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EDTNA/ERCA Spring Virtual Seminar

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ABSTRACT BOOK

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GUEST SPEAKER LECTURE

Consequences of the COVID-19 pandemic on dietary habits in dialysis: tools to fight it

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Some of the measures to prevent and control the spread of COVID-19 have been to eliminate intake during the haemodialysis session, as well as the need to restructure shifts, modifying schedules and, secondarily, patient dietary patterns. Finally, lockdown may have affected the supply and preparation of food that these patients consume.

Our objective was to analyze the patient's experience in the context of these restrictions. We used questionnaires focused on detecting food supply problems and/or changing dietary patterns, in order to offer dietetic recommendations for an early intervention, also based on body composition data and adapted to caloric expenditure levels.

END OF LIFE CARE SESSION

Ageism: invisible barrier to self-care in the elderly on dialysis

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Background

The World Health Organization (WHO) defines ageism as “age discrimination that encompasses stereotypes and discrimination against people or groups of people because of their age. It can take many forms, such as prejudiced attitudes, discriminatory practices or institutional policies and practices that perpetuate these stereotyped beliefs. "

Objectives

To explore the perceptions and attitudes of the multidisciplinary team towards the care of the elderly in peritoneal dialysis.

Methods

A qualitative approach is used from the hermeneutics of Paul Ricoeur.

A semi-structured interview was designed with open questions about the care and self-care of older people on dialysis. The sample was formed by different professionals of the nefrology multidisciplinary team.

Results

After the hermeneutical analysis of the narratives, three themes of special relevance emerge: Identity and care, Lights and shadows of care for the elderly and Care relationships.

In the first issue, the socio-health professionals interviewed feel that caring is part of their identity. This makes the work they do more than a job.

In the second topic, socio-health professionals perceive how older people face problems such as: loneliness or isolation, together with social, demographic, economic and technological changes being at a disadvantage compared to other population sectors.

In the stories of professionals, ageism is strongly perceived in the media, which project an image of the elderly childish. Also, sometimes by family members themselves, and even this attitude of overprotection is present in professionals distorting the capacities for self-care.
Finally, the third topic identifies the need to establish a relationship of care based on respect and trust

Conclusion/Application to practice
Conclusions.
Assessing ageist attitudes in the multidisciplinary nephrology team is necessary to prevent age discrimination and encourage self-care in the elderly. Sometimes ageism is unconscious in socio-health professionals.
Implications for practice: Promoting socio-health education interventions among professionals about ageism can help overcome stereotypes.

Disclosure of Interest
No

Monitoring symptom burden of patients attending a multidisciplinary kidney supportive care clinic

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Background
Symptom burden in advanced stages of chronic kidney disease (CKD) regardless of treatment pathway is known to adversely affect health-related quality of life (HRQoL). Recognition of this burden has led to the increasing use of kidney supportive care (KSC) clinics which brings together the multidisciplinary skill-sets of specialist renal and palliative care clinicians in an integrated clinic.

Objectives
To assess patient characteristics, symptom burden and HRQoL in those attending a KSC clinic during the first four of its operation.

Methods
Patients were followed for up to 48 months (February 2016–January 2020). Data on gender, age, CKD treatment modality, Charlson comorbidity score, reason for referral were collected from medical records. Patients completed the IPOS-Renal and EQ5D at each clinic visit to assess their symptom burden and HRQoL and monitor changes over time. Descriptive statistics were used for demographic data, and changes in IPOS-Renal and EQ5D baseline and latest scores were used.

Results
Between February 2016 and January 2020, 475 patients were referred to the KSC clinic (54% male). The median age was 75 (range 29-98 years) and 44% were receiving kidney replacement therapy. Symptom management was the primary reason for referral and the median total IPOS-Renal score

at baseline was 15 (interquartile range 12-24). 53% of patients had symptom score change rates <0 (indicating improvement in symptom severity over time). At baseline, the median quality of life visual analogue scale score was 60 out of a possible 100 (interquartile range 50-80), and 46% reported improved HRQoL over time.

Conclusion/Application to practice

A range of patients, not just the elderly or those receiving conservative care, will experience high symptom burden and low HRQoL will benefit from a KSC multidisciplinary team. The high symptom burden experienced by these patients underlines the need for early, robust and regular assessment of symptoms.

Disclosure of Interest

No

Translation and validation of the Integrated Palliative care Outcome Scale – renal, to Portugal

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Background

The increase in the prevalence of Chronic Kidney Disease (CKD) is a reality in Portugal. With this, we find a high symptomatic burden that, if not controlled, contributes to an increase in suffering and a decrease in health-related quality of life.
Moreover, in Portugal there are no validated instruments for the population of patients with advanced CKD, that allow to assess simultaneously symptomatology, palliative needs and quality of life.

Objectives

To validate the patient version of the Integrated Palliative care Outcome Scale - symptom renal (IPOS-renal), to Portugal.

Methods

Multicenter, quantitative study with cross-sectional and longitudinal components. Random sample, with 134 adults under hemodialysis for over a year, receiving treatment in a hospital and private clinics, in the northern region of the country.
After the translation of the original version and retroversion process, the Portuguese version of IPOS-renal was administered and the reliability, convergent validity with Short Form 36.v2 (SF-36.v2) and Edmonton Symptom Assessment System Revised (ESAS-r), and test-retest analyses were carried out. Significance value was 5%.

Results

The instrument presented temporal stability, with all items showing positive, moderate to strong, associations ($rs>0.68$) between the first and the second assessment, as well as a reasonable internal consistency ($\alpha=0.768$). Regarding convergent validity, positive, moderate to strong correlations and significant were found between items from IPOS-renal and corresponding items from ESAS-r (rs between 0.509 and 0.812, $p<0.001$). Negative significant associations were found between IPOS-

renal total score and composite measures concerning physical (rs=-0.678, p<0.001) and mental (rs=-0.784, p<0.001) quality of life, from SF-36.v2.

Conclusion/Application to practice

The questionnaire reveals to be a valid instrument to be used as a brief scale for the assessment of symptom and palliative needs, in patients with CKD under hemodialysis.
We suggest study replication with other populations of chronic renal patients and the validation of the professional version.

Disclosure of Interest

no

GREEN SESSION

Green Excellence in Dialysis Project highlights

Edita Noruisiene (Lithuania)

How to decrease environmental burden of dialysis?

Jitka Pancirova (Czech Republic)

Benefits of environmentally friendly technology in dialysis

Martin Meier, (Germany)

How to evaluate environmental performance of dialysis center

Xavier Hueso (Spain)

HAEMODIALYSIS SESSION

A survey on hemodialysis nurses´ experiences and opinions regarding venous needle dislodgement incident reporting

Tai Mooi Ho Wong

Background

The delivery of a safe and reliable care is an essential goal of current healthcare. Human error is inevitable, but it is possible to implement measures to prevent them from happening. The use of a checklist to identify potential risks and to report adverse events are recognised as helpful measures to protect patients from preventable harm. All patients on haemodialysis (HD) are exposed to the risk of venous needle dislodgement (VND) which is a potentially life-threatening event.

Objectives

The aims of the survey: 1) to find out if VND occurs during dialysis, to explore HD nurses' experiences of VND in HD and their views on VND incident reporting; 2) to use the survey results to develop a VND incident reporting tool.

Method

A cross-sectional exploratory survey was conducted online. An ad-hoc questionnaire was developed and translated into 20 languages. Participation in this survey was voluntary and anonymous. Descriptive statistics were used to analyse the data collected (SPSS version 25.0).

Results

A total of 387 HD nurses from 37 countries responded, 81% were female. The mean years of experience in HD was 18.40 ± 9.42. Of these nurses, 87% had seen VND in HD and 67% had experienced it in their patients. Reporting VND incidents to the medical staff and then noting them in the patients' record was the mostly used method. Only 35% of the surveyed nurses had VND incident reporting system at work; they were more prone to disagree that reporting should be anonymous than those without reporting system (chi-square test: $\chi 2 = 4.069$, $p = 0.044$. Odds ratio: 1.6; 95% [CI:1.04, 2.47]).

Conclusions

VND does occur during HD. The surveyed nurses recognised the potential of incident reporting for improving patient safety. The majority were in favour of an electronic and user-friendly VND incident reporting tool. Based on the survey results, we have designed and developed a VND risk-alert checklist for use at the start of HD treatment and a user-friendly incident reporting web-based App for HD units.

Virtual reality exercise during hemodialysis to improve health related quality of life: Randomized trial

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Background

Health-related quality of life (HRQoL) is low in patients undertaking hemodialysis.

Objectives

The objective of this study is to assess the effect of a non-immersive VR exercise program intradialysis on HRQoL.

Methods

This was a cross-randomized controlled trial. Participants were randomized in a control-RV group (CVR) or RV-control group (VRC). There were two consecutive periods of 12 weeks, one control and one exercise period. HRQoL (medical outcomes survey form SF36) was assessed at four-time points: baseline, 12, 24 and 36 weeks. Intradialysis exercise consisted of a video game adapted to dialysis, as a non-immersive VR game in which the patient must catch some objectives avoiding obstacles by moving the lower limbs. A mixed model of repeated measures was used to assess the effect of the intervention.

Results

47 subjects were included in the study, 22 subjects (median age 73.5 years; 13 males) in the CVR group and 25 subjects (median age 72 years, 15 males). The results showed a significant group per time interaction.

All three HRQoL parameters presented the same pattern. The VRC group showed a significant increase after the 12 weeks of exercise program (physical function 13.5; vitality 13.2; physical component scale 5.7). During the follow-up period, at 24 weeks, the group showed a significant decrease (physical function -18.2; vitality -13.5; physical component scale -5.9). The CVR group did not change during the first 12 weeks of no exercise but showed a significant increase at 24 weeks after the end of the exercise program (physical function 21.1; vitality 12.1; physical component scale 7.0). At 36 weeks, after 12 weeks of follow-up, participants presented a significant decrease (physical function -17.9; vitality -14.6; physical component scale -6.7).

Conclusion/Application to practice

A VR exercise program during hemodialysis improves health-related quality of life. The improvement is lost once the exercise program stops.

Disclosure of Interest

no

The effect of a home based exercise program in sarcopenic hemodialysis patients

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Background

Sarcopenia is a skeletal muscle disorder associated with adverse outcomes including falls, physical disability and mortality particularly in hemodialysis (HD) patients. Currently, progressive resistance training exercise has been shown a proven method to treat and prevent sarcopenia. Nevertheless, these findings are poorly investigated in HD patients since exercise programs are not widespread.

Objectives

To assess the effect of a home-based resistance exercise program (HBREP) on muscular strength, functional capacity and body composition in our hemodialysis patients with sarcopenia

Methods

A 12 weeks single-center prospective study. HD patients from our institution with sarcopenia diagnosis were enrolled in a HBREP. Demographical data, main biochemical and nutritional parameters, hand grip (HG) muscular strength, functional capacity tests, as well as body composition and sarcopenia severity were analized

Results

18 HD patients with sarcopenia (71.4% severe) were included (4 drop out).78.6% men. Mean age 74.7 years and 53.3 months on HD. Globally, a significant improvement was observed at the end of the study in relation to muscular strength (HG 19.9±6.1 vs 22.2±7.1 kg, p 0.001) and functional capacity tests (STS5 21.9±10.3 vs 17.2±9.9 sec, p 0.001; SPPB (6.9±2.3 vs 9.1±2.5 score, p 0.001 and

GS 0.8±0.1 vs 0.9±0.2 m/s, p 0.015). Likewise, higher total skeletal muscle mass (SMM, 14.3±2.8 vs 14.5±2.9 kg) and SMM index (SMM/height^2, 5.5±0.7 vs 5.7±0.9 Kg/m^2) were found at the end of the study, although these differences were not significant. Finally, 2 patients (14.8%) reverse the EWGSOP2 sarcopenia criteria and 3 (21.4%) enhanced their severe sarcopenia

Conclusion/Application to practice

A home-based resistance exercise program improves muscular strength, functional capacity and body composition in our sarcopenic hemodialysis patients.

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Disclosure of Interest

No

The “home prison hemodialysis” project in Milan: an unique experience in Italy

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Background

Since years, our Hospital has the responsibility of a unit of penitentiary medicine, which manages also hemodialysis patients. Originally, our unit received the detained patients, escorted from the prison to the hospital, and treated them under the security supervision of several police officers. It happened that there were maximum security inmates who, at every dialysis, were escorted by six highly armed policemen each. The presence of these agents caused discomfort to both the other patients and the medical and nursing staff.

Objectives

A project called "Home prison hemodialysis" was started in July 2018; the dialysis for the two high-surveillance prisoners was thus performed within the prison’s health building, in the presence of a single agent.

Methods

Nurses had to be provenly skilled for a comprehensive care for hemodialysis patients. During a run-in period, in which management protocols/procedures were shared with those of our hospital, all the activities started taking place in the absence of a Nephrologists. Nurses were also specifically trained for the management of patients subjected to high-surveillance detention, as particular

behavioral and relational precautions are essential. The care setting includes single security rooms, with a nurse present throughout the treatment period. Once monthly, the Nephrologist re-evaluates the patients, updates the treatment, and shares with the nursing coordinator all issues.

Results

The feasibility and safety of this approach, aimed at integrating the penitentiary structure with the hospital with a decentralized assistance, was tested using two indicators of performance: the number of adverse events reported in 12 months (about 310 dialyses), and costs. Notably no adverse events occurred, while in 1 year approximately 1,000,000 € were saved (considering that the cost of traveling to the hospital and of high-level surveillance for detained patients is close to € 500,000 per year).

Conclusion/Application to practice

"Home prison hemodialysis" is an easy way to save money and improve security.

References

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Disclosure of Interest

no

TRANSPLANTATION SESSION

Removal of Black Star JJ catheters after kidney transplant; a nursing task

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Background

I 2017, Department of Renal Medicine was contacted by kidney transplant surgeons because they wished to replace traditional JJ catheters with Black Star JJ catheters in kidney transplant procedures. Moreover, catheter removal should take place in the Renal Medicine Outpatient Clinic. The first Black Star JJ catheter was inserted in January 2018.

Objectives

To improve the follow-up of patients after kidney transplant at the Renal Medicine Outpatient Clinic. The catheter procedure (catheter circumference versus cystoscope circumference) is less invasive and thus cause less discomfort for the patient.
To decrease the numbers of visits at the Hospital

Methods
Implementation of nursing professional procedures concerning removal of Black Star JJ catheters after kidney transplant. Nurses were trained using peer-to-peer learning by product specialists concurrently with implementation.

Results
> 100 Black Star JJ catheters have been inserted.
> 70 Black Star JJ catheters have been removed by nurses at the Renal Medicine Outpatient Clinic. Remaining catheters have been removed surgically due to complications.
In the process, a number of different nursing procedures have been tested which have halved the number of complications related to removal. A guideline has now been made on the procedure.

Conclusion/Application to practice
> 70% of Black Star JJ catheters have been removed at the Renal Medicine Outpatient Clinic and the patient pathway is thus improved. It could be interesting to investigate the patient perspective on the procedure.

Disclosure of Interest
no

Burnout and self-efficacy in renal nurses
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Background
Healthcare institutions have increased their interest about repercussions of workloads on employees. As burnout is a complex phenomenon related to work environment, in haemodialysis context nurses face unique challenges, associated with chronic patients who require frequent, prolonged and complex healthcare. Self-efficacy plays an important role on nurses' response to chronic stress.

Objectives
- Evaluate the Burnout and Self-efficacy levels;
- Identify the relationship of study variables and their dimensions;
- Identify actions to reduce burnout.

Methods
A quantitative, exploratory and multicentre study carried out in a large dialysis network. An online questionnaire was created with:
- Shirom-Melamed Burnout Measure consisting of 14 items and three subscales (Physical fatigue, Cognitive weariness, Emotional exhaustion), through a Likert scale of 1-7;
- General Self-Efficacy Scale (from Schwarzer and Jerusalém) - self-report measure of self-efficacy;
- open question to identify burnout reduction actions.

For data analysis we used the Descriptive Statistics, Correlational Analysis and the Simple Regression Analysis.

Results
A sample of 320 nurses: 65.9% female, mean aged 35.5 (SD=9.40) years old; 94.7% Renal Nurses and 5.3% Head Nurses. Most participants (236) are in the company less than 10 years.

- There's a higher level of Self-efficacy mean 3.2 (SD=0.40; α=0.89) than Burnout mean 2.80 (SD=1.28; α=0.94);
- Physical fatigue has the highest score of Burnout dimensions (A=3.07; SD=1.49; α=0.91);
- Negatively, moderate correlation between burnout and self-efficacy (r=-0.477; p=0.036);
- Regression analysis shows that self-efficacy is predictive in 12% of burnout scores (r2=0.110; p<0.001).

Suggested measures by nurses to reduce burnout levels were: adequate working schedules (69%), implementation of wellness work programs (28.8%); leadership and team work (18.43%) and salary (14.70%).

Conclusion/Application to practice
Working environment on haemodialysis units should promote the health and safety of their nurses so that they can take care for their patients as best as they can. The results show that environments with well-defined positive practices guarantee workers' health wellbeing.

Disclosure of Interest
no

Managing Body Mass Index in recipients post kidney donation
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Background
The aim of the NP (Nurse practitioner) led clinics (NL) is to improve the quality of life of patients, improve long term graft survival outcomes, identify problematic lifestyle factors, to calculate and explain what BMI represents, discuss the long term risk factors with expected outcomes to improve graft and patients longevity and reduce CVD risks. The wellness clinic at FMC is run by the NP. A fundamental management program looks at strategies to improve patient wellbeing, identify poor medication adherence, measure and compare weight gains, malignancy screening (male and female), examines at-risk lifestyle behaviours, encourages exercise regimes, education for management of gastroenteritis symptoms, the use of appropriate pain relief, avoidance of over the counter and herbal medications post-transplant. The aim of the clinic is to target education about BMI awareness, diet and exercise; and to increase patient awareness of the risk factors associated with high BMI

Methods
A retrospective comparison of BMI at time of transplant, 1 year post-transplant and 2 years post-transplant was undertaken and BMI trends compared in patients in the NP led clinic at FMC, versus national ANZdata.

Conclusion/Application to practice
A trend towards a lower BMI was observed in the Tx patients at FMC attending the NP/NL clinic within the first 2 years post-transplant. Research findings to be discussed in presentation

Disclosure of Interest
no

Biological risk in nephrology: a qualitative study for an informed decision-making process

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Background
In nursing care the main concern is patient safety and the literature shows limited research on the safety of nurses in the workplace. Occupational exposure to blood and body fluids is a serious concern for hemodialysis nurses exposed daily to accidental contamination through the skin or mucous membranes. The most common infections include hepatitis, B, C and HIV, the average risk of infection is estimated at: hepatitis B 33.3% (1 in 3), hepatitis C 3.3% (1 in 30) and HIV 0.31 % (1 of 319). To protect patients and staff from potential infections, each hemodialysis unit must establish guidelines developed through a systematic review of literature and expert opinions

Objectives
The aim is to analyze the level of knowledge about biological contamination in dialysis nurses to contribute for a development of a prevention decision-making process.

Methods
Qualitative study with a structured interview during the national congress of the Italian Nursing Nephrology Society

Results
The sample included 123 nurses; the membership department mainly highlighted was hemodialysis with 105 operators. The analysis carried out on the responses concerning accidents with exposure to biological material and the presence of protective devices in the centers and services reports that 64 subjects (51.6%) suffered an injury with exposure to biological material. From the assessment of knowledge and training by the examined sample, it emerges that 71 subjects (57.30%) report that courses dedicated to the topic of biological risk are conducted in their company.

Conclusion/Application to practice
Increasingly complex and increasingly specialized patient care is the reason why all health professionals must be adequately informed in order to work in total safety. It is therefore necessary not only to guarantee all the aids adequate for safety during procedures at risk of biological contagion, but also to structure educational interventions and useful guidelines to develop prevention plans.

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Disclosure of Interest
no

HEALTHCARE PROFESSIONALS EDUCATION SESSION

Implementation of a haemodialysis Infection Prevention & Control Link Nurse Program across multiple countries

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Background
Haemodialysis patients are vulnerable to acquiring infection due to their weakened immune systems, frequent exposure to invasive procedures and hospitalization. Additionally in some Asia Pacific countries clinical staff had limited knowledge of Infection Prevention and Control (IPC) princples due to limited access to education. To minimize healthcare associated infections we implemented a successful IPC program through the introduction of a haemodialysis IPC Link nurse into each of our dialysis clinics across Asia Pacific countries.

Objectives
Our Australian dialysis clinics had implemented an effective haemodialysis IPC Link Nurse program which included hand hygiene auditing. The aim was to replicate this program across Asia Pacific countries and to decrease the risk of infections for patients. The objective is to adjust the program considering environmental, cultural and linguistic variances and to realize an IPC Link Nurse in each dialysis clinic across Asia Pacific countries

Methods
A three day education program was devised and piloted in Malaysia. Following the pilot program evaluation, a number of changes were made to improve participants understanding including the introduction of pre-reading material, pictorial presentations to overcome language barriers and Key performance indicators.
The education program included principles of IPC and Hand Hygiene, aseptic technique, environmental cleaning and the use of various auditing tools.

Results
The haemodialysis IPC Link nurse program has successfully been implemented into nine countries across Asia Pacific.
The IPC education program has been translated into 4 languages and is sustained within each country through the introduction of an IPC country responsible trainer.
Hand Hygiene compliance has continued to improve across each country along with environmental cleaning, patient education and personal protective equipment compliance.

Conclusion/Application to practice
The IPC Link nurse program improved awareness and compliance with hand hygiene actions of both staff and patients. Additional benefits were improvements in general IPC processes in our haemodialysis clinics.

Disclosure of Interest
no

Shared haemodialysis care nurse training: key factors in the development of effective local curriculums

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Background
A paternalistic approach to care can be disabling for patients commencing long term haemodialysis treatment. There is strong evidence that supporting patients in self-management improves health outcomes and our experience is that it increases independence and self-efficacy.

Methods
Working in partnership with patients using a facilitative model of care requires structured staff training to effect behavioural and cultural change [1]. Experience of 8 years delivering shared haemodialysis care staff training covering 11 of 12 regions across the UK has provided valuable experiential learning culminating in refinement of optimal methods of knowledge transfer and assessment.

Results
Evidenced identified components that change mind sets include: contextualisation using patients to provide personal experience of effect; peer to peer transfer of knowledge and experience; effective communication training using styles to support self-efficacy; and resources to provide direction and measurement of change. Use of the Kirkpatrick model of evaluation [2] in the design of the curriculum has been instrumental in achieving a higher level of assessment and has increased the validity of measurement of change. Using this accrued evidence together with the Kirkpatrick model provides a structured quality approach to adaptation and design of local curriculums.
Demand for training has increased from 21 to 34 Trusts in three years with growing interest worldwide to learn from our experience. Commercial companies have embraced the shared care philosophy and are working with the NHS to provide equal opportunities for their patients. It is therefore important that best practice lessons are disseminated to enable growth and development of shared care training both in the UK and abroad.

Conclusion/Application to practice

Understanding the complexity of, and incorporating proven strategies to effect, behavioural change are essential when embarking on a shared care curriculum. This approach will maximise the effectiveness of training, deliver sustained cultural change and provide return on investment.

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Disclosure of Interest

no

Safe care requires skills improvement in emergency situations: a management standpoint

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Background

In dialysis units, emergency situations (ES) are moments of great stress and insecurity for the healthcare team (HCT). How the team responds and manages these incidents can have direct implications in the outcome for the patients.
Management staff should be sensitive to the ES and intervene by providing strength and skills to the dialysis teams, enabling them to act safely and more effectively, thus improving overall performance and outcomes.

Objectives

- To familiarize HCT with emergency equipment and supplies.
- To regularly train emergency procedures.

Methods

In the genesis of this project, started in 2019, difficulties expressed by the HCT in managing ES and observation itself came into consideration.
Dedicated trainings were created with the medical staff, including theoretical and practical content, refreshed every 6 months:

- identification of all emergency trolley components;
- workflows during ES;
- handling the defibrillator;
- emergency medication;
- case studies with the electrocardiograph;
- promoting a reporting culture.

With the help of the Pharmaceutical Department, quick-reference forms on emergency medication were created, considering their mode of administration, incompatibility and major side effects.

Results

The project started during February 2019 with the first training sessions, later refreshed in September, with a total of 6 hours training, enrolling 26 employees. The HCT became much more comfortable dealing with ES. Some of the testimonies of the trainees:

- "Prepares the team better for less experienced situations";
- "Very important for familiarization with existing materials";
- "It allowed to define the role of each one in ES in the dialysis room".

Conclusion/Application to practice

This is an ongoing improvement processes optimization project. For the next steps, improved emergency simulations will take place, with workshops and assessment movies. The HCT became much more comfortable and workflows are more internalized.
This is one example where the Head Nurses have a very important role in helping the HCT cope with daily hurdles in a dialysis unit.

Disclosure of Interest

no

ROUND TABLE SESSION - PERITONEAL DIALYSIS CATHETER - IMPLEMENTATION, MAINTENANCE AND NURSE BEST PRACTICES

Learning Objectives:

- Promote peritoneal dialysis among nephrology nurses;
- Share experiences and information about best practices to implementation, maintenance and survival of PD Catheters;
- Update knowledge about nursing best practices to exit-site care;

Overview of implementation techniques and pre-operative care: ISPD recommendations

Ana Elisabeth Figueiredo
Pontifícia Universidade Católica do Rio Grande do Sul, Porto Alegre, Brazil

PD Catheter related problems: How do we optimize catheter survival?

Sanne Borremans
Peritonal dialysis group at Bravis Hospital, Netherlands

Nurse best practices to exit-site care

Cristiana Sarmento
CHUP, Porto, Portugal

ETHICAL, SOCIAL AND PSYCHOLOGICAL IMPACT SESSION

Comparison between the prognosis of intradialytic hypotension after administering saline versus administering online solution

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Background

Intradialytic hypotension (IDH) remains a common problem in hemodialysis (HD) patients. Their prognosis differs according to many factors. Symptomatic IDH requires the administration of intravenous (IV) fluid but the optimal and adequate fluid type remains unknown.

Objectives

To identify if there are different effects between administering saline solution versus online solution (onlineS.) during IDH.

Methods

This is a randomized descriptive correlation study performed in one center in north of Lebanon from 10/10/2019 till 18/11/2019. The cases were tracked randomly according to the hypotension incident and other specific criteria.

The treated IDH depended on the following:

- Clinical symptoms: IDH, Fatigue, dizziness, nausea, drowsiness, vomiting, cramps, & headaches;
- The distribution of patients who receive saline and those who receive onlineS depends on a previous medical order.

Specific collective data sheets were used including the following parameters:

- Ultrafiltration (UF) goal.
- Amount and type of fluid administered.
- Blood pressure before and after administering fluid.
- Time taken to recover from symptoms of hypotension.
- Total ultra-filtration achieved at the end of session.

Status of the patient after treatment.

Results

26 patients were enrolled, mean age 55,62±20,52 years. 26 IDH episodes were tracked out of 1739 HD sessions. In 57.7% saline solution was administered versus 42.3% onlineS.

The average saline volume given during IDH was 266.67±91.94mL versus 302.73±190.22mL onlineS. (Mann-Whitney=75; p=0.689)

When comparing saline *versus* onlineS:

- systolic blood pressure after hypotension: 106.4 ±27.03mmHg versus 90.09 ±12.68mmHg;
- achieved UF goal: 20% versus 64%;

average UF goal: 3,318 ±1,013mL versus 3,686 ±1,124.9mL.

Conclusion/Application to practice

The sample size was small but results showed that saline solution might have a quick effect, but onlineS had more sustainable effect over the whole session. At the same time, more patients

achieved the UF goal when using onlineS. Nursing role in the treatment of IDH is crucial in preventing other late events.

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Disclosure of Interest
no

Renal psychosocial staffing ratios significantly predict distress in UK haemodialysis patients

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Background
Internationally, whilst calls for collaborative renal care models are increasing, large variations in the availability and type of renal psychosocial care have been reported across and within countries[1]. In the UK, a general renal psychosocial care model is lacking, reflecting a dearth of empirical studies on the delivery of these services that can inform evidence-based staffing standards and regulations[2].

Methods
This cross-sectional survey study is the first to examine in-centre haemodialysis patients' distress (as measured with the Distress Thermometer) and perceived need for support across seven main renal units with varying workforce models of psychosocial service provision, in England, Wales and Scotland.

Results
48.9% (95% Confidence Interval (CI): 44.5 – 53.4) of respondents were categorised as experiencing distress. A significant association between distress and models of renal psychosocial service provision was found ($\chi^2(6)=15.05$, $p = .019$). Multivariate logistic regression showed that patients in units with higher total psychosocial staffing ratios [odds ratio (OR) 0.65 (95% CI 0.47-0.89); p=0.008] and specifically higher social work ratios [OR 0.49 (95% CI 0.33-0.74; p=0.001) are less likely to experience distress, even after controlling for demographic variables. In addition, a higher patient-reported unmet need for support was found in units where psychosocial staffing numbers are low or non-existent ($\chi^2(6)= 37.80$, $p<0.0001$).

Conclusion/Application to practice
The novel findings emphasise a need for increased incorporation of dedicated renal psychosocial staff into the renal care pathway. Importantly, these members of staff should be able to offer support for psychological as well as practical and social care related issues.

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Disclosure of Interest
yes

Happiness and Chronic Kidney Disease

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Background
Happiness is a personal and subjective construct. The well-being represents the individual appraisement of their quality of life and comprises affective and cognitive assessments of life satisfaction. Considering that the study population is elderly and debilitated, to what extent can we, nurses, contribute to their well-being and happiness?

Objectives
Identify factors that contribute to the happiness of patients with chronic kidney disease in haemodialysis.

Methods
This is a descriptive and correlational study. The Subjective Happiness Scale and the Karnofsky Performance Status Scale were applied to a sample of 51 patients with chronic Kidney disease in haemodialysis.

Results
Of the 51 participants in this study, 32 (62.7%) were male, 40 (78.4%) retired, 37 (72.5%) were married, the remaining were single, divorced or widowed. Mean age 63.16 (SD=13.12) years and average HD vintage 68.2 (SD=57.38) months.
The results showed that, on average, male, divorced and more educated patients are happier. By contrast, as people get older, they are less happy. The unemployed patients and with longer HD vintage are the unhappiest. The results also showed that there is a positive and significant correlation (r=0.336, p=0.016) between the Subjective Happiness Scale and the Karnofsky Performance Status Scale, meaning the higher the performance the greater the happiness. Married patients under the age of 50 perform best on the Karnofsky scale, but they are not the happiest. Men, employees, and those with the highest education perform better and are happier.

Conclusion/Application to practice
Nursing interventions are mainly directed to complications that occur most frequently such as pain, fatigue, cramps, oedema and dyspnoea. However, it is also important to look to the psychological

issues in order to increase well-being and happiness, promoting the rehabilitation and improving the quality of life of patients with chronic kidney disease in haemodialysis.

Disclosure of Interest
no

"Working while on dialysis": Exploring unmet needs of active workers with end-stage renal disease

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Background
An individual's ability to remain active in a professional activity is not only associated with economic benefits, but also with a sense of value, meaning, achievement, and maintenance of social relationships. However, for patients with end stage renal disease, this can be extremely challenging due to strict hemodialysis regimens, side effects and healthcare requirements.

Objectives
This study aimed to explore the needs of patients working full time while undergoing hemodialysis.

Methods
A qualitative exploratory study was conducted with a purposive sample. Semi-structured face-to-face interviews were conducted with 7 patients (6 males) undergoing hemodialysis for 62.29 (±86.67) months. Patients were 49.29±8.6 years old. The interviews were digitally audio-recorded, transcribed verbatim, and submitted to content analysis by two independent researchers.

Results
Ten major unmet needs arose. Working patients need to (i) acquire more disease-related knowledge (n=4); (ii) better comprehend online hemodiafiltration and its benefits (n=2); (iii) acquire more information about renal transplantation (n=3); (iv) better understand the amount of effort they can perform at work due to their vascular access (n=4); (v) increase their knowledge about the advances in nephrological biomedicine (n=2); (vi) get advice from a nutritionist on how to get proper meals during working hours (n=4); (vii) be allocated to a dialysis shift that reconciles work and treatment (n=4); (viii) share experiences and actively engage with other patients (n=2); (ix) improve communication with health professionals (n=3); (x) and receive psychosocial support (n=2).

Conclusion/Application to practice

Findings suggest that working patients have several unmet needs. Future educational and supportive interventions should be taken by dialysis care settings to reduce the burden of reconciling full-time employment with renal replacement therapy.

Disclosure of Interest
no

VASCULAR ACCESS & PERITONEAL DIALYSIS SESSION

Arm exercise and Arteriovenous Fistula Maturation – we still have a way to improve

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Background
When an arteriovenous fistula (AVF) is created, a continuous flow from the artery to the vein initiates a cascade of changes, achieving most of the increase inflow and vein diameter within 8 weeks of vascular access (VA) creation. Previous studies concluded that hand-arm exercise significantly improved outflow, vein dilatation and increased VA flow.

Objectives
To describe the clinical practices of the dialysis staff in respect to exercise to promote AVF maturation.

Methods
We developed a cross sectional study using an on-line survey, composed of 3 sections (Exercises; Maturation and Cannulation; Vascular Access Monitoring) to nurses and physicians of four hemodialysis units, focusing on their recommendations about exercise and AVF maturation.

Results
With a participation rate of 66%, our sample included 75 healthcare professionals of which 76% were nurses. Mean age and dialysis experience were 42.2±13.4 and 13.8±10.5 years respectively. In relation to exercises to promote AVF maturation, 98.7% think this is important and 96% state that they already recommend it. Nevertheless, only 67% recommend specific exercises to their patients. Moreover, in those that prescribe specific exercises, 58.7% do not take into consideration AVF location. The most recommended exercises were: hand grip (86.7%) and wrist curl (42.7%). Despite most of the health care professionals (97.3%) agreeing with the implementation of a structured exercise programme we observed differences between nurses and physicians (t:314.500; p=0.006). The most reported benefit was the potential to increase vein diameter (81.3%).

Conclusion/Application to practice
Despite the great majority of the sample agree with the importance of exercise to promote AVF maturation, exercise recommendations are ambiguous and with no relation to AVF location. Clinical implementation of structured exercise programme is needed to promote AVF maturation outcomes.

Disclosure of Interest
no

Vascular access type and physical activity. What is correlation?

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Background
Hemodialysis prolongs life in patients with end stage renal disease, however this therapy requires an adequate functioning vascular access (VA). The type of VA has direct impact on patient quality of life and health related outcomes.

Objectives
To assess the vascular access type and the physical activity free in a prevalent hemodialysis patients.

Methods
During 2019 was analyzed the data of 4071 prevalent hemodialysis patients at 27 units in the Romania. Average age 61.4 yrs. (18.0 – 97.0); 57% male, 61,4 months on dialysis (0 – 398). 69% of the patients had an arteriovenous fistula (AVF) has primary vascular access (VA), 1% an arteriovenous graft (AVG), 28% a tunneled catheter and 2% a Non-tunneled catheter. Physical activity was reported into categories such as none, irregular, once a week, more than once a week and daily.

Results
67% of the patient with an AVF/G reported physical activity: 46% regular and 21% irregular physical activity. 51% of the patient with a central venous catheter reported none physical activity and only 11 % are having regular physical activities. From our analysis, there was a strong significant connection and correlation between the VA type and physical activity ($p<0,001$).

Conclusion/Application to practice
Overall, high level of physical activity were observed in patients with an AVF/G. The presence of an AVF/G was not a barrier for the majority of patients and did not affect a regular physical activity. The prevalence of a central venous catheter has a high impact on morbidity and mortality rates, and from our analysis in the physical activity, as well. Our finding would be included in our patient education programs and will be used to encourage patient with a CVC to have an AVF/G when clinically recommended and to suggest different types of phiysical activities for patients with CVC.

Disclosure of Interest
no

A randomized controlled trial comparing MuST with rope ladder and buttonhole cannulation techniques

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Background

Nowadays it's well stablished that the cannulation technique (CT) has serious implications on the survival of the vascular access (VA), preventing injury, haematoma or intimal damage, that could lead to stenosis and thrombosis. Today's recommendations for the arteriovenous (AVF) cannulation procedures are non-consensual. The buttonhole (BH) needling is postulated to have some benefits compared to rope-ladder (RL), with reduction in haematoma's incidents, but is associated with increased infection rates.

Considering all aspects, a new CT has been developed: Multiple Single Cannulation Technique (MuST).

Objectives

To compare AVF complications between MuST, RL and BH.

Methods

Multicentre, prospective, randomized controlled trial having new AVF after maturation as inclusion criteria.

Study was conducted for 3 years and each patient had one year of follow-up period. For RL cannulation orientation diagrams were created. The cannulation sites selected for MuST were marked with dermographic pen and the nursing team received dedicated training.

Results

172 patients were enrolled from 18 dialysis clinics, mean age of 67.73 SD=1.08 years, 134 (77.9%) were men.

Most common reason for angiography referral:

- decrease in AVF blood flow:
  10 (17.5%) for patients on BH;
  4 (6.8%) on MuST;
  2 (3.6%) on RL;

Most common reason for surgery referral:

- distal limb ischemia (2.3%) and thrombosis (1.7%):
  2 cases with BH;
  1 in MuST.

42 (24.4%) of patients left the study before completing 12 months. The main causes of abandonment were death 10 (5.8%) and cannulation difficulty 9 (5.2%), 5 (2.9%) patients using BH versus 4 (2.3%) in RL.

Conclusion/Application to practice

Study showed that BH had more VA dysfunctions referrals and abandonment due to cannulation difficulty in cannulation with blunt needles.

AVF dysfunction referrals between MuST versus RL were similar. MuST was accepted as a valid CT and no dropouts were observed.

Disclosure of Interest

no

Pediatric Peritoneal Dialysis in Qatar- Role of the nurse coordinator in a multi-cultural environment

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Background

Peritoneal Dialysis is the treatment of choice for the pediatric population with end stage kidney disease. In Qatar, the biggest challenge is embracing the patient's diverse cultures, beliefs, languages and introducing them a unique model of care that fits all. Since 2018, the PD nurse coordinator lead a program that oversees patient/family training, staff education, monthly follow-up consults, quality metrics (including peritonitis rates) and adequacy parameters.

Objectives

To present an overview of the PD nurse coordinator role in the model of care adopted for a pediatric dialysis unit in Qatar.

Methods

Using ISPD guidelines, the team developed a program that starts from the outpatient clinic visits to the day the patient/family can independently perform PD and ends with the patient receiving a kidney transplant. The PD coordinator is the point of contact for patients on PD and assesses them for adequacy (labs, effluent/urine sample), consumable needs, dietician review, transplant workup, exit-site surveillance and possible complications on a monthly basis after the initial training is completed. The education is structured, individualized and covers the knowledge and the skills related to the treatment and is reassessed monthly.

Results

In two years, the PD program had over 15 patients on chronic PD, 5 successful transplants were performed. All patients received Automated PD (CCPD modality), age range 1-16 years old, 5 had gastrostomy tubes and 1 had bilateral ureterostomies. The peritonitis rate per year was 0.19 (1:62 per patient month). Having a standardized training method provided by multi-lingual staff has proven to be effective with patient and family commitment and adherence.

Conclusion/Application to practice

With the implementation of the above strategies we achieved peritonitis rate outcomes that are far below the international standards despite having a high risk population. This program has significantly improved patient outcomes. Evidence-based practice and continuous patient/family and staff education will remain priorities throughout this program.

Disclosure of Interest

no

Evaluating treatment and medication adherence in patients receiving Peritoneal Dialysis (PD) in Crete, Greece

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Background
Peritoneal Dialysis (PD) therapy requires high patient adherence to the procedures relating to PD and the new lifestyle, and increased attention to hygiene. Non-adherence is an important factor for a negative disease outcome. Different studies around the globe have showed a wide range of non-adherence rates from 2.6% to 53% in the application and 3.9% - 85% in the medical treatment. However, no data are available about adherence in PD patients in Greece.

Objectives
To investigate the level of adherence in medication and treatment application protocols of the patients that attend at least for 3 months the two PD units of Crete, Greece.

Methods
A cross-sectional study including 52 PD patients (response rate 96.3%), 14 on CAPD and 38 on APD. Patients completed various scales and the four-item 'Morisky, Green and Levine Adherence Scale', and self-reported PD procedures during December 2018 – May 2019. Objective adherence data were also collected.

Results
Although the mean self-reported scores indicated a high level of adherence in PD therapy, 32.7% of patients reported non-adherence. However, significant differences were recorded between self-reported adherence and objective exchange data. Regarding medication, 50% of patients were nonadherence due to forgetfulness, while 36.5% admitted intentional nonadherence.

Conclusion/Application to practice
This is the first study to document PD treatment adherence in Greece and it's necessary to be expanded. Findings warrant intervention programs to enhance adherence to medications and PD treatments.

Disclosure of Interest
no

JOINT SESSION WITH EUROPEAN REFERENCE NETWORK -TRANSPLANT-CHILD

How to improve adherence to treatment in paediatric renal transplants? The nurse perspective
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Family health education program after pediatric transplantation
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