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P011 -Exploring the experiences and concerns of staff and patients on an in-centre nocturnal haemodialysis programme

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Introduction and Aims

Our local renal network has provided in-centre nocturnal haemodialysis (INHD) since April 2014. In 2017, a service evaluation identified the motivators to continue with INHD are: more time available during the day, and perceived health benefits. Poor sleep quality resulted in patients returning to conventional haemodialysis (CHD). Patient starter packs containing information leaflets and a sleep pack have been distributed to the INHD units. The aims of this project were to: re-evaluate patient and staff experiences of INHD, evaluate patient starter packs, and explore the safety concerns of nursing staff working on the INHD shift.

Methods

INHD patients and staff were invited to discuss their concerns at an open forum; opinions were anonymised and underwent thematic analysis. Clinical incidents at the HD unit reported via the datix system from April 2014 to December 2018 were collected and analysed.

Results

Patients: 20 patients were interviewed in 2 units offering INHD. Starter packs were well received; patients reported the sleep packs would improve their sleep. Patients also reported that sleep itself would not be a single reason to discontinue.

Staff: 7 staff were interviewed in 2 units offering INHD. Staffing levels was the most frequently reported concern; although staff:patient ratio was unchanged, total numbers on INHD shifts were less, with concerns about less support in an emergency. This led to a belief that more complex patients should not have access to INHD. Staff reported concerns around impact of transport delays on patient experience.

Safety: From April 2014 to December 2018, 363 clinical incidents were reported. Table 1 shows the percentage of reported incidents by category for INHD and CHD. Staffing level concerns were higher for INHD as although minimum ratios were always maintained, incidents were reported of staff moving from INHD to assist with inpatient ward shortages. There were no reported clinical incidents of transport issues on INHD.

Conclusions

Patients and staff showed overall satisfaction with INHD programme. Starter packs improved patient experience but are not critical to adherence to the programme. Review of the incident reporting did not identify any specific safety concerns overnight. INHD programmes should be more widely available.