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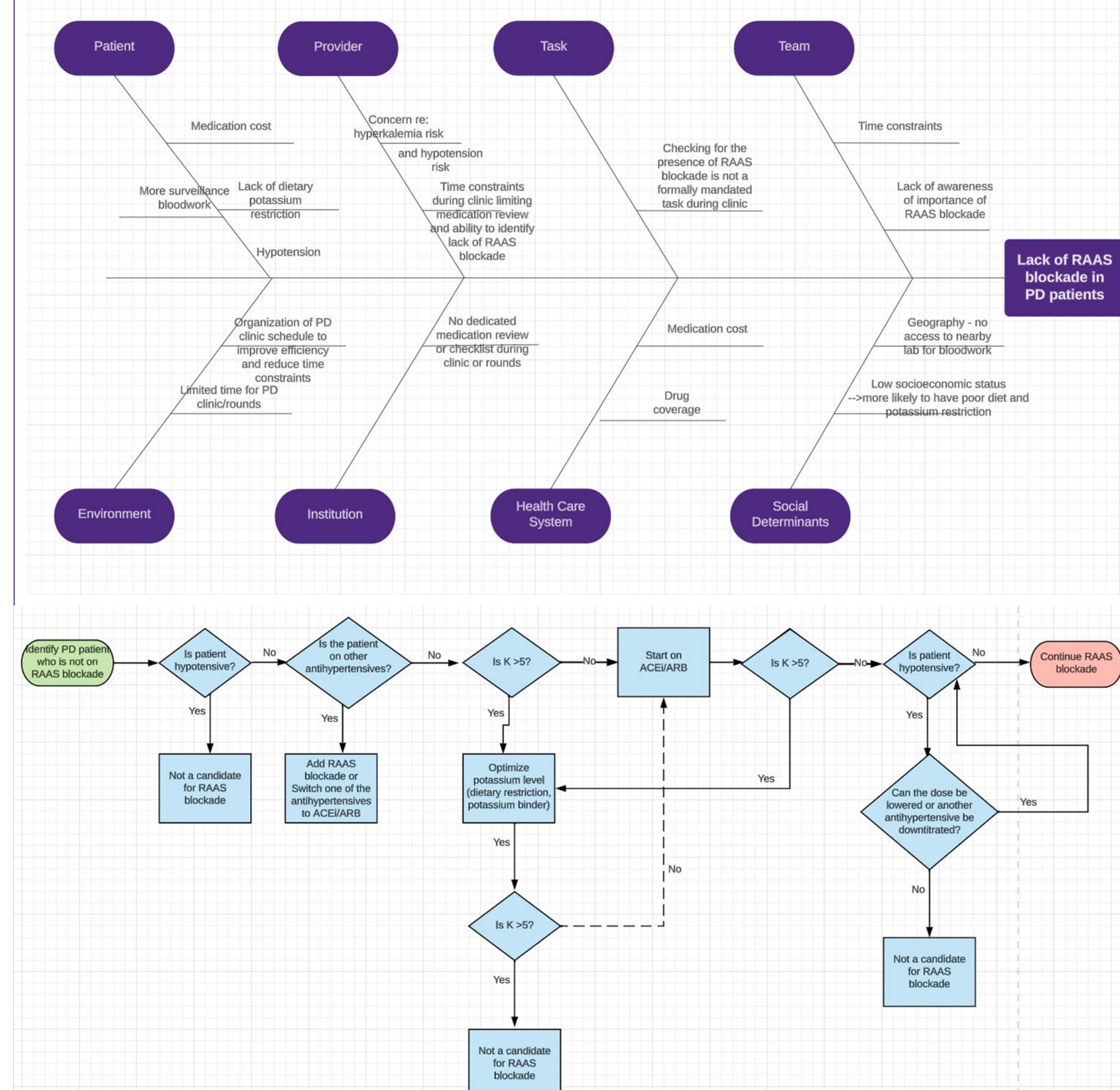
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AIM Statement: By April 2024, increase the proportion of PD patients on RAAS blockade by 25%.

PROBLEM DEFINITION

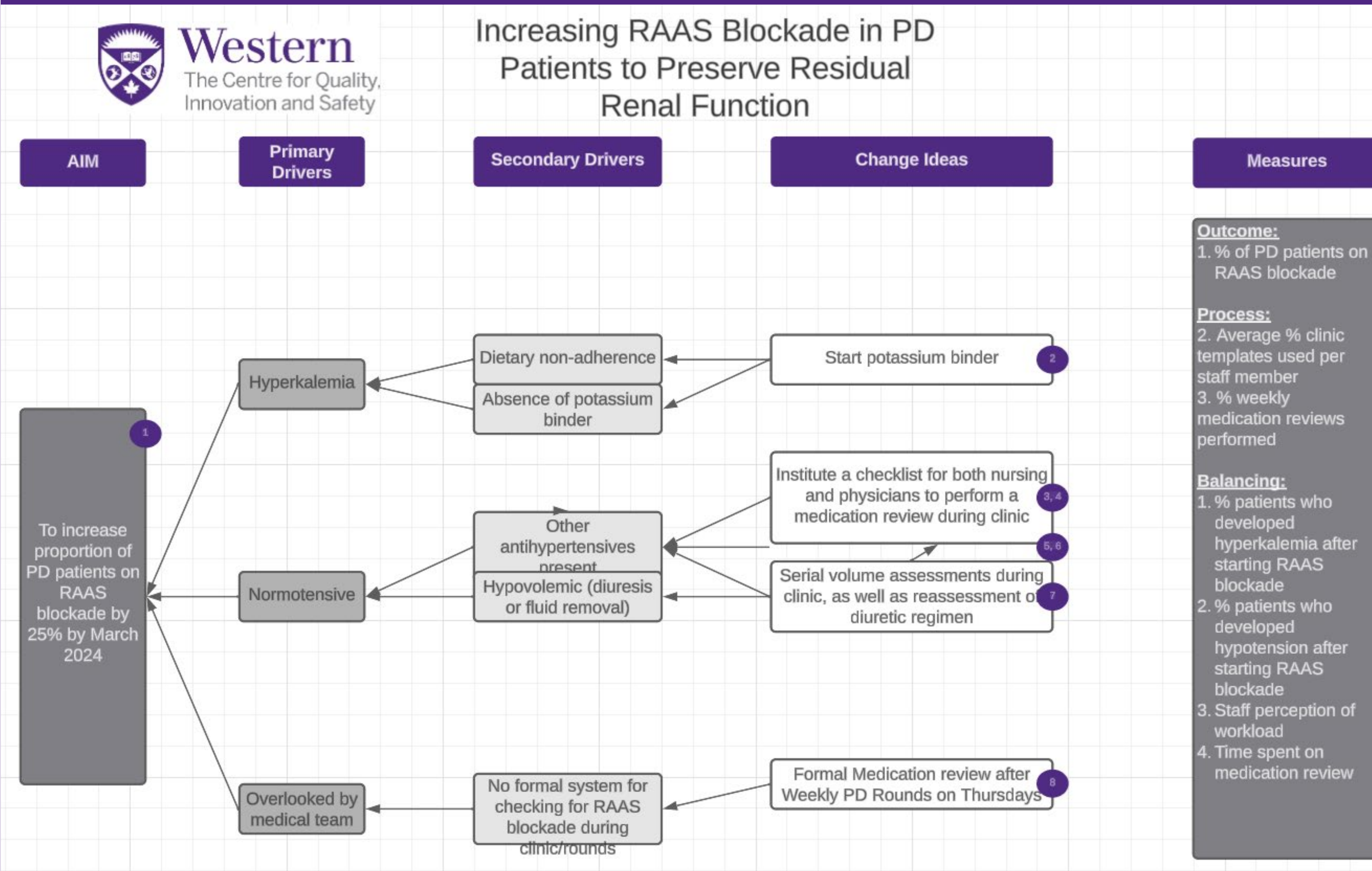
Maintaining residual renal function has been shown to improve survival in patients on peritoneal dialysis. One of the key methods to preserving residual renal function is renin-angiotensin-aldosterone (RAAS) blockade. In our PD unit, we have noticed that some patients are not on RAAS blockade without a clear contraindication, which increases their mortality risk.

ROOT CAUSE ANALYSIS

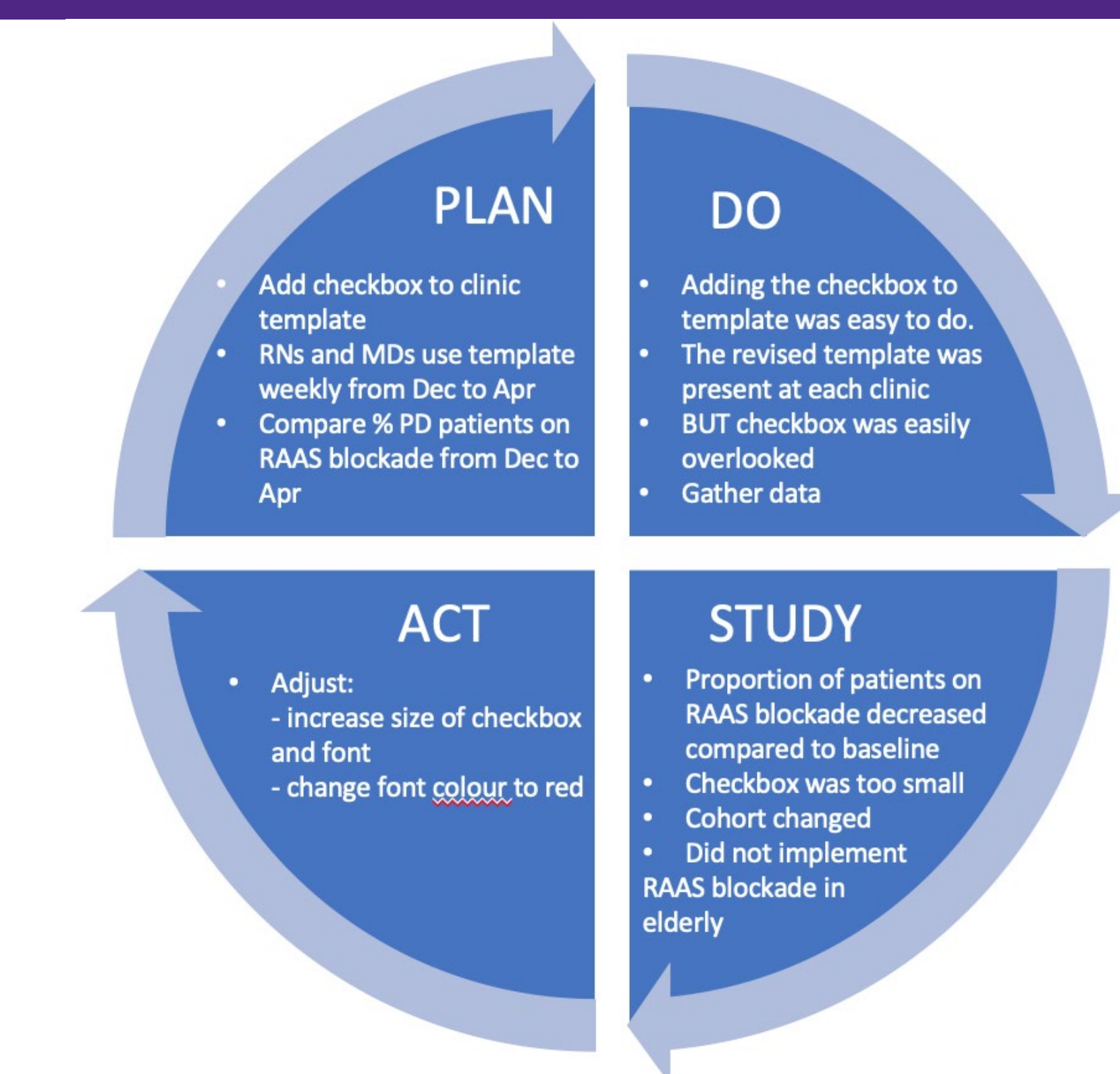


Learnings from stakeholder analysis:

- Need patient buy-in to implement RAAS blockade
- Need to create a formalized process to review whether patient is on RAAS blockade, without increasing workload significantly for staff



IMPLEMENTATION



Reflection on implementation challenges:

- 1) Hyperkalemia; 2) Hypotension
- 3) Frailty in elderly; 4) Increased workload

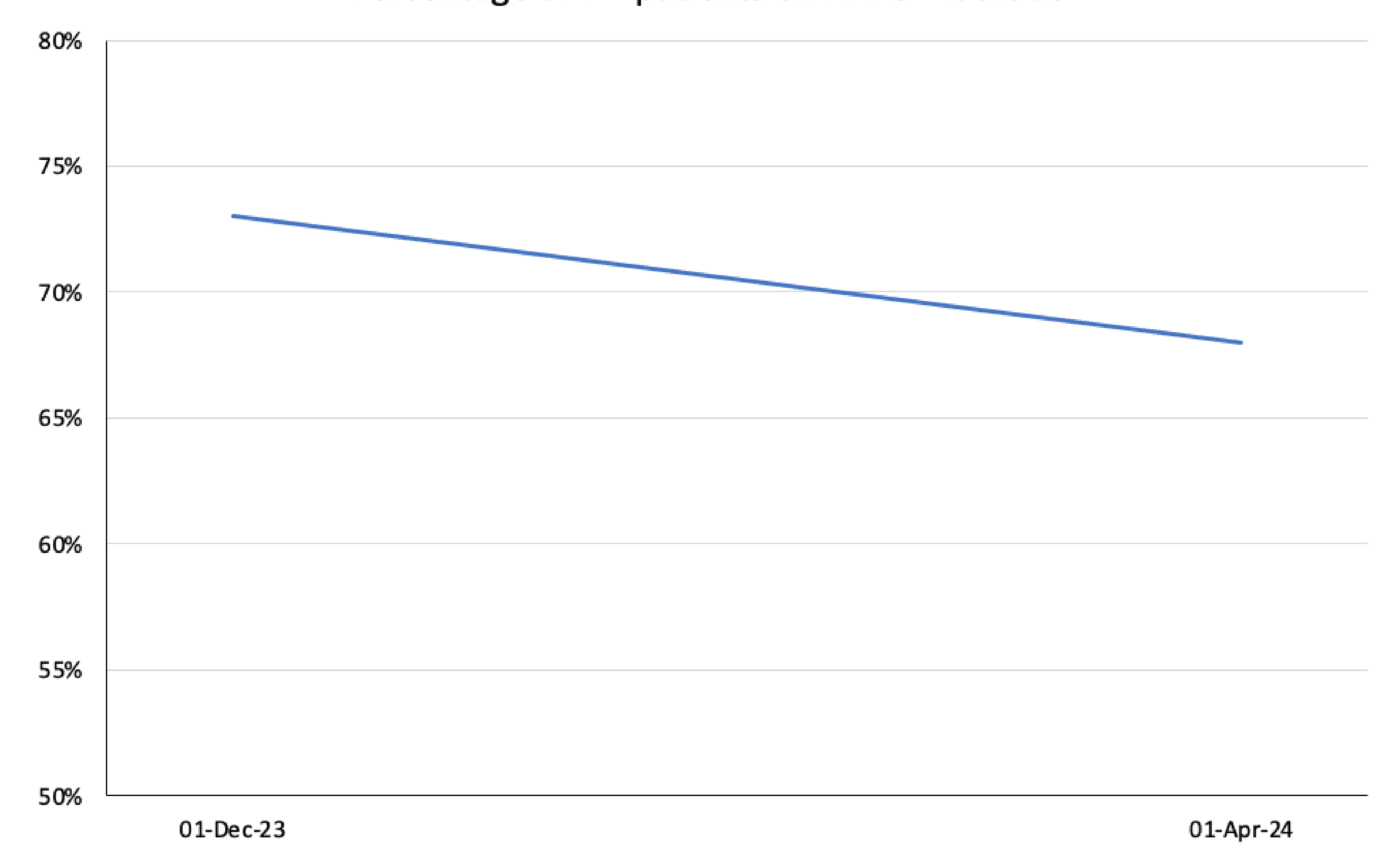
MEASUREMENT & RESULTS

1. Process measures: Use of clinic templates by staff: 50%
2. Balancing measures: -No patients with hypotension after starting RAAS blockade
3. Reflection on Results: - Checkbox on clinic template too small - Cohort changing over time

SUSTAINABILITY

1. Process owner: PD fellow and pharmacist
2. Documentation of new standard: Upon PD training, a medication reconciliation is performed. At this juncture, we will identify PD patients without RAAS blockade.
3. Monitoring plan: medication review at weekly rounds

Percentage of PD patients on RAAS Blockade



88/121 (73%) 79/116 (68%)