

A noticed decline in peritoneal dialysis prevalent patients in our unit and measures to encourage growth

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Objectives

Ascertain why the prevalent peritoneal dialysis (PD) population, as a percentage of the dialysis population, is decreasing. Use this data, to develop strategies to increase the incident population and maintain the prevalent population.

Methods

Review figures from the electronic database and extrapolate information. Investigate the total number of patients receiving a PD catheter, referred from low clearance clinic (LCC) or acute start. Review the number of patients still on therapy at 90 days. Investigate all the reasons for drop off.

Results

PD Prevalent population: 2017 76 (23% of prevalent population), 2018 73 (23%), 2019 59 (18%).

Number of PD catheters inserted by year; 2017 55 (52 LCC, 3 acute) 2018 54 (47 LCC, 7 acute) 2019 29 (19 LCC 10 acute)

Drop off time frame

2017 47 (8<90 days), 2018 39 (8< 90) 2019 44 (3<90)

Drop off reasons

Adequacy	2017 (3) 2018 (6) 2019 (5)
Recovered function	2017 (0) 2018 (4) 2019 (5)
Deaths	2017 (10) 2018 (11) 2019 (14)
Transplant	2017 (13) 2018 (9) 2019 (7)
Infection	2017 (14) 2018(4) 2019 (7)
Other	2017 (7) 2018 (5) 2019 (6)

Conclusion

The numbers of patients dropping off PD remains high. Drop off reasons highlighted infection as a leading cause, so we concentrated on peritonitis prevention. Introducing a retraining programme, completing a root cause analysis for every peritonitis and reducing the use of strong glucose bags has meant we have halved infection related losses. We hoped this would increase the prevalent PD population.

However, over the same period the numbers of PD incident patients has dropped, with a marked decrease in 2019 from LCC. Acute starts account for a third of incident patients in 2019. Therefore, to try to reduce

this marked decrease in LCC patients, we are relaunching a PD first strategy, the PD team is increasingly involved in LCC, PD staff and PD patients attend pre-dialysis education afternoons. The PD team attends the LCC MDT identifying potential PD patients early. We are also doing home assessments earlier and revisiting these patients as they get nearer to needing renal replacement therapy
This two pronged approach will then bring about an increased PD prevalence in our unit.