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P132 -Continuous improvement is better than delayed perfection - Exploring time on therapy: taking quality improvement in PD a step further

Dr Jyoti Baharani[1], Mrs Natalie Slater[2]
[1]University Hospitals Birmingham, Birmingham, United Kingdom, [2]Baxter Healthcare, Compton, United Kingdom

Introduction
Increased PD penetration has long been a goal within our unit. From 2016 we have seen rapid growth in our PD patient population (8% to 25%), with the incident population nearly doubling in a 12-month period. However, rapid growth has brought additional challenges in the form of increased patient drop off rates of above 20% a year.
Understanding the trend between increased PD patient take on, and the increase in PD patient drop off, is now essential to achieve our aspirations. Therefore, we aim better identify and understand the reasons for this, instigate measures to reduce drop off, and ultimately extend patient time on PD therapy.
Methods
We undertook a 5 year, retrospective analysis of hospital data reviewing the reason for patient therapy discontinuation. We then further categorised these reasons into categories (table 1) to better facilitate data analysis and establish trends. Analysis of individual years would then be undertaken to determine the primary cause for patient therapy discontinuation and establish annual discontinuation trends. All patients who experienced that year's primary discontinuation reason would then be individually analysed to further establish the detail of that patient's end of therapy. This would be supplemented by staff commentary regards any issues the MDT and/or patient had experienced.
Where opportunities for improvement are identified, action plans will be developed and put into place to optimise the patient journey and increase patient time on therapy. We will use a range of quality improvement tools, including PDSA cycles, to give structure and consistency to our plans.
As a secondary end-point, patients who have experienced a relative extended time on PD therapy will be analysed to better understand the reasons for this. Where possible this successful pathway will be replicated elsewhere in the PD population, again, supported by PDSA cycles. Patients who discontinued therapy due to death or renal transplantation were excluded from the analysis.
Results
Early analysis of 2018 data has shown the primary category for patient discontinuation to be 'Poor Flow' (N=23). Of these, 17 patients were identified as having non-functioning catheters and therefore did not commence PD therapy (Primary Failure). In the context of total number for PD catheters inserted in 2018 (N=77) this equates to a 22.07% Primary Failure Rate. A review of post catheter insertion imaging for Primary Failure patients showed evidence of faecal compaction and catheter misposition in most patients, which may be contributing to catheter failure.
Discussion
Very little known nationally regards patient drop off and the early review of a single years' worth of data had yielded much discussion, mainly around catheter insertion. We will continue to work towards fully understanding trends and further areas for review will include; pre-catheter insertions bowel preparation, measurement of patients for PD catheter insertion, patient suitability assessments, and insertion method selected.