Case for change
The prevalence of Patients with end stage kidney disease is growing with an 11% increase from 2010-2013. The proportion of SLHD patients on home dialysis therapies is 41% which is below the NSW Health Renal Plan target of 50%.

Research shows that the benefits of home based dialysis for patients include enhanced quality of life, decreased levels of depression and improved clinical outcomes.

The cost of home dialysis is significantly less than facility based treatment (approximately $30,000 per patient per year for home dialysis compared with $60,000 per patient per year for facility dialysis).

Home dialysis offers a patient centred approach to care that improves patient outcomes and alleviates the pressure on acute services in a proven cost effective way.

Goal
To maximise and sustain the uptake of home dialysis therapies (Peritoneal Dialysis (PD) and Home Haemodialysis (HH)) for patients requiring renal replacement within the SLHD.

Main findings from Patients and Staff:

**Diagnoses**

*The patient’s voice:*
- Patient stories and interviews were conducted (N=20) and patient surveys collated (N=97) on why they did or did not choose home dialysis.
- 54% of patients reported that fear/anxiety was the main reason for not choosing home dialysis.
- "No… don’t want to do it at home…. it’s about … the needle and the blood".
- 74% of patients reported that they wanted more education on their options available.
- "It would have been nice to know what’s actually involved in the actual procedure".
- The majority of patients reported convenience/flexibility as the main reasons for choosing home therapies.

**The staff perspective:**
- To gain the staff perspective focus groups, workshops, surveys and interviews were conducted with medical staff (N=25), nursing staff (N=39) and Allied Health (N=9).

**Main findings from Patients and Staff:**
- **Dialysis Education**
  - 54% of patients reported that fear/anxiety was the main reason for not choosing home dialysis.
  - "No… don’t want to do it at home…. it’s about … the needle and the blood".
- **Provision of formal training for HHD and PD staff in adult learning principles**
  - 74% of patients reported that they wanted more education on their options available.
- **3. Implementation of a patient competency based training program**
  - "It would have been nice to know what’s actually involved in the actual procedure".
- **4. Provision of formal training for HHD and PD staff in adult learning principles**
  - 74% of patients reported that they wanted more education on their options available.
- **6. Optimise weekly multidisciplinary team meetings in HHD and PD**
  - The staff perspective: focus groups, workshops, surveys and interviews were conducted with medical staff (N=25), nursing staff (N=39) and Allied Health (N=9).

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All Medical, Nursing and Allied Health staff were engaged through face to face meetings and interviews, focus groups, surveys, tag alongs and process mapping workshops and brainstorming and implementation planning workshops.

Steering committee consisted of SLHD Executive and meetings were held monthly during the project.

References:
1. Australia and New Zealand Dialysis and Transplant Registry ([http://www.anzdata.org.au](http://www.anzdata.org.au)).

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**Planning and implementing solutions**

There were 6 solutions voted upon by key stakeholders and endorsed by steering committee which included:

1. Define referral criteria and implement new clinical pathway
2. Document and Implement a standardised approach to Pre-Dialysis Education
3. Implementation of a patient competency based training program within the In Home dialysis training unit
4. Provision of formal training for HHD and PD staff in adult learning principles
5. Improving the home training unit’s physical environment
6. Optimise weekly multidisciplinary team meetings in HHD and PD

Each solution has been allocated to small working parties to have an identified leader to lead the group with key performance indicators set with timelines for reporting. Patients will be involved in all solutions to ensure the patient’s voice is included.

**Sustaining change**

- The ‘There’s No Place Like Home’ Steering committee will continue to meet monthly with Executive sponsorship to ensure change is implemented and sustained in Renal services in SLHD.
- Regular meetings with key staff at both RPA and Concord Hospital will be imperative to continue to ensure communication is open and transparent.
- A monthly newsletter will be circulated to staff to provide regular updates and presentations will be given at key multidisciplinary team meetings to give feedback on progress with Key performance indicators.

**Conclusion**

The improvements made in the Renal Service across SLHD could be adopted by other LHGs to enhance the patient centred approach to care with encouraging home therapies for suitable patients which has demonstrated to improve quality of life, patient outcomes and alleviates the pressure on the acute system of care.