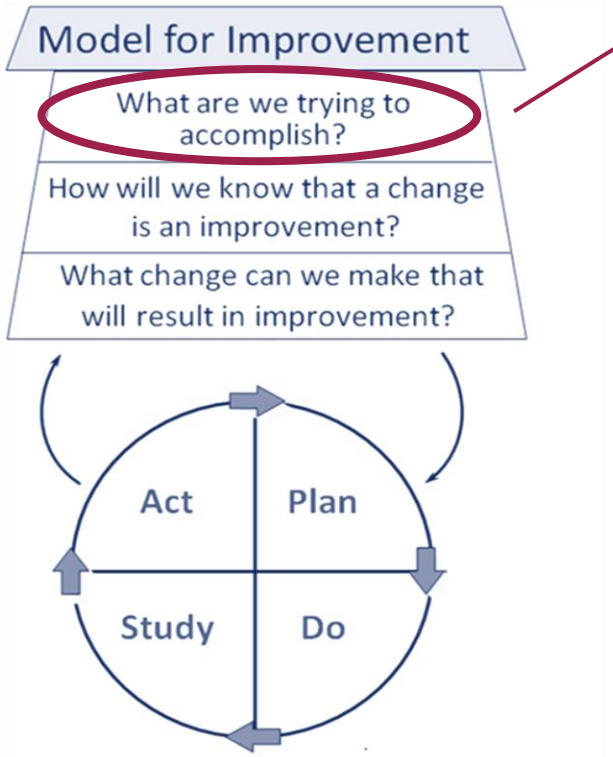
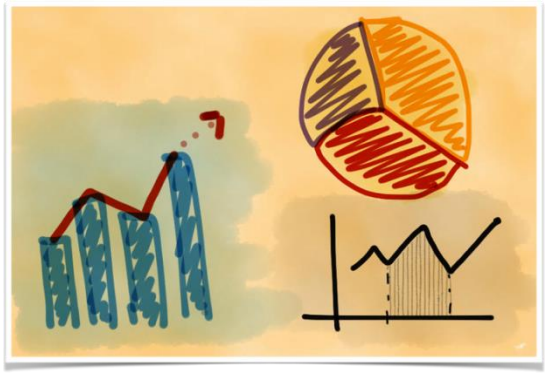
Understanding the problem



What happens now?

Why is it important?



Baseline data

Observation

Listening

AVOID JUMPING TO SOLUTIONS AT THIS STAGE

KQuIP

Peritonitis

By the end of January 2022 we will be able to share within the PD network for each unit within London and on a regular (3-monthly) basis

1) Peritonitis rates
   - Expressed as events/ patient years

2) Peritonitis outcomes
   - Need to agree how we share this

Use this to support Quality Improvement through 2022

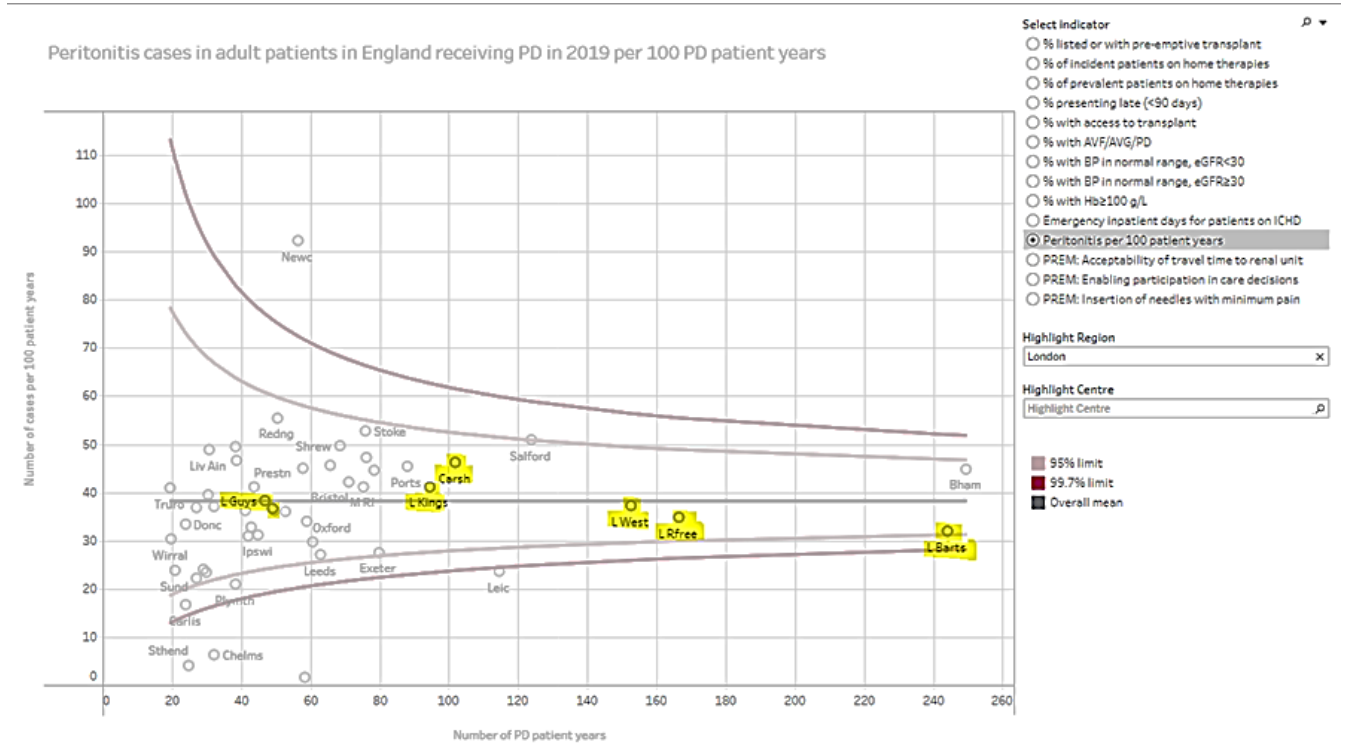
KQuIP

Peritonitis
Immediate next steps - summer 2021

1. Communicate proposal – get buy-in and support from network and map stakeholders
2. Develop key messages and aspirations for QI collaborative – share with CD's and HON
3. Enlist core improvement team – QI leads from each centre – medical and multi-professional
4. Hold a fact finding/engagement session with PD trainers (prep for training and post training FU) in each unit led by Elaine/Richard (don't involve baxter at moment) who is most heavily involved – if they are Baxter who is involved with them
5. Develop a proforma to understand the key elements of training within each centre
6. Visit each centre to process map delivery of training within each centre – involve Baxter at this stage
7. Understand the process for data collection within each Trust (see next slide)

Where we are now (or were in 2019)

	Number of cases per 100 patient years	Number of PD patient years	
LONDON	**Numerator**	Denominator	
Barts	**31.97**	244	close to 95% limit
RF	**34.85**	166.4	below avg
STG	**36.76**	49	slightly below avg
IMP	**37.32**	152.7	slightly below avg
GSTT	**38.4**	46.9	avg
KCH	**41.23**	94.6	above avg
ESTH	**46.15**	101.8	above avg
Selected Others			
Sheff	**1.71**	58.5	
Southend	**4.05**	24.7	
Chelmsford	**6.22**	32.2	
Plymouth	**20.9**	38.3	
Leicester	**23.57**	114.6	
Leeds	**27.04**	62.9	
Exeter	**27.58**	79.8	



KQuIP

Peritonitis data dashboard – SSQD data

How does this link with UKRR data points?

Home > Team Profile > Specialised Services Quality Dashboard Collections > Dashboard

Print / Produce PDF

In Centre Haemodialysis (ICHD): Main and Satellite Units at

St George's University Hospitals NHS Foundation Trust

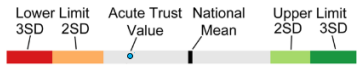
SSQD description: SSQD Q4 2020/2021

Last AA Outcome (AA 2019/2020): Enhanced surveillance - Provider action	Last SD Score (SD 2019/2020): 100.0	Latest SSQD Alerts (SSQD Q4 2020/2021): Positive Alerts: 1, Negative Alerts: 1, Neutral Alerts: 1

Submission Audit Log

Negative Alerts 1 | Positive Alerts 1 | Neutral Alerts 1

Spine Charts



SPC Sparklines

SSQD Q4 2020/2021 Dashboard

Ref	Description	Period	Num	Denom	Value	Nat Avg	Chart	Trend
DIAL_01	Peritonitis rate in patients receiving peritoneal dialysis (PD) **Note:** Peritonitis rate is per 1000 patient days on peritoneal dialysis 1. Peritonitis defined as: an effuent cell count with white blood cells (WBC) >100/mL (after a dwell time of st 2 hr), with at least 50% polymorphonuclear neutrophilic cells, with peritonitis being the most likely cause 2. Excludes episodes where another cause 3. Excludes relapsing peritonitis (infection with SAME organism) which should be counted as a single episode	Apr 20 to Mar 21	17.0	18577.0	0.9	1.0		

Peritonitis data dashboard – where we want to be

Tier 1	PD Peritonitis Rate	No. of Episodes of Peritonitis	Total PD Patient Years	
Tier 2	PD Peritonitis Outcomes	Modality 8 (or 12 weeks?) post Peritonitis	Length on Program	
Tier 3	PD Peritonitis Detail	Type of growth	Location/Cluster	
		Provider	Training Provider	

KQuIP

Peritonitis rates – how do we measure them? To agree:

How to measure peritonitis rates consistently in order to understand the current state

- **Who?**

Who is responsible for recording and reporting peritonitis episodes from your service?

- **What?**

When counting episodes, do you include peritonitis episodes before a patient has started PD (e.g. after catheter inserted but before a patient has gone home)?

- **When?**

When counting episodes, do you count peritonitis episodes that occur within 4 weeks of a previous episode (relapsing episodes)?

- **How?**

How do you calculate the number of PD patient days in order to calculate rate of infections?

- **Where?**

Where is it recorded / reported?

- **Are there any other potential variations?**

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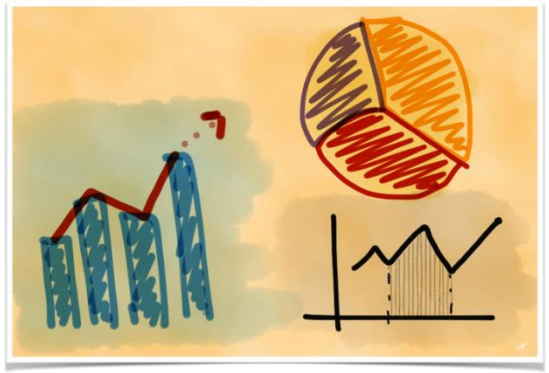

Baseline data

Should we amend our backdated peritonitis episode data to get a regional baseline?

Or start baselining from now?

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