

# PD Nursing Forum Workshop

9.3.22

**Working together to provide quality PD services across  
London and Surrey - Supporting the person and their  
family on PD**

Timely access to comprehensive, local, **person-centred  
training/care** for all people starting PD

# Agenda for today's meeting



- Welcome and plan for workshop (5mins) KD/RG
- Share results of ANN workforce survey (15 mins) KD
- Summarize discussions from first meeting on 16.12.21 and achievements so far ( 10 mins)KD
- Develop and refine local objectives / QI projects (15 mins + 30 mins) RG/KD  
Rachel to share QI methodology – initial steps to establish your project  
Teams to discuss local initiatives in breakout groups
- Feedback from groups on agreed projects ( 20 mins) KD/RG
- Ongoing support and meetings (5 mins) KD/RG
- PD access – sharing of experiences – Dr Bhrigu Sood (15 mins)
- Close – 3pm KD

# Overall Aim for today and future meetings LKN London Kidney Network

- Develop a PD nursing group and understand its purpose in relation to the LKN
- Create space to network and grow a nursing voice to help inform PD workstream discussions/priorities
- Share information and experience
- Develop and apply QI skills



# Today's objectives

## To agree:

- A small project in each centre with a focus on 'supporting the person at home'

## You will also gain an understanding of:

- The quality improvement process
- The importance of understanding problems before finding solutions – The planning phase
- How to develop a SMART aim

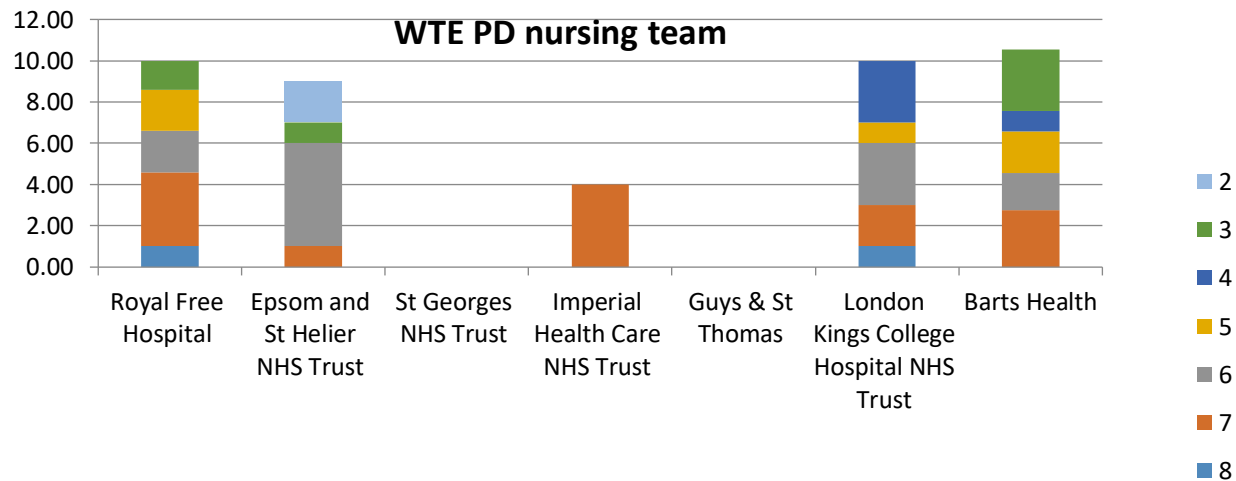
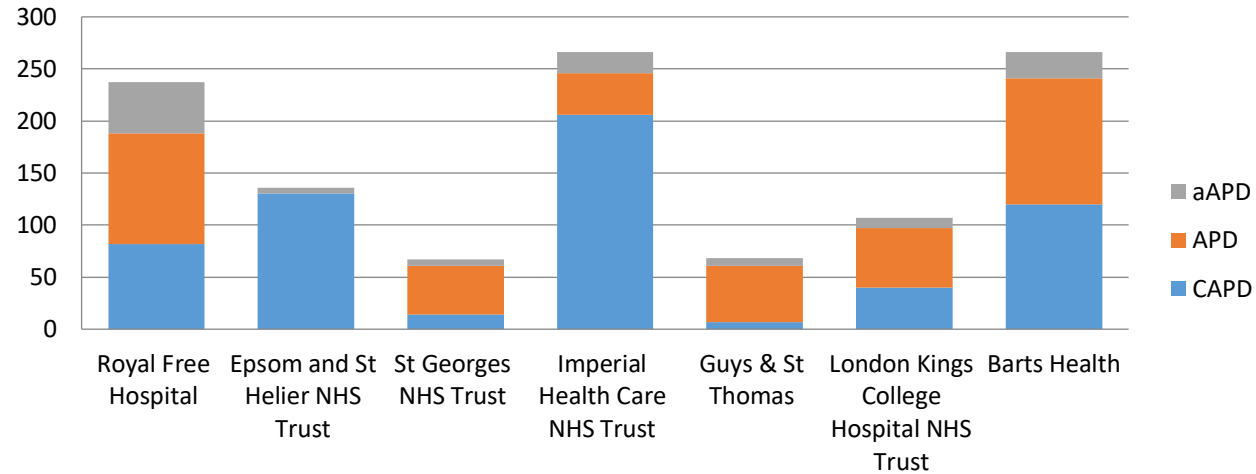


# Summary of ANNUK Home Therapies Survey (Dec 21 – London Data)

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Katie Durman

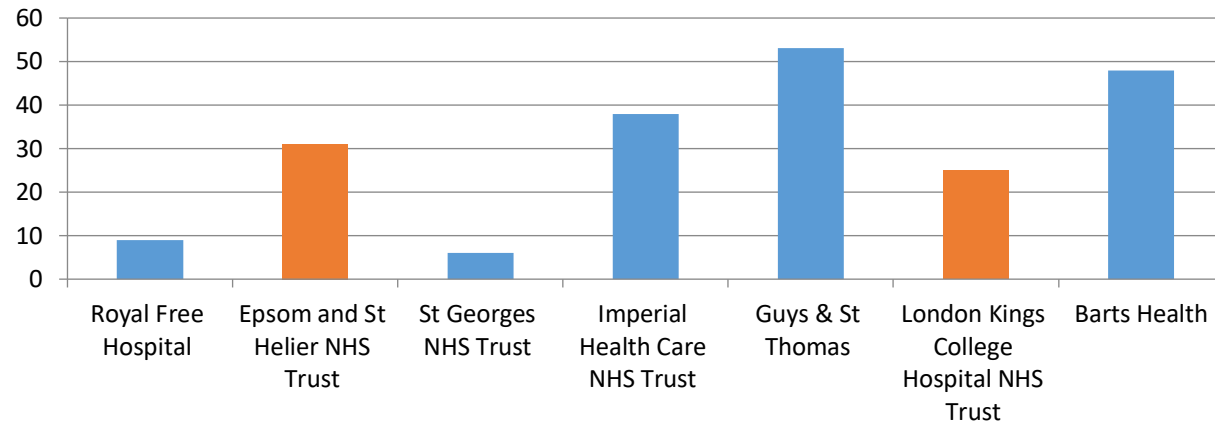
**Number of patients on PD**



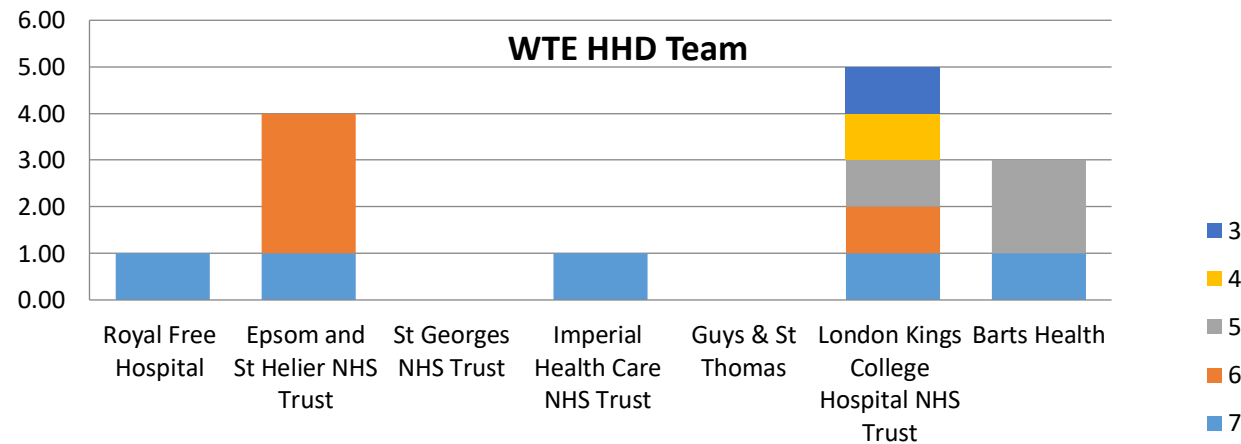
St Georges and GSTH have joint PD and HHD teams and can not separate these.

Imperial has some nurses who work in PD, some who work in HHD and some working across both

### No of people on HHD

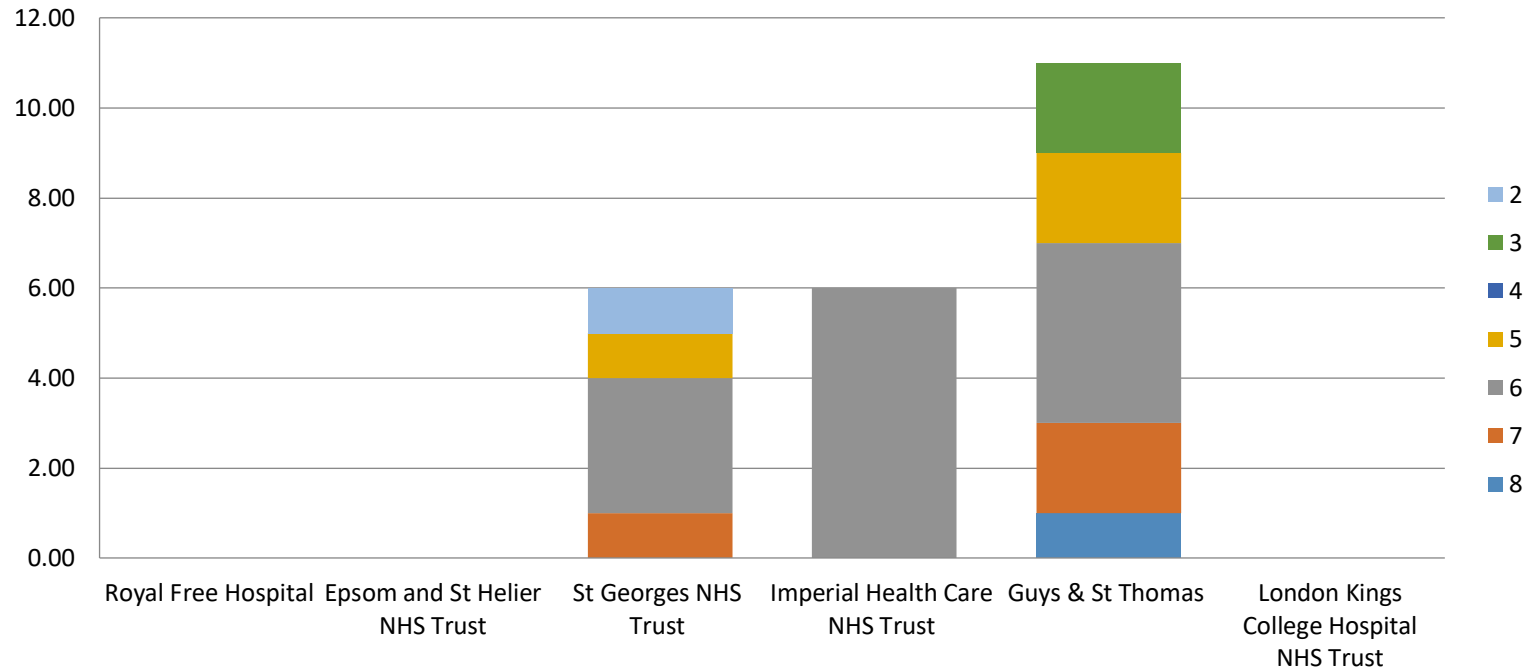


No data received from ESTH and Kings – LKN data used, note Kings data is from June 21



St Georges and GSTH have joint PD and HHD teams and can not separate these. Imperial has nurses who only work in PD, nurses who only work in HHD and some working across both

### WTE combined team



St Georges and GSTH have joint PD and HHD teams and can not separate these. Imperial has some nurses who work in PD, some who work in HHD and some working across both



# Delivery of Training

Hybrid modalities provided							
	R.Free	ESTH	SGH	Imperial	GSTT	Kings	Barts
PD & ICHD					X		
PD & HHD			X				
CAPD & APD		X	X	X		X	X
HHD & RDU				X			

location of PD training and who trains							
	R.Free	ESTH	SGH	Imperial	GSTT	Kings	Barts
PD dept		X	X				
PD dept & home		X				X	X
home		X					
industry ctr	X	X	X	X	X	X	X
home by industry		X		X			

	Q11 how many contacts on a daily basis				
	Telephone	Routine Unit	Routine Home	Urgent Unit	Urgent Home
R Free	HOTLINE	refer to survey answer			
ESTH	10	15	3	2	1
SGH	6 TO 10	5 TO 6	1 TO 2	3 TO 4	0
Imperial	30 TO 40	25 TO 30	6 TO 8	8 TO 10	2 TO 3
GSTT	10	6	4	3	2
Kings	15	6	12	2	1
Barts	6	5	3	3	1

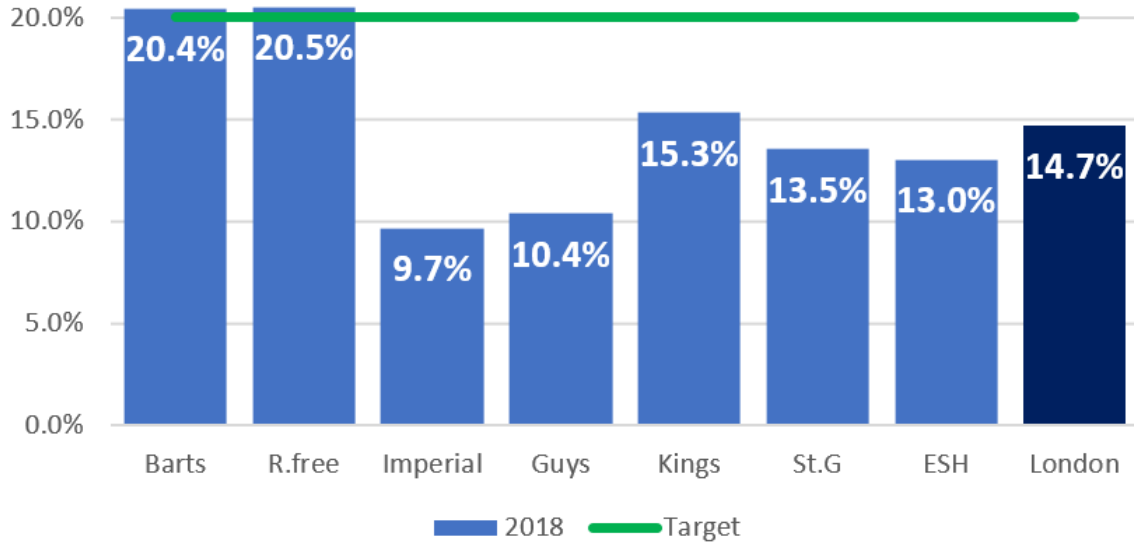
Note: it is not clear if this is PD or HHD or both (I suspect both for Imperial and GSTT and PD for the rest)

# PD Service Provided

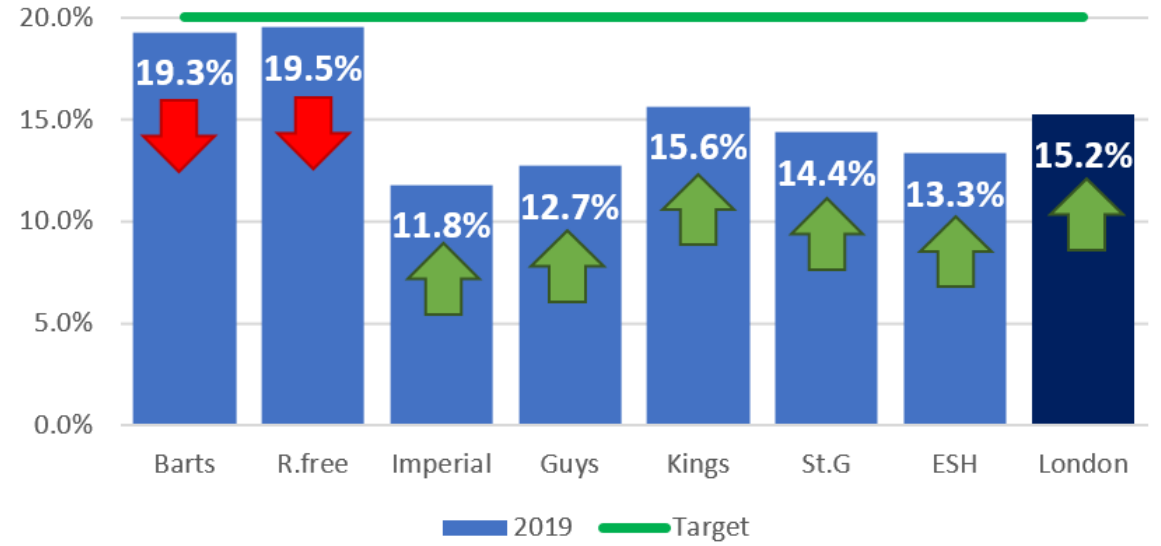


	R.Free	ESTH	SGH	Imperial	GSTT	Kings	Barts
5 day service		x	x	x	x	x	
6 day service	x						
7 day service						aAPD	x
out of hours on call clinical and technical service by PD team		x					
out of hours on call clinical and technical service by ward				x	x	x	x
acute ip service provided by PD team	x		x			x	x
hybrid acute ip service		x					

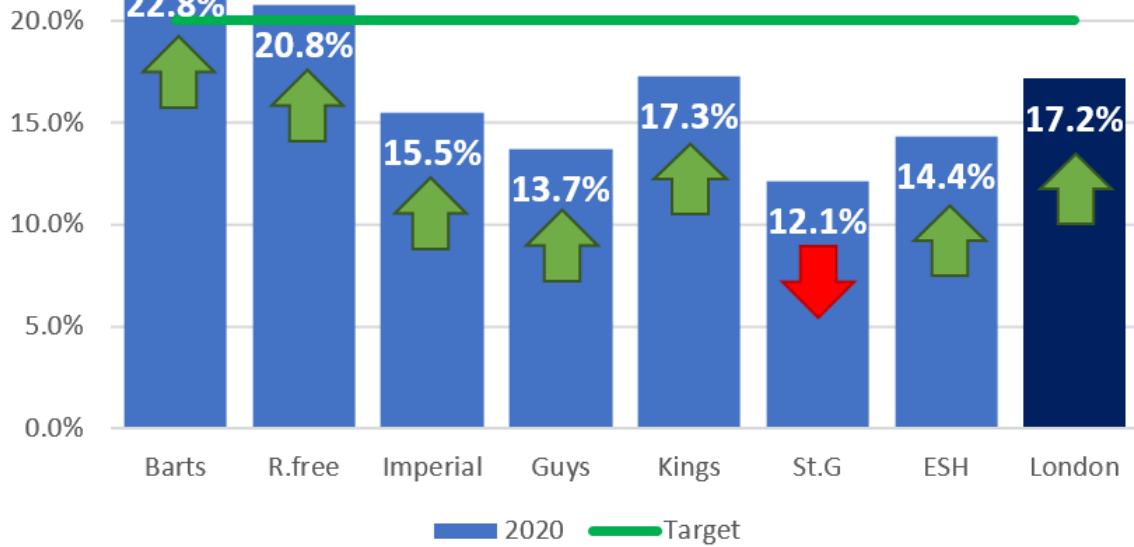
### Home Therapies as a % of Dialysis - 2018



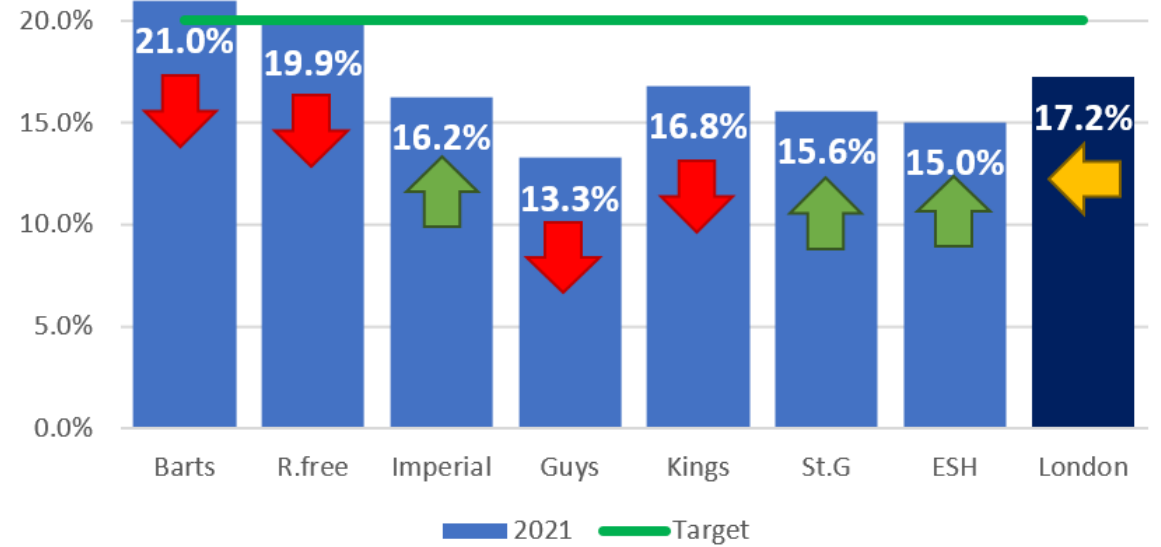
### Home Therapies as a % of Dialysis - 2019



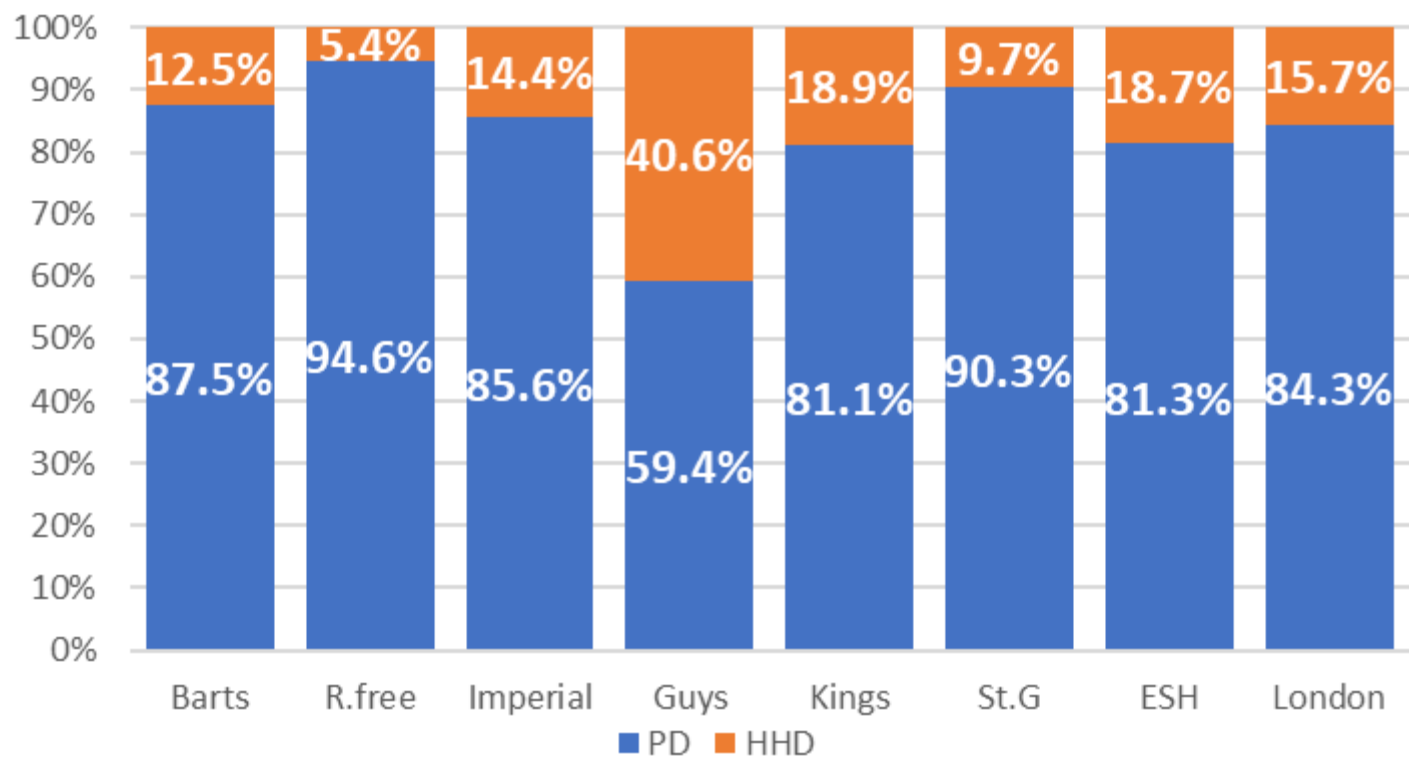
### Home Therapies as a % of Dialysis - 2020



### Home Therapies as a % of Dialysis - 2021



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



# Summary of discussion from first nursing meeting

## **Training people for PD and supporting people on PD**

Training and follow up is inadequate and there is variation across London. There doesn't appear to be any risk stratification to highlight those who may be at risk.

## **Nursing workforce training**

This varies across London. There was consensus that there is a lack of PD in the Renal course and skills / knowledge of PD are often lacking in nurses working in other areas of renal.

# Training and supporting the person on PD – ‘what you said’

‘Location & importance of home visits ‘  
**GSTT, SGH**

Patient selection –  
right person  
**GSTT, Kings**

‘Benefits of training in stages’ -  
**Barts**

‘In house training’  
**SGUH**

‘The importance of the relationship between the nurse, the patient and their family’

What you said



‘Incremental PD - those who would not otherwise consider PD can be supported’ - **Kings**

‘Use of video consultations ‘  
**Imperial**

‘Bloods closer to home - **Kings**

‘Transition from PD to HHD - **GSTT**

‘Flexible system to allow individualized treatment, based on client needs ‘  
**Kings**

# The nursing workforce

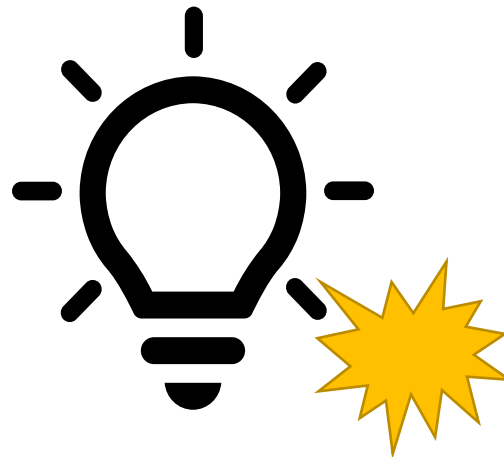
Importance  
of  
succession  
planning

Training ward  
nurses – St  
Hellier  
program

Negotiating  
locally more time  
for PD on the  
renal course -  
GSTT

## Your improvement ideas

Combining of  
PD and HHD  
team allows  
more flexibility



Increasing  
knowledge of PD so  
ward staff / AKCC  
nurses can promote  
PD



# Let's Start Planning some QI

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Rachel Gair – LKN QI co-lead



# Today's objectives

## To agree:

- A small project in each centre with a focus on 'supporting the person at home'

## You will also gain an understanding of:

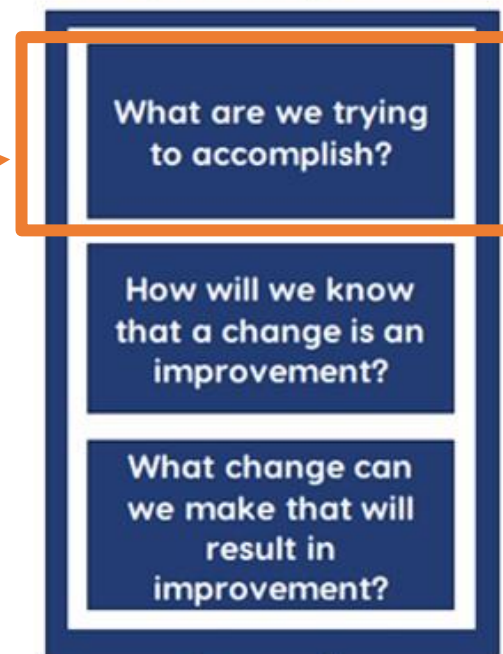
- The quality improvement process
- The importance of understanding problems before finding solutions – The planning phase
- How to develop a SMART aim



# Steps in QI

1. **Agree aim**
2. Team
3. **Understand**
4. Define measures
5. Change ideas
6. Test changes
7. Measure impact
8. More PDSAs
9. Communicate and motivate
10. Implement successful changes

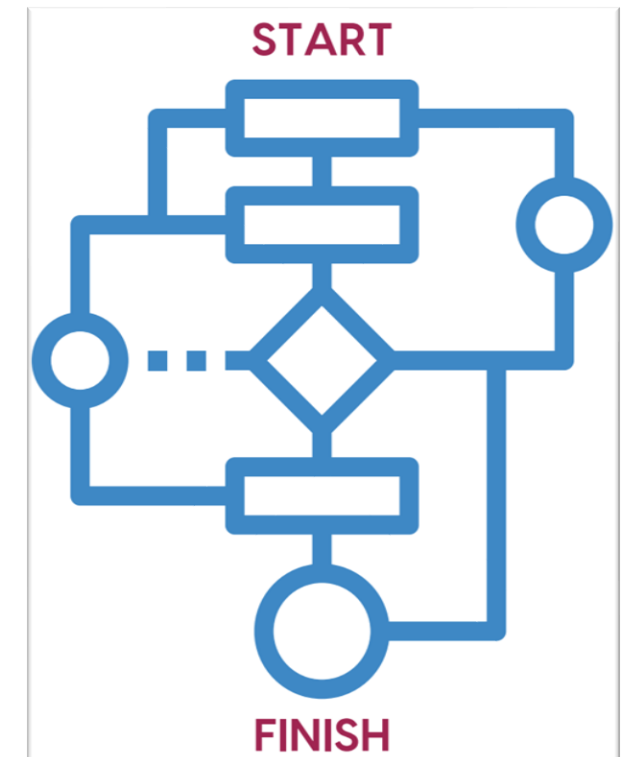
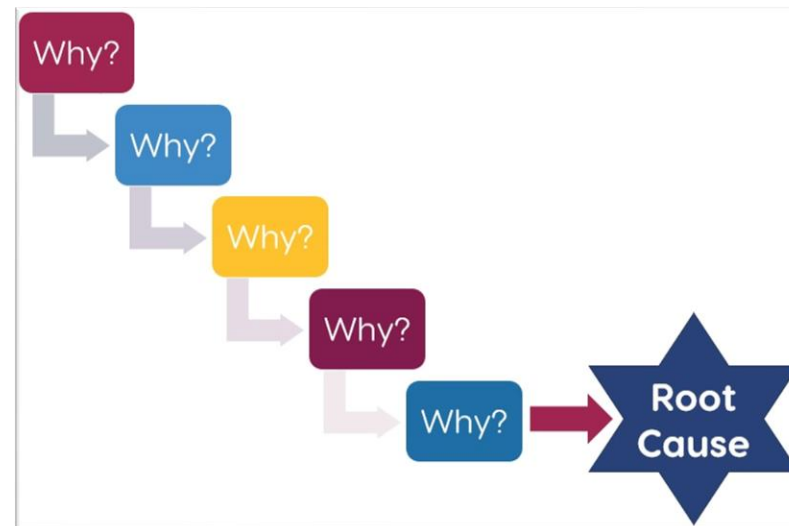
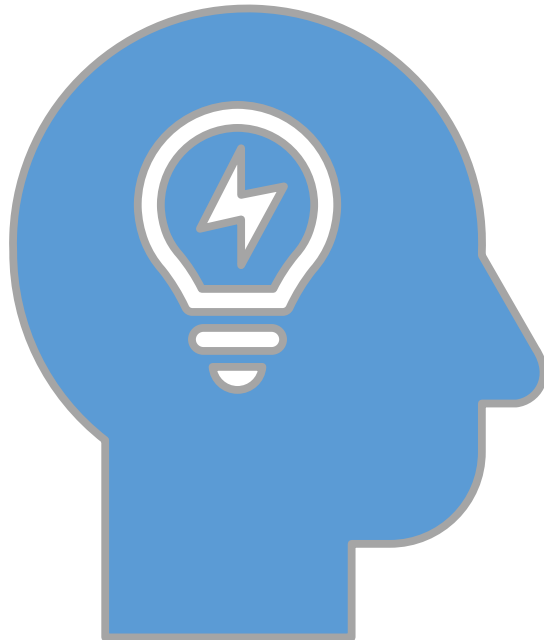
IHI Model for Improvement



Publish & spread your work

# Understand the system/ diagnosing the big issue

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# Understand the system/ diagnosing the big issue

Problem – The Washington Monument was falling apart

Why? – Because the harsh chemicals used to clean it

Why? – Because of all the bird droppings

Why? – The birds feasted on the spiders

Why? – The spiders feasted on the gnats

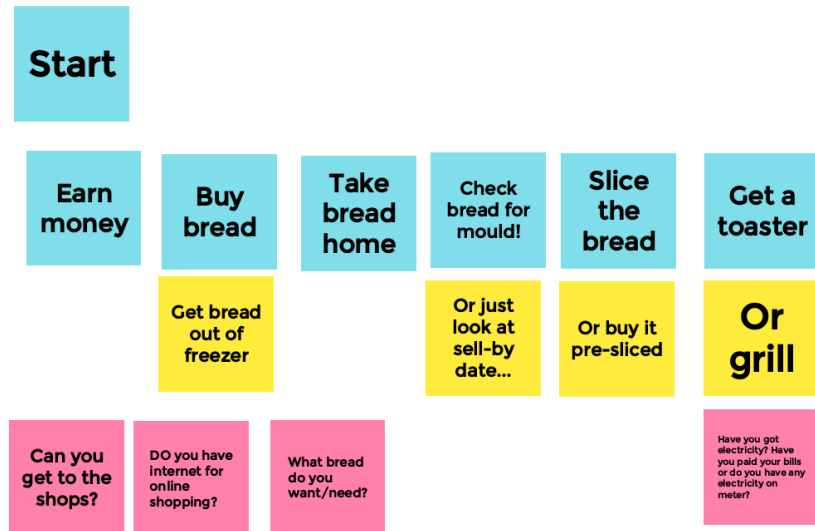
Why? – Gnats were attracted to the lights

Why? – Because the monument was the first building to turn on their lights

Solution – turn lights on 30 mins later

# Understand the system/ diagnosing the big issue – Process Map

Process Map - How to make a slice of toast 10mins



Process map - making a cup of tea 10mins



# Definition of aim statement

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- The Institute for Healthcare for Improvement (IHI) defines aim statement as:
  - “A **precise** description of
  - **clear** and **specific plans**
  - for the improvement work ahead”



# SMART aim

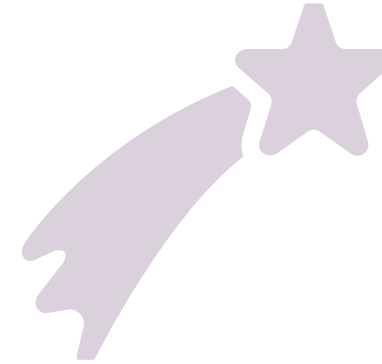
Specific



Measureable



Achievable



Relevant



Time Bound





# Examples of Smart Aims

## Home Therapies

20% of prevalent patients on dialysis treatment are via home dialysis therapy (PD / HHD) by 31/12/2022 (or 20% increase for units already achieving)

## MAGIC

70% of cannulation staff will have completed the MAGIC E-Learning by Dec 2021

## Transplant

20% of patients start RRT with a pre-emptive transplant by 01/01/2024

# Sharing your SMART aim



Keep it simple



Be authentic



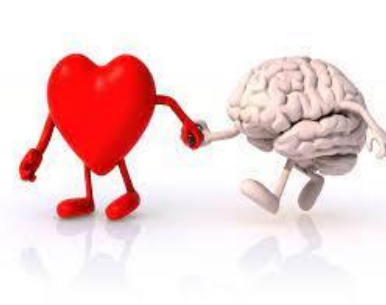
Use multiple channels



Repeat...  
repeat...repeat



Get feedback



Act consistently



Map out the path

# Example of an elevator pitch/ lift speech

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A simple message that describes your project or improvement

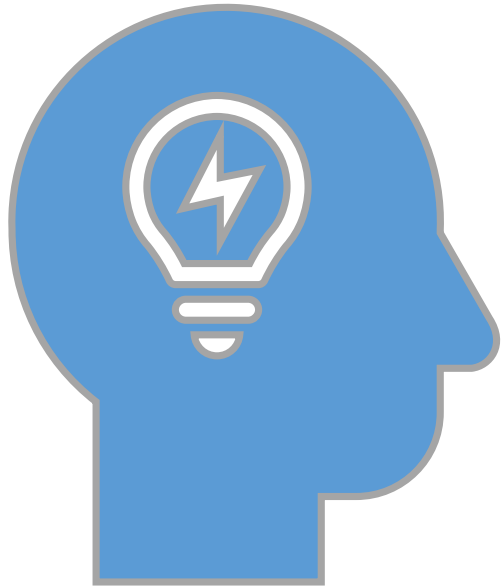
That you can share with anyone

That you believe in



*“Whoops—I accidentally pressed ‘elevator pitch.’”*

Now its over to you to understand and diagnose the big issue  
and develop a project aim  
in your teams!



# What would you like to work on to improve the quality of your service ?

- Patient / user involvement
- How can we better support the person at home on PD
- Working within the confines of your current staffing
- Equity of access

**Over to you....**

# What would you like to work on to improve the quality of your service ?

- Patient / user involvement
- How can we better support the person at home on PD
- Staff education – ward/AKCC
- Better communication

Breakout rooms – 30 mins ( nominate a scribe and someone to feedback)

## **Output:**

- Aim statement
- Elevator pitch
- Who are you going to involve

**Over to you....**

# Feedback session

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# Dr Bhriugu Sood

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Discussions on PD access – is it a problem/issue?



# Thank you

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