

Peritoneal Dialysis Retraining program

Empowering patients to reduce individual peritonitis risk factors

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Introduction

- International guidelines recommend routine retraining of patients on PD to reduce the risk of peritonitis
- This poster describes a quality initiative, aimed at improving the process of retraining and empowering patients with the knowledge to reduce their modifiable risk factors for peritonitis, within a metropolitan PD unit

Method

- A template was designed after literature review, utilising adult learning principles and collaboration with PDU staff
- Home visits were prioritised according to international guidelines:
 - After hospitalisation
 - After peritonitis or catheter infection
 - After change in dexterity, vision, or mental acuity
 - Three months after initial training and routinely thereafter (once yearly at minimum)³

Results

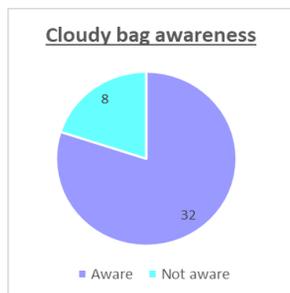
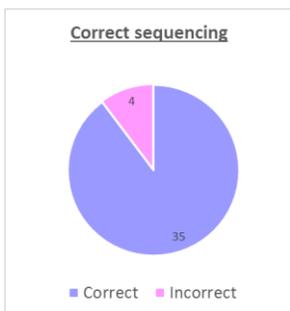
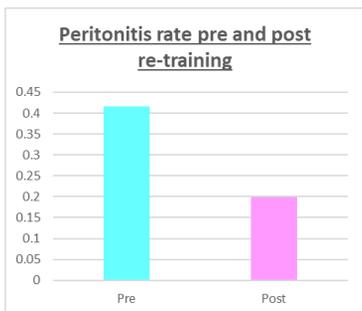
- 62 patients commenced our trial in March 2019
- Preliminary data was compared nine-months post intervention to the same period in the previous year
- Peritonitis rate was reduced from 0.53 to 0.26 per patient year
- Total length of hospital stay decreased from 101.7 to 70.7 days and hospital admissions from 15 to 11.7
- Six patients declined retraining, four of these experienced peritonitis within the following 12 months
- Home visit rates increased significantly, five patients who had not been home visited in two years, have now received home retraining since implementing the retraining program

Anecdotal evidence given by patients during home visits, reinforcing the need for retraining

- When asked how you would know if you had peritonitis, response given was "What is peritonitis?"
- PD stock found two years out of date, currently using expired Opti-caps, education given
- Commented that hand gel caused his hands to be sticky, found to be buying foam soap instead of foam alcohol gel
- Two patients were found to be unaware of the need to attend four CAPD bags daily in the event of power outage, or if attending CAPD for a holiday because "they only put three bags on the APD machine"
- Patient unaware that the manual bags can be attended during the day if unable to attend APD, the patient was waking up to attend manual bags throughout the night to mimic the machine

Incidental benefits of retraining from the nursing perspective

- Home retraining sessions in pairs allowed staff an opportunity to witness and share knowledge on education techniques and ideas for delivering education.
- As a unit we found retraining sessions incredibly beneficial to our own personal development as patient educators.
- Implementing a retraining template and evaluating current education resources, we were able to standardise our education and incorporate specific educational materials specifically suited to patients individual learning styles



Limitations

- Significant amount of time spent in nursing hours organising home visits, referral's to allied health and data collection
- Home visits were more time consuming due to a systematic assessment of dialysis technique, and conveyance of pertinent information to update patient knowledge

Conclusion

- Many variables influence this data, results indicate improvements that may be amplified once all patients are retrained
- Delivery of education was focused on concepts of adult learning principles, which although well known in theory, can be challenging to implement into practice when re-educating a patient on a therapy they have been attending at home for several years
- Showing respect, acknowledging the patients pre-existing knowledge and experience, and ensuring the patient felt that PD staff were working with them to meet their own goals was key to the success of each retraining session.
- Data collected from patient retraining provided insight into specific education topics, that as clinicians we can improve on to assist patients to retain the information necessary to safely perform a home-based therapy

Knowles Six Principles for adult learning²

- ❖ Adults are internally motivated and self-directed
- ❖ Adults bring life experience and knowledge that needs to be acknowledged
- ❖ Adults are goal oriented
- ❖ Adults are relevancy oriented
- ❖ Adults are practical
- ❖ Adults need to be respected

*'Information memorised, although the hardest to learn, is the easiest to forget. Thus, learning about the signs of peritonitis during training may be long forgotten if they do not develop their first peritonitis until two years later.'*¹

Reference List

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- Piraino, B., Bernardini, J., Brown, E., Figueiredo, A., Johnson, D.W., Lye, W.C., Price, V., Ramalakhshi, S. and Szeto, C.C., 2011. ISPD position statement on reducing the risks of peritoneal dialysis-related infections. *Peritoneal Dialysis International*, 31(6), pp.614-630.