The Health Foundation Inspiring Improvement | Closing the Gap

SHARING THE CARE IN HAEMODIALYSIS

Improving outcomes

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On behalf of the Yorkshire and Humber Sharing Haemodialysis Care project team

Background
Shared-haemodialysis-care (SHC) can improve patient safety, satisfaction and may reduce costs[1-3]. SHC aims to redefine the nursing role to emphasise patient empowerment.

Objectives
To describe an innovative health care development.

Methods
We adapted existing materials to use for pilot work in Sheffield and York, where a number of patients and staff became enthusiastic contributors. According to their level of interest and perceived ability, patients are trained in a range of competencies (summarised in Table 1) and these are documented in a purpose designed patient care record. Competencies include undertaking self observations, basic hygiene procedures, preparation of the dialysis packs, inserting and removing their own needles and dialysing (putting on and taking off). The buttonhole needling technique has helped patients to gain confidence more easily.

Through a series of regular regional patient and carer meetings a range of potential benefits, challenges and possible solutions associated with greater patient involvement in centre-based dialysis were articulated (see Table 2).

Developing a training the trainers' course
Central to the programme has been the development of an educational course for staff in order to prepare them to support greater patient involvement in care. The training course is based on the concept of structured patient education in diabetes. A pilot course has been run and evaluated externally. The three day course focuses on adult learning techniques, motivational interviewing and practical microteaching, and working with the educational materials that the patients will be using. Training has been delivered by clinical nurse educators, who have been appointed specifically to the programme and will invite junior sisters, staff nurses and level 3 healthcare assistants. More senior staff will be invited to a strategic single day meeting. Further structured training will continue at a ward level on a one to one basis and will be cascaded by those who have been involved in the formal educational program. The construction of the shared care training programme has enabled evaluation and review of existing nursing practice which has in turn fed back into the shared care programme.

Measuring the benefit
A selection of indicative measures (summarised in Table 3) have been developed based on health improvement methodologies (www.ihi.org), to be reported on a monthly basis in order to summarise and demonstrate the benefits of the SHC programme. In addition to these, measures of safety include hospitalisation and bacteraemia rates. A qualitative study has been conducted to capture the experience of patients and staff members involved in the programme and the interim results have been presented elsewhere[4].

Linkages with home haemodialysis
The SHC learning environment has increased the appetite for independence among patients and a number of patients who learned how to perform their own treatment on the dialysis unit then became keen to have their treatment at home. A pathway has therefore developed where patients can learn most aspects of dialysis self-care on the unit in readiness for completing their training at home. This has altered our home haemodialysis training model to initiation in the shared-care area, with the training being completed at home, thus shortening the time that the home training nurses require to spend with each patient and enhancing the throughput. Patients have reported favourably from the experience and two gave testimonies at the Manchester Home Dialysis meeting in October 2011.

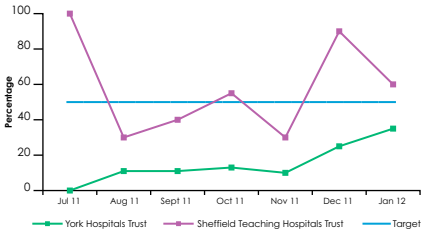
Conclusion
The Yorkshire and Humber shared haemodialysis care (SHC) programme is focussed on improving the patient experience of dialysis by supporting patients to become more involved in their own care. It is underpinned by a course to train staff to support patients to have greater independence. Measures have been developed to document the benefits of the programme and understand unexpected impacts. We hope to be able to change the culture of dialysis in Yorkshire and the Humber so that where possible, patients can become more equal partners in the delivery of their care.

We have yet to understand the patient characteristics that lend themselves best to greater self-management, however there is some evidence that people who have a more active approach are more likely to become involved in general self-care programmes[5]. As this programme develops it will be important to encourage the broadest possible range of people to become involved in order to ensure equity of access.

Acknowledgements
Patients, carers and health care professionals from Yorkshire and the Humber who have contributed enthusiastically to the Shared-haemodialysis-care programme; the Yorkshire and Humber Renal Strategy Group; the Health Foundation; NHS Kidney Care; the Berkshire Agency, Leeds Institute of Health Sciences.

Further information
Contact Martin Wilkie (martin.wilkie@sth.nhs.uk)
More information about shared care haemodialysis is available at – www.yhscg.nhs.uk/Networks/sharing-haemodialysis-care.htm

% of dialysis patients undertaking 50% of their HD care



% of dialysis patients satisfied with shared care (score 5 or above)

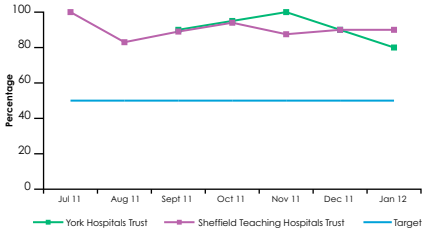


Table 2: **views on shared care haemodialysis expressed by patients and carers at open meetings**

Advantages	Barriers	Possible solutions
Greater control	Fear of unknown	Reassurance that this is not just a cost cutting exercise
Greater flexibility	Needle phobia	Better information on patient involvement
Plan own time	Continuity of support	To discuss greater patient involvement during pre-dialysis information
Greater self-confidence	Ability to needle with other hand	Carer version of information booklet
Self-empowerment	A range of staff with differing teaching styles	Respite – ie patients adequately supported
A sense of freedom	Pressure to get onto HD	
More cost effective	Staffing levels on the unit	
Progress to home based treatment	Transport times increasing pressure	

Table 3: **reported monthly measures**

% of dialysis patients undertaking 50% of their HD care
% of dialysis patients undertaking at least one aspect of their HD care
% of patients who have been approached about shared care dialysis
% of patients able to establish access(suitable for HHD)
% of dialysis patients satisfied with shared care (score 5 or above)
% of staff who are enrolled on the training programme
% of renal unit staff who have completed the purpose-designed training programme
% of staff satisfied with shared care (score 50% or above)

Table 1: **shared care dialysis competencies**

Perform observations – weight, blood pressure and temperature
Wash hands and clean arm
Collect equipment, clean trolley and open dressing pack
Lining machine
Priming machine
Programming machine and following the prescription
Insert needles and ensure security
Access line and ensure security
Hook up, bleed out and commence dialysis
Managing arterial and venous alarms (problem solving)
Press needle sites / place dressing
Epoetin injection
Safe disposal of sharps

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4. Glidewell L, Boocock. S, Pine K, Campbell R, Wilkie M. 2012. What is it like to participate in shared haemodialysis care? A qualitative study of patient and staff experience. Abstract to the ABCD / RA joint meeting Feb 2012.
5. Packer, T. L., Boldy, D., Ghahari, S., Melling, L., Parsons, R. & Osborne, R. H. 2011. Self-management programs conducted within a practice setting: Who participates, who benefits and what can be learned? Patient Educ Couns.

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