

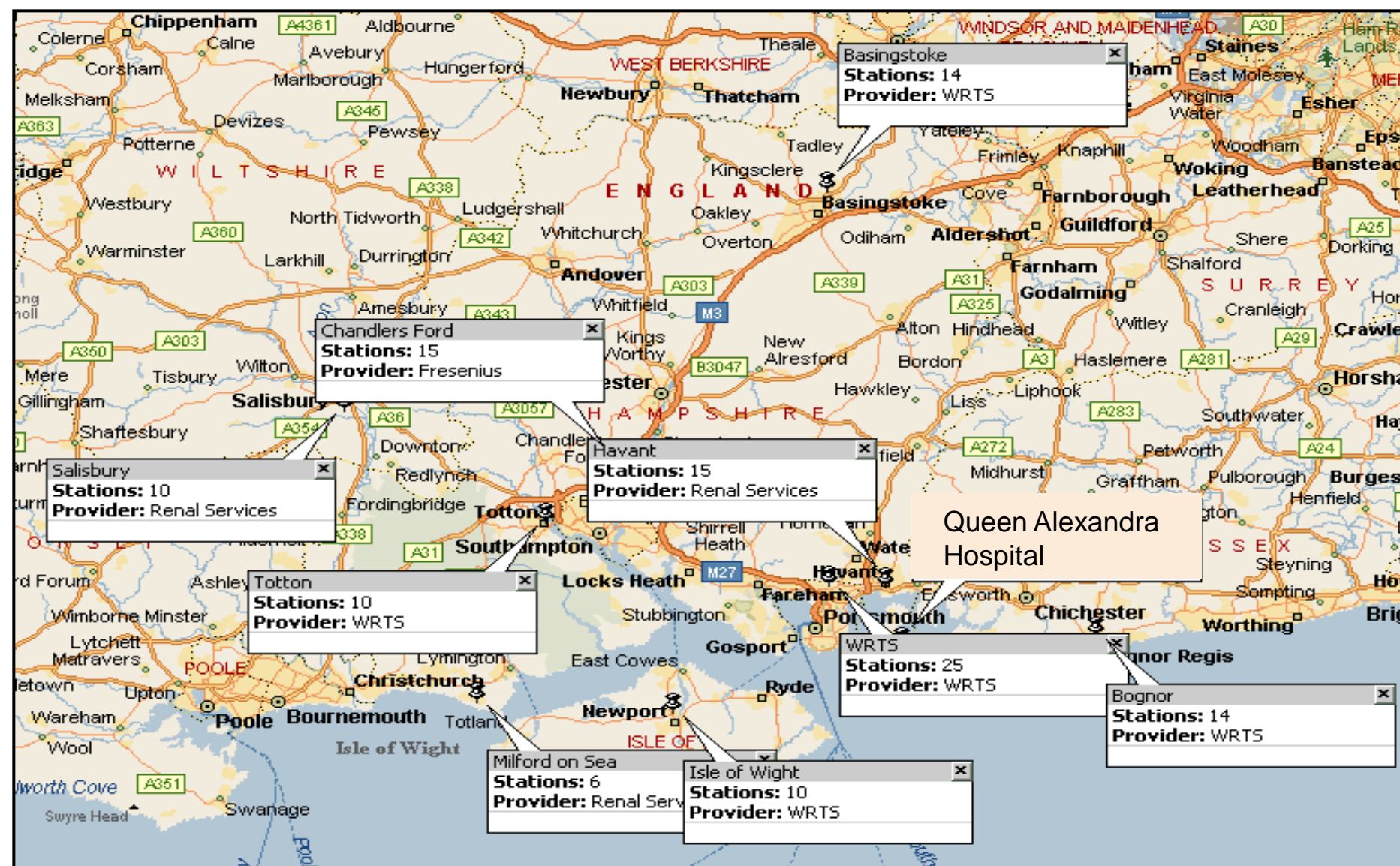
An Integrated Care Pathway for Peritoneal Dialysis Catheter Insertion and Post Insertion Management

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Background

The NHS Wessex Kidney Centre is a regional service. The total population number of this region is approximately 2 million people.

Patient Population Numbers 2014	
Low clearance clinic	279
Peritoneal dialysis	87
• Continuous Ambulatory Peritoneal Dialysis	
• Automated Peritoneal Dialysis	
• Assisted Automated Peritoneal Dialysis	
Haemodialysis	643
• Hospital and Satellite Based	
• Home Haemodialysis	42
Transplant	60



In 2012, 56 out of 60 patients commented that they were happy with the explanation of the plan of care and appreciated the structure and forward planning of their treatment. This allowed the assimilation of the patient's life requirements with the planning of their commencement on PD. All patients were happy to sign an agreement that they were happy with their plan of care.

In 2013, re audit showed 100% adherence to the agreed protocol since introduction of the ICP. We have thus shown for the first time that an ICP can be applied to patients with established renal failure opting for peritoneal dialysis.

Other Changes in Practice as an Outcome of the ICP:



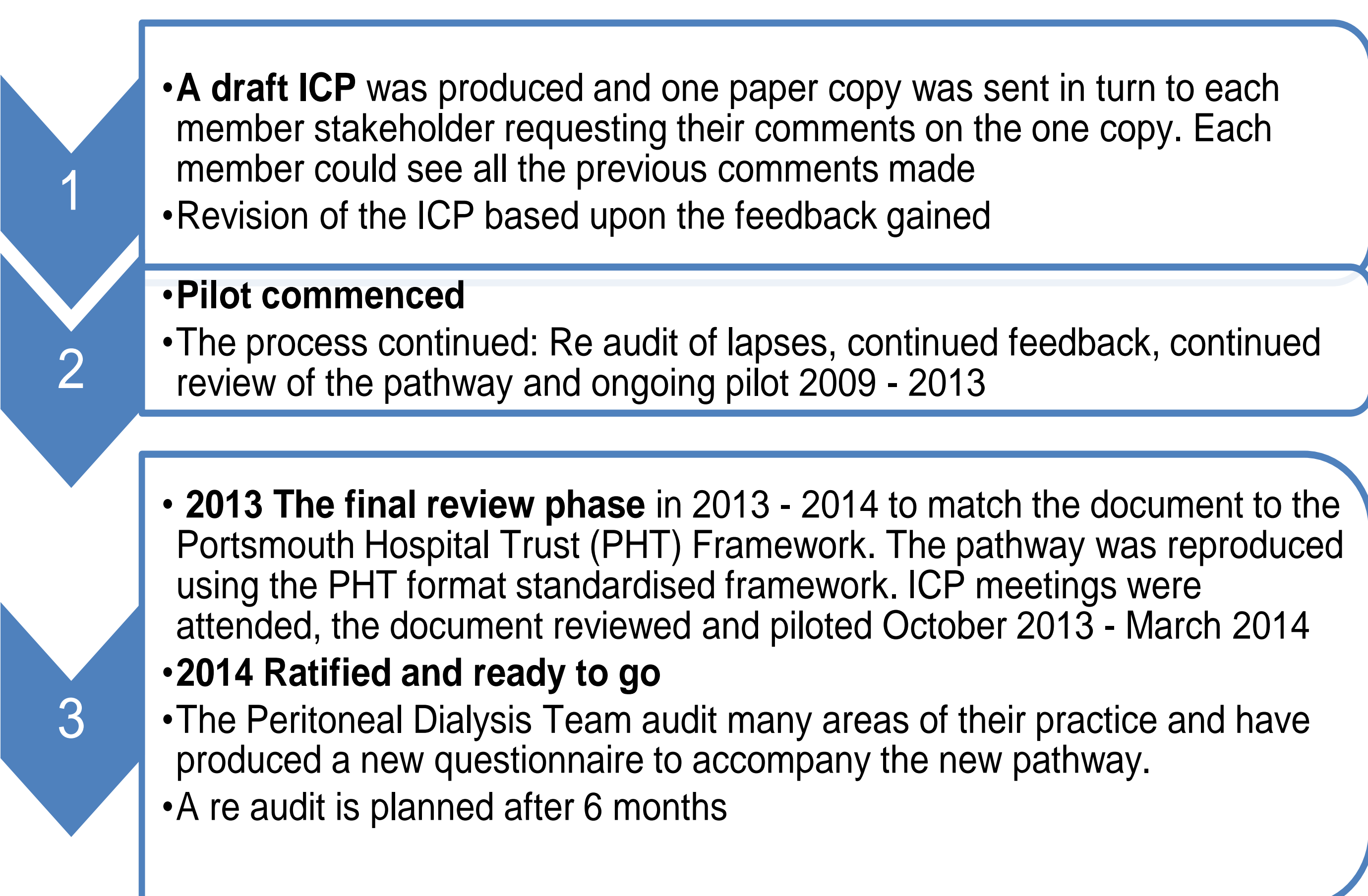
Prior to the introduction of the Integrated Care Pathway (ICP), there was no clear standardised process that the patient followed. Although the standard of care was good, there was found to be some inconsistencies, some lapses in protocols, elements of care omitted and documentation was felt to have the potential for improvement.

Purpose

To produce an ICP document that directs the healthcare profession to follow a standardised process, from the point of the patient deciding to have peritoneal dialysis (PD) as their renal replacement of choice to being confidently established on PD

Process

In 2009, the peritoneal dialysis team devised and introduced the United Kingdom's first ICP for peritoneal dialysis catheter insertion and after care. This clearly sets out in a single document the agreed protocol for every stage of a patient's journey from pre-dialysis to establishment on PD. It also integrates this with additional information from other members of the Multi Disciplinary Team (MDT) and data relating to the patient's experience.



Clerking Day: A designated pre-clerking day utilising the pathway to assess the patient for fitness prior to having a PD catheter inserted.

Admission and Day Cases: The number of day cases has increased due to the assessment and communication on the pre clerking day.

Introduction of conscious sedation¹ for percutaneous catheter insertions: The anaesthetist was requested to look at the pathway and suggested this change in practice. This has decreased the required length of stay in hospital for the patient and improved patient safety. The drugs now used for the procedure are short acting and have a less sedative influence.

Bio patches²: Looked at dressings and aligning requirements with the ISPD Guidelines. Guidance recommends dressings to be intact for up to 7 days and a minimum rest period of 2 weeks prior to initial use. A patient suggested the use of bio patches for exit site care to be in line with the 7 day dressing protocol.

Activity Pouches: Prior to the pathway colostomy bags were given at day 21 when patients could bath or shower. They were variable in their reliability. i.e. they sometimes became loose or fell off. A couple of patients designed their own activity pouch and the company supplying the colostomy bags was approached and were willing to produce the suggested activity pouches. Lots of units now use them and they have also introduced them for vascular catheters.

Conclusion:

The ICP guides patient management safely from the pre-dialysis phase when the choice of modality is made to the point when patients are confidently established on peritoneal dialysis. Furthermore, we have also shown that this innovation is a means of improving the patient's experience and enables staff members to follow a standardised reliable process.

Findings:

Audit results pre and post pathway implementation are shown in the tables below:

Pre Pathway Implementation The following lapses were occurring

Intervention	Number of Lapses in 2006 (n = 70)
Swabs not taken e.g. MRSA	4
Pre Insertion Antibiotics	2
Pre Insertion Laxatives	21
Pre Insertion Bladder Emptying	65

Post Pathway Implementation the following results showed that the lapses were no longer occurring

Intervention	Number of Lapses in 2009 (n = 73)
Swabs not taken e.g. MRSA	0
Pre Insertion Antibiotics	0
Pre Insertion Laxatives	0
Pre Insertion Bladder Emptying	0

"It is the most reliable way of pre - op assessing our patients"

Consultant Surgeon Mr Paul Gibbs

"The PD pathway is an excellent tool for all staff. Personally I find it extremely easy to follow and it covers all aspects of care for the PD patient"

Sister Sharon Rowe

References:

- Academy of medical Royal Colleges – *safe sedation practice for Healthcare procedures, standards and guidelines* October 2013.
- International Society for Peritoneal Dialysis *Peritoneal catheters and exit site practices toward optimum peritoneal access* 1998 update.