

PD workstream

Dr Richard Corbett

GIRFT Recommendations

		Lead organisation for delivery	Timeline
6. GIRFT	Ensure home therapy is promoted and offered for all suitable dialysis patients and that a minimum prevalent rate of 20% is achieved in every renal centre.		
6a.	All centres to ensure adequate training facilities and staffing for home HD (HHD) and PD, sufficient to deliver the 20% target. (Centres to consult the staffing models outlined in the British Renal Society (BRS) workforce document ³ .)	Renal centres	Within 12 months of report publication
6b.	The reduced risk of transmissible infection (e.g. COVID-19) for patients on a home therapy compared with in-centre HD (ICHHD) to form part of the SDM process with patients.	Renal centres	Upon report publication
6c.	All centres to ensure they have a timely PD catheter insertion service. (Local resources will determine service design but a percutaneous method of insertion will become standard in most centres.)	Renal centres	Within 12 months of report publication
6d.	All centres to establish a late start PD service.	Renal centres	Upon report publication
6e.	All centres to ensure collaborative working within renal networks is in place to improve the resilience of services such as assisted automated PD (AAPD) and HHD, particularly for smaller services.	Renal centres and regional networks	Within 24 months of report publication
6f.	All centres to ensure that shared care HD becomes a feature of all ICHHD facilities in the independent sector and the NHS.	Renal centres and independent sector HD providers	Within 24 months of report publication
6g.	Research to be undertaken to develop successful strategies to address inequities of access to home dialysis in deprived and black and minority ethnic (BAME) populations.	National Institute for Health Research (NIHR) and Kidney Research UK (KRUK)	Initiate within 12 months of report publication
13. GIRFT	Ensure that all renal centres adopt a systematic QI approach to infection prevention and control (IPC), with HD bacteraemia and PD peritonitis given equal priority.		
13a.	Easily accessible national data to be published quarterly on renal service bacteraemia and peritonitis to drive QI by working with centres and Public Health England (PHE) to improve data reliability.	UKRR and PHE	Within 12 months of report publication
13b.	Renal centres to appoint a lead from any relevant professional background with responsibility for IPC and oversight into microbial stewardship ⁶ .	Renal centres	Within 12 months of report publication
13c.	Relevant national and international practice standards to be comprehensively implemented for IPC in dialysis patients.	Renal centres	Upon report publication
13d.	Patient partnership and education to be at the centre of QI efforts in IPC for dialysis patients.	Renal centres, local and national patient representative groups	Upon report publication

QI WORKSTREAM: Home Therapies (PD) – March 2022

High level summary of next steps and anticipated timeframes

AIMS (3-5 years)	OBJECTIVES	OUTPUTS	MEASUREMENT
<ol style="list-style-type: none"> 1. All units engaged in a continuous quality improvement collaborative for peritonitis based upon ISPD guidelines. 2. A significant and sustained improvement in both peritonitis rates and outcomes from peritonitis. 3. An appropriately trained and resourced multidisciplinary workforce capable of delivering high quality care in both community and hospital settings. 4. Access to a comprehensive, local, person-centred training for all people starting PD in a timely manner. 5. <i>Identify systems to support one-third of dialysis starts being on Peritoneal Dialysis</i> 	<ol style="list-style-type: none"> 1. Development of a multi-professional QI collaborative focused on peritonitis. 2. Quarterly sharing of peritonitis rates and outcomes across London. 3. Map existent workforce delivery across all units in PD to share models of good practice. 4. Identify and resolve the barriers to timely training for people starting PD. 5. <i>Map dialysis starts across London to understand variations in practice and the barriers to choosing PD.</i> 	<ol style="list-style-type: none"> 1. Identified QI medical and AHP leads from each London unit involved in PD QI collaborative. 2. Dashboard shared within LKN reporting on peritonitis rates and outcomes on a quarterly basis. 3. Quantitative and qualitative description of the LKN workforce supporting PD. 4. A detailed description of the resource required to support the training and support for people starting PD. 5. <i>Data pack with quarterly description of incident dialysis starts across LKN by unit</i> 	<ol style="list-style-type: none"> 1. Peritonitis rate across all centres including split by organism group. 2. Standardised reporting of peritonitis outcome across all units. 3. Estimation of workforce delivering PD across London 4. Time from PD catheter insertion to training. 5. Total time spent training individuals starting PD at a unit level. 6. Provision of commercial provider vs in-house training by unit. 7. Incident dialysis starts by modality by unit.

Highlight Report for home therapies

Reporting period: February 2022



Progress, Achievements and Successes		Incomplete planned action	
1	Peritonitis minimum data set collated using SSQD data set	1	
2	First steering group – date set 23.3.22 – invites sent	2	
3	On going development of nurse lead for w/s	3	
4	Richard and Brigu to visit PD units and discuss successes and challenges with teams	4	

Priorities for next period			Due
1	Process map with 2 centres data inputting and flows to help support implementation of tier 2 data set by July 2022		
2	To develop local aims and interventions with training nursing group that feeds into objective 3		
3	To identify a person with lived experience		
4	To establish workforce and access sub groups		

Key upcoming milestones			Due	R/G
1	Second nursing QI collaborative 9.3.22		26.1.22	
2	Steering group 23.3.22			
3	PD network meeting – to share progress including Tier 1 peritonitis data set			

Risks/Issues		Mitigation	Due
1	COVID surge / workforce illness / pressures on units	Review of time line and priorities	
2	Nursing leadership,	Have had interest from 2 nurses to become more involved	
3			
4			

LKN PD Data

Date completed

Tier 1 QSIS / SSQD Dashboard Data Jan-22

Peritonitis rate in patients receiving PD

Numerator	No. of Episodes	<input type="text"/>
Denominator	No. of patient days on PD	<input type="text"/>

rolling 12 months reported quarterly

Reported as: Peritonitis rate per 1000 days ? *confirm this is still reported as such*

Tier 2 UKRR UKRDC Peritonitis Dataset Mar-22

NHS No	PD Sample Date	PD WCC	PD Culture Text	Symptoms of Peritonitis Y/N
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Numerator	No. of Episodes	<input type="text"/>
Denominator	No. of patient days on PD	<input type="text"/>

rolling 12 months reported quarterly?

Reported as: Peritonitis rate per 1 PD patient year

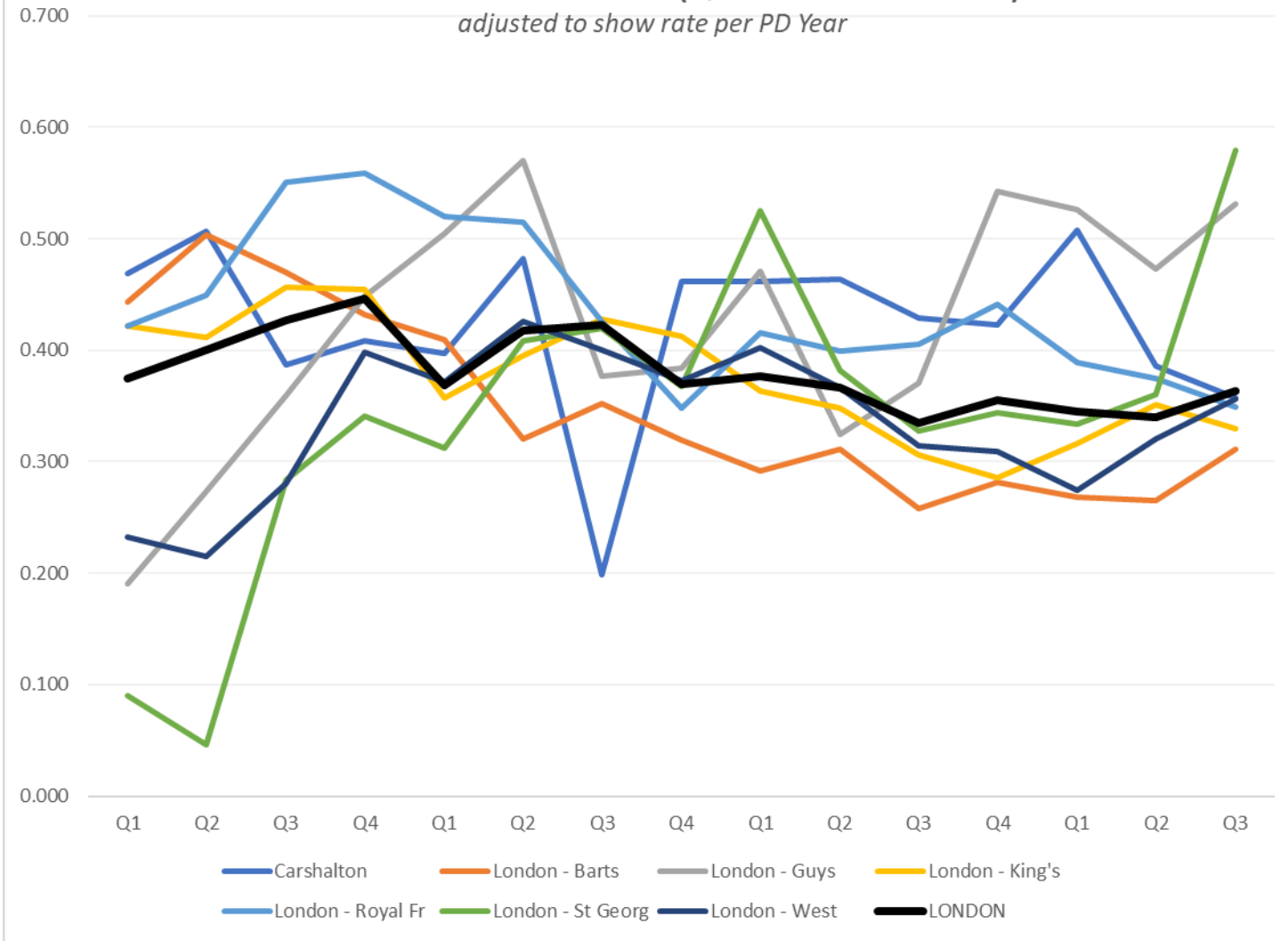
Tier 3 UKRR Dataset plus LKN agreed Outcome data ?

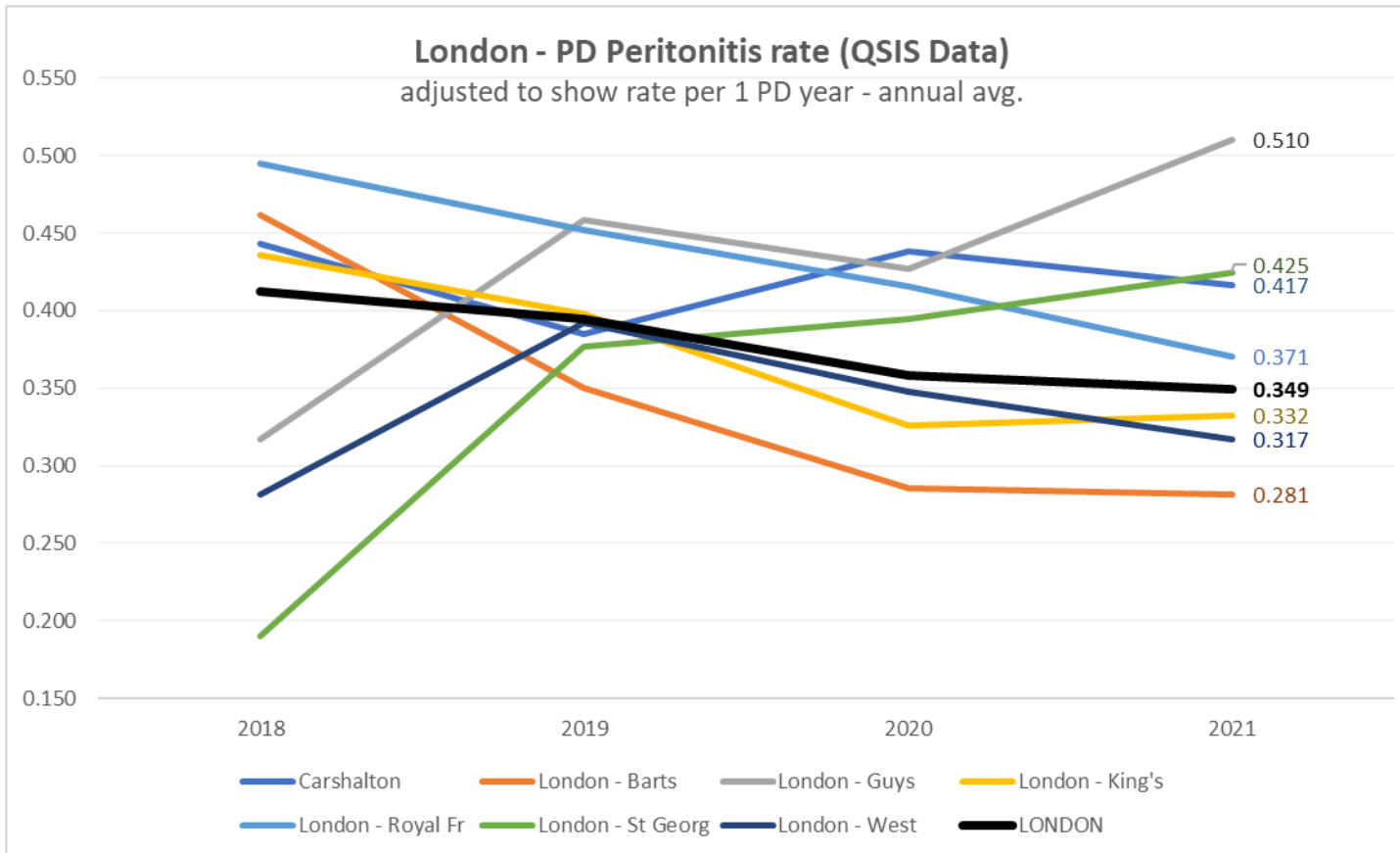
Outcome dataset to be agreed by LKN PD Steering Group

- Possible measures:
- Home / Hospital acquired
 - Exit site / tunnel infection
 - Symptoms
 - Infection within X weeks of start date
 - Modality at X weeks since Peritonitis
 - Training details

London - PD Peritonitis Rate (QSI Data 2018 to 2021)

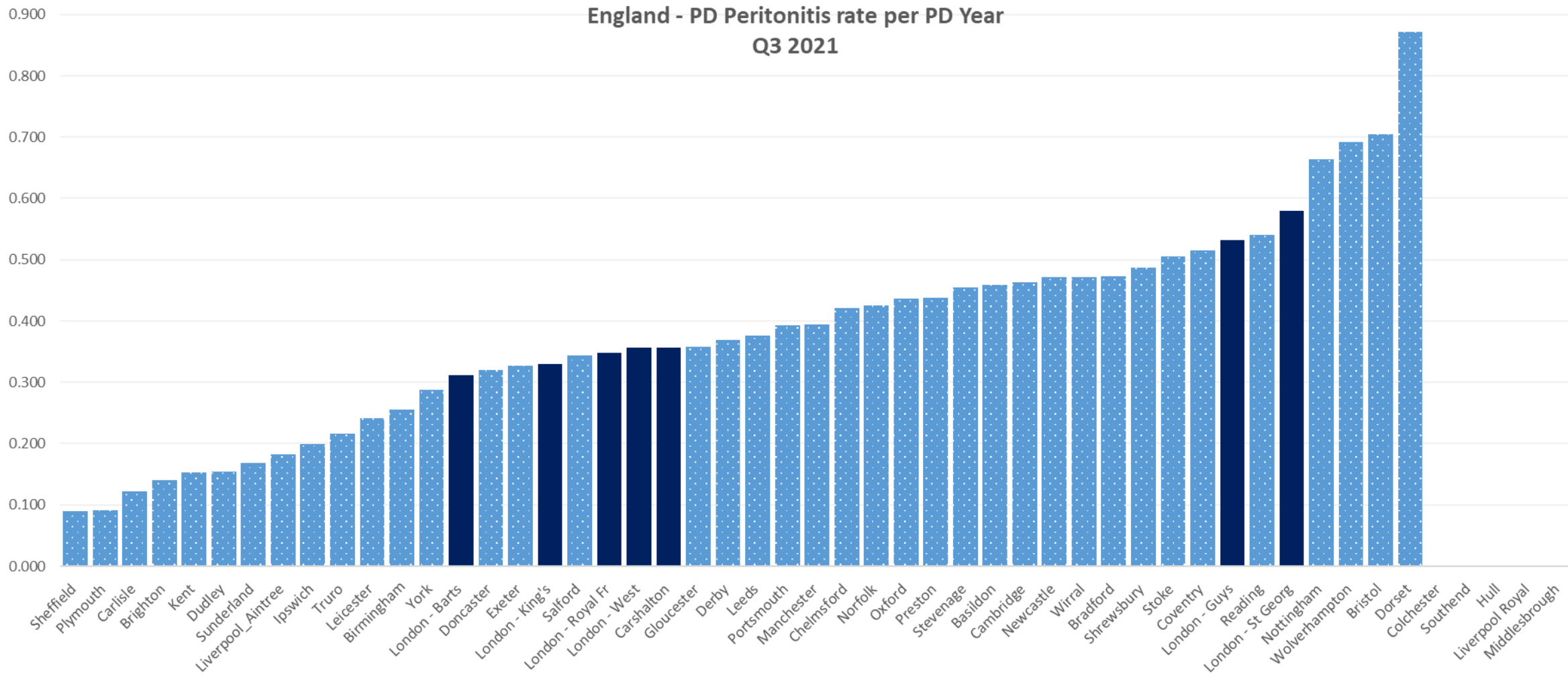
adjusted to show rate per PD Year



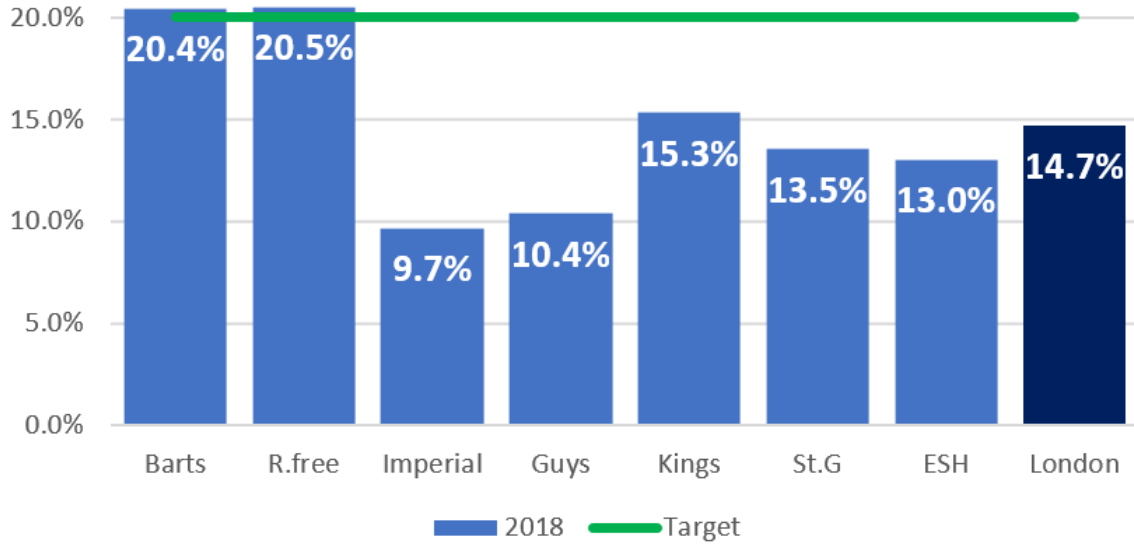


AVG.	2018	2019	2020	2021	improving / worsening
Carshalton	0.443	0.385	0.438	0.417	0.026 Carshalton
London - Barts	0.462	0.350	0.285	0.281	0.181 London - Barts
London - Guys	0.317	0.459	0.427	0.510	-0.193 London - Guys
London - King's	0.436	0.398	0.326	0.332	0.104 London - King's
London - Royal Fr	0.495	0.452	0.415	0.371	0.125 London - Royal Fr
London - St Georg	0.190	0.377	0.395	0.425	-0.235 London - St Georg
London - West	0.282	0.393	0.348	0.317	-0.035 London - West
LONDON	0.412	0.394	0.358	0.349	0.063 LONDON

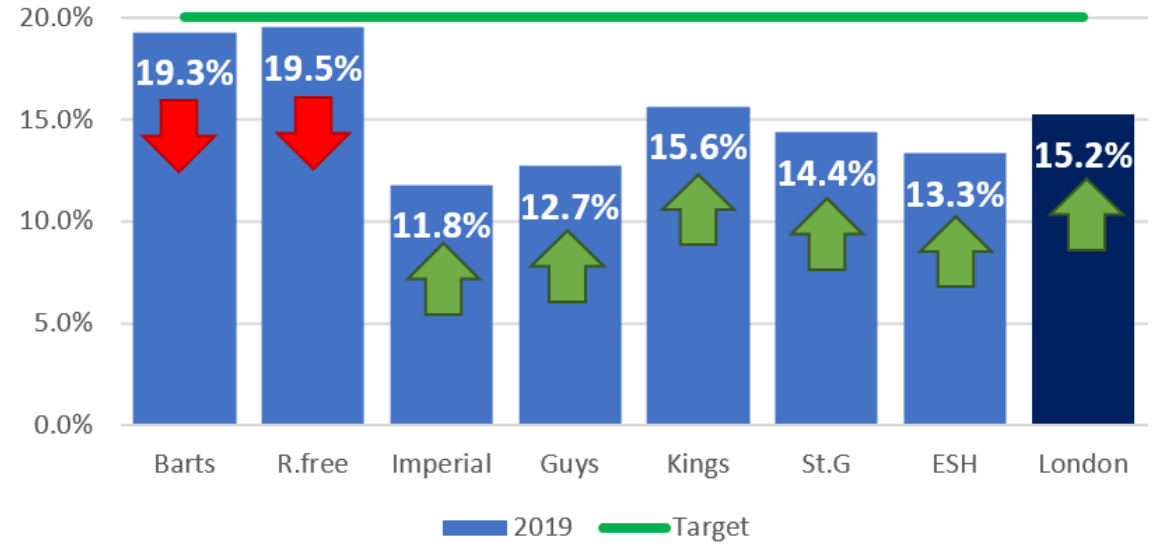
England - PD Peritonitis rate per PD Year
Q3 2021



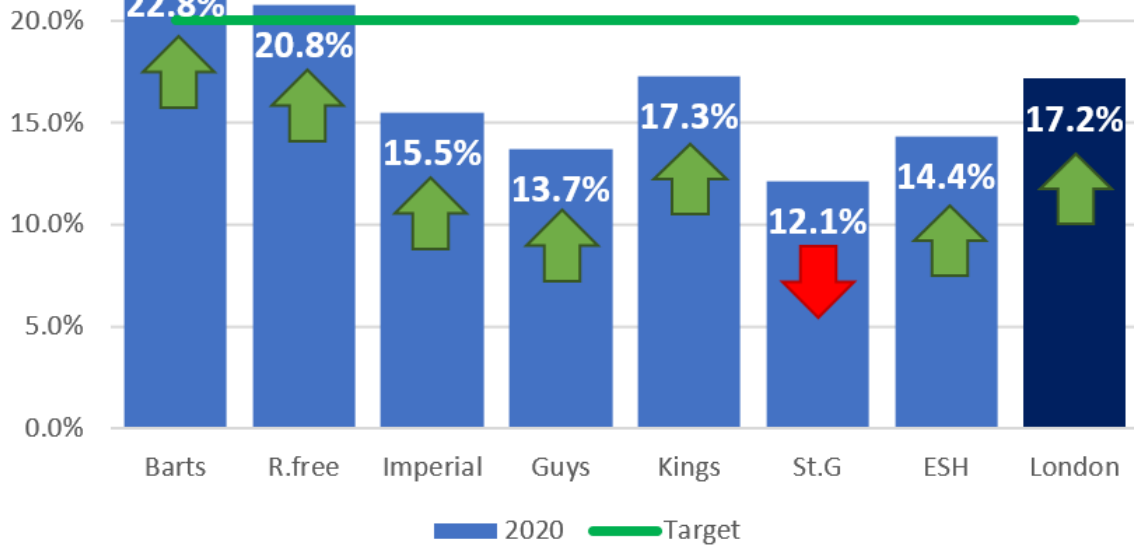
Home Therapies as a % of Dialysis - 2018



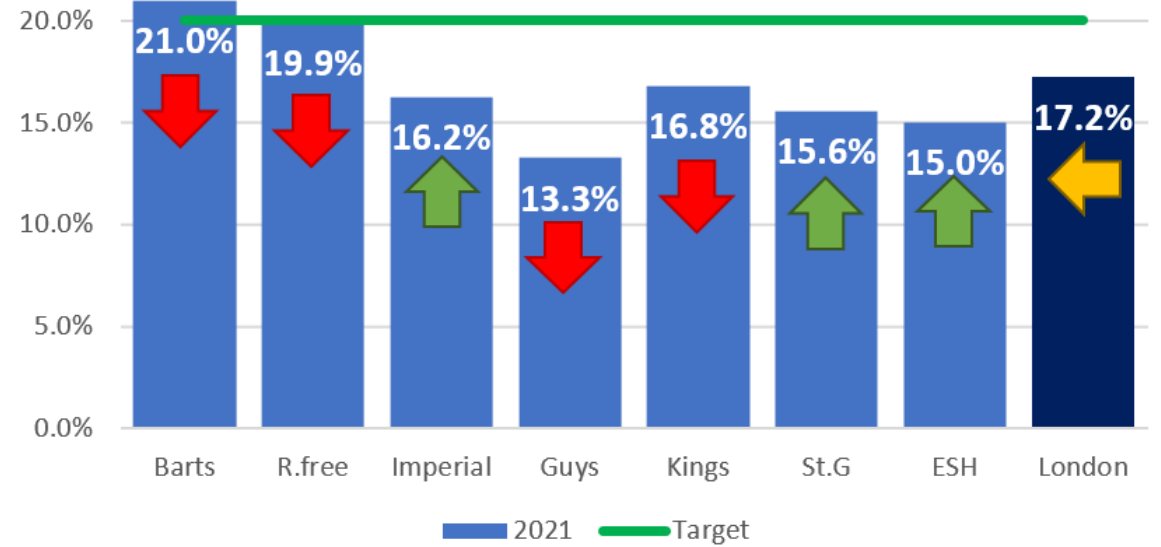
Home Therapies as a % of Dialysis - 2019



Home Therapies as a % of Dialysis - 2020



Home Therapies as a % of Dialysis - 2021



PD / HHD Split as a % of Home Therapies - 2021

