

Title: Improving transition onto haemodialysis: a novel trainee-led clinic giving better outcomes to patients and better training to registrars

Background:

Starting haemodialysis (HD) is a precarious time with high mortality and worse outcomes in unplanned starts. An audit of our unit demonstrated median time to first consultant clinic review after HD start was 51 days (n=50). Two patients died before review and there were 31 emergency admissions within 60 days of HD start. Running an HD unit is in the UK training curriculum. A 2018 survey of nephrology trainees revealed only 40% within 2 years of completion felt, "somewhat/very confident to run an HD unit".

Methods:

A trainee led clinic with 1 hour slots 2-3 weeks following in or outpatient HD start was co-designed with patients and the renal MDT. Consultations focused on symptoms, psychological and emotional impact of starting HD, modality choice, vascular access, transplant prospect, medication review, HD adequacy and fluid status exam. Pre-specified data were collected from hospital records.

Results:

Between November 2022 and October 2023 97 patients commencing HD were seen in the clinic. Patient characteristics (age, gender, ESKD aetiology), route onto HD (planned vs unplanned), modality prior to HD start and dialysis access in use at start were similar to the baseline audit. Time to first clinic reduced from 51 to 18 days. Time to first transplant status was reduced from 127 days to 21 days, with 16 patients (18%) being referred to the transplant team. Time to access referral reduced from 101 days to 14 days, and access formation from 206 days to 108 days. On-call SpR reviews were reduced (0.94/patient to 0.58/patient), and were less likely to be related to routine dialysis issues (60% to 28%). 21 patients (24%) were referred to the renal counsellors, 23 (25%) to the welfare advisor. 4 patients were seen in the new starter clinic and passed away before being seen in the consultant clinic, with palliative care involved as a result of the clinic. 4 patients came off dialysis before consultant clinic after recovering kidney function.

Conclusion:

The new starter clinic significantly improved the time to a senior medical review after starting dialysis, and with this brought improved time to transplant and access referrals, allowed earlier identification of AKIs recovering function and so coming off dialysis, stopped unnecessary medications earlier, allowed exploration of the psychosocial impact of starting dialysis and advanced care planning, and also changed the on-call dialysis SpR workload so that there was time in clinic to learn about managing haemodialysis patients with less bleep-based trouble shooting.