

Increasing uptake of peritoneal dialysis in unplanned starters: A quality improvement project in a large tertiary center

Dr Asra Karim¹, Susan Sapayi¹, Judith Small¹, Sharon Pilling¹, Ms Clare Pattendon¹, Dr Lavanya Kamesh¹

¹University Hospitals Birmingham, Birmingham, United Kingdom

Introduction

Unplanned initiation of dialysis in ESRD is common (up to 40%) both in “late presenters” (known to renal services < 90 days) and in “early presenters” (known to the renal services > 90 days). Whilst immediate start on peritoneal dialysis (PD) is ideal, patients may undergo a period of hemodialysis (HD) before considering switch to PD. HD can often become the default mode that patients continue as their modality. In 2017, for our unit there was only a small increase in patient numbers with PD as the modality at 3 months from time of initiation of dialysis (22.0 to 24.9% Renal Registry data).

DAYLife is the KQuIP improvement project that was launched across the Midlands in Jan 2019 with the aim of increasing the number of people receiving home dialysis. We took this opportunity to augment the unplanned start pathway and to increase uptake of PD in unplanned starters.

Methods

We implemented an “Unplanned PD start” pathway to facilitate the process of referral system from acute presentation to catheter insertion and establishment on PD. The PD team networked and established links with staff working on the wards and inpatient HD unit. Particular emphasis was made on raising awareness and staff education.

Result

There was an increase in the number of patients starting on PD from 84 in 2018 to 109 in 2019. In 10 months, we received 39 referrals and 23 patients opted for PD. 17 of them started on PD, 3 patients have planned dates for their catheter insertion whilst 2 of them have requested for further counseling. The excellent outcomes of patients starting on PD through this pathway are shown below (Table 1). Using the KQuIP initiative, we have identified 3 important measures that would help to sustain the pathway in the long term; weekly presence of PD team in ward and inpatient HD meetings, renal trainee involvement and monthly emails that gave updates on individual patients in the pathway.

Conclusion

The DAYLife KQuIP project helped us to design a sustainable unplanned start pathway that has been successful in increasing the uptake of PD both in early presenters with sudden decline in renal function and in late presenters. We have demonstrated that it is possible to facilitate early transfer to PD in patients who have started on HD.

Home therapies could be challenging for late presenters and for these psychologically unprepared patients, a multidisciplinary approach that allows flexibility is the key for successful transition to PD.