

Helping Every Patient Achieve their Highest Possible Level of Independence

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Effective self-management of hemodialysis (HD) requires life-long adjustment and acquisition of self-care abilities and behaviours by patients, which have been shown to improve clinical outcomes. Educational interventions to assist patients in acquiring these abilities have been shown to improve self-care abilities in the patient with chronic renal failure. To this end, a self-care teaching and coaching intervention for selected adult patients on an in-centre HD unit in Vancouver, British Columbia was designed to improve patients' self-care behaviours. Some of the activities employed were patient assessment, selection and orientation, patient teaching and coaching; reflective meeting and hand-over reporting by the nurses, evaluating/revising and refining of our teaching tools that are still on trial. Plan Do Study and Act (PDSA) cycles and logic model were used as ongoing evaluation tools for new interventions. We have chosen to use self-care, patient satisfaction, team vitality, and emergency/hospital visits as quality indicators. The Self Care for Adults on Dialysis (SCAD) tool, a 66-item, self-administered questionnaire was distributed to 54 eligible, consenting patients. Out of the 67% consented, 72% actually completed the full teaching intervention and 13% moved to more independent dialysis. We did encounter some challenges like physical limitations, age, communication, patient cognitive functions, group versus individual teaching, uptake of teaching tool and progressive versus collective teaching tool. The results have provided an opportunity to enhance equity of care by informing on strategies to individualize patient care in the HD setting. Empowering patients to effectively promote their health by playing a more integral role in their well-being has required significant changes in the role of the nurse in this environment. This in turn has resulted in better utilization of existing staff and therefore optimization of access to care that influence patient choice of dialysis modality either towards a home-based or community dialysis setting.