

The Big Red Kidney Bus Holiday Dialysis Project

Evaluation Report Digital Copy

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Note: This Evaluation Report is a digital report designed to be read on line. Photos may be distorted if printed. Also links in this document are active as of August 2015; for up-to-date links, contact bigredkidneybus@kidney.org.au

Executive Summary

This document provides an overview of the evaluation of Kidney Health Australia's (KHA) Big Red Kidney Bus (BRKB) Project, conducted during the period June 2014 - April 2015. The BRKB holiday dialysis service has been in operation for six months, since October 2014. This report therefore evaluates the progress made during the initial stages of the project's implementation.

Introduction

Australians requiring haemodialysis can receive care from hospital and satellite based units when travelling interstate and overseas, but this is difficult to organise: holiday dialysis chairs are limited in number and not always available. Kidney Health Australia's Big Red Kidney Bus (BRKB) Project offers a unique model whereby people needing dialysis can choose to holiday at one of a range of popular Victorian holiday destinations. Professional dialysis services are provided on a fully refurbished bus, the Big Red Kidney Bus, which stays at different holiday locations for six week periods. Arrangements have been made with participating holiday park owners for the dialysis bus to be parked on site. People on dialysis can book through KHA's BRKB booking system to receive dialysis on the bus at one of the holiday park destinations on offer. This model goes beyond the satellite and outreach services that operate in regional, rural and remote areas of Australia and overseas. It differs from models that broker or provide holidays at specific locations where dialysis is available (1).

The BRKB model is the first to provide a service with a professionally operated, dedicated booking system that enables a person to book into a holiday bus dialysis service operating across a range of holiday locations. The BRKB holiday dialysis service enables people on dialysis, plus their families and carers, to take a break from their home haemodialysis, hospital or satellite unit service. The service provides dialysis for people having a holiday or travelling because of work or family commitments, and for local people, who would otherwise have to travel long distances for dialysis. Although the service currently operates only in Victoria, it is available to all Australians.

Aims and objectives

The BRKB project's goals are:

- To enable people on haemodialysis, their families and carers to have a holiday, away from their normal dialysis location, to visit new areas and utilise the dialysis bus (BRKB) for the duration of their stay
- To enable people on haemodialysis to take a holiday without having to rely on the availability of holiday dialysis chairs at regional dialysis units, which are in limited supply
- To ensure that the BRKB holiday dialysis service is available to people from all backgrounds
- To create mobility and flexibility so that the bus (BRKB) can be moved to various popular holiday locations

To enable these goals to be met, KHA formed a partnership with a health service, Monash Health. The two organisations work together to operate the BRKB holiday dialysis service.

Methods

The Big Red Kidney Bus project provided the opportunity to evaluate the health and wellbeing benefits to people needing dialysis that chose to holiday and receive dialysis using this service. It was also possible to explore the processes and systems required to support the operation of the BRKB holiday dialysis service. The evaluation of this innovative project therefore addresses a crucial gap in the current scientific evidence base.

The evaluation was guided by the RE-AIM framework, a public health promotion evaluation model (2). The RE-AIM model seeks to assess a program's worth based upon its performance across the following domains: 'reach', 'efficacy', 'adoption', 'implementation' and 'maintenance'. The project's achievements are discussed with reference to these domains.

The independent evaluator obtained feedback from a sample of key stakeholders, namely BRKB holidaymakers (n = 30), and KHA and Monash Health staff (n = 12) involved in the project's development and implementation. The evaluator conducted face-to-face and telephone interviews using question schedules specifically designed for the project. Further information was obtained from the project's marketing materials, the KHA website and BRKB booking summary data.

A research study is currently being conducted in conjunction with the project. The KHA research, in partnership with Monash Health and Deakin University, aims to assess the impact of the BRKB holiday dialysis service on holidaymakers' health and wellbeing. The study findings will be reported later in 2015. For the purposes of the evaluation, data from open-ended questions on the study surveys was accessed to assess participants' satisfaction with the BRKB holiday dialysis service.

Key Findings

During the evaluation period (to April 30th2015):

- The BRKB holiday dialysis service was very popular
- The service was used by 101 people across five holiday locations: Lakes Entrance, Mallacoota, Phillip Island, Anglesea and the Grampians
- A total of 176 bookings were made (103 men, 73 women)
- There were a few cancellations (32)
- The service was used more than once by 49 people
- 23 people were assisted by a dialysis unit to make their booking
- Holidaymakers were aged from 29 to 86 years; 120 were aged 60 years or above and 45 were less than 60 years old (11 unknown)
- The majority of holidaymakers (107) were public patients
- 48 holidaymakers were home haemodialysis patients

Note: for some characteristics, data was not available

Feedback was obtained directly from 30 holidaymakers who had used the service and from holidaymakers' responses to the open-ended questions on the KHA research study surveys that were available at the end of the evaluation period (n = 50).

- The people on haemodialysis who had had a holiday using the BRKB were overwhelmingly positive about the service
- They found the booking service easy to use
- The holiday dialysis service on the BRKB was delivered to the standard of care experienced at their usual dialysis venue
- The dialysis nurses' professionalism and friendliness were commended
- Family members and carers also benefitted from being away from home
- All participants would recommend the service to others on haemodialysis. Most had already recommended the service to others at their usual dialysis venue
- They were keen to see the service continue and potentially operate interstate
- They were very grateful for the opportunity to use the service and full of praise for the people and organisations that had developed and established the BRKB holiday dialysis service

Twelve staff from KHA and Monash Health involved in the BRKB project's operation were also interviewed.

- The KHA and Monash Health staff are wholly dedicated to the BRKB project, as was evident from their commitment and goodwill during the project's initial implementation phase
- Staff are motivated by the opportunity the holiday dialysis service provides to people on haemodialysis
- Staff are delighted by the positive experiences of the holidaymakers
- There were no adverse events
- There have been some procedural challenges associated with implementing and refining the service systems in tandem
- The learnings have been valuable in the improvement of procedures and protocols for the service's ongoing operation. There will be ongoing formative evaluation of the service

Discussion

The BRKB holiday dialysis service has only been operational for six months, but already in this short period of time it has succeeded in meeting most of its objectives. Factors contributing to and limiting the project's success have been identified. Processes are in place to enable the operational objectives to be fully attained as the project moves beyond the initial phase of its implementation.

Reach

The BRKB holiday dialysis service has been widely marketed by KHA, raising awareness across the Australian dialysis community. There were well-publicised launches during 2014 to professionals in the dialysis sector, people on dialysis and the wider community. These included the official launch by the Hon David Davis, the then Victorian Minister for Health. There has been media coverage in the Age newspaper and on national radio via the ABC's 'Australia All Over' program.

Efficacy

Holidaymakers were very satisfied with all aspects of the service. The KHA management, project and booking staff, and the Monash Health management, clinical and technical staff associated with the

BRKB holiday dialysis service are actively supportive of the BRKB project and committed to providing a high quality service.

Adoption

To optimise patient safety, the BRKB holiday dialysis service has stringent eligibility and admission criteria (Appendix 1). Notwithstanding these requirements, the BRKB holidaymakers were broadly representative of the population of people on haemodialysis. Using the positive evidence from the service's operation to date, there is scope to attract other potential users, who may be aware of the BRKB holiday dialysis service but cautious about using a 'mobile' holiday service.

Implementation

The extensive public relations, by both KHA and Monash Health, to implement the BRKB holiday dialysis service, were successful. Much internal and external support was obtained during the BRKB project's development and implementation. Supporters have come from beyond the healthcare sector, including local businesses, holiday park site managers, the Australian Bus Industry Confederation and community service clubs such as Rotary and Lions. The technical and dialysis nurses were supported by Monash Health and local healthcare providers where necessary. The KHA BRKB Driver also played a pivotal role in the team.

The BRKB project has created a model of care to enable people on haemodialysis to have a holiday whilst continuing to receive their treatment. The BRKB holiday dialysis service has enabled people to access a high standard of care from experienced, professional staff. The KHA BRKB booking system worked well; it was easily navigated on line, by email or telephone. Although the aim is to promote online booking, many users preferred being able to speak to someone.

Maintenance

Governance structures were developed and systems were put in place to enable the continuance of a well-organised, accountable service. With regard to capacity building, workforce and organisational development has occurred. The initial phase of the project has seen the development and implementation of key operating systems and protocols that can be updated as required. The KHA BRKB project staff have applied their skills in the development of a computerised booking system, customer service, and using the KHA website for advertising BRKB holiday dialysis service vacancies. A pool of specialist dialysis nurses has been created, with additional scope of practice upskilling received where necessary. An assessment of suitable, logistically viable holiday parks in popular locations throughout Victoria has assisted the planning and preparation of the service schedule for the next 12 months.

In summary, the BRKB holiday dialysis service addresses an important, previously under-resourced need amongst people on haemodialysis to be able to have a holiday. The service has received excellent publicity and been well received. The ongoing marketing has been able to highlight the positive experiences of BRKB holidaymakers. The commitment, motivation and goodwill of the KHA and Monash Health BRKB team have supported the project thus far. The momentum of the stakeholders' efforts to date needs to continue to facilitate a sustainable service. There is clear potential for expansion of the service beyond Victoria. It is hoped that the findings of this evaluation will guide the development of KHA's BRKB National Expansion Model.

Introduction

One in three Australian adults is at increased risk of developing chronic kidney disease (CKD) ([Kidney Health Australia](#)). The risk factors for CKD include: age (60 plus years), diabetes, high blood pressure, a family history of kidney failure, established heart problems (heart failure or heart attack) and/or having had a stroke, obesity, smoking, and being of Aboriginal and Torres Strait Islander (ATSI) origin (although ATSI adults represent less than 2.5% of the population, they make up more than 10% of people commencing dialysis each year). Between 1981 and 2011, there was a 60% increase in the number of people with type 2 diabetes starting dialysis (ANZDATA 2011). As the prevalence of CKD increases, there is a need to focus on the health and wellbeing of people with CKD, particularly those on dialysis. The provision of a service that enables people to go on holiday whilst continuing to receive dialysis is the focus of Kidney Health Australia's Big Red Kidney Bus (BRKB) Project.

Australians requiring haemodialysis can receive care from hospital and satellite units when travelling interstate and overseas, but this is difficult to organise: holiday dialysis chairs are limited and not always available. A variety of commercial and not-for-profit agencies offer information and brokering services to help people on dialysis find suitable healthcare when travelling for business or pleasure. Kidney Health Australia's BRKB holiday dialysis service offers a unique model whereby people needing dialysis can choose to holiday at one of a range of popular Victorian holiday destinations. It differs from models that broker or provide holidays at specific locations where dialysis is available. The BRKB model is the first to provide a service with a professionally operated, dedicated booking system that enables a person to book into the purpose built, holiday bus dialysis service operating across a range of holiday locations. Although the service currently operates only in Victoria, it is available to all Australians. It is hoped to expand the BRKB service model to operate nationally.

The BRKB holiday dialysis service provides haemodialysis under the supervision of expert dialysis nursing staff at holiday locations. Professional dialysis services are provided on a fully refurbished bus that stays at different holiday locations for six week periods. Arrangements are made with participating holiday park owners for the dialysis bus to be parked on site. Holidaymakers arrange their own holiday accommodation and book in to receive dialysis on the bus at one of the holiday park locations on offer. This model goes beyond the satellite and outreach services that operate in regional, rural and remote areas of Australia and overseas.

This model enables people on haemodialysis, plus their families and carers, to take a break from their hospital or satellite unit service. The BRKB holiday dialysis service provides dialysis for people having a holiday or travelling because of work or family commitments, and for local people who would otherwise have to travel long distances for dialysis.

Literature Review

A literature review was conducted to independently assess whether similar holiday and mobile dialysis services were in operation. The findings have been reported elsewhere (1). The extensive search demonstrated the existence of a number of mobile services, largely operating to provide

outreach dialysis services to rural and remote communities. A range of holiday options exist, but none were found to involve a holiday dialysis service akin to the BRKB model.

The evidence base about the existing models is largely descriptive and/or anecdotal (Sims, 2014). Further information is needed about the effectiveness of such services and their impact upon the health and wellbeing of people on dialysis. There is clearly great scope for research to assess the clinical impact, quality, consistency, generalisability and applicability of such holiday dialysis services.

Aims and objectives

- To enable people on haemodialysis, their families and carers to have a holiday, away from their normal dialysis location, to visit new areas and utilise the dialysis bus (BRKB) for the duration of their stay
- To enable people on haemodialysis to take a holiday without having to rely on the availability of holiday dialysis chairs at regional dialysis units, which are in limited supply
- To ensure that the BRKB holiday dialysis service is available to people from all backgrounds
- To create mobility and flexibility so that the bus (BRKB) can be moved to various popular holiday locations

To enable these goals to be met, KHA formed a partnership with a health service, Monash Health. The two organisations operate the BRKB holiday dialysis service throughout Victoria. Under a contractual agreement, each partner was/is responsible for the following developmental and operational objectives.

Kidney Health Australia:

- To work in partnership with the Traralgon Mobile Dialysis Group
- To form strong community partnerships with the Australian Bus Industry Confederation and local bus companies
- To liaise with key stakeholders to seek equipment donations for the holiday dialysis service
- To raise sufficient funds to convert a donated school bus into a fully functioning holiday dialysis unit
- To develop a marketing plan to raise awareness of the holiday dialysis service amongst all people on dialysis, and to invite expressions of interest and bookings for the service
- To consult with people on dialysis about where they would like to holiday in Victoria
- To seek sponsorship for, recruit and employ a BRKB Driver
- To develop a booking system for the holiday dialysis service that is easy to use and operate
- To regularly promote the BRKB holiday dialysis service across the sector

- To raise community awareness of chronic kidney disease and the BRKB holiday dialysis service
- To employ an independent consultant to evaluate the BRKB project

Monash Health:

- To establish a holiday dialysis service with the capacity to treat up to six patients per day over two shifts
- To recruit, employ and train suitably qualified, experienced dialysis nurses
- To ensure that the water supply at the chosen location is suitable for the required filtration processes
- To arrange backup clinical and medical support from local health services for dialysis nurses assigned to the BRKB should an emergency situation arise
- To establish a quality communication system between the BRKB, Monash Health and referring dialysis units
- To form community partnerships with local health services, local government and other agencies
- To arrange daily internal cleaning of the BRKB to the standard of care required for any satellite dialysis centre
- To arrange a biohazardous waste disposal and collection system for the holiday dialysis service

The BRKB service aims to provide safe, fully staffed haemodialysis care, to enable people, their families and carers to take a holiday. The service provides care for people on haemodialysis seeking a holiday or travelling because of work or family commitments, and for local residents who would otherwise have to travel long distances for dialysis.

The BRKB project afforded the opportunity to evaluate the benefits associated with having a holiday whilst receiving dialysis. It was also possible to explore the processes and systems required to support the operation of the holiday dialysis service. This report discusses the independent evaluation of the BRKB project.

The following sections of report describe the BRKB project, outline the methodology used to conduct the evaluation, highlight the findings to date, and discuss the implications for future work. It is hoped that the findings outlined in this report will not only address a crucial gap in the current scientific evidence base, but also guide the further development of this innovative project.

Methods

This section has two parts: first, contextual information about the operation of the BRKB service is provided; second, an overview of how the evaluation data was collected is presented.

The BRKB holiday dialysis service has been in operation since October 2014. The evaluation of the BRKB project was conducted during the period June 2014-April 2015. The evaluation therefore assessed the progress made during the initial six months of the project's implementation phase.

The BRKB holiday dialysis service: the service to be evaluated

Comprehensive information about the BRKB project can be found on KHA's website at kidney.org.au.

The BRKB was the idea of Vince Tripodi, a person who needed haemodialysis. He took his idea to KHA in January 2011. With other patients and carers, he founded the Traralgon Mobile Kidney Dialysis (MKD) Group to promote the development of the project. Their story is outlined on KHA's website at [The Background Story](#).

Development

The project has been in development since 2011. KHA worked with a range of stakeholders to realise the BRKB holiday dialysis service. These include Monash Health, Latrobe Valley Bus Lines and Fresenius Medical Care. The wealth of sponsors and supports for the project can be found at [BRKB supporters](#) (Appendix 2). Funding was obtained to refurbish a retired school bus into a dialysis unit. The equipment within the BRKB was all donated to KHA. The bus was tested for roadworthiness, fully fitted out and trialled. The suitability of the holiday park sites (e.g. utilities supply, drainage) was assessed by Monash Health's renal technical team. There was a commissioning phase prior to people using the service. During this time, clinical, administrative, technical and occupational health and safety matters were addressed. Water, power and clinical processes were tested. The subsequent implementation phase (October 2014 onwards) has involved much problem-solving. The establishment phase continues in parallel with the implementation phase, as a dynamic process.

Operation

The BRKB holiday dialysis service operates in accordance with the arrangements that apply across Monash Health satellite dialysis unit sites. The clinical payment arrangements are equivalent to those currently operating at Monash Health. The treatment costs are funded by the government. Holidaymakers using the BRKB are registered with Monash Health (including those from outside Victoria). The holidaymakers using the service are responsible for their own travel and accommodation costs. The host holiday parks, managed by companies such as Big 4, often provide competitive accommodation rates to holidaymakers using the BRKB service. The holiday parks have also given substantial discounts to the service's dialysis nurses and visiting BRKB project staff.

A BRKB Driver is employed by KHA to drive the bus between sites, to oversee vehicle maintenance and solve problems associated with the vehicle. Expert dialysis nurses are employed by Monash

Health Bureau on casual appointments to staff the holiday dialysis service. The Victorian government indemnifies the dialysis nurses. Along with Monash Health renal technicians, these personnel work as a team to ensure the BRKB offers a safe and effective service.

The BRKB holiday dialysis service's operation is governed by a contractual agreement between KHA and Monash Health. This agreement is in place for five years, to January 2019. The project's objectives, outlined in the previous section, illustrate the two organisations' respective responsibilities. A summary of the contractual arrangements between KHA and Monash Health is given in the box below.

KHA responsibility	Monash Health responsibility
Booking service operation	Dialysis service operation
BRKB project staff employment	Dialysis nurse recruitment and employment
Bus maintenance and insurance	Dialysis equipment maintenance and insurance
External cleaning of BRKB	Internal cleaning of BRKB
Marketing and community education	Patient registration
BRKB Project Intellectual Property	Marketing
Fundraising	

The KHA BRKB project team comprises:

- Project Manager
- Two Project Administration Officers
- BRKB Driver

The Monash Health personnel include:

- BRKB Coordinator
- Renal technicians
- Dialysis nurses

There is oversight by the KHA CEO and Monash Health's Director of Nephrology.

The BRKB service operates in Victoria across a range of approved sites (Figure 1). The Bus has three dialysis chairs and can operate up to two fully staffed sessions per day, for six holidaymakers requiring dialysis. The service can offer three sessions of dialysis per person per week. The service has operated at a range of holiday locations since October 2014 (Figure 1). The BRKB stays at each location for approximately 7 weeks to allow for commissioning and decommissioning of all equipment by the Monash Health renal technicians.

2014-2016 Big Red Kidney Bus Holiday Destinations

Lakes Entrance: 27 October to 28 November 2014

Mallacoota: 8 December to 26 December 2014

Phillip Island: 5 January to 1 February 2015

Anglesea: 9 February to 14 March 2015

The Grampians: 23 March to 26 April 2015

*Robinvale: 28 April to 16 June 2015

Mildura: 22 June to 1 August 2015

Bright: 10 August to 5 September 2015

Albury/Wodonga: 14 September to 24 October 2015

Yarrawonga: 2 November to 12 December 2015

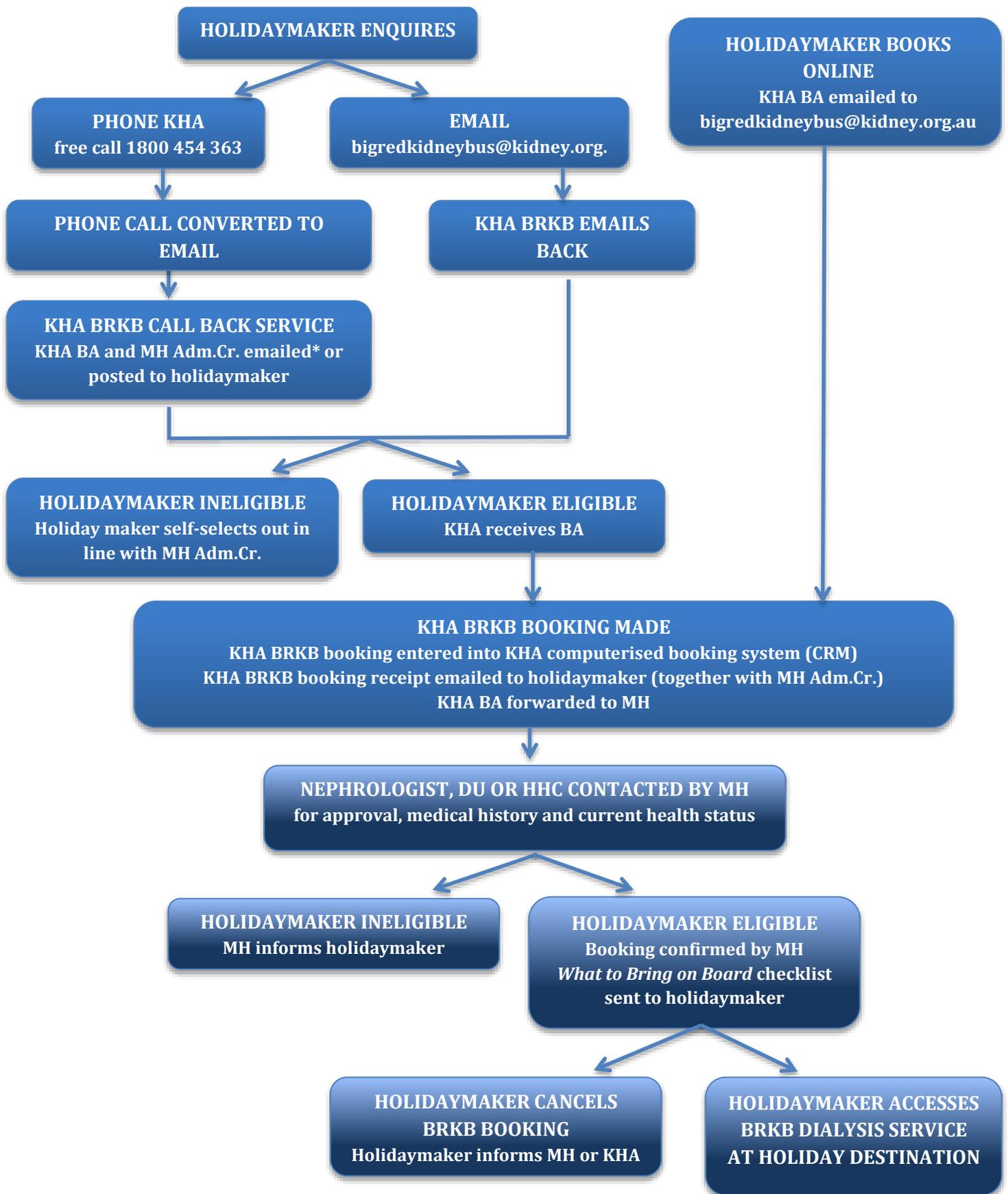
Melbourne: 21 December 2015 to 30 January 2016

Lakes Entrance: 8 February to 19 March 2016

* Note: KHA and Monash Health are providing the Big Red Kidney Bus to the Robinvale Hospital to assist their dialysis patients whilst a new dialysis unit is being built. There are no vacancies for holidaymakers

Figure 1: Operating Schedule for Big Red Kidney Holiday Dialysis Service

Adult residents in Australia currently receiving haemodialysis can use the BRKB holiday dialysis service. The BRKB interactive booking system is on KHA's website. The site provides booking information, a booking application form, Monash Health Admission Criteria, and BRKB Monash Health *What to bring on board* checklist (Appendix 1). The site is regularly updated by KHA's dedicated BRKB project team, so that users can see where vacant chairs are available. To minimise risk and ensure safe operation of the service, potential users have to be in a stable condition. Their health status needs to be approved by their nephrologist/regular dialysis unit manager before a booking is confirmed. Figure 2 provides an overview of the booking process.



KHA – Kidney Health Australia
BRKB – Big Red Kidney Bus
MH – Monash Health
BA – Booking Application

Adm.Cr. – Admission Criteria
DU – Dialysis Unit
HHC – Home Haemodialysis Coordinator
 * via personal or family member’s email or DU’s email

NOTE: KHA Booking Chart emailed to MH and Vacancies published on KHA website weekly

Figure 2: Flowchart of Booking System for Big Red Kidney Bus Holiday Dialysis Service

KHA marketing strategy

The BRKB holiday dialysis service was initially marketed to dialysis units nationwide and to home haemodialysis coordinators. Australians on dialysis were invited to express interest in the BRKB project and nominate Victorian holiday locations they may like to holiday at. The BRKB Project Manager prepared 200 kits about the BRKB project. These were distributed at the 20th Annual Scientific Meeting of ANZSN and the Renal Society of Australasia Annual Conference in 2014. A KHA BRKB project information postcard was put into every conference satchel (the postcards have a magnet on the back to enable them to be displayed). The BRKB was present at the conference venue and was well attended by delegates. The BRKB project gained much interest from delegates.

Information about the holiday locations visited and stories about the holidaymakers' experiences have been used in ongoing marketing of the service (Appendix 3). In keeping with the holiday theme, a postcard has been used for each holiday location to reflect the 'holiday' experience. Copies were also posted on line. An e-newsletter is sent to everyone on the KHA interested parties' database, holidaymakers and dialysis units nationwide.

In addition to the provision of the holiday dialysis service, the BRKB project contains a complementary, educational component. The aim is to raise awareness of kidney disease in the communities the BRKB visits. The focus is on primary school students, although there has been some links with the general public and community groups. Evaluation of the impact of this element of the project is outside the scope of the present evaluation. The evaluation of the education program will be conducted internally by KHA.

The evaluation process

This section outlines the methods used to evaluate the project. The evaluation process was guided by a population health framework called RE-AIM. The RE-AIM model (2) provides a useful framework to evaluate health programs like BRKB. In addition to obtaining evidence for the effectiveness of interventions, it is necessary to determine the means by which efficacious interventions are adopted and implemented as intended with those groups most in need. The RE-AIM model has five dimensions:

- Reach
- Efficacy
- Adoption
- Implementation
- Maintenance

Attention to the RE-AIM dimensions is essential to ascertaining the overall impact of a program and the sustained changes that will be required to progress the program. The RE-AIM evaluation model has been extensively used internationally and locally (3).

The independent evaluator collected data from several sources. Project data such as marketing materials and booking information was accessed on line and via the Project Manager. Formative evaluation was conducted during meetings and conversations with key project staff. Summative evaluation was conducted using survey and interview data.

The evaluator obtained feedback from a sample of key stakeholders, namely BRKB holidaymakers, KHA BRKB staff and Monash Health staff involved in the project's development and implementation. Interviews were conducted face to face and by telephone (Appendices 3 and 4).

A research study is currently being conducted in conjunction with the project. The KHA research, in partnership with Monash Health and Deakin University, aims to assess the impact of the service on participants' health and wellbeing. The research study uses a before-after design and is embedded within the delivery of the BRKB service. Ethics approval for the study was obtained from Monash Health's Ethics Committee. The BRKB holidaymakers gave informed consent to completion of a survey before the first dialysis treatment and after the final dialysis treatment on the bus. The survey consisted of three established tools: the Personal Wellbeing Index (PWI) (4), the 30 item Dialysis Symptom Index (5) and the HP Mood Scale (Appendix 5). The latter was developed by the Australian Centre on Quality of Life, Deakin University and Monash Health to measure mood traits. It has previously been used with people on dialysis (Subjective Wellbeing in End Stage Kidney Disease Monash Health HREC Approval #12143b/Deakin University #2012-271). The surveys were self-administered and took about 15-20 minutes to complete. The survey findings will be reported in full later in 2015.

For the purposes of the evaluation, data from open-ended questions on the study surveys was accessed to assess participants' satisfaction with the service. In addition, participants could consent to a telephone interview with the evaluator approximately one month after their holiday. These interviews took from 5 to 10 minutes, during which participants gave feedback on their experience of using the BRKB service (Appendix 5).

Thematic analyses of the stakeholder interview feedback were performed. The key findings and topics arising from the data are discussed in the following section.

Results

This section gives an overview of the evaluation's findings. The feedback from the participating BRKB holidaymakers and staff is presented, illustrated by quotes. The findings are organised as follows:

1. The characteristics of those using the service are described
2. The feedback provided by the BRKB holidaymakers, via the survey open-ended questions and the follow-up telephone interviews, is outlined
3. Data from interviews with the personnel implementing the BRKB service is discussed

A/ BRKB holidaymakers

During the evaluation period (to April 30th, 2015), the BRKB holiday dialysis service was very popular:

- The service was used by 101 people across five holiday locations: Lakes Entrance, Mallacoota, Phillip Island, Anglesea and the Grampians
- A total of 176 bookings were made
- There were a few cancellations (32)
- The service was used more than once by 49 people
- 23 people were assisted by a dialysis unit to make their booking
- 103 men and 73 women booked to use the holiday dialysis service
- 120 holidaymakers were aged 60 years or above and 45 were less than 60 years old (11 unknown)
- The majority of holidaymakers (107) were public patients
- 48 holidaymakers were home haemodialysis patients

Note: for some characteristics, data was not available

Details of those using the BRKB holiday dialysis service from October 2014 to April 2015 were obtained. Over 100 people used the service across five locations during this evaluation period. Table 1 shows the characteristics of those using the BRKB holiday dialysis service during the evaluation period.

Table 1: Characteristics of holidaymakers October 2014-April 2015

	Lakes Entrance 27/10-29/11	Mallacoota 8/12-26/12	Phillip Island 5/1-1/2	Anglesea 9/2-14/3	The Grampians 23/3-26/4
N	34	14	11	18	24
Gender (n, %)	22 Men (65%) 12 Women	9 Men (64%) 5 Women	8 Men (72%) 3 Women	13 Men (72%) 5 Women	16 Men (67%) 8 Women
Mean age in years (range)					
Men	71.6 (40-85)	69.0 (43-86)	63.6 (47-81)	64.1 (22-84)	65.8 (44-85)
Women	66.7 (34-86)	59.6 (44-73)	58.8 (29-86)	66.6 (45-83)	62.3 (42-76)
State	VIC 85%, NSW 15%	VIC 85%, QLD 10%, NSW 5%	VIC 90%, SA 10%	VIC 65%, NSW 23%, QLD 7%	VIC 79%, NSW 4%, SA 17%
Home haemodialysis	5 (15%)	6 (42%)	5 (45%)	8 (44%)	6 (25%)

At the end of the evaluation period, survey data was collated for 46 people. Table 2 summarises the demographic characteristics of those who completed the pre- and post-dialysis surveys as part of the accompanying research study.

Table 2: Summary demographics for survey data to 17/03/2015 (n = 46)

Age (years)	Mean	68.07
	SD	13.23
	Min	33
	Max	85
	Missing response	1
Gender	Male	31
	Female	14
	Missing response	1
Years on Dialysis	Mean	4.57
	SD	4.74
	Min	0.42
	Max	21
	Missing response	1
Marital status	Married/de facto	34
	Single	5
	Divorced	2
	Widowed	3
	Missing response	1
Household	Alone	5
	With partner	27
	With dependent children	0
	With adult children	2
	With partner and children*	8
	Other	2
	Missing response	2
Work status	Employed full time	3
	Employed part time	5
	Retired	32
	Carer	0
	Home keeper	3
	Other	2
	Missing response	1

*Note: Eight individuals indicated they lived with both a partner and children so they are reported as a separate category (it was not always possible to determine if they were dependent or adult children)

The users were both men and women and there was a broad age range represented. As can be seen from Tables 1 and 2, those completing the study surveys were similar in age and gender distribution to the overall group of BRKB holidaymakers. Both those in employment and retirees used the service. Most of the people on dialysis using the service were retired, although eight (of those who completed a survey) were employed. On average participants had been on dialysis for four and a half years.

The holidaymakers were mainly from Victoria, although a significant number had travelled from other states, New South Wales, South Australia and Queensland, to use the service. People heard about the service through the sources listed in the previous section. There was some evidence that people enquiring about a holiday chair at a local hospital were referred to the service when there was no chair available.

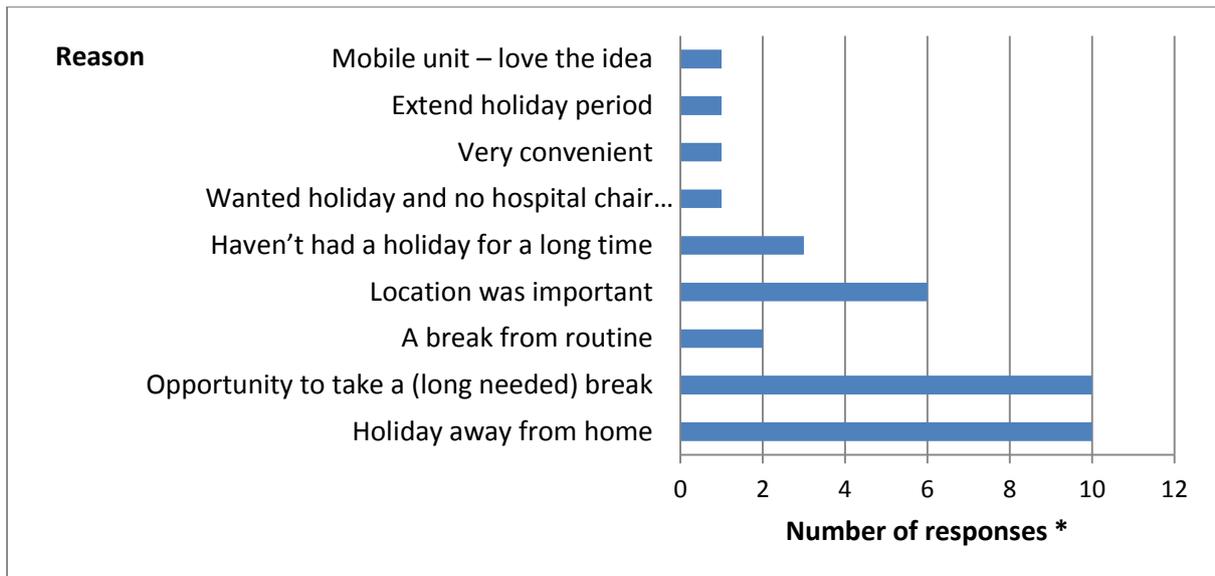
Satisfaction with the BRKB holiday dialysis service

Information was obtained directly from 30 holidaymakers who had used the BRKB holiday dialysis service and who agreed to provide feedback during a follow-up telephone interview. In addition, the evaluator assessed 50 holidaymakers' responses to the open-ended questions on the research study surveys available at the completion of the evaluation period. The findings below relate to these data.

Satisfaction with the BRKB holiday dialysis service was assessed at two time points. The study survey data provided BRKB holidaymakers' feedback on their experience concurrent with when the service was received. The follow-up telephone interviews enabled users to reflect on the experience at a later date when they had returned home from holiday. There was the potential to gain somewhat different perspectives of the experience from the two data sources. The findings from each are presented below.

The survey open-ended questions asked:

- Why did you decide to use the Big Red Kidney Bus holiday dialysis service?
- What did you find most helpful about using the Big Red Kidney Bus holiday dialysis service?
- What did you find least helpful about using the Big Red Kidney Bus holiday dialysis service?



* Note: People could make more than one response

Figure 3: Reasons for using the Big Red Kidney Bus Holiday Dialysis Service

As illustrated in Figure 3 and by the comments below, the main reason for using the BRKB was to have a holiday.

'We needed a break together and the opportunity to register was perfect'

'It offered an unprecedented opportunity to have a holiday'

'The provision of the Big Red Kidney Bus created the opportunity for me and my wife to have a holiday and enjoy the freedom of our caravan. A wonderful opportunity!'

'So that I could try it out and tell other patients about it if it worked well'

'To increase my time down at Phillip Island. So I could stay for a few days and not have to travel back [to my dialysis unit] so early'

'Chose Mallacoota as it's an area of Victoria I've not visited before'

'To have a holiday at a pleasant place of our choice and at a suitable time of year'

'The opportunity to have a holiday and to maintain my necessary dialysis regime'

Participants were asked what had been most helpful about using the Big Red Kidney Bus holiday dialysis service. Their responses are given below (Figure 4).



* Note: People could make more than one response

Figure 4: Most helpful aspects of using the Big Red Kidney Bus Holiday Dialysis Service

Again, people emphasised the importance of having a holiday. They also commented on the standard of care obtained.

'It was the opportunity to escape home and work and routine and have a break, relax and feel relatively normal'

'So my wife and I could have a holiday'

'The opportunity to re-visit Mallacoota, one of my favourite fishing haunts over many years'

'We towed our boat to Paynesville and had four glorious days on the Lakes'

'The opportunity to have a holiday and have close-by dialysis in an area that otherwise would be near impossible to access'

'The fact that it was available as a holiday service'

'I could have a holiday and undertake dialysis at the same time'

'Roominess better than expected. Light and airy. Very well equipped'

'The staff and service provided during my visit was first class'

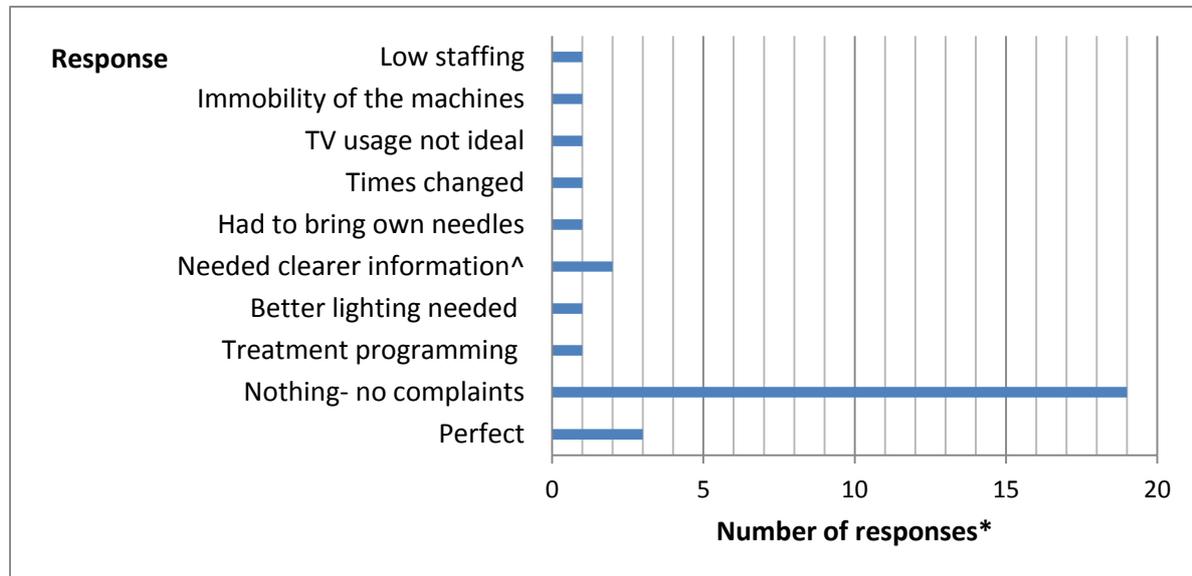
'[The service was] very flexible with times and days... being at a holiday destination and just for renal patients'

'Excellent communications with all at Monash Health'

'Accessibility- location, flexibility in hours'

'Would be great if there was more than one Big Red Kidney Bus... in Victoria, New South Wales, Queensland, Tasmania'

Participants were also asked what had been least helpful about using the Big Red Kidney Bus holiday dialysis service. Their responses are given below (Figure 5).



Note: * People could make more than one response ^ More information about what to bring to the BRKB

Figure 5: Least helpful aspects of using the Big Red Kidney Bus Holiday Dialysis Service

As can be seen, most people said there were no negatives, that they had been very satisfied with the experience.

'Nothing... it fitted my expectations perfectly'

'Nothing... everything was good'

One home haemodialysis person said that they would have liked better lighting to insert their needles by. Another home haemodialysis user didn't realise they had to bring their own needles.

The next section provides an overview of the feedback received from those who consented to a follow-up interview a month or more after their holiday.

Follow-up feedback

Satisfaction with the BRKB extended beyond the actual holiday period. People were universally of the opinion:

'It was just great'

As indicated by the survey findings, the majority confirmed they had used the service in order to have a holiday. Most had been unable to have a holiday for some time, due to the restraints of their dialysis regime. Several people decided to use the service because of the location. The majority

drove themselves to the holiday location. A few were driven by a family member. Some of the interstate visitors had travelled to Melbourne by plane and then hired a car. A few took a campervan or caravan to provide their own accommodation: most stayed in local accommodation. People sometimes had holiday homes near the holiday location but had had difficulties in using them since they went on dialysis. Although socioeconomic data was not specifically requested, the interviewees' responses indicated that people from a range of backgrounds accessed the service. Some people had previously used private dialysis holidays, such as cruises, and were well travelled. Others had been unable to travel since commencing dialysis treatment.

Most people went on holiday with a spouse or other family member. Some people took the opportunity to have a holiday with friends:

'We could go fishing – with friends from overseas'

A few people had family and friends at the chosen location: the service enabled them to socialise with their loved ones. One person even used the opportunity to have her honeymoon. Several people noted the increasing difficulty of finding 'holiday dialysis chairs' at sites throughout rural and regional Victoria: the BRKB holiday dialysis service met this need.

All participants found the BRKB booking system easy to use and commented on the process being quick, friendly and efficient. One person who had to reschedule said that some staff hadn't been aware of that when they called. Another person stated that the person taking the call wasn't aware of her booking: a direct link to the booking service was required (this matter has now been addressed).

Most people had three sessions of dialysis. In general, respondents found the service to be equivalent to that at their usual unit. A few people said it was 'better': the service was less busy and the staff had time to chat to them. Respondents were very positive about the service staff, noting their professionalism, friendliness and efficiency.

The home dialysis holidaymakers also felt they had had a holiday from self-management. The nurses discussed with them the extent to which they wanted to self-manage. Several appreciated having someone to assist them: they welcomed 'letting someone else do it for me'.

One holidaymaker would have liked better information about what they needed to bring to the BRKB as they had travelled by plane from interstate. Another was unhappy that a fellow user was watching TV without headphones, in breach of what had been stated in the information pack:

'Allowing patients to have TVs on without headphones when it clearly states this won't happen in the Monash Health information sheet'

One person whose sessions had been modified to assist staffing remarked that the treatment had been programmed to suit the nurses rather than the patient:

'Whilst there was no second shift of patients during our week, treatment was first thing in the morning. If patient wellness was the first priority, treatment would have started late afternoon so patients could sleep off the effects, not lose a day'

'Only one nurse on duty for six patients (2 shifts) a bit hard for them'

The space on the bus was also referred to:

'Inability to move machines, leading to lines across patient's chest: over four hours can become frustrating'

One person noted that the Bus roof was fairly low:

'...You wouldn't want to be tall'

Everyone said that they'd recommend the service to other people on dialysis; most had already done so, taking information materials to their regular dialysis venue. Several of the hospital and satellite dialysis units had provided information about the holidaymakers' experiences in their newsletters. One participant had provided the postcards to their GP and pharmacist to raise awareness of the service.

A significant number of people intended to use the service again in the coming months. One person queried the equity of this, not wanting to deprive others of using the service. This matter will need to be addressed down the track. Another pragmatically stated:

'We've got to use it or lose it',

recognising the need to support such a valuable service.

The majority commended the foresight and dedication of those who had established the service. The committed involvement of KHA and Monash Health staff was viewed as instrumental to the BRKB's success.

In summary:

- The people on dialysis who had had a holiday using the BRKB were overwhelmingly positive about the service
- They found the booking service easy to use
- The holiday dialysis service on the BRKB was delivered to the standard of care experienced at their usual dialysis venue
- The dialysis nurses' professionalism and friendliness were commended
- All participants would recommend the service to others in need of haemodialysis. Most had already actively recommended the service to others at their usual dialysis venue
- They were keen to see the service continue and potentially operate interstate
- They were very grateful for the opportunity to use the service and full of praise for the people and organisations that had developed and established the BRKB holiday dialysis service

B/ BRKB project staff feedback

A sample of 12 BRKB project personnel were interviewed. The sample included members of the KHA BRKB project team, the KHA BRKB Driver, Monash Health BRKB Coordinators and renal technicians, and several of the dialysis nurses who work on the BRKB.

Stakeholder role	Number interviewed
KHA BRKB Project staff	3
KHA BRKB Driver	1
Monash Health BRKB Coordinator	2
Monash Health dialysis nurse	4
Monash Health renal technician	1
Monash Health nephrologist	1

The interviewees were asked about the support they had received during their involvement in the project, their impressions of the project, their views on the promotion and implementation of the project, and how the project had built capacity for the sustained delivery of a holiday haemodialysis service.

The interviewees' responses covered the following key themes:

- communication and collaboration
- organisational systems and infrastructure
- education and awareness raising
- holidaymakers' experiences of the BRKB holiday dialysis service
- the logistics of operating the service
- perspectives on the service's sustainability

These topics will be discussed in turn below.

Communication and collaboration

The staff had received executive level support from within both organisations. The project staff praised the support they had received from both their managers and colleagues. There had also been a wealth of external support. Sources of partnership and collaboration noted included:

- Traralgon Mobile Dialysis Group
- Community based fundraisers
- Sponsors, Funding Trusts and Foundations
- Suppliers of resources such as Fresenius Medical Care
- Latrobe Valley Bus Lines and the bus industry
- Dialysis centres nationwide
- Home haemodialysis coordinators
- Holiday park management
- Local primary schools
- Local Aboriginal Health Services
- Local media

The contractual arrangements between KHA and Monash Health had been critical to the project's success to date. The project staff across KHA and Monash Health work as a team and are in regular contact. There are also quarterly project reviews. Cooperation between partners was noted. For example:

'KHA enabled the provision of three-phase power for us at the sites and that has made our job much easier'

'Brilliant support from nephrology staff'

'She organised lockable bins to be delivered to and removed from the sites for our clinical waste'

'People have bent over backwards to help and support the service'

The holiday park managers were very helpful, donating not only space but also utilities such as water. Several gave reduced accommodation rates to holidaymakers and staff. On two occasions the site fee for the BRKB was waived.

The dialysis nurses across Australia seem to have enthusiastically embraced the BRKB holiday dialysis service. It was noted that dialysis nurses at the dialysis units had assisted the referral and booking process by raising awareness of the service. They helped suitable people on dialysis to make a booking on-line, particularly those who didn't have internet access or their own e-mail address.

'The Big Red Kidney Bus has its own momentum'

The dialysis nurses are championing the BRKB holiday dialysis service at their units, displaying BRKB information and actively encouraging participation.

Organisational systems and infrastructure

Interviewees were asked how the BRKB holiday dialysis service was viewed within their organisation: the BRKB project was perceived to be a key program by both KHA and Monash Health. The BRKB holiday dialysis service was integrated as part of the suite of dialysis services Monash Health operates. KHA sees the BRKB as a flagship project that they aim to expand nationally over the coming years. Given this level of commitment, the project had been extensively promoted within both agencies as well as externally. There have already been discussions regarding a national expansion model, to operate the service in partnership with other parties.

Staff from both organisations believed they had had ownership of how the service was delivered. Their respective goals for the project were complementary. Whilst KHA focussed on improving the quality of life of people on dialysis, Monash Health were focussed on providing a safe holiday dialysis service. It was agreed that the program adds value to what both KHA and Monash Health do to support people on dialysis.

Notwithstanding the challenges of autonomous working in a mobile unit, the dialysis nurses had been able to work as effectively with the people on dialysis as in the usual hospital and satellite units. The current Monash Health BRKB Coordinator has vast experience as a dialysis nurse and has worked on the BRKB herself. Her expertise has been critical to ensuring high standards of dialysis management. For example, she has ensured that local support is in place at each holiday location,

producing documentation and making personal visits where possible. This work will be extended as the project continues to roll out across Victoria.

The nurses were positive about the support systems in place at the sites. The local services were able to assist with any acute medical conditions arising. In addition, the links back to the Monash Health clinicians and the Monash Health BRKB Coordinator had been good. Dialysis nurses were very positive about the level of support and communication provided by the Monash Health BRKB Coordinator. Some said they would welcome a networking event to meet one another and share their experiences. The Monash Health BRKB Coordinator intends to produce a newsletter for them to formally update them on the service.

The interviewees reflected on whether the BRKB holiday dialysis service model could be used elsewhere. There was agreement that it would be good to extend the service's reach across the population of people needing dialysis. The majority were keen to see the model rolled out across other States and Territories, although they recognised the resource implications would require much consideration. There has already been some interest from other health services in adopting the model in partnership with KHA. Potential modifications to the model were discussed. There could be partnership arrangements with a private provider.

Promotion and implementation: education and awareness raising

As noted earlier, a range of strategies are being used to raise awareness of the BRKB project. It was outside the present report's scope to formally evaluate the educational aspect of the project. However, some feedback was obtained from the staff about the awareness raising activities used to optimise the project's reach.

The KHA project staff were asked which marketing approaches had been most successful. The postcards outlining the BRKB service (Appendix 3) that had been sent to all Australian dialysis units appear to have been most effective. The project staff had received most feedback about this resource and how useful it was. The postcards had been used by both health professionals and people on dialysis to promote the service to potential users. The postcard's success has led to the production of a new version that includes the 2015 holiday location schedule. The postcard resource appears to be a most cost effective means of widely marketing the service.

With regard to the educational program, the project staff had been well received at a number of primary schools in areas the BRKB has visited to date. Children from prep to grade 6 have received educational sessions. The 'take home' message has been to avoid sugary drinks and to drink more water. One session was held at a high school. There has also been some promotion amongst community groups, but the interest has been limited. The future focus will be on primary school communities.

Across those interviewed, there was satisfaction with the extent to which the project had been marketed. There was a well-publicised launch of the BRKB at the 2014 Australian and New Zealand Home Dialysis Conference. In March 2014, there was an official launch of the BRKB on the steps of Victoria's Parliament House by the Hon David Davis, the then Victorian Minister for Health. A launch in Traralgon later that month, sponsored by Latrobe Valley Bus Lines, attracted over 600 people. An

article about the BRKB holiday dialysis service and one of the holidaymakers appeared in the Age newspaper. An item about the service was also on the ABC radio 'Australia All Over' program.

It was felt that a broad range of people had been reached. The dialysis nurses and KHA project staff wore BRKB branded polo shirts. These had proved to be a good marketing tool. Several interviewees had been pleased with the comments and feedback they had received from people when wearing the shirts. In turn, the KHA project staff were delighted that the BRKB holiday dialysis service had given them direct contact with people on dialysis interested in the project.

An area recognised as requiring attention is the KHA website. The information about the BRKB service needs to be easier to access by potential users. Ideally, the information should be on the home page. It is proposed that there be at least a link to the information. In addition, dialysis nurses joining the Monash Health BRKB service require access to greater information about KHA within their orientation. They have also requested to be provided with BRKB postcards and regular news.

Promotion and implementation: the BRKB holiday dialysis service's impact on users

The holidaymakers' experience of the BRKB holiday dialysis service was discussed earlier. The staff interviewees were also asked about the project's success in enabling people on dialysis to have a holiday whilst receiving dialysis treatment from the BRKB holiday dialysis service. Their comments endorse those made by the BRKB holidaymakers.

'To facilitate the ability of patients, their families and carers to have a break away from their normal regimented routine at a place and time of their choice where possible and practical... the project has been 100% successful'

'The fact that a significant number of people are sufficiently satisfied and confident in the service to book to use it again is evidence that the project has been successful'

Interviewees highlighted the fact that the service also provided some respite and a break for family members and carers. The accompanying families and friends of the holidaymakers were made welcome on the bus during the sessions. The nurses encouraged an 'open house' to offset the clinical formalities. There was a welcoming, fun atmosphere on the bus. This contributed to the job satisfaction experienced, particularly by the dialysis nurses.

'It was a very enjoyable experience. The difference in the patients compared to when they are at their usual unit was noticeable, as after the dialysis session they were on holiday, experiencing things they don't usually get a chance to'

'It was good fun. The patients had a different frame of mind: you could see that and it made it a good place to be working'

'The patients felt safe and comfortable: they told us this'

'The Big Red Kidney Bus is wonderful for people on dialysis who can have holidays out of home and enjoy their lives despite their illness'

'The evidence [that the service is achieving its objectives] is the smiles on people's faces. The smile and the thanks when they get off the bus'

The service was perceived as convenient. People could dialyse close to where they were staying on holiday and then return to 'being on holiday'. The flexibility of the service arrangements for both users and staff was viewed positively. The staff noted the rapport that built up between holidaymakers and staff, particularly amongst those who were re-visiting the BRKB holiday dialysis service at different holiday locations.

Staff also noted that there was scope for a broader range of people on dialysis to use the service. Some mentioned the greater prevalence of people with sufficient means amongst the users to date. Others saw the need to engage with those who are not 'early adopters' and to work to allay their fears. One strategy for some people on dialysis may be to encourage the person's nurse to accompany them where practicable.

'Some patients have fears about going somewhere new for their dialysis. Once the message gets out [about the safety and security of the service] this should diminish'

Overall, the staff were committed to the service and were keen to see the BRKB project continue.

Promotion and implementation: lessons learnt

Staff were also asked about factors that may have limited the BRKB project's success to date. The factors that were discussed were viewed as challenges to be resolved rather than as barriers to success. All interviewees were mindful of the fact that the service had only been operational for a few months. Some 'teething problems' could be expected with such a new service. They also stated that where issues had arisen, team members had either worked together to solve problems or had communicated the matters to key personnel within the relevant organisation, whereby matters had either been addressed or were being resolved.

"It's been a busy few months!"

A range of logistical challenges related to technical and administrative matters have arisen. These issues are illustrated below. It should be noted that, given the feedback from the BRKB holidaymakers, none of the issues have significantly impacted on BRKB holidaymakers to date. Several staff commented that, in retrospect, a longer commissioning period would have been preferable. There was more work than anticipated for all staff in ensuring that all systems were in place for the service to 'go live'. Further, it is always challenging to operate and fine tune a project's systems and processes in parallel. However, the workload during the initial period is unlikely to be repeated now that processes and systems have been developed. The workload should become more predictable over the coming months.

'There was more work than expected from the BRKB set-up, due to the mobile nature of the service and the range of sites to inspect, especially with regards to water, wastage and drainage'

Site approval: It was not possible to assess all the potential sites prior to the service's commencement in October 2014. This meant that some sites still remained to be confirmed as suitable at that stage. However, the sites for the rest of 2015 have now been assessed and approved. These sites are now listed on the KHA website, enabling advanced bookings.

Potential holiday makers often need to know in advance where the bus will be during the year, so that they and their family members can arrange leave from work. Advance bookings also enable early booking of accommodation, providing greater options and potential cost savings. The dissemination of the schedule for the remainder of the year has met this need. Further site approvals will enable the schedule for 2016 to be advertised.

Bookings and workflow: It has become apparent that checking the person's eligibility against the admission criteria is the longest component of the booking process. It can take some time to obtain approval confirmation from the person's usual dialysis care coordinator. For any one holiday location, bookings close a fortnight beforehand to accommodate the lag. This may be a disincentive to those seeking to book, leading to fewer places being filled.

The booking system is being modified and becoming more automated. The KHA BRKB Project Manager and the Monash Health BRKB Coordinator have been working with dialysis units to raise awareness of the service parameters. Rigorous screening by unit personnel is vital to ensuring that only stable patients access the service, thus minimising risk. Discussions between dialysis unit managers and project staff have aimed to make the system more user-friendly and less time-consuming for the personnel who provide consent for the person to use the BRKB holiday dialysis service. For example, the admission criteria have been modified to be more specific: they now exclude those with intravenous catheters to reduce the risk of infection. As dialysis units across Australia become more familiar with the system and online systems are used to transfer information, the impact of any inherent delay in the process should be minimised.

In the first few months, there was a spurt of interest, and referrals to Monash Health were greater than might be expected during usual operation. This necessitated the introduction of additional administrative support to process bookings in a timely manner. It is anticipated that such administrative assistance will be required on a continuing basis.

Staffing: The Monash Health BRKB Coordinator has received applications from a number of suitably qualified, highly experienced dialysis nurses. The dialysis nurses are appointed in casual positions by Monash Health Bureau. There have been some challenges with their employment and payment as the agency is more familiar with staff working on site. The fact that the nurses are specialist staff working off-site has had to be emphasised to ensure that they receive the appropriate terms and conditions of employment.

The rostering of staff for the service was challenging given the delay in confirming actual numbers for each holiday site. The advanced booking system has helped. Currently, the Monash Health BRKB Coordinator can advise dialysis nurses three weeks in advance of their rostering onto the Bus.

To date, the dialysis nurses have been flexible and have given their wholehearted commitment to the BRKB holiday dialysis service. One nurse noted that whilst she was enjoying the role, some of her colleagues at her dialysis unit would not be amenable to the responsibilities that autonomous working required. Some experienced dialysis nurses are currently unable to work on the BRKB since their expertise is with equipment other than Fresenius. This could be readily rectified by providing a short training program.

Some interviewees raised concerns about staff working away from home. Some staff have carer responsibilities and may not be able to work away from home for extended periods, limiting the available work pool. The dialysis nurses receive an allowance for travel and accommodation, but this does not always cover costs, nor does it account for childcare costs: staff goodwill is required. These factors have implications for the ongoing staffing pool for the BRKB holiday dialysis service. It is *recommended* that Monash Health review this matter.

Maintenance: The week before the holidaymakers come on board the BRKB holiday dialysis service at each site, the renal technicians visit to test and maintain the equipment. The renal technicians had found it challenging to manage the original four week turnaround on servicing and maintaining the dialysis equipment across the initial locations where the BRKB was situated. This matter has been resolved by scheduling the BRKB holiday dialysis service for six weeks at each holiday location.

Across sites, it was not always possible to recycle materials as much as desired. However, clinical waste disposal has been facilitated by arrangements made by the Monash Health BRKB Coordinator for ongoing removal by a contractor. This contract is being reviewed. A more streamlined cleaning system for the BRKB is also under consideration. Monash Health are also modifying the BRKB emergency exit and revising the fire risk protocols.

Governance and operational processes: Relevant documentation and procedures were in place for the project's establishment phase. The initial few months of operation have highlighted areas requiring improvement. There are formal quarterly review meetings between KHA and Monash Health personnel.

Providing dialysis across a range of holiday park sites has raised several operational matters related to risk management, storage, deliveries and information transfer. For example, Fresenius deliver consumables direct to the holiday parks where the BRKB is located, but there have been some communication glitches with the holiday park offices. It is *recommended* that the communication documentation for the holiday park managers be revised to resolve this matter. The Monash Health BRKB Coordinator has also had to revise stocking and storage arrangements.

There have been occasions when medications have had to be sourced from local pharmacies. This may not always be possible, so the 'what to bring on board' information materials forwarded to people who are going to use the BRKB holiday dialysis service have been updated by Monash Health to further specify the items the person needs to bring with them.

The transfer of patient records to the BRKB has relied upon Monash Health staff taking the documents or the use of express mail. The former has logistical challenges; the latter has not been wholly reliable. It is *recommended* that Monash Health consider using a courier service to transport patient records to the Bus site in a timely, reliable manner. One interviewee suggested that a fax/copier be provided to enable reports to be returned to the persons' usual dialysis venue. However, there are space restrictions. The Monash Health BRKB Coordinator is working with the IT department at Monash Health to improve internet and computing capability whilst meeting the privacy regulations of off-site working. It is *recommended* that Monash Health consider using a restricted access web-based portal for the uploading of patient records for ease of access by the BRKB dialysis nurses.

The dialysis nurses work alone on the BRKB. Practical issues such as toilet breaks and transfer of keys have been addressed. Telephone conversations supplement the clinical information record in the Bus diary kept on site. The Monash Health BRKB Coordinator is currently working on a more formalised handover process. She has been liaising with Monash Health to obtain guidance on organisational nursing standards governance procedures to use in future protocols.

Project sustainability

Staff were asked how the BRKB project had built capacity for the sustained delivery of a holiday dialysis service. The KHA BRKB project staff have developed a computerised booking system to assist the holidaymakers and Monash Health. There has been capacity building amongst the Monash Health service staff. For example, several dialysis nurses extended their scope of practice via SCAM upskilling, that is, single checking and administration of drugs. The renal technicians also increased their competencies in setting up the service in quite remote sites.

'Technical staff have learnt a lot from establishing the Bus. In addition to the potential to share this knowledge with others considering setting up a similar service, we have learnt about other options such as adding an area with an awning to act as nursing office space'

There has also been associated policy development to refine the processes pertaining to traditional satellite units to make them applicable to the diverse rural sites being used by the BRKB holiday dialysis service.

The chosen locations were well received by those visiting them. The Mallacoota holiday location proved too costly in terms of staff allowances. In future, less remote places may be preferable. Service provision over the Christmas holiday period, whilst desirable, may not be economically viable, given the associated staff and accommodation costs.

One of the project's objectives, *'establish a holiday dialysis service with the capacity to treat up to six patients per day over two shifts'* has not been fully met. Several interviewees acknowledged that the service was not yet running at 100% capacity. In order to test operability, the service carries some empty chairs across sessions as a contingency measure. This enables rescheduling should patient or equipment emergencies arise. It also allows for people on dialysis to move sessions to optimise staff usage. Moreover, the service could not be fully booked until the advanced booking system was operational because of the staff rostering implications.

The program's ongoing operation relies upon continuing need and the ability to meet the demand in a cost-effective manner. Several people on dialysis were using the service several times, making the most of the leisure opportunity it afforded them. Others were re-booking for strategic purposes, to ensure that the service had sufficient throughput to remain viable.

Interviewees emphasised that the sustainability of the service will also require continued engagement with health professionals and people on dialysis to ensure that all are aware of the service. Both service staff and people on dialysis are needed to ensure that the service can operate cost effectively.

It was noted that for the BRKB project's future development, there may need to be periods of service 'downtime' during which the BRKB can be used for marketing and educational purposes. The

current contractual arrangements permit KHA to use the BRKB for these purposes during Kidney Health Week or a similar time period, with Monash Health's agreement.

It was encouraging to hear that external support for the project was already in the offing. There has been an offer of further buses and a number of philanthropic groups are amenable to providing funding based on the work to date. There is clear potential for expansion of the service beyond Victoria. It is hoped that the findings of this evaluation will guide the development of KHA's BRKB National Expansion Model.

- The KHA and Monash Health staff are wholly dedicated to the BRKB project, as was evident from their commitment and goodwill during the project's initial implementation phase
- Staff are motivated by the opportunity the holiday dialysis service provides to people on dialysis
- Staff have been delighted by the positive experiences of the holidaymakers to date
- There have been some procedural challenges associated with implementing and refining the service systems in tandem
- The learnings have been valuable in the improvement of procedures and protocols for the service's ongoing operation. There will be ongoing formative evaluation of the service

Summary

The service was well received by the holidaymakers. The holidaymakers' experiences were very positive and they were grateful for the existence of the service. The relevant staff stakeholders have all endorsed the BRKB project's value and praised its establishment. The BRKB holiday dialysis service is being regularly monitored internally and procedural matters are being addressed.

Discussion

The findings from interviews with BRKB holidaymakers and project staff detailed in the previous section confirm the extent to which the service has been implemented as intended. Even though the BRKB holiday dialysis service has only been in operation for six months, it is already well on track towards meeting its objectives.

The following discussion of the findings is categorised according to the RE-AIM domains. Some commentary may be pertinent to more than one domain. The discussion:

- highlights the BRKB project's achievements to date
- notes positive outcomes arising from the BRKB project
- provides a brief appraisal of factors to be considered to enable program sustainability

Reach

Reach refers to the proportion of the targeted population/organisations that participated in the project

In terms of marketing, awareness raising has been extensive. There were well-publicised launches during 2014 to professionals in the dialysis sector, people on dialysis and the wider community. These included the official launch by the Hon David Davis, the then Victorian Minister for Health. There has been media coverage in the Victorian Age newspaper and on national radio via the ABC's 'Australia All Over' program. There has been good information dissemination within KHA and at Monash Health.

With regard to reaching potential BRKB holidaymakers, both staff and holidaymakers have recommended the service to others. Dialysis nurses across Australia have advocated for the service amongst the staff and appropriate people on haemodialysis at their dialysis units. They have distributed information to those without internet access and have actively encouraged participation.

A broad range of people on haemodialysis have already used the service. It was noted that some people on dialysis were reticent about going on holiday, given all the arrangements that were needed. A program to empower them, using BRKB champions, may be worth trialling. The current marketing strategy is to attempt to change the existing culture from 'there won't be a spare dialysis chair' or 'it is just too difficult to organise' to 'there will be a holiday chair for me on the BRKB'. It is *recommended* that this strategy's degree of success be reviewed later in 2015.

There is also a recognised need to campaign to enable more disadvantaged individuals to access the service. The associated travel and accommodation costs for some locations may have limited accessibility for some on fixed incomes. A sponsorship system, possibly using philanthropic or corporate funding, could extend the program's accessibility. Whilst KHA has strategies in place to 'ensure that the BRKB holiday dialysis service is available to people from all backgrounds', they will require greater articulation, dissemination and operationalisation amongst stakeholders.

Whilst people from different cultural and ethnic communities have used the service, there is scope to reach people from these groups who may have difficulties with accessing the English language information about the service. The KHA BRKB Project Manager has been invited to several groups to explore the possibility of engagement of people from Aboriginal and Torres Strait Islander communities living in Victoria and New South Wales.

Efficacy

Efficacy refers to the effects or impacts of the project, both positive and negative. Effectiveness is defined as the extent to which a treatment or intervention has achieved the desired outcome

The BRKB project has largely met its main objectives. A key contributor to the project's success has been the commitment of the staff at both KHA and Monash Health. The expressed satisfaction of both BRKB holidaymakers and staff provides evidence of the service's effectiveness. The number of holidaymakers who are choosing to return to the BRKB holiday dialysis service is clearly a positive indicator of its success.

The BRKB holiday dialysis service provided a normalising experience, whereby people on haemodialysis could have a holiday 'like anyone else'. The BRKB service offers a system whereby people on haemodialysis wishing to take a holiday can go on line to a dedicated website and choose from a range of holiday destinations, albeit in Victoria, and book a holiday via the site. As the

literature review highlighted, to the best of our knowledge no such model is currently in operation elsewhere in Australia or overseas.

The KHA research study will analyse the impact of the BRKB holiday dialysis service on participants' health and wellbeing: the study findings will be disseminated later in 2015.

Adoption

Adoption here refers to the proportion or representativeness of those that use the service

In order to optimise patient safety, the BRKB holiday dialysis service has stringent admission criteria. Notwithstanding these requirements, BRKB holidaymakers were broadly representative of the population of people on haemodialysis. It had been anticipated that most early users of the service would be currently undergoing home haemodialysis, as they are often more independent than other people on dialysis. Fewer people on home haemodialysis (30%) used the service than originally expected. It was noted that people doing home haemodialysis were perhaps less likely to have heard about the service. The KHA team intend to target the home haemodialysis coordinators in person and via their newsletter to raise awareness in this sub-group.

There has been support across both agencies at various levels to assist in both the development and implementation of the service. The dialysis nurses employed were highly experienced and representative of those working in hospital and satellite dialysis units. Indeed, they had many years of working as the senior dialysis nurse on duty.

Implementation

Implementation refers to the extent to which the project was implemented as intended

High standards of governance and accountability were in place. Both KHA and Monash Health staff had to ensure quality assurance systems were working. For example, initial delays Monash Health experienced in obtaining admissions clearance from some dialysis units appear to have been ameliorated by modifications to the communication processes. There remains the need for some further revision and streamlining of procedures. Lessons learnt in these initial few months will guide the integration of service protocols within existing operations at KHA and Monash Health.

The BRKB holiday dialysis service has clearly been well received by people on dialysis. There have been no adverse events. The operational objectives have largely been achieved. Crucially, with regard to the objective 'to arrange backup clinical and medical support from local health services for dialysis nurses assigned to the BRKB should an emergency situation arise', the appropriate systems are in place and have worked well thus far.

Maintenance

Maintenance measures the extent to which the project was institutionalised at the individual and organisational level

There are systems in place to enable service bookings, usage and maintenance. Given that the service is in the early stages of its implementation, the associated documentation will require regular updating and refinement to optimise the service's governance and operational processes. It

is anticipated that greater automation of the booking system will reduce the administrative workload of this critical process. An online booking system and smart phone application are currently being developed by KHA.

At present, there are 12 dialysis nurses in the staff pool for the BRKB holiday dialysis service. More nurses will be required to allow for staff turnover and variations in existing staff availability to work required sessions at the different holiday locations across the schedule. The nurses working on the BRKB are keen to remain involved, but the BRKB is not their primary workplace and their employment is via an agency that deals with casual staff for Monash Health.

In future, the staffing process will require some revision to ensure that dialysis nurses are not disadvantaged by working away from home. At present, the dialysis nurses' travel and accommodation costs are only partially covered. The travel and accommodation costs will need to be reviewed by Monash Health.

It was noted that Monash Health administration of the project was under-resourced. The Monash Health BRKB Coordinator's role is complex and involves liaising with personnel across a range of sites. A 0.6 EFT position may be insufficient for the position's responsibilities. It may be that the position can be restructured to enable some of the more administrative components to be undertaken by another position. Similarly, the KHA BRKB booking system currently has part-time casual staff support: this may need to be increased and dedicated staff appointed. It is *recommended* that staffing be discussed by KHA and Monash Health in their future planning.

The stakeholders interviewed were keen to see the BRKB model extended into other parts of Australia, although several commented on the economic implications of such a model. There is scope for other providers to develop similar holiday dialysis services in their regions. With planning, the holiday service could be integrated across Australia.

There has been interest from several organisations to operate a similar model to the BRKB. There is scope for other health service providers to partner with KHA to deliver a nationwide BRKB holiday dialysis service. The potential for a national expansion model bodes well for the future of the BRKB model. It is *recommended* that KHA Executive plan for incremental capacity and infrastructure development to enable the BRKB project to roll out nationally in partnership with appropriate agencies. Given the existing expertise amongst the BRKB team in Victoria, it is *recommended* that KHA Executive negotiate for Victorian-based oversight of any national BRKB holiday dialysis service program in future discussions with interested parties.

Summary

In summary, the BRKB project has provided a holiday dialysis service that addresses an important, previously under-resourced need amongst people on haemodialysis to be able to have a holiday. The service has received excellent publicity and has been well received. The ongoing marketing has been able to highlight the positive experiences of BRKB holidaymakers. The commitment, motivation and goodwill of KHA and Monash Health personnel have supported the project thus far. The momentum of the stakeholders' efforts to date needs to continue to facilitate a sustainable service with the potential for expansion beyond Victoria.

Recommendations

The following recommendations are based on the overall findings from this evaluation. To optimise the project's sustainability and to guide its future roll-out, we recommend that:

Kidney Health Australia:

- Plan for incremental capacity and infrastructure development to enable the BRKB project to roll out nationally in partnership with interested parties
- Consider providing ongoing full-time dedicated staffing for the BRKB booking system
- Negotiate for Victorian-based oversight of any national BRKB holiday dialysis service program
- Develop communication documentation for the holiday park managers
- Send the BRKB holidaymakers regular news
- Continue to work with Monash Health and service users to determine the holiday locations that permit greatest accessibility to potential holidaymakers
- Continue to market the service nationally to maintain an effective volume of service usage
- Target nephrology professionals to assist them in personally promoting the service to appropriate potential users
- Conduct a targeted awareness campaign for people on home haemodialysis
- Work with BRKB holidaymakers to disseminate information about their positive experiences
- Liaise with BRKB holidaymakers to identify and upskill people to champion the service amongst undecided potential users
- Seek sponsorships from corporations and philanthropic trusts to support use of the service by those with limited means
- Negotiate with tourist services in scheduled holiday locations to obtain competitive accommodation rates for people on dialysis where necessary

Monash Health:

- Consider revising the Monash Health BRKB Coordinator's role to transfer routine administrative duties to other positions within the organisation
- Continue to evaluate the business model for the service operation to identify any opportunities for cost savings
- Seek funding to fully support the on-costs of the dialysis nurses travelling to work on the BRKB
- Review the scheduled capacity to assess whether throughput can be safely and cost-effectively increased to meet anticipated growth in demand
- Ensure that the pool of suitably credentialed dialysis nurses remains at the critical mass required to adequately roster for the service
- Consider a staff feedback survey after a year's service operation to guide service development
- Consider using a courier service to transport patient records to the Bus site in a reliable manner
- Consider using a restricted access web-based portal for the uploading of patient records for ease of access by BRKB dialysis nurses
- Liaise with the tourist industry to minimise the accommodation costs for staff working on the BRKB

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Appendices

Appendix 1 BRKB requirements

[KHA BRKB Booking Application form](#)

[BRKB Monash Health Admission Criteria](#)

BRKB Monash Health *What to bring on board* checklist – [link to be added soon](#)

Appendix 2 BRKB Holiday Dialysis Project Supporters

[BRKB Holiday Dialysis Project Supporters](#)

Appendix 3 Examples of marketing material for BRKB Holiday Dialysis Project

[The Background Story \(Vince's story\)](#)

[Information postcard](#)

[Hop on Board Fundraising Postcard](#)

[Postcard from Lakes Entrance](#)

[Newsletter from Lakes Entrance](#)

[Postcard from Mallacoota](#)

[Newsletter from Mallacoota](#)

[Postcard from Phillip Island](#)

[Newsletter from Phillip Island](#)

[Postcard from Anglesea](#)

[Newsletter from Anglesea](#)

- Photo board from education program



Appendix 4 Interview schedule for BRKB Project stakeholders

Nurses / Technical staff/ Project Manager/ BRKB staff

Jane Sims and Associates have been commissioned by KHA to evaluate the Big Red Kidney Bus (BRKB) Project. This involves the systematic conduct of interviews with key stakeholders and the project coordinator(s). You are being contacted because you have been involved with the program's planning/implementation. We are interested in your personal perspective. Your responses will be de-identified and treated in confidence in the program's evaluation report.

This interview contains four levels of questions. These are:

1. **Background**
 2. **Your impressions of the BRKB program**
 3. **Views on the promotion and implementation of the program**
 4. **How you think the BRKB program has built capacity for delivery of haemodialysis in holiday settings**
-

Background

1a How long have you been in position? (how were you recruited; what is your time fraction)

1b What has been your role/ what have been your responsibilities with regards to the BRKB project? (do you have any other roles for/in the organisation?)

The next questions are about the support you have received, both internally and externally:

2a Can you briefly describe the support you have received from KHA to assist you in your role?

2b Has your BRKB role been assisted by other sources of support? Please specify.

3 Overall, how responsive have KHA been in meeting your needs in relation to BRKB issues?

4 Overall, how responsive has the Project Manager (JF) been in meeting your needs in relation to BRKB issues?

Impressions of the BRKB program

Given the intended outcomes underpinning the BRKB program (prompt with objectives)

1 How successful do you believe the BRKB program has been to date?

2 What aspects of the BRKB program do you feel have contributed to its success? (Please consider strategies e.g. processes, structures, products, partnerships)

3 What aspects of the BRKB program do you feel have limited its success? (Please consider strategies e.g. processes, structures, products, partnerships)

Organisational Systems and Infrastructure

4 How is the BRKB program perceived within your agency? (Is it seen as a core program, integrated within other programs or as a peripheral activity?)

Contd/

4a With regard to program diversity and flexibility, do you think your agency has had ownership of the program's implementation?

5 Have you used any particular strategies to promote the BRKB program *within* your agency (e.g. Exec. Officer, Board, other program staff)? Have they worked?

6 Has the BRKB program added value to what your agency already does to support the management of people on dialysis?

7 What evidence do you have that the program has enabled staff to work more effectively with people on dialysis?

We are interested to learn whether the approach (mobile service, holiday setting, clinical and technical support, payment systems) used to implement the BRKB program is worth repeating for future program rollout

8 Do you see this approach as a potential model that can be used elsewhere?

9 Can you suggest any other ways in which the BRKB (and similar programs) could be better delivered by KHA?

Views on the promotion and implementation of the BRKB in your agency

In this section I would like you to reflect upon the diversity, impact and reach of the program.

Education and awareness raising

(BRKB managers)

1 What awareness raising strategies did you use to inform personnel (staff, people on dialysis) about the BRKB program? How have they been received?

2 What types of approach did you find most useful?

2a What was/were the source(s) of the equipment you used? (Was information from other agencies/staff/projects accessed to make it user friendly?)

3 How well did the BRKB program tie in local circumstances e.g. sites, case mix, staff expertise?

4 Did you use a particular targeting strategy for recruiting staff? (If so, please describe).

5 Did you provide education about the BRKB program to a broad range of clinics/services? (prompt on characteristics)

6 Can you comment on the reach of the BRKB program? (e.g. types of patient/clinician/service involved)

Impact

7 We can see what the numbers tell us about the participation in the BRKB program. However, in terms of behaviour change how would you rate the impact on a) patients b) staff?

Contd/

7a The BRKB program aims to improve the wellbeing of people on dialysis. Do you have any evidence of this having occurred?

7b What evidence do you have that the BRKB program has enabled people on dialysis to have a break away from home?

Needs assessment and support
(BRKB managers)

In addition to education and awareness raising:

1 What strategies have you used to support staff in the facilitation of the BRKB program? (Were protocols and tools provided to assist then? By whom? Why was that? How have they worked?)

2a Has any follow up occurred, to reinforce promotion of BRKB goals? (Where applicable: with what frequency?)

2b Have staff requested further information and/or resources? (What type? Were you able to meet their needs?)

3 Have you learnt any lessons where engagement has been poor that could be used to increase uptake in clinics with similar characteristics?

3a Have you learnt any lessons where engagement has been poor that could be used to increase uptake in clinicians with similar characteristics?

4 To what extent have you been able to address the needs of CALD patients? (e.g. providing translated material, using multicultural staff)

Linkages with outside agencies

1 What strategies have you used to develop linkages between KHA and other healthcare/service providers, such as allied health providers? (How did you liaise with these service providers? How effective has this been?)

2 Has KHA been able to negotiate protocols with local agencies for complementary programs that promote renal health?

4 Have other agencies provided policy, training or financial support to assist with the operation of the BRKB program?

5 Overall, how effective have linkages to other services been in enabling the management of BRKB program participants?

Sustainability of BRKB program: capacity building to maintain the program

I want to end by obtaining feedback on aspects of capacity building that have occurred. Reflecting upon the agency's capacity to maintain the service, the following questions consider how the BRKB model has built the capacity for staff to support holidaymakers on dialysis. You may wish to consider these in relation to any strategic planning activities the agency is conducting.

1 Have there been any changes within your agency that have impacted on you implementing the BRKB program?

Contd/

2 How has the BRKB program contributed to the **workforce development** for staff to support people on dialysis? (e.g. professional development)?

3 How has the BRKB program contributed to the agency's **organisational development** for staff to support people on dialysis? (e.g. the organisation's strategic plan; policies; structures, and information systems)?

4 How has the BRKB program contributed to the agency's **resources** for staff to support people on dialysis ? (e.g. financial, staff, tools etc.)?

Thank you very much for your assistance.

Appendix 5 Data collection tools for holiday makers

[Survey 1 & Survey 2](#)



MonashHealth

Big Red Kidney Bus Project Participant Feedback Study Interview

My name is Jane Sims. Just to explain: I have been commissioned by Kidney Health Australia to evaluate the BIG RED KIDNEY BUS Program. This involves conducting interviews with users of the holiday dialysis service.

I am contacting you to talk with you because you recently received haemodialysis on the BIG RED KIDNEY BUS in [insert location]. Thank you for agreeing to have a brief chat with me. You agreed to provide us with your feedback on using the service and suggested we contact you at this time of day. I will need about 15 minutes of your time, a maximum of half an hour. Is this a good time to talk or would you like to arrange another time?

I'd like to talk to you about three areas. These are:

1. **Some information about you, to help us to understand your responses [Background]**
2. **Your impressions of the BIG RED KIDNEY BUS holiday dialysis service [Contextual information]**
3. **Your views on how the service may have impacted on your overall quality of life [Impact information]**

I am interested in your personal perspective. Your responses will be kept confidential and may be used, without reference to you personally, in the report of the evaluation findings. These questions are being asked of a range of people on dialysis, so they may not all be relevant to you.

SECTION 1 BACKGROUND INFORMATION

1. Why did you decide to choose to use the Big Red Kidney Bus service?
(prompts: holiday, working away from home, live locally)
2. How did you travel to the Big Red Kidney Bus?
3. How many dialysis sessions did you have on the Big Red Kidney Bus?

4. Can I confirm that it is [] weeks since you used the Big Red Kidney Bus on []
-

SECTION 2 IMPRESSIONS OF THE SERVICE

1. Considering booking onto the Big Red Kidney Bus:
 - a) What did you find most helpful?
 - b) What did you find least helpful?

 2. Considering receiving haemodialysis on the Big Red Kidney Bus:
 - a) What did you find most beneficial?
 - b) What did you find least beneficial?
-

SECTION 3 IMPACT OF THE SERVICE

It is now [] weeks since you used the Big Red Kidney Bus.

1. Some people noted an impact on their quality of life *whilst* using the service. How about you? (prompt: health, everyday life)

2. Some people have noted an impact on their quality of life *since* using the service. How about you? (prompt: health, everyday life)

Overall, would you recommend the service to other people requiring haemodialysis?

Do you have any other comments you would like to make?

Thank you very much for your time and for your helpful feedback.
