

Improving patient outcomes by focussing on staff training and education

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Introduction

It is widely recommended that dialysis adequacy should be reviewed regularly¹. Reviews allow adjustment of dialysis therapies and associated treatments with the potential to improve dialysis adequacy and thus, achievement of key performance indicators (KPI). For staff to be able to undertake such reviews they must have the underpinning knowledge and understanding of the KPI's and how data capture influences data accuracy.

Objectives

- Target 15 dialysis units where KPI's were not consistently being achieved.
- Introduce an educational programme which focussed on the importance of accurate data input into the clinical database (EuCliD).
- Assess if the KPI's improved following the training.

Methods

Experiential learning² consisted of delivering new mandatory classroom based study days for all new employees. This training included didactic³ instruction as well as simulated⁴ learning. All training was delivered by the Country Responsible trainer for EuCliD.

Training was also delivered in the dialysis units on a one to one basis with the Clinic Manager. This method prompted detailed discussions as well as real time navigation of the clinical database where patient data is captured (EuCliD). Thus having the advantage of a visual, auditory, reading and kinesthetic (VARK) learning impact⁵.

The use of a virtual classroom⁶ environment allowed training to be accessed across a wide geographical area. The variety of learning methods were used to meet a variety of learning styles.

The data was then reviewed on a monthly basis to identify if KPI improvements had been made.

Results

Following a total of seven study days and two virtual classroom training events, 91 members of staff received targeted training. 87% (n=13) of the dialysis units saw improvements in the dialysis dose KPI. The remaining 2 initially reported improvements however these were not sustained due to factors not associated with the educational programme.

Conclusion

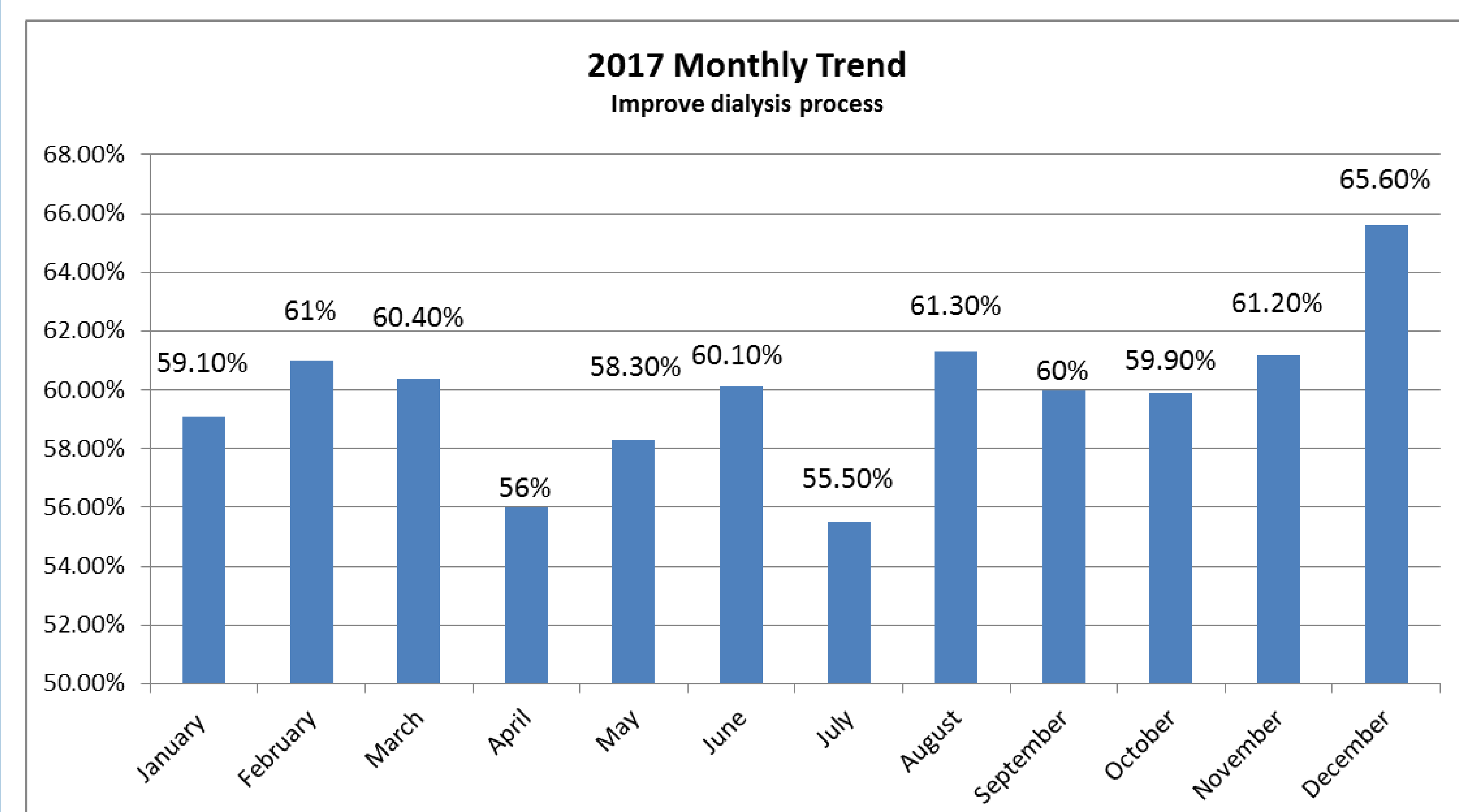
The improvement in KPI's support the value of a targeted educational programme. In order to maintain this focus on improving data accuracy a further 24 study days and six virtual classroom events are scheduled for 2018. The success of the project has confirmed that education is the key to improving patient outcomes.

References

1. The Renal Association (2009) Haemodialysis Clinical Practice Guidelines . Petersfield: The Renal Association.
2. Kolb, DA (2014) Experiential Learning: Experience as the Source of Learning and Development. Pearson Education: New Jersey
3. Irvine, UC (2016) A Faculty Development Session or Resident as Teacher Session for Didactic and Clinical Teaching Techniques; Part 1 of 2: Engaging Learners with Effective Didactic Teaching. Journal of Education and Teaching in Emergency Medicine 1 (1).
4. Nugent, PMS. (2013) Simulation Training," in PsychologyDictionary.org, April 13, 2013, <https://psychologydictionary.org/simulation-training/> (accessed July 13, 2018).
5. Fleming, N. and Baume, D. (2006). "Learning styles again: VARKing up the right tree!". *Educational Developments*. 7 (4): 4-7.
6. Mc Connell, D. (2013) Implementing Computer Supported Cooperative Learning. 2nd Edition. Routledge: Oxon

Units	January 2017.	December 2017.	YTD	Improved
	59.1	65.6	6.5	Yes
1	45.4	50.6	5.2	Yes
2	48.2	60.7	12.5	Yes
3	57.8	59.8	2	Yes
4	41.5	58.5	17	Yes
5	66.9	82.7	15.8	Yes
6	88.8	67	-21.8	No
7	33.4	59.6	26.2	Yes
8	53.9	77.4	23.5	Yes
9	68.6	84.5	15.9	Yes
10	57.9	54.5	-3.4	No
11	72.5	76.6	4.1	Yes
12	82.5	86.8	4.3	Yes
13	40.4	44.7	4.3	Yes
14	26.9	38	11.1	Yes
15	76.2	84.9	8.7	Yes

Individual clinic results of KPI achievement 2017



% of patients achieving KPI's between January & December 2017