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P131 - Assessment of compliance with PD planning at a tertiary referral renal unit

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Background:

Chronic kidney disease (CKD) patients in low clearance clinic (LCC) at our organization go through a detailed education program including a home visit from a specialist nurse. A dedicated LCC for peritoneal dialysis (PD) was introduced in 2017 to achieve our goal of increasing home therapy uptake for patients starting renal replacement therapy (RRT). Patients undecided on a dialysis modality and those who have chosen PD are seen by a Consultant with an interest in PD with the aim of linking seamlessly into the PD process when the time comes to start RRT.

Our organization specification states that patients with an eGFR <15mL/min or a 2 year risk of progression to end stage renal failure (ESRF) of $\geq 20\%$ should be provided with pre-dialysis education. Those who are undecided on a modality or have chosen PD should be seen in the PD LCC, invited to PD open days and also reviewed in the PD access clinic. We assessed compliance with these standards.

Methods:

A cross sectional review was carried out of patients under active follow-up at the LCC (including the PD LCC) at a large tertiary renal unit in 2018. In total 264 patient records were examined and 113 patients who had either indicated a preference for PD or who were undecided were reviewed in more detail using electronic patient records.

Results:

29% of the LCC population chose PD while 14% were undecided about modality choice. Of those who preferred PD, 92% had a home visit compared to 60% of the patients who were undecided. Attendance at the PD LCC for patients who had expressed a preference for PD was widespread with 95% of patients attending this sub clinic, however just 54% of those who remained undecided on a dialysis modality had been seen in the PD LCC, although a number of these patients had a risk profile that did not meet criteria for modality planning. As per review in PD access clinic, 92% of the patients who had chosen PD had been reviewed compared to 35% of patients who were undecided about modality choice. Also 50% of patients at risk of progression (2yr risk $\geq 20\%$ or eGFR <15) who hadn't decided on modality didn't have a home visit while 25% of same patient population hadn't been reviewed in PD LCC.

Conclusions

These data show that for patients who have expressed a preference for PD, compliance with the audit standards was high, however patients who were undecided about a dialysis modality were not being routinely reviewed in PD LCC and PD access clinic and they had lower rates of home visits. A proportion of these patients also had a risk profile such that advanced planning was not indicated. The introduction of the PD LCC has helped to raise the profile of PD but there is still work to be done with those patients who do not immediately state a preference for this modality as failure to engage these patients early in home therapies may lead to unplanned dialysis starts.