

## A MULTI-PROFESSIONAL APPROACH TO IMPROVING SERVICE DELIVERY TO PRE-DIALYSIS PATIENTS.

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**PROBLEM:** Pre-Dialysis management is crucial to patients and can affect outcomes. Poor management can increase morbidity and mortality. Prior to August 2001 the low urinary clearance patients at our Hospital were monitored in the Nephrology Clinic, with no system in place to identify this patient population.

Anaemia correction was provided on an adhoc basis and vascular access wasn't timely. Blood pressure control wasn't audited, and patient education was minimal.

**PURPOSE:** The appointment of a Pre-Dialysis Nurse Specialist and Access Co-ordinator (Aug 2001), sought to improve the patients journey through timely access provision, anaemia management and modality counselling.

**DESIGN:** It is envisaged the new service development will compliment existing renal services for our local population of 550, 000 (take on rate 118per million population). Objectives include: Anaemia management, Bp control, shared care with Primary Care Trusts, renal diabetic management, low clearance clinic, timely access referral and renal replacement counselling.

**FINDINGS:** Prior to this service development thirty-seven patients had been identified for anaemia intervention with a mean Hb of 8.6g/dl. 30 patients received I.V Venofer, with a mean EPO dose of 4000iu per patient. Following the initiation of the pre-dialysis service, a population of 280 patients with GFR<30ml/min were identified. 180 of these patients now receive anaemia intervention achieving a mean Hb of 12.4g/dl. This accounts for an European Best Practice Guideline target of 95%.

Despite the increase in haemoglobin the mean EPO dose hasn't significantly increased. I.V Venofer is now used more aggressively with over 3000 infusions having been administered to over 200 patients. Protocol has adapted according to 3 monthly audits, with the anaemia marker increasing from 10g/dl to 11.5g/dl.

Native access is in 65% of all patients prior to starting dialysis, with a waiting list for creation being 2-4 weeks. Renal replacement counselling is provided in low urinary clearance clinic with the support of a drop in centre.

**CONCLUSION:** The creation of a Pre-Dialysis service has resulted in better outcomes for our patients. We have also noted a reduction in our take on rate from 136 per million population to 118 pmp even though our services have extended to include peritoneal dialysis. This impart could be due to retarding the progression of renal failure because of improved service delivery.

**RELEVANCE:** A Pre-Dialysis service has resulted in better service provision and improved patient outcomes.