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P029 -Dialysis remote monitoring as an aid to telemedicine clinic: a single centre experience

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Background

Dialysis patients need regular monitoring and frequent hospital clinic visits. With a view to reducing hospital clinic visits, we set up a telemedicine clinic in our unit for patients on home dialysis therapies. Sharesource (Baxter Healthcare Ltd., Illinois, USA) is a remote monitoring system to manage peritoneal dialysis regimes remotely through a web interface. Our aim in this project was to review our experience and practice of using Sharesource in conjunction with Telemedicine clinic.

Clinic Set-up and Remote Monitoring

Telemedicine clinic was conducted through Skype for Business interface. All patients were provided with a pre-programmed tablet. They also had the opportunity to enter blood pressure (BP) and weight through a weblink that was linked to the telemedicine portal accessible via Trust computers. Peritoneal dialysis (PD) patients on automated peritoneal dialysis using the Baxter Claria machine were able to enter these details on the machine which is then uploaded to the Sharesource website. In addition, information regarding the dialysis session are also uploaded onto the remote monitoring Sharesource website. All the above information was available and accessed as part of the telemedicine clinic consultation. All patients were requested to complete the feedback survey electronically.

Patient Feedback

Five PD patients were recruited for this pilot project. All patients were seen within 6 weeks of being enrolled into the programme. Telemedicine consultation was conducted in lieu of face-to-face clinic visits. BP and weight were self-reported by the patients. The availability of detailed information on every dialysis session through Sharesource was very helpful in conducting a thorough review of dialysis progress. In addition, the Sharesource also enables dialysis prescription changes to be done remotely if needed following the clinic. The patient feedback was very encouraging with almost all of them recommending telemedicine clinic as an alternative to hospital clinic visits. The most commonly mentioned advantages by patients were the avoidance of travel, looking for parking spaces and the costs associated with it. Majority of them also felt that their dignity was not compromised in anyway because of this clinic set-up and felt confident about the treatment decisions made though they have not been reviewed in person.

Discussion

With the current financial, hospital space and clinic capacity constraints, it is vital to develop newer models of non-emergency care. Our Telemedicine clinic harnesses the already existing technological solutions in terms of video conferencing and remote dialysis monitoring and utilises them in combination to benefit patients. This clinic also has lower running costs and hence, could be a financially viable clinic solution for Service Commissioners to consider implementation in a larger scale.

We attribute this success to a combination of robust project planning focused on patient communication, and a defined project team working through PDSA cycles to learn and improve. The availability of a transplant pharmacist and an administrative team to coordinate appointments, were major facilitators for the project.