

THE PROPOSED REDUCTION IN NURSING WORKLOAD AND COST SAVING BY USING ON-LINE UREA CLEARANCE MONITORING IN A RENAL UNIT.

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PROBLEM: Historically in this Unit UKM data was obtained by nursing staff collecting a pre and post dialysis blood sample once a month. Awaiting a lab result and then inputting data into a computer package to acquire an acceptable result, on which dialysis treatments were prescribed and monitored dialysis adequacy. This is very time consuming and expensive and causing problems if the computer equipment is not always available for use. The introduction of on-line clearance monitoring will hopefully result in a reduced workload for the nurses and reduce the unit's lab testing costs.

PURPOSE; To identify that by using on-line clearance monitoring (OCM) nurses will have more time available during the shift for direct patient care. Instant information available of how a patient may be dialyzing and their treatment can be adjusted spontaneously enabling the nursing staff to be more proactive on a treatment – treatment basis without the need to wait for lab results. Also to identify and reduce lab costs to the Unit.

DESIGN: This new practice is being carried out by one team of self-directed nurses in a large haemodialysis unit. The study involves monitoring the dialysis sessions of 36 patients 1/3 of the unit's total population. This will be a quantitative study initially. An in-house audit tool will be used to compare results with the remaining two nursing teams. A time and motion study will be undertaken to assess length of time spent currently taking pre and post bloods, sending to the lab and inputting data into the computer. The medical team will be questionaired to achieve their views. A budget analysis sheet is currently being drawn up to try and identify the lab costs involved. A staff satisfaction audit will be performed to see if there has been any staff workload reduction due to this new procedure.

FINDINGS: As the study is ongoing it is hoped to identify:

- a) Decreased lab costs due to reduction in samples sent.
- b) Reduce the incidence of errors in obtaining the blood samples due to different techniques by nurses.
- c) More time made available for direct patient care.
- d) Individualized nursing treatments.
- e) Identify the need for more computer hardware.

CONCLUSIONS; It is hoped that by using OCM it will result in the nurses being more proactive. This new procedure is time saving, cost effective and more reliable.

RELEVANCE: Improved patient care.
Cost saving.