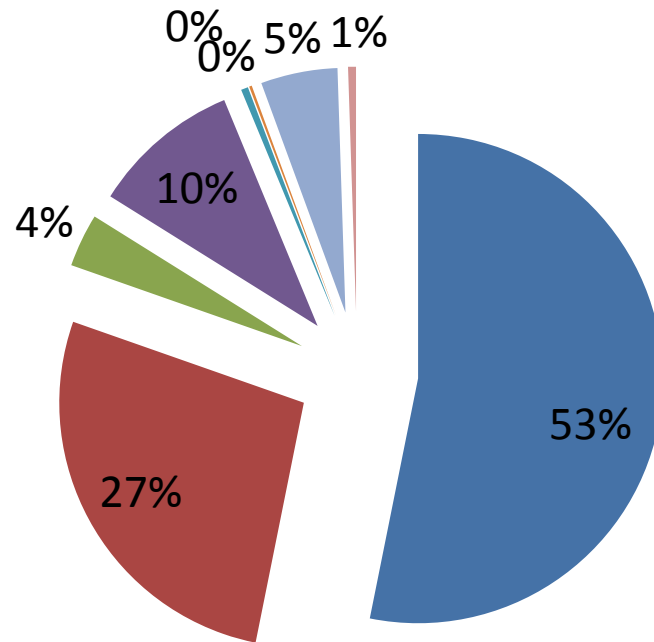
• ESKD	+124	3.4%	27 pmp
• HD	+3	0.2%	
• PD/HHD	+5	2.4%	
• Dialysis	+8	0.5%	2 pmp
• TX	+116	6.0%	25 pmp

Change 2007-11

			<u>Mean (95%CI)</u>
• ESKD	+632	20%	35 (29,41)pmp pa
• HD	+228	17%	13 (5,20)pmp pa
• PD/HHD	+20	10%	1 (-1,4) pmp pa
• Dialysis	+248	15%	14 (6,22) pmp pa
• TX	+384	24%	21 (17,26) pmp pa

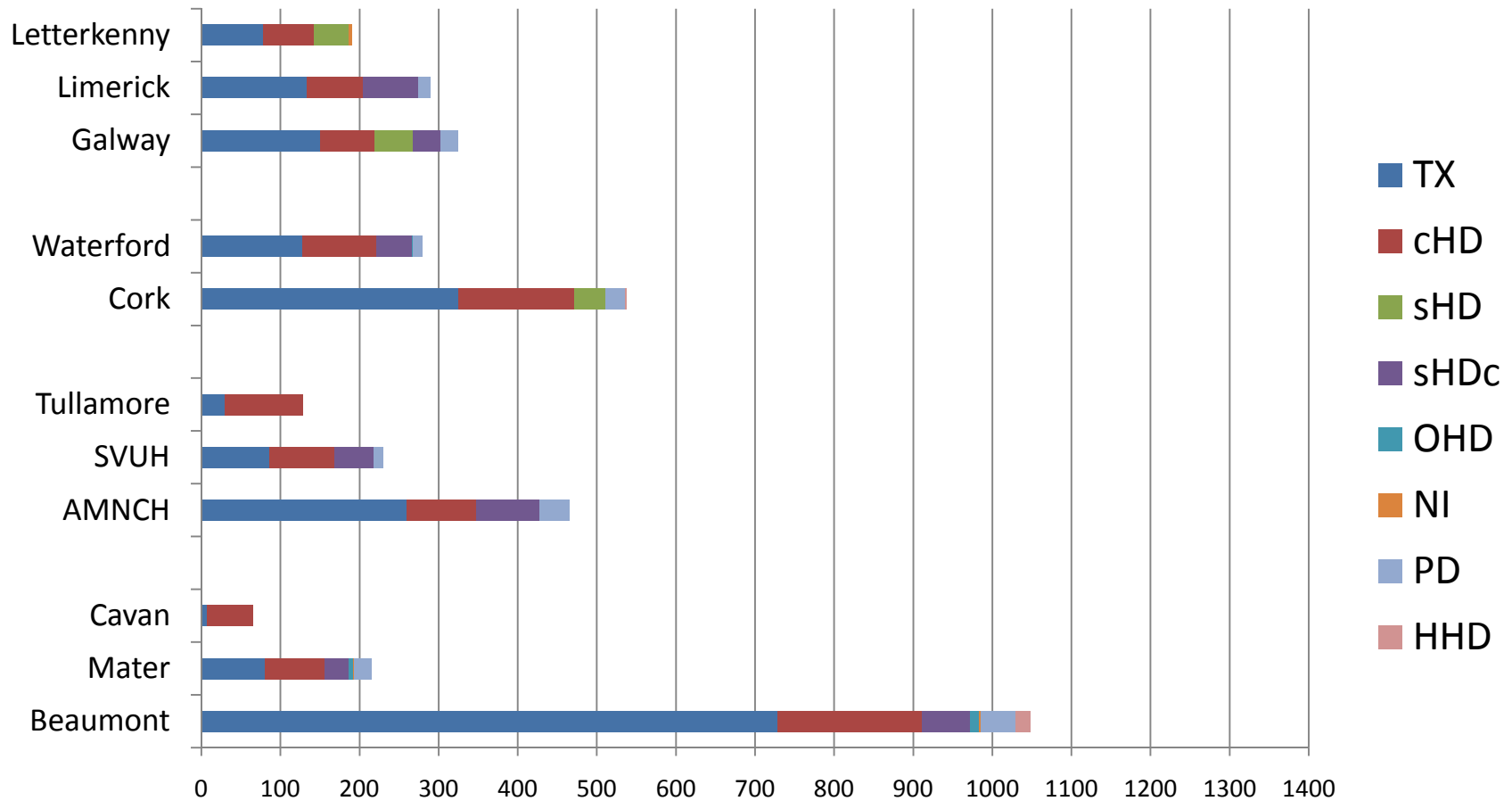
Detailed Modalities

■ TX ■ CHD ■ SHD ■ SHDc ■ OHD ■ NI ■ PD ■ HHD



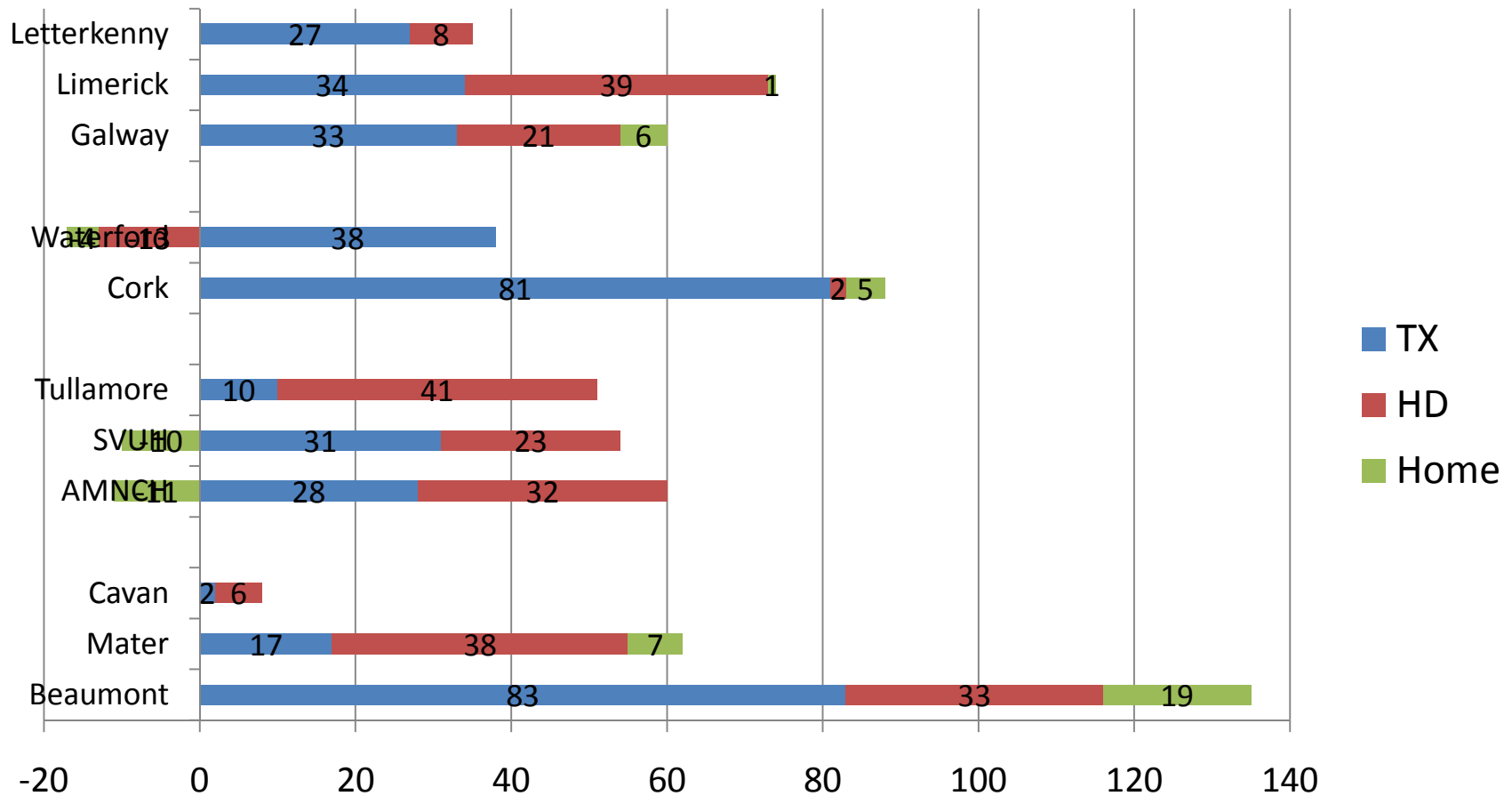
ESKD Patients 31/12/11

(total patients under governance of 11 Parent Renal Units)

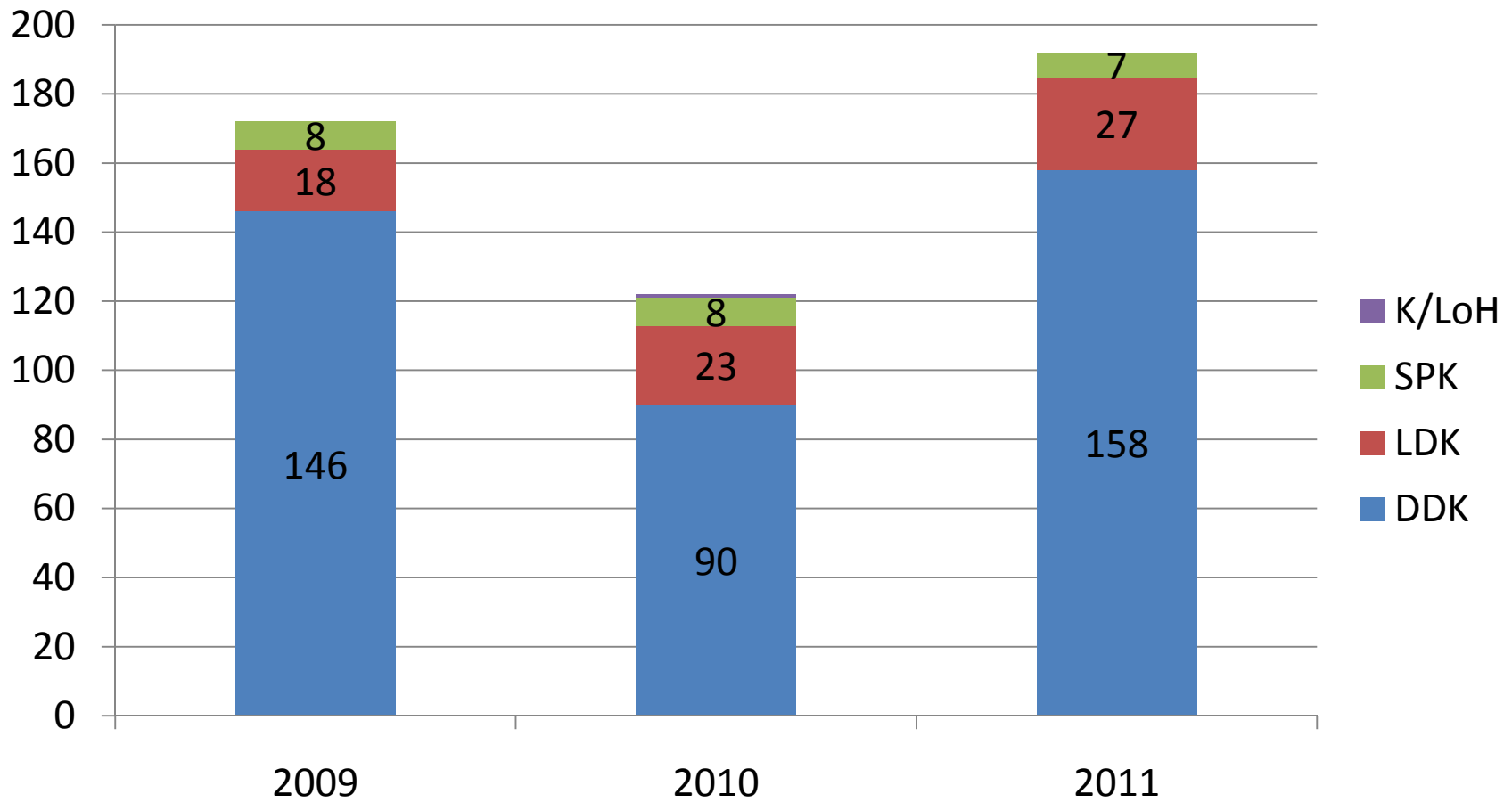


Changes in ESKD Patients 2007-11

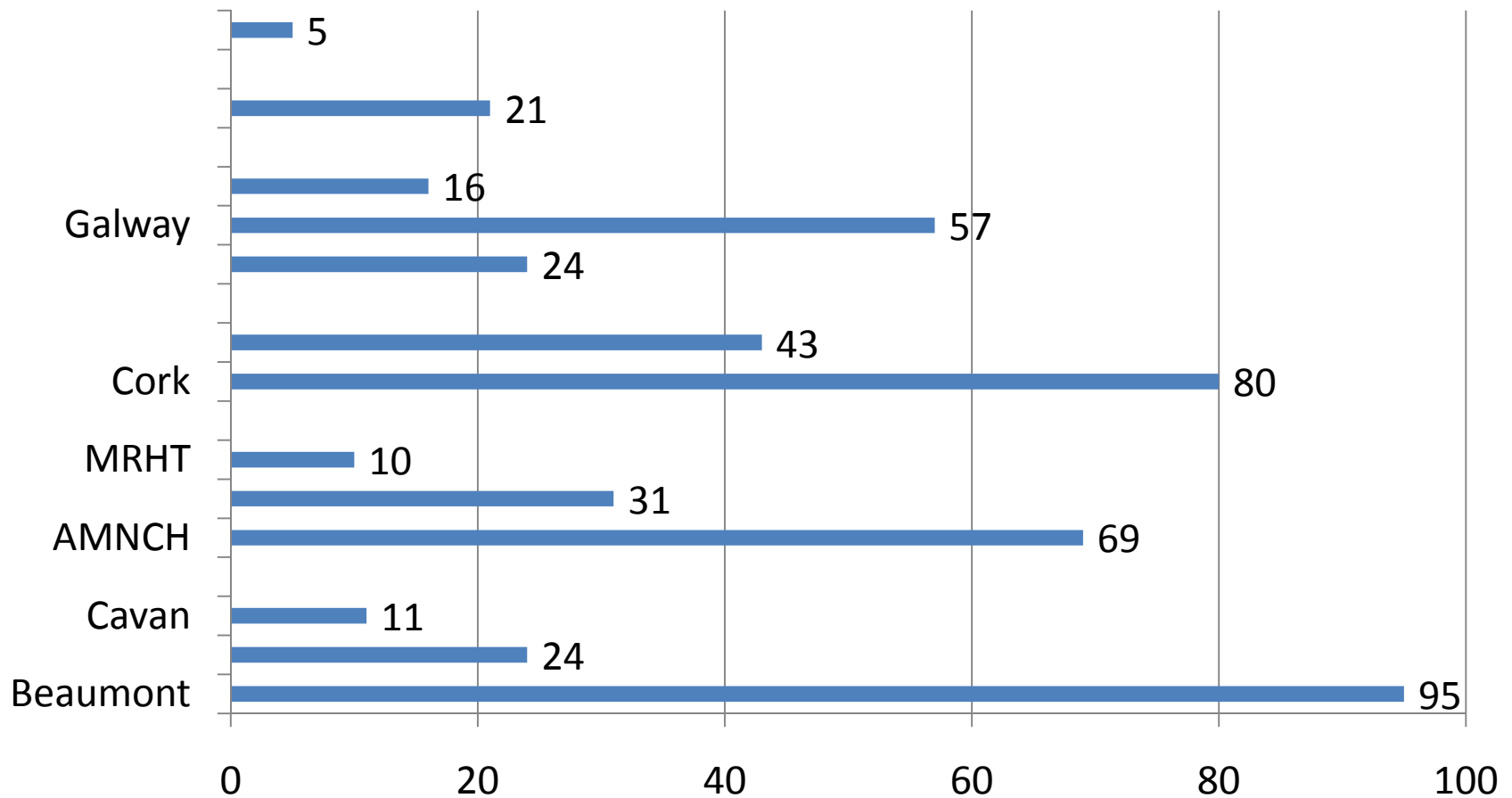
(total patients under governance of 11 Parent Renal Units)



Transplants 2009-11

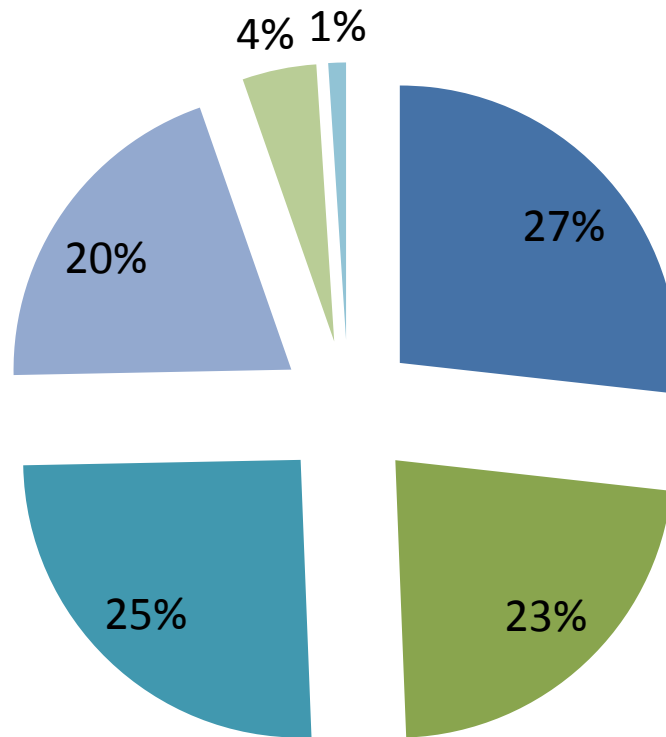


Transplants 2009-11

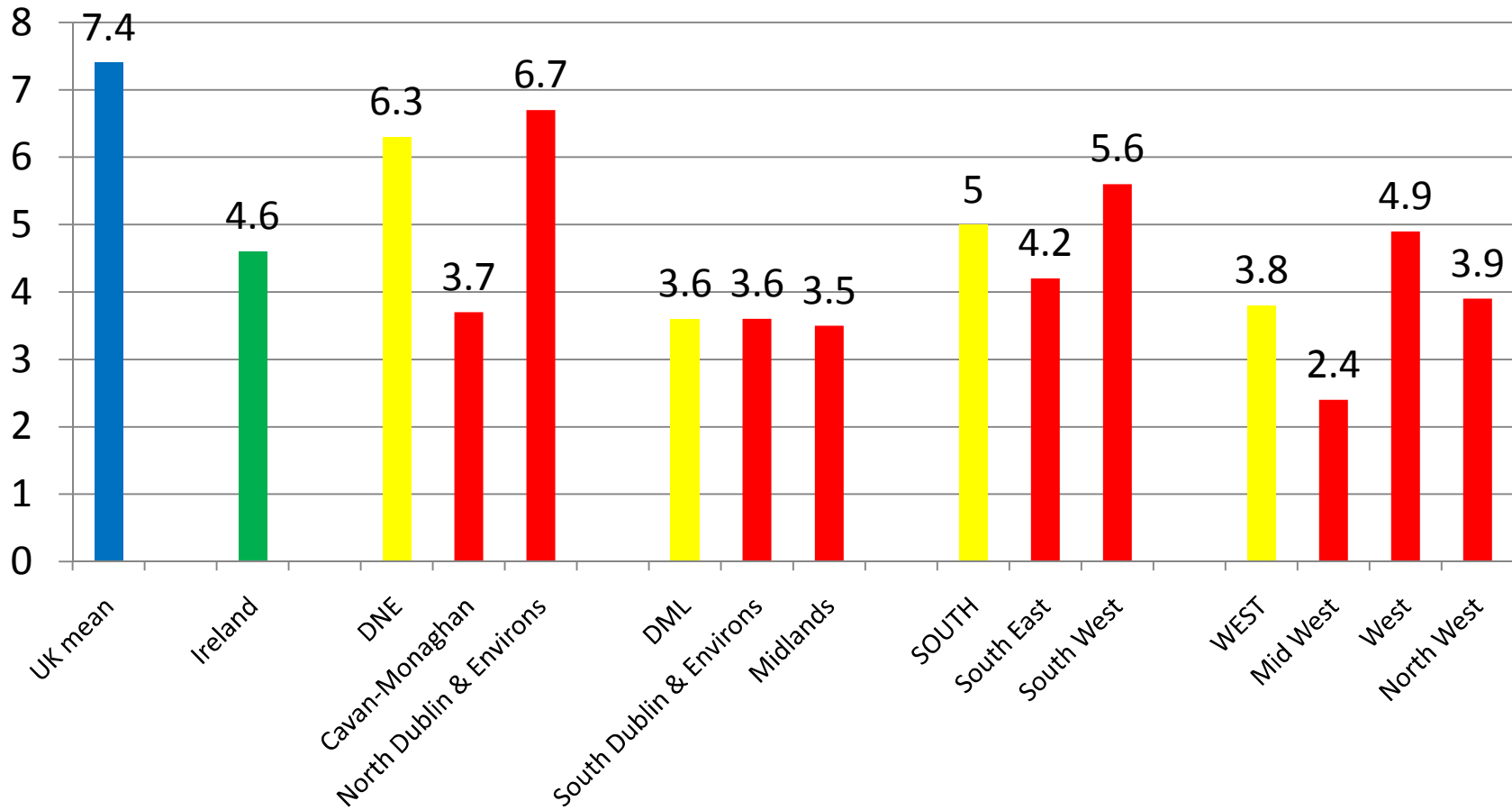


Transplants 2009-11

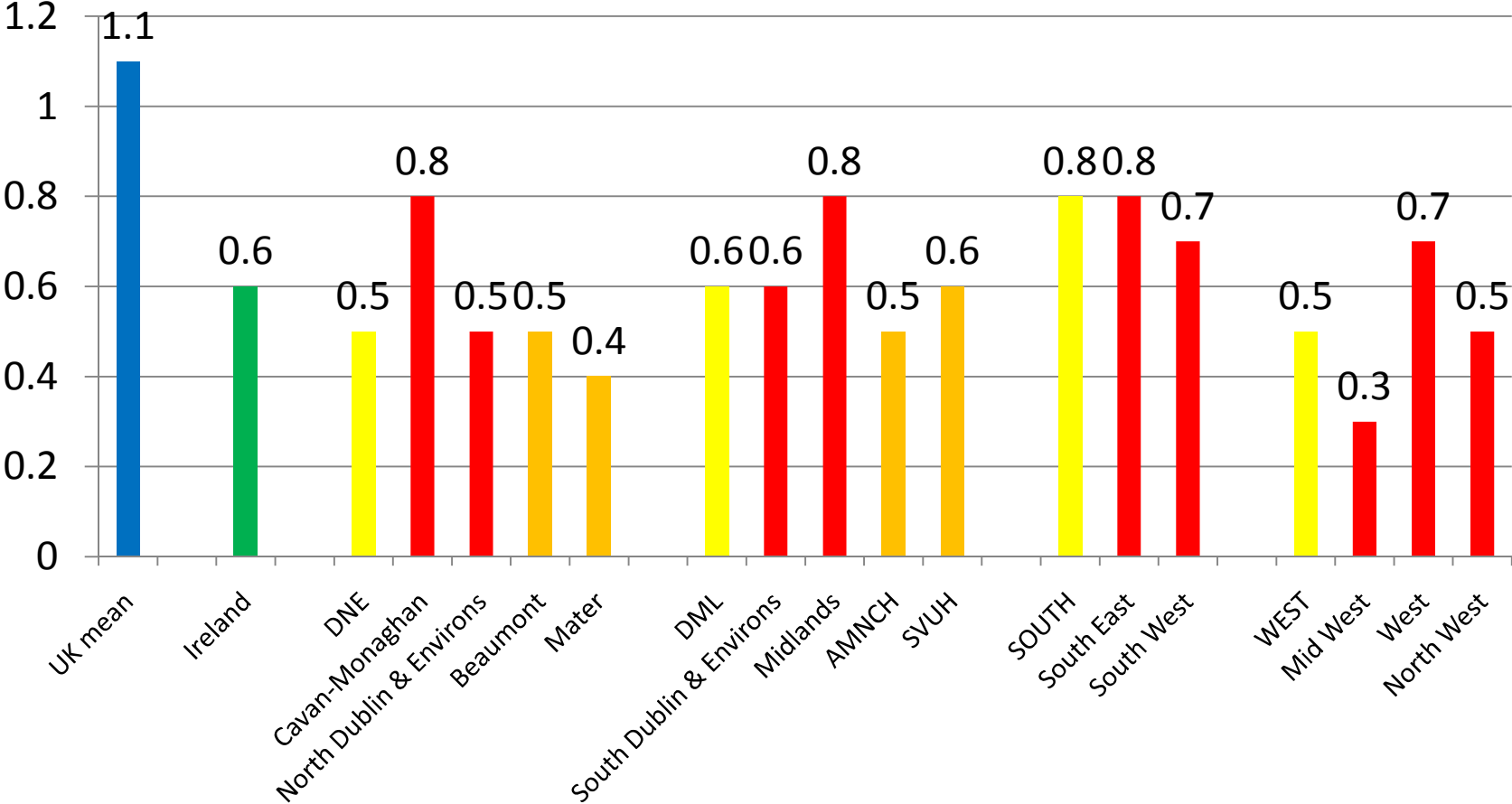
■ DNE ■ ■ DML ■ ■ South ■ ■ West ■ ■ Paeds ■ ■ NI



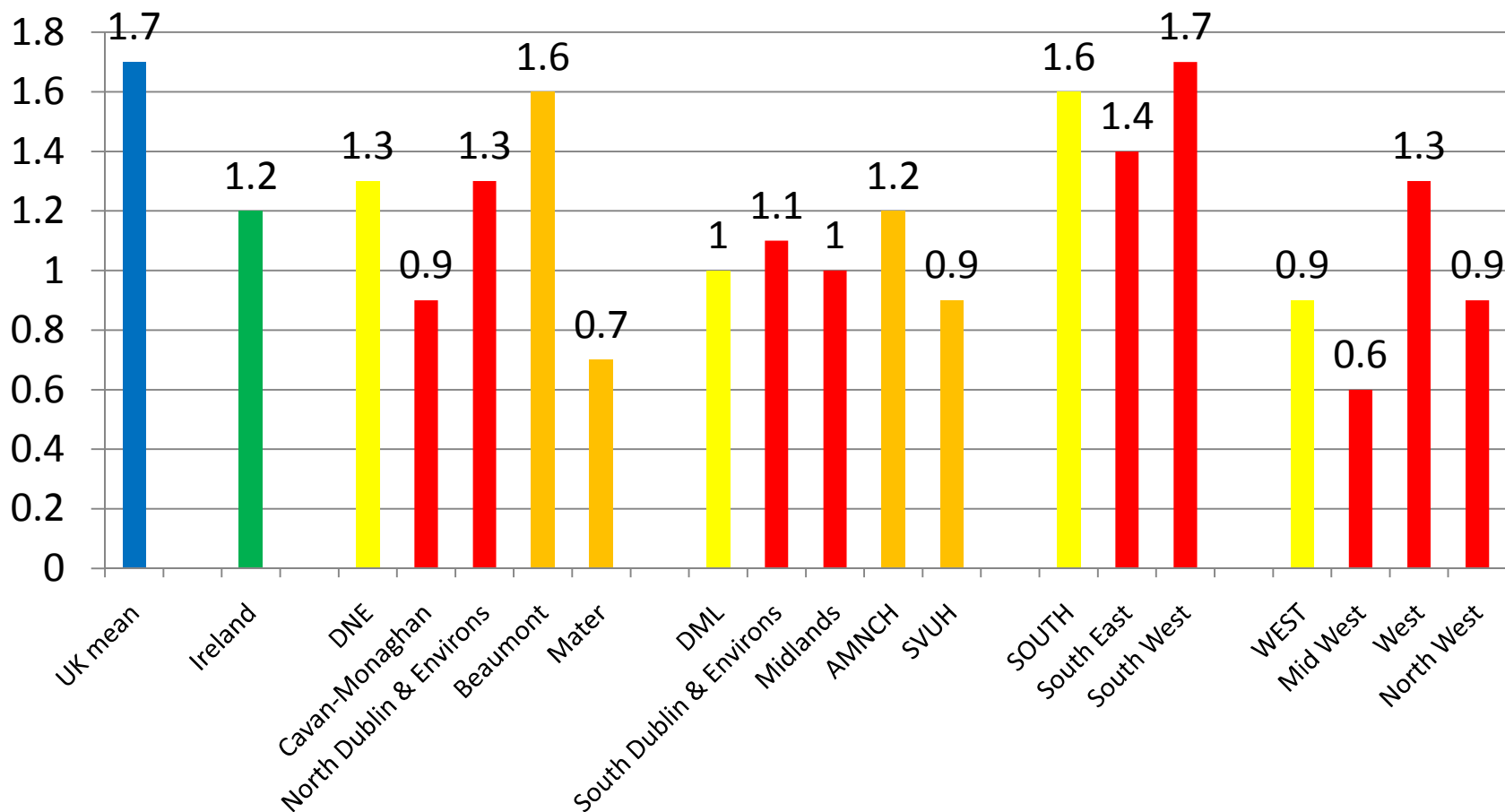
Consultant wte pmp



Consultant wte/100 ESKD patients



Consultant wte/100 Dialysis patients



Key Deliverables 2012

- Conclude Equipment/Consumables Tenders
- Conclude PD National Programme Tender
- Conclude Midlands/SE Contracted Satellite HD Unit Tender

- Establish Principles/Resource/Organisation of Transport Support for Facility HD Patients

- Continue expansion of Renal Transplant activity
- Commission Dublin/Environs Contracted Satellite HD Unit Network (Commercial/Governance)

Other Deliverables 2012

- Secure Consultant Appointment targets
- Implement HD Patient Dependency Tool
- Achieve staged roll-outs of KDCPMS

- Bundles to minimise HD Access associated HAI
- Agree KDCPMS collected KPI/Target outcomes
- 2 Core Targets: HD Access/TX Listing

Waiting/Needing Native AV Access

- 31/12/11 16% of 1557 HD patients
- HSE DNE: 100
- HSE DML: 25
- HSE South: 74
- HSE West: 51
- New ~350 (75% pre-HD)

Stakeholder Participation

- Regional Clinical/Administrative Leads
- Irish Kidney Association
- Irish Nephrology Nurses Association
- RIG, Irish Dietetic & Nutrition Institute
- Multiple HSE Support Directorates