

## **RRAM project**

### RRT health economic microcosting data.

The purpose of the “walk through” is to determine what consumable and human resources are required for renal replacement therapy using either heparin or citrate solution as an anticoagulant.

We are only interested in resource use above and beyond that required to care for a critically ill patient who was not receiving renal replacement therapy.

The starting point for measuring resource use is when a decision is made to initiate renal replacement. The end point is when renal replacement has finished and the vascular access devices have been removed.

For convenience the process of renal replacement therapy has been divided into a number of phases. These are initial tests, placing vascular access, priming the renal replacement machine, initiating renal replacement, running renal replacement, ceasing renal replacement, and vascular access removal. There is a separate page for each of these. This is preceded by a few details of the machine used and other baseline data.

We are interested in what is “normally” done. We don’t need to record all possible variants. Estimates of the time to do tasks are needed, not precise timings.

## Baseline data

|  |  |
|--|--|
| Date                                   |  |
| Interviewer name                       |  |
| Hospital                               |  |
| ICU type (general or service-specific) |  |

|                                    |  |
|------------------------------------|--|
| RRT machine manufacturer           |  |
| RRT machine name/model             |  |
| Heparin or citrate anticoagulation |  |

|                                      |  |
|--------------------------------------|--|
| Nurse interviewee name               |  |
| Contact for queries (email or phone) |  |
| Doctor interviewee name              |  |
| Contact for queries (email or phone) |  |
| Other interviewee 1 name and role    |  |
| Contact for queries (email or phone) |  |
| Other interviewee 2 name and role    |  |
| Contact for queries (email or phone) |  |

## Initial tests

Do you do any additional tests (beyond routine care) after a decision has been made to initiate renal replacement therapy?

### Blood tests

| Test name<br>(We will obtain<br>laboratory costs) | Nurse time to collect<br>and send to<br>laboratory and check<br>result (min) | Doctor time to collect<br>and send to<br>laboratory and check<br>result (min) | Are there any<br>consumables beyond<br>syringes, sample tubes,<br>and packaging (List)? |
|---|--|---|---|
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |
|   |  |   |   |

### Imaging

| Test name<br>(We will obtain<br>radiology costs) | Nurse time to<br>request, assist with<br>imaging and review<br>result (min) | Doctor time to<br>request, assist with<br>imaging and review<br>result (min) | Are there any<br>consumables supplied<br>by the ICU (List)? |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

## Other investigations

| Investigation name<br>(We will obtain non-ICU costs) | Nurse time to request, assist with investigation and review result (min) | Doctor time to request, assist with investigation and review result (min) | Are there any consumables supplied by the ICU (List)? |
|--|--|---|---|
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |

## Placing vascular access

This refers to the placement of vascath or equivalent.

### Consumables

| Consumable                       | Used (Y/N) | Name or type/manufacturer/(amount) | If part of an "all in one" pack tick here |
|----------------------------------|------------|------------------------------------|---|
| Vascular access catheter         | <b>Y</b>   |                                    |   |
| Ultrasound probe cover and jelly |            | Not needed                         |   |
| Skin prep solution               |            | Not needed                         |   |
| Drapes                           |            | Not needed                         |   |
| Local anaesthetic                |            |                                    |   |
| Syringes                         |            |                                    |   |
| Needles                          |            |                                    |   |
| Sutures                          |            |                                    |   |
| Flush solution                   |            | Not needed                         |   |
| Dressing                         |            |                                    |   |
| Gown packs                       |            |                                    |   |
| Gloves                           |            |                                    |   |
| Other (specify)                  |            |                                    |   |
| Other (specify)                  |            |                                    |   |
| Other (specify)                  |            |                                    |   |

## Imaging for vascular access position

| Imaging name                                      | Nurse time to request, assist with imaging and review result (min) | Doctor time to request, assist with imaging and review result (min) | Are there any consumables supplied by the ICU (List)? |
|---|--|---|---|
| Use same ultrasound that was used to place access |  |   | Not needed  |
| Formal radiological imaging using ultrasound      |  |   |   |
| Other (specify)                                   |  |   |   |

## Staff time for vascular access placement (don't forget HCA time if appropriate)

Don't include the imaging time recorded above

| Staff type (and usual grade/band) | Total time involved in placing access including preparation and tidy up (min) |
|-----------------------------------|---|
| Staff 1                           |   |
| Staff 2                           |   |
| Staff 3                           |   |
| Staff 4                           |   |
| Staff 5                           |   |
| Staff 6                           |   |
| Staff 7                           |   |

## Preparing the RRT machine

This refers to initial set up before connection to the patient.

### Consumables

| Consumable                       | Used (Y/N) | Name or type/manufacturer/(amount) | Notes                              |
|----------------------------------|------------|------------------------------------|------------------------------------|
| Circuit assembly (tubes etc)     | <b>Y</b>   |                                    |                                    |
| Saline/Hartmann's to prime       |            |                                    | Number of bags/bag volume          |
| Other priming solutions          |            |                                    | Type and number of bags/bag volume |
| Heparin prime                    |            |                                    | Only the priming heparin           |
| CRRT fluid bag                   |            |                                    | Type and number of bags/bag volume |
| Effluent (filtrate) bags         |            |                                    | Type and number of bags            |
| Heparin for infusion             |            |                                    | For infusion during RRT            |
| Heparin diluent                  |            |                                    | For infusion during RRT            |
| Citrate for infusion             |            |                                    | For infusion during RRT            |
| Citrate diluent                  |            |                                    | For infusion during RRT            |
| Syringe for heparin/citrate pump |            |                                    | For infusion during RRT            |
| Calcium solution for infusion    |            |                                    |                                    |
| Cartridge                        |            |                                    |                                    |
| Other (specify)                  |            |                                    |                                    |
| Other (specify)                  |            |                                    |                                    |
| Other (specify)                  |            |                                    |                                    |

**Staff time for RRT machine setup (don't forget HCA time if appropriate)**

| <b>Staff type (and usual grade/band)</b> | <b>Total time involved in setting up machine including preparation and tidy up (min)</b> |
|--|--|
| Staff 1                                  |  |
| Staff 2                                  |  |
| Staff 3                                  |  |
| Staff 4                                  |  |
| Staff 5                                  |  |
| Staff 6                                  |  |
| Staff 7                                  |  |



## Connecting the RRT machine to the patient

This refers to the connection of the RRT machine to the patient.

### Consumables

| Consumable                  | Used (Y/N) | Name or type/manufacturer/(amount) | Notes   |
|-----------------------------|------------|------------------------------------|---|
| Heparin intravenous dose    |            |                                    | IV bolus to anticoagulated the patient, if used |
| Syringe to aspirate vascath |            |                                    |   |
| Other (specify)             |            |                                    |   |
| Other (specify)             |            |                                    |   |
| Other (specify)             |            |                                    |   |
| Other (specify)             |            |                                    |   |
| Other (specify)             |            |                                    |   |

### Staff time for connecting the RRT machine to patient

| Staff type (and usual grade/band) | Total time involved in placing access including preparation and tidy up (min) |
|-----------------------------------|---|
| Staff 1                           |   |
| Staff 2                           |   |
| Staff 3                           |   |
| Staff 4                           |   |

## Running RRT

This refers to the time whilst the RRT machine is running.

For consumables we need the approximate use for every 4 hours.

We will obtain fluid, citrate, heparin and calcium use from other sources

## Consumables

| Consumable                        | Used (Y/N) | Name or type/manufacturer/(amount) | Notes  |
|-----------------------------------|------------|------------------------------------|--|
| Blood gas estimations per 4 hours |            |                                    | For any purpose related to RRT (pH, calcium, K <sup>+</sup> etc) |
| APTT estimations per 4 hours      |            |                                    | For any purpose related to RRT                                   |
| Other (specify)                   |            |                                    |  |
| Other (specify)                   |            |                                    |  |
| Other (specify)                   |            |                                    |  |
| Other (specify)                   |            |                                    |  |
| Other (specify)                   |            |                                    |  |

## Staff time for running the RRT machine

|  |  |
|--|--|
| <b>Staff type (and usual grade/band)</b> | <b>Total time involved in care of a patient on RRT for tasks related to RRT only (obs, tests, adjustments etc) (min)</b> |
|--|--|

|         |  |
|---------|--|
| Staff 1 |  |
| Staff 2 |  |
| Staff 3 |  |
| Staff 4 |  |

## Disconnecting the RRT machine from the patient

This refers to the disconnection of the RRT machine from the patient assuming an elective take down (ie not because the circuit has clotted or the access is blocked).

### Consumables

| Consumable   | Used (Y/N) | Name or type/manufacturer/(amount) | Notes                             |
|--|------------|------------------------------------|-----------------------------------|
| Dressing pack  |            |                                    |                                   |
| Flush solution for vascath                           |            |                                    |                                   |
| Syringe for flush solution                           |            |                                    |                                   |
| Saline/Hartmann's for flushing back blood in circuit |            |                                    | Number of bags and volume of bags |
| Other (specify)                                      |            |                                    |                                   |
| Other (specify)                                      |            |                                    |                                   |
| Other (specify)                                      |            |                                    |                                   |

### Staff time for disconnecting the RRT machine from patient

| Staff type (and usual grade/band) | Total time involved including preparation and tidy up (min) |
|-----------------------------------|---|
| Staff 1                           |   |
| Staff 2                           |   |
| Staff 3                           |   |
| Staff 4                           |   |

## Removing the vascular access

This refers to the removal of the vascular access device.

### Consumables

| Consumable        | Used (Y/N) | Name or type/manufacturer/(amount) | Notes |
|-------------------|------------|------------------------------------|-------|
| Dressing pack     |            |                                    |       |
| Dressing          |            |                                    |       |
| Cleaning solution |            |                                    |       |
| Other (specify)   |            |                                    |       |
| Other (specify)   |            |                                    |       |
| Other (specify)   |            |                                    |       |

### Staff time for removing the vascular access

| Staff type (and usual grade/band) | Total time involved including preparation and tidy up (min) |
|-----------------------------------|---|
| Staff 1                           |   |
| Staff 2                           |   |
| Staff 3                           |   |
| Staff 4                           |   |

### Additional information

|   |  |
|---|--|
| Number of filter cartridges purchased over previous 12 months?          |  |
| If 12 month data not available, give cartridge numbers and time period. |  |

|  |  |
|--|--|
| Cost of filter cartridge (per unit) for citrate? |  |
| Cost of filter cartridge (per unit) for heparin? |  |

#### Blood gas machine payment option:

|   |         |
|---|---------|
| Outright purchase and consumable costs  | Details |
| Machine loan and consumable costs       | Details |
| Machine lease/rent and consumable costs | Details |
| Per-test payment                        | Details |
| Other                                   | Details |