

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

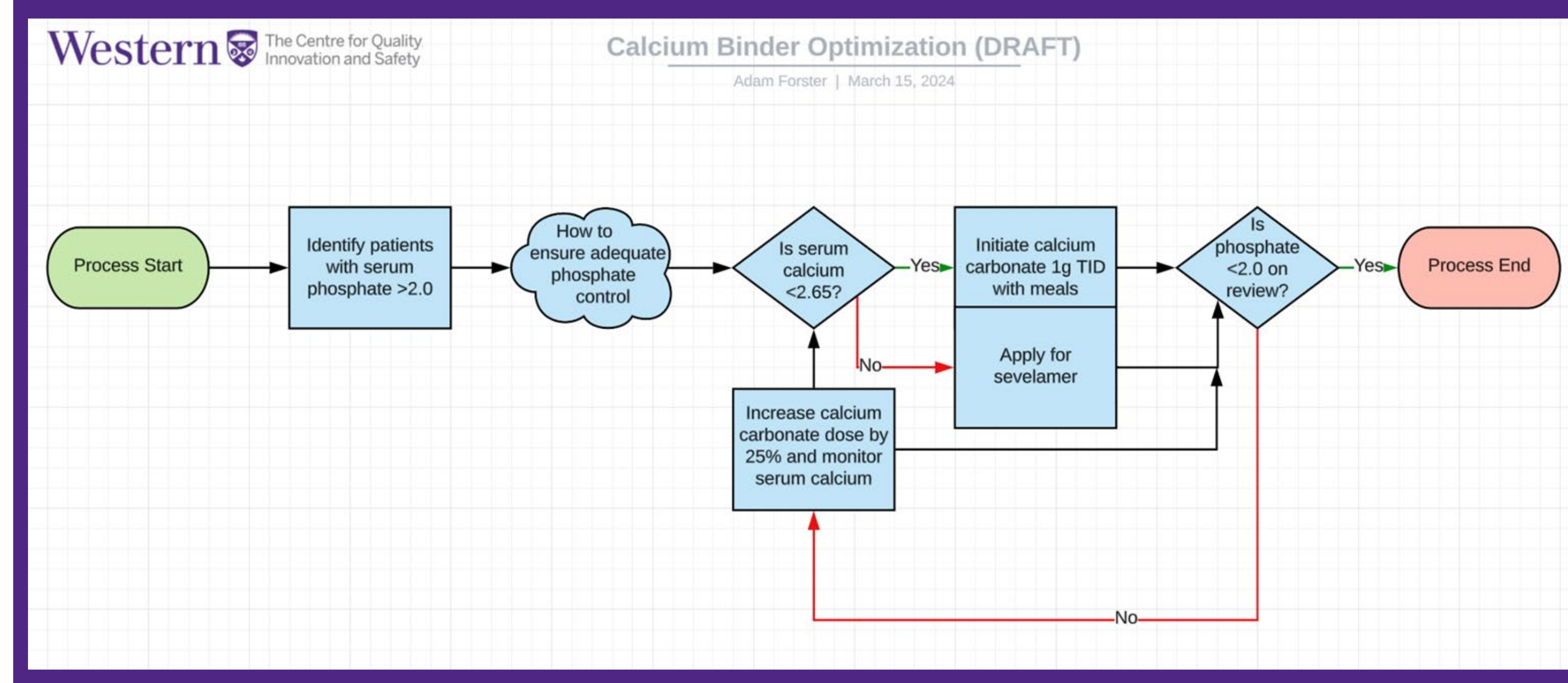
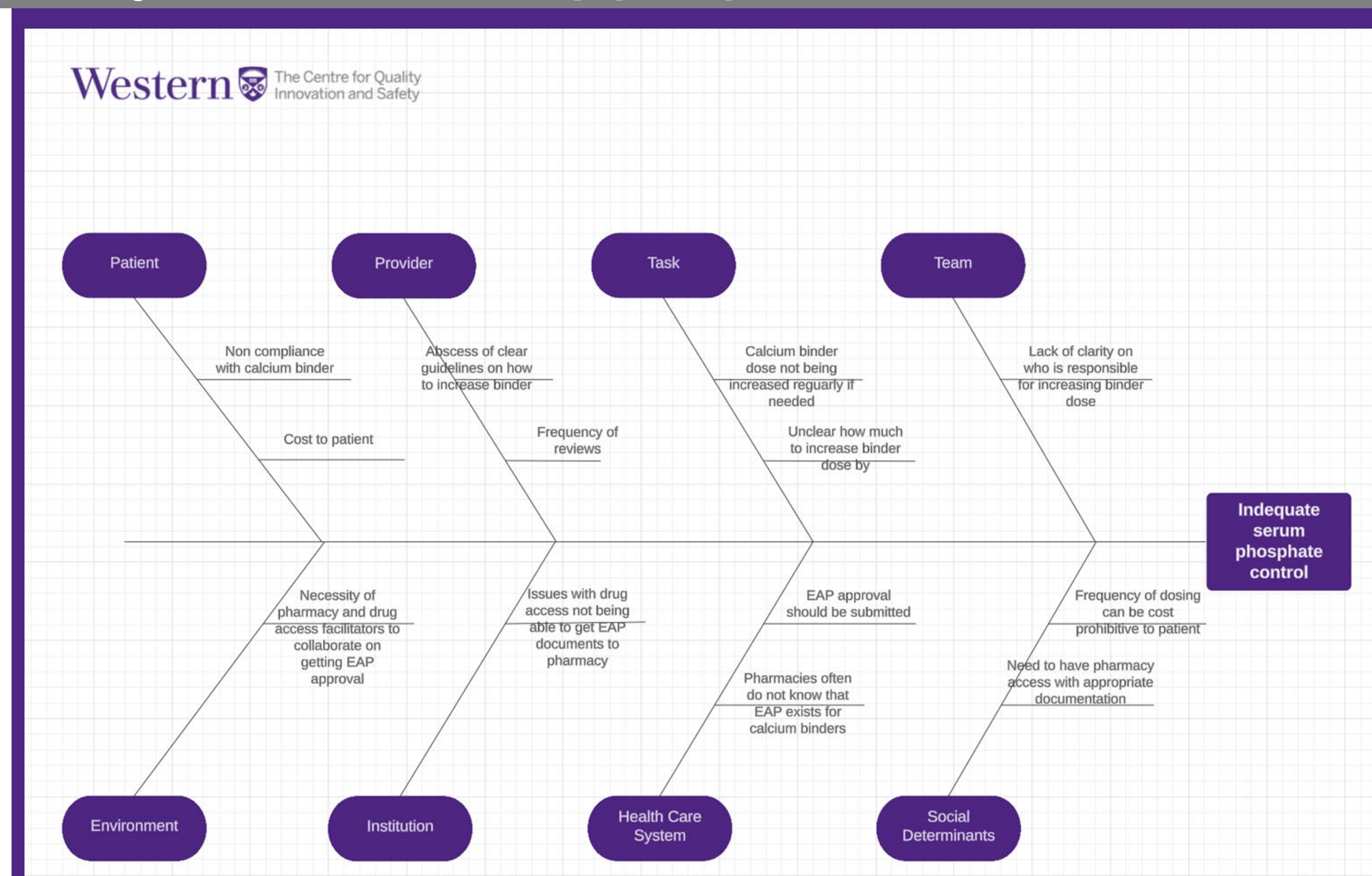
MEASUREMENT & RESULTS

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

