Improving peritoneal dialysis to home hemodialysis transition rates at a London, Ontario dialysis center

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**Background**

3 modalities exist to treat end-stage renal disease (ESRD):
- Peritoneal dialysis (PD)
- Home hemodialysis (HHD)
- In-center hemodialysis (ICHD)

There is evidence to suggest home modalities offer:
- ↑ patient quality of life 1, 2
- ↑ physiological measures of kidney health 1, 2
- ↓ mortality 3
- ↓ healthcare costs 1, 3, 4

In 2013, total annual healthcare cost of treating ESRD was CAD $95-107/k (ICHD), $71-90k (HHD), & $56k (PD) 5.

Canadian PD—HHD transition rates are low (averaging <1%) 6.

PD—HHD rates in the LHSC Westmount dialysis unit (1/288 patients between 2013-2015) were below the national average.

Most patients failing PD are directed to ICHD.

**Aim Statement**

- This project aimed to assess 50% of incident PD patients on high dose PD prescription at the Westmount dialysis unit from May to August 2017 for the possibility of transitioning to HHD.
- Our goal was to increase the number of high-dose PD patients on choosing to transition to HHD instead of ICHD.

**Study**

- # High-Dose PD Patients
- # Referral Forms Filled
- # PD-HHD Transitions

**Figure 3.** Results featuring process measure data collected at four-week intervals in our PDSA-1 (Plan-Do-Study-Act) cycle.

- Of 9 patients initially on high-dose PD:
  - 1 was assessed with the form and transferred to HHD
  - 8 did not have the form completed: 7 remain on high-dose PD and 1 was transferred to ICHD
- Surveys showed nearly 90% support for the form pre- and post-implementation

**Lessons & Limitations**

- **Face-to-face communication** with staff was the most effective way to receive input, collect data & convey information
- **The low event rate** made data analysis challenging—a 3 month cycle may have been too short for PDSA-1
- **CAD$5-36k/yr will be saved** by our single PD-HHD transition 4

**Act**

- Will identify high-dose PD patients at weekly rounds to stimulate discussion of possible transition to HHD
- **PDSA-2 will last 12 months** & will hopefully capture a larger sum of data for future analysis

**References**

1. Hope J. J Ren Care. 2013 Jan;39 Suppl 1:3-8