



Service Priorities and Programmes Electronic Presentations

Convention ID: 870

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Renal Nurse and Occupational Therapist join hands on Home Haemodialysis Service for Patients with End Stage Renal Failure in Queen Mary Hospital

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Keywords:

Home haemodialysis

Renal nurse

Occupational therapy

Introduction

The technology of home haemodialysis (HD) was first introduced to public hospitals in 2006 facilitating renal patients to perform self-help HD treatment at home every other night instead of receiving HD treatment in hospital during daytime. The service was also commenced in Queen Mary Hospital in 2012 and a total of thirteen patients with end stage renal failure (ESRF) have completed the training.

Objectives

Work out the collaborative framework of renal nurse and occupational therapist (OT) in management of ESRF undergoing home HD training.

Methodology

A review of the collaborative framework and the specific roles of renal nurse and OT since the commencement of home HD training to facilitate development of an efficient training program for renal patients suitable for home HD.

Result

Eligible patients for home HD were recruited by renal nurse to join in the 8 to 12-week training program. A problem-oriented approach was adopted initially by the renal nurse and OT in managing patients who were undergoing home HD training. Renal nurse educated patients the basic knowledge of HD, operation of HD machine, needling technique and care of arterial-venous graft and fistula, etc.; problems encountered by patient in carrying out the HD procedures will then be referred to OT for prescription of adaptive device and splintage that compensated the impaired hand function of patients. Moreover, renal nurses who conduct home visits to advice on HD machine set up and monitor HD procedure will seek OT for further home assessment when need of home adaptation and modification is indicated. Trial and revision of adaptive devices as well as follow up home visit by OT always took time. In order to improve efficiency and avoid prolonging the training duration, a proactive approach is used. An early hand function assessment and exploration of home environment by OT will be conducted once potential patient for home HD is identified by renal nurse,

problem encountered by patient can therefore be tackled earlier. To conclude, a close partnership between members in a multi-disciplinary team is beneficial to home HD training of patients with ESRF.