**Category; Quality Improvement**

**Peritoneal Dialysis Catheter Medical Insertion Service establishment and Redesign**

**Assessment of problem**

Prior 2015, all our patients had surgical insertions with a wait time of up to 6 weeks. Our development of this service slowly grew in numbers until we were joined by a third colleague who was experienced in medical insertions of peritoneal dialysis (PD). We were managing one or two procedures a month as it took us a bit of time to get everyone on board about referring patients for medical insertions. Early on, we were admitting patients overnight and our list invariably started after 2pm due to clinical commitments, this meant we were tied to the availability of beds which became a stumbling block and inhibited our capacity.

**Strategy for change**

Early in 2017 our trust commenced a QI Programme with the support of the Pathway Development Manager from Baxter Healthcare. Part of this process was to map the current state of our entire service and we identified a number of issues that required improvement on the PD Access pathway. We established a multi-disciplinary focus group to develop proposals to improve the service. We identified the problem and goal statement below.

**Goal Statement –**

To establish a regular, weekly morning list every Tuesday, to ensure that 2 catheters per week could be inserted and patients can recover and be discharged as a day case. Thus,enhancing patients experience and flow. As with other quality improvement (QI) projects, we have tried a number of ‘small tests of change’ rapidly over the project period. Over a period of only 6 months we have made major changes to our PD Access pathway using QI techniques

**Effect of Change**

With these combined measures, we have been able to establish a medical insertion peritoneal dialysis catheter insertion list between the 3 operators. This involved in reorganization of job plans so that all three operators could be in the base hospital. This was supported by our CD and the support of our consultant colleagues. We also took this opportunity to review the pathway from a patient preparation perspective/experience and now once a patient has been referred they now come under the care of the Home Therapies team so that we can ensure the patient fully understands the procedure. This process also allows the Home Therapies team to support the patient fully on day 1 after catheter insertion and also plan training time. We are now performing one or two procedures a week on a fixed day in the morning so we are able to achieve same day discharge. We have also developed our practice to perform catheter removals of those inserted medically. We refer only those patients to the surgeons who have had complicated abdominal surgery in the past. Patients are managing to start on PD in a timely fashion. There is enough time for them to get the training, so that they do not become too uraemic. We have now established PD catheter clinic which troubleshoots any issues with the catheter. Presently, majority of PD catheter insertions are done via this pathway