

SHARED HAEMODIALYSIS CARE VISION

The vision of Shared Haemodialysis Care is for all people who receive dialysis at centres to have the opportunity, choice and information to participate in aspects of their treatment and thereby improve their experience and their outcomes. This requires a collaborative approach between healthcare professionals and patients;

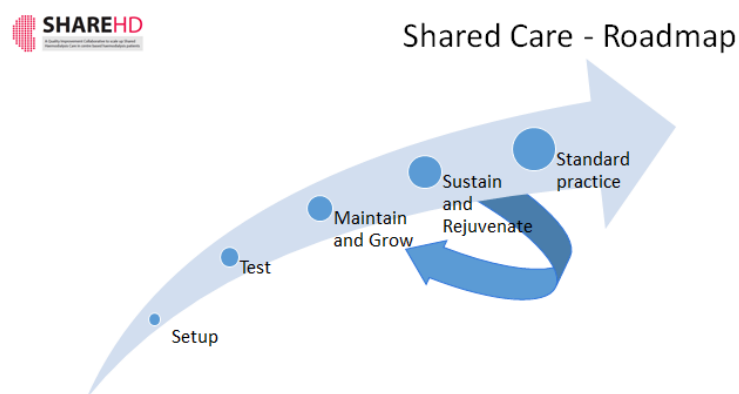
“Without patient involvement at every level, it would be misdirected and irrelevant”

Introduction

As various programs of work have evolved to progress shared care in the haemodialysis setting, there has been recognition that even though units and trusts are at different stages of implementation, there are common themes and steps that are often encountered. This roadmap has been produced based on the experiences and work of teams participating in shared care and the ShareHD collaborative. It is hoped that this will benefit the renal community for trusts that are already undertaking shared care and want to understand how to take the service to the next level as well as being a starting point for units who are just setting out.

SHAREHD Roadmap Schematic

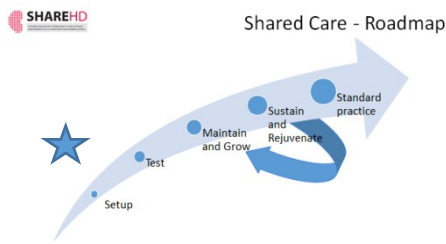
The diagram below gives an overview to help you to identify your stage of implementation and provide a guide to progression.



Referenced throughout to the tools available

Set up: aim to

Establish awareness, interest, energy and motivation for change and to provide education to support understanding



APPROACH

- Discuss with colleagues to start building a team to work with
- Gradually start to raise awareness to minimise risk of over committing by talking in broad terms about patients being supported to take control and using [posters](#)ⁱ to introduce slowly. Don't overpromise and under deliver! This leads to rejection and loss of confidence and trust
- Start small and try it out first with enthusiastic patients and enthusiastic staff
- Think about the environment and how you can make it easier for patients to care for themselves e.g., equipment for self-monitoring in waiting area
- Use [Patient and staff stories](#)ⁱⁱ to give real life context and influence others in more subtle ways

COMMUNICATION

- Create awareness and engage stakeholders across the patient pathway. Potentially use a [Stake holder analysis tool](#)ⁱⁱⁱ Involve medical staff, nursing staff and patients from pre dialysis through to home haemodialysis. See the [Article on Co-production](#)^{iv}
- Engage those who have the authority to make changes. See the '[Why bother with Shared Care](#)' for managers infographic^v
- Explore other units' resources and experiences to generate interest and awareness

EDUCATION

- Explore what is available either locally or nationally for training
- Establish your enthusiasts to drive the change
- Establish how many staff you need to train in the initial phase
- Consider how the learning will be disseminated

- Consider how you will raise awareness with patients through information such as [Patient information leaflets^{vi}](#) or [postersⁱ](#)
- Consider how your patients' safety and competency will be documented
A generic [patient competency handbook^{vii}](#) is available for downloading or printing.



Attending a training course is not essential to make the change. Other ways of gaining information are to link with an established unit and network to share experiences. The national [Shared Haemodialysis Care course^{viii}](#) is an option and can be accessed by emailing tania.barnes@sth.nhs.uk

Training a succession of individuals can keep the motivation going by bringing back fresh ideas and providing and building a continuous network for support, encouragement and learning

MEASUREMENT

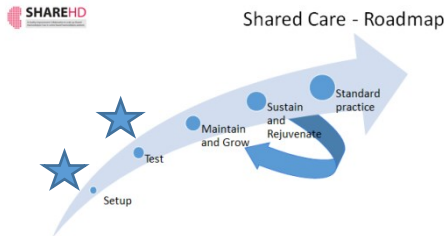
- Establish what your staff understand about Shared Care and their learning needs
Using the [staff questionnaire^{ix}](#). This will provide the information you need for a staff education/support plan
- Establish your patient interest in the programme using the [Patient audit^x](#) This will give you information on the current interest and needs of your patients to establish demand



If you are asking all of your patients and are unsure if you will be able to meet demand at this stage, make this clear to patients. If you have a few staff ready and willing to train, you could consider using the questionnaire with just a few patients as a pilot. Either method will reduce the risk of disappointment if expectations are well managed. Knowing that patients wish to participate may be a motivating factor for staff willingness to engage

GOVERNANCE

- Consider how you will monitor your progress and how often updates will be made
- Establish how the reports will be communicated and to who
- Establish Shared care as agenda items at each management level to communicate your progress
- Commence a [local action plan^{xi}](#) for ongoing sustainability



Test: aim to
initiate and test out new ideas

APPROACH

Consider and discuss how you

- Provide choice for patients and consider what motivates them. Staff often think very differently to patients, so have those conversations
- Adapt resources to individual learning styles. Ask your patients to help **co design**^{iv} this activity
- Adapt your environment to make shared care easier and possible. Work with your patients to **co design**^{iv}

COMMUNICATION

Day to day on the Unit

- Use the **Shared Care patient audit**^x or the **competency handbook**^{vii} to ensure staff know which tasks patients wish to participate in
- Generate interest to show the spirit of shared care using the '**Why I do shared care**' **posters**^{xii}
- Consider using alternative communication methods such as social media to communicate with your team
- Keep all staff informed of any changes being made. Include all stakeholders in this e.g. ward clerks unqualified staff etc. as they will all welcome an understanding of the change and have influence in the patient journey along the way

The bigger picture

- Display results to show progress for patients and staff
- Share success stories at meetings
- Network with other groups in your region

EDUCATION

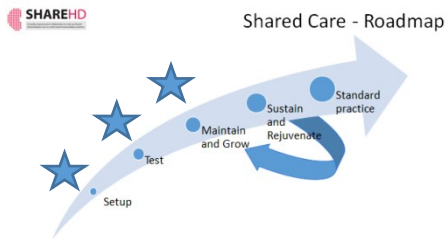
- Address concerns and education needs within staff group using results from your [staff questionnaire](#)^{ix}
- Match enthusiastic staff with patients for initial training and test it out. Analyse how it progresses and share the learning. Engage others. Consistency for patients is key to success so build up gradually and don't do more than you can realistically achieve
- Group patients together if possible to encourage a culture of positivity This will help to gain easy wins and demonstrate success to ignite the fire in others
- Test out the [Competency Handbook](#)^x, again with one or two. Engage the patient in this test with you in the spirit of [co-production](#)^{iv}

MEASUREMENT

- Use [QI methodology](#)^{xiii} to help you to make and measure small changes. Your service improvement team may be helpful to engage
- Consider how you will demonstrate improvement through data and through [patient and staff stories](#)ⁱⁱ

GOVERNANCE

- Establish your structure for ensuring patient safety. [Competency Handbook](#)^x, Audit reporting
- Establish Staff training plan and measurement of their [Staff shared care competency](#)^{xiv}



Maintain and
grow: aim to

maintain momentum and
continuously improve

APPROACH

‘Keeping the fire alive’ Ask what would happen if....?

e.g. your enthusiastic shared care nurse who is driving the change leaves, or all your excited patients get transplanted. What is in place to keep shared care going? Document in your [local action plan for sustainability](#)^{xii}

COMMUNICATION

- Use patients in [co design](#)^{iv} and in continuous conversations involving them at every level
- Establish communication channels to share achievements
- Establish links with pre dialysis and home dialysis
- Integrate the language of shared care into documents for patients and staff

EDUCATION

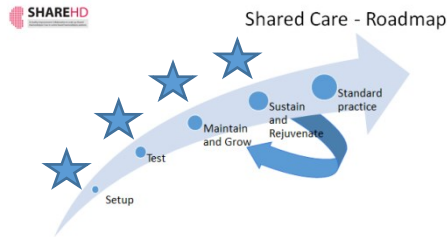
- Establish a programme of education for all new dialysis patients
- Incorporate training for new staff as standard
- Establish education documents that enable a smooth transition for patient information between pre dialysis, haemodialysis and home dialysis

MEASUREMENT

- Establish your own bench mark between units in your trust (key performance indicators) and also within the wider field using the renal registry and CQUIN measures
- Display results in different forms using quantitative and qualitative data for patients and staff

GOVERNANCE

- Tie into corporate, goals and strategies [why bother with shared care poster](#)^v
- Update and maintain your [local action plan for sustainability](#)^{xi}



**Sustain
rejuvenate and
spread: aim to**

Make shared care the norm and ensure the culture remains and does not slip back

APPROACH

Continue to grow till all staff and patients feel they can participate remembering that its everyones responsibility not single individuals.

Ask “What can we do next to keep it fresh?”

COMMUNICATION

- Motivate, stretch patients and staff.
- Use **co production**^{iv} as the norm with all levels of patient engagement
- Make it easy for patients to get involved
- Use patients as Peers **see article on Peer education**^{xv}
- Make it the norm for patients to attend conferences to participate

EDUCATION

- Refresh education programmes for staff and patients using network of educators for new ideas to maintain momentum and interest
- Incorporate shared care training into all workers roles and job descriptions within the unit including non –healthcare workers
- Spread to cover all units including private providers. Work with contracts to ensure a standardised approach
- Use your quality improvement team to work on individual areas of improvement

MEASUREMENT

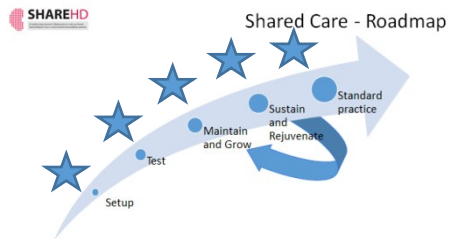
SHARED HAEMODIALYSIS CARE Roadmap v.6
Created Feb 2019 For information contact: tania.Barnes@sth.nhs.uk
<https://www.sharedialysis-care.org.uk>



- Use data to inform what you do and analyse results from each of your units to compare and improve as regular audit data collection
- Celebrate your fantastic achievements with applications for awards

GOVERNANCE

- Maintain corporate interest in your programme by keeping it on their agenda



Standard
This is how it is done here!

APPROACH

The staff and patient vision of shared care is built in and standard for all units

Consider the following questions and be honest where change is still needed. Shared care ebbs and flows so always monitor where you are at and question what could be done to increase awareness and involvement of all staff and patients.

What does Standard mean for your unit? Do you have a policy that relates it to your trust strategy ?

Is it part of everyday working practice for all healthcare workers and built into training and competencies, job descriptions?

Is co-production normal ?

Is shared care noticeably available to patients and offered to all as a matter of course?

Are new patients routinely aware and encouraged to share their care ?

Do you have co ordinated systems to link pre dialysis to in centre to home haemodialysis teams ?

Is patient training routine ?

Is it consistent across the trust ?

References:

- ⁱ Patient posters
- ⁱⁱ Staff and patient stories
- ⁱⁱⁱ Stakeholder analysis
- ^{iv} Henwood.A et al (2018) Co production learning from the shared haemodialysis care programme. *British Journal of renal medicine* vol 23 No.2 pp 53-57
- ^v Why bother with shared care infographic
- ^{vi} RA/Kidney Care UK Patient information shared care leaflet
- ^{vii} Shared Haemodialysis care competency Handbook
- ^{viii} Email tania.barnes@sth.nhs.uk
- ^{ix} Shared care staff questionnaire
- ^x Shared haemodialysis care patient audit
- ^{xi} Local action plan for sustainability
- ^{xii} Why I do shared care template
- ^{xiii} QI methodology references ihi etc.
- ^{xiv} Staff shared care competency
- ^{xv} Peer education references inc Daniels story on website ACE