UKKA UK Kidney Association

KQIP Kidney Quality Improvement Partnership

Inter-CEPT

Georgina Hamill

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DAYLife
Helping more patients dialyse from home

Kidney Care UK

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Fresenius Medical Care

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Kidney Quality Improvement Partnership

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Centre variation in home dialysis uptake: A survey of kidney centre practice in relation to home dialysis organisation and delivery in England

Sarah Damery[1], Mark Lambie[2], Iestyn Williams[3], David Coyle[4], James Fotheringham[5], Ivonne Solis-Trapala[2], Kerry Allen[3], Jessica Potts[2], Lisa Dikomitis[6] and Simon J Davies[2]

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The Inter-CEPT Study – What they did

- They interviewed staff, patients and carers, observed multidisciplinary meetings, patient consultations and education sessions in *four* kidney centres in England **(*ethnography*).**
- They surveyed all kidney centres in England to ask about how home dialysis services were organised and delivered **(*environmental scanning*).**
- They linked these findings to UK Renal Registry data to see which were associated with the odds of a patient receiving Home Dialysis **(*quantitative analysis*).**
- They shared the results with a stakeholder group (patients, carers and health professionals, industry representatives) and used these to develop the '*LOCAL intervention*' **(*user-centred design*).**
- They undertook a health economic evaluation of Home Dialysis and determined whether allocation of resource to support the LOCAL intervention would add value **(*analytic modelling*).**

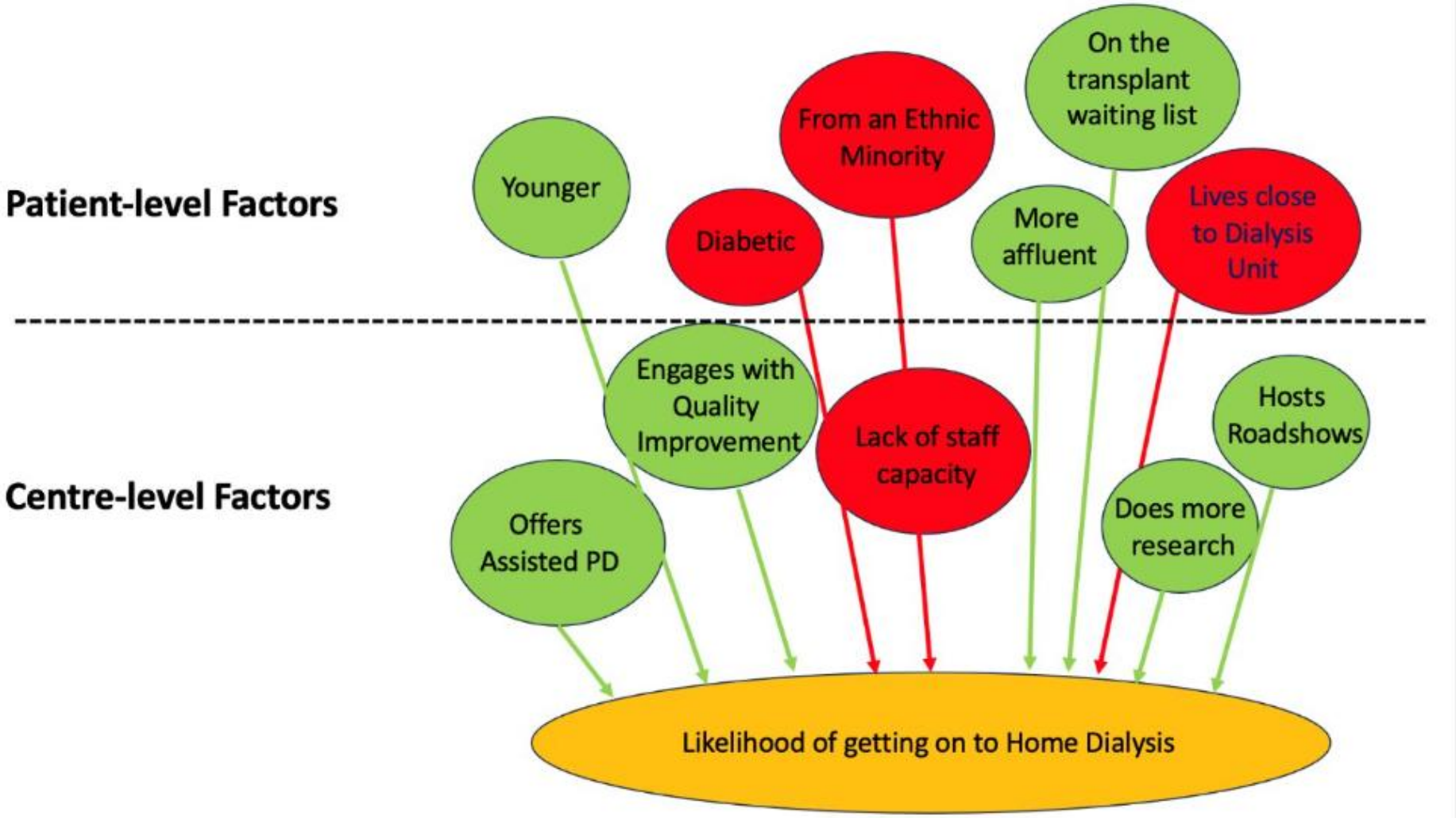
Home dialysis uptake

- Strongly associated with organisational culture
    - Clinical leadership
    - Right dialysis for right people
    - Presumed eligibility of patients
    - MDT approach recognising and addressing barriers
    - Flexible approach and regular review of decisions
    - Resources to support service improvement initiatives
- No association with any particular pattern of service provision (for eg: how RRT education was provided, use of peer support, different languages and interpreters)

Centre-level factors associated with home dialysis

- **Quality Improvement:** If a centre had engaged in a service improvement initiative in the last five years then Home Dialysis uptake was twofold higher
- · **Perception of stress by staff:** stress associated with a lack of capacity was associated with substantially less use of Home Dialysis
- · **Assisted Peritoneal Dialysis:** offering this service was associated with use of Home Dialysis
- · **Home Dialysis Roadshows:** having hosted a home dialysis roadshow in the community in the last two years was associated with higher uptake of Home Dialysis

Patient level factors



National Survey – Key points reflecting unit culture

- Centre staff feel their clinical leaders perceive home therapies to be very important
- Centre staff are given opportunities to reflect on their practice and learn from others
- Centre staff are encouraged to try new initiatives and have the opportunity to contribute to research
- The centre promotes engagement with quality improvement initiatives
- Home therapies are perceived to be cost saving

Two main recommendations

- 1. A strong recommendation to engage in service quality improvement cycles that address patient empowerment, optimising the care pathway and embedding a supportive culture for Home Dialysis; QI projects could be either centre-based or undertaken at regional network level or with “DayLife”

- 2. Adoption of dedicated ‘location of care’ roles within multi-disciplinary teams.

Quality Improvement

Roles within the MDT

If Quality Improvement (QI) is to be embedded – dedicated roles will be needed



Examples of role content
Implementation of tools that empower patients: *shared decision making, decision aids, counselling, SHARE-HD*
Providing training for non-specialist centre colleagues to improve their understanding of home therapies
Championing home therapies-related quality improvement programmes within the centre and in the wider community – e.g. regional networks, KQIP
Reporting to the centre leadership team in respect of home therapies and advising on service change, pathway redesign, business case development
Building and maintaining centre relationships with key charity and community networks and groups *Developing Peer Support, Links to representatives of patients and their families*

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Key Activities: Roles

- · **Signposting** to multi-disciplinary teams, resources, education, networks, opportunities and decision aids known to be effective in improving current practice
- · **Advising and reporting** to centre and hospital leadership on patient pathways, and to unit staff on how to overcome barriers and develop their practice
- · **Staff Support** of engagement in service improvement activities, knowledge sharing, training, and business case development with clinical and peer support colleagues (usually patients or family members with lived experience – preferably remunerated for their time)
- · **Connecting** patients, key charity and community networks and groups with services and systems
- · **Advocating:** patient empowerment and involvement in decision making about dialysis treatment and management, peer support.

Stakeholder Workshop: things to consider with implementing Inter-CEPT

- Expertise in innovation and improvement
- Home dialysis training for service staff
- Resource hubs
- Networks for sharing evidence-based resources and good practice
- Dedicated home therapies champions and co-ordinators
- Community engagement and promotion of home therapies
- Information and data on home therapies uptake and outcomes
- Leadership support
- Commissioning and financial incentives
- Patient empowerment and support