



Haemodialysis patients' and nurses' perceived barriers to home based therapy

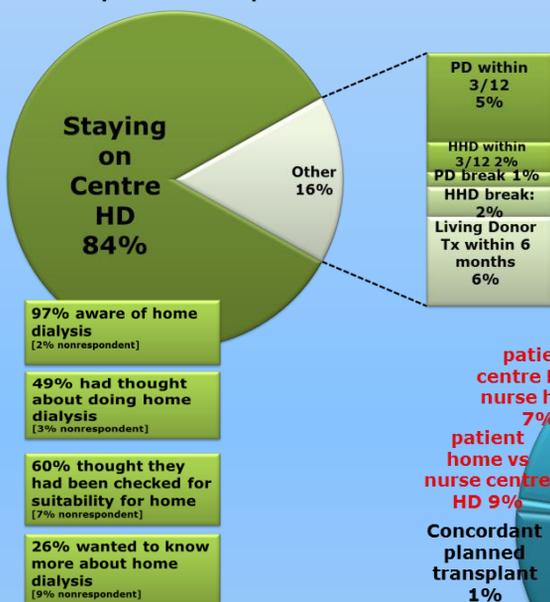
Mullan A W F, Saweirs W, Harvey-Jack L. Whangarei Renal Unit, NZ.

Introduction: Home dialysis has been shown to improve quality of life (Marshall et al, 2011; Mowatt et al, 2004) however its uptake has been declining in Northland over the last ten years to a nadir of 28.6% of prevalent dialysis patients by August 2019. The reasons for this are multi-factorial including clinical (increasing co-morbidity), operational (pre-dialysis education), policy (financial reimbursement) and societal (patient and carer support networks). Some of these factors are very real, whilst others are perceived and we sought to better understand this by surveying all prevalent hospital HD patients and, independently, their primary nurse with the aim of understanding the prevailing concerns with a view to increasing the uptake of home dialysis.

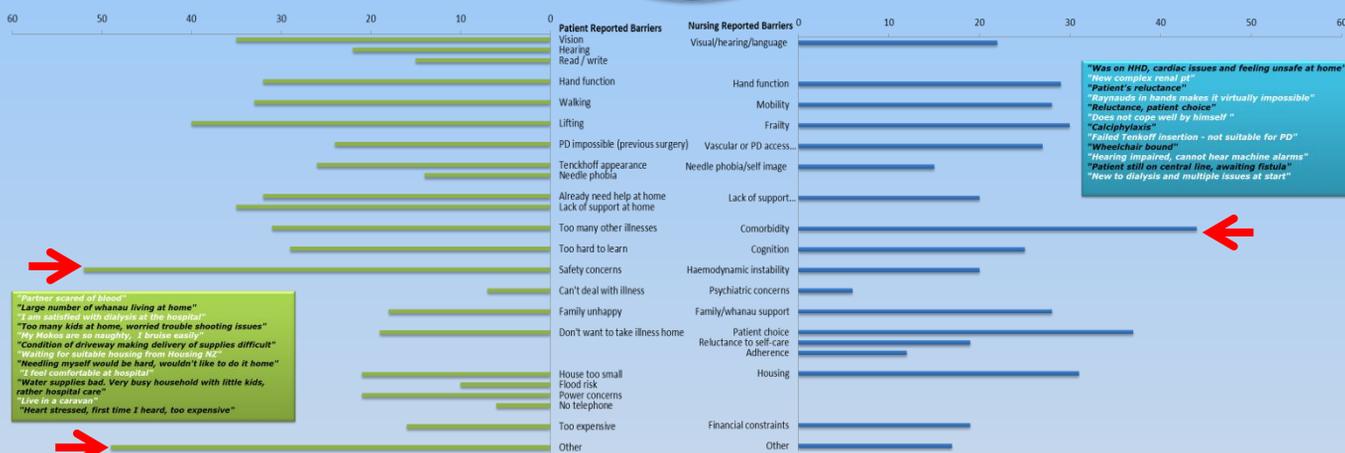
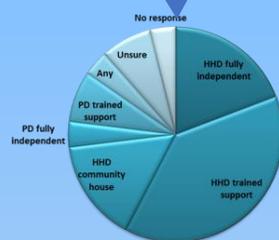
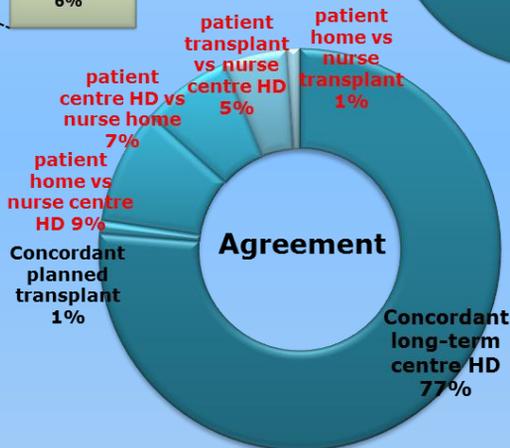
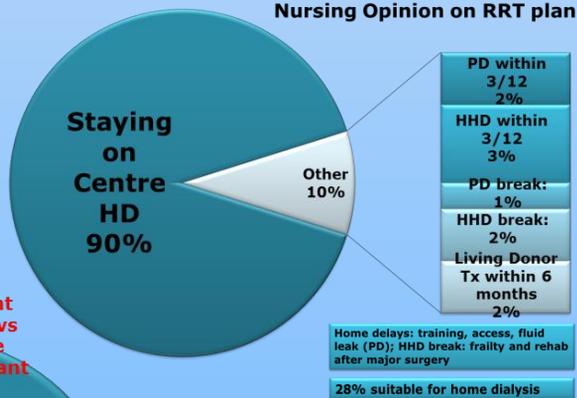
Methods: Surveys were delivered electronically (Survey Monkey®) or by paper equivalent and collated independently by the hospital quality unit before being analysed by AM & WS. Topics included: understanding the long-term dialysis plan, awareness and consideration of home dialysis, potential barriers, openness to and suitability for home dialysis.

Results: 112 pairs of patient and nurse responses were obtained from a centre HD population of 122; 15 were incomplete leaving 97 responses for full analysis (39% satellite, 61% main unit).

Patient Opinion on RRT plan



Nursing Opinion on RRT plan



Results summary: In the majority of patients who self-identified as remaining on long-term centre HD, nursing staff agreed. When home dialysis was considered as the plan, the concordance was poor with no instances of agreement between the patient and nursing staff. Patient awareness of home therapy was almost universal, however, 40% thought they had not been checked for suitability, similar to 45% of nursing responses. Concern about safety was the commonest patient reported barrier, with comorbidity most frequently reported by nurses. Patients were more likely to cite other barriers with social, financial and safety issues dominant compared to medical barriers listed by nurses. Similar numbers of patients were interested to know more about home dialysis and identified by nurses as suitable (although the concordance on a patient to patient basis was poor). Nursing staff rarely recommended PD, preferring supported home HD including the use of a community house, rather than full independence at home.

Conclusions and proposals to enhance uptake of home therapy: Our survey suggests poorer than expected communication to the patient and within the MDT about home dialysis assessment and planning. Perceived barriers potentially amenable to redress at pre-dialysis education were identified, however a large burden of societal and comorbid issues will be more challenging to address. Dialysis education is a process that continues beyond the start of renal replacement and this survey highlights the need to keep the patient and MDT updated with the overall plan, including HD nurses. We propose formally assessing and documenting home dialysis planning at dialysis review appointments. We intend to use our new IT system (Renal Reality®) to help identify where the patient is on their dialysis planning journey, allowing better engagement with the patient and MDT, and focusing more effectively on overcoming perceived barriers to home dialysis.