

Evidence Series: Poster

Remote Patient Monitoring in Peritoneal Dialysis (PD):

Evaluating the benefits
of implementation on
service resource.

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EuroPD 2017 (Poster)

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Remote Patient Monitoring in Peritoneal Dialysis (PD):

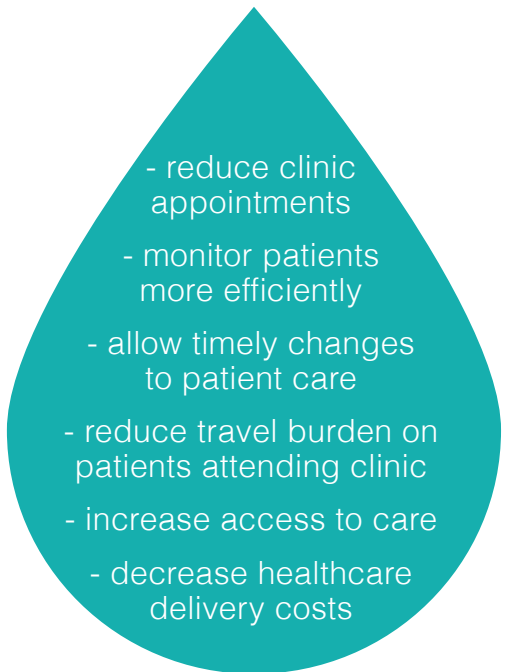
Evaluating the benefits of implementation on service resource.



BACKGROUND

Remote monitoring in chronic disease management may significantly improve an individual's quality of life, allowing patients to maintain independence and avoid complications.

- Following a hospital wide strategy to promote more people managing their own care at home as monitoring technology evolves and facing the challenge of managing a service with significant resource change, the PD team at Gloucester identified the use of remote monitoring as a potential method of improving areas within the service.
- Remote monitoring technology has the potential to:



OBJECTIVES

Introduce remote monitoring to Automated Peritoneal Dialysis (APD) and review the impact on planned activity, unplanned activity and patient experience.

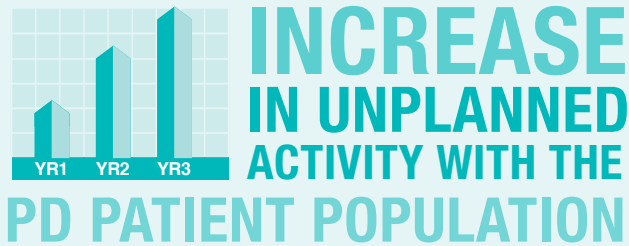


ENDPOINTS

Resource Utilisation



METHODS



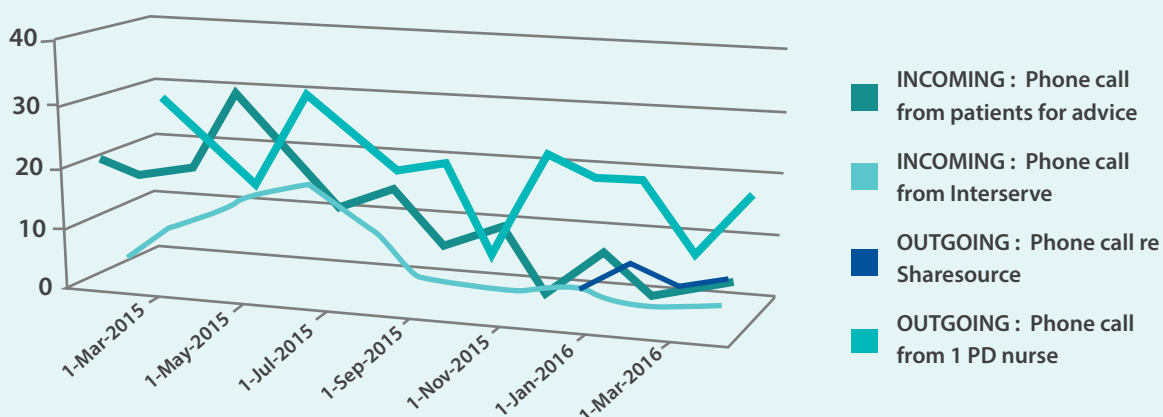
- Year on year the PD team have found an increase in unplanned activity with the PD patient population which was time consuming and impacting on many aspects of the service
- Before introducing remote monitoring, an audit of unplanned patient contact was undertaken, including:
 - incoming and outgoing patient phone calls
 - patient ward attendance and out of hours contact
- This audit was repeated for 12 months post remote monitoring implementation of Sharesource.
- Further audits investigated proactive versus reactive patient activities, and additional services post device introduction.

RESULTS

- Remote monitoring was implemented in 85% of the APD population
- Before remote monitoring there were an average of 32 incoming patient phone calls per month, this fell to 14.7 calls per month and a reduction in unplanned ward attendances
- Outgoing Nurse phone calls showed a slight decrease.
- Reactive patient care was previously 60% with no proactive care documented. This increased to 21% proactive patient activity and a 4% reduction in reactive care.
- The team were able to introduce a six-monthly patient training reassessment programme to further support patients at home.



PD patient phonecalls



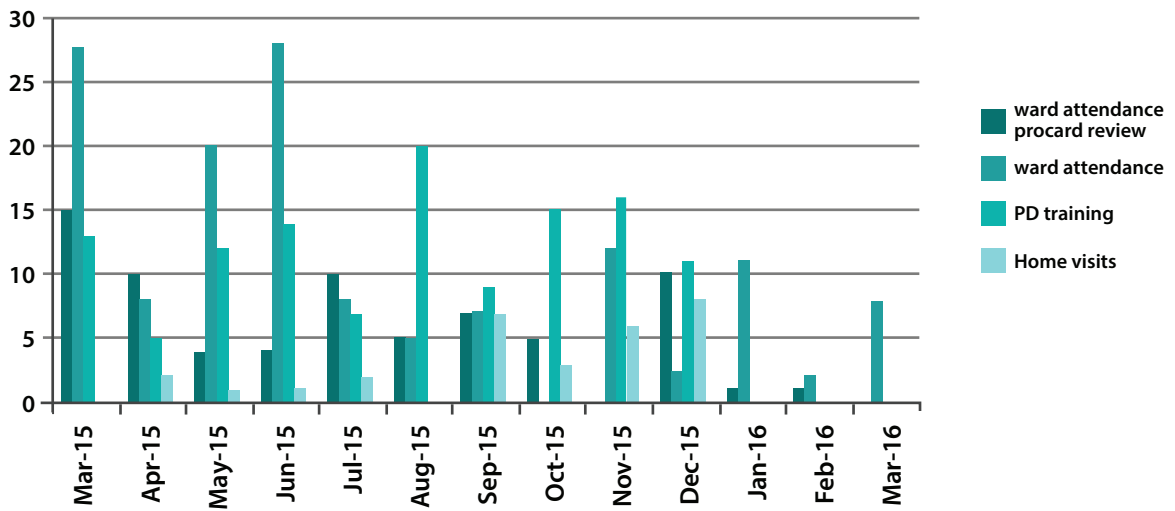


RESULTS

- Ward attendees showed a similar decrease

PD patient ward attendance

PD pts ward attendees (w/a) 2015 to 2016



CONCLUSIONS

Introduction of Homechoice Claria device and Sharesource remote monitoring, coupled with a dedicated PD team and a regular home visit protocol has enabled the development of an increased, sustainable PD programme and timely, efficient patient centred care.