"The Manchester Experience of a Navigator Nurse on Recruitment and Training for Home Haemodialysis"

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Dialysis at home or hospital ?
There's No Place Like Home

What is better Home dialysis or In-centre dialysis?
Are patients receiving better care when they come to the hospital 3X/week for dialysis?
Is ICHD safer and better for my patient?

Home Dialysis

In-Centre Dialysis

BMC
Nephrology

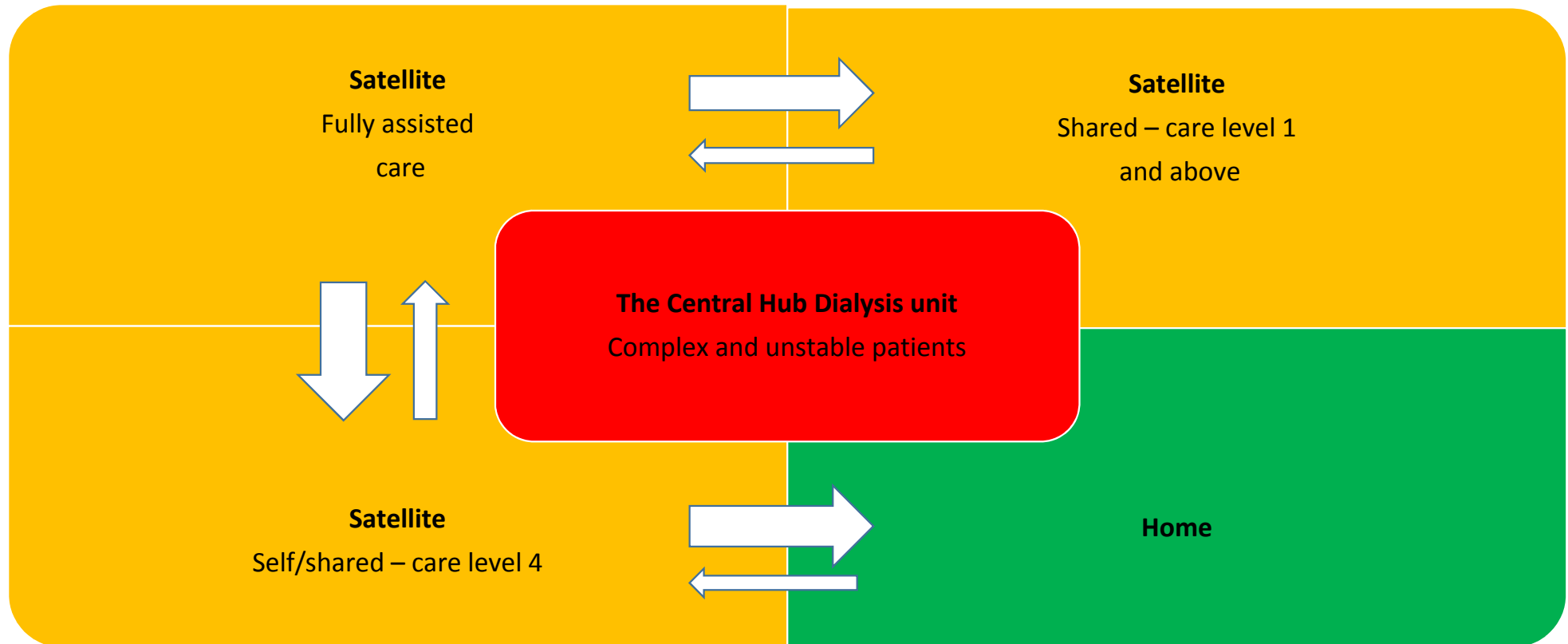**RESEARCH ARTICLE**   **Open Access**

Attitudes and perceptions of nephrology nurses towards dialysis modality selection: a survey study

Karthik K Tennankore[1*†], Jay Hingwala[2†], Diane Watson[2], Joanne M Bargman[2] and Christopher T Chan[2]

"Conclusion: Dialysis nurses have prevailing views about modality selection that are strongly determined by their area of experience and expertise"
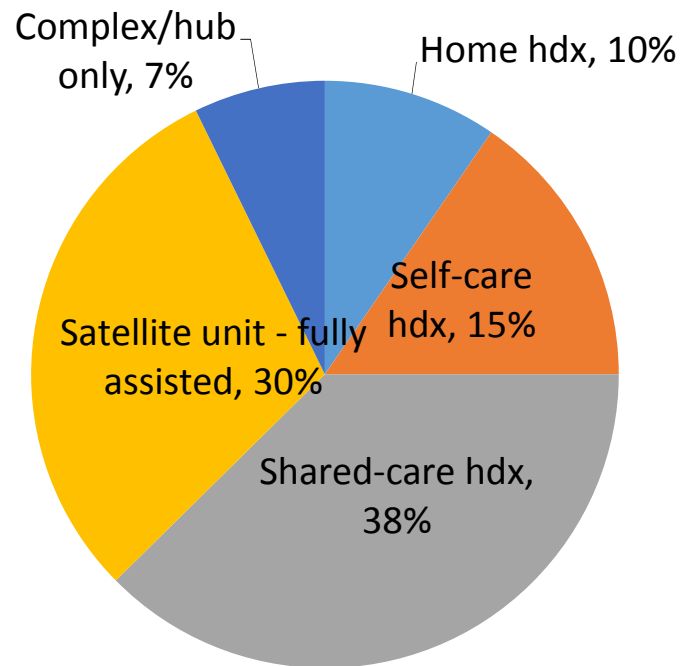
Dialysis nurses perceived that they had little influence on patient modality selection, but they may be underestimating the weight of their influence on patient decisions. It has been shown that the transference of healthcare workers' opinions can unknowingly influence patient decisions [29]. Their perception of their own minimal impact may be explained by the timing at which they meet patients. Under usual conditions, dialysis nurses

Manchester TReNDs model of Haemodialysis Care

Satellite

Fully assisted

care

Satellite

Shared – care level 1

and above

The Central Hub Dialysis unit

Complex and unstable patients

Satellite

Self/shared – care level 4

Home

428 Prevalent in-centre HD patients

Complex/hub only, 7%

Home hdx, 10%

Self-care hdx, 15%

Satellite unit - fully assisted, 30%

Shared-care hdx, 38%

Potential 63 % shift in Modality

- Identify and demonstrate the potential and eligibility of patients who could transfer from existing fully assisted HD care to collaborative/shared/independent care within the HD centres.

- Increase patients opting for Home or Shared care across the service

- Develop a Proof of Concept of future HD care design at CMFT

Methods

- Scoping of 135 patients across all CMFT HD units and face-face discussions.

- Home assessments for patients interested in home dialysis and facilitation of their transfer to the home training unit.

- Attended unit meetings/handovers to discuss the project and address any concerns with staff.

- Developed appropriate training and competency documentation/tools utilising and adapting existing materials.

- One to one training to shared-care lead nurses (Train the Trainer approach)

- Facilitation of training of shared care patients.

Bespoke ACCESS Database

32 parameters of assessment

- Demographics
- Comorbidity
- Impairment/Cognition
- Motivation/skills
- Social circumstances
- Patient Preferred outcomes

LastName		Cognition	Normal
FirstName	Michael	Accommodation	Flat
MedicalRe		Support Network	Lives with spouse/partner
Age	80	Prior interest in self-c	None of the above
Sex	m	Transplant Status	
DialysisProvider		Need for medical input	
Dialysis Vintage	2 years		
Ethnicity	White	Pathway to Dialysis	Crash lander
Language - English (	Yes	Patient's Preference	Home HD
Transfers	Independent	Outcome	
Mobility	Zimmer frame	Shared care levels	
Vision	Impared corrected with glasses	Training Location	Altrincham
Hearing	Partial Deafness/Hearing aid		
Verbal Communica	Normal		
Manual Dexterity(u	Full Dexterity		
Mental Health			

Results April 2017 (in 18 months)

Initial 135 patients analysis

49% chose more independent HD (n=66)

- 20 Home HD, 46 Self/Shared-care
- 35 since have shifted their modality
- 13 trained or training for Home HD in 18 months
- 2 self-care patients waiting for rehousing
- 20 patients trained or training for in-centre shared/self-care

HD Modality shift Oct 15 – April 17	Impact Shift %
Home	+47%
Fully Self Care In-centre	+ 79%
Shared-care	+ 60%
Discharges from Training unit	x3 fold increase

Drop offs

- 2 patients stopped training for Shared care,
- 1 patient failed HHD training,
- 1 patient failed with Self-care after first 2 weeks

Oct 2015 - Jan 2018

ShC   Self Care   Home
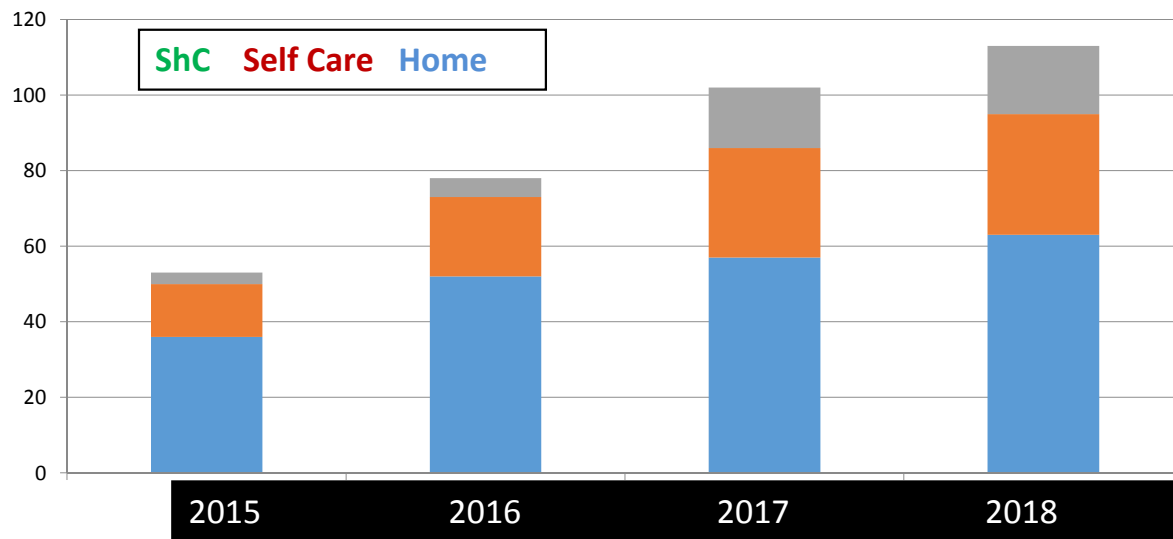
Modality	Oct 2015	Sept 2016	Sept 2017	Jan 2018
Home HD	36	52	57	63
Self-care	14	21	29	32
Shared-care Level 2+	3	5	16	18

Level of self/shared-care	Tasks performed
1	BP, pulse, temp, weight, oxygen saturations (if appropriate), document these.
2	Level 1, plus preparing table, lining machine, priming machine and cleaning arm.
3	Level 2, troubleshooting with machine alarms, stripping the machine.
4	Level 3 plus inserting and removing own needles/unlocking or locking central venous catheter, connecting and disconnecting to access and documenting the full dialysis session

Barriers and Biases – Main themes

- **Lack of confidence** (in their own ability to train or with regards to their health status)

- **Change not necessary:** Happy where they are and with the present care provided

- **Concerns for safety**

- **Needling fears**

- **Logistics/Convenience:** Travelling to the training unit. No late shift available for training

- **Home circumstances:** No room, Social and personal/relationship issues

- **Misconceptions (Patients and staff)**
  - Spare room required at home
  - Lone dx not allowed
  - AVF required
  - Can't have home dx if got other health problems/co-morbidities

Summarising My Role

- Developed a bespoke database to characterise patient phenotype & preferences

- One to one patient contact across the network

- Provide education around home dialysis

- Troubleshooting barriers at a patient level (Myths and Facts)

- Guide patients through the Decision making process [Transition to Training and discharge]

- Support to unit nursing teams for shared-care and the ShareHD initiative

- Handover to the home teams customised to individual preferences

- Reporting of data to Senior management

"*I was on regular hospital dialysis for 2 ½ years. I then did shared-care on my unit. This gave me confidence to change to home dialysis. I can now fit the dialysis around my life. I feel better and healthier on home dialysis*"

A Take home message