

The role of a Dialysis Assistant Practitioner and their impact on a shared care and home haemodialysis service within a regional renal unit utilising a Kidney Care UK Grant

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In 2018 we submitted an application to Kidney Care UK and were successful in gaining a grant giving us the opportunity to fund a three year secondment to aid expansion of our home dialysis programme.

In July 2019 we appointed an experienced Dialysis Assistant Practitioner (DAP), to work alongside the home haemodialysis Nurse Specialist (NS). The DAP assists in the management and training of patients and carers who are wishing to embark on our home haemodialysis programme. The DAP also supports our renal unit in increasing the patient population choosing self-care. It is important we recognise the impact of the DAP role and where it sits in the provision of health care.

We have always offered choice to our patients, but previously we had only one NS leading the home haemodialysis programme. It was a challenge to ensure all elements of the patient pathway were delivered in a timely manner. The addition of the DAP ensures the NS can focus on home assessment, reassessment and education, all of which have a positive impact on patient experience and reduce hospital attendance. The DAP can focus on raising the profile of home haemodialysis and shared care, recruitment of patients, basic assessment against criteria and the commencement of training. The DAP has utilised all forms of communication , including coffee mornings, patient information sheets, notice boards, focus of the month boards and social media particularly Twitter

Gaining a further member of staff to support the home haemodialysis and shared care initiative offers flexibility and more options on how we deliver renal services. The benefits of home haemodialysis are well documented. Patients require fewer visits to hospital; there are improved patient experience and outcomes (NICE 2011). Home haemodialysis offers flexibility to our patients, allowing them to fit therapies around their lifestyle or work. Patients have the option to increase frequency of sessions and, where appropriate, increase duration; the impact of this is better cardiovascular health, improved haemoglobin, better BP control, decreased medication burden and improved nutritional status (BMC Nephrology 2013).

The introduction of the DAP has facilitated home training, thus further reducing patient travel time, parking issues and time spent waiting around. For budget holders, there is clear potential to have fewer cost variables and create capacity in our main renal unit which can help accommodate a growing haemodialysis population.

Kidney Research UK (2018) found self-care improves quality of life and outlook of haemodialysis patients by supporting them to become independent in managing their own treatment. Patient confidence is improved; they have better psychological and physical outcomes. Patients report more control and understanding of their blood results, condition and medications, therefore improving decision-making. This grant has enabled our unit to focus on our home haemodialysis and shared-care cohort. It has helped raise general awareness about home treatments and their benefits.