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P025 -Improving outcomes for haemodialysis new starters through implementation of an early review pathway – a trainee led quality improvement project

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Introduction:
Initiation of haemodialysis (HD) therapy can be a tumultuous time for patients. At our UK centre, it was noted that this group was vulnerable to frequent hospital admissions, delays in assessment for potential recovery of renal function, inadequate monitoring and titration of immunosuppression and delayed referrals for definitive vascular access and transplant assessment. Communication with general practitioners (GPs) regarding ongoing issues, dialysis care and medication changes was often delayed or non-existent. Improving the care of our HD new starters was therefore highlighted as a key departmental priority, leading to the development of a trainee led quality improvement project in this area.

Methods:
A formal pathway was developed for early clinical review of all HD new starters (patients with planned HD starts from local low clearance clinic (LCC), unplanned HD starts, acute kidney injuries and renal replacement therapy (RRT) modality change from peritoneal dialysis (PD) or transplant). Reviews were clinician led and structured using a template. This included an assessment of patients' blood results, medications and dry weight. For patients on immunosuppression, a plan for monitoring/weaning of this was to be outlined. For all patients likely to remain on dialysis long-term the clinician was prompted to assess suitability for home therapy and the need for further RRT counselling. Early referral for definitive vascular access was highlighted as a priority alongside review of suitability for renal transplantation. Psychology referral and early dietician input were to be considered, where appropriate. All reviews were to be summarised in a letter to the patients GP. Clinicians were encouraged to use this review as an opportunity to update patient records on our renal IT system. An electronic version of the checklist was embedded into the software to aid this process. Renal specialist registrar (SpR) rotas were amended to allocate dedicated time to conduct new HD patient reviews, with a view to using this as a unique training opportunity. Other reviews were conducted by the HD unit consultant leads. A dedicated 'new HD starter' clinic has now been set up to facilitate this process.

Results:
HD new starters from 2017 (prior to implementation of pathway) were compared to 2018 (post implementation of pathway). Patient notes were retrospectively analysed to obtain demographic and clinical data. Time to first formal HD review by clinician, time to vascular access referral, hospital admission within 90 days of starting HD and mortality within 90 days of commencing HD were used as markers to assess effectiveness of our new pathway. Multivariate analysis was performed to assess the significance of our findings. (Table 1).

Conclusion:

Through implementation of a formal, structured early clinical review process for all of our new HD patients, we have been able to reduce time to patient assessment and thereby improve our communication with patients' GPs. Additionally, we have demonstrated a significant reduction in time to vascular access referrals for this group. This project demonstrates the valuable role that trainee led quality improvement projects can play in improving outcomes for patients.