

## Educational tools for haemodialysis patients: Development of a haemodialysis education day

Doctor Mosammat Akter<sup>1</sup>

<sup>1</sup>*King's College Hospital, London, United Kingdom*

, M Akter, R Agyekum, P Ceesay, M Sesay, A, Santiago, M Neale, AC Rankin

### INTRODUCTION:

Patients receiving haemodialysis are often comorbid and mortality rate is high. Non-compliance and disengagement with dialysis treatment may lead to poor quality of life, increased hospital admissions and reduced survival.

The NICE quality standard for RRT suggests that patients on RRT, their families & carers should have access to individualised education programs at specialised renal centres. Better education may improve wellbeing, physical functioning and potentially improve focus areas such as vascular access and self-care, and sustained patient engagement.

After recognising that our patients on haemodialysis had no formal education program, a project to develop an HD education was initiated in 2014.

### METHODS:

In order to gauge interest for an HD education morning, a questionnaire was sent to our HD population to explore factors such as preferred location, preference for dialysis or non-dialysis day and subjects of interest.

A multidisciplinary team was formed including doctors and specialist nurses as well as renal counsellors, dietitians, technologists and physiotherapists. This team developed talks relevant for the educational morning.

To investigate baseline knowledge of patients a modified knowledge questionnaire was used and an evaluation form was developed to determine how useful the educational tool was for our patients.

All patients undergoing haemodialysis at our unit were invited to attend the education day on a first come first served basis.

### RESULTS:

Questionnaires to determine patient interest were sent out to each of the 7 HD satellite units. Responses ranged between 42% and 58% depending on the unit. The majority of patients mentioned they would like to attend an education day for HD patients (62.5% - 86%); there was an overwhelming preference for the education sessions to be held at the patient's local unit & on their dialysis days (57%-80%).

A pilot haemodialysis education morning was therefore organised. HD patients invited, patients were allocated a place on a first come first served basis. After 32 patients had responded positively no further patients were accepted onto the HD education morning due to venue size.

Of these, only 4 attended the day & 2 completed the knowledge questionnaire but scored highly with 12-13/15 questions answered correctly. Feedback from all 4 patients was very positive, with all presentations scored as either useful or very useful. Most useful sessions as determined by the evaluation form were the kidneys and HD session, shared care, and access, and the information given was thought to be just right according to the patients.

Two further education days have produced improved but still low attendance of 12 patients and 11 patients, respectively, despite a large HD population. 8/11 patients of third session completed the knowledge questionnaire forms scoring between 8-15/15. Feedback forms were not available but verbal feedback was very positive.

### CONCLUSIONS

An HD education morning is a popular concept with our HD population but was poorly attended. Patients that did attend the day were very satisfied with the educational morning.