Maximizing the Use of PD

Designing quality improvement initiatives that deliver

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Disclosures

Co-inventor, DMAR[™] System

Grant support, Baxter for ISPD PD Catheter Registry

Honoraria, Baxter



Context



Maximizing the Use of PD

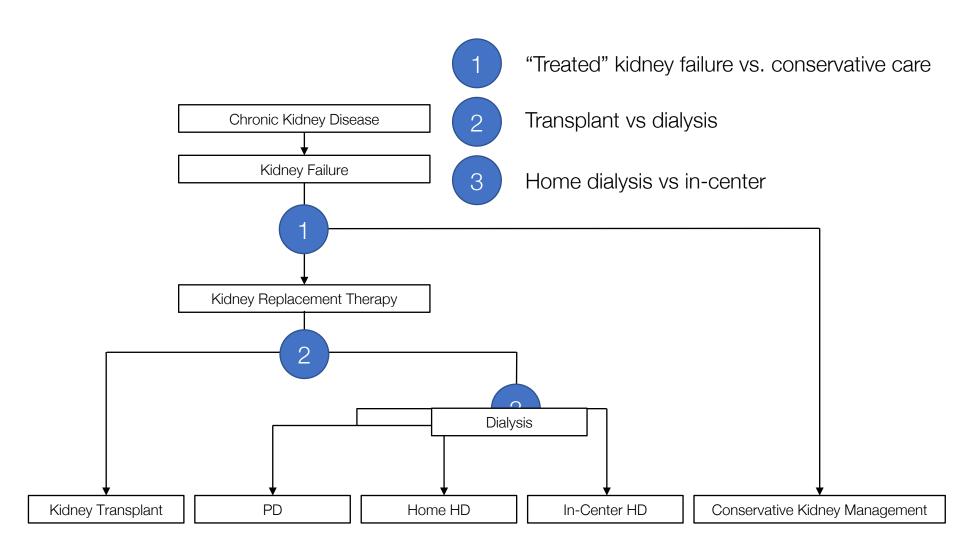




Context

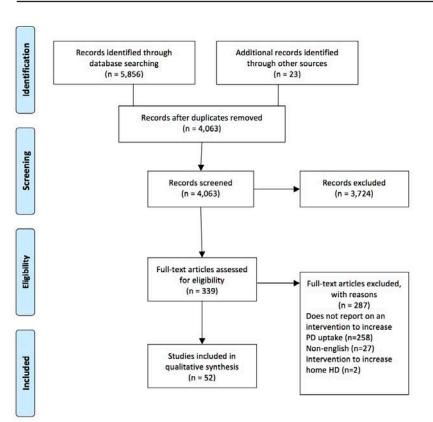








PERITONEAL DIALYSIS: A SCOPING REVIEW OF STRATEGIES TO MAXIMIZE PD UTILIZATION



PD-first policies (8)

*Clinic audit & feedback (1)

Unplanned dialysis start (10)

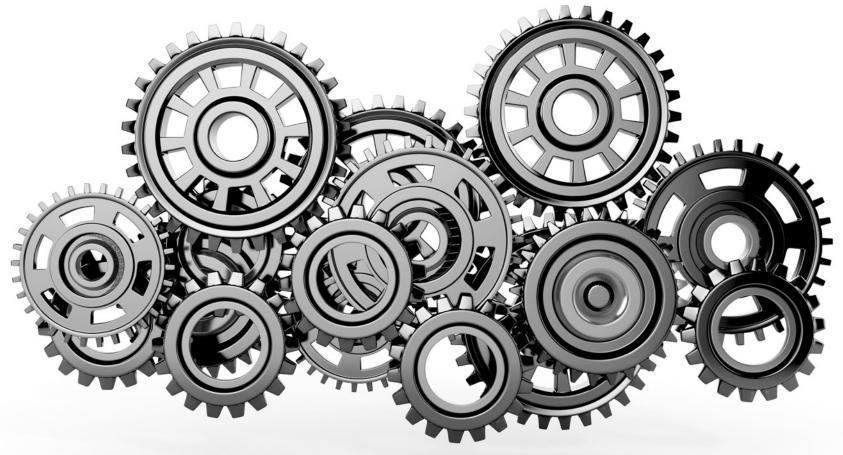
*Pre-dialysis education (15)

Assisted PD (4)

Nephrologist PD catheter placement (5)



PD utilization is a complex problem...





Maximizing the Use of PD









Starting dialysis on Time At home on the Right Therapy



Alberta, Canada

A common scenario...

The Medical Director of a PD program meets with clinical and operational leads to discuss strategies to increase the number of patients treated with PD. She asks for everyone's input on strategies that the program might use...the group settles on a revamp of the modality education program.



One year after the initial meeting, the team reconvenes to review their results:

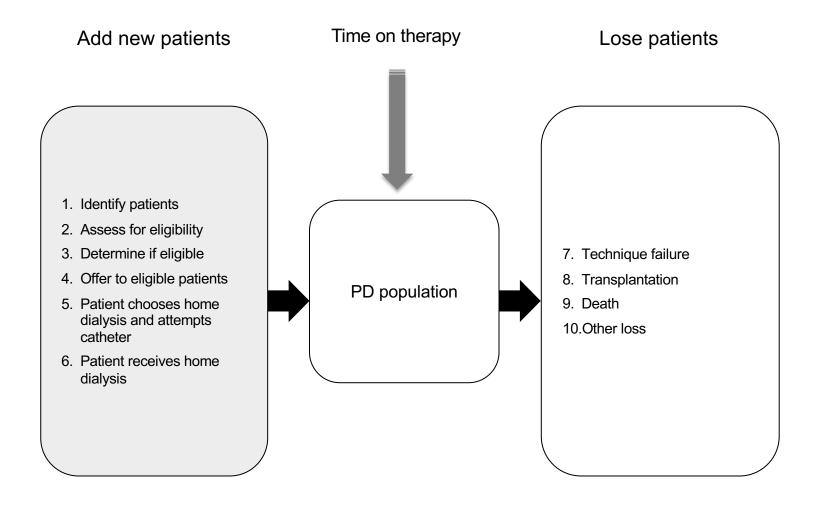
Year 1: 250 PD patients in program Year 2: 250 PD patients in program

Was this a success? Should we continue the intervention?



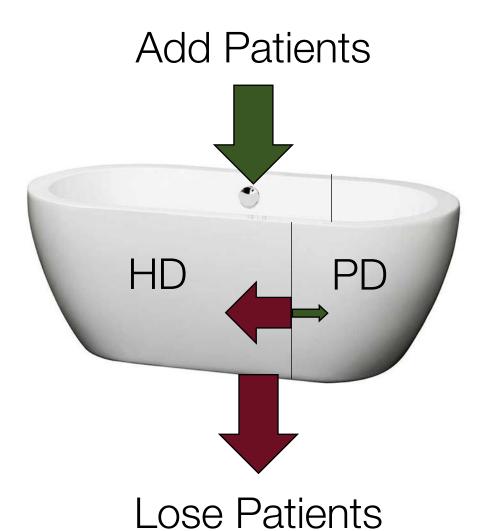
A framework for understanding the problem











INCIDENCE

New PD patients 100

LOSS

Technique failure:	40
Death:	10
Transplant:	50

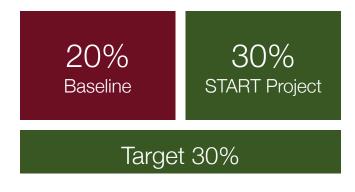


Picking the appropriate performance measure



Key Indicator: PD Utilization

Incident patients receiving PD within 6 months of starting dialysis



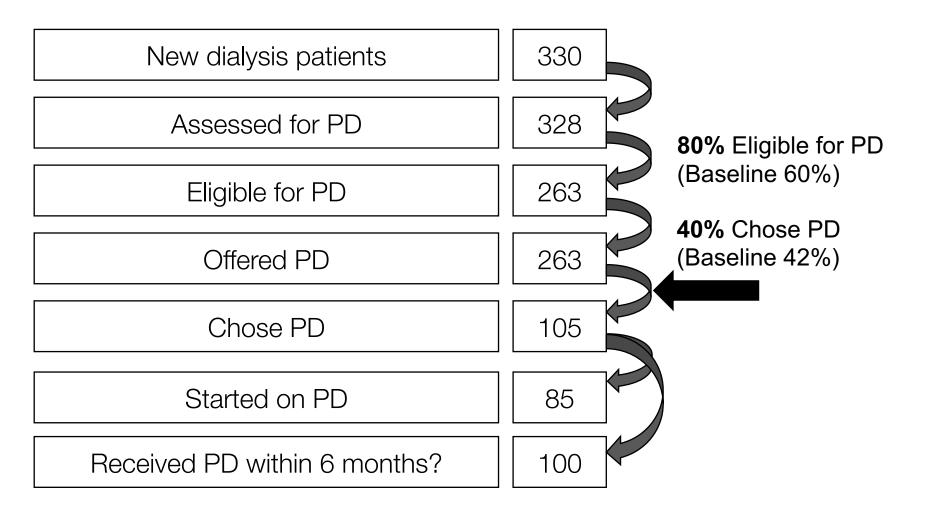


Starting dialysis on Time At home on the Right Therapy



Understanding process that drives outcomes

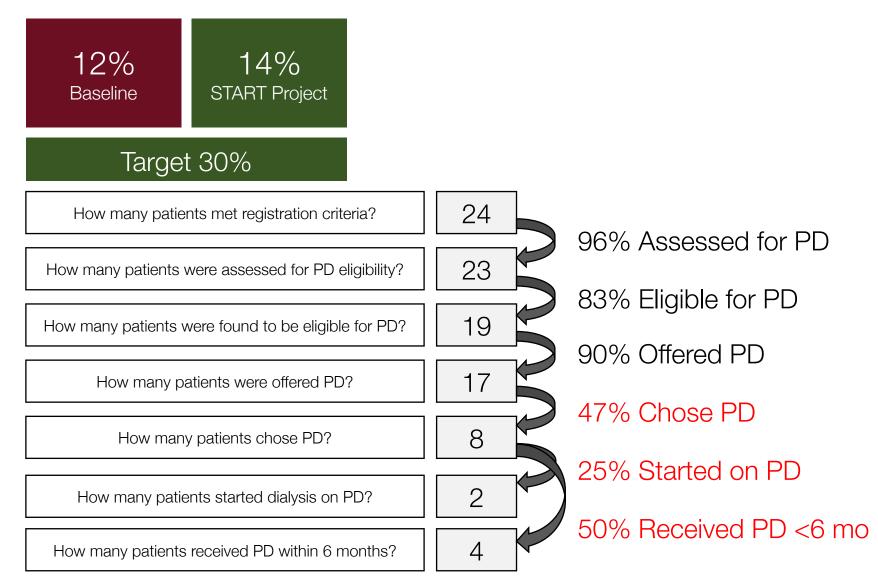






Key Indicator: PD Utilization

Incident patients receiving PD within 6 months of starting dialysis



	High-Performer	Site A	Site B
Assessed for PD	>90%	81%	87%
Eligible for PD	80%	78%	30%
Offered PD	100%	100%	100%
Chose PD	50%-60%	28%	50%
Received PD – 1 st modality	70%-80%	55%	67%
Received PD – within 6 month	85%-90%	82%	67%

The power of benchmarking



Data Quality

High-quality data, standardized definitions, and oversight

Trained users

Designed to measure the process of care & identify gaps in care

Inform the development of interventions to address them

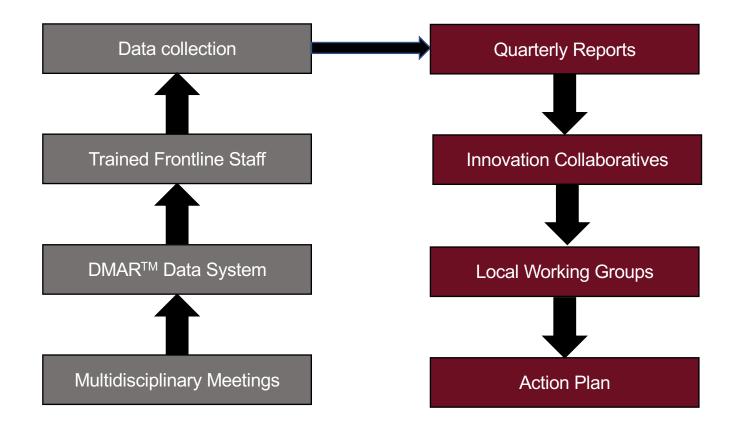
Measure to see if interventions work



Dialysis Information Management System, Canada, Patent, Approved 2,666,569

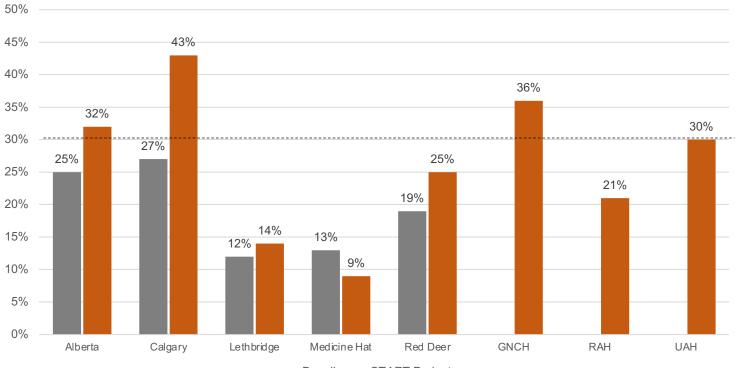












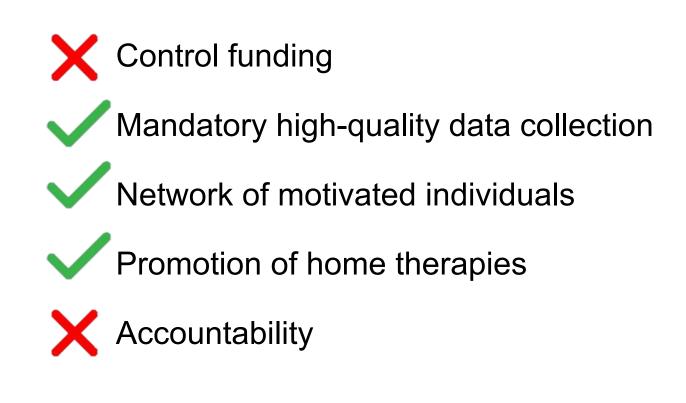
■Baseline ■START Project



Starting dialysis on Time At home on the Right Therapy



START Final Report



The "Blake Hypothesis"



PD utilization in context Local nature of problems (and solutions) Framework for complex problems The right performance measure(s) Focused, deliberate, high quality data Characterizing and measuring process Buy-in and accountability

Summary



Dr. Matthew Oliver Dr. Ngan Lam Dr. Pietro Ravani Alix Clarke All staff at participating sites in START project Alberta Kidney Care – North & South The Kidney Health Strategic Clinical Network

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