

# Home dialysis

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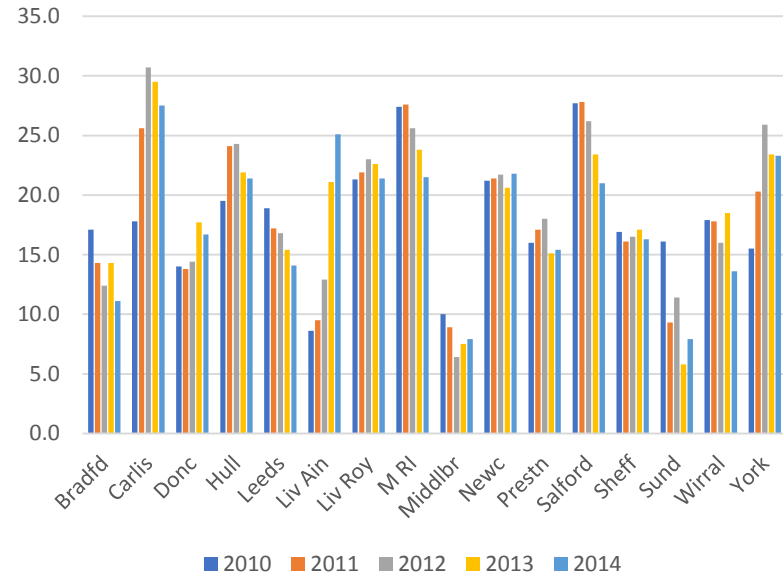
# What do we want to think about?

- Consider the challenge
  - Diagnostics
    - Do we know why we are where we are?
    - What should we measure?
  - Can we identify aspects of practice to generate change?
    - What do we do well?
    - Where can we learn from?
  - How do we do it?

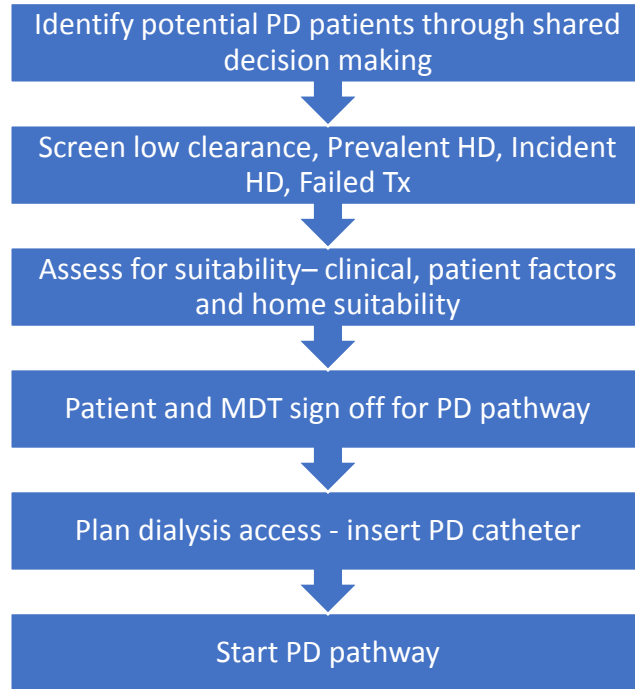
# Where are we now?



Home therapy (all) % rate by centre North

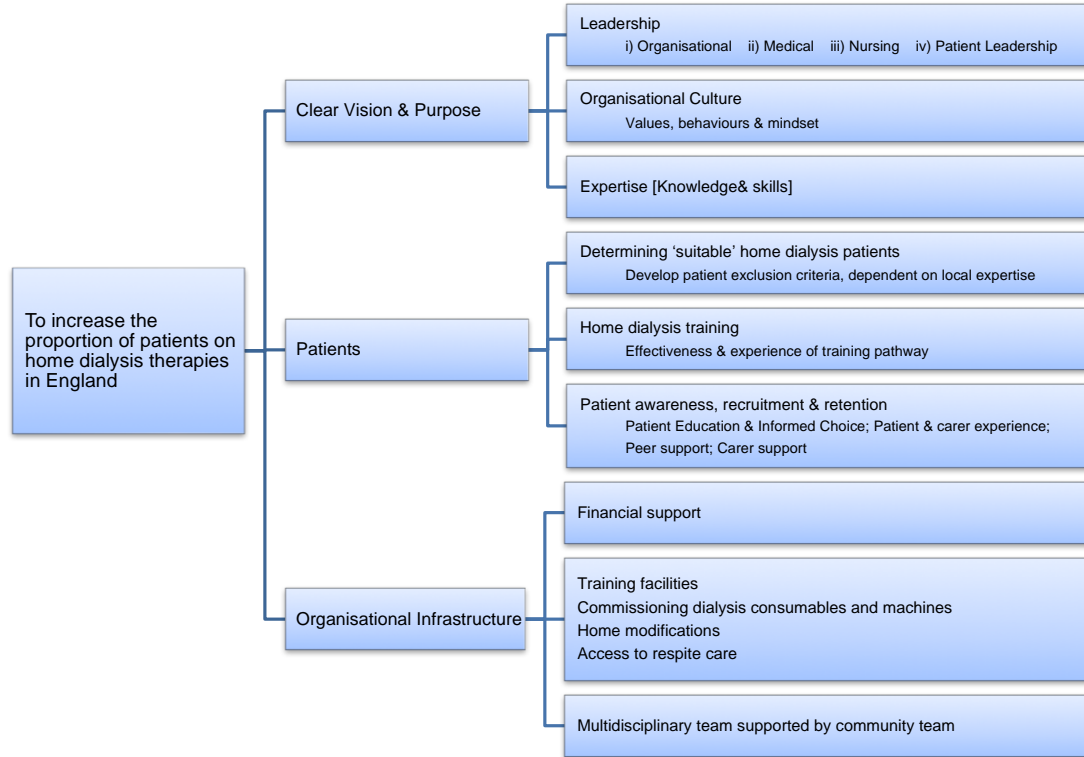


# Think about patient flow



- Selection
- Initiation
- Maintenance
- Drop out

## DRIVER DIAGRAM: Home Dialysis

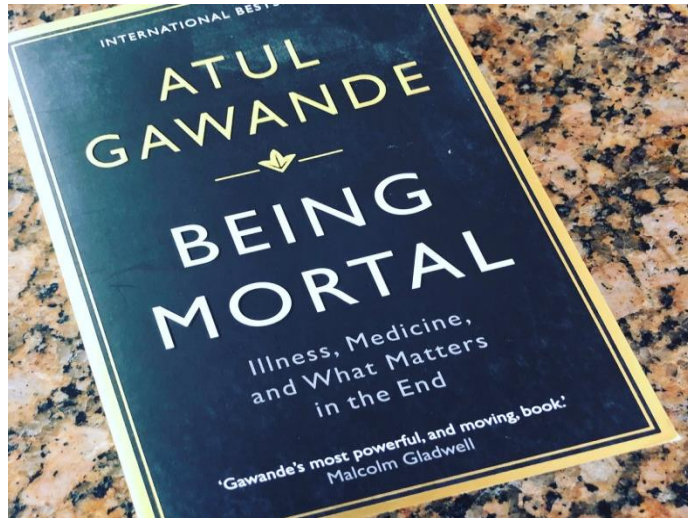


# Reference costs and activity 2016 returns\*

	Home HD	CAPD	APD	AAPD
Reading	£385	£46	NR	NR
Activity	327 (5)	1 (48)	(17)	
Oxford	£170	£56	£57	£71
Activity	3800 (19)	8853 (21)	20162 (73)	2338
Gloucester	£95	£138	£138	£88
Activity	432 (5)	3473 (9)	11472 (28)	679

\* Approx. figures rounded,  
numbers in brackets absolute  
patient numbers from 2016 UKRR  
report (APD and AAPD combined)

# Objectives



ued more for their technical prowess than for their understand-  
ing of human needs.  
That experiment has failed. If safety and protection were all  
we sought in life, perhaps we could conclude differently. But  
because we seek a life of worth and purpose, and yet are rou-  
tinely denied the conditions that might make it possible, there is  
no other way to see what modern society has done.

# Measures

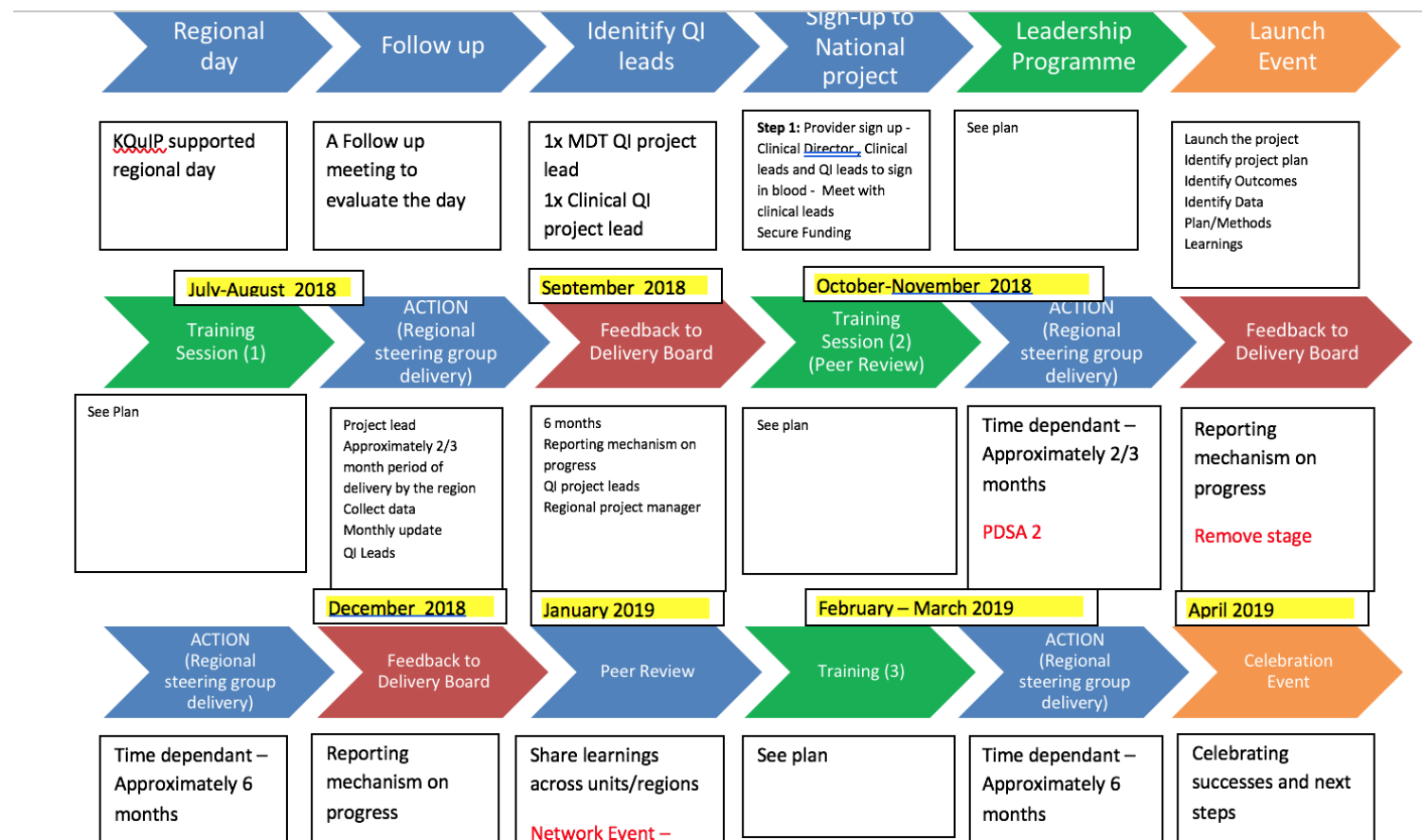
- Number and proportion on home therapies
- PCOMS – My Health Survey, PREM, holidays
- Patient activation measures (PAM tool)
- Clinician support to activation (CSPAM tool)
- Drop off data – number, cause
- Balancing measures – hospitalisation, adverse events – infection, cannulation
- Process measures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

# Central mechanism to change

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

# 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



# Your task: think about the change model

- For each of the elements of the change model consider what you need to do, within your centre and across the region.
- Concentrate on measurement, leadership and how you will engage and spread across the region and within your service
- Metrics – process, outcomes, balancing measures