Implementation of a successful re-education programme for patients on peritoneal dialysis (PD) resulting in improved PD peritonitis rates

Objectives:

Successful PD can be defined as that which has few complications. Whilst peritonitis is often cited as a key issue, there is currently little evidence that re-education can reduce the incidence of peritonitis. As part of a Continuous Quality Improvement project, we designed a structured re-education programme in an effort to reduce the rates of peritonitis, as we were not achieving the standard set by International Society for Peritoneal Dialysis and the Renal Association of 1 episode every 18 months. It was hoped that re-education and an increase of the level of support patients receive in the community would reduce infection rates.

Methods:

A pilot study took place in the main PD centre and all patients were re-educated on PD. This involved assessing the patients in their home either, observing a CAPD exchange or setting up of the APD machine. Particular emphasis was placed on the connections and hand hygiene. A structured form was devised and used to ensure continuity between members of the nursing staff. Patients were re-educated within 6 weeks of starting PD and after an episode of PD peritonitis and annually going forward. The pilot study was so successful that this was extended to the satellite units. Initially re-education was performed with individual patients rather than group training.

Results:

Peritonitis rates improved from 1 episode every 17 patient months to 1 episode every 30 patient months. This has been maintained during the last few years despite a changing culture of patients (more frail, elderly starting PD).

Conclusion:

PD refresher training (re-education) has become standard practice in our unit which has enabled us to maintain excellent peritonitis rates. Although there was some resistance, with persistence and support and being able to give positive feedback and examples to patients this has now become standard practice in our unit.

Discussion:

Initially there was some resistance in a small number of patients to re-education. Patients felt that they were being “tested” and were uncomfortable with the terminology, thus it was changed to refresher training. Refresher training for all new patients has started and PD patients accept it as part of their standard care. Common issues highlighted during refresher included; poor attention to hand hygiene, patients taking ‘short cuts’, and not following procedures such as disconnecting from APD during the night without a cap.

A risk assessment tool is still being evaluated to see if this could help identify high risk patients. We have also started group training in an effort to improve rates further. However some unexpected outcomes were the friendship that the group of patients has gained from the group training.