

An innovative MDT approach to optimising haemodialysis initiation

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Chronic Kidney Disease carries a high symptom and treatment burden. National guidance^{1 2} recommends multidisciplinary team (MDT) input for all patients, however this can be difficult to achieve in practice. Consequently most haemodialysis (HD) patients do not receive comprehensive MDT assessments promptly, if at all; this can lead to a suboptimal approach to care.

We identified the need to optimise pathways for patients commencing HD and developed a pilot programme for new starters to HD to dialyse together in a dedicated area, offering direct input from the MDT within two weeks.

When surveyed 31 patients, who had commenced HD in the previous six months, reported dissatisfaction with early levels of information and support. 75% identified it would be helpful to initiate dialysis with new starter peers. During the six month pilot period 58 patients commenced dialysis via the new starter unit (NSU). Once patients had been in their follow on satellite unit for 3 months we asked for feedback on their experience of the NSU and received 15 responses. 80% were happy with information and education provided including awareness of self-care (73%) and home dialysis (80%). 12/58 individuals were referred for home therapies and were perceived as more comfortable transitioning by home therapy staff. 73% found it beneficial to start HD with peers.

This cohort of patients would not previously have had access to occupational therapy (OT) input. 53 patients were screened and 17 different problem areas identified requiring active OT intervention. 53 patients saw physiotherapy promptly rather than months later facilitating an increased exercise uptake (80% vs 25%) on follow-up and maintenance of physical performance at three months. Recommendations advise that all patients see renal dietitians within one month of starting HD¹. While previously, a one month review of 43% of patients was achieved, now through small group education 100% meet this requirement potentially increasing dietary adherence. Patients were screened using the Distress Thermometer, with the average distress score of 5/10. Questionnaires enabled earlier discussion about distress and the causes, facilitating onward prioritised referral to psychology. Approximately 25% of patients received support from renal social workers benefiting in measurable ways. Early social work interventions for specific social problems reduced patients' stress levels and anxieties. Nursing staff found the dedicated area more conducive to the delivery of education and the pathway from pre-dialysis clinic to HD more seamless. Input from a consultant nephrologist helped to manage the expectations of those patients already known to the renal services as well as providing medical support to those with an unplanned start to dialysis. In addition the early medical review ensured progression with transplantation assessment and allowed early specialist referral where appropriate.

Patient reported experience measures and individual MDT outcomes show positive improvements in the HD initiation pathway. This substantiates continuation of the new starter programme with business planning underway for dedicated funding and staffing. This will ensure best practice in supporting patients via education and early access to MDT support and intervention to ensure a smooth transition and optimise quality of life.