

Introduction

- Peritonitis is a common complication of peritoneal dialysis (PD) that may lead to technique failure and hospitalization; peritonitis also contributes to mortality in PD patients.
- Effective management of peritonitis involves many steps, including initial patient education, periodic patient re-education, the use of prophylactic antibiotics, and an understanding of appropriate treatment strategies.

Objective

- To reduce peritonitis episodes through the development and implementation of a surveillance tool and audit process

Methods

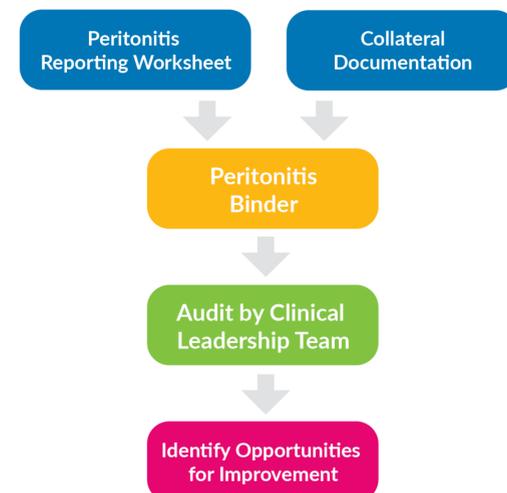
- A Peritonitis Reporting Worksheet (Figure 1) was developed to provide a standardized process for the documentation of symptoms, etiology, treatments, and outcomes for peritonitis episodes.
 - The worksheet also provides a follow-up checklist listing prevention and management actions to be completed.
- All documentation and worksheet checklist items for each episode were retained in a dedicated Peritonitis Binder.
 - Having all of the relevant documentation in a single place allowed for the easy identification of any gaps in treatment.
- All cases were reviewed by the clinical leadership team to identify opportunities for process improvement (Figure 2).
- Use of the Peritonitis Reporting Worksheet and audit process was implemented in November 2018 in 3 divisions within a large dialysis organization (LDO).

Methods

Figure 1: Peritonitis Reporting Worksheet

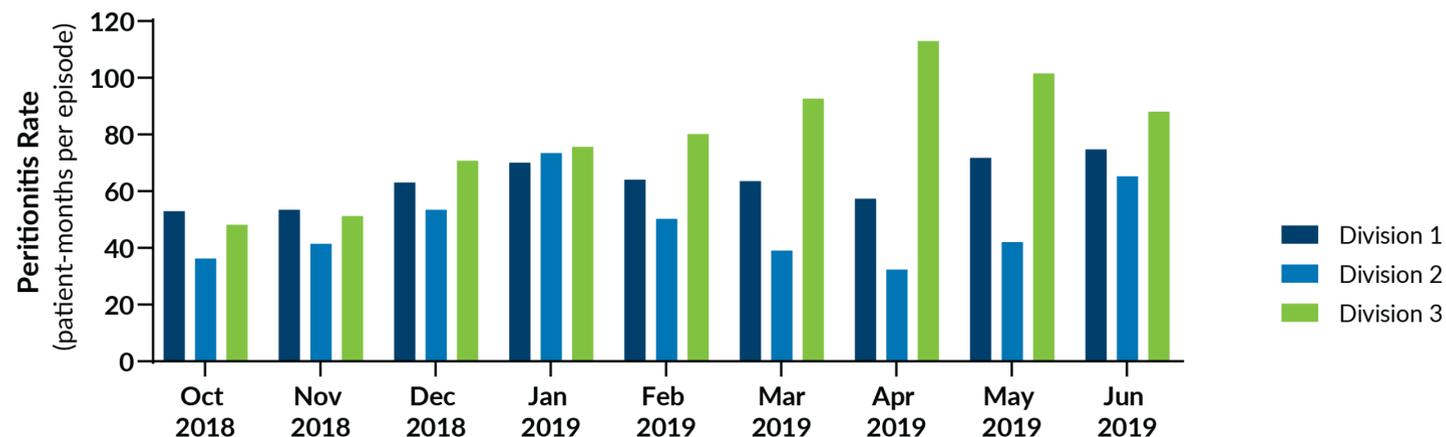
The form includes sections for patient information, symptoms, treatment given, and a follow-up checklist. It is designed to capture detailed clinical data for each peritonitis episode.

Figure 2: Surveillance and Audit Process



Results

Figure 3: Peritonitis Rates (patient-months per episode), October 2018 to June 2019



Audit Findings and Recommendations

- Clinical audits of completed Peritonitis Reporting Worksheets revealed that many episodes occurred after approximately 2 years on therapy.
 - As a result, retraining on infection prevention was implemented for all patients reaching 24 months on PD.
- Additional action steps implemented as a result of audit findings included:
 - emphasizing infection prevention during initial training
 - providing infection prevention education at monthly clinic visits
 - initiating antibiotic treatment immediately upon identification of signs/symptoms
 - performing post-episode assessments to ensure that retraining is specifically directed to address the source of the contaminant

Conclusions

- Implementation of a standardized documentation and audit process to ensure the completion of key management actions and timely identification of opportunities for process improvement was effective in driving reduction in peritonitis rates.

References

- Campbell DJ, Johnson DW, Mudge DW, Gallagher MP, Craig JC. Prevention of peritoneal dialysis-related infections. *Nephrol Dial Transplant*. 2015;30(9):1461-72.
- Guest S. *Handbook of Peritoneal Dialysis*, 2nd edition.

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Correspondence: mary.teising@davita.com

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