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P183 -ShareHD: Integrating co-production into standard unit practice

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Introduction

The Shared Haemodialysis Care (ShareHD) initiative is a Health Foundation funded study (chief investigator Professor M Wilkie); it's goal is to provide people on in-centre haemodialysis (HD) the opportunity to participate in aspects of their treatment. For patients with chronic illness, there is considerable evidence that increased engagement and self-management are associated with improved outcomes. Our unit joined phase 3 of the study.

HD is provided for approximately 160 patients. The culture was nurse-led provision of HD with limited patient involvement. Our aim was to embed ShareHD care; encourage and support all patients to participate in their care and thus improve their outcomes.

Method

Staff focus groups: provided education regarding the advantages of ShareHD. They were a forum for discussing ideas and concerns, and gaining consensus on the best way to start the project.

ShareHD champions identified including lead nephrologist, HD unit manager, staff nurses, dialysis assistants, a home therapies nurse, and patient representatives. The team meet monthly to identify successes and challenges and agree the goals for the month ahead.

Patient engagement: Initially face-to-face interviews were conducted to establish baseline patient engagement and wishes for future involvement in their care. All patients were given an information leaflet about ShareHD.

Launch: the initiative officially launched September 4, 2018. Posters were displayed, food and gifts provided. The gifts included practical items to help patients with ShareHD, e.g. pens, cup to measure fluid intake. Task lists are filed in all charts with documentation of progress: the basic task list includes e.g. checking temperature, the more advanced task list includes e.g. lining the HD machine.

Monitoring: the proportion of patients performing 1+ tasks and 5+ tasks is audited monthly.

Results

At baseline, 18% (31/176) patient were performing 1+ HD-related task and no patients 5+ tasks. By the end of November 2018, 29% (46/158) were performing 1+ task and 18% (28/158) 5+ tasks (see figure). In December 2018, a traffic light system was introduced to facilitate audit and help identify where patients were on their ShareHD journey. A sticker is placed on the front of each HD chart: Red = not currently interested, Yellow = independent with 1-5 tasks, Green = independent with 5+ tasks. When a patient is carrying out all but one task (e.g. inserting needles) they are awarded a silver star; when fully independent a gold star.

Patient feedback: "It is so lovely to be able to do something for yourself". "Shared care has given me back some control". "A feeling of self-esteem".

Staff feedback: "Initially I was apprehensive, but now realise that short-term disruption has led to long term benefit". "The unit culture has changed to 'can-do'".

Conclusion

ShareHD has been successful at increasing patient involvement in their HD care. Education about the benefits of ShareHD and enthusiastic multidisciplinary champions have been the key to changing the unit culture. Our goal is to maintain and grow ShareHD embedding co-production into standard unit practice.