

P356

## P356 -Overcoming Isolation in Home Haemodialysis Patients

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### Problem

Patients and carers who dialyse at home can at times feel isolated and alone. Feedback from our growing Home HD population was that of social isolation and the burden of dialysis being difficult to manage. Our 'afternoon tea' event was a way for patients and carers coming together to discuss common concerns and build on friendships often made in the hospital during training for home.

### Purpose

We started the afternoon tea sessions once every 4-6 months to support our patients, initially to promote social interaction and decrease social isolation in the home HD population. At first these sessions were in our home training area. At that time the home HD population was around 20 patients. Over the years our home HD population has grown and at the end of 2018 50 patients were at home. The purpose was to bring the patients and carers together to chat and exchange experiences and to invite new and potential patients to gain a patients and carers view of life on home haemodialysis.

### Design

As the HHD population grew the event moved from the small hospital training bay to local garden centres and more recently hotel venues. This accommodated the growing numbers attending these events and the desire to expand the event programme.

As the numbers grew the events became more structured, patients said they wanted more education and more variety at these events. We gained feedback from all our patients to see if we could improve this experience and what sort of information was wanted at these events.

### Findings

We changed the structure of these events to include patient stories, such as experience of holidays, experience of nocturnal dialysis, and living with dialysis at home and work.

We have been supported by industry at these events and have been able to have experts from Nx Stage, who currently provide our home dialysis machine of choice, and Customer Care available to answer any queries or give any updates on any changing technology/processes.

The networking purpose has not been neglected, for example a patient provides a quiz during each event, and we have ensured it still remains a sociable event.

Peer support networks have been created and these events are always well attended. We now have over 60% of our programme attend these on a regular basis. Many of the new patients who are considering home HD have found it useful to meet others who are already at home, and it has given them the confidence to choose this therapy.

### Conclusion

A more relaxed social environment enables our home HD patients to still come together to share stories and catch up with old friends but it also provides information and education about their chosen therapy. The overall patient experience of home HD has been enhanced and some of the issues of social isolation have been addressed.