

# DAYLiFe: Home Dialysis improvement programme

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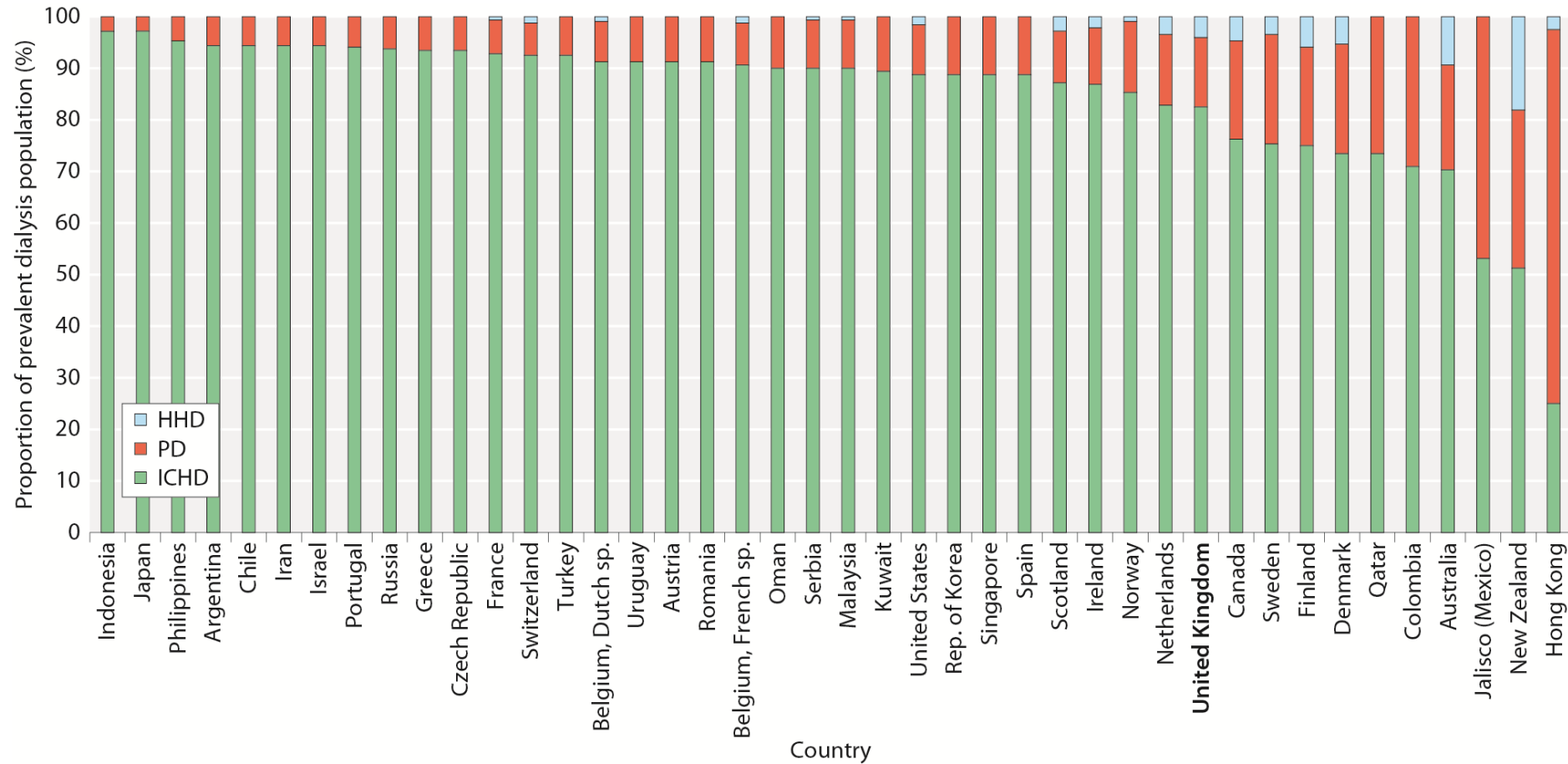
# Why are we doing this?

Variation in provision

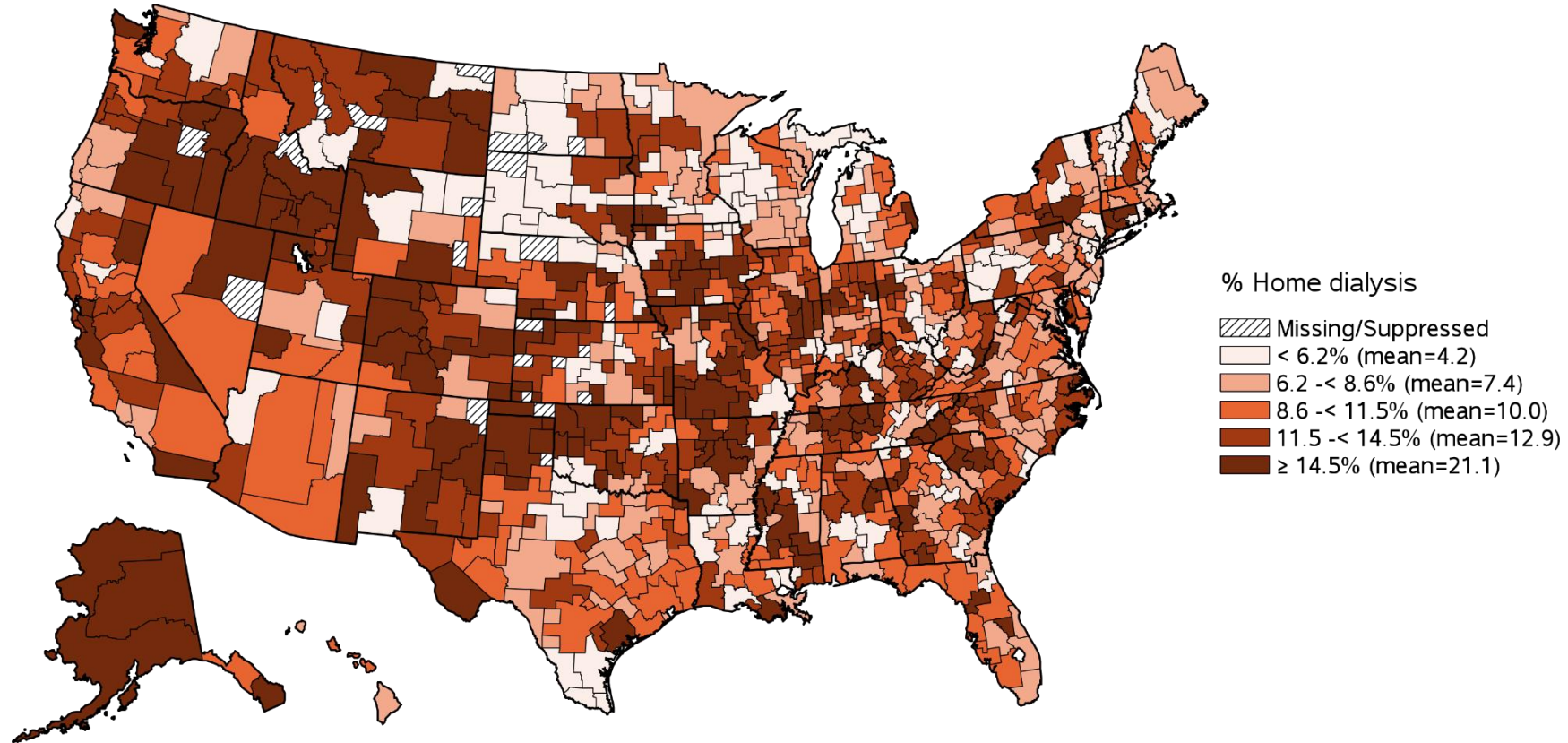


# International variation

Figure 13.16. Dialysis modality use by nation, 2014

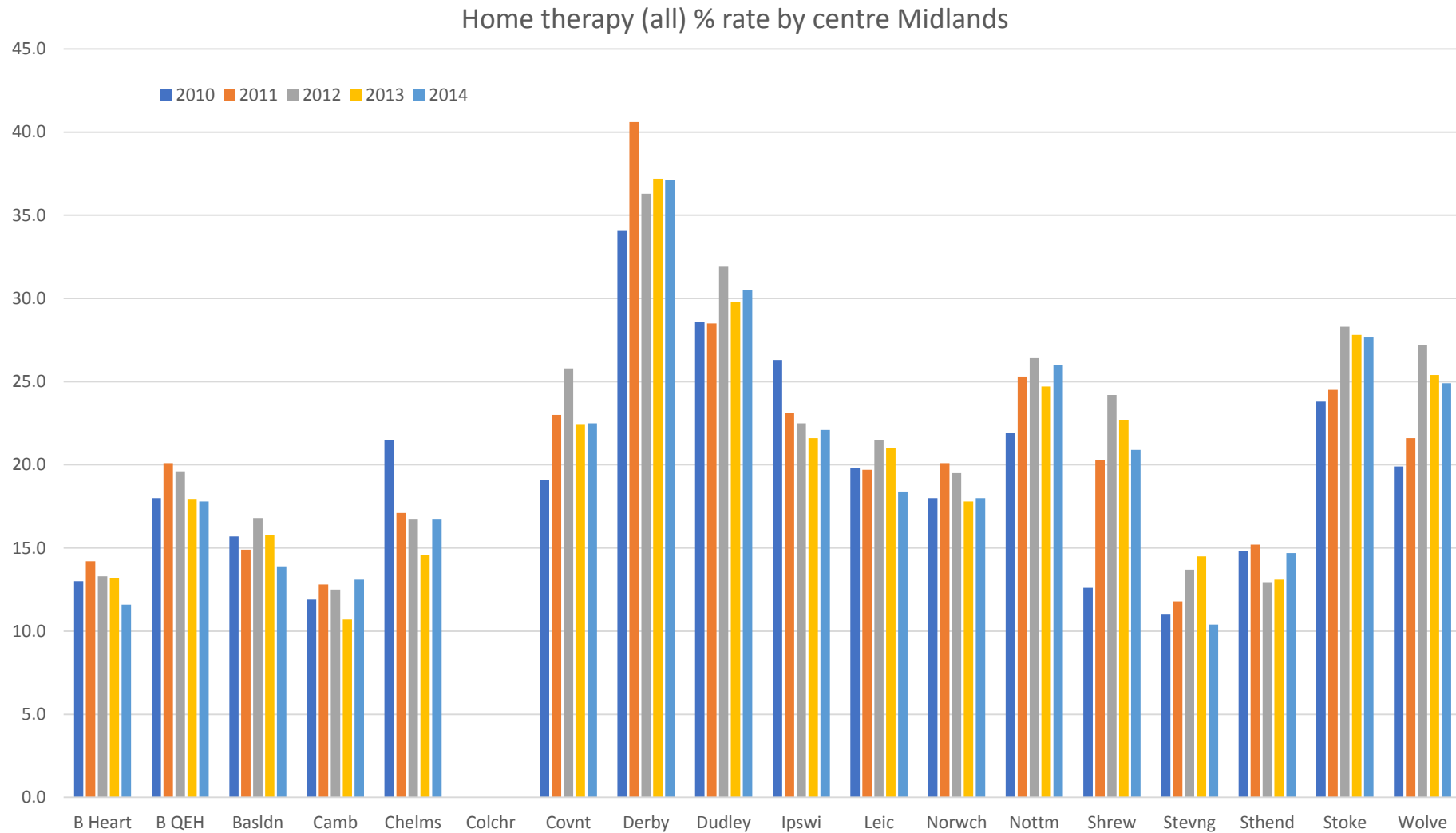


# Variation by region (USA) vol 2 Figure 1.14 Map of the percentage of incident dialysis cases using home dialysis (peritoneal dialysis or home hemodialysis), by Health Service Area, 2011-2015



*Data Source: Special analyses, USRDS ESRD Database. Values for cells with 10 or fewer patients are suppressed.*

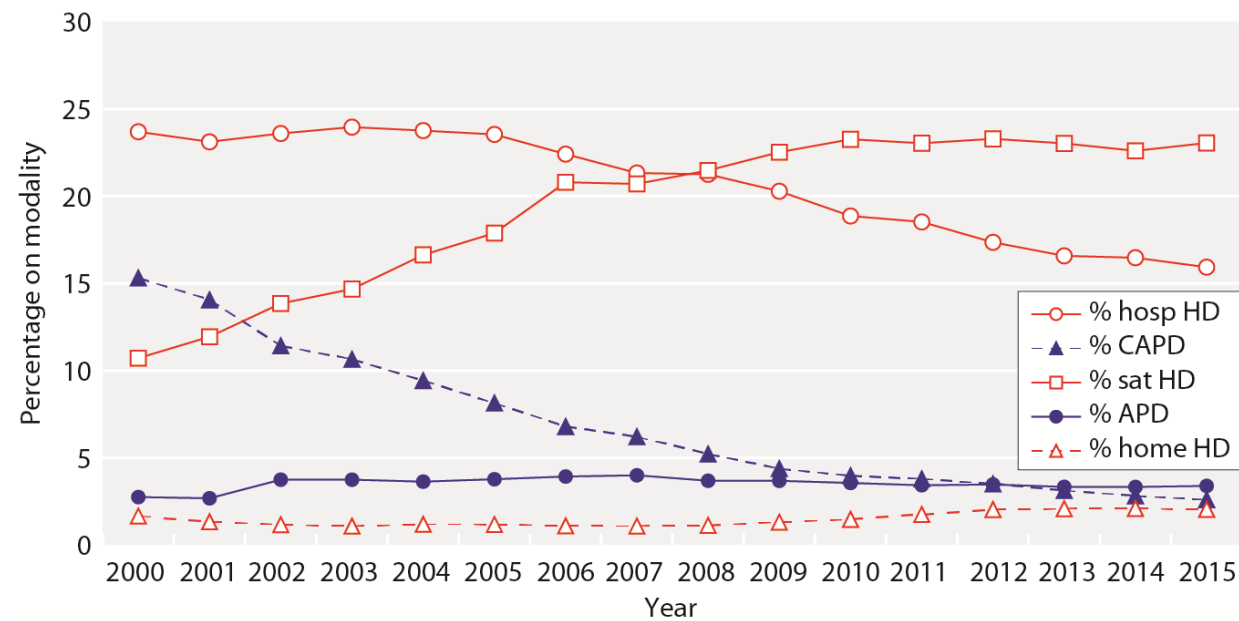
# Variation by provider



# Temporal changes: UK

**Figure 2.10.** Detailed dialysis modality changes in prevalent RRT patients from 2000–2015

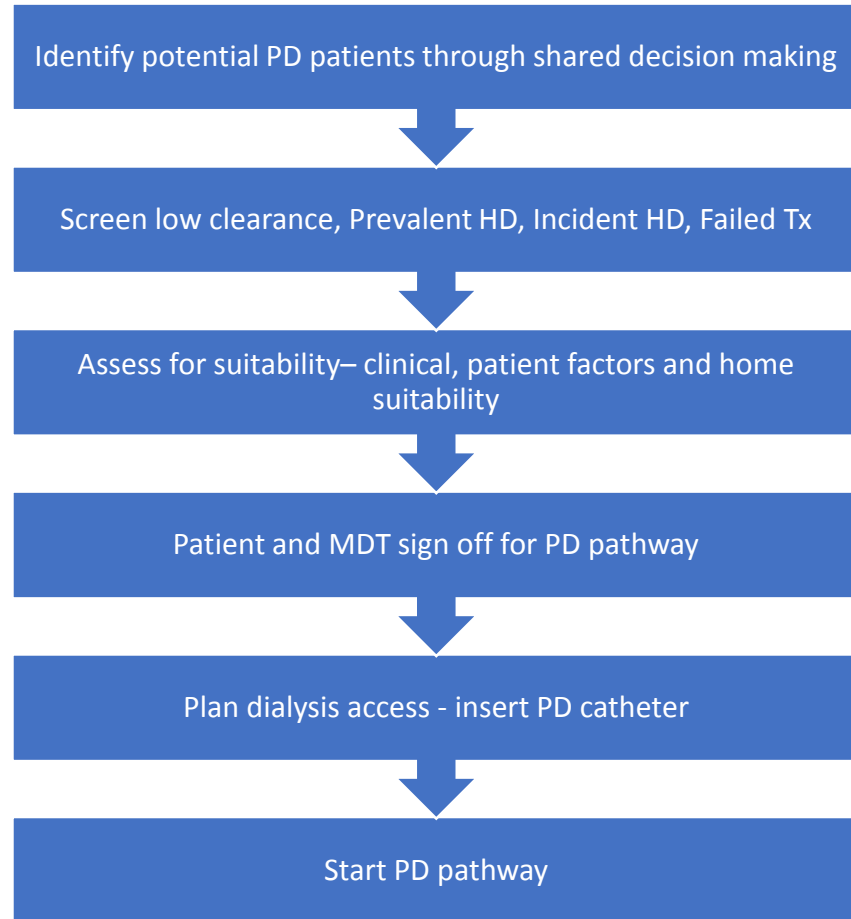
\*Scottish centres excluded as information on satellite HD was not available



# What can be improved?

Fluid not solute, infection

# Think about patient flow: process measures



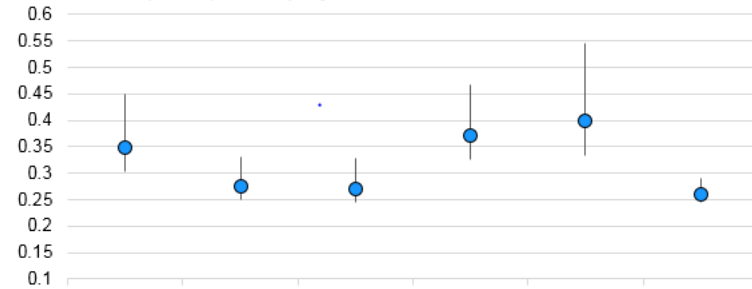
- Selection
- Initiation
- Maintenance
- Drop out



# Peritonitis

## Peritonitis rate, by country

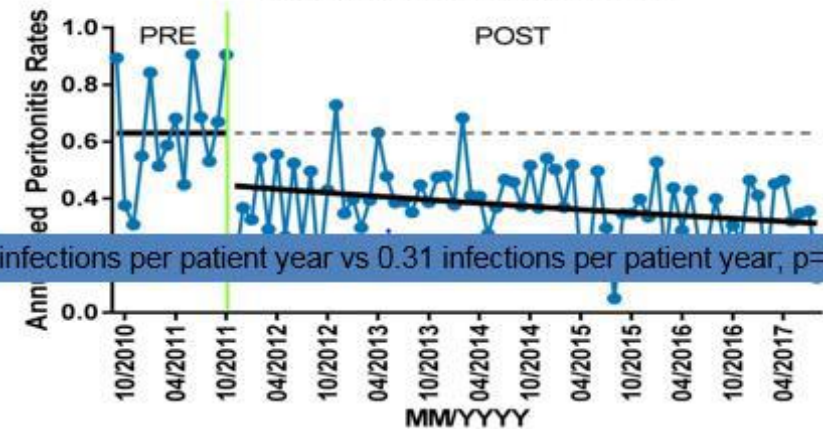
Peritonitis rate (95% CI), events per year



	A/NZ	Canada	Japan	Thailand	UK	US
Facilities:	18	20	29	21	16	97
Events:	494	906	819	785	298	3986
Patients:	190	379	344	234	118	1098
Pt yrs, median:	0.7	0.9	0.9	0.5	0.7	0.3

Restricted to facilities with at least 5 patient years of follow-up (n=201);  
US large dialysis organization facilities included. Adapted from Peri et al. ASN abstract (2016)

## SCOPE Peritonitis Rates

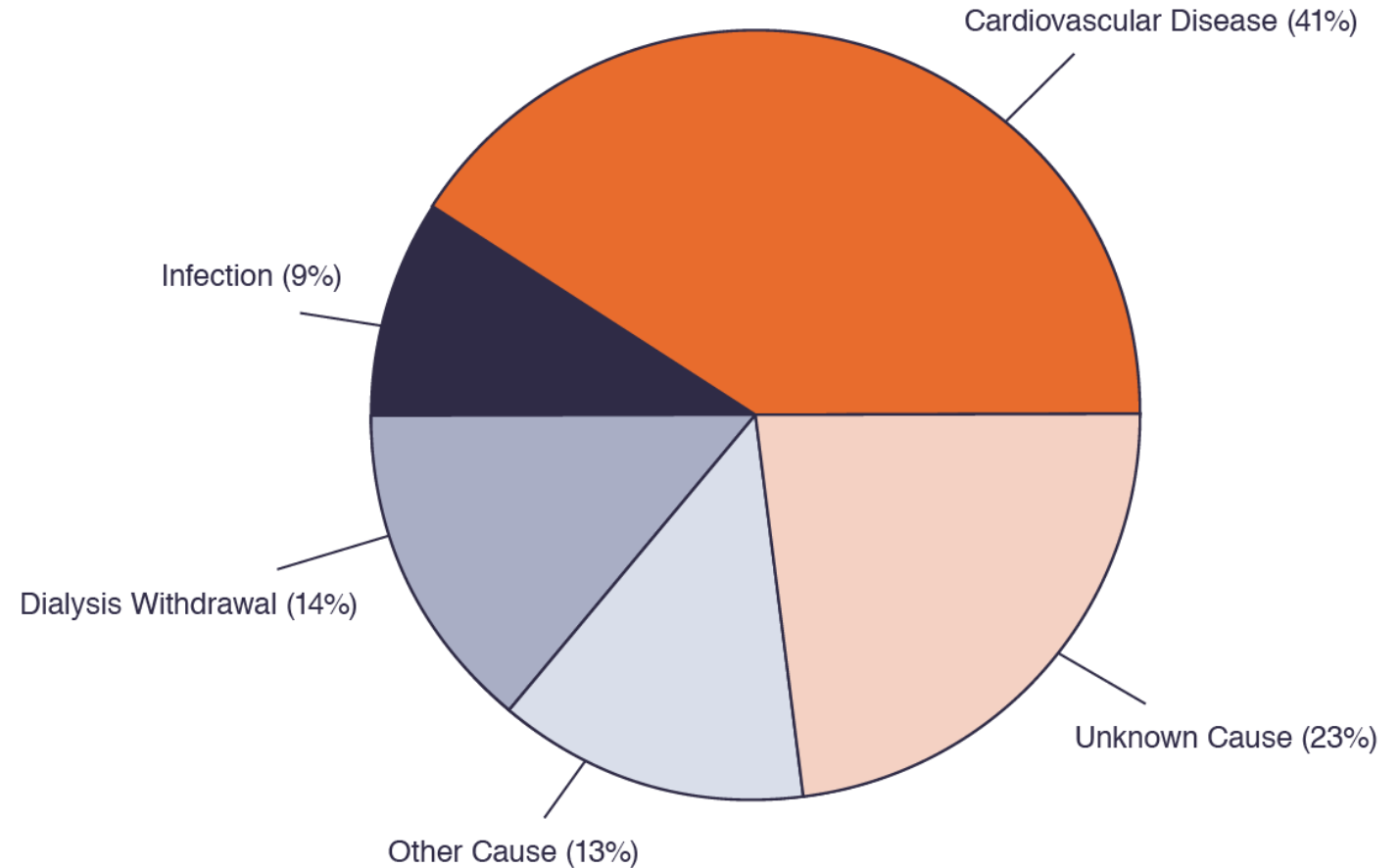


0.44 infections per patient year vs 0.31 infections per patient year,  $p=0.031$

# Cardiovascular-related Deaths in Prevalent Dialysis Patients are Common

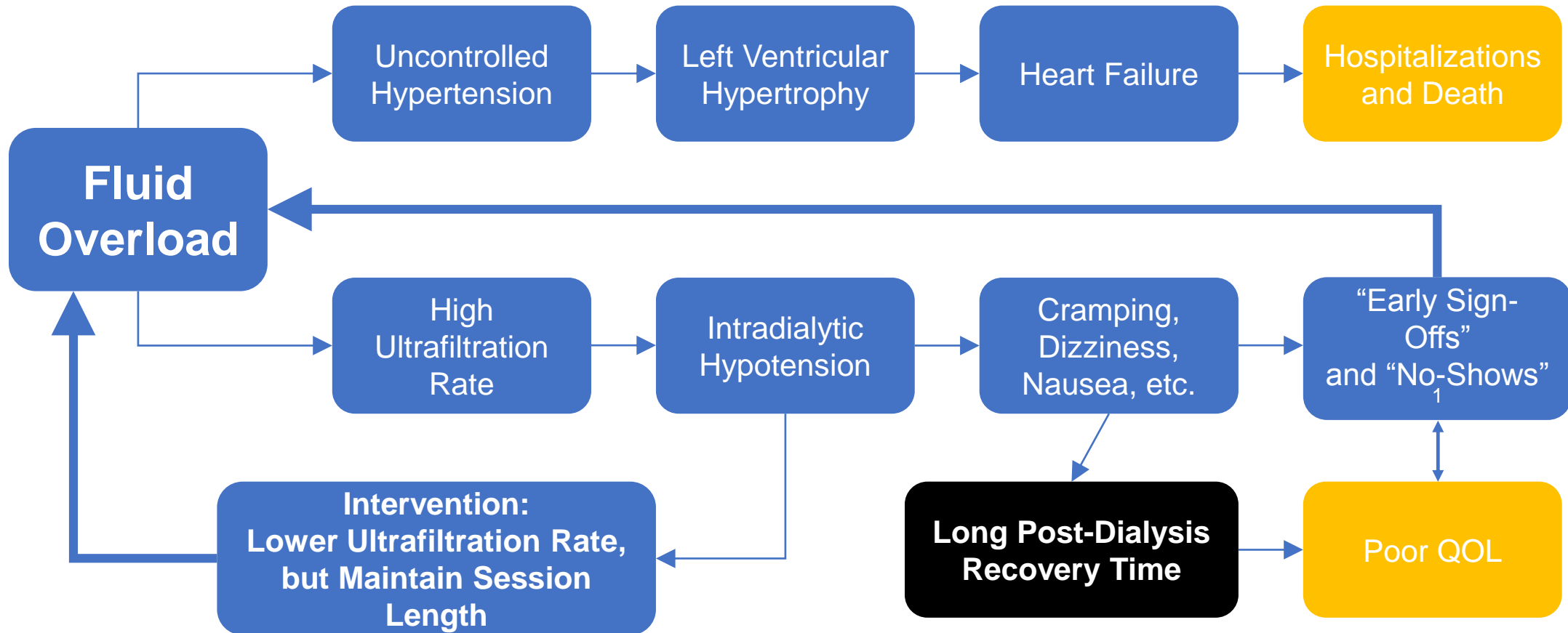
Over 41% of all deaths were cardiovascular-related, with nearly identical percentages in hemodialysis and peritoneal dialysis patients.<sup>1</sup>

CHAPTER 1, FIGURE 2:  
Distribution of primary cause of death in hemodialysis patients, 2011 to 2013.<sup>2</sup>

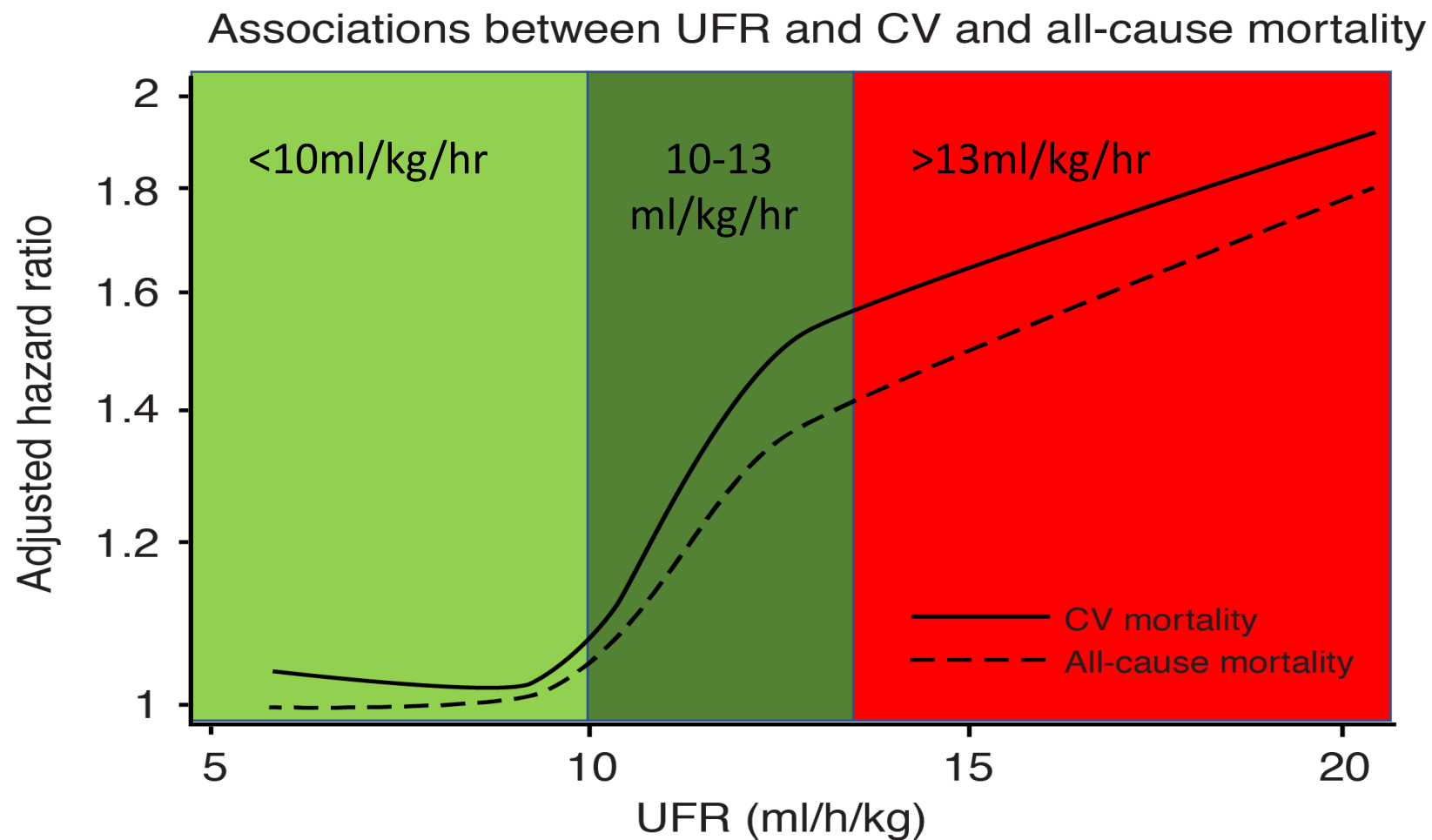


# Pathophysiology and Outcomes

## Challenges with Thrice-Weekly Hemodialysis



# UF rate and Mortality



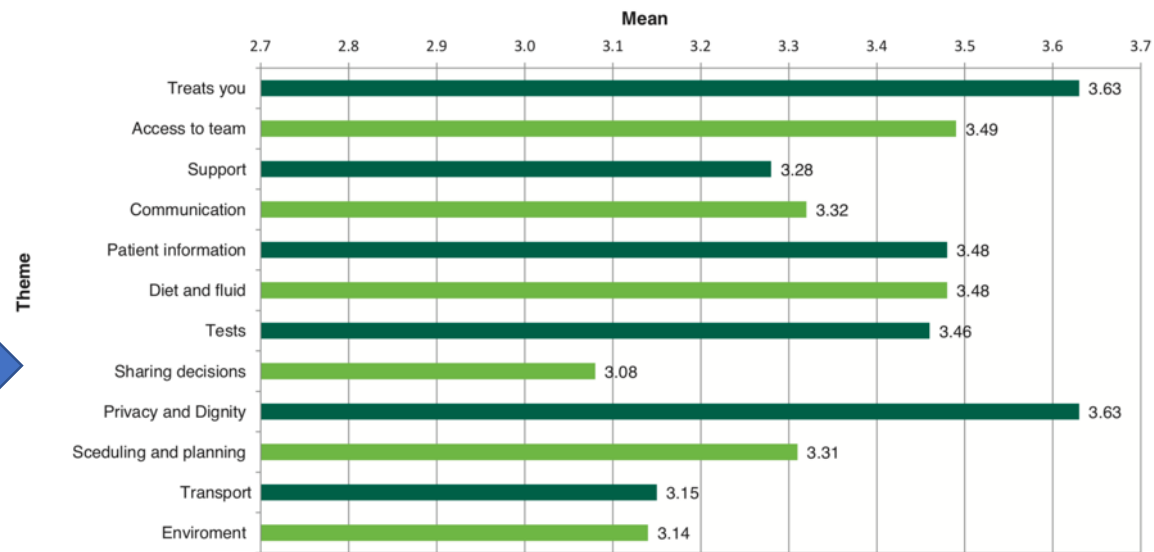
**Slower UF & Longer HD Treatments are Safer**

# What should we measure and change?

Mortality probably not sensitive enough

# Patient perspective: drivers for change

Figure 1: Mean scores for the 12 Themes



## A HOME DIALYSIS MANIFESTO

INCREASING UPTAKE OF HOME DIALYSIS TO BENEFIT  
PATIENTS AND THE NHS

A report of the findings of the 2013  
Home Dialysis Summit

# Measures

- Number and proportion on home therapies – prevalent and incident
- PCOMS – My Health Survey, PREM, holidays
- Patient activation measures (PAM tool)
- Clinician support to activation (CSPAM tool)
- Drop off data – number, cause
- Balancing measures – hospitalisation, adverse events – infection, cannulation
- Process measures – training time, resource utilisation, aborted home therapy attempts, surgical support (e.g PD tube insertion)

# Central mechanism to change

- Monthly MDT: patient flow management
  - Review all incident patients
  - Assess drop offs
  - Training status
  - Review critical data – hospitalisation, infections, technique issues
- Consider review of low clearance lists



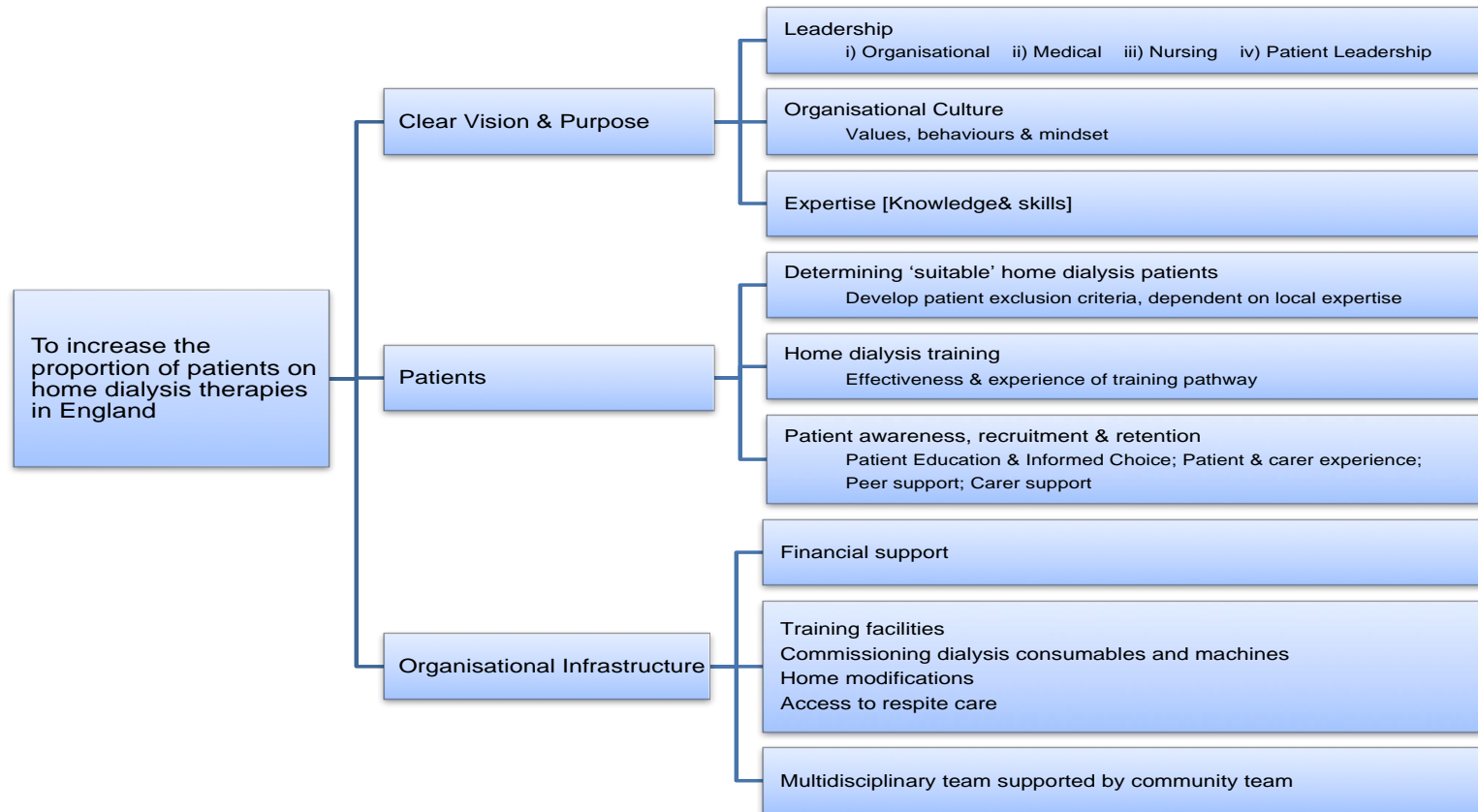
# Project details

How will it work

# KQuIP UK National Home Dialysis QI Project

## *DAYLiFe: Dialysis at yours: Life fulfilled*

### DRIVER DIAGRAM: Home Dialysis



# Project structure

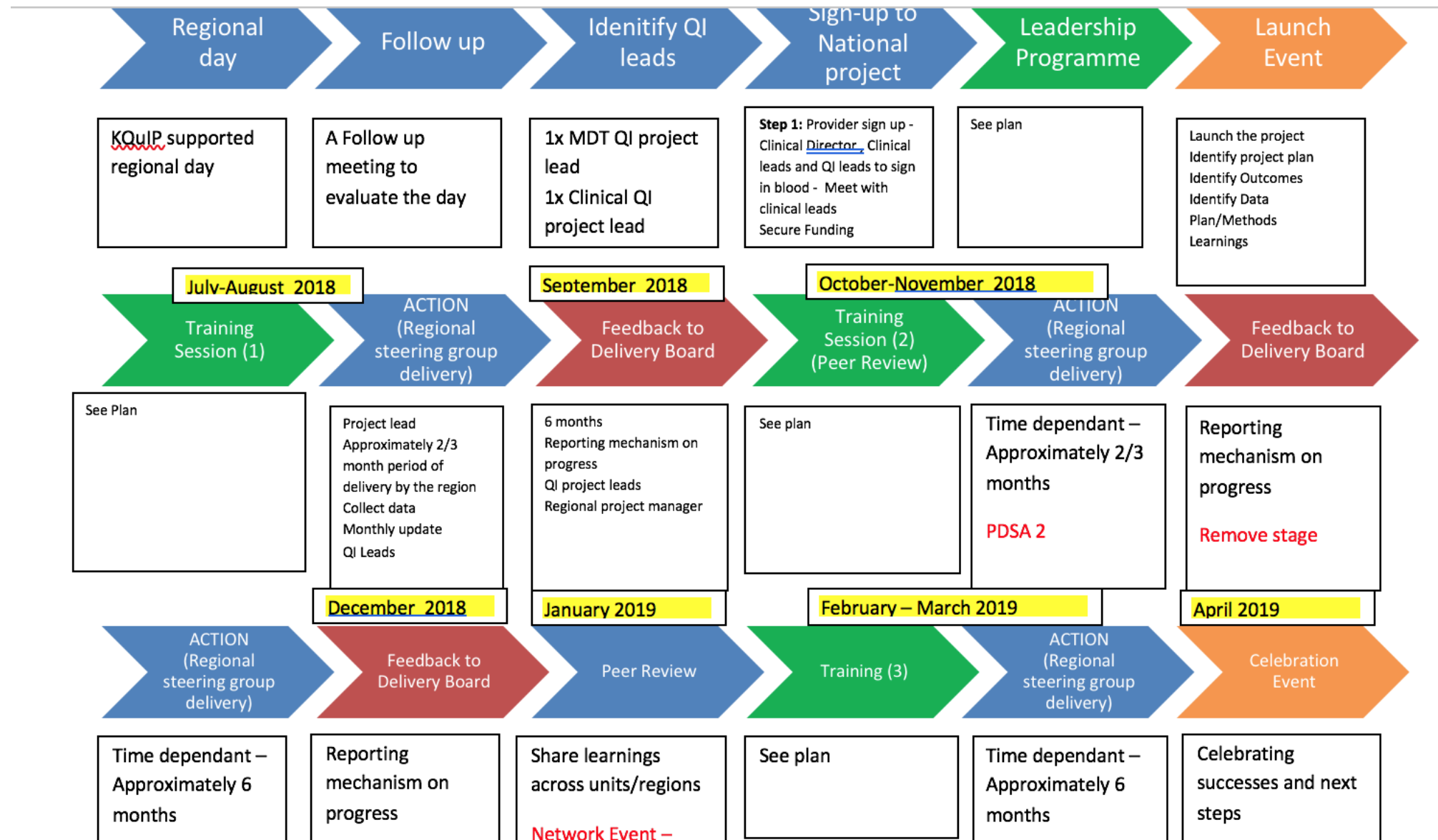
- ‘Co production’ – patients involved at the start and at every level
- A regional team to coordinate the work, representative of the region
- Each centre to form a project team
- Support from KQuIP
  - Project management, expertise, measurement

# The project cycle

- Research and discovery
  - Consider barriers and evidence
- Consider solutions and ideas
  - Long list
  - Short list
- Test ideas
  - Test, evaluate, share
- Review and report then repeat process

# Based around regional networks

- Consider modelling on the Cancer Alliance
- Network
  - Leadership development
  - Build capability in QI
  - Use KQuIP to offer support
- First (supra) regional team engaged – East and West Midlands
- Second in year team TBA
- Funding secured for year 1



# Challenge: how do we improve?

