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Our Journey to Peritoneal Dialysis Patient Safety

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Purpose: Nursing care for Peritoneal Dialysis (PD) patients requires a unique set of knowledge and skills. PD patients do better when cared for by trained nephrology nurses who frequently and consistently perform PD exchanges. This poster will describe our Continuous Quality Improvement (CQI) journey over the last year to improve safety for our hospitalized PD patients.

Method: Our 1061 bed teaching hospital is fortunate to have a unit dedicated to caring for nephrology patients where the RN staff receives additional training beyond the medical-surgical nursing orientation. While every attempt is made to admit PD patients to the nephrology unit, our RN's do have to "travel" to other med-surg units and the Emergency Center to perform PD patients' exchanges. This practice provides the excellent care our patients and nephrologists expect rather than relying on other units' RNs to perform PD when they are unfamiliar with the procedure. The nephrology unit nurses, managers and CNS also serve as resource to the Critical Care RN's who do their own exchanges. Our PD storage room on the unit houses the traveling PD carts, stocked and cleaned by unit staff. We also take a team approach with other disciplines (Nephrologists/Nurse Practitioners, Pharmacy and Administration) in CQI activities and communicate back to nursing staff through our unit Professional Nurse Council and Keystone Rounds.

Results: The nephrology unit RN's performed a total of 8457 PD exchanges over 12 months, including 2610 off unit and 273 in the Emergency Center as well as traveling to the Critical Care areas to resource. The unit rate of hospital acquired peritonitis was 0.4/1000 patient days. For the safety of our patients, an order set for PD exchanges was developed by a multi-disciplinary committee and implemented in the EMR. We are now working on the electronic PD flow sheet. Pharmacy has taken over adding medications to the PD bags and we have discontinued adding potassium and insulin to the PD bags. While these changes all require re-education of the multidisciplinary team, they will leave less room for error and improve patient safety.

Nursing Implications: Farina, J. (2008) describes outpatient PD staff partnering with inpatient nurses when a PD patient is admitted since many nurses aren't familiar with the concepts and procedure for PD. She suggests classes on PD basics and hands-on training to promote staff comfort, as well as use of education materials such as *The Peritoneal Dialysis Nurse Resource Guide*, developed by ANNA's PD Special Interest Group (ANNA, 2003). Our inpatient Nephrology nursing team uses this type of a model to provide consistent care for our PD patients throughout the hospital by serving in a partnership role with non-nephrology nurses.

References:

Farina, J. (2008). Peritoneal Dialysis: Strategies to Maintain Competency for Acute and Extended Care Nurses. *Nephrology Nursing Journal*. 35(3),271-275.

American Nephrology Nurses' Association (2003). *Peritoneal dialysis nurse resource guide*. Pitman, NJ: Author.

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