

P017

P017 -Embedding a culture of shared haemodialysis care to increase the prevalence of sharing HD care with patients.

Dr Jyoti Baharani¹, Mrs Stephanie Baldwin- Walker¹

¹University Hospitals Birmingham, Birmingham, United Kingdom

Background:

Shared Haemodialysis Care is for people who receive dialysis at centres to have the opportunity, information and education to participate in aspects of their treatment and thereby improve their experience and outcome. The philosophy has always been to engage, support and delivered S/C at all our HD centres but when audited in 2017 the consensus from the patients was that it is the responsibility of the Health Care Professional (HCP) to take ownership of the HD session. At the outset of the programme, less than 50% of our in-centre HD patients were actively participating in shared HD care. Of our 4 dialysis units, one in particular with 90% of its population from Ethnic minority background was particularly resistant to the concept of shared care. Many barriers hindered the uptake of Shared Care (S/C) at this unit especially as only 25% of this population could converse in English. The missing link from our side was no designated leadership to develop the program from frontline staff.

Methods

we developed a methodology involving different members of the MTD and frontline staff from all our dialysis units and ensured the following components were included; Attendance at the national SHARE-HD training course; One to one education; Development of tools to assist staff and patient; coffee and cake morning with certificates to all patients involved in their care; Patient stories outlining their S/C journey; a Whatsapp group – platform to share achievements, organise in-house meetings, feedback, share celebration of involvement, and ideas from other trusts; attendance for band 7 staff at an enhanced Managers S/C course We also developed an In-house S/C two day course with an opportunity for feedback from staff using a questionnaire to identify issues and barriers to S/C.

Results

Over a period of 2 years, we set up a thorough systemised approach to delivering of sharing HD care with patients using a co-production, national and local resources. 80% of our staff wanted more education and develop practical skills to deliver S/C effectively. Through self-directed Study, workshops, guest speakers throughout MTD and practical skills of communication, cannulation hints and Tips assisted in reaching a greater audience. This we hope to develop further and offer to neighbouring trusts. We have increased the proportion of patients engaging shared care to 98% of patients doing 5 or more tasks

Conclusion

Initially engaging just one or two staff members to assist, support and develop the programme further increased the uptake of the Patients participants in completing aspects of their care. Staff found a lot of satisfaction in teaching patients from simple tasks to patients recognising they had the ability to do Home HD and progressing to their goal. Some quotes from our journey are; ‘patients enjoy being involved, able to do it themselves and taking ownership of their care’ (Staff Nurse 2019) ‘‘The difference of a team approach snowballed when the manager attended the S/C course listening to a Patients Story’’. (Staff Nurse 2019) Staff and patients actively embrace the Shared Care Programme, seeing the involvement and passion has led to this unit as are leading units in S/C. S/C has a ripple affect with increased numbers, staff morale and patients who were previously passive participants to engaged learners.