

Using Quality Improvement Methodology to Increase Recruitment and Retention of Patients Receiving Dialysis Therapies at Home

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INTRODUCTION

Despite recognition of their well-recognised benefits from medical and psychosocial aspects, few patients requiring dialysis opt for home therapies. In 2017, UK Renal Registry reported that only 4.5% and 12.5% of dialysis patients have chosen home haemodialysis (HHD) and peritoneal dialysis (PD) respectively. Historically, our unit has a significant number of patients utilising home therapies although the recent decline in the PD programme has caused concern. As part of the Kidney Quality Improvement Programme, our team aimed to increase the number of patients opting for home dialysis therapies and reduce the number of patients leaving the service due to avoidable reasons.

METHODS

Using Life QI[®] software, the project team (patient and multidisciplinary team representatives), initially process mapped the patient journey, created a multi-level driver diagram, generated change ideas and developed specific plan, do, study, act (PDSA) cycles.

Strategies to promote recruitment and retention to home therapies were employed. In response to a decline in total PD numbers, our initial driver diagram was further refined in Autumn 2019 and prioritised the PD First campaign (fig.1). Analysis of our historical programme demonstrated the attrition rate between patient selection and successful PD at 90 days.

Key PDSA cycles included patient and carer involvement in the project team, improved education sessions, feedback surveys, early home visits, low clearance team collaboration and a culture of PD First amongst the clinical staff at all levels in order to promote recruitment to PD. Retention of patients on home therapies focused upon measures to standardise training, reduce infections (exit site and peritonitis) and mitigate avoidable drop off by anticipating failure and taking action to overcome potential obstacles to home therapies.

RESULTS

Overall, our home therapies programme is static. 5 patients start and leave home therapies per month. Our number of patients on the PD programme has fallen over the year yet the rate of decline has improved (fig 2). On average, 3 patients start and 4 leave PD per month.

Strategies to improve recruitment (education sessions, early home visits etc) have been actioned and attendance at support groups and education sessions has increased (fig 3).

Exit site and peritonitis numbers have declined which is a key component in the retention of those receiving peritoneal dialysis (fig 4).

DISCUSSION

Home based services and treatment require constant attention, surveillance and support to ensure a thriving programme. Quality improvement principles involve real-time data and encourage a collaborative, multidisciplinary approach to highlighted trends which is crucial in understanding a programme's vulnerabilities. A clear focus, strategy and actions, sometimes involving a change in culture and patient

pathway need not require extra resource but can start to promote and maintain recruitment and retention of home therapies.