

## IMPROVING BOTH KNOWLEDGE AND OUTCOME FOR THE HOME HAEMODIALYSIS PATIENT: EVALUATING THE EFFECT OF AN EDUCATION PACKAGE FOR IMPROVED FISTULA MONITORING

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**BACKGROUND:** Measurement of fistula flow (Qa) is a useful method for monitoring vascular access. Within this centre Qa readings using ionic dialysance are performed on all fistulae or grafts on a monthly basis. For patients on home haemodialysis this required a single in centre treatment every month. Limited availability of haemodialysis sessions and occasional failure of the Qa had an impact on the ethos of patient's being independent and self managing with their haemodialysis treatments in their home environment.

**PLAN:** The community dialysis team formulated an action plan to educate and train the home haemodialysis patients to perform Qa measurements using their own HD machines and have knowledge of the significance of their results. Initially a letter outlining the proposed changes to their care was sent to each patient. Written instructions were formulated and community visits arranged to coincide with the patient's home haemodialysis sessions. Training was given in recording their Qa measurements using their haemodialysis machines at home. These sessions were repeated until the patient or their dialysis partner felt confident. The significance of their Qa measurements was discussed in follow up community visits or over the phone.

**RESULTS:** Training has been completed in 12 of our 13 home haemodialysis patients over a six-month period. In all patients training required a maximum of 5 sessions, carried out at home. Monthly readings have been recorded where by trends can be recognised. Four fistulograms have been arranged following poor Qa readings and one new fistula formed.

### **Case Study: Patient A**

Following low Qa results recorded in July/August a fistulogram and fistuloplasty was organised: subsequent Qa results showed a marked improvement.

Month	May	July 08	Aug 08	Oct 08	Nov 08	Dec 08
Qa	765	432	433	853	1141	2113

**CONCLUSION:** Providing our home haemodialysis patients with the skills to perform Qa readings has increased their independence from attending in centre dialysis sessions and improved the quality of fistula performance monitoring. Many of the home haemodialysis patients have expressed positive feedback in being able to perform this monitoring, have showed an ownership in their results and have clearer criteria to measure their fistula performance and adequacy. Early recognition of fistula problems and intervention has resulted following this education package. For those training for home haemodialysis Qa monitoring will be included as an integral aspect for providing patients with a measurable standard for their fistula performance.