

Utilizing Cross-Team Collaboration and Autonomous Health Management Models to Reduce the Incidence of Peritonitis

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INTRODUCTION

Peritoneal dialysis patients and their primary caregivers receive training to perform peritoneal dialysis at home, enabling patients to schedule treatment more flexibly, reducing disruptions to daily life, and increasing treatment. autonomy. However, the greatest concern with peritoneal dialysis is infection. If a patient becomes infected, it increases the risk of peritonitis. In severe cases, peritoneal dialysis treatment may need to be halted, posing a potential life-threatening situation.

AIM

Peritonitis is the most serious complication in patients with peritoneal isolation, which worsens the ultrafiltration function. In severe cases, peritoneal isolation treatment needs to be terminated, and may even endanger life. Reduce the incidence of peritonitis in peritoneal care patients, target value: 2.0%.

RESULTS

Following the implementation of cross-team collaboration and autonomous health management models, the incidence of peritonitis decreased significantly. By July to December 2023, the incidence of peritonitis decreased to **1.59%** from 2.77%, averaging from January to June. This reduction demonstrates an effective decrease in the occurrence of peritonitis.



Organize monthly cross-team discussions on peritonitis cases



Enhance patient/key caregiver education



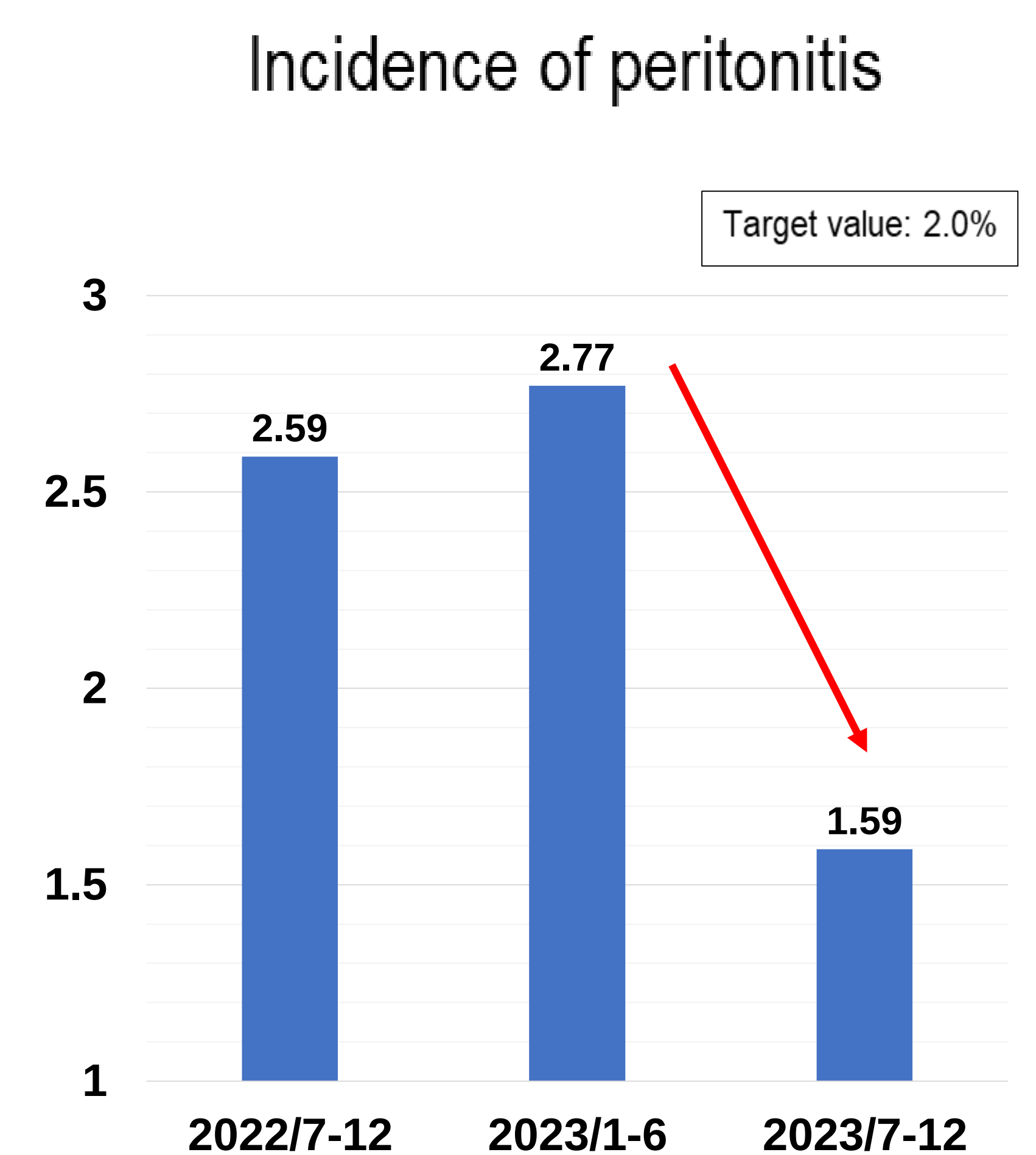
Conduct home visits:
Home environment,
devices and technology.



Poster reminds to strengthen education on diet and invasive testing



Send monthly broadcasts via the official Line group regarding the causes of peritonitis



METHOD

- 1.Strengthening Fluid Exchange Hygiene Education and Inspection of Fluid Exchange Techniques:
 - (1).Administer cognitive re-education and review for patients/primary caregivers:Complete cognitive assessment tests and address any incorrect responses with additional education.
 - (2).Review and discuss the proper technique for fluid exchange with patients/primary caregivers,emphasizing the necessity and importance of preventing peritonitis.
- 2.Enhance education for patients/primary caregivers to monitor symptoms of peritonitis (e.g.,abdominal pain,fever,abdominal swelling or changes in dialysis fluid appearance such as turbidity,odor or abnormal color)to detect abnormalities promptly and seek timely medical treatment.
- 3.Reinforce education on diet and invasive examinations:
 - (1).Emphasize the importance of avoiding raw or unclean food.
 - (2).Provide guidance on informing medical staff and using prophylactic antibiotics during invasive examinations.
- 4.Conduct home visits:

Perform home visits or take photographs(capturing home environment,equipment and techniques) for patients who have experienced peritonitis after completing treatment.
- 5.Send monthly broadcasts via the official Line group regarding the causes of peritonitis cases from the previous month,and reinforce health education and related precautions based on these causes.
- 6.Organize monthly cross-team discussions on peritonitis cases to develop and implement feasible action plans.

CONCLUSIONS

Peritoneal dialysis patients and their primary caregivers may inadvertently overlook or simplify operational details, leading to the incidence of peritonitis. Continuous re-education and technical monitoring are essential in mitigating such risks. Monthly cross-team peritonitis case discussions are held to analyze the root causes of incidents, devise tailored improvement measures and strategies, reinforce cognitive education on peritonitis prevention, increase audits of patient fluid replacement techniques, and utilize Line groups for enhancing interactive communication. These efforts aim to heighten the awareness and adherence of patients and primary caregivers, while also facilitating reminders and tracking of subsequent implementation results. The ultimate goal is to ensure high-quality peritoneal dialysis and sustainably reduce the incidence of peritonitis.

ACKNOWLEDGEMENT

I would like to thank the supervisor and head nurse for their guidance and encouragement, and the nephrology team for their joint efforts to solve the problem. I would like to express my infinite gratitude.

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