Home Dialysis QI Project Report

Impact of multimodal presentation of information on kidney replacement therapy to patients with advanced kidney disease

Keywords: Peritoneal dialysis; Continuous Ambulatory Peritoneal Dialysis (CAPD); Automated Peritoneal Dialysis (APD); Advanced Kidney Care

Project lead:	Susan Travers
Email:	Susan.Travers@mft.nhs.uk
Region:	North West
Trust:	Manchester
Units:	
Project start date:	March 2023
Project end date:	January 2025

Problem and background

The *Getting It Right First Time* (GIRFT) 2021 report set out the priorities for kidney care nationally. Central to the recommendation is an emphasis on home dialysis therapies with a recommended minimum prevalence of 20% in every renal centre and shared decision making with patients.

NHS England funded the creation of English kidney networks in 2021. In 2022, the North-West Kidney Network (NWKN) prioritised improving dialysis care by creating a dialysis workstream. There was an agreement within the network that the Kidney Quality Improvement Partnership (KQIP) would provide quality improvement training and support to local priority areas relating to dialysis and improving access to home dialysis.

The renal centre in Manchester caters to a diverse socio-demographic and multilingual population. The multidisciplinary AdCKD team provides education to patients preparing for future dialysis. Patient and carer feedback over the years led us to create educational material for different adult learning styles, on advanced kidney disease care including dialysis therapy options in addition to the standard mode of information delivery (clinic discussions, written information, and peritoneal dialysis equipment demonstration due to its portability). The aim is to create a multimodal information platform in multiple languages for use by patients and carers. This report is the evaluation of the impact of audiovisual guide to peritoneal dialysis experience for patients, by patients.

SMART project aim

A SMART aim should contain the following elements:

- Specific
- Measurable
- Achievable
- Relevant
- Timebound

Through discussions with the AdCKD team, we agreed a project aim:

'All Advanced chronic kidney care patients to have an enhanced educational experience, utilising a range of resources and setting to increase their understanding of the kidney replacement options.'

This would be achieved through 2 objectives:

1. *All pts in Ad CKD Clinic to have the option to access to an Education Suite by January 2025*
2. *To increase patient understanding of home therapies, starting with CAPD/APD.*

QI methodology

The project was undertaken over 18 months in two parts.

a. Creation of the content for audiovisual educational material
b. Mixed methods survey of its impact on patient understanding of home therapy modality.

The project team comprised of the advanced chronic kidney disease nursing team members, working alongside patients and the institution's medical illustration services. A series of short films on home dialysis modalities, including training for home haemodialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD) and Automated Peritoneal Dialysis (APD), have been created or remain in advanced stages of development. The project gained momentum with a structured KQIP QI Methodology using the Plan-Do-Study-Act model. Expert patients and the wider multidisciplinary team ratified the final version, which was also approved by the Trust's Governance structure.

The films were viewed by 35 patients attending the Advanced Chronic Kidney Disease (AdCKD) Clinic, based upon fulfilment of the following selection criteria:

- At least one prior attendance at the AdCKD clinic
- Previous exposure to CAPD and APD demonstration at the workshop
- Undecided on dialysis modality or had already opted for PD.

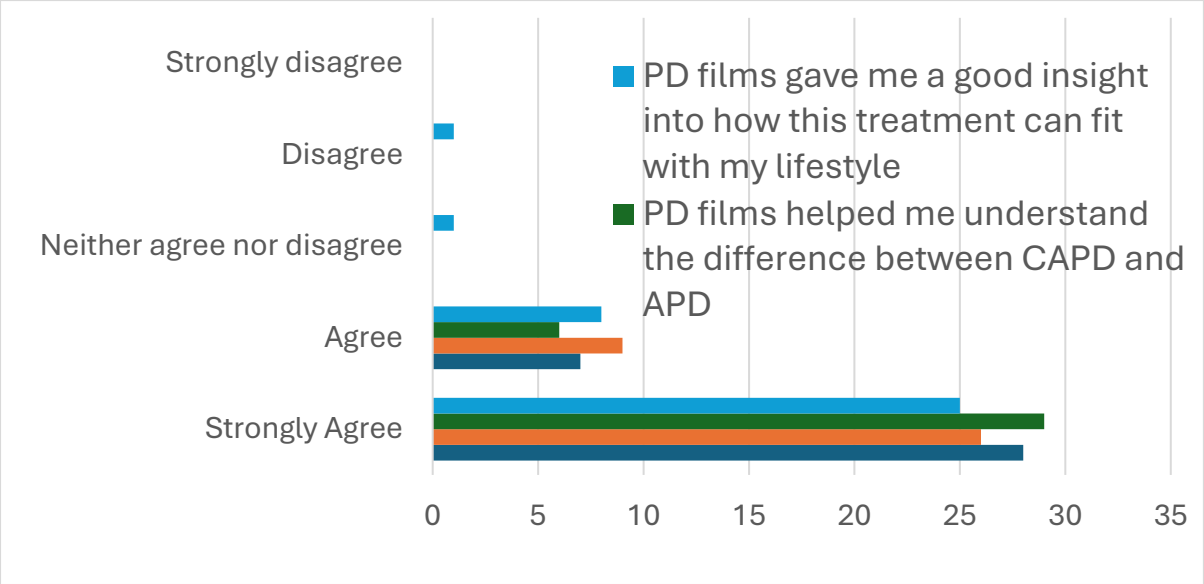
After viewing the films, patients responded to questions designed to capture their understanding and perceived knowledge of the modality, on a 5-point Likert Scale (strongly agree to strongly disagree). Additional space for free text was also available for their comments.

Results

Following on from the QI training on the KQIP methodology, we shaped our project (driver diagram) helping us to focus what we needed to do in order to achieve our project aim.

Click this link to access our final versions of the videos on You-Tube **APD or CAPD which should I Choose?**

Positive results from the patient survey:



Those with kidney disease have given us feedback
"The PD film has helped me to understand CAPD and APD and it also improved my knowledge of the treatment"

"I was unsure before watching the videos which option to pick though I had knowledge, but the videos helped me to choose an option"

"Made me feel much better - clearer idea of PD and would look at CAPD now. Better seeing real people and knowing both have done holidays. Feel much less scared."

Lessons learned

Developing the PD films	
What worked well	Patient identification, scripting and filming AdCKD team collaboration with medical illustration Initial feedback from wider MDT and expert patients Rolling out and gaining feedback via questionnaires
Challenges we faced	Wider Trust corporate structure fragmented; lack of clarity, engagement and decision making Translation – acceptance of new ideas, costings

	Delays in video links for patients to access at home

Setting up the media room	
What worked well	Room identification Expanded potential utilisation for cross service use Excellent support from MRI dialysis tech team Funding agreement
Challenges faced	Smalls works requests Costing Sign off Dialysate leak

KQIP QI Methodology	
Achieving the SMART aim.	We had to modify the aim, teaching us that a SMART aim is flexible. Started off at the beginning with the hope of the aim would be achieved by March 2024 but realistically we moved this to Jan 2025.
Understanding the problem	We used patient feedback as a way to understand the problem.

Conclusion

There is appetite for multimodal information delivery systems to cater to different populations. There is opportunity for reinforcement of information through repeated access in an audiovisual format. Patients relate to peer-reported experiences and the backdrop in patient's own homes adds to the authenticity of the reported experience with the modality.

The future holds:

- Extending the accessibility of the films on multiple platforms accessible from smart devices
- Completion of filming patients undertaking other modalities including haemodialysis and transplantation
- Completion of the addition of subtitles on all films in 5 popular languages. The cost of covering translation for these has mounted and we need to consider including finance for the other videos we also have currently in production. Voice overs could be considered in the future but we're focussing on subtitles first.
- An information suite in hospital to cater to more kinaesthetic learning needs