

The Grace of Empowerment

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Background

The realisation of CKD reaching end stage and the need for intervention in the form of a RRT can be distressing and frightening. There are many structures in place and supports that can be offered to assist those diagnosed with CKD to transition through the stages of progressive kidney disease. CKD educators/Nurse Practitioners, extensive multimedia education resources, patient forums, support groups and formal social and psychological services. Despite the many resources available some individuals will have challenges in navigating the changes to their physical and psychological wellbeing.

This is a case review of a patient who after many years on haemodialysis and a growing sense of disempowerment overcame the odds to train and successfully dialyse at home.

Challenge

To manage the situation EH Guideline # 3218 *Occupational Violence and Aggression Post-Incident Support, Reporting and Management* was enacted to identify post incident process for staff support, reporting requirements and management. A contract was employed to establish clear expectations of acceptable and unacceptable behaviour for Mr. H while attending EH facilities while also providing him with an agreed plan for communication of his care and escalation if required.

Mr. H breached the contract within 1 week! He was relocated initially to the acute HD unit to break the cycle and create a cooling off period while determining a long term plan.

A multi-disciplinary approach was taken to initially de-escalate, find the root cause and create a plan to improve Mr. H's overall health, dialysis regimen and quality of life.

Patients First

"I include the patient in all aspects of their care, seeking their input, keeping them informed and involved in regular communication"

"I take the time to get to know our patients and what matters to them"

Eastern Health Strategic Plan 2017-2022

Regular consultation over several months uncovered contributing factors to rising frustrations and identified his desire to attempt haemodialysis at home.

Contributing factors:

- Rural residence in a high risk bushfire zone
- Non-English speaking wife who is unable to drive
- Lack of family support (estranged from 2 sons)
- He is a proud man who dislikes being assisted and needs to be in control

Conclusions

Despite many barriers to dialysing at home including limited mobility, isolation in a high-risk bushfire zone, a non-English speaking partner and regular power outages, Mr H and the EH Home Dialysis Team pushed on with training and after 3 months Mr H had his first independent run at home. He has been dialysing independently at home for 11 months and with control over his diet/fluid intake, weight gain and dialysis hours he is experiencing a greater sense of purpose, increased time at home with his wife, improved level of trust in the healthcare professionals that assist him to improve his health state and a greater quality of life.

Acknowledgments

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Investigations

Agility

- Renal Operations manager met with Mr. H each dialysis run to work through issues arising and negotiate his next location for dialysis.
- Larger satellite unit selected due to larger pool of staff, acceptable distance from Mr. H's home and escalation capabilities (code grey).
- Dialysis staff provided training in conducting difficult conversations, de-escalation techniques and familiarised with Guideline #3218.
- Mr. H was asked to provide a list of requests to make his transition easier. He provided a list of ten including proximity to scales, carpark, bathroom, request for a bed rather than chair. 9 of 10 were accommodated.

Eastern Health Values



Results

Respect & Kindness

Mr. H started his dialysis at the new satellite with a clean slate. He was treated with respect and the opportunity for a fresh start with a clear escalation plan (within Nursing structure). Mr. H settled in well to his new unit with no complaints from either him or the staff. The weekly meetings continued with the operations manager and the unit NUM. During these meetings Mr. H expressed interest in learning to dialyse himself at home. Despite initial concerns, an equitable approach to offering him the opportunity was agreed upon.

Excellence

The Home Dialysis team were briefed and there were 7 steps to his assessment for suitability:

1. Initial introduction – information provided
2. Follow up consultation (questions answered)
3. Assessment (Nursing)
4. Home Visit (Nursing - 2 person)
5. Expectations (Nephrologist and NUM)
6. Medical Assessment – Box Hill outpatient clinic
7. Repeat Medical Assessment – Home Dialysis Unit

Humility

During 3 months of HHD training Mr. H was provided with supports to overcome his barriers:

- Non-urgent patient transport
- Consultation to prepare his property/driveway for stock deliveries
- Flexibility with time limitations for training
- HD chair provided at home (not current EH practice)
- Acceptance of input/feedback re training manuals

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