WHEN LOW CARE BECOMES HIGH CARE: A CASE STUDY ON HAEMODIALYSIS PROFILE DETERMINATION

C. Olbrechts

Department of Nephrology & Hypertension
University Hospital of Brussels

Universitair Ziekenhuis Brussel

VUB

INTRODUCTION

When Low Care becomes High Care

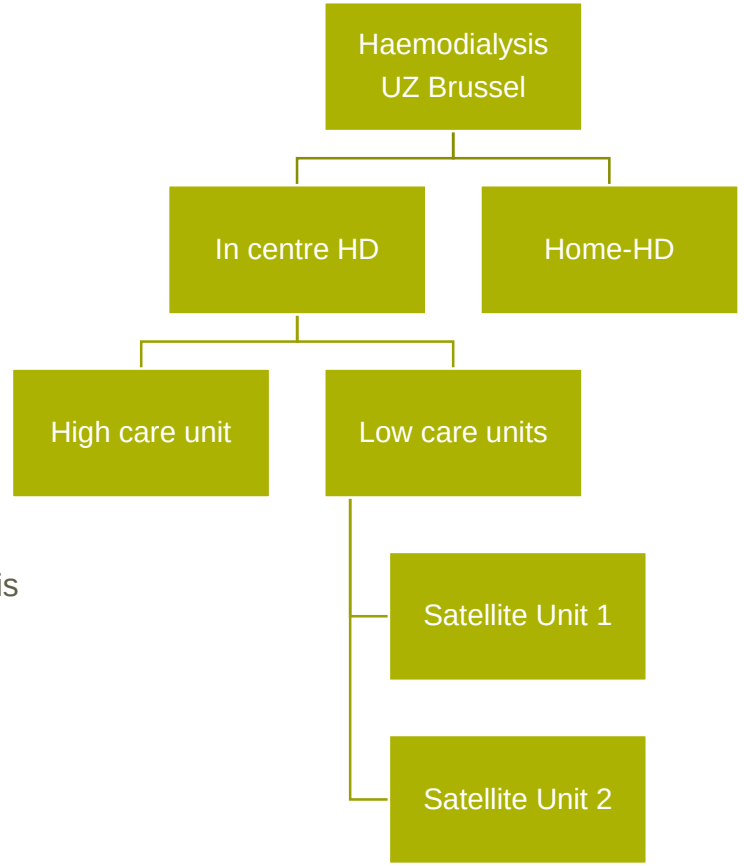
Variety in need of care

Customized care

- Adapted to patient's individual needs
- High care (HC) vs. low care (LC) unit

Low Care Unit

- Patients participate in their renal treatment → autodialysis
- Self reliant and mobile
- 1nurse / 4 pts
- 1/week doctor
- External, closer to patients home
- Nursing staff rotates between all locations



INTRODUCTION

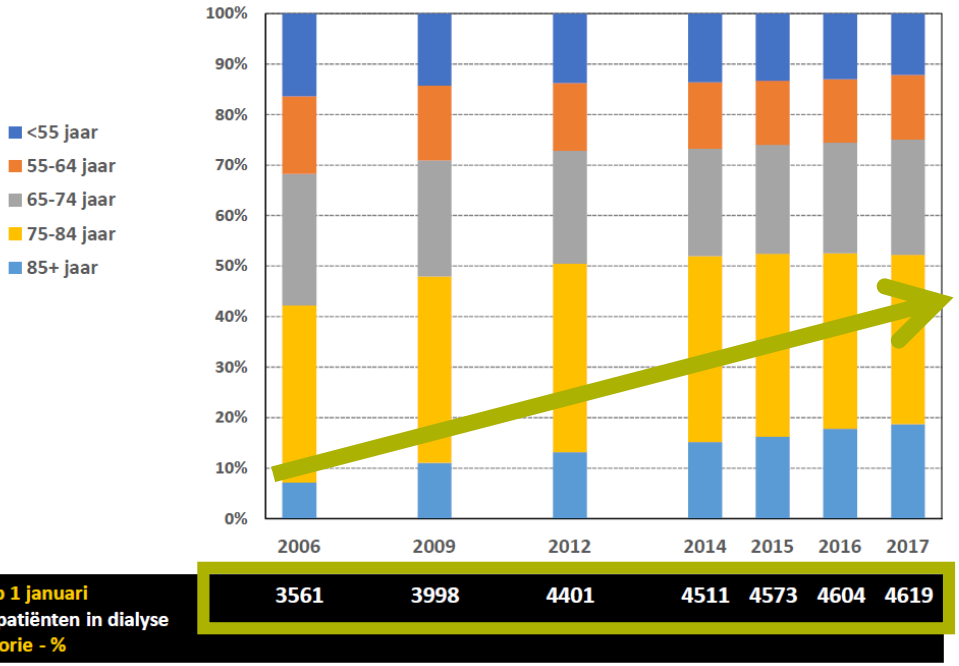
When Low Care becomes High Care

Belgian dialysis population

↑ Age

↑ Number of patients

High care population ↑



Prevalentie op 1 januari Totaal aantal patiënten in dialyse Leeftijdscategorie - %	3561	3998	4401	4511	4573	4604	4619

Lack of clear guidance on profile determination

THE CASE STUDY

Universitair Ziekenhuis Brussel

VUB

THE PROBLEM

When Low Care becomes High Care

Patients transferred HC → LC

- Unchanged number of available nursing staff

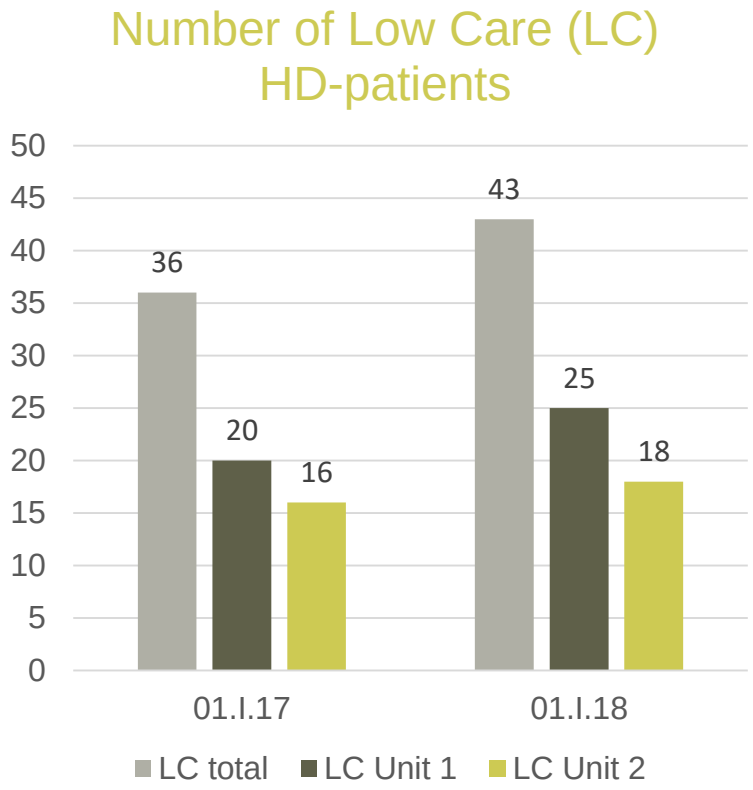
Increasing burden of care

→ Deteriorated condition of several patients
- More intensive care
- Unable to participate in treatment
- Non-self reliant

Additional tasks

- Administrative
- Logistic
- Less time for patient care

No supporting staff



INTERVENTIONS

When Low Care becomes High Care

1. Profile determination team
   - Nephrologists (HC + LC)
   - Nursing staff
   - Management

2. Redefining of the LC profile
   - Mobile
   - Able to participate (install, weigh, leave the area tidy)
   - Stable vascular access
   - None or only basic wound care

3. Re-assessment of current LC patients

→ All criteria met?

→ If not → transfer to high care

→ Immediate transfer of 2 patients to HC

INTERVENTIONS

When Low Care becomes High Care

4. Daily burden of care measurement
    - Objective:
        - Number of immobile patients
        - Vascular access problems
        - Number of extended wound cares
        - Number of non-participating patients
        - Acute illnesses
        - Adverse events
    - Subjective: Daily debriefing

5. Structured nurse-nephrologist communication

6. Systematic profile re-assessment

RESULTS AND CONCLUSION

When Low Care becomes High Care

Simple non-structural modifications

- → Large reduction in reported burden of care
- → Work experienced more manageable

Current challenge

- → Finding a new balance in efficiently deploying the available staff
- → Efficient use of available dialysis resources
- → Based on objective & systematic assessment of work amount

Future plans

- → Development of specific assessment tool
- → Structured burden of care assessment

THANK YOU

‘Teamwork makes the dream work’

Universitair Ziekenhuis Brussel

Corresponding authors:
Céline Olbrechts
Sarah Crols

T 032 2477 9221
E celine.olbrechts@uzbrussel.be
E sarah.crols@uzbrussel.be

VUB