

QI Evaluations of Renal Biopsies

The Problem

In the past 20 years at BIDMC there have been two patients who required nephrectomies resulting from kidney biopsy. These occurred in July 2006 and March 2007 and were reported to the Medical Peer Review Committee (MPRC), the QI Directors Committee, the Hospital Board of Directors, and the Board of Registration in Medicine. Both cases were performed by a Nephrology fellow and supervised by a Nephrology attending.

Aim/Goal

To develop a robust QI process to evaluate fellows' renal biopsy performance.

The Team

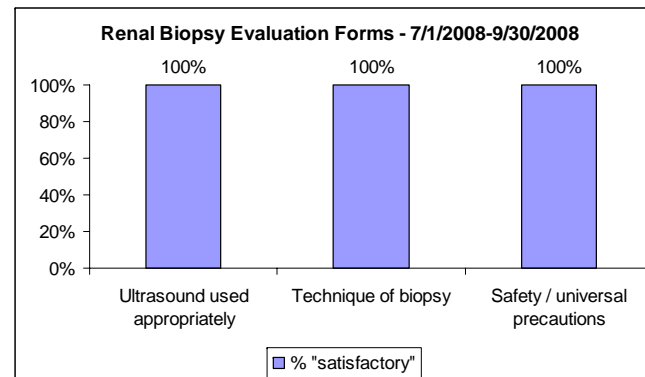
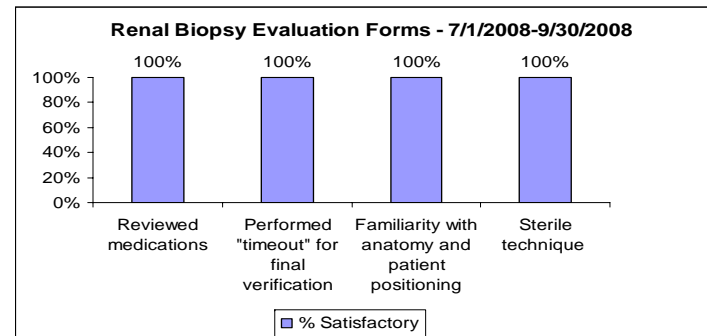
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The Interventions

- The Division of Nephrology, under the leadership of Dr. Robert Brown, has developed a robust QI process to evaluate fellows' renal biopsy performance.
- There are now evaluation forms in place that are being filled by the supervising attending immediately following the biopsy. These forms include evaluation of the preparation for the procedure as well as the procedure itself.
- The data from the evaluation forms are being entered into the divisional QI Dashboard and being analyzed and reviewed by Dr. Brown and the Medicine QI team on a quarterly basis.
- In addition, data are being collected on readmissions and ED visits within 30 days following renal biopsies; transfusions on or after procedure; nephrectomies; and 30-days post-procedure mortality. These cases are reviewed by the division to determine whether there are complications that were directly related to the procedure and need to be reported to the MPRC.

The Results/Progress to Date

In Q3 2008 (July-September), 24 renal biopsies were performed by the Division of Nephrology (11 in the ambulatory setting and 13 in the inpatient setting). Out of 24 procedures, 20 (83%) had an evaluation form completed. The percentage scored "satisfactory" in the evaluations (vs. "needs improvement") was 100% in all the different categories (!) None of the procedures evaluated had any immediate complications reported.



Next Steps

The Division of Nephrology will continue to evaluate all renal biopsies performed by fellows, and will continue to review all cases that resulted in readmissions, ED visits, transfusions, nephrectomies and deaths.

