

The Introduction of Dietetic Supplementary Prescribing in the Renal Dialysis population in the Management of Chronic Kidney Disease - Mineral Bone Disorder

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The problem

- Renal dietitians provide advice about medications for the treatment of Chronic Kidney Disease – Mineral and Bone Disorder (CKD-MBD) but until recently have not been able to prescribe these medications.
- Renal dietitians enforce NICE (2009) guidelines by identifying appropriate treatments, whilst considering nutritional status, dietary modifications, medication adherence, polypharmacy and patient preferences.
- The frustration amongst doctors and patients alike is that the current system requires the patient's consultant to initiate and adjust medicines as advised by the dietitian in a separate additional consultation (NHS England, 2016) which is timely and results in delay.
- Following a scoping exercise, in 2016 legislation was changed to allow dietitians to qualify as supplementary prescribers enabling renal dietitians to provide complete management of patients with CKD-MBD.

Aim: To introduce dietetic supplementary prescribing with the aim of reducing the time required for patients to receive new medications for the treatment of Chronic Kidney Disease - Bone Mineral Disorder by 50% in 6 months.

Method

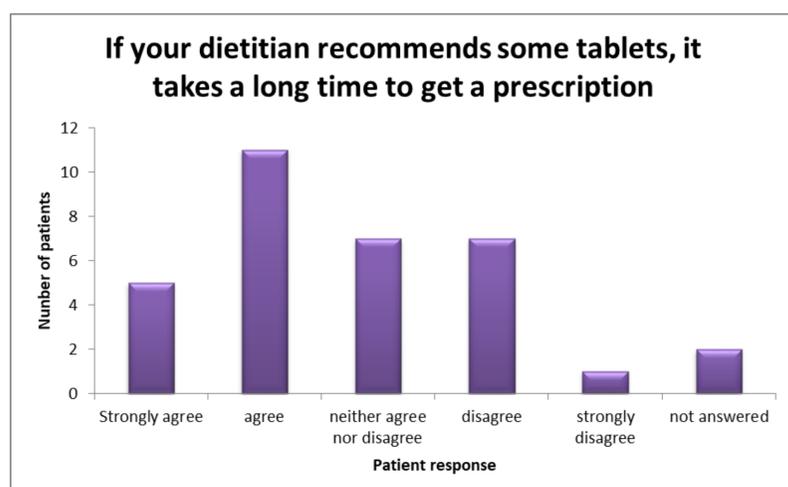
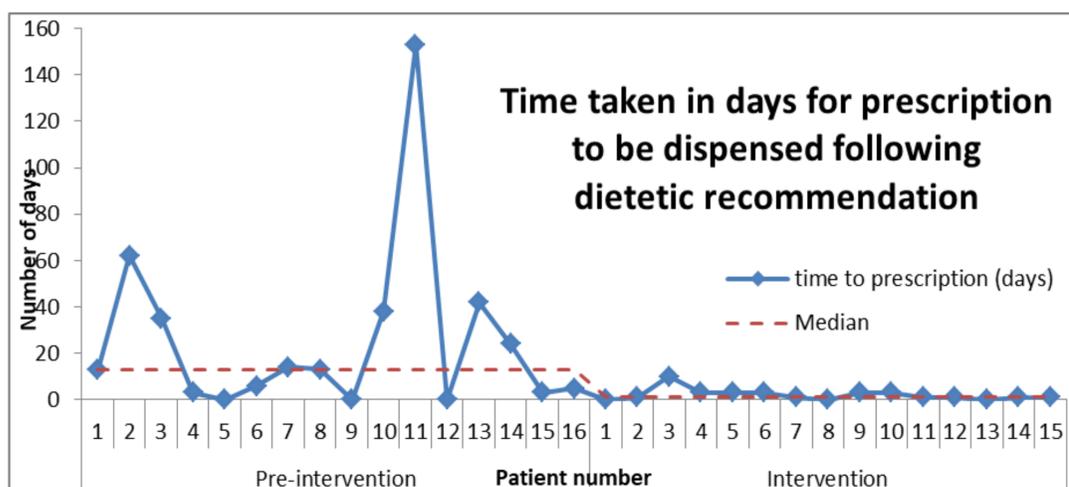
- Number of days from a new medication being recommended by the renal dietitian, to the dispense date of the medication from the hospital pharmacy was measured in a cohort of haemodialysis patients under the care of 2 supplementary prescribing dietitians.
- Retrospective data was collected prior to dietetic prescribing and intervention data was collected prospectively for 6 months once dietetic prescribing had commenced.
- Serum calcium, phosphate and parathyroid hormone (PTH) levels were recorded to assess patient outcomes.
- Patient experience before implementation of dietetic prescribing was measured via a questionnaire approved by the hospital patient experience team.

Our Measures

- Outcome measure: Time from dietetic recommendation to medication dispense date
- Process measure: Number of times the dietitian prescribed
- Balancing measure: Number of patients with an improvement in biochemistry 1 month post prescription and patient satisfaction of the process

QI Team

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Improvements

- Median time to prescription reduced by 92% from 13 days to 1 day.
- Biochemistry improved in 92% of patients compared to 63% pre-intervention.
- Satisfaction survey pre-intervention confirmed that patients believe there is a time delay following dietetic recommendation.

Barriers

- A Clinical Management Plan (CMP) is a written agreement between the supplementary prescriber, the consultant and the patient.
- A CMP needs to be signed and agreed by all of the above parties before prescribing can take place.
- Getting the CMP signed by the consultant caused extra work before supplementary prescribing could take place.
- With the use of a PDSA cycle, the process to get the CMP activated has become more efficient.

Summary

- Dietetic supplementary prescribing has improved the time taken for patients to receive medications for the treatment of renal bone disorder
- Improved time frame has improved related biochemistry as a secondary outcome which can delay disease progression.
- Advanced dietetic roles as demonstrated in the project can free up clinicians time by reducing unnecessary contacts for the sole purpose of accessing medicines and provides opportunity for service re-design.
- Delivering an efficient service for the management of long term conditions where diet, lifestyles and medicine are a key feature, has the ability to improve patient experience and utilise dietitians with advanced skills to facilitates service improvement.
- Ultimately, extended roles may be important to provide a sustainable health service for the future.

Next Steps

- Repeat the patient satisfaction survey as the project continues with the hope to show a general trend of improvement following dietetic prescribing.
- Expand number of renal dietetic prescribers to cover the whole dialysis population
- To monitor the other time limitations within the whole process, including activating CMP and delays to the delivery of medications back to the patient.
- Projects such as these help strengthen the argument for further changes to legislation to allow dietitians to become independent prescribers. We anticipate that being independent prescribers would remove some barriers we have experienced.
- Dietitians becoming independent prescribers would also allow prescribing of medications outside the designated disease specific CMP, further improving patient experience and providing greater service improvement opportunities.