Improving renal patient provider communication

In 2019 the Renal Clinical Network partnered with renal hub services to implement standardised informed consent templates for maintenance dialysis and a supporting policy document. The project aimed to improve patient-provider communication by reducing unwarranted variation in informed consent practices across Victoria for maintenance dialysis and improving patient involvement in decisions about their care.

Results at a glance

**Who have we engaged with?**

Victorian Renal hub services

**Duration**

2019-2020

**Project measures**

Three outcome measures

**Key results**

Pilot data

* 86% of surveyed patients reported feeling involved in decisions about their care as much as they wanted to be.
* 90% of surveyed patients reported receiving the right amount of information about their care and treatment.
* 80% of health services have either implemented the templates and policy or are underway.

[Download consents and policy document](https://www.bettersafercare.vic.gov.au/resources/tools/getting-informed-consent-for-maintenance-dialysis)

## BACKGROUND

In 2017 the need to improve patient-provider communication was identified as an area of priority by the renal sector. The Victorian Healthcare Experience Survey (VHES) demonstrated that renal patients often report feeling less involved in decisions about their care when compared to non-renal patients. The Renal network also identified variation in the information communicated to patients when deciding on treatment for their end stage kidney disease (ESKD). It was therefore decided that the focus of the project would be to reduce variation in informed consent processes for maintenance dialysis across Victorian renal hub services.

## AIM

The project aimed to improve patient provider communication by:

* reducing variation in the information provided to patients at the time of consenting to maintenance dialysis
* improving patient involvement in decisions about their care in Victorian renal health services by December 2020.

## IMPROVEMENT APPROACH

An expert working group was formed consisting of consumers and clinicians in the field. This group was responsible for creating and implementing standardised informed consent templates for maintenance dialysis, along with a supporting policy document.

Clinicians and consumers were consulted in the development of the templates and policy document, which outline 15 minimum recommended standards for inclusion in written informed consent. The documents are [now available for download](https://www.bettersafercare.vic.gov.au/resources/tools/getting-informed-consent-for-maintenance-dialysis).

Implementation and evaluation of the consent templates and policy was piloted at Austin Health, involving the creation of an informed consent experience survey to evaluate patient experience of shared decision making and information provision. Two key questions included in the evaluation survey were taken from the VHES:

1. How much information about your condition and treatment options was provided to you?
2. Were you involved as much as you wanted to be in decisions about your care and treatment?

## Results

Key improvements included:

* Generation of standardised informed consent templates for maintenance dialysis and a supporting policy document.
* Reduction in variation in informed consent practices across Victorian Renal services. Of the 10 renal hub services:
	+ 30 per cent have implemented the informed consent templates (all these services now meet the 15 minimum recommended standards)
	+ 30 per cent are currently underway
	+ 20 per cent have committed to implementation of the project
	+ 20 per cent may retain current practices.
* Of the three services that did not have prior written informed consent for maintenance dialysis, one now meets all 15 of the minimum recommended standards, and two are progressing to implementation.
* Improvement in 13 of 15 minimum recommended standards for informed consent (see **Table 1**).
* Creation of a patient reported experience measure – Informed consent experience survey.
* Improvement in renal patient reported involvement in decisions about their care, with 86 per cent of surveyed patients reporting feeling involved in decisions about their care as much as they wanted to be.
* Increased staff capability to lead and implement quality improvement.

Table 1: Percentage of health services meeting the minimum recommended standards

|  |  |  |
| --- | --- | --- |
| Minimum recommended standards | Pre | Post |
| Information about condition\*  | 60% | 70% |
| Education about all treatment options\* | 50% | 70% |
| Planned treatment options\*  | 40% | 50% |
| Risks and complications\* | 60% | 70% |
| Rights and responsibilities  | 70% | 70% |
| Regular investigations and monitoring for infection  | 70% | 70% |
| ANZDATA registry\* | 40% | 60% |
| Communication of clinical information\* | 60% | 80% |
| Modality change\*  | 40% | 50% |
| Stopping treatment\* | 50% | 70% |
| Advanced care planning and goals of care\*  | 10% | 40% |
| Signed written informed consent\* | 70% | 80% |
| Confirmation of written informed consent\*  | 50% | 70% |
| Capacity and understanding\* | 70%  | 80% |
| Interpreter use\*  | 50% | 70% |

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\*Standard where improvement in inclusion was seen