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P257 -The use of a Trigger Tool to detect harm during Haemodialysis: A prospective data review.

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It has been suggested there is a culture on Haemodialysis (HD) units that harm occurring to patients whilst being treated, is an acceptable part of the process. There is also limited documentation of these harms unless they are seen as a critical incident and reported as such.

An NHS Trust developed an adapted trigger tool to highlight harms caused during HD to use in a retrospective study. With their permission we have further adapted the trigger tool and utilised it within a satellite dialysis unit setting. Live data was collected to obtain a real time review of our patients and the harms to which they were subjected during treatment. This gave an accurate record of the harm occurring to patients and the frequency.

Data was collected from 856 HD treatments over a 6 month period. The treatments were randomly selected by the nurse performing the trigger tool that day. Five Registered nurses were given detailed training on how to use the trigger tool. The number of nurses trained to complete the trigger tool was restricted in order that thorough training could be given, but sufficient nurses were trained in order application of the trigger tool was not too onerous for trained staff.

The Online survey tool was used to collect data. The trigger tool was split into five categories; medical conditions, vascular access, treatment related, medication and blood tests. Each trigger was then rated as no harm, harm requiring intervention, harm requiring hospitalisation, permanent harm, patient requires life sustaining treatment and contributed to death. The survey tool was completed at the end of a dialysis session on a random selection of HD treatments. HD treatments were selected at the start of the day by the nurse completing the tool. This pre-selection avoided over selection of the treatments which had resulted in harm. The data was collected from May 2018 until October 2018.

856 HD treatments were studied. 45% (386) of those treatments triggered and of those, 25.5% (99) of the triggers resulted in harm. The overall harm rate of the 856 treatments was 11.5%, 0.7% required hospitalisation.

The most common trigger, was removal of more than 2.5kg in a dialysis session (17.1% of all treatments studied). The second most common trigger (6.8% of all treatments studied) was also fluid related and associated with patients ending dialysis 1kg over 'dry/target' weight. The third most common trigger was having more than one attempt at needling (4.8% of all treatments studied); this was the highest harm rate requiring intervention (6% of all treatments studied)

The treatments that triggered and the treatments that resulted in harm could be split into three categories:- fluid management, vascular access/needling techniques and hypotension. . The results were encouraging as the harm rate was low, however the unit believed that measures could be put in place to reduce the harm occurring. The next stage of the project is to implement an intervention to attempt to reduce the most common harms which occur during dialysis treatments.