Highlights from the Registry year and Annual Report

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UK Renal Registry
2011 Annual Audit Meeting

The UK Renal Registry 2011 - Change, Highlights, Developments

Terry Feest
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2011 – a year of change

- 2 new directors and other personnel changes
- Late report
- Revised processes for data handling
- Exciting developments
- Exciting future

but first – the Report

Figure 1.3: UK incident RRT rates between 1980 and 2009

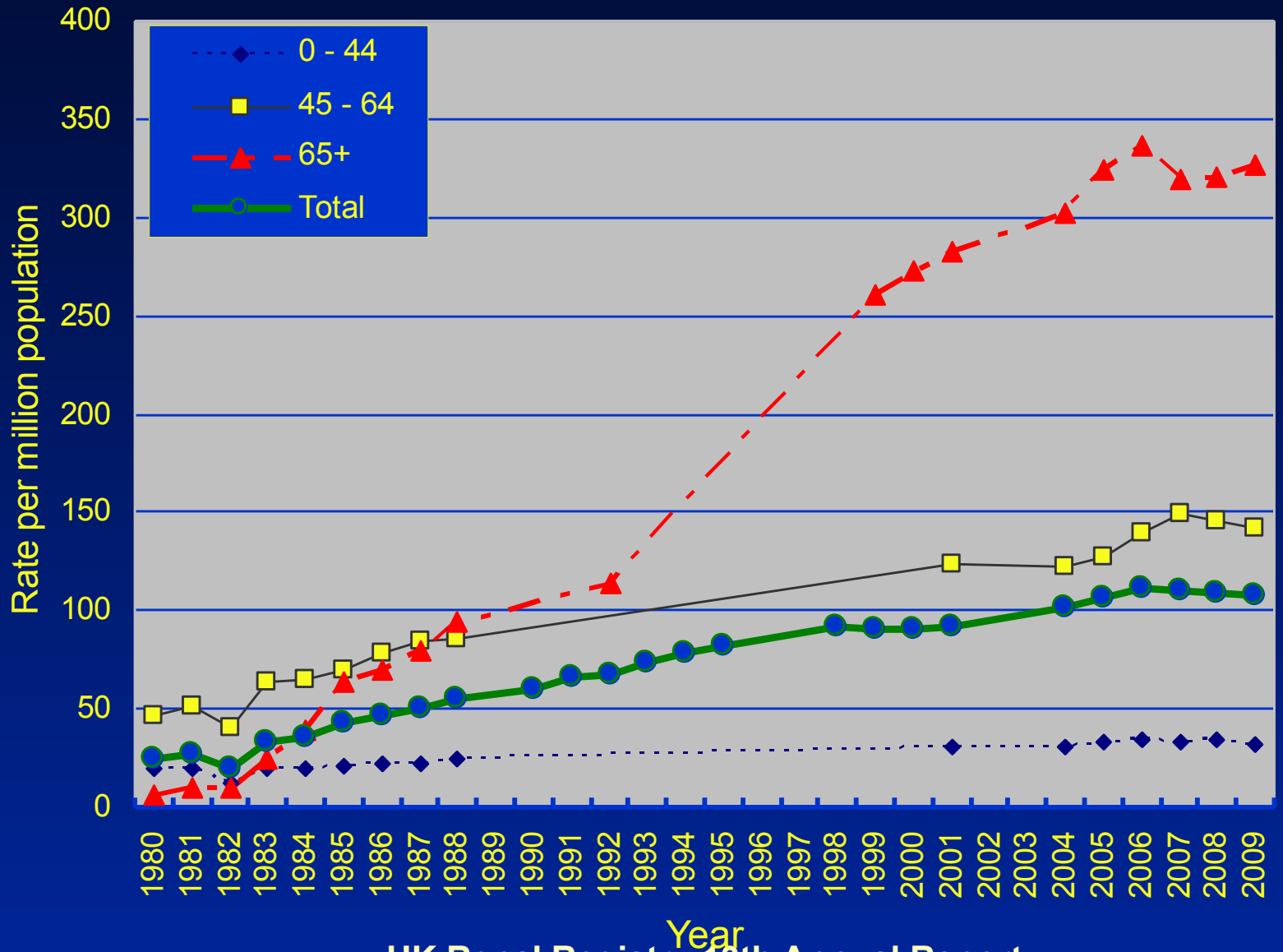
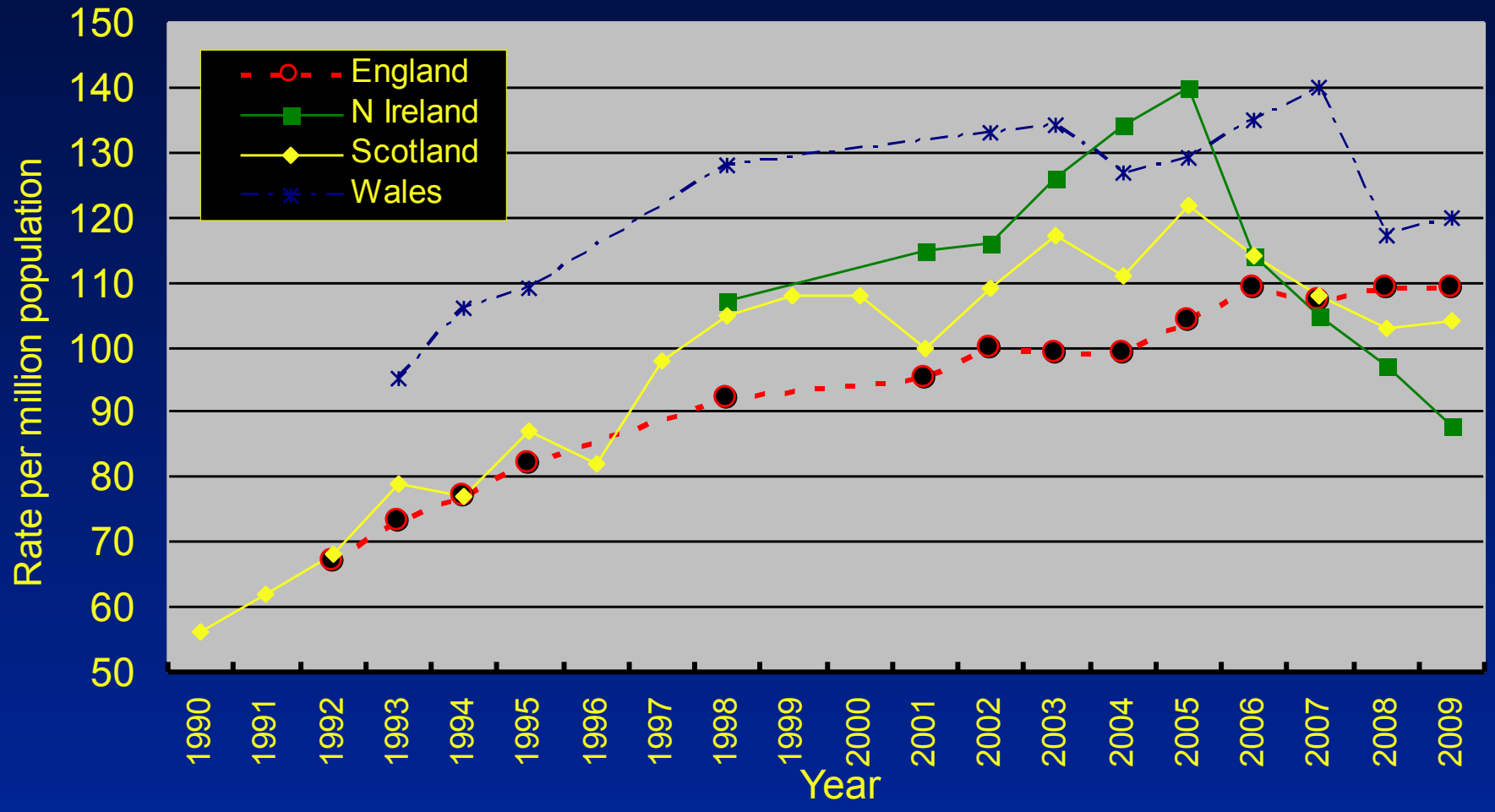


Figure 1.1: RRT incident rates in the countries of the UK
1990-2009



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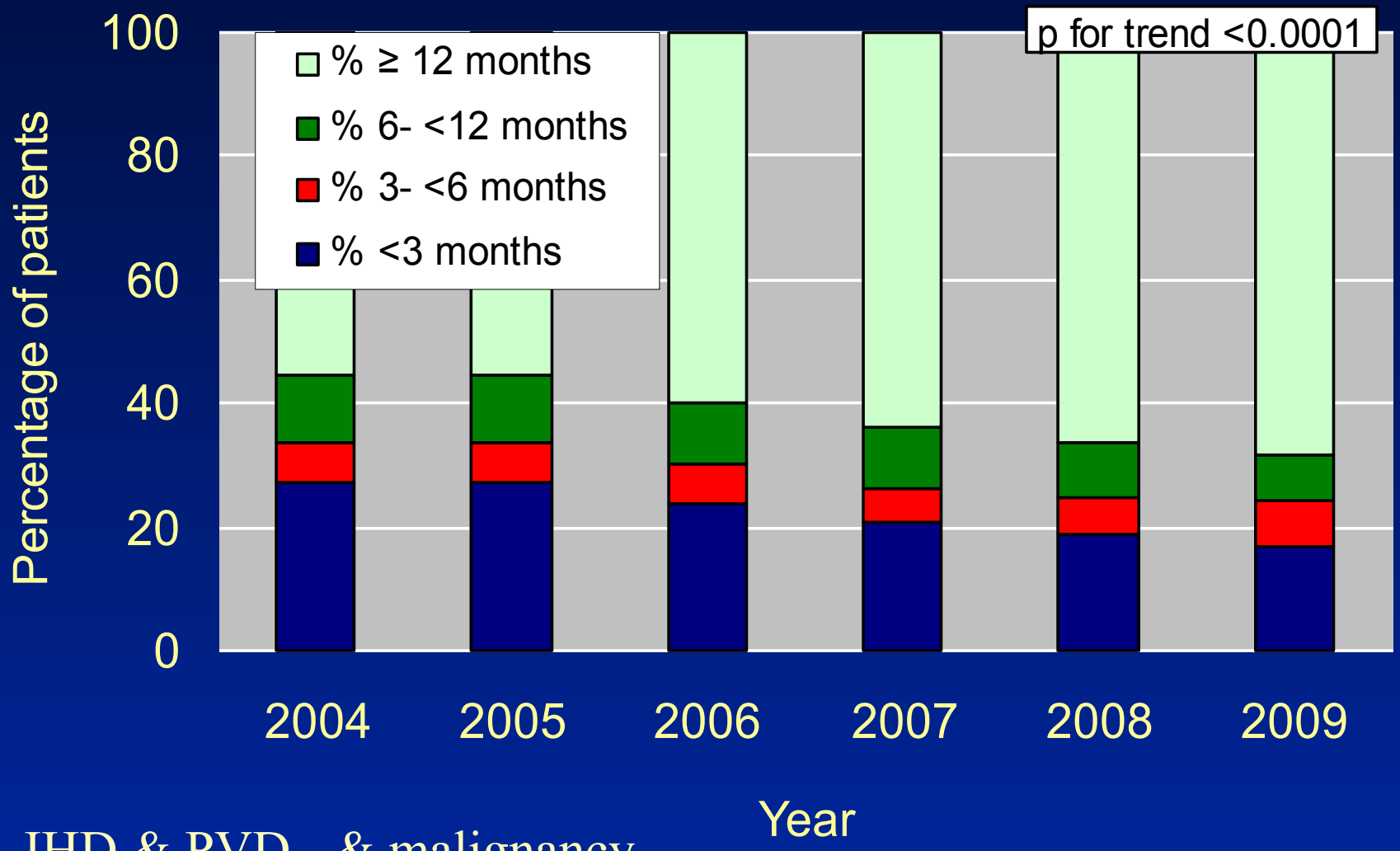
Late presentation rate by year (restricted to 11 centres contributing data for all of 2004-2009)



IHD & PVD - & malignancy

Fig. 1.13 International comparison of RRT acceptance rates

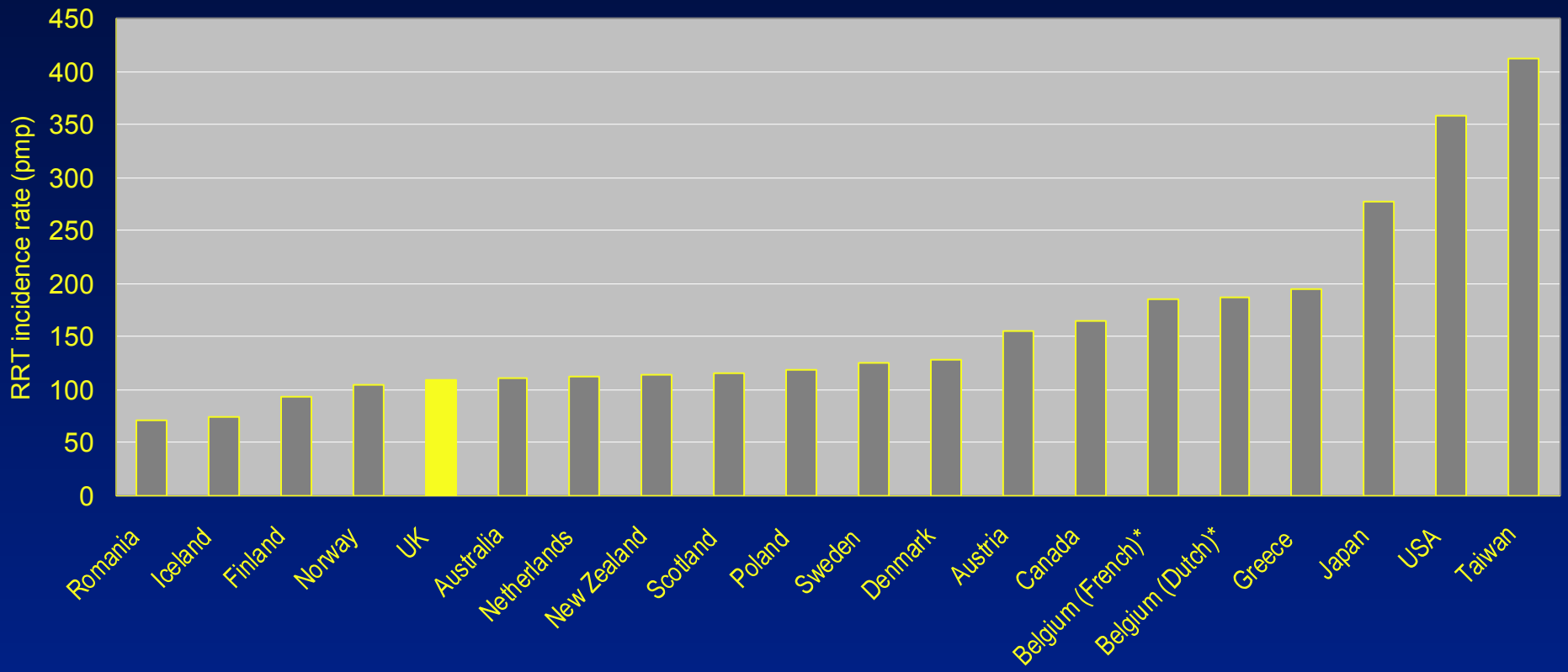


Figure 2.2: Growth in prevalent patients, by treatment modality at the end of each year 1982-2009

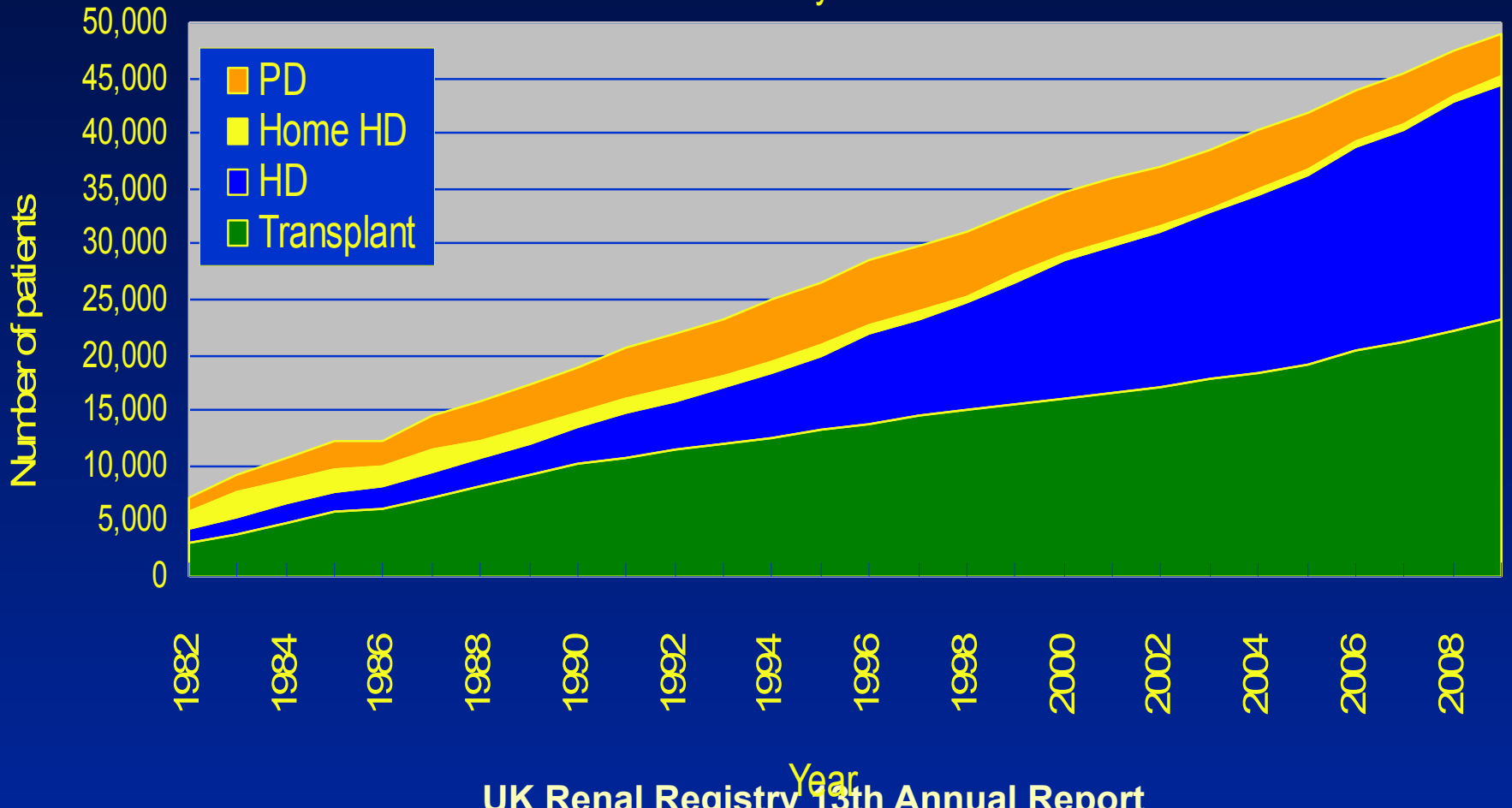


Figure 6.1: Trend in 1 year after 90 day incident patient survival by first modality 2002-2008 (adjusted to age 60) (excluding patients whose first modality was transplantation)

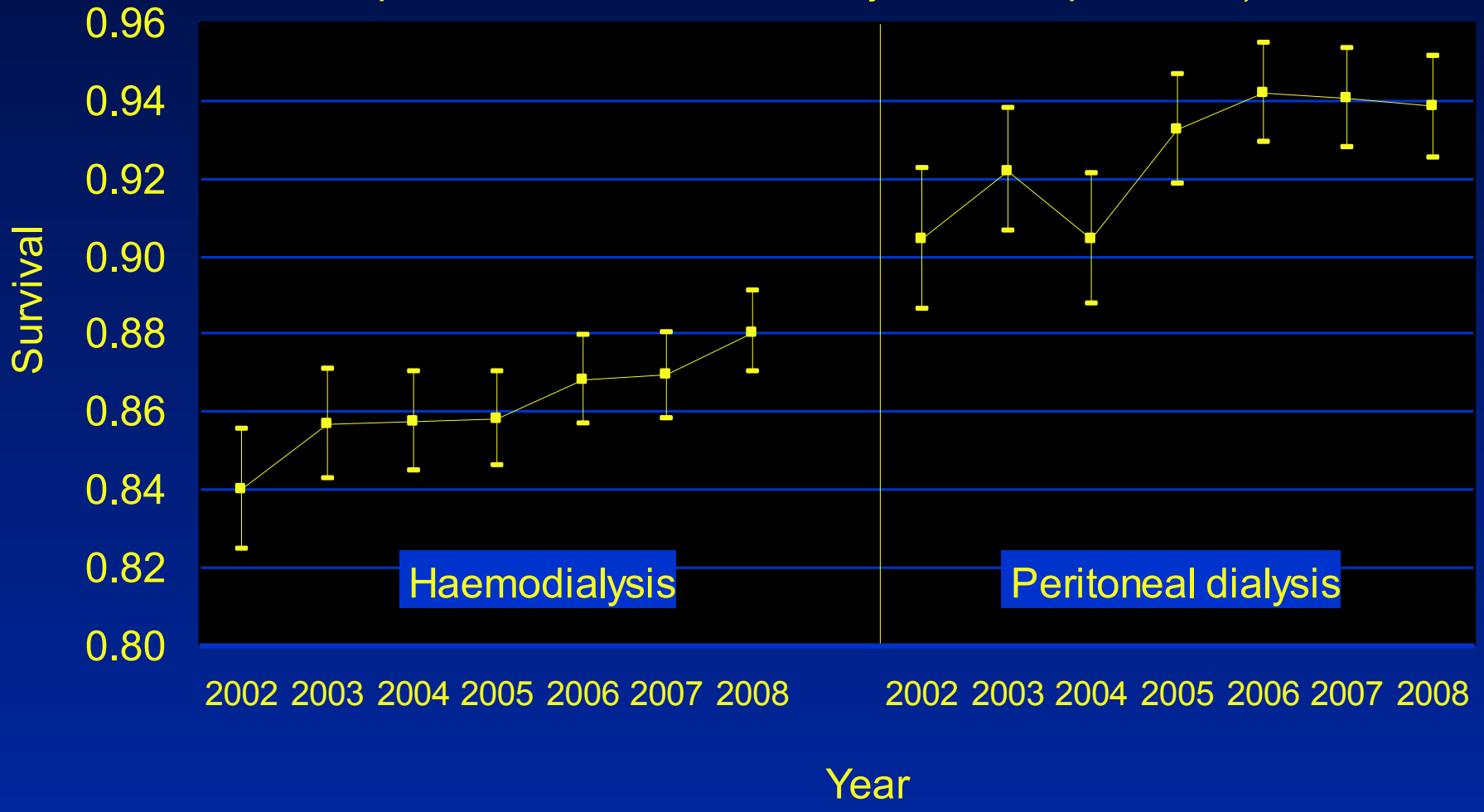


Figure 6.8: Change in KM long term survival by year of starting RRT, for incident patients aged 18-64 years

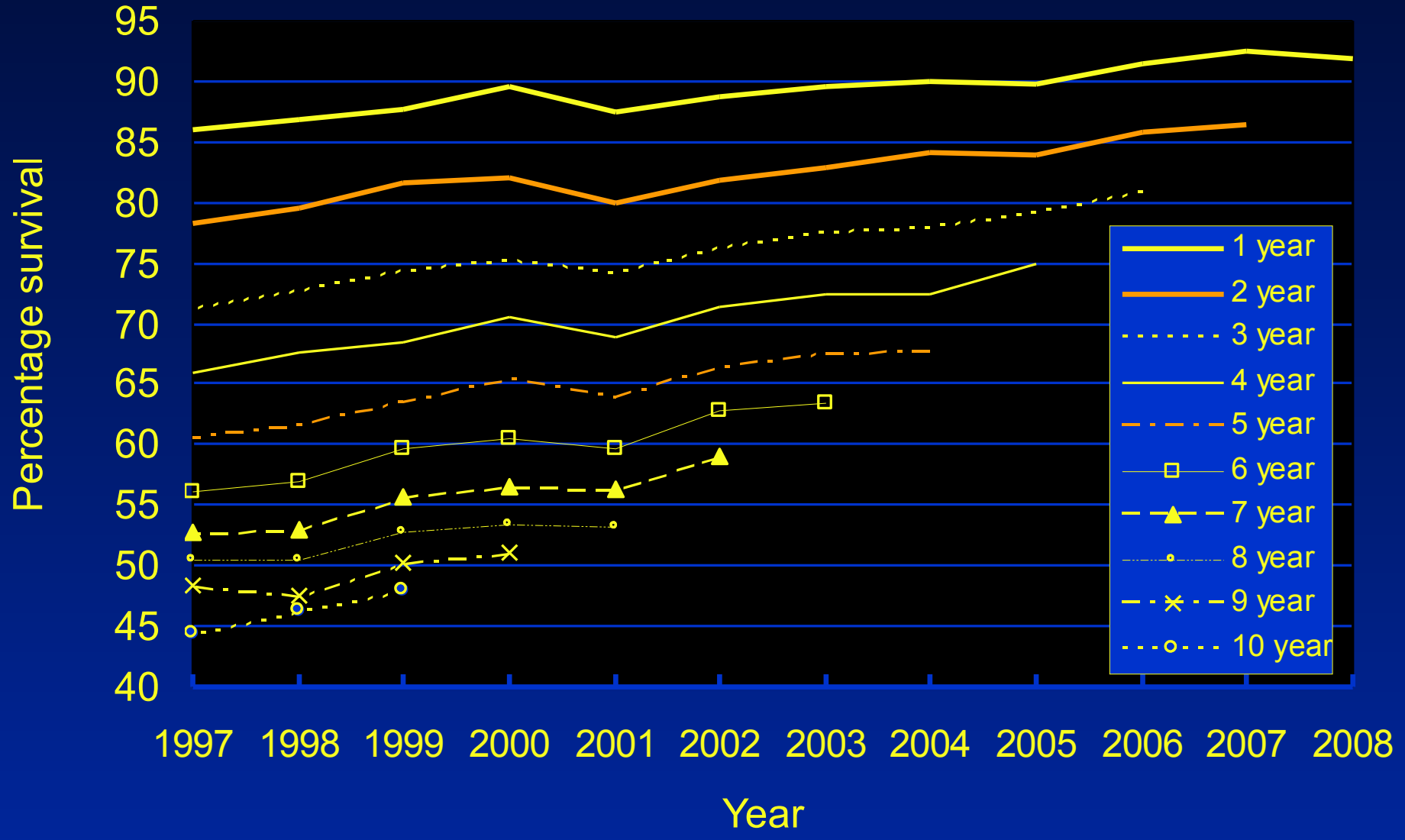


Figure 2.10: Detailed dialysis modality changes in prevalent RRT patients from 1997-2009

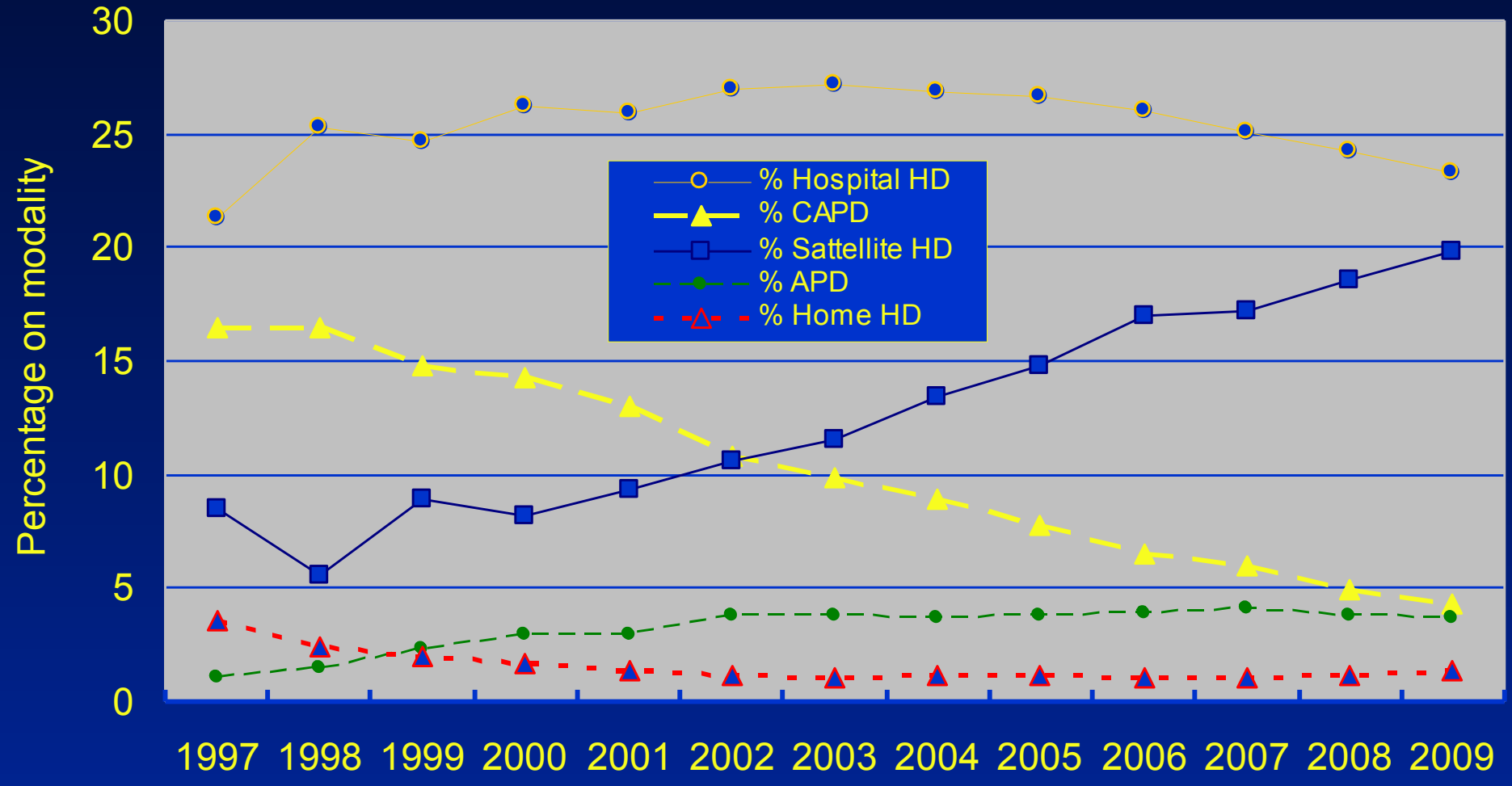


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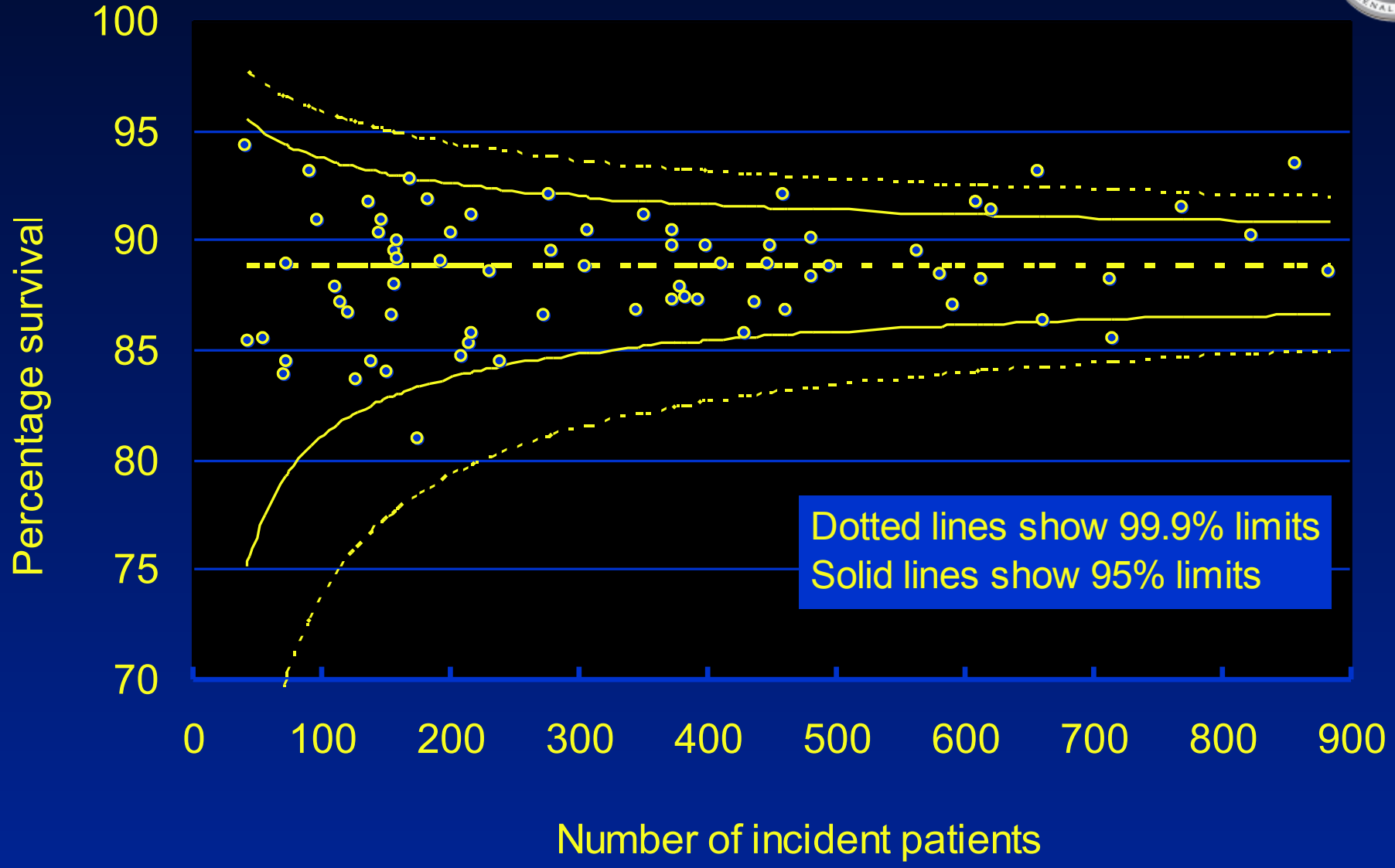
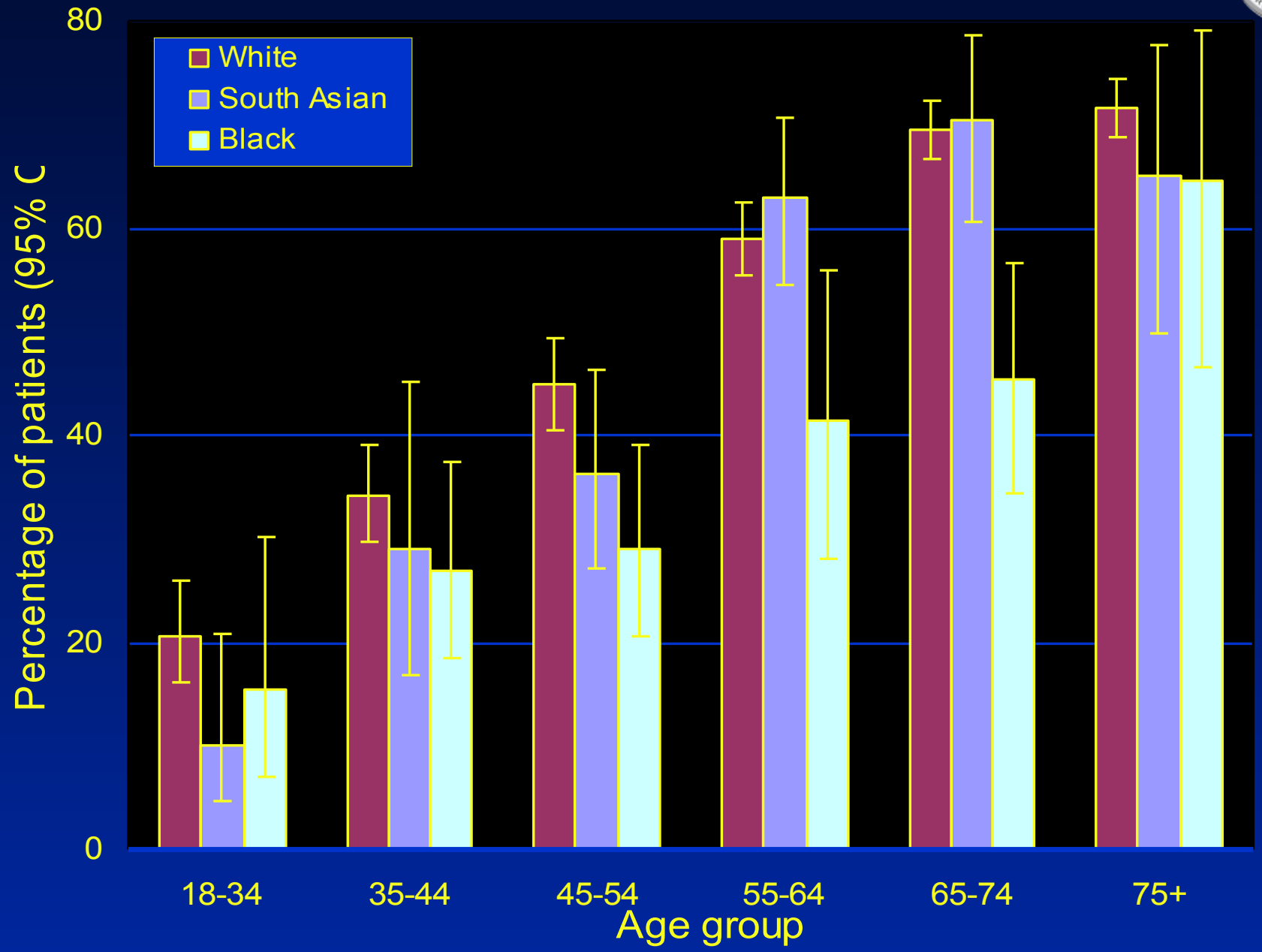
Figure 6.15: Funnel plot for age adjusted 1 year after 90 days survival, 2005-2008 cohort



Comorbidity

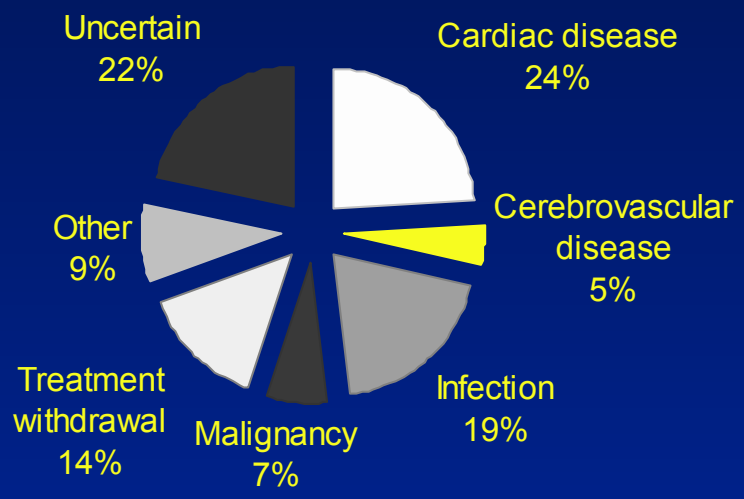
- Only 45.6% (n=5,617) of the incident adult RRT patients reported to the UKRR between 2008 and 2009 had comorbidity data.
- In 2009, three centres provided data on 100% of new patients and 17 centres provided data for less than 5% of their new patients.

Figure 4.5: Percentage of patients with comorbidity by ethnic origin in each age group at the start of RRT 2008-2009



Frequency of causes of death

Dialysis



Transplant

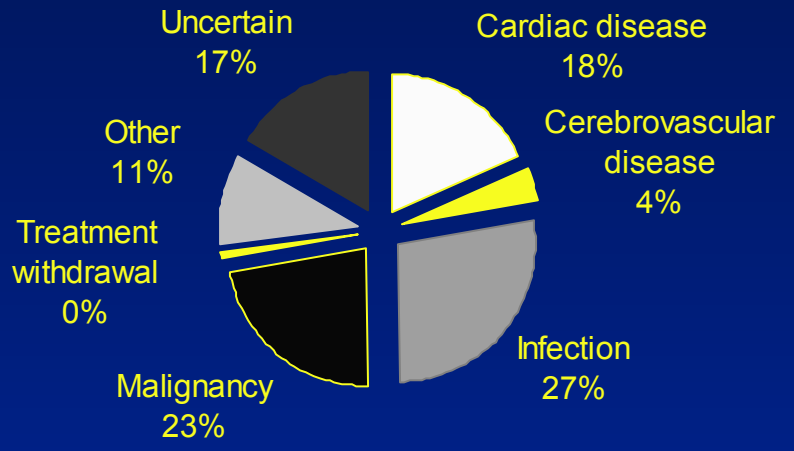


Figure 8.4: Change in the percentage of patients with URR > 65% and the median URR between 1998 and 2009 in the UK

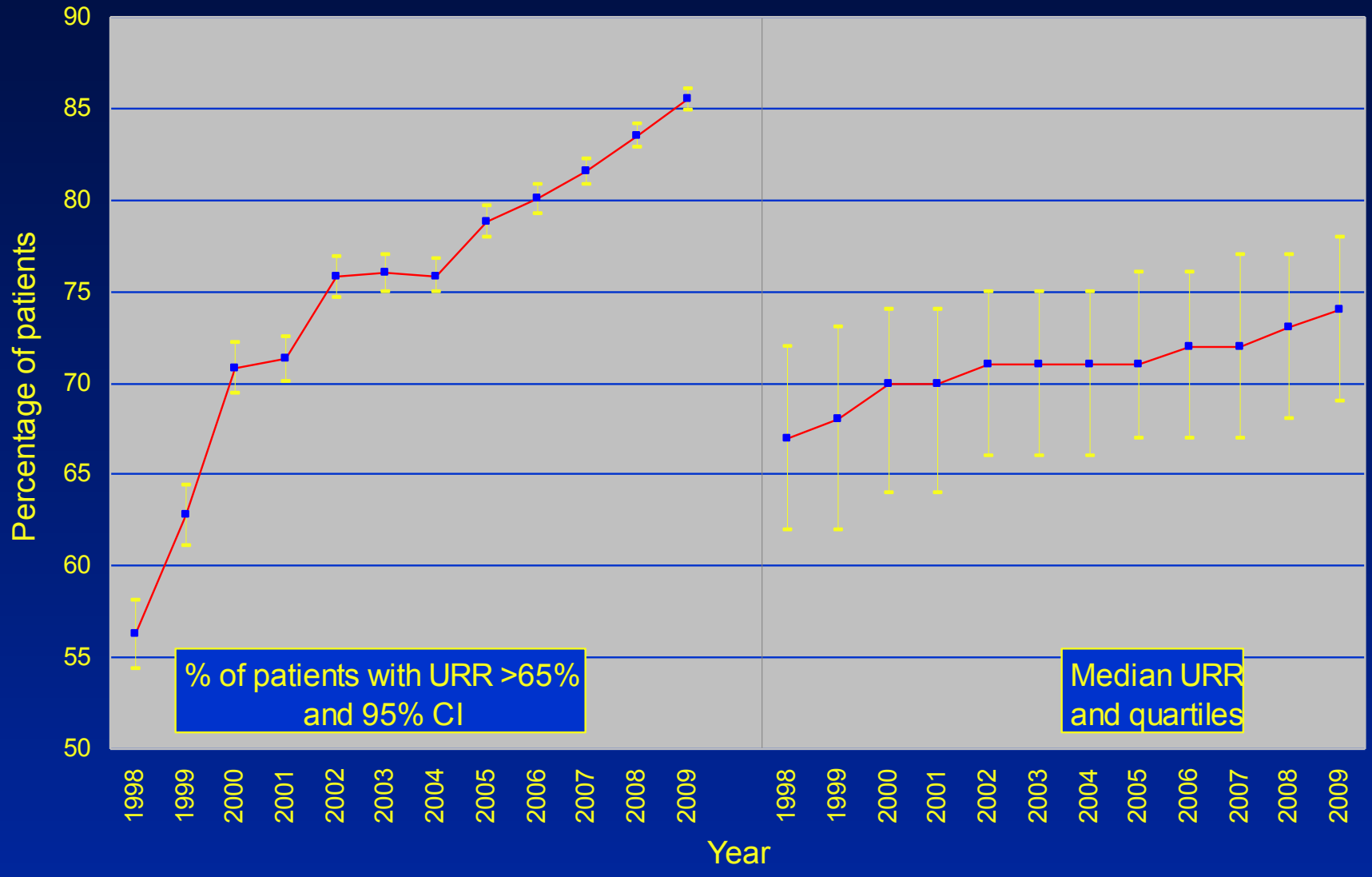


Figure 9.26: Percentage of incident and prevalent dialysis patients (1998-2009) with Hb ≥10 g/dl

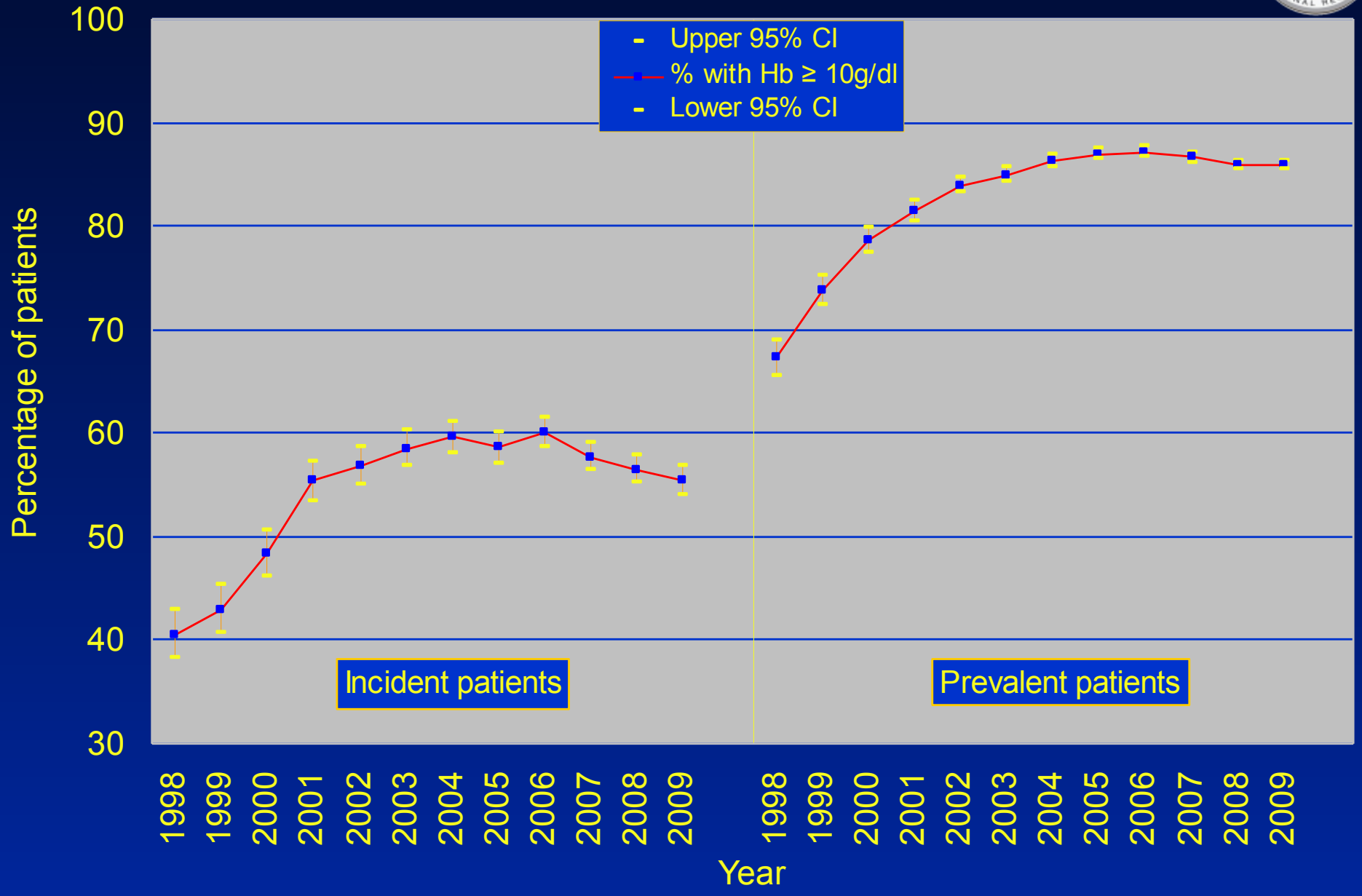


Figure 10.2 Funnel plot of percentage of haemodialysis patients with phosphate within the range specified by the RA clinical audit measure (1.1-1.8mmol/L) by centre in 2009

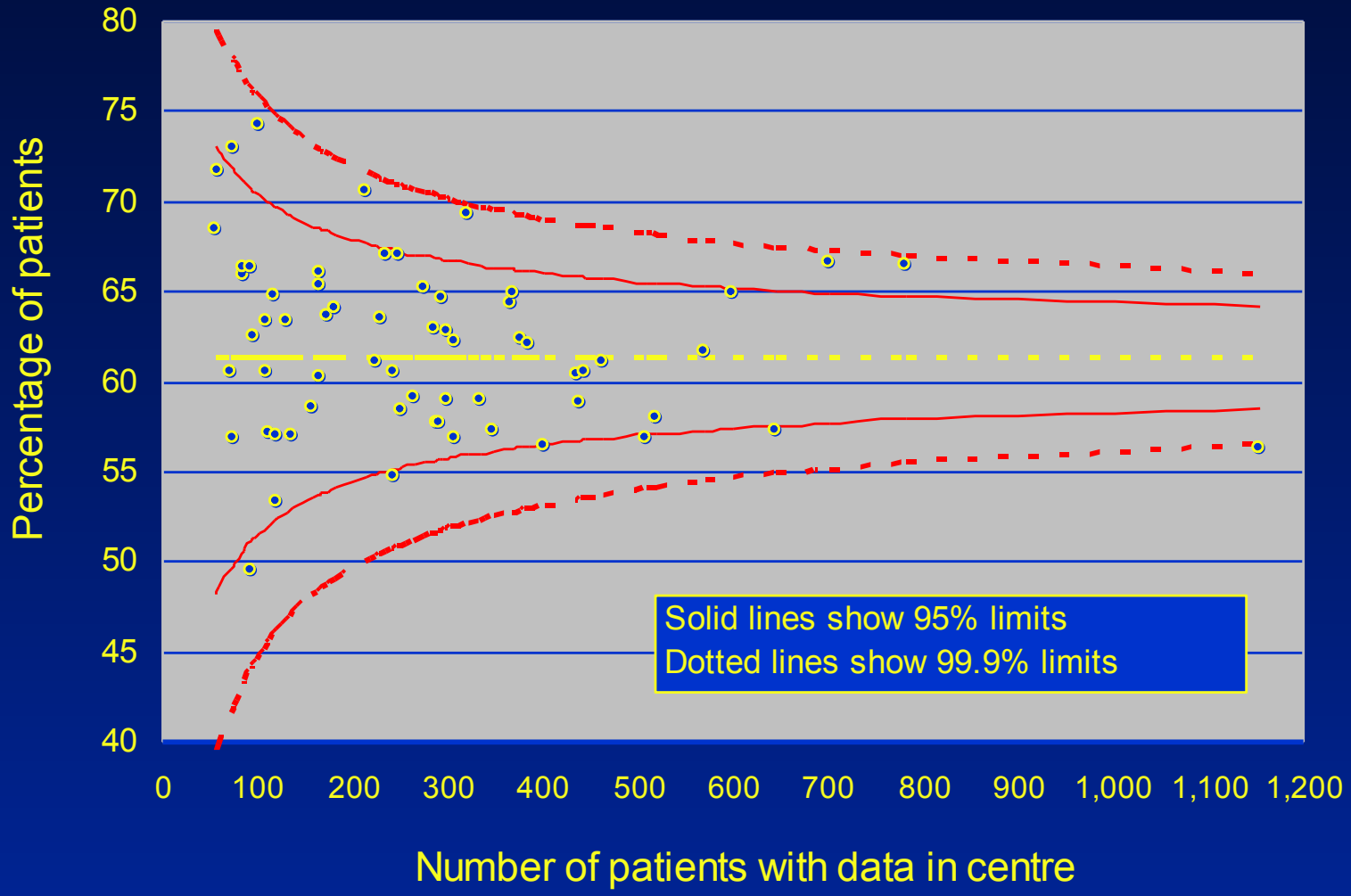


Figure 10.7: Funnel plot of percentage of haemodialysis patients with adjusted calcium within the range (2.2-2.5 mmol/L) by centre in 2009

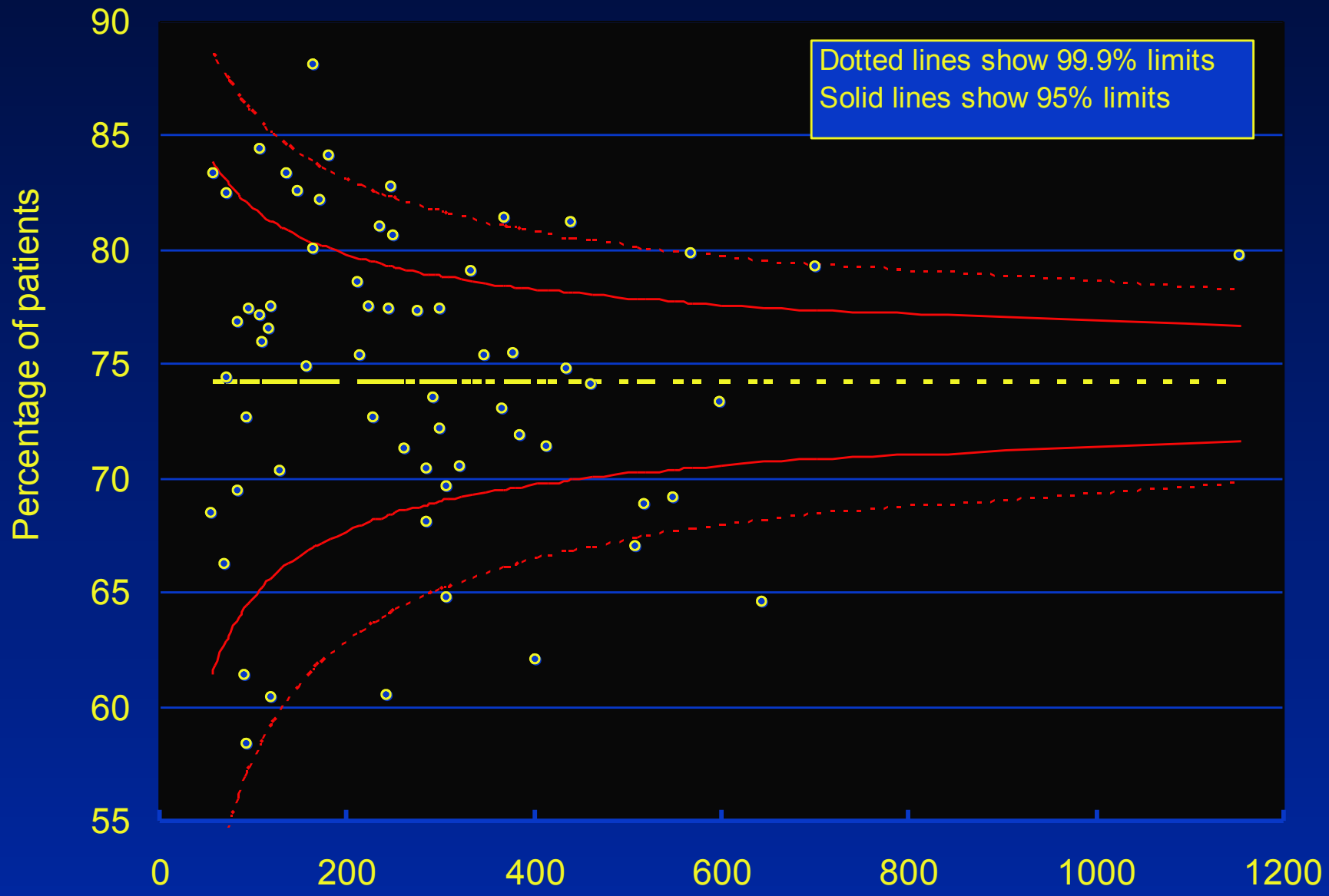
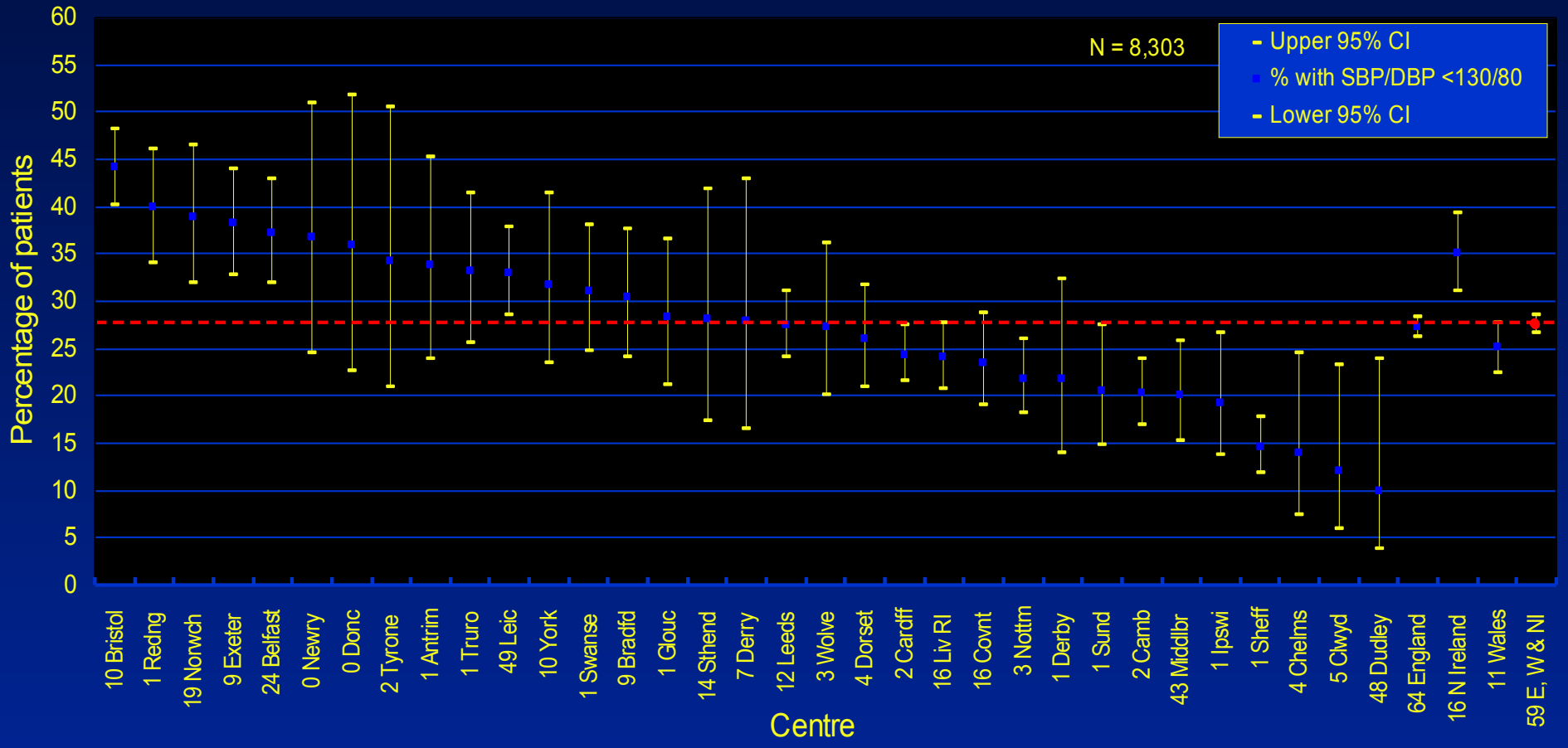
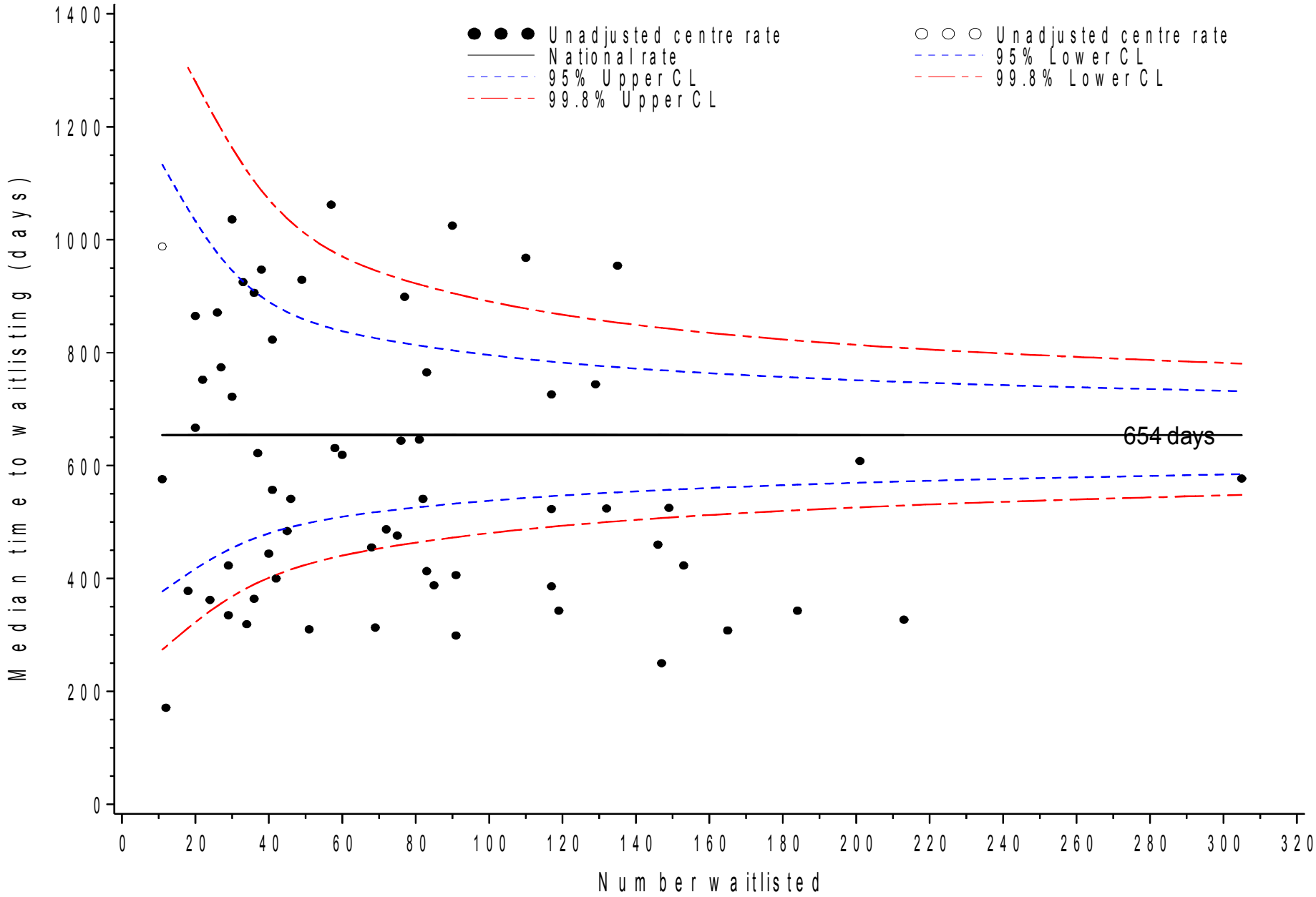


Figure 3.16: Percentage of prevalent transplant patients achieving blood pressure target of <130/80mmHg by centre on 31/12/2009




Unadjusted centre rate
National rate
95% Upper CL
99.8% Upper CL
Unadjusted centre rate
95% Lower CL
99.8% Lower CL
654 days
Median time to waitlisting (days)
Number waitlisted
0
200
400
600
800
1000
1200
1400
0
20
40
60
80
100
120
140
160
180
200
220
240
260
280
300
320

Access to transplantation

- After adjustment for case mix, there are significant centre differences for the probability of :
  - Activation on the kidney waiting list ($p<0.0001$)
  - Transplantation ($p<0.0001$)
- Patients starting in non-transplanting centres are significantly less likely to be
  - Registered for transplantation [OR (odds ratio) 0.90]
  - Transplanted from a donor after cardiac death or a living kidney donor (OR 0.69)
- Once registered, patients in all units had an

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- Late report
- Revised processes for data handling

Insanity

The definition of insanity is doing the same thing over and over and expecting different results.

Benjamin Franklin

Data handling review

The process within the RR

- Automating and speeding
- Consistency & Accuracy
- Data items -Essential? Still used?
- Checks against UKT and ONS data

- Process faster
- Focussed on important items
- More consistent and accurate

Data review

- Taken time to resolve some long-standing issues
- New communications with units
  - Data tables and spreadsheets
- “Personal data managers”
- Additional data staff and programming time

- 6 months for a year’s data

Data review

- 6 months for a year's data
- 2010 collection by end of March 2012
- 2011 collection by end of October 2012
- 2012 collection by end of April 2013

Data review

- Registry dependent on the data supplied
  - Ownership of extraction routines
  - Liaison with suppliers
- Registry engage with Renal Units

Centre	Ethnicity	Primary diagnosis	Date 1st seen	Comorbidity	Average completeness
Newry	100.0	100.0	100.0	100.0	100.0
Ulster	100.0	100.0	100.0	100.0	100.0
L Kings	96.1	100.0	98.4	100.0	98.6
Wolve	98.5	98.5	98.5	98.5	98.5
Nottm	100.0	100.0	98.3	94.4	98.2
Bradfd	90.7	98.1	90.6	96.3	93.9
Oxford	97.1	94.1	91.0	91.2	93.4

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Paediatric database

- Worked closely with the paediatric nephrologists
- Understanding of different clinical encvironments and thus problems
- Near (1 year) to combining paediatrics and adults into one seamless database

RR - developments

- HES data from 1998 until 2010 matched and linked to the cohort of patients starting renal replacement therapy from 2002 to 2006 to produce an anonymised database for analysis.

Vascular access

- Plan to focus on very few items to give best value
- Work with Kidney Care UK
- To develop a sustainable system for continuous collection of vital vascular access data

And do not forget PD…

- Paper “Small not necessarily beautiful”
- HQIP submission

And finally…

- Explore a new system of collecting data in almost real time using the experience / methods from RPV

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