

An audit on the efficient use of renal procedure lists and the impact of the procedure list on the hospital length of stay (LOS)

Miss Georgina Morris¹, Dr Packiam Shenbagaraman², Dr Nitin Kolhe²

¹University Of Nottingham, Nottingham, United Kingdom, ²University Hospital of Derby And Burton Foundation Trust, Derby, United Kingdom

Background: The renal patients have Tenckhoff and Permacath catheters inserted for peritoneal dialysis and haemodialysis respectively. These procedures are done by the nephrologists in the Interventional Radiology suite once every week. The patients are either admitted to the renal ward electively on the day of the procedure or they have them done while they are already an in-patient for a related or a different medical problem.

Aim: To assess if the interventional lists are being utilised efficiently and to see if in-patients are staying longer in hospital waiting for a procedure as they are done only once every week.

Methods: The list of patients undergoing renal procedures, their LOS in hospital, procedure cancellations, reasons for cancellations - extracted from the Hospital's Clinical Management system and from the discharge summaries – were retrospectively reviewed from 1 Jan 2018 to 31 Dec 2018.

Results: 115 procedures were scheduled to happen. None of the procedure lists had been cancelled. 12 procedures (10.4%) were cancelled and rescheduled – 5 were cancelled because the procedure list had over run, 4 because the hospital was on black alert, 2 because the patient was on clopidogrel and 1 because the patient had an infection. Of the 103 procedures that were performed – 48 (46.4%) were done electively and the patients were admitted on the day of the procedure; 55 (53.6%) were done on patients who were already admitted to hospital for a related or a different medical problem. Of the elective patients (48 patients), all but one (98%) were discharged on the same day or the following day. The one patient who stayed for 3 days had an AV fistula operation done during the same admission. The length of stay (LOS) for those who were already in-patients (55 patients) was dictated by the primary reason for their admission. However, 16 patients out of these cohort of 55 patients (29.1%) were discharged home on the day or the day after the procedure implying their LOS in hospital would have been extended for having to wait for the next (once weekly) renal procedures list.

Discussion: The renal procedures list can be improved further by better patient preparation a few days prior to the procedure. Nearly a third of in-patients being discharged on the day of the procedure or the day after may imply that their hospital LOS would have been extended for having to wait for the next procedures list. An additional interventional list in the week or installing fluoroscopy facility in the renal ward procedures room would help the situation.