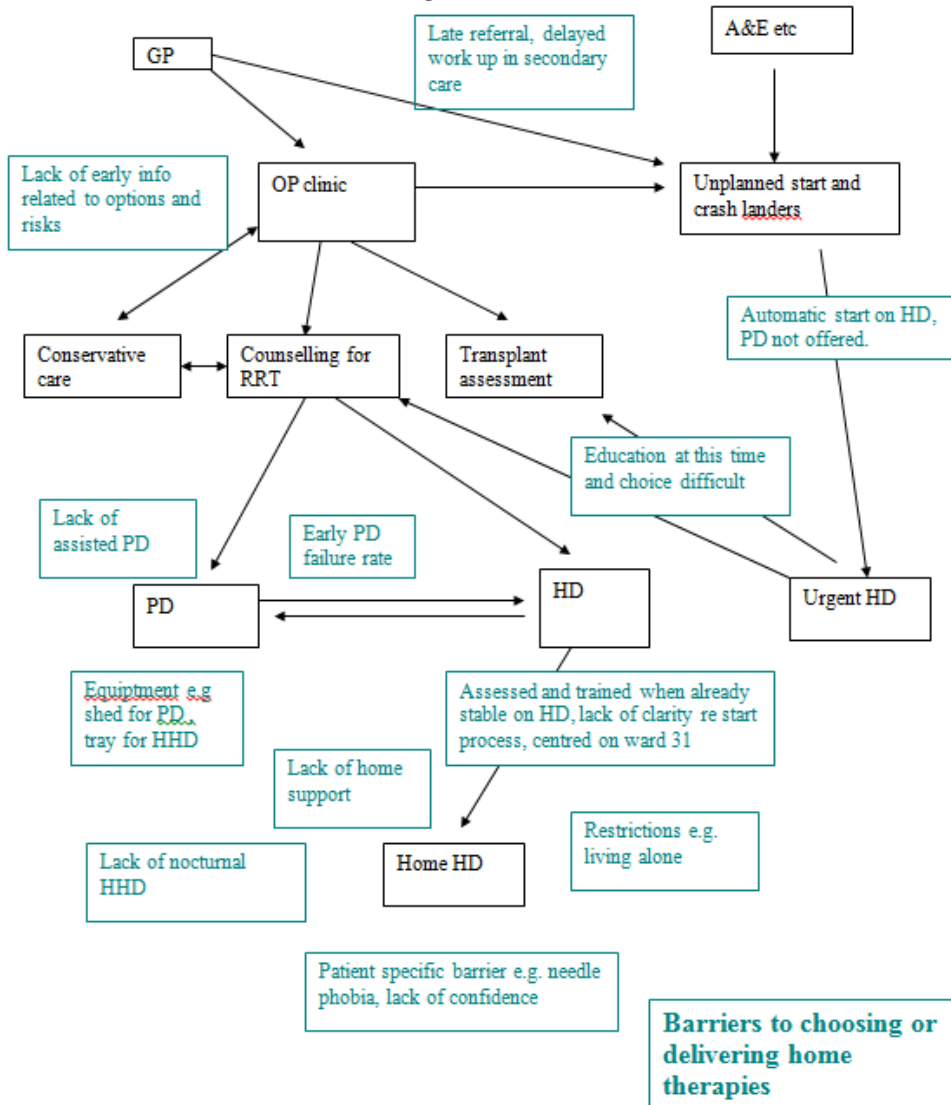


# Home Dialysis at Stoke

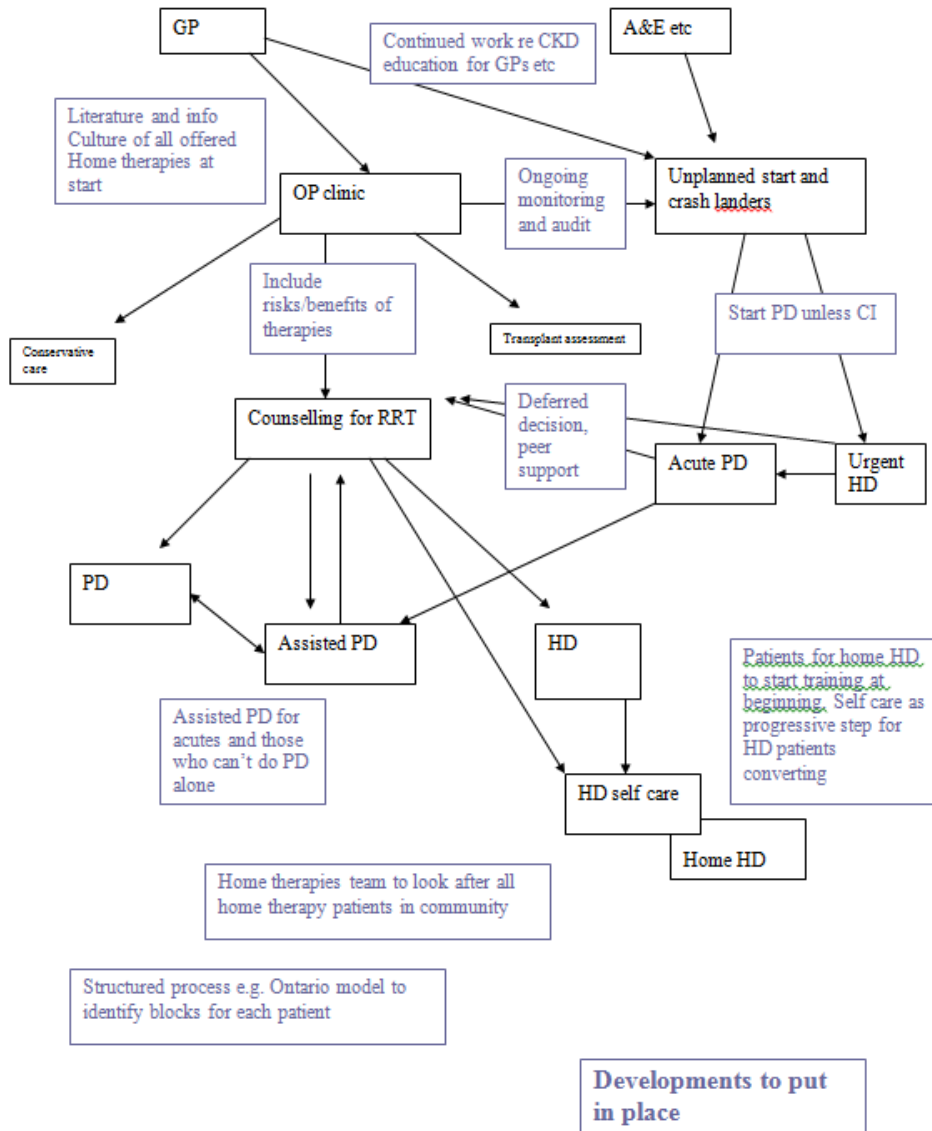
Mark Lambie

## Current Patient Pathway



- Quality Improvement initiative for home dialysis
- Engagement of whole department
- Mapping of current process

## Preferred Patient Pathway



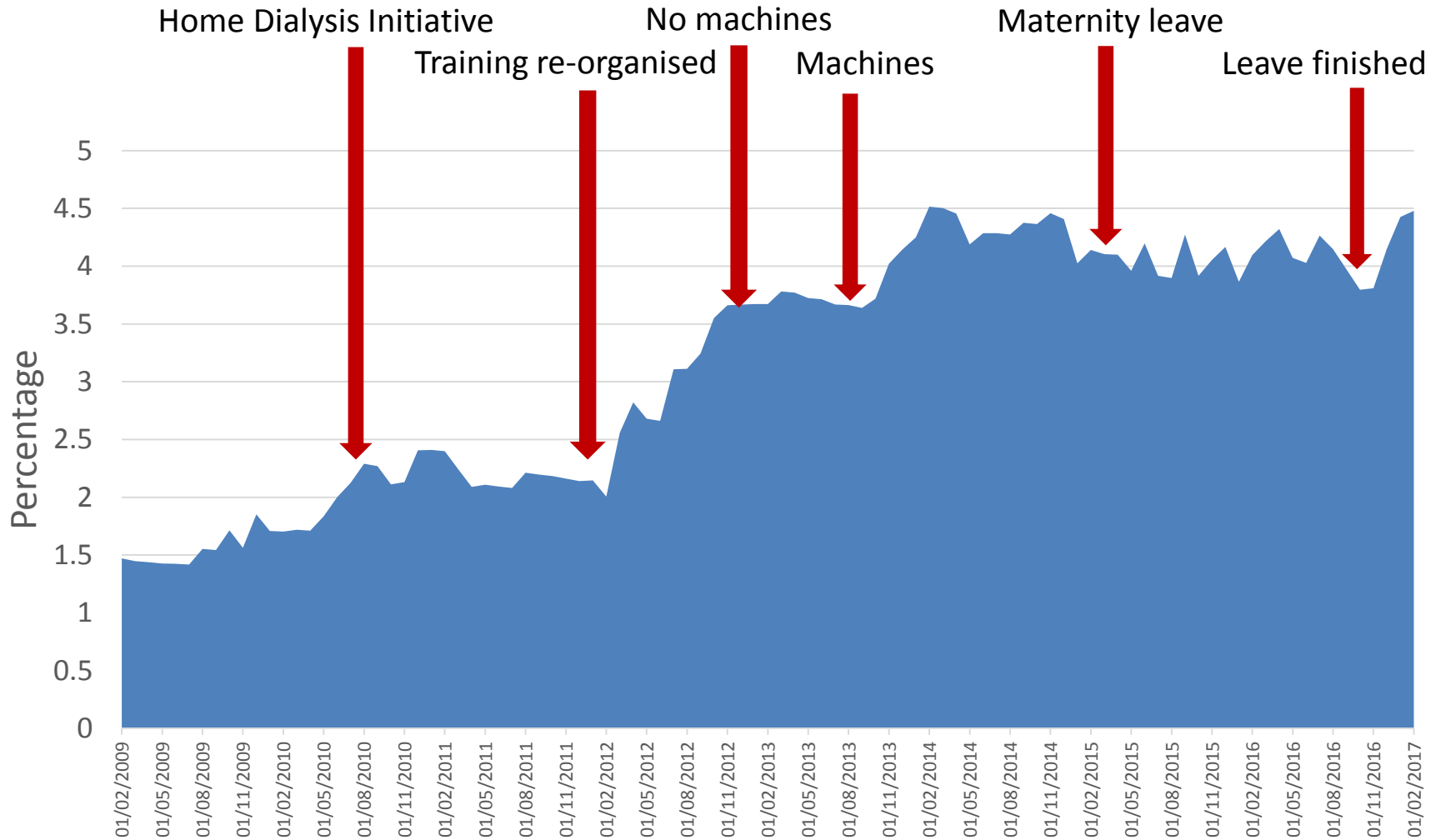
- Quality Improvement initiative for home dialysis
- Preferred process mapped

## Actions

|                               | Action                                                                                                                                 | Responsible | Timescale          |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| Information to support choice | Copy clinic letters to patients to form care plan                                                                                      | KT          | April 2011         |
|                               | Review and develop CKD literature, including risk/benefits of therapy choice                                                           | LC/SR       | April 2011         |
|                               | Develop info leaflet for eGFR 20-30                                                                                                    | DdJ         | April 2011         |
|                               | Develop info and review mechanism for RRT start + peer support                                                                         | PR/GL/TC    | April 2011         |
|                               | Develop "fast track" process for late referrals                                                                                        | SR/LC       | April 2011         |
| PD acute start and insertion  | SpR education                                                                                                                          | KT          | April 2011         |
|                               | Develop medical insertion                                                                                                              | SR          | April 2011         |
|                               | Communicate with surgeons re feasibility                                                                                               | KT/SJD      |                    |
|                               | Devise procedure for acute PD start including bowel prep, combined treating/training etc.                                              | TC/SJD      | April 2011         |
|                               | Continued work on PD insertion failure rate including limiting operators                                                               | SJD/SR      | April 2011         |
|                               | Work up options for assisted PD in order to develop business case                                                                      | SJD/TC/CB   | April 2011         |
| Home Therapies Team           | PD team to convert to Home Therapies team. Team will update training in HD and take over care of patients when going home from HD unit | TC          | Immediate Dec 2010 |
|                               | Model potential size of home therapies team needed over next 5 years                                                                   | LC/TC       | Oct2010            |
|                               | Develop process protocols etc as needed                                                                                                | TC          | Oct2010            |
|                               | Develop Home HD criteria to be shared and discussed with patients as early as OP clinic                                                | JW          | Oct 2010           |
| HD unit changes               | Develop Home HD training process including immediate start                                                                             | PT/K/LC/JW  | Oct2010            |

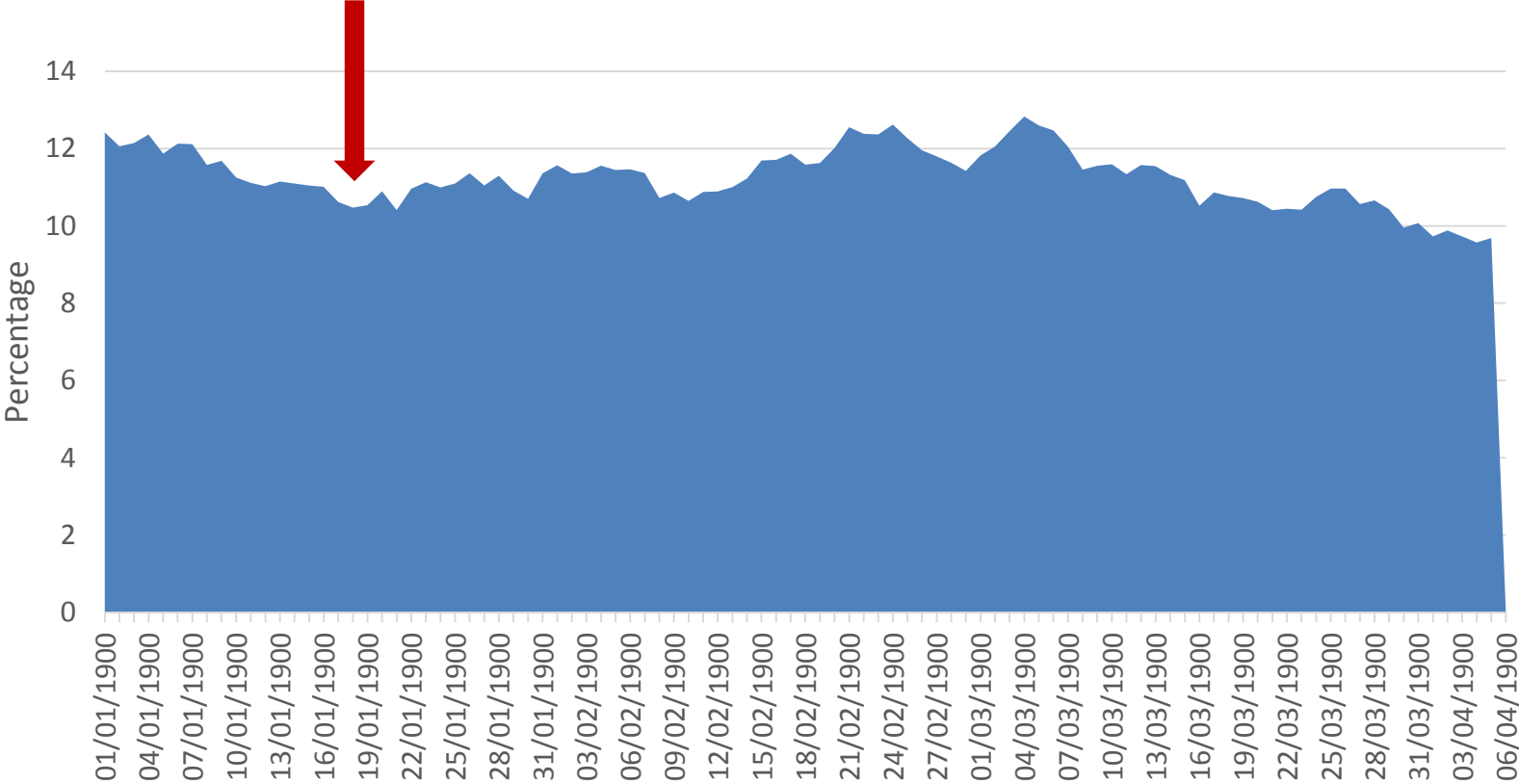
|                 |                                                                                                                                                                                                                                                                                         |              |                      |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|
| HD Unit changes | Role out competencies for HHD training as commended in Peer review (n.b. no plans for training in satellites yet as lack of space but will role out when space and new units allow)                                                                                                     | GL/PT        | Immediate            |
|                 | Immediately identify patients who can train on ward 34                                                                                                                                                                                                                                  | PT/GL        | Immediate            |
|                 | Via monthly HHD meetings ensure process barriers to starting HHD unblocked e.g. move patients to ward 34, prioritise for JW review, eliminate queue                                                                                                                                     | JW/GL/PT/PH  | Immediate            |
|                 | Work up buttonholing-decide process, who to be offered and get info re clinical effectiveness                                                                                                                                                                                           | JW/GL/PT     | April 2011           |
|                 | Set up Self care unit on ward 31, need 6/12 supernumerary nurse to establish procedures and train patients                                                                                                                                                                              | GL/JW/CB     | April 2011           |
|                 | Review staffing levels required on 31 including short term training and HHD support and self care unit. Likely short term 2 WTE for HHD and self care. Post 6/12 to convert to 1WTE for ongoing HHD training with 1WTE as part of Home therapies team per. Model split of staff needed. | GL/TC/CB     | Aug 2010             |
| Other           | Feed back to exec board +/- develop business case for all of above                                                                                                                                                                                                                      | CB/KT.others | Oct 2010- April 2011 |
|                 | Review Home therapies equipment cutbacks and alter where barrier has arisen                                                                                                                                                                                                             | TC/GL/CB     | Oct 2010             |
|                 | Review Ontario process and 2 implement                                                                                                                                                                                                                                                  | SJD/LC       | Oct 2010             |
|                 | Set up further meeting with patient involvement to look at further barriers/ development                                                                                                                                                                                                | KT           | April 2011           |

# Home Haemodialysis

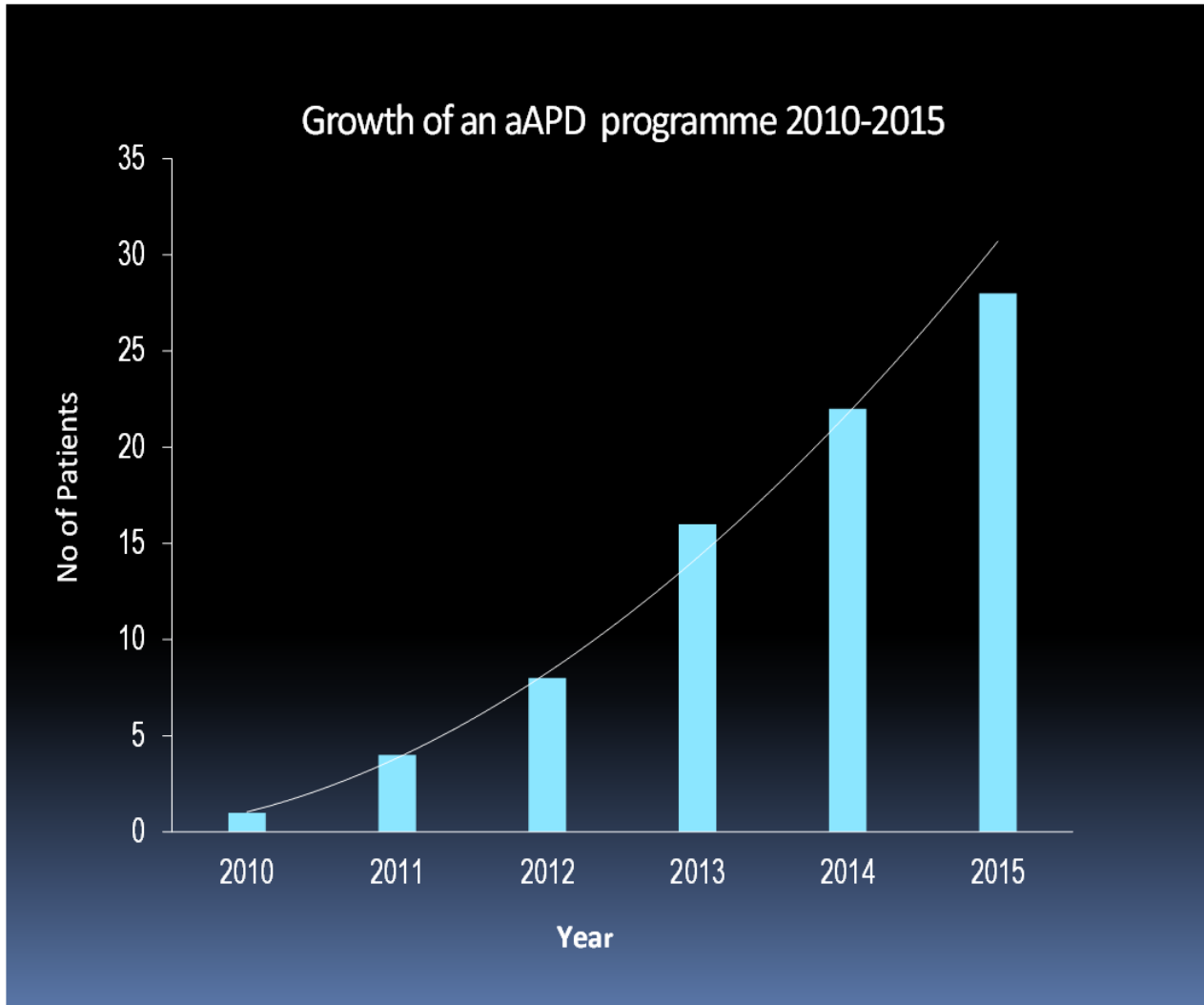


# Peritoneal Dialysis

Home Dialysis Initiative

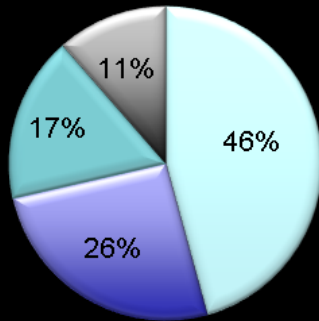


# Assisted PD



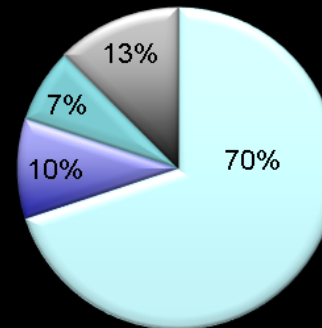
# Assisted PD outcomes

35 patients access the aAPD service 2013-14



- Started on aAPD (frail elderly/heart failure)
- Transferred from established PD to aAPD
- Temporarily
- Bridge to independence

40 patients access the aAPD Service 2014-15



- Start on aAPD (frail elderly/heart failure)
- Transferred from established PD to aAPD
- Temporarily
- Bridge to independence



# Uptake of PD at Stoke

