

Developing and implementing a patient centered approach designed to improve outcomes for those who struggle to attend for or engage with haemodialysis services.

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Patients who fail to attend for haemodialysis are at significant risk of deterioration or death due to non-engagement with essential life sustaining therapy yet despite this fact, non-attendance remains an issue for patients and services across the country.

This presents Renal Services with a unique safeguarding concern for each patient whose circumstances will be varied case by case coupled with a lack of support services as this cohort is classed as outpatients thus are unable to access many Trust services which are commissioned for inpatients.

The aim of this project was to develop a patient centred engagement strategy to improve the outcomes for patients who struggled to attend for or engage with haemodialysis services.

We sought to identify those most at risk who continually fail to attend or engage with the service in an effort to explore the reasons for this non-engagement.

Phase 1 was the development and implementation of a robust approach to standardise the actions taken by staff when a patient fails to attend in an effort to ensure patient safety. This approach was designed to manage all patients who fail to attend for haemodialysis.

Phase 2 was the development and implementation of a patient engagement strategy within the local multi-disciplinary team to support those patients who fail to make improvements in engagement who are then classed as Complex Recurrent Non-attenders, to explore reasons for continued non-attendance, identify barriers to attendance and compliance and offering support to overcome such hurdles.

Phase 2 has been piloted with patients who fall within the Complex Recurrent Non-attenders cohort using a PDSA methodology which has demonstrated positive results of improved attendance & an improved relationship between patients and staff which has resulted in establishment of an open dialogue with this cohort.

A key aspect of the success of this phase was an approach based upon allowing the patient to identify barriers to attendance and agreeing collaboratively how we as a team (Patient, Nurse, Clinician) overcome those barriers. Many patients were grateful for the inclusion (with consent) of close family members during this phase of the project.

Phase 3 is the involvement of multi-agency support services who are able to provide access to community based services and support with social issues.

Phase 3 is ongoing and poses challenges due to multi-agency support services differing based on each patient local and support offered by the Clinical Commissioning Group and Adult Social Care services.

Phase 4 will expand this approach to a cohort of patients who are non-concordant when they attend and insist on cutting short time on haemodialysis.

Phase 5 will be the development of contracts of care with both patient cohorts outlining the expectations of the patient and in turn to expectations of the service to foster collaborative working and empower patients improve attendance and engagement.

Phase 4 & 5 are targeted to be designed and implemented by the summer of 2020.