

P365

P365 -Virtual Home Haemodialysis Review Tool (VH2RT): A Framework For Managing a Large Home Haemodialysis Programme

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There has been an important focus on increasing the number of prevalent RRT patients on home therapies within the UK in recent years. Whilst programme growth is important, the provision of safe and effective care for this patient group should also be prioritised and a paucity of guidance and data within this area exists. In comparison to hospital-based treatment, HHD patients have infrequent interactions with clinical staff and this patient group can be viewed as a “hidden” haemodialysis unit. In the absence of frequent staff interactions, there is potential for adverse events and gaps in care in the form of suboptimal transitional care following hospital admissions, vascular access complications, infection episodes and suboptimal blood pressure and volume management as well as poor patient experience.

Objectives

Our objective was to enhance patient care and retention in our HHD programme through implementing a home dialysis virtual ward review tool impacting on the following domains:

- Improving HHD programme retention through more proactive patient care
- Reduce adverse events, admissions and readmissions within this patient group
- Earlier detection and management of vascular access complications and sepsis
- Efficient and focused community care stratified to patient need and urgency
- Reduce time to attain clinical targets e.g blood pressure and volume status
- Improve communication within MDT team for clinical reviews

Methods

An electronic framework for discussing our HHD patients was developed and implemented in November 2016. The framework is utilised within a new weekly meeting held after the HHD clinic and is attended by both physicians and MDT community staff. Patients are discussed using the framework across 6 discrete sections.

During the meeting, patients are highlighted during each section of the framework and management plans are developed and followed up. Additional community visits or physician clinical reviews can be arranged as well as admission to the training unit for either respite or re-training. This would be followed up telephone calls to specific patients as required.

Results

As of Jan 2019, our HHD programme consists of 94 self-caring patients who are independent on hemodialysis, with a 35% growth in the programme in past 3 yrs. Over a 12 month period (2018), 25 patients were identified with vascular access issues, 30 patients of concern were identified, there were 13 “admissions” to the virtual ward, 26 hospital admissions and discharges were discussed with follow up

action plans and 8 patients with dual vascular access were highlighted using the VH2RT. The tool has received extremely positive feedback from MDT team members. The data presented will include 3 yr hospitalisation, re-admission and drop-out rates in the cohort.

Conclusion

A structured framework in the form of a weekly VH2RT can be successfully implemented within an NHS HHD cohort to support patients, improve retention and care delivery. The tool has highlighted important care gaps, interventions and issues that could be systematically captured and actioned to deliver efficient but complex care in HHD patients. VH2RT intervention can support a shift from hospital-centric HD to growth and retention in home haemodialysis.