Evaluating the impact of Quality Improvement on a Peritoneal Dialysis Programme

Background:

“Real improvement comes from changing systems, not changing within the system1”

In 2014 only 8% of the dialysis population at Heart of England were undertaking peritoneal dialysis, significantly lower than the UK national average of 13.4% (ref UKRR 2015),

With many national guidelines recognising the benefits of home dialysis, the Home Therapies multi-disciplinary team (MDT) at HEFT began a process of developing and evaluating a number of quality improvement programmes to change the patient pathway. All with the aim of enhancing outcomes and quality of life for patients with kidney disease

Utilising two of the key philosophies of lean methodologies: respect for people, empowering them to do their job and elimination of waste to maximize flow, the team focused on identifying both, step changes and small incremental improvements, to achieve their goal of increasing the prevalent home dialysis population to 35% by the end of 2018

Objectives:

To evaluate the impact of continuous quality improvement on a Peritoneal Dialysis programme

Methods:

A Home Therapies MDT was established with members from Pre-Dialysis, Peritoneal Dialysis, Home Haemodialysis and Vascular Access. The Home Therapies MDT established a fortnightly meeting to build better communications and agree a target on which they could focus all their activities. Monthly away days were held to review areas that were going well and areas that needed improvement

The team used Rapid Improvement Event methodology, to systematically review each step of the patient journey, using a process map as a visual representation of the patient journey from referral to the renal unit to starting Renal Replacement Therapy.

Two interactive workshops were held, the first brought the team together to understand what happens now; the “current state” and the second workshop to agree how the service should look in the future; the “future state”. The final part of the process was to action plan, to make it happen. The action plan was developed to address any gaps identified between the current and future state pathway and ensure the issues identified at each stage of the pathway were being resolved.

Results:

From 2014 to the end of 2016, the PD programme at HEFT grew from 8% to just over 19% of the prevalent population. By the end of 2017, the prevalent PD population had been maintained over 20% for 12 months and had grown to 21.2%.

The impact of each change was evaluated and then embedded into daily practice, to ensure continuous improvement. Quality improvement became the new way of working rather than a separate project.

The “can do” attitude and commitment of the multi-disciplinary team raised the awareness of home therapies throughout the unit and was a significant contributor to the growth seen in home therapies

Conclusions:

“To make improvements we must be clear about what we are trying to accomplish, how we will know that a change has led to improvement and what change we can make that will result in improvement1”

Reference

1. A Primer on Leading the Improvement of Systems - D Berwick; BMJ Volume 312 March 1996