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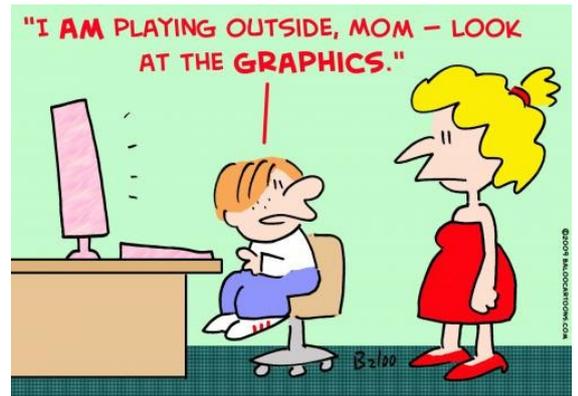
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Nephrology Educators Network Symposium

The NEN symposium was held on the Gold Coast in Feb. About 70 educators, both health and university based attended two days of inspiring talks, that aimed to motivate us all to find different ways of imparting new knowledge, to those who need to gain that information. A highlight was the presentation by Professor Kerry Reid-Searl, who spent the first half of the presentation literally 'in disguise'. Her antics as a renal patient were not only amusing, they demonstrated how much fun learning could be, taught some interesting concepts, and made us all realize that there is more than one way to send a message.

So, are there options for this sort of approach for home dialysis patients? I think so. Beyond Kerry's presentation were more talks that involved simulated learning experiences, removing the danger of doing 'real dialysis' until the person had mastered basic skills. Home-made plastic over-arm covers with tubes to practice cannulation featured amongst other ideas.



The concept of try, try and try again until you have it right in a safe space was strongly emphasized. I reflected on practice in units I have worked in, and realised simulated PD training is well established, everyone has the apron with a tube attached! However, simulated HHD training, not so much; the focus tends to be on learning during a treatment only.

So here is the challenge, can you find a new way to incorporate simulated learning into your programme? If you already do, can you share how this is working well in your clinic.

Royal Brisbane Home Dialysis—Stafford Kidney Health



The staff at the Royal Brisbane training unit, led by Melanie Cawley, are very proudly established in their new, off-site home dialysis training unit. Both HHD and PD staff work in this purpose designed unit. With extra office space for clinics, the involvement of doctors for support has been assured. The wait-room also doubles for social events, and the nurse input means there are many clever design features. Good luck to the team in their new premises.



National Committees

There are lots of national committees meeting at the moment. Hot topics for home dialysis include the ABF (Activity Based Funding), and how this may impact on home dialysis funding. Many stakeholders are liaising to make sure that home dialysis does not miss out, and moves are happening in the right direction. Government is listening.

The HOME Network

Educate, Enable, Empower

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Through education and advocacy the HOME network aims to enable patients and healthcare professionals to use their knowledge and the practical resources developed by the group to empower more patients to embrace the freedom of home therapies.

KPIs are another hot topic. Victoria have not got nearly a year's data and experience under their belt, which is becoming a template for other states to consider. Many states are now considering their options and some are closer than others. Predialysis education rates, fistula rates and peritonitis rates seem to be the preferred KPIs that impact in some way for home dialysis.

Strategies that will make it easier for patients to be at home are undoubtedly at the top of every states major committees. From attracting people in to home, to maintaining quality care, and providing better community support for the person and their family, there are lots of initiatives and dreams. These can only be of a positive outcome for the patients who would like to be home.

HOME Network next meeting April 29th—Melbourne

Home Dialysis Unit Survey—Australia

In 2012 a survey was undertaken to determine some of the facts about the home training units around Australia. 34 adult and 2 paediatric units responded—thank you.

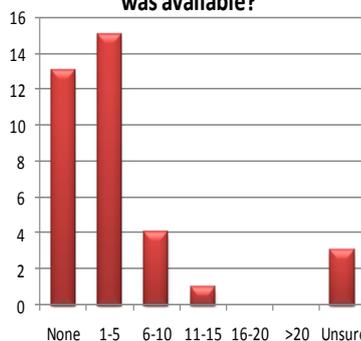
About 25% of units are now community located, usually with HHD and PD together.

Home Haemodialysis:

Of the units offering HHD, about 70% offered nocturnal dialysis, and 5% offer HDF.

Most units support between 1-40 patients, with 11 (30%) having < 10. Training numbers per year are most likely to be 1-10, with 1-6 training chairs available. Satellite units often support training, but only 6 units in a structured way. 50% offer first dialysis options, but of note these were usually hospital located. Three or four training sessions is the norm.

How many patients are currently on your HHD waitlist, ready to start training tomorrow if a space was available?



General Home Dialysis Questions:

58% of units felt they could offer clinical support adequately, with another 39% feeling that staffing levels or experience limited this. With allied health the dietitian was routinely available in 85% of units, with social work in about 70%. Psychologists are used in 27% of units routinely. Most units reported one or less system barrier, impeding their programme.

Peritoneal Dialysis results will be provided in the next newsletter.

Editors Word!

Welcome to edition 15 of Home Updates. Membership is now about 280.

February came and went (not enough days) so apologies that I missed that newsletter and now we are into March instead.

As always, email me with any comments or stories to debbie.fortnum@kidney.org.au

