NA1. Developing an online Peritoneal Dialysis (PD) Course

Roslynn Keating, Aberdeen Royal Infirmary

It has always been challenging keeping Renal Ward trained nurses PD knowledge and skills up to date. With a high turnover of staff, and PD patients seldom being in the Renal Ward, there was less staff competent at carrying out PD care.

Classroom teaching was the method of training previously used however there was often a low turnout to these study days. We decided to look into setting up an online course which would be accessible to all at any time.

This presentation will discuss the stages we went through to develop this ELEarning PD course through AT learning, and the challenges and obstacles we came across in doing so. During the pilot stage of the course, I did a small study on its effectiveness. I will also present the findings of this study.

Although it has been very challenging to set up, and has taken considerable time, I do believe that this will become an extremely valuable tool in the education of Renal Ward trained staff, who have to complete the course as part of their yearly mandatory training. It has already shown to have increased the knowledge and skills of Renal Staff.
NA2. Preventing Chloraprep related reactions in Haemodialysis patients

Author: Stuart Ross, Senior Staff Nurse, Renal Unit, Raigmore Hospital, Inverness

Following discussion with renal unit nursing and medical colleagues and the hospital infection prevention and control department, it became apparent that patients using products other than Chloraprep to clean their dialysis access, prior to cannulation, were at greater risk of developing a Staph aureus bacteraemia (SAB). In order to reduce SAB rates within the unit it was agreed to try and identify why patients were unable to use Chloraprep and what could be done to rectify this.

More detailed investigation revealed that all patients currently using an alternative product were doing so because of a reaction to the Chloraprep solution. To increase the number of patients using Chloraprep solution it was agreed to look at:

- Whether any of the Chloraprep reactions were the result of an allergy?
- What possible treatments were available for Chloraprep related reactions to enable continued use?
- What education was required for nursing and medical staff?

A multidisciplinary approach to this situation has resulted in an improvement in how Chloraprep related reactions are treated and 100% compliance with its use has been achieved.
NA3. Measuring the effectiveness and the impact of a nurse-led renal day area within a secondary healthcare setting in NHS Scotland

Lizanne Hamilton-Smith, Regional Renal Service Nurse Practitioner, Queen Elizabeth University Hospital, Glasgow

Chronic Kidney Disease (CKD) population is continuously growing and has immense financial implications for the global healthcare system. Scottish Government Healthcare policies continually influence NHS Greater Glasgow and Clyde Regional Renal Services (NHSGGC RRS) to improve access to nephrology. NHS Greater Glasgow and Clyde Regional Renal Services Day Area (NHSGGC RRSDA) was created to streamline and improve access to renal care. It had been has running for nearly three years but no studies have ever been performed to assess its impact on NHS Scotland. A retrospective evaluation study from January to September 2014 was undertaken to assess the activity and the impact on the renal population pre (2010) and post exposure (2013) to interventions of the NHSGGC RRSDA.

This was the first study ever to comprehensively explore and evaluate the activity and impact of the nurse-led care. Results found autonomous nurse-led care successfully doubled the attendance and treatment rates while reducing waiting times by 64%, admission rates by 80% and met the 18 week appointment target by 100%. However, the NHSGGC RRSDA did not meet delivering local access and care to the elderly Scottish Government Healthcare targets.

During study there was no conflict in interests or funding requirements
NA4. Renal Dietetic Database: Innovative use of desktop software to increase dietetic patient facing time with Haemodialysis patients

Authors Nicola Henderson & Caroline Ritchie

Background & Aims
The Scottish Government calls for better measurement, data collection and eHealth to strengthen efficiency and productivity.¹ The ‘Renal Dietetic Database’ was created by Dietitians Nicola Henderson and Caroline Ritchie to support the conversion from paper to electronic patient records as per the local eHealth strategy to become ‘paperlight’ ² and to meet national key drivers.³,⁴

Method:
Currently 100 Haemodialysis patients attend Forth Valley Royal Hospital Renal Unit weekly. Renal Dietitians analyse monthly blood results for each patient and identify who requires Dietetic intervention.
Process mapping and lean methodology were used to examine the Haemodialysis Dietetic service and determine whether parts of the process could be automated using Microsoft Excel to facilitate an efficiency improvement.
The ‘Renal Dietetic Database’ evolved with numerous macros to enable automated functionality for various steps within the care pathway. Features include data capture prompts, statistical calculations, generating blood result labels for patient-held log books, and converting dietetic abbreviations into patient-friendly terminology.

Outcome / Results:
The Dietetic service to Haemodialysis patients was streamlined resulting in an increased efficiency in service delivery and a significant increase in patient facing time of 20 hours per month.
Numerous benefits and key outcomes were identified and many link with the six dimensions of healthcare quality.³
Use of the database evaluated extremely well with staff and patients reporting positive experiences (table 2).

Conclusion
Innovative use of desktop software has strengthened efficiency and productivity within the Renal Dietetic team and has increased Dietetic patient facing time with Haemodialysis patients.
This clinical engagement with eHealth has delivered outcomes linked with quality dimensions and the principles are replicable across other healthcare areas.

In 2014, in recognition of this work, Nicola Henderson and Caroline Ritchie were presented with the prestigious British Dietetic Association ‘Dame Barbara Clayton Award’ awarded for innovation and excellence in Dietetic practice.

References
2 NHS Forth Valley. eHealth Strategy 2012-17


4 Scottish Government. The Healthcare Quality Strategy for NHSScotland. 2010
NA5. Experience of increased carer involvement and associated feedback

Authors: Susan McGeorge, Renal Clinical Educator, Sean McArtney, Head of Nursing, Tayside Renal Service.

Introduction / Background:
The Tayside renal service has experienced increased carer involvement with a number of patients. This has resulted in increased awareness within the nursing and medical team relating to the importance of recognising the value and benefits of carer involvement. However this has also emphasised the importance of having clear boundaries and robust communications.

Aim / Objective:
To raise staff awareness, competence and confidence in involving and supporting carers. To create a culture where patients and carer’s voice is heard by members of the multidisciplinary team. To create mutually beneficial partnerships between patients, their families and staff which respect individual needs and values.

Method:
• Patient / family experience of care & feedback shared with Renal Multidisciplinary team.
• All Registered Nursing staff to attend NHST workshops on Documentation / Record keeping.
• Renal in house educational sessions relating to documentation of communications with patient / family.
• To develop role play scenarios specific to staff and patient/relative communications.

Outcome / Results:
Staff have attended feedback sessions relating to carer involvement and feedback. There is ongoing education and audit of documentation and record keeping.
NA6. Career Development: Extending the nurse role as a Principal Investigator.
Hayley King, Senior Research Nurse, Neuroscience Building, South Glasgow University Hospital, Glasgow

Background: Research is an important aspect of patient care. It helps health care professionals address changing health needs and ensures patients have access to the best evidence based treatments.

The principal investigator (PI) is the person responsible for a research project at an individual site. In multicentre studies the Chief Investigator delegates this role. Historically this has been to doctors as the UK legislation states that for clinical trials, a doctor must be responsible for all medical care and decisions. Altering this perception is important as, with the support of the multidisciplinary team, the role can be undertaken by a nurse.

Why? Career progression for nurses is often limited to academic study or management posts, but many nurses do not want to leave their clinical role nor have time and funding to study. Becoming a PI was an exciting opportunity for a senior clinical research nurse to bridge this gap and develop an extended role whilst improving recruitment figures in renal research and improving patient outcomes.

How? Hayley King has extensive experience in renal and research nursing. She was able to use her knowledge of ongoing research projects and networking skills to find a suitable study and gather relevant information to put a proposal together. She approached and gained support from numerous nephrologists and also from the Glasgow Clinical Research Facility (GCRF) management team. Also Hayley needed support from her colleagues in the renal research nurse team as the role would involve additional work for the whole team. Though her hard work and determination, Hayley became PI for the RaDaR study in Greater Glasgow and Clyde NHS Board.

Role: Hayley was responsible for ensuring all the appropriate approvals were in place before the study could begin. It was also necessary to train other members of the renal research nurse team to help carry out study, and lead the team to ensure appropriate patients were recruited and data collected accurately.

Barriers to overcome: Becoming the first nurse PI in GCRF required a few hurdles to be negotiated. As this was a new initiative, Hayley undertook the role in addition to her current workload, but being a PI requires a significant time commitment. Another barrier has been reservations from other nurses who see the PI role as a medical position, but explaining the benefits of a nurse PI and demonstrating a boost to recruitment has helped to alleviated concerns. Ultimately Hayley’s confidence to tackle problems and discuss issues with other team members has made this a successful venture.

Next step: The GCRF is keen to grow research into new areas, and using nurse PI’s could allow this to occur by using our awareness of the patient groups currently in studies and balancing the research portfolio to include other patient groups. Another PI role is planned for later this year with in the renal team and if the success continues the role could be extended to other research nursing teams within the GCRF.
This 20 minute oral power point presentation is evidenced based, discussing best practice techniques for cannulation of native arteriovenous fistulae (AVF). United Kingdom Renal Association (UK RA) guidelines recommend that 85% of prevalent haemodialysis patients should have a fully functioning native AVF, with buttonhole (BHC) being the preferred cannulation method (UK RA Guideline 4.1 2012). This target is successfully achieved by NHS Grampian, with BHC being the main cannulation method.

The UK RA Best Practice Guidelines for Cannulation of Vascular Access for Haemodialysis are currently being updated, and will include advice on disinfection method for BHC to prevent bacteraemia.

The presentation will discuss disinfection methods, including the use of mupirocin which evidence proves must be used to prevent bacteraemia in patients on BHC (Nesrallah et al 2010).

Local, national and international vascular access statistics will be discussed, including data from the UK RA, Scottish Renal Association (SRA), and Dialysis Outcomes and Practice Patterns Study (DOPPS).

This is a mainly photographic presentation comparing the long term effects of different cannulation techniques over 10 years on AVF, including Area Puncture, Rope Ladder and BHC.

We declare that there is no conflict of interest associated with this presentation, and no external funding.
NA8. Live Donor Kidney Transplantation – Increasing the Numbers

Lumsdaine JA; Oniscu GC; Marson LP

Background

NHS Blood and Transplant published The Living Donor Kidney Transplantation 2020 UK Strategy in June 2014 outlining key aims and objectives to match world class performance in living donor kidney transplantation by 2020. The aims are to reach 26 live donor transplants pmp (in 2013 the UK rate was 17 pmp) and to have 50% of the eligible recipients transplanted avoiding dialysis.

The purpose of this presentation is to provide an update on current practice and assemble the views of the renal nurse specialist community in ways we can increase the potential for live donation.

Discussion Points

- How can we raise awareness of live kidney donation?
- How can we improve communication with renal nurse teams? Would link nurses be an option?
- If a web based information programme were to be developed, what information would be useful?
- Are there specific issues with pre-dialysis patients that require further attention?
- How can we raise awareness of altruistic donation amongst the general public?
As a professor of Psychiatry and Medicine, George Engel (1977) believed, that to understand and appropriately treat a patient, clinicians would have to change the way in which they practiced, suggesting that the focus be moved from a biomedical model of care to a biopsychosocial one. His model illustrates that the physical, psychological and social experiences of a patient are interlinked and that the issues within each aspect need to be addressed in order to provide holistic care and improve quality of life.

The Scottish Partnership for Palliative Care (2007) reported on the inequities in current palliative care provision across Scotland, making recommendations that developments should focus on providing a cohesive, consistent and equitable approach in the delivery of person centred holistic care. The Scottish Government then published the Living and Dying Well documents (2008 & 2011), which provide recommendations and guidance on how NHS Boards should develop services to improve palliative and end of life care provision, and suggests the use of specific assessment tools. However, the recommended symptom assessment tools are for use in general palliative care and are not renal specific.

Weisbord et al (2004) and Davidson et al (2006) recognise that there is a lack of validated and reliable assessment tools for use in patients with established renal failure and contrasts this with the extensive work carried out recognising and easing the symptom burden and improving the QoL of those with cancer and HIV/AIDS.

The chosen tool discussed in this presentation is one agreed for use by NHS Highland renal MDT. It is not a published validated assessment tool and has not been formally critiqued on its use in clinical practice. However, it does enable a biopsychosocial assessment; it is renal specific and facilitates a multidisciplinary team approach in addressing the needs of patients.

This presentation will describe, using the evidence from clinical practice, the significant symptom burden of renal patients and the benefits of using an appropriate symptom assessment tool. The tool facilitates the patient to document what they experience as a consequence of ill health, and the impact that this has on their quality of life. It also enables the MDT to formulate a plan of care based on the information provided by the patient and, where appropriate, their carer.

NA9. Reference list


NA10. Implementation of consistent aseptic technique for cannulation of AVF and AVG within Greater Glasgow and Clyde Renal Service.

Pamela Sinclair, Practice Development Lead

Within GG & C Renal services we conduct approximately 54,600 cannulations a year. Aseptic technique prior to cannulation and on connecting to the dialysis machine is vital in preventing infection. For all vascular accesses procedures, aseptic technique should be used. (KDOQI, 2006)

**Method**

Observational audit of 63 dialysis sessions (Commencing and discontinuing = 126 procedures observed) within 6 dialysis units in Greater Glasgow and Clyde. Educational sessions (including learn pro module) were conducted after initial findings and repeated observational audits carried out.

Human factors study—which will be explained in oral presentation

**Findings**

Most observations were positive with good compliance with the non touch of critical/key parts and hand hygiene moments. All observed connections and disconnections to dialysis machine were compliant with standards. There were areas where aseptic technique was not followed as per standard. Consistent themes appeared throughout the observation period. Key areas where compliance was poorer were:

- not following actual 6 steps of hand hygiene (HH),
- patient not performing HH or wearing gloves when holding site after needles removed
- HH not carried out immediately after glove removal.

Following post observations compliance rates increased from 75-80% to 90-100%

**Conclusion/recommendations**

This project has been successful in showing improved compliance after an education programme and observation of an aseptic technique standard. It is hard to estimate the sustainability of compliance of the standard, and a Hawthorne effect to explain the improvements cannot be ruled out. The addition of a questionnaire to assess knowledge of 4 key areas did show however that the education sessions improved the nurses knowledge, and in doing so will hopefully aid sustained compliance.

High levels of experience within renal services and a repetitive task such as aseptic technique may mean that through time staff may have developed behaviours that can be difficult to change.

This project highlights the need for continual audit and education, even on repetitive tasks, and should be undertaken on a regular basis.

Source of funding-NHS Education for Scotland