

DIFFERENT BUT THE SAME – HOW TWO MODELS OF SELF CARE CAN ACHIEVE SIMILAR OUTCOMES IN A HAEMODIALYSIS SERVICE

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PROBLEM: Introducing self care in a haemodialysis (HD) service can be a way of increasing choice, flexibility and independence for patients who are traditionally tied to a fairly rigid treatment regime. The challenge for HD staff is to identify how this can be facilitated and to collaborate with patients to agree a model that is both workable and achievable.

PURPOSE: The aim was to establish a method of supporting patients to learn self care within a busy clinical environment. Patients needed to be able to see tangible benefits for themselves in terms of flexibility and time saving. Staff needed to feel empowered to make changes and to try out new ways of working.

DESIGN: Two HD units in a large urban renal service were approached to consider implementing self care education programmes. Unit 1 choose to concentrate a group of willing and able patients into a discreet self care area with designated nurses to deliver the education programme. Unit 2 chooses to involve all patients and nurses in the education throughout the unit. In both units staff were motivated and enthusiastic and were supported by the clinical leaders to develop their own strategies for teaching their patients.

FINDINGS: In unit 1 patients gained support from the other patients who were also learning self care; teaching could be delivered in group sessions as well as on a one to one basis. 20% of patients became fully independent in the first year while 37% of patients became partially independent. This has resulted in establishment of a minimal care area where patients have more flexibility and choice around treatment schedules and where staffing levels reflect the growing independence of the patient group. In unit 2 a culture developed whereby all patients participated in their own treatment to some degree. All staff were involved in teaching which has enhanced their skills and extended their roles. 10 % of patients became fully independent in the first year while 47 % of patients became partially independent. This has resulted in establishment of a 3 stationed self care unit separate from the main unit where patients negotiate their treatment appointment times with each other and are completely independent of nursing care on dialysis.

CONCLUSION: Both models have resulted in the development of a comprehensive and supportive self care education programme which has led to increased choice, flexibility and independence for patients. The basis of the programme has been to focus on achieving individual patient set targets based on choice and capability. Staff in both units have embraced the changes and, together with their patients, were empowered to identify strategies that they felt would work for them. The key element of any change process is involvement of the team at the outset so that they take on ownership of the change process. Two teams using two different models but sharing a common objective have shown how this can be done to achieve similar sustainable results.

RELEVANCE: Self care is a way of empowering patients, increasing choice and flexibility. It allows nursing time and skills to be used more effectively and units can be re-configured to facilitate self care or minimal care areas which in turn can increase capacity.