**Background**

A healthy start to renal replacement therapy (RRT) needs patient information, empowerment & education, peer support, shared decision making, a modality choice, access planning and where possible, preparation for pre-emptive transplantation. Patients who commence dialysis in an unplanned manner often lack these elements of care, and such starts have been associated with poor patient experience, outcomes and value.

**Aims**

We characterised a 3-year incident renal replacement population at a single tertiary renal unit in London to examine factors associated with unplanned dialysis.

**Methods**

We conducted a retrospective cohort analysis of 999 patients who commenced dialysis over a 3 year period. Further demographic data and comorbidity burden will be obtained from pseudonomised, linked primary care health records from patients registered with local GP practices.

Electronic patient records were reviewed and patients were deemed to have an unplanned start if they had not received nephrology care for greater than 90 days prior to commencing RRT. Patients on dialysis elsewhere, or starting after transplant failure were excluded. Patients who died within 90 days of starting dialysis, or required dialysis for less than 90 days were also excluded.

**Results**

999 patients initiated dialysis in our unit between 29 September 2014 and 8th August 2017. 244 patients were excluded. 755 patients remained.

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| **Characteristics at initiation of RRT** | **Planned Starters**  **n = 463** | **Unplanned starters**  **n = 292** |
| Mean age | 55.0 | 57.9 |
| Gender, Female – number (%) | 191 (41.2) | 99 (33.9) |
| eGFR, ml/min/1.73m2 | 9 | 9 |
| Modality:  HD – number (%)  PD – number (%) | 279 (60.2)  184 (39.7) | 231 (79.1)  61(20.8) |
| Inpatient – number (%) | 106 (22.9) | 213 (72.9) |
| Access:  Central Venous catheter  THL  AVF/AVG  Tenckhoff  Moncrieff | 43 (9.2)  103 (22.2)  132 (28.5)  152 (32.8)  33 (7.1) | 118 (40.1)  117 (40.1)  3 (1)  53 (18.1)  1 (0.03) |
| Died \*– number (%) | 50 (10.8) | 50 (17.1) |
| Mean interval to death^ - days | 319.56 | 336.28 |
| Interval first LCC review to RRT - days | 562 | - |
| eGFR = estimated glomerular filtration rate; Hb = haemoglobin; pTH = parathyroid hormone; THL= tunnelled haemodialysis line; AVF = arteriovenous fistula; AVG = arteriovenous graft LCC = low clearance clinic; Died \* = died during follow up; ^after initiation of RRT | | |

**Discussion**

A significant proportion of patients in out unit commenced dialysis in an unplanned fashion. This was associated with excess mortality despite the short period of follow up. We are examining the primary care record to further understand this cohort’s presentation.