

Improving Calcium Binder Use in Hyperphosphatemic Dialysis Patients





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AIM Statement: By May 2024, we will increase the proportion of hyperphosphatemic dialysis patients in the UH dialysis unit on appropriate calcium containing binders by 10%

PROBLEM DEFINITION

Mineral bone disease is a common problem among ESKD patients. KDIGO guidelines recommend a serum phosphate of <1.8 in this population. First line strategies include calcium binders when serum calcium is <2.65. Not all patients are meeting this target.

ROOT CAUSE ANALYSIS

Stakeholder discussion revealed that:

- there is sometimes lack of clarity
 regarding how much to alter binder dose
 by
- pharmacies are often unaware of EAP for calcium carbonate binders which limits patient use
- there remains some discrepancy between guidelines and current literature on how aggressive phosphate control should be which leads to varying practice patterns

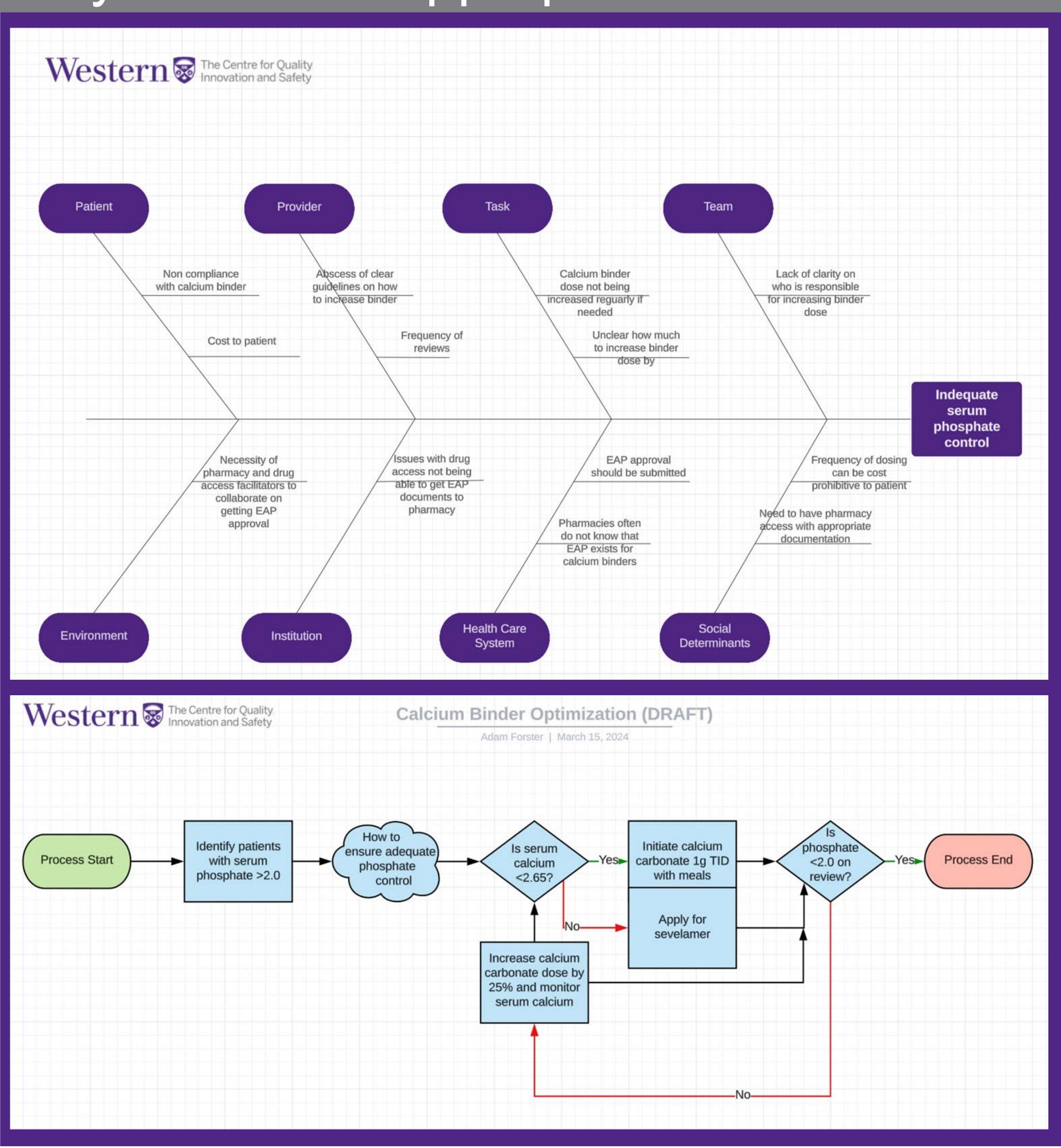
MEASUREMENT & RESULTS

Process Measures:

- number of patients to which algorithm is applied
- number of new EAPs applied for

Balancing measures

- increasing in workload when deciding on binder dose
- patient dissatisfaction with requiring higher pill burden



IMPLEMENTATION



SUSTAINABILITY

- 1. Process owner: Dialysis unit manager and NPs
- 2. Algorithm applied during monthly bloodwork review
- 3. Regular blood work to ensure phosphate targets are met

00	Percent of Patients Not Meeting Phosphate Target								
00 —									
90 –									
80 –									
70 –									
60 –									
50 –									
40 –									
30 –			•						
20 -									
10 –									
0 -									
0 -	Feb	March	April	Mav	June	July	August	September	October