

Sharing practice to improve sustainability and exposure of Home Haemodialysis (HHD) as a service option globally



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Background

SIGNHD-Global (Special Interest Group of Nurses in Home Dialysis) was formed in November 2018 to improve service delivery and treatment options for HHD patients and dialysis partners globally to stimulate HHD growth.

Objectives

The nursing collaborative compares and contrasts practices and processes within our respective countries' centers and seeks to stimulate HHD growth.

Method

Renal nursing professionals from UK, Canada, Finland and France attended a vendor sponsored global meeting to discuss HHD services and care modelling. We identified practices that influenced growth in HHD and identified common challenges preventing HHD growth.

Results

Common themes

Through discussion and sharing experiences, the group concurred that growth in HHD requires addition of new patients to the program plus sustaining existing patients on HHD while minimizing patient loss. The group identified practices and processes within each country that were examples of solutions that helped to overcome identified common issues preventing HHD growth which were:

1. Sustainability of services
2. Expanding and maintaining the HHD cohort
3. Producing robust systems to support its availability to a wider population

Conclusion

Varying financial models and aspects within healthcare systems influence service delivery but the team approaches within each organization can adopt methods of practices and innovation that positively impact HHD services; improving the quality of life of patients and families on HHD.

Global Shared Experiences – Approaches that address common service delivery issues preventing (HHD) Growth

Growth in HHD = (New Patients + Existing Patients) - Patient Loss

These are examples of care by United Kingdom, Finland, France, and Canada that support growth of HHD:



UNITED KINGDOM

Shared Care and Open Acceptance to home dialysis: Introducing these philosophies early into the Chronic Kidney Disease journey, patients'/families' are acclimatized to the support of the team in helping the patient/family to be empowered in carrying out their care and increasing their understanding through education. Patient/families' abilities are leveraged to enable successful start onto home dialysis and increasing patient/family engagement; increasing choice of home dialysis; enabling new patient starts.

Nocturnal: Enables care delivery for patients/families to be free during the day and enables transition of patients no longer able to do PD to continue benefits of doing treatment at home which expands the HHD cohort; adding to the HHD growth.

FINLAND

Assisted HHD – Cannulation is performed by district nurses and patients' loved ones are also resources used to enable and support the patient to dialyze at home.

Blended care delivery (both PD and HHD) – Self care patients have the opportunity, as part of their regime, to access in hospital dialysis eg. regime is to dialyze at home, but every 4th week of the month come to have their dialysis provided by staff in hospital. Supporting patient self management by sharing the burden, increases sustainability on home dialysis. In addition, adopting self care philosophy as standard in our program's care delivery approach, further supports and promotes home dialysis.

FRANCE

Peer Support: Enabling patients/families to use one another as resources for support encourages them to consider HHD as their modality and for those on HHD, helps to overcome barriers which supports HHD growth.

Psychologist Assessment: Helps patients/families to cope with the burden of disease and to overcome feelings and mindsets that lead to failure on HHD. Helps to maintain patients/families on their modality.

CANADA

Self Management: Patient/family confidence in their ability to carry out care activities in a supportive environment is a key factor that supports HHD modality choice; enabling new patient starts and growth in HHD.

Respite Care: Providing the ability for patient/families to take a break from doing their own treatments prevents burn out and technique failure; sustaining patients on HHD and preventing loss.