**Title –** **Development of a ‘PD Link Nurse’ Programme to support Peritoneal Dialysis Uptake**

**Background**

Every year we see more people requiring Renal Replacement Therapy (RRT) which places increasing demand on our Renal Dialysis Services. In addition to this increased demand we see variation across our network in uptake of Peritoneal Dialysis (PD). At commencement of the project we had 11% of patients on PD. This is lower than the national average of 14% and lower than other local units (Derby 35% and Nottingham 17%). There is uncertainly in why this unwarranted variation exists. With increasing financial and operational pressures, clearly defined pathways, together with empowerment of our team, are essential to ensure patients receive the right dialysis at the right time and have a good patient experience.

**Aim**

To increase knowledge and confidence of PD by up-skilling ward based staff as identified as part of a wider pathway mapping project.

**Method**

After deciding the scope and aim of our project we formed a core project team and discussed what we wanted to improve and how we may measure this. We opted for a full MDT approach and organised a workshop to capture the whole team’s thoughts and experiences. We reached out to industry partners at Baxter Healthcare and drew on their experience of LEAN Methodologies (a set of principles used to identify waste). With their facilitation, we used the workshop to map our ‘current state’ patient pathway to uncover potential obstructions and in-efficiencies that may prevent suitable patients from receiving PD at home. To further validate the pathway, and ensure the current state was accurate, we conducted subsequent group and one to one interviews and observations.

From the validated pathway map we identified three areas that required intervention to improve patient uptake and experience and one of these was PD education.

The pathway work had identified a general lack of knowledge and confidence around PD amongst ward staff. We realised that as numbers of PD patients had declined ward staff had less exposure to PD as a therapy, resulting in a decline in skills.

**Interventions/Improvements**

We decided that in our smaller project team we would explore ideas that could support the upskilling and education of ward based staff and how we could enhance existing education to make this more sustainable and impactful towards a home therapies culture at the trust. The result of these sessions was the development of a ‘Link Nurse PD Programme’ and a fully coordinated approach with the Renal Education & Practice Development Team. The aim of the Link Nurse role is to understand and communicate the clinical and lifestyle benefits of PD ward teams and support trouble shooting, prescribing practice and other practical elements of the therapy. We identified two team members from each Renal ward and have designed a PD Link Nurse syllabus with the support of the Clinical Practice Education Team and Renal Therapy Specialist at Baxter Healthcare. The first Link Nurses will begin their education in May. To support continuous improvement their ward based discussions and activity will be reviewed bi-monthly at the PD Link Nurse forum meeting that has now been established in the service.

**Conclusion**

By adopting LEAN methodologies, we were able to take a non-biased and honest look at our processes and understand why our patients whom we expected to choose PD, did not. We have been able to implement a plan based on full MDT engagement and develop a Link Nurse team that we envisage will support PD uptake. The process has enhanced both our staff and patient experience of PD and has positively impacted the culture of the unit as a whole.