



50th EDTNA/ERCA International Conference

**Rotterdam, The Netherlands
September 10–13, 2022**

Book of Abstracts



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ACKNOWLEDGEMENTS – SPONSORS

Our Partners' support, involvement and advice are greatly appreciated. Together we live and act according to our Mission and Vision and we are continuously working on achieving a high level of quality care for patients and their families. Thank you for your continuous support.





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FOREWORD

Dear Colleagues,

On behalf of the EDTNA/ERCA Scientific Board I am honoured to welcome you all to the 50th EDTNA/ERCA International Conference in Rotterdam, The Netherlands, and to present to you with the Conference Abstract Book.

The conference theme this year is “50 years of the Multidisciplinary Commitment in Kidney Care” as we proudly celebrate the 50th Anniversary of our Association.

Along these lines we have developed a Scientific Programme, offering a significant and valuable contribution to renal care, focusing on best research and innovations in practice. But still without overlooking the nursing core values and also the values of other healthcare professionals.

155 abstracts were submitted totally and blind reviewed, 148 of whom were accepted.

The Scientific Programme has 17 parallel sessions, three plenary sessions, two Corporate Education Sessions, the DOPPS Clinical Symposium, three joint sessions with other associations (Dutch Kidney Foundation, European Kidney Health Alliance, Association of Nephrology Nurses UK, European Specialist Nurse Organization), the Greek Symposium with distinguished Guest Speakers from Greece, 4 E-poster sessions, 4 workshops that cover topics like Peritoneal Dialysis, Ultrasound for Vascular access, Mental Health in CKD, and Nutrition Support in CKD. The programme schedules also a Lunchtime Discussion on the unmet sexual health needs of patients with kidney disease and a special seminar to learn more about the EDTNA/ERCA Accreditation of Renal Education Programmes.

The international Council of Nurses has agreed accreditation of the Conference and awarded the 50th EDTNA/ERCA Conference Scientific Programme with 19 credits.

The Abstract Book lists the abstracts of authors and guest speakers, presented in session order as they appear in the final Scientific Programme. The book can be used to keep in touch with presenters and Association members.

I take this opportunity to thank all presenting authors and EDTNA/ERCA Volunteers. Their effort, time and enthusiasm made this Conference a success. Our gratitude goes also to Industry partners for supporting education sessions, workshops and the exhibition. I would like to thank the Conference Department for their professional collaboration and my colleagues of the Executive Committee and the Scientific Board. Conferences such as this provide a precious opportunity for research scientists, industry specialists and decision-makers to share experiences and update their expertise.

Sincerely,

Ilaria de Barbieri, RN, PhD
EDTNA/ERCA Scientific Board Chair
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CKD-Prevention & Delay	Maria Saraiva
Education of people with kidney disease	Afra Masià-Plana
End of life care & Conservative Kidney Care	Michel Roden
Ethical, Psychological and Social Impact of CKD	Mike Kelly
Haemodialysis	Alirio Martinho Belchior
Healthcare professionals Education	Ana Grilo
Home Haemodialysis	Anna Mireia Marti Monros
Infection Control/COVID-19	Irmina Vaicekauskyste
Leadership for Renal Health Care Professionals	John Sedgewick
New perspectives in kidney care & digitalization	Danijel Pripeljaš
Nutrition	Kalliopi Anna Poulia
Open Forum	Susan Rogers
Paediatric Kidney Care	Gliki Constantinou Sotiroula
Peritoneal Dialysis	Maria Arminda Silva Tavares
Risk Management & Quality Improvement	Debbie Fortnum
Sustainability and Green approach in kidney care	Jitka Pancirova
The Experience of people with kidney disease	Mukadder Mollaoglu
The well-being of Kidney Healthcare	Helen Noble
Transplantation	Aneta Trzcińska
Treatment Technology	Theodora Kafkia
Vascular Access	Ruben Iglesias

INVITED SPEAKERS

S 01 Plenary Session (in alphabetical order)	
Christopher Boeffel, B. Braun Avitum AG (Germany)	S 01
Ilaria de Barbieri, EDTNA/ERCA (Italy)	S 01
Anastasia Lioussatou, EDTNA/ERCA (Greece)	S 01
Irene Selle, Medtronic (Italy)	S 01

Guest speaker – Opening Ceremony	
Ann Bonner (Australia)	S 02
František Lopot (Czech Republic)	S 02
Fiona Loud (United Kingdom)	S 02
Wim van Biesen (Belgium)	S 02

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Chava Kurtz (Israel)	S 06
Joris Rotmans (the Netherlands)	S 21
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Christos Bantis (Greece)	S 23
Theodora Kafkia (Greece)	S 11
Kalliopi-Anna Poulia (Greece)	W 03
Maria Arminda Tavares (Portugal)	W 04
Claire Carswell (United Kingdom)	W 01
Catherine Fielding (United Kingdom)	S 15
Ruben Iglesias (Spain)	W 02
Maria Kalomoiri (Greece)	S 23
Anna M. Marti Monros (Spain)	S 16
Afra Masià Plana (Spain)	S 24
Clare McKeaveney (United Kingdom)	S 10



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Aase Riemann (The Netherlands)	W 04
Michel Roden (Belgium)	S 16
Anastasia Sagxaridou (Greece)	S 23
John Sedgewick (United Kingdom)	S 11
Eveline Scheres (The Netherlands)	S 05
Chrysoula Siarkou (Greece)	S 23
Helen Spooner (United Kingdom)	S 15

SCIENTIFIC PROGRAMME HIGHLIGHTS

SCIENTIFIC PARALLEL SESSIONS

Invited Guest Speakers discuss the latest developments in renal care during the plenary sessions. Quality Abstracts including the Short oral presentations have been selected for inclusion in the parallel sessions.

S 02

Opening Ceremony

Where are we going? The future of kidney nursing

Ann Bonner (Australia)

Optimizing nephrology care: some take home messages from the Little Prince

Wim van Biesen (Belgium)

What next for kidney patients after Covid – are we going back to the future?

Fiona Loud (United Kingdom)

Vascular access care - current state of the art and beyond

František Lopot (Czech Republic)

S 05

DUTCH KIDNEY FOUNDATION & EUROPEAN KIDNEY HEALTH ALLIANCE

The Decade of the Kidney™ campaign is a pan-European campaign which aims to put the spotlight on kidney disease at EU level for the next ten years by pushing for ground breaking therapies for kidney patients to enhance their life's expectation and quality of life.

Tom Oostrom (CEO Dutch Kidney Foundation)

Eveline Scheres (General Manager EKHA)

S 10

Lunchtime discussion

Exploring the unmet sexual health needs of patients with kidney disease. Let's talk together!

Clare McKeaveney (United Kingdom)

S 11

EDTNA/ERCA Accreditation of Renal Education Programs - come learn more!

John Sedgewick (United Kingdom)

Theodora Kafkia (Greece)

S 15

EDTNA/ERCA & ANN UK Joint Session

Dialysis Access: Patient safety and experience

Helen Spooner (United Kingdom)

Catherine Fielding (United Kingdom)

Karen Jenkins (United Kingdom)

S 16

DOPPS Clinical Symposium Program

The DOPPS Program - Latest findings on dialysis practice and outcomes

Anna M. Marti Monros (Spain)

Michel Roden (Belgium)

Marisa Pegoraro (Italy)

Maria Arminda Tavares (Portugal)

S 23

Greek symposium

Tunneled dialysis catheters: technological advances

Christos Bantis (Greece)

Nurse care of the cuffed tunneled catheter

Maria Kalomoiri (Greece)
Anastasia Sagxaridou (Greece)
Chrysoula Siarkou (Greece)

S 24

EDTNA/ERCA & ESNO Joint Session

The competence profile of the nurse in plasma donation

Afra Masià Plana (Spain)

S 31

Closing Ceremony

Cognitive impairment in patients with chronic kidney disease—Next of kin's experiences

Maiken Schjerlund (Denmark)

WORKSHOPS & ROUND TABLE SESSIONS

W 01

Workshop

Understanding mental health and kidney disease

Claire Carswell (United Kingdom)

W 02

Workshop

Ultrasound Guided Cannulation for Vascular Access

Chair: Ruben Iglesias (Spain)

W 03

Workshop

Nutrition support in CKD "Enhancing the nutritional status in End Stage Kidney Disease"

Kalliopi-Anna Poulia (Greece)

W 04

Workshop

Peritoneal Dialysis - Nurse Best Practices: Clinical Scenarios

Maria Arminda Tavares (Portugal)

Aase Reimann (The Netherlands)

CORPORATE EDUCATION SESSION

S 03

Corporate Education Session - Fresenius Medical Care

Nurses - natural born leaders?

Suzanne Mitrovich (Germany)

Ricardo Peralta (Portugal)

Gorana Radakovic (Bosnia and Herzegovina)

Joao Fazendeiro (Portugal)

Kathleen Belmonte (United States)

Marjelka Trkulja (Croatia)

S 07

Corporate Education Session - Diaverum

Artificial Intelligence and digital advances (Renal Nursing Care)

Carlos Lucas (Sweden)

Israel Silva (Sweden)

Filiz Akdeniz (Sweden)



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S 32

Industry Lunch Symposium – Hansa

Transplanting the ‘untransplantable’: options for highly sensitised patients

Rainer Oberbauer (Austria)

Marry de Klerk (the Netherlands)

DOPPS SYMPOSIUM

S 16

DOPPS Clinical Symposium Program

The DOPPS Program - Latest findings on dialysis practice and outcomes

Anna M. Marti Monros (Spain)

Michel Roden (Belgium)

Marisa Pegoraro (Italy)

Maria Arminda Tavares (Portugal)

SCIENTIFIC PROGRAMME

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S 01 ABSTRACT PLENARY SESSION

Violence and Aggression in renal care - A guide for nurses

Anastasia Liossatou, EDTNA/ERCA (Greece)

Plastic cannulae versus metal needle cannulation in haemodialysis: Results of an international survey from the nurse perspective - A joint project between EDTNA/ERCA & Medtronic

Irene Selle, Medtronic (Italy), Ilaria de Barbieri, EDTNA/ERCA (Italy)

Nurses' knowledge on the management of patients with CKD associated Pruritus receiving haemodialysis- Preliminary survey results - A joint project between EDTNA/ERCA & CSL Vifor

Anastasia Liossatou, EDTNA/ERCA (Greece)

Green Excellence in Dialysis - Importance of Sustainability in Dialysis from Provider Perspective - A joint project between EDTNA/ERCA & B.Braun Avitum AG

Christopher Boeffel, B. Braun Avitum AG (Germany)

S 02 OPENING CEREMONY

Where are we going? The future of kidney nursing

Ann Bonner^{1,2,3}

¹School of Nursing and Midwifery, Griffith University, Gold Coast, Australia

²Kidney Health Service, Metro North, Brisbane, Australia

³School of Nursing and Midwifery, Queens University Belfast, UK

By 2040, chronic kidney disease (CKD) is anticipated to be the 5th leading cause of illness across the world. In this presentation, we will look to the future and consider the key characteristics needed by kidney nurses globally to meet the healthcare needs of patients and the workforce reform needed to deal with the growing burden of CKD on healthcare systems.

Optimizing nephrology care: some také home messages from the Little Prince

Wim van Biesen

There is a strong technological imperative in healthcare, especially in a technical discipline as nephrology and dialysis. However, if we truly intend to improve the life of our patients, a stronger focus on *care* is needed. Patient centered care is more than providing a tailored treatment based on a genetic fingerprint, it is placing the patient as a human person in the centre of our care. It is achieving the goals that are important to the patient, not those of us. This requires finding out and understanding what matters to the patient, and try to adapt treatment to achieve these goals as much as possible. The Little Prince provides some essential and inspiring ideas on that.....

What next for kidney patients after Covid – are we going back to the future?

Fiona Loud

Vascular access care – current state of the art and beyond

František Lopot

S 03 CORPORATE EDUCATION SESSION – FRESenius MEDICAL CARE NURSES - NATURAL BORN LEADERS?

Nurse leaders hidden in plain sight

Suzanne Mitrovich

Using evidence to challenge established clinical practice

Ricardo Peralta

Developing Head Nurses now for the future

Gorana Radakovic

Establishing nurse leadership by building bridges

Joao Fazendeiro

Nurses voice at the executive table

Kathleen Belmonte

Uncovering leadership talent

Marjelka Trkulja

Panel discussion

S 04 ETHICAL, PSYCHOLOGICAL AND SOCIAL IMPACT OF CKD

ID: 6

The Compassionate Mindful Resilience (CMR) programme for people with kidney disease

A. Wilson, H. Noble

School of Nursing and Midwifery, Queen's University Belfast, Belfast, United Kingdom

Background

This study is a collaborative, new service development project, delivered as a partnership between Kidney Care UK (KCUK), Queen's University Belfast and Mindfulness UK, to pilot, including full evaluation, a new virtual mindfulness programme for patients with kidney disease. Presently access to psychological and emotional support is not well provided or funded, which is one reason that KCUK provides a universal telephone counselling service. The Charity is keen to explore the feasibility of delivering mental health support via virtual means as a cost-effective way to significantly reach and support more patients with mental health needs.

The study will trial a four-week Mindfulness UK programme (the Compassionate Mindful Resilience programme) with patients who have chronic kidney disease in Stages 4 and 5 and patients who have received transplants. A full research-led evaluation will not only provide additional psychological support to patients during the Covid-19 pandemic, but also assess whether this programme could be rolled out more widely to many more patients.

Objectives

- 1) To implement the Compassionate Mindful Resilience (CMR) programme with an interdisciplinary Advisory Group including representatives from Mindfulness UK and KCUK for use with people with kidney disease.
- 2) To measure the effect of the CMR on anxiety, depression, self-compassion, mindfulness, well-being, and resilience using pre and post-tests.
- 3) To explore factors influencing the acceptability and suitability of the intervention with patients (and the mindfulness teacher) and their commitment to practice.
- 4) To develop strategies for sustainability of the programme once the study is completed via a Partnership Board including representatives from KCUK, Mindfulness UK and Queen's University Belfast.

Methods

A quasi-experimental, pre-test/post-test design will be used alongside a qualitative exploration of acceptability.

Conclusion/Application to practice

We will present an overview of the work currently being undertaken as part of the ongoing study.

References

Bennett, P., Ngo, T., Kalife, C. and Schiller, B. (2018) Improving wellbeing in patients undergoing dialysis: Can meditation help? *Seminars in Dialysis*, 3, pp. 59-64

Moosavi Nejad, M., Shahgholian, N. and Samouei, R. (2018) The effect of mindfulness program on general health of patients undergoing hemodialysis. *Journal of Education and Health Promotion*, 7, p.74

Sohn, B.K., Oh, Y.K., Choi, J.S., Song, J., Lim, A., Lee, J.P., An, J.N., Choi, H.J., Hwang, J.Y., Jung, H.Y., Lee, J.Y., and Lim, C.S. (2018). (2018). Effectiveness of group cognitive behavioral therapy with mindfulness in end-stage renal disease hemodialysis patients. *Kidney Research and Clinical Practice*, 37(1), pp. 77-84.

Thomas, Z., Novak, M., Platas, SGT., Gautier, M., Holgin, A.P., Fox, R., Segal, M., Looper, K.J., Lipman, M., Selchen, S., Mucsi, I., Herrmann, N., and Rej, S. (2017). Brief mindfulness meditation for depression and anxiety symptoms in patients undergoing hemodialysis: a pilot feasibility study. *Clinical Journal of the American Society of Nephrology*, 12 (12), pp. 2008-2015

Disclosure of Interest

no

ID: 34

Determining the burden of caregivers of hospitalized and dialysis patients

C. Sayan¹, E. Bulbul², M. Pecen¹, E. B. Gul¹, Z. Pasaoglu Can¹, O. C. Elcioglu³, S. Mirioglu³, M. Gursu³, R. Kazancioglu³

¹Hemodialysis Unit, Bezmialem Vakif University Medical Faculty, Istanbul, Turkey

²Hamidiye Faculty of Nursing, University of Health Sciences, Istanbul, Turkey

³Nephrology, Bezmialem Vakif University Medical Faculty, Istanbul, Turkey

Background

The number of hemodialysis patients is increasing worldwide, and the caregivers of them experience a great burden.

Objectives

The aim of the study was to determine the caregiver burden in caregivers of hospitalized patients who needed dialysis in Istanbul, Turkey.

Methods

This cross-sectional study was conducted with 76 caregivers of patients who were hospitalized between October-December 2021. Data was collected using the Caregiver Burden Scale and Sociodemographic Information Form.

Results

The mean number of days of hospitalization was 11.82±11.22. Among the patients, 44.7% had chronic kidney diseases, 25% had acute kidney injury and 30.3% were on chronic hemodialysis program. 47.4% of patients hospitalized more than one time and 60.5% of them underwent dialysis for the first time. Among the caregivers, 80.3% were female and 35.5% were siblings of the patients. 68.4% of caregivers were providing continuous care. 25% of the caregivers had chronic diseases themselves. The mean total 'Caregiver Burden Scale' score of the caregivers was 11.42±3.99. The scale was evaluated according to the subsections. 'General Strain' score was 2.76±0.98, 'Isolation' score was 2.54±1.00, 'Disappointment' score was 2.36±0.95, 'Emotional Involvement' score was 1.66±0.70 and 'Environment' score was 1.10±0.99. Caregivers who had chronic diseases had higher burden (t:1.204; p=0.006) compared to those without. The caregiver burden score of the relatives of the patients who was on chronic dialysis program was higher (t:1.892; p=0.021). There was no statistically significant relationship between caregiver burden with age (r=0.188; p=0.103) of caregivers and duration of staying at hospital (r=-0.049; p=0.673).

Conclusion/Application to practice

In this study, the number of the caregivers had a high burden. Having a family member or caregiver on hospitalized dialysis therapy creates greater family burden. Interventions to provide appropriate social support services of caregivers should be planned and evaluated.

References

Cohen LM, Germain MJ. Caregiver burden and hemodialysis. Clin J Am Soc Nephrol. 2014 May;9(5):840-2.

Disclosure of Interest

no

ID: 25

Financial hardship and symptom burden in patients on dialysis: A systematic review of literature

M. S. Ng¹, D. N. Chan¹, Q. Cheng¹, C. Miaskowski², W. K. So¹

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²School of Nursing, University of California, San Francisco, California, United States

Background

Receiving dialysis can lead to changes in employment and income. In addition to the high treatment costs, patients on dialysis experience various degrees of financial hardship.(1) However, existing studies lack a comprehensive assessment of this hardship and an evaluation of its impact on health outcomes, especially symptom burden. A greater understanding of this impact may help clinicians respond proactively to the unmet financial needs of patients.

Objectives

Examine the relationship between financial hardship and symptom burden among patients on dialysis and explore the measurement of financial hardship in the included studies.

Methods

Six electronic databases were searched to identify relevant studies in November 2020. Studies were included that have evaluated for associations between changes in financial status and symptoms. Non-English sources and abstracts were excluded. The included studies were appraised by two independent reviewers using the JBI Critical Appraisal Checklists. Because of the heterogeneity across studies, findings were presented narratively.

Results

Of the 57 studies were included, 50 had cross-sectional and 7 had longitudinal designs. Majority of the patients were male receiving haemodialysis. Most studies were conducted in China, Brazil, Turkey, and USA. Decreased income, unemployment, lack of healthcare funding, and lower financial status were common indicators for financial hardship. Studies found significant associations were found between financial hardship and a higher symptom burden. Several psychological and physical symptoms, including depression, fatigue, pain, and sexual dysfunction, demonstrated specific positive relationships with financial hardship.

Conclusion/Application to practice

Our findings suggest that financial hardship increases symptom burden in patients on dialysis. Compared with other chronic diseases, this impact extends across both psychological to physical symptoms.(2) Therefore, dialysis care should be strengthened to address the unmet financial needs. However, a clear definition of financial hardship is lacking and appropriate interventions need to be developed to improve management of financial hardship.

References

1. Ng MSN, So WKW. Health inequity associated with financial hardship among patients on maintenance dialysis. Paper presented at: UK Kidney Week 2021; 2021 Oct 4-7; Virtual conference.
2. Chan RJ, Gordon LG, Tan CJ, Chan A, Bradford NK, Yates P, Agbejule OA, Miaskowski C. Relationships between financial toxicity and symptom burden in cancer survivors: a systematic review. *J Pain Symptom Manag.* 2019;57:646–660.

Disclosure of Interest

no

ID: 67

Sleep quality and its association with quality of life domains in a haemodialysis population

S. Gegovska, L. Kocevaska, O. Stojceva

Diaverum North Macedonia, Skopje, Macedonia

Background

Haemodialysis (HD) treatments are life-saving but are also life-altering, affecting all the aspects of a person life including fluid and dietary restrictions, physical limitations, major depression¹, socioeconomic and environmental impact and leading to compromised quality of life (QoL)^{2, 3, 4, 5}.

Objectives

To assess the quality of sleep and its association with other domains of QoL in HD patients.

Methods

In 2021, the QoL was measured using KDQOL-SFTM in 9 haemodialysis clinics in North Macedonia. The survey includes 22 domains covering generic chronic disease, including symptoms, illness burden, social interaction, staff encouragement and patient satisfaction. 599 patients completed the survey. Mean age and percentage male were 62,5 years and 61,3%, respectively. 27,9% with Diabetes mellitus (DM). Charlson Comorbidity Index (CCI) mean was 5,37, and mean vintage on HD was 70,61 months. 586 completed all the questions regarding sleep quality.

Results

Median for Sleep was 60. The interquartile analysis was 50-72,5. Sleep correlated with age, Body Mass Index (BMI), CCI and haemodialysis vintage showed a very weak and insignificant correlation ($r = -0,069225$; $0,00777$; $-0,0755$; $-0,05585$, respectively). Gender, DM and vascular access type, showed also insignificant difference ($p = 0,1324$; $0,7012$ and $0,523$ respectively). Sleep was compared with other domains, for the majority of domains the correlation was very weak or weak. The analysis showed moderate correlation for the Symptom and Problem list ($r = 0,4894$), overall health ($r = 0,470$), general health ($r = 0,4567$), pain ($r = 0,4377$), emotional wellbeing ($r = 0,4823$), energy-fatigue ($r = 0,4811$), cognitive function ($r = 0,439$), quality of social interaction ($r = 0,4711$) and mental composite health component ($r = 0,4492$).

Conclusion/Application to practice

Sleep quality is poor in haemodialysis patients and is associated with physical symptoms and symptoms related to emotional wellbeing. If actions aiming toward improving symptoms related to haemodialysis might be undertaken, the sleep quality could also be improved and overall quality of life.

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Disclosure of Interest

no

ID: 48

Loss, grief and care. Nursing competence development for patients receiving haemodialysis and their families

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Background

The experience of loss in patients' lives while undergoing long-term treatment with haemodialysis is a major cause of mental health problems. Both patients and their family members seek support to deal with their experiences of changes to their daily living. In practice, nurses often have a lack of time and also limited knowledge of how to provide nursing care in situations of loss and grief, thus finding out from patients and families what support they need would be useful for nursing practice.

Objectives

This study aimed to develop knowledge about the nursing care provided for patients and their families, who experience grief that is linked to loss due to kidney failure, haemodialysis and/or death.

Methods

The study took a phenomenological-hermeneutical approach. Semi-structured individual interviews were conducted with 12 nurses caring for patients receiving haemodialysis with no kidney transplantation option and family members. Paul Ricoeur's interpretation theory was used for analysis involving three levels: naïve reading, structural analysis, and critical interpretation and discussion.

Results

Three themes emerged of nurse's experiences. First, nurses understood that patients' changes in daily living was seen as continual grief, overwhelming emotions and worries for family members. Second, for families' the loss was related to their daily living being changed, and that the future was altered. For families, according to the nurses, had emotional overload as they "watching the downhill" deterioration of the patient. Third, the nurses described a need for developing competencies such as grief work competence, supportive conversation competence, and being able to use these competencies with the organizational and time constraints.

Conclusion/Application to practice

To nurses, patients in haemodialysis and their families experience multiple loss and grief. Nurses' working in kidney care need to develop competence to support patients and families to cope with grief and loss. Further research is needed to develop and implement these competencies.

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Disclosure of Interest

no



S 05 DUTCH KIDNEY FOUNDATION & EUROPEAN KIDNEY HEALTH ALLIANCE

The Decade of the Kidney™ campaign is a pan-European campaign which aims to put the spotlight on kidney disease at EU level for the next ten years by pushing for ground breaking therapies for kidney patients to enhance their life's expectation and quality of life.

Tom Ostrom (CEO Dutch Kidney Foundation)
Eveline Scheres (General Manager EKHA)

The decade of the Kidney

Pan European collaboration for ground breaking innovation in Kidney treatments.

Presentation of EKHA and the Dutch Kidney Foundation (DKF), one of the founding partners (alongside EDTNA/ERCA and others) of the European Kidney Health Alliance (EKHA).

EKHA is the advocacy platform of the Nephrology World in which patient, nurses, nephrologist and societies work together to prevent people from getting kidney disease; improve disease management, push for better therapies for kidney patients that are accessibly for all European patient and include CKD as a research priority of the European Commission.

The Decade of the Kidney™ campaign is a pan-European campaign which aims to put the spotlight on kidney disease at EU level for the next ten years by pushing for ground breaking therapies for kidney patient to enhance their life's expectation and quality of life. The campaign was first initiated in the United-States by the American Association of Kidney Patients (AAKP) in 2019 and launched in Europe as part of World Kidney Day 2021 by EKHA. With this pan-European collaboration, EKHA wants to push for and realize ground breaking therapies for kidney patient to enhance their life's expectation and quality of life. This collaboration also unites already existing expertise on kidney innovation.

Please join us at this meeting and find more about EKHA, the decade of the Kidney, the work of the Dutch Kidney Foundation and the role of renal nurses in this inspiring advocacy collaboration of the European Nephrology Field!

S 06 LEADERSHIP & RISK MANAGEMENT

RenalPro: a world of experience in renal care is an e-mail away

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RenalPro was founded in 1994 by Rob Huizinga, a nurse working in the Division of Nephrology & Immunology at the University of Alberta. It was one of several renal-related e-mail discussion groups hosted by the university in a project led by Professor Kim Solez to facilitate communication and spread knowledge. The discussion group provided a forum where renal professionals of all disciplines could share experience and seek advice.

Rob and then Bobbie Knotek, an active volunteer with ANNA in the USA, moderated RenalPro until Andre Stragier from Belgium took over in 2003. Andre had created the EDTNA/ERCA Journal Club a few years earlier and he began adding updates on interesting publications and other educational material to the posts. In the Journal Club, the manager would circulate a paper, start the discussion by asking the participants some questions related to the selected paper and end by summarising the discussion with any take-home messages. When Lizzi Lindley from the UK succeeded Andre in 2012, she introduced a similar approach to RenalPro discussions. Advances in technology (Google Translate and use of SurveyMonkey to ask questions) made it easier for members who were not fluent in English to take part.

The University of Alberta still supports RenalPro and the discussions are now moderated by Chava Kurtz from Israel and Sabine Nipshangen from Germany. The group welcomes all renal professionals. As a member, you can ask and answer questions about any aspect of renal care from how often to change a dressing to how to set up a home HD service. Even when not participating yourself, the discussions can lead you to question practice in your unit. In this talk, we'll look back at some of the topics that have been discussed over the years. If you are interested in joining RenalPro, please visit

<https://www.mailman.srv.ualberta.ca/mailman/listinfo/renalpro>.

ID: 11

Understanding nephrology nurse practitioner domains of practice: results of a national survey

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Background

Nurse practitioners are a type of advanced practice nurse who are highly qualified, experienced and have an expanded scope of practice beyond that of other nurses. These nurses can provide a complete episode of care independently from medical practitioners. In kidney care, there is limited knowledge about nurse practitioner practice roles. The International Council of Nursing recognises that the identification and context of advanced practice nursing varies in different parts of the world.

Objectives

To understand the advanced practice role of nephrology nurse practitioners (NNP).

Methods

Cross-sectional online survey design was used. Participants recruited were NNP or students enrolled in nurse practitioner postgraduate programs (n = 45) who were also members of a national nephrology organisation. Using the Strong Model of Advanced Practice, we measured five domains of practice and workplace characteristics. Descriptive statistics were used to analyse data.

Results

The NNP primarily worked in adult services (93.3%), managing those receiving haemodialysis or peritoneal dialysis (37.8%) or for those with CKD grades 1 - 4 (33.3%). The predominant role was providing direct

comprehensive care (mean = 23.35 ± 7.72 hours per week). This was followed by support of systems (mean = 5.68 ± 4.2), education (mean = 4.63 ± 3.48), research (mean = 3.00 ± 3.92), publication and professional leadership (mean = 2.26 ± 1.70) hours per week respectively. Administrative (non-nursing) duties was considerable (mean = 7.40 ± 5.54 per week).

Conclusion/Application to practice

Advanced practice nursing positions such as NNP are clinical roles and should be engaged in direct patient care for the majority of their working time. Other roles are also important particularly clinical education, research, and leadership. NNP can also lead in with reforming models of care.

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Disclosure of Interest

no

ID: 10

Testing the validity of the McIntyre Audit Tool to measure haemodialysis nurse sensitive indicators.

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Background

Nurse sensitive indicators (NSI) describe the impact that nurses' actions have on the quality of patient care. Previous research identified 26 haemodialysis NSI to measure the structure, process, and outcome of nursing practice. The McIntyre Audit Tool (MAT) was developed to audit these 26 indicators.

Objectives

To test the validity of the McIntyre Audit Tool 20 (MAT-20).

Methods

A panel of expert haemodialysis nurses (n = 13) participated in two online brainstorming sessions to provide face-validity of the original MAT-26. A modified version of the MAT-26 was then tested for content validity to assess item clarity, relevance, appropriateness, and ambiguity. Content analysis was used for face validity data. Scale content validity index average (S-CVI/Ave), overall scale content validity index (S-CVI), and item content validity index (I-CVI) were calculated with I-CVI scores ≥ 0.78 considered acceptable.

Results

Face-validity results identified that: i) definitions were lengthy, ii) a scoring system was needed, iii) what proportion of items being achieved would be considered satisfactory to evaluate care, iv) 'not achieved' option was needed, and v) a clear procedure of how to conduct an audit was required. Further amendments were made to the MAT. Following feedback from the expert panel, 6 of the outcome

indicators were removed to improve the overall user experience. The final modified MAT-20 had an S-CVI/Ave (0.924), with an S-CVI of ≥ 0.90 indicating good overall validity.

Conclusion/Application to practice

To measure haemodialysis NSI, an audit tool is required. The MAT-20 demonstrates good face and content validity. Feasibility and reliability testing are now required prior to the MAT-20 being used to audit the quality of HD nursing practice. Once testing is complete the MAT has the potential to support maintenance and improvement in standards and quality of haemodialysis nursing care and to improve HD patient outcomes.

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Disclosure of Interest

no

ID: 102

Clinical governance in a hemodialysis unit- multidisciplinary care team perceptions

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Background

Clinical governance is defined as the commitment of health organizations to continuously improve their practice, delivering high quality care. It grounds on processes such as evidence-based practice, clinical monitoring, audit, risk management and patient involvement (Padilha et al, 2018; Braithwaite J, 2008). Within this scope, we defined as study objects: clinical audit, compliance with guidelines and proceedings, clinical effectiveness, risk management, continuous education programs as well as patient satisfaction survey as implemented by the health care organization.

Objectives

To assess multidisciplinary care team perception about clinical governance processes as means to enhance patient care quality.

Methods

A focus group qualitative methodology will be employed on hemodialysis clinic multidisciplinary team comprising eight team members, deliberately selected, randomly divided in two focus groups. The study will be conducted between January 2022 and June 2022 and encompass five stages for both interviews and

application of investigative methodology: research plan, preparation, attemperment, data analysis and result disclosure.

Conclusion/Application to practice

Improvement arises from the interplay of different stakeholders in patient care. Shared decisions between managers, healthcare professionals and patients, helps progress towards a more comprehensive, safe and high-quality care, oriented to health needs of both patients and populations. So we can live with these challenges, it is important that we learn to experience the simultaneity between supposed certainties and uncertainties, through a critical conscience and open changes. This challenge is best taken with a critical mind, open to change. This study aims to analyze how healthcare professionals perceive the implementation of clinical governance principles by the organization and how these principles contribute to the quality of a model of coordinated, patient-centered care.

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Disclosure of Interest

no

ID: 113

How to prevent Venous Needle Dislodgment: Scoping review

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Background

Chronic kidney disease is characterized by the progressive and irreversible deterioration of kidney function. It is essential to choose a therapeutic option. If the choice is hemodialysis a vascular access is essential. The most used vascular access in hemodialysis patients is arterious venous fistula followed by arterious venous graft. To perform hemodialysis treatment for a person with AVF or AVG, it is essential to place 2 needles. As a consequence of the needle placement and extracorporeal circulation, there is an increased risk of bleeding. The cause is multifactorial: anticoagulation, vascular access rupture, dialyzer membrane rupture, inability to perform hemostasis and venous needle dislodgment (VND). VND, can be life-threatening, with consequences ranging from minimal blood loss to potentially fatal bleeding.

Objectives

A scoping review was performed with the objective of mapping the evidence regarding safe practices to prevent VND, in hemodialysis patients.



Methods

Scoping Review. The methodology proposed by the Joanna Briggs Institute was used and 12 articles were selected

Results

The analyzed articles systematically approach safe and mostly preventive vnd practices. It is essential in every hemodialysis center to assess risk factors. All these factors are described in this review. Pressure change sensors that detect vnd are not as reliable in fistulas as they are in grafts. Therefore, a correct technique for placing adhesives is essential. The environment around the user must be prepared by the nurse in order to minimize the risks and all this preparation is mirrored in these articles.

Conclusion/Application to practice

The scoping review allowed us to gather safe practices that aim to avoid venous needle dislodgment. Over the years, new practices have been improved and/or added to optimize results. The evidence from this review supports nursing practice, being a useful tool for any hemodialysis center.

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Disclosure of Interest

no

S 07 CORPORATE EDUCATION SESSION DIAVERUM ARTIFICIAL INTELLIGENCE AND DIGITAL ADVANCES (RENAL NURSING CARE)

Introduction

Diaverum Digital Landscape

Carlos Lucas

Treatment Guidance System - A Nursing Digital Tool

Israel Silva

Digital Clinical Audit Tool

Filiz Akdeniz

Q&A

S 08 VASCULAR ACCESS 1

ID: 50

Covid-19 pandemic and vascular access care in hemodialysis patients

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Background

Functional vascular access remains the most important issue in hemodialysis (HD) patients. During the Covid-19 pandemic hemodialysis patients are threatened to increased risk for morbidity and mortality.

Objectives

To determine the frequency of the type of vascular access in hemodialysis patients over a period of the last 4 years.

Methods

In this multicenter retrospective study data from annual vascular access reports of prevalent and incident hemodialysis patients were collected from 10 dialysis centers over a period of the last 4 years. The range of all included HD patients was 474 - 571 per month and the range of HD patients with temporary central venous catheter (CVC) was 25 - 83 per month. The results are presented with descriptive statistics (the average value and percentage) and analysis of variance and chi square tests were performed for comparisons of means and frequencies.

Results

The average percentage of patients with temporary CVC during 2018 year was 6,24% (range 4,99% - 8,28% per month), during 2019 was 9,91% (range 8,65% - 11,65%), during 2020 was 12,29% (range 10,02% - 15,17%) and during 2021 was 12,98% (range 10,77% - 14,56%). There was statistically significant difference between 2020 and 2021 compared to 2018 and 2019 year ($p < 0.001$). The percentage of preemptive arteriovenous fistulas in incident hemodialysis patients started chronic hemodialysis during 2018 year was 31,4%, 2019 was 21%, 2020 was 16,7%, and during 2021 was 19,2%. There was statistically significant difference between 2020 and 2021 compared to 2018 and 2019 year ($p < 0.05$).

Conclusion/Application to practice

This study showed that during Covid-19 pandemic the percentage of hemodialysis patients with temporary CVC significantly increased and the percentage of preemptive arteriovenous fistulas in incident hemodialysis patients started chronic hemodialysis significantly decreased compared to previous years. In pandemic conditions vascular access care in hemodialysis patients should be prioritized.

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Disclosure of Interest

no

ID: 153

To measure is to know: Pain measurement by shunt and graft cannulation

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Background

Elyseklinieken treats 130 patients with hemodialysis (2021). The proper cannulation of a shunt/graft is a prerequisite for a good dialysis treatment. Cannulation can be painful. Exactly how much pain Elyse patients experienced and if interventions resulted in less pain were not documented. A measurement tool was needed to quantify this.

The objective of the study was to find a tool that could give a good representation of the pain experienced by patients and that was user friendly for the nurses. Resulting in the right interventions for the patient.

Methods

A literature study was conducted to research current pain measurement tools. Thereafter two questionnaires were carried out to 33 nurses. The first to verify which tool was preferred by Elyse nurses. The second was an evaluation of the chosen tool. The response was 79%-70%

Results

In the literature search (1-14) the following methods were found. VAS (visual analog scale), VRS (visual rating scale), NRS (numeric rating scale) and the Wong-Baker (faces pain rating scale). The NRS with a combination of the face- scale for non Dutch speaking patients, was the most favored tool.

Conclusion/Application to practice

The trial period for the study lasted two months. The following conclusions were extracted from the second questionnaires: NRS and the faces pain rating scale are good tools. Recommended moments for pain measurement: a new shunt, when patients self indicate experienced pain and after applying interventions

Interventions were utilized when the pain rating scale was constantly scored at 4-6 or higher. The advantages of the pain rating scale are that a trend in the experienced pain of the patient is registered. The experienced pain is treated faster and interventions are more readily applied and implemented.

Elyse nurses welcomed the introduction of NRS and faces scale tools in assisting the evaluation and treatment of experienced pain

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Disclosure of Interest

yes

ID: 94

What factors are associated with stenosis of the arteriovenous fistula drainage vein?

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Background

Arteriovenous fistula (AVF) is the preferred vascular access on hemodialysis due to the lower incidence of infection rates and good long-term performance in most patients. However, numerous complications can occur, such as: stenosis, aneurysms infections and thrombosis.

Objectives

Describe the factors related to development of AVF stenosis.

Methods

We conducted a descriptive and longitudinal study. Patients were selected retrospectively from the date of AVF construction until the first event. It was considered “event” when the patient was referred to the vascular access center.

Descriptive statistics with univariate and bivariate, relationship between variables and measures of association were performed.

As outcome we considered stenosis in the drainage vein path confirmed by percutaneous angiography (PTA) or the need for surgical revision.

Results

Patients enrolled (n=55) mostly males (54.50%), diabetics (49.10%), and elderly patients (median age: 74.30, IQR=61.61-79.79, years), under hemodialysis median 57.40 months.

Most of the patients had brachial-cephalic AVF (60%), vintage median 46.73 (IQR=16.9-78.2) months, on their left upper arms (41.80%).

Thirty-four patients, presented restenosis, median follow-up to first event was 6.4 months, and 9.23, 9.3 and 13.8 months for 2nd, 3rd, 4th respectively.

The major referral cause on the 1st event was drop in AVF blood flow (Qa) (40.10%), followed by increased venous pressure (12.70%) and discontinuous thrill (12.70%).

Angioplasty without stent were the most common intervention on all events and was performed on 87.30% of the patients for the 1st event, mainly on the swing segment (29.10%), followed by post anastomosis segment (23.60%) and cephalic arch/middle segment of vein (18.20%) each.

Conclusion/Application to practice

Patient age and comorbidities, like diabetes and hypertension, influence construction, location and risk of AVF stenosis. Risk of stenosis development was different according the AVF location. Continuous AVF surveillance, considering the specific characteristics and its location, allow early detection of stenosis.

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Disclosure of Interest

no

ID: 26

Implementing a New Cannulation Technique in Arteriovenous Fistulas (AVF). From Buttonhole to Rope-ladder

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Background

New international guidelines (KDOQI) from 2019 recommend rope-ladder cannulation as preferred cannulation technique given increased risk of infections associated with buttonhole technique (1–3). Furthermore, bedside ultrasound is recommended to ensure a proper needle placement (1). The new recommendations conflicted with local guideline in a dialysis ward in Denmark, where first choice

cannulation technique was based on buttonhole. This called for a structured training-program to gain competency among nurses, which included the use of ultrasound

Objectives

To study the effect of a structured training-program to reorganize the technique for AVF cannulation. Further we aimed to get insights into factors contributing to a successful implementation and employee satisfaction

Methods

Comparing prevalence of rope-ladder vs buttonhole among new patients initiating dialysis and in total at baseline and follow-up.

Number of patients, who changed cannulation technique over time.

A survey to detect nurse experienced barriers towards change of technique including the use of ultrasound at baseline

Focus-group interviews to detect nurses' satisfaction with the training program

Results

All nurses completed the training program, which is now part of the introduction program in the department.

At baseline, 131 patients (80%) were cannulated with buttonhole technique. At follow up we found a decrease to 53%. A minority (23%) of new initiated dialysis patients where cannulated with buttonhole.

Futher follow up will be effected in February 2022.

71 nurses completed the baseline survey. 86 % did not use ultrasound to qualify cannulation of AVF, where 39% indicated insecurity regarding the US technique as reason. 77% found it irrelevant to scan all patients. The majority only saw the need for ultrasound with complicated fistulas

Conclusion/Application to practice

With a targeted implementation plan and involvement of staff it is possible to reorganize workflows, which entails employee satisfaction and competencies. A changed cannulation technique will hopefully reduce infections associated with cannulation

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Disclosure of Interest

no

ID: 99

Measuring vascular access recirculation and blood flow rate - interpretation

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Background

An important prerequisite for performing adequate dialysis treatment, and one of the key goals of providing high-quality care, is suitable vascular access with a sufficient blood flow rate (Qa). An important element of correct management of care of the arteriovenous fistula and arteriovenous graft is the regular measurement of vascular access recirculation and blood flow rate, which may result in early detection of potential dysfunction.

Objectives

The goal of this article is the interpretation of the results of measurement using the Transonic HD03 device, a comparison to the measurement of vascular access blood flow rate by Doppler US device in our department and at external workplaces, and the assessment of the potential radiological intervention.

Methods

Monitoring was carried out retrospectively by comparing the measurements taken from 76 patients during the period from November 2020 to May 2021. During this period, the Transonic HD03 device was used to take a total of 521 Qa measurements (repeated at regular monthly intervals) and 154 measurements were taken using the Doppler method.

Results

Stenosis of the artery or vein, thrombosis, infection, aneurysm, and pseudoaneurysm are relatively common abnormalities, which may threaten the function of the shunt and may be diagnosed sonographically. Ultrasound may detect the cause of incipient shunt dysfunction, the indicated specific therapy may then correct abnormalities before the situation progresses.

Conclusion/Application to practice

The Transonic HD03 device allows more frequent valid, regular periodic, and ad hoc monitoring and in this manner the assurance of potential timely intervention.

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Disclosure of Interest

no

ID: 40

Education program for cannulation by ultrasound amongst dialysis nurses

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Background

Cannulation is a significant event for the patient and nurse especially during primary cannulation of a new vascular access and is usually based on external palpation.

Ultrasound usage allows the nurse to assess integrity and location of the access before cannulation. It's effective in preventing acute and chronic complications related to vascular access.

Globally, the use of ultrasound by nurses for cannulation is not common.

Objectives

Implementing use of ultrasound by dialysis nurses for cannulation of new or complicated accesses.
Improvement of nurses' experiences related to new or complicated cannulations.

Methods

A training program for dialysis nurses was implemented and included theoretical and practical training of ultrasound use in small groups. Including: familiarity with machine, recognition of shunt and cannulation according to level of complexity under supervision of radiologist. Attitudes and experiences related to first cannulation were evaluated before initiation of the program and after three months. Frequency of ultrasound use for first cannulation was evaluated after one year

Results

All hemodialysis nurses from the unit were invited, 30 from 38 participated in the project.

Most of the participants had more than 10 years' experience and defined themselves as experienced dialysis nurses.

After the project 30% of nurses felt capable of using ultrasound for cannulation; 53% of nurses believed that using ultrasound for cannulation of new blood access could prevent future complications.

There was significant improvement in the nurses' experience related to first cannulation, including improved confidence, and feeling of providing better care.

One year after initiation of the program ultrasound was used for 100% of first cannulations.

Conclusion/Application to practice

Use of ultrasound for the first cannulation is an effective and accessible method that provides dialysis nurses with a sense of security during the cannulation, improves skills and contributes to better experience around cannulation. On-going practical training is necessary to maintain and improve skills.

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Disclosure of Interest

no

W 01 UNDERSTANDING MENTAL HEALTH AND KIDNEY DISEASE

Claire Carswell

Background

Mental health and kidney disease are closely linked. People who have kidney disease are significantly more likely to develop mental health conditions such as anxiety and depression, particularly people with kidney failure who are receiving dialysis. In part this results from the impact kidney disease has on a person's quality of life and wellbeing and the difficulties associated with symptoms of kidney disease and the burden of treatment. The relationship between mental health and kidney disease is bidirectional, as severe mental illnesses (such as schizophrenia or bipolar disorder) significantly increases the risk of a person developing kidney disease, as a result of medication, health behaviours and other common comorbidities. These mental health conditions can influence how a person experiences their kidney disease, and their ability to engage in treatment and self-management. As a result it is important for renal nurses to have an understanding of this relationship, how mental health conditions can impact their patients, and approaches that can be used to address the unique needs of people with co-existing mental health conditions and CKD.

Learning objectives

To describe the relationship between mental health and kidney disease

To outline the symptoms of different mental health conditions and how this impacts management of kidney disease

To explore the experiences of people with co-existing mental illness and kidney disease

To discuss methods to address the needs of people with co-existing mental illness and kidney disease

S 09 GREEN EXPERTISE SESSION

ID: 85

Why is it important to monitor the amount of hazardous waste at dialysis centres?

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Background

As the number of dialysis patients increases, the question arises of the sustainability of dialysis and its impact on the environment. One of the environmental indicators which we can influence through the correct implementation of clinical and non-clinical processes is the amount of hazardous waste produced per dialysis session.

Objectives

To demonstrate how the education of staff and implementation of relevant processes affects the amount of hazardous waste generated per dialysis session and the feedback provided by monitoring environmental indicators.

Methods

We conducted an initial environmental analysis at our site over one year. The results of this analysis showed that the medical staff had little awareness of the amount of hazardous waste produced and did not know exactly how to minimize this amount most effectively. First of all, we focused on the education of staff, we began to consistently sort waste, we modified procedures for draining the dialyzer, dialysis sets, and bicarbonate capsules after dialysis, and we began weighing bags containing waste. We did of course introduce regular monthly monitoring for all categories of waste which we produce.

Results

At the time of the initial environmental analysis in 2011, our site was generating an average of 1.8 kg of hazardous waste per dialysis session. Consistent education of staff, implementation of additional clinical and non-clinical processes, and detailed monitoring helped us to achieve an average of 1.1 kg of hazardous waste per dialysis session in 2021.

Conclusion/Application to practice

Implementation of good practices, education of staff, and periodic monitoring and analysis of the amount of hazardous waste ensured that we achieved the goal we had set ourselves. We verified the fact that our approach contributes towards environmental protection, provides economic benefits, and demonstrates a commitment to minimizing the negative environmental impacts of dialysis. We believe that our experience could inspire other countries.

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Disclosure of Interest

no

ID: 80

Home haemodialysis from the aspect of reducing the environmental burden caused by dialysis treatment

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Background

Dialysis treatment is a considerable burden from the aspect of environmental impact. Regardless of whether it takes place at a dialysis centre or another clinical facility or home, dialysis is usually a regularly repeated and long-term treatment. A large amount of water and energy is used during dialysis itself, waste

is created, etc. Alternative haemodialysis regimes include home haemodialysis, the terms and conditions of which were legislatively regulated in the Czech Republic in January 2015.

Objectives

The goal is to focus on the environmental aspects related to home haemodialysis.

Methods

Execution of an implemented and certified EMS ISO 14001:2015 management system is evidence of an environmental approach at dialysis centres.

During the assessment of the environmental impact of home haemodialysis, we must consider the products, activities and services related to dialysis treatment under home conditions. We must consider a range of aspects: consumption of water and energy, production of various types of waste, wastewater, air-conditioning units, heating, IT technologies, patient and staff transportation to the dialysis centre, deliveries of material, cleaning and catering services, laundry, staff and patient hygiene, protective personal equipment, consumption of paper in the printers....For instance, in relation to water consumption, it is clear that devices for HHD, which utilise disposable consumer material, including sterile bags of dialysis solution, do not require a water supply, which also eliminates the need to disinfect equipment.

Conclusion/Application to practice

During the assessment of individual aspects, it is apparent that home haemodialysis seems to be more environmentally friendly in relation to the consumption of water, energy and in relation to the activities related to operation of a dialysis centre and transportation of patients and staff to the centre. In conclusion, I would like to emphasise that home haemodialysis also deserves our attention from the aspect of environmental conservation.

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Disclosure of Interest

no

S 32 INDUSTRY LUNCH SYMPOSIUM HANSA - TRANSPLANTING THE 'UNTRANSPLANTABLE': OPTIONS FOR HIGHLY SENSITISED PATIENTS

Latest advances in desensitisation options for kidney transplant patients

Rainer Oberbauer

Adaptations to the Kidney Paired Exchange algorithm help to match highly sensitised patients

Marry de Klerk

S 10 LUNCHTIME DISCUSSION: EXPLORING THE UNMET SEXUAL HEALTH NEEDS OF PATIENTS WITH KIDNEY DISEASE. LET'S TALK TOGETHER!

Abstract is not available

S 11 EDTNA/ERCA ACCREDITATION OF RENAL EDUCATION PROGRAMS – COME LEARN MORE!

Abstract is not available

S 12 DUTCH COUNTRY MEETING (TAAL:NEDERLANDS)

Abstract is not available

S 13 HAEMODIALYSIS 1

ID: 121

Hemodialysis patients' knowledge about intradialytic medication

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Background

The nursing role in hemodialysis (HD) goes beyond the practical and technical skills. In this area of care, the autonomous nursing interventions target specific issues: the person with chronic kidney disease on haemodialysis. Supporting renal patients in coping with the disease and promoting their autonomy are some of the main challenges that a Renal Nurse faces daily. Nurses must use a systematised approach, which will make it possible to assess and identify the needs of nursing care.

Objectives

To evaluate haemodialysis patients' knowledge about intradialytic medication and to measure the effectiveness of health education sessions to increase the knowledge about intradialytic medication.

Methods

This is a quantitative, action-research-type study. On the second week of January 2022, 169 patients without unpaired cognitive functioning on HD were surveyed about their knowledge about intradialytic medication. Upon receiving all the survey data, an individual health education session was held in the last week of January 2022. A new survey was carried out, and data analysed.

Results

A total of 169 HD patients were surveyed, 62 females and 107 males, with an average age of 67 years and an average time in HD was 7,8 years. The results indicate an increased patients' knowledge about their intradialytic drug regimens after the health education intervention and the nursing interventions.

Conclusion/Application to practice

The education provided by nurses has shown essential in this specific area of care. Improving the patients' knowledge about the drug regimens may result in increased adherence to treatment, leading to largest potential health gains. We can conclude that the Renal Nurse's interventions translate into gains in knowledge about drug regimens in a patient with CKD on HD.

References

available on presentation

Disclosure of Interest

no

ID: 133

Health-related quality of life and symptom burden across a large multinational dialysis organisation

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Background

The World Health Organisation (WHO) defines "Quality of Life (QoL) as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."¹ Studies demonstrate that perceived health-related quality of life (HrQoL) of people receiving haemodialysis is significantly impaired, and associated symptoms are a burden^{2, 3, 4, 5}. We surveyed our patients to learn about the burden of symptoms for patients on dialysis.

Methods

The Kidney Disease Quality of Life-Short Form (KDQoL-SF) was used to measure the health-related quality. 30.641 patients who received haemodialysis at a large multinational dialysis organization during April to July, 2021 gave their feedback.

Results

The majority of patients (80,4%) rated their symptoms in the 'very much' to 'extremely bothersome' range. Of the 11 symptoms listed, the most severe symptom was muscle sores (61,76 ± 30,94), numbness in hands or feet (71,39 ± 30,75), Itchy skin (73,01 ± 30,74), nausea or upset stomach (78,33 ± 28,29), faintness or dizziness (78,46 ± 26,91) shortness of breath (78,83 ± 27,76), lack of appetite (78,90 ± 27,46) and chest pain (82,35 ± 25,60) to "somewhat bothering" or "not at all bothering".

Neuromuscular symptoms (numbness in extremities, sore muscles, cramps) are more bothersome, followed by skin (itching, dry skin) and uremic symptoms (nausea, lack of appetite, dizziness/faintness, feeling squeezed out, shortness of breath, chest pain) which are less bothersome. Age is a non-predictor,

females tend to be more “bothered” ($p < 0.001$), higher BMI ($p < 0.001$), higher comorbidity index ($p < 0.001$) seem to be predictors of dialysis associated symptoms.

Conclusion/Application to practice

Our findings will increase focus on symptom-alleviating nursing interventions, in particular neuromuscular symptoms. Additional research is required to determine whether treatment of symptom clusters rather than single symptoms will improve HrQoL.

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Disclosure of Interest

no

ID: 87

Are we doing medication correctly?

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Background

Many drugs are administered to patients with chronic kidney failure (CKD) receiving hemodialysis treatment. It is very important to ensure that the drugs remain in accordance with the manufacturer's recommendations from the delivery to the moment of administration to the patient.

Objectives

In this study, it is aimed to see in which position the temperature of the drug is more suitable from the preparation to the application.

Methods

The temperature change from the preparation of the drug to the application to the patient, the temperature change of the room and the temperature change of the upper surface of the hemodialysis device on which the drug was placed were observed. A new drug stored in the refrigerator was used in each measurement. L-carnitine was used as medicine.

Results

The drug, which was placed directly on the hemodialysis device, was over 250C in the first third measurement (10 minutes after the first measurement), and this elevation continued until the end of the hour. One hour average temperature of the upper surface of the hemodialysis device (± 0.2) was found to be 35.20C. Room temperature average one hour follow-up (± 0.3) was found to be 25.40C

In the measurements made on the hemodialysis device with a heat meter, a new drug in a plastic kidney tub, in the seventh measurement (30 minutes after the first measurement), the drug was over 250C and this altitude continued until the end of the hour.

The drug placed on the patient's desk has never been above 250 C in one hour of observation.

Conclusion/Application to practice

It is recommended that the drugs used in the hemodialysis units be placed on the patient's desk after being drawn into the injector, and used in the first 30 minutes if placed on the hemodialysis device with a plastic container.

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Registry Of The Nephrology, Dialysis And Transplantation In Turkey Registry 2020 Ministry Of Health And Turkish Society Of Nephrology Joint Report

Disclosure of Interest

no

ID: 145

Patient-tailored live music intervention for patients undergoing haemodialysis: A cluster randomized controlled pilot study

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Background

Fatigue is an immense problem among patients in hemodialysis treatment and associated with anxiety and depression. Live music used in different hospital settings has shown promising effect, but the feasibility of patient-tailored live music in a haemodialysis setting is unknown.

Objectives

1. To assess the feasibility, process, management, and the preliminary effect of music in patients in haemodialysis for conducting an appropriately powered randomized trial
2. To examine whether music intervention can improve wellbeing and create a sense of meaningfulness within a haemodialysis setting

Methods

A pilot cluster randomized control trial was conducted at a satellite haemodialysis unit and evaluated for feasibility using mixed methods. Two groups (N=26), receiving haemodialysis on different days were invited to participate together with 17 dialysis nurses and four highly skilled musicians. The two patient groups were randomized to receive either 30 minutes of patient-tailored live music during haemodialysis plus usual care or receiving usual care only, for a period of six weeks. Primary outcome was immediate fatigue. Secondary outcome was wellbeing, meaningfulness, long-term fatigue, post-dialysis fatigue, relaxation, anxiety, depression, treatment satisfaction and work engagement for the nurses. For process evaluation using qualitative data, the phenomenon of interest was feasibility.

Results

The convergent mixed method analysis showed that the intervention was feasible. Recruitment targets were achieved. The study detected significant reduction in fatigue ($p < 0.001$) and anxiety ($p = 0.011$) in the intervention group compared to controls. No significant differences were found for other outcomes. The qualitative analysis showed that the music gave patients *an uplifting experience bringing joy and relaxation into life* and *a sense of quietness in a stressful day* among nurses.

Conclusion/Application to practice

Conducting patient-tailored live music interventions performed by highly skilled musicians in a haemodialysis setting is feasible, although difficulties exist in collecting data among a fragile group of patients.

References

No references

Disclosure of Interest

no

ID: 15

Interest and perceived capability of self-management in a hemodialysis unit

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Background

Patient self-management improves both subjective and objective outcomes in chronic diseases. Patient empowerment assists in gaining control over factors that might affect health and enables people to become more active participants in their care. Yet, care provision in hemodialysis units are currently provided in a way that patients tend to be passive recipients of treatments.

Objectives

(1) Assess patients' interest and perceived capability of participating in hemodialysis; (2) Assess nurses' perceptions of patients' interest and perceived capability of participating in hemodialysis; (3) Examine

associations between patient characteristics and interest and perceived capability of performing hemodialysis self-care.

Methods

A cross-sectional, questionnaire-based study. Patients' interest and perceived capability of participation were assessed by a 10-item Likert-type scale developed and tested for this study. Multivariate linear regression was used to assess the relationship between patient characteristics, including age, sex, education level and severity of illness to ratings of activation level and hemodialysis self-care scale scores.

Results

Ninety-one patients and 31 nurses participated. Overall, patients expressed interest (2.43 ± 0.93) and perceived themselves capable (2.34 ± 0.9) of participating in various hemodialysis related tasks. Nurses assessed lower interest (2.19 ± 0.77) than patients, but similar average capability (2.31 ± 0.8). Both greater interest and perceived capability were correlated with more years of education and higher patient activation, additionally, interest was associated with disease severity and perceived capability was associated with age.

Conclusion/Application to practice

Hemodialysis patients are interested and perceive themselves capable of participating in the tasks involved in dialysis care. Nurses underestimate patient interest in participation. Self-management behaviors among hemodialysis patients are important, as they may affect quality of life and survival. Determining interest and perceived capability of participation is a first step towards evaluating the feasibility of self-care in a supervised hemodialysis setting.

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Disclosure of Interest

no

S 14 END-OF-LIFE & CONSERVATIVE KIDNEY CARE

ID: 58

Caregiver experiences of conservatively managed end-stage kidney disease: A study protocol

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Background

The impact of end-stage kidney disease (ESKD) affects not only patients, but also their informal caregivers. Patients who choose conservative management, rather than dialysis, experience a high symptom burden alongside a significant psychosocial burden¹. Informal caregivers of patients who choose conservative management also experience this psychosocial burden², yet there is little guidance on how best to provide support, and no evidence on psychosocial interventions to address unmet needs.

Objectives

The aim of this study is to explore the experiences and unmet needs of informal caregivers of patients with ESKD who choose conservative management, to inform the development of a psychosocial intervention.

Methods

The ACORN study will consist of three stages:

1. A systematic literature review to explore effectiveness of interventions for informal caregivers of people with end-stage chronic illness. In addition, semi-structured interviews with informal caregivers of patients with ESKD receiving conservative management in Northern Ireland and England will be conducted.
2. Focus groups with healthcare professionals and informal caregivers exploring the experiences of providing care to people receiving conservative management.
3. National workshops to identify the components of, and refine, a psychosocial intervention to support informal caregivers of patients with ESKD receiving conservative management

Conclusion/Application to practice

Informal caregivers of patients with ESKD who choose conservative management experience a high psychosocial burden, but there is limited evidence on their unmet needs and how to effectively provide support. This study will address this gap by exploring the experiences and unmet needs of informal caregivers, with the aim of informing the development of a supportive psychosocial intervention.

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Disclosure of Interest

no

ID: 59

Decision-coaching preparing patients with chronic kidney disease for making end-of-life decisions: a case study

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Background

As end stage kidney disease (ESKD) progresses, patients face emotional decisions about end-of-life-care (EoLC). This may cause uncertainty about the best course of action. Health professionals (HPs) need evidence about how best to support patients in this situation, as evidence shows delay in talking about EoLC. HPs need skills to support patients and their relatives in making these decisions.

Objectives

To investigate experiences of decision coaching (DC)¹ in patients with ESKD facing decisions about EoLC and evaluate the quality of DC.

Methods

We conducted a prospective case study using the Ottawa Decision Support Framework (ODSF).² The eligible patients with ESKD facing decisions about EoLC were experiencing decisional needs. A nurse trained in DC used the SURE-test³ to screen for unmet decisional needs and provided DC using the Ottawa Personal Decision Guide. Then, she re-screened decisional needs, using the SURE-test and measured satisfaction with DC through semi-structured interviews. Analysis compared pre to post-SURE test, recorded DC were analysed for quality using the Decision Support Analysis Tool (DSAT-10),⁴ and interviews were analysed using systematic text condensation.⁵

Results

DC was provided to four patients with ESKD facing decisions about EoLC. The median pre-SURE-test score was 2.5 (range 2 to 4) and post-test score was 3 (range 3 to 4), indicating a decrease in decisional conflict.

The median DSAT-10 score was 9 (range 8 to 9). Interviews indicated that DC created an overview of elements to consider in the decision and identified decisional needs for further discussion with relatives and HPs. It did not lead to a final decision but clarified the next steps along the pathway of the decision making process.

Conclusion/Application to practice

Patients experienced a decrease in decisional conflict after DC and the interviews indicated that DC helped the patients clarify the next steps in their EoLC decision making process.

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Disclosure of Interest

no

ID: 105

Conservative management as an alternative to hemodialysis in chronic kidney disease patients: scoping review

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Background

Chronic kidney disease is characterized by progressive and irreversible deterioration of kidney function. It is mandatory to get a therapeutic option. Conservative management is the non renal replacement therapy option. Conservative management doesn't allow a long term life maintenance and it shall be taken when renal replacement therapy doesn't increased quality of life or longevity. But this is a controversial option and take a lot of ethic questions.

Objectives

Mapping the evidence about the advantage of conservative care as an alternative to renal replacement therapy in CKD patients.

Methods

It has been done a scoping review and has been used Joanna Briggs Institute methodology.

Results

The analyzed articles show the lack of advantages in initiating HD in patients over 80 years of age with comorbidities. Dialysis to this group of patients can mean more days of hospitalization, pain and discomfort. It is crucial to consider ethical principles to a free and informed choice. Elderly patients are willing to give up a longer survival if they get a better quality of life. The importance of nurse's role is also addressed. Inside a multidisciplinary team, nurses have a main role by helping patients to get the proper information that allowed them to take free and informed choices. Nurses are a differentiated link that facilitates the management of the disease process.

Conclusion/Application to practice

The scoping review allowed the mapping of objective data comparing two treatment modalities, having a significant practical importance. It helped to fill the evidence regarding the best therapeutic choice for the patient, providing objective data and enhancing a therapeutic option with little international expression. However, the articles analyzed are consensual regarding the need for more scientific evidence.

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Disclosure of Interest

no

ID: 137

Perspectives on nephrology-tailored geriatric assessment as shared decision making tool for older pre-dialysis patients

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van Buren

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Background

Dialysis might not benefit all older patients with kidney failure particularly those with multi-morbid conditions and frailty. Awareness of the presence of geriatric impairments has the potential to improve outcomes by tailoring treatment plans and decisions for individual patients.

Objectives

Describe perspectives of patients and healthcare professionals on Nephrology-tailored Geriatric Assessment (NGA) as a shared decision making (SDM) tool for treatment choice in older patients approaching kidney failure.

Methods

Patients (N = 18) with kidney failure, caregivers (N = 4), professionals (N = 25) were purposively sampled from ten hospitals in The Netherlands. Six semi-structured focus groups were held to discuss participants experience with and perspectives on NGA as an aid to SDM in choices to start or forego dialysis. Transcripts were analyzed inductively using thematic analysis.

Results

Several interconnecting themes which could support or impede SDM in kidney failure were identified and grouped under three main themes: (1) patient psycho-social situation; (2) Influences on modality choice; (3) Organization of health care. Patients and caregivers had positive attitudes towards NGA, but were mostly unaware of the role which NGA could play in SDM about kidney replacement therapy (KRT). Professionals reported that NGA, performed prior to SDM about KRT, creates awareness of patients possibilities and their limitations. Somatic frailty is unearthed alongside in-depth knowledge about patients`social system and psychological wellbeing. Professionals reported NGA as being a valuable tool to initiate discussions on treatment decisions, patient goals, and improve awareness to (re)consider different treatment options.

Conclusion/Application to practice

Professionals confirmed the benefits of NGA as a tool to identify geriatric impairments in older patients with kidney failure and how integration of its outcomes can inform SDM for KRT. NGA offers the opportunity to open conversations on sensitive topics. This dialogue facilitates a more holistic approach to development and management of personalized and coordinated care plans.

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Disclosure of Interest

no

ID: 142

Living will - casuistry of a hemodialysis unit

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Background

The Living Will embodies the right of prospective autonomy insofar as it expresses the previous will of the person. It is a legal document (Article 2, of Law n 25/2012), through which citizens declare their Advance Directives of Will (Advance Directives) and constitutes a unilateral document, freely revocable at any time by the individual, valid for a period of five years (Ferreira, C. & Nunes, R., 2019). It is a right that respects the person's decision, for their autonomy regarding the treatments they wish or not to receive in case of inability or impossibility to express themselves, alleviating the emotional impact of decision-making by health professionals and family members (Capelas et al, 2017). Everyone, as long as they are of age and capable, can write it, formally indicating their wishes about the treatments they wish or not to receive, at times when they are consciously unable to participate in the decision. It can be written in free text or using an approved form. Its completion allows the choice between making only a Living Will and simultaneously identifying/appointing a proxy for care.

Objectives

To identify the literacy of the users of a haemodialysis clinic regarding the Living Will

Methods

Quantitative study of exploratory and descriptive-correlational type

Results

The sample consists of 74 users, after applying the exclusion criteria.

The majority (82.4%) does not know what the Living Will is. After it was explained, only 32% expressed their wish to do so.

Only one patient had made a Living Will and concomitantly appointed a Health Care Agent, having been informed of it by health professionals.

Conclusion/Application to practice

After diagnosing the situation, the need for intervention was perceived, with regard to the training of these people on what it is, how it is done and how to ensure that the anticipated derivatives of the will are effective

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Disclosure of Interest

yes

S 15 EDTNA/ERCA & ANN UK JOINT SESSION DIALYSIS ACCESS: PATIENT SAFETY AND EXPERIENCE

Patients' experiences of vascular access for haemodialysis –
Catherine Fielding

Learn more about 'Right access for the right patient at the right time' and facilitating individual decisions about vascular access and how to improve decisions about vascular access

Life threatening vascular access bleeds – prevention and best practice management to maintain patient safety
Helen Spooner

Blood loss during haemodialysis due to venous needle dislodgement (VND) or access-bloodline separation (ABLS) is a serious, potentially life-threatening, and under-reported treatment complication of dialysis. Come along to our session and see how to reduce risk and improve safety for patients

S 16 DOPPS CLINICAL SYMPOSIUM PROGRAM THE DOPPS PROGRAM - LATEST FINDINGS ON DIALYSIS PRACTICE AND OUTCOMES

CKDOPPS - Conservative kidney management
Anna M. Marti Monros

Longer term trends in dialysis survival – what are reasons for the improvement?
Michel Roden

Pruritus/other PROs
Marisa Pegoraro

PD – understanding time on therapy and transitions to HD and transplant
Maria Arminda Tavares

Panel Discussion

Objectives

All presentations will have a practical clinical focus. A brief discussion will follow each presentation and a panel discussion with all speakers and chairpersons will end the symposium.

This Symposium will focus on new findings provided by the DOPPS regarding modifiable hemodialysis practices. The program will highlight evidence-based opportunities for improving clinical management of hemodialysis patients. The international panel of speakers will present several clinically relevant practice areas, with emphasis given to the international perspectives of DOPPS. Dialogue between the panelists and audience is encouraged during the Panel Discussion in the closing minutes of the program.

S 17 INFECTION CONTROL & COVID-19 PART 1

ID: 18

COVID 19: Predictors of adverse outcome in 32 hemodialysis patients in Greece

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Background

Optimal management of novel coronavirus disease 2019 (COVID-19) is at present an unmet goal in the general population, even more in Maintenance Hemodialysis patients (MHD), a population of high mortality. COVID-19 pandemic runs as mild upper respiratory infection or asymptomatic in 80% of infected patients, 15% develop severe lung disease and 5% progress to respiratory failure or septic shock. Mortality ranges from 2- 50%.

Objectives

We aimed to identify potential predictors of worst outcome that could lead potentially to risk stratification groups.

Methods

In this retrospective, observational, single-center study, we correlated clinical, laboratory and radiological data with clinical outcome of MHD pts hospitalized with COVID-19 from April 23, 2020 till February 3, 2021 as confirmed by real-time polymerase chain reaction. Outcome was defined as survivors vs non-survivors and “progressors” (those requiring oxygen supplementation because of respiratory worsening due to COVID-19 pneumonia) vs “non- progressors”.

Results

We studied 32 pts (17 Men), median age 75.5 years old, 12 diagnosed with screening and 20 with symptoms. WHO severity on admission was mild disease in 16, moderate in 14 and severe in 3. Chest Computed tomography (CT) showed 1-10% infiltrates in 24. 13 “progressors” were recorded. Case fatality rate was 5/32 (15.6%), 3 deaths in the “progressors” plus 2 in “non-progressors, irrespective of co-morbidities and sex. Parameters related with mortality were on admission frailty index, Mean Platelets Volume, Chest CT, WHO severity score and thereafter the increasing serum LDH and d-dimers and decreasing serum albumin. Indicators of “progressors” were only the increasing neutrophils and neutrophils/lymphocytes ratio.

Conclusion/Application to practice

MHD pts are a high risk group of COVID-19 mortality, distinct from the general population. Certain laboratory parameters on admission and follow up could help in disease stratification and management.

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Disclosure of Interest

no

ID: 74

Vaccination against COVID-19 in haemodialysis patients: Humoral response at 3 and 6 months

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Background

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been associated to cause high incidence, mortality, and fatality rates in people with chronic kidney disease in stage 5 (CKD-5D) in a regular dialysis program.

Objectives

The objective is to determine the immune response of CKD-5D patients to Pfizer-BioNTech® Comirnaty® vaccine, after 3 months, and 6 months post completing the vaccination and compare to the group of patients infected by SARS-CoV-2.

Methods

This is an observational, prospective study using a representative sample of all patients with CKD-5D in a regular haemodialysis program and who were vaccinated against COVID-19 (vaccinated group) or had

SARS-CoV-2 infection (positive group) confirmed by the RT-PCR laboratory technique at multicentre network.

3 subgroups were created for age ≤60, 61-70, >70 and for body mass index (BMI) <23, 23-28 and >28.

Results

504 patients were enrolled from 38 dialysis clinics, mean age of 66.64 SD=14.20 years, 297 (58.90%) were men. 321 (63.70%) were allocated to vaccinated group.

There was a significant reduction in anti-spike IgG in the vaccinated group from the 3rd month (1120 IQR=493-2805) to the 6th month (455 IQR=189-967).

There was also a significant difference between the 3rd month vaccinated group and the 6th month positive group (1836 IQR=748-5168).

Patients with BMI >28 developed higher anti-spike IgG in both vaccinated and positive groups.

Conclusion/Application to practice

It was observed a significant reduction of the humoral immunity, from 3rd to 6th month in vaccinated group. These findings may support the booster vaccination dose to be taken at the 6th month after vaccination completed, and after 6th month of previous SARS-CoV-2 infection. More studies may be needed to confirm these findings.

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Disclosure of Interest

no

ID: 84

COVID-19 death/case ratio and impact of vaccination in hemodialysis patients. An observational study

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Background

The presence of more than one co-morbid disease in most of the chronic kidney patients causes an increase in mortality and morbidity rates in these patients. When WHO declared a pandemic on March 11,

2020, we developed the registry system to track both patients and staff and collected data on a monthly basis

Objectives

We aimed to share the findings proving the high rate of death and hospitalization in dialysis patients who are among the risk groups.

Methods

With the start of the pandemics in 18 dialysis clinics (D.med Healthcare[®]) in different locations in Turkey, a recording part for Covid-19 was added to the existing software program (Dialine[®]).

The records of patients receiving treatment in terms of Covid-19 were actively made on site. With these records, PCR test results hospitalization or treatment in the clinic), time on isolation and treatment results could be seen clearly.

The number of new cases and deaths of Covid-19 were also followed up simultaneously in general population of Turkey.

Results

By the 7th January 2022, death / case ratio was 0.7 %. In same period the data showed as cumulative cases were 1252 and deaths were 177 and death / case ratio was 14.1 %.

During the 22-month follow-up period, the number of patients in 18 clinics was 2380-1982.

As of February 21, 2021, dialysis patients have been started to vaccinate with Synovac[®] and as of April 12, 2021 with Pfizer -BioNTech[®], throughout the country

As of 7 January 2022, 23% of patients were unvaccinated (refused), 20% were vaccinated at least one dose, and 57% were vaccinated at least two doses.

Conclusion/Application to practice

As an observation; hospitalizations decreased significantly with vaccination however deaths continued with similar frequency among those hospitalized.

Even if the pandemic spread is over, COVID infection will continue to be a threat for dialysis patients compared to the healthy population. Periodic vaccination should be continued

References

DiaLine Software Program

<https://www.worldometers.info/coronavirus/>

<https://corona.cbddo.gov.tr/Home/DeathConfirmedRatio>

Disclosure of Interest

no

S 18 NEW PERSPECTIVES & TECHNOLOGY

ID: 41

eHealth as part of the treatment of kidney transplantation – a Scoping Review

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Background

The therapeutic adherence is well established as a predicted of the success of kidney transplantation. Nevertheless, the nonadherence is still a challenge to the transplantation nurses.

The development of technology and its association with the health care allowed the rising of new instruments that target to facilitate the transition process in chronic diseases and to increase the therapeutic adherence.

Objectives

The aim of this scoping review was to map the existing literature on eHealth used to manage the treatment of people undergoing kidney transplantation after discharge, understanding how these technologies have been used, their advantages and disadvantages.

Methods

For this scoping review the methodology of Joanna Briggs Institute Review's Manual (2020) was used. We have used 10 databases, for manuscripts with full text, published between 2010 and 2020, in English, Spanish and Portuguese.

Results

As result, 29 articles were found that responded to the objective of the scoping review. These results were divided into nine types of eHealth, namely: telemedicine, electronic medical devices, smartphone or tablet applications, electronic alarms and reminders, websites, electronic therapy dispensers, ingestible sensor systems, smartwatch and programs of telemonitoring.

Although each type of technology has a specific objective, in general, they all allow the increase of self-care, remote monitoring and provision of care, and increased access to information.

Conclusion/Application to practice

As result, 29 articles were found that responded to the objective of the scoping review. These results were divided into nine types of eHealth, namely: telemedicine, electronic medical devices, smartphone or tablet applications, electronic alarms and reminders, websites, electronic therapy dispensers, ingestible sensor systems, smartwatch and programs of telemonitoring.

Although each type of technology has a specific objective, in general, they all allow the increase of self-care, remote monitoring and provision of care, and increased access to information.

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Disclosure of Interest

no

ID: 135

Measuring patient perception care in a multicultural global renal company.

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Background

"Evaluating the effectiveness and experience of care using patient-reported outcomes is becoming standard practice in healthcare"¹

An annual Patient Satisfaction survey was conducted until 2020 with statements relating to trust, involvement, diet, waiting time, and care improvements.

In line with our commitment to gain a holistic view of our patients' perception of care; in 2020 we developed our patient reported experience surveys which allowed us to develop the Patient Perception of Care survey (PPC).

Objectives

Healthcare delivery is crucial to our goal of embedding our approach and digital systems within healthcare systems worldwide. Ultimate benefit of a PPC is that it focusses on patients' perspective on the care they receive. So this survey will enable us to enhance our patients experience within our facilities.

Methods

The survey was anonymous, had a QR code and link available. Every patient had the chance to complete the survey, both outpatient HD and PD patients. The survey was available for the patients over 4 weeks

Results

Survey response rate was at 89% with total response by 34,952 patients.

12 domains are access, support, communications, information, fluid intake and diet, needling, test and investigations, sharing decisions about your health, privacy and dignity, scheduling and planning of your appointments, transport, and the environment.

The domains with highest scores relate to "fluid and diet advice" and "privacy and dignity". The lowest scores relate to "pain on needling" and "transport".

Haemodialysis consisted the main responses, with Peritoneal Dialysis (PD) responses 2% (916 responses) of the total; PD has a higher overall average, with a similar distribution of the results apart from transport.

Conclusion/Application to practice

The results have been shared with countries and action plans have been developed. The survey will be renewed each year to ensure that we stay focused on our patients' opinions of their care.

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Disclosure of Interest

no

ID: 126

Use of Bortezomib and Plasmapheresis in Multiple Myeloma and kidney failure - nurse role

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Background

Multiple Myeloma (MM) is a progressive malignant hematologic disease. It is the infiltration of bone marrow by malignant plasma cells that secrete monoclonal immunoglobulin into the serum or urine. Plasma is the liquid portion of blood, it contains immunoglobulins and other proteins (in this case MM proteins). Acute kidney failure frequently shows up as an MM after-effect.

Objectives

Plasmapheresis is a highly effective procedure that eliminates paraprotein and reduces blood viscosity. It is done multiple times a week, until chemotherapy (Bortezomib) takes effect. Plasmapheresis can help patients who suffer from kidney damage caused by high light chain levels.

Methods

The case report confirms a pathological ratio of a 54-year-old patient's serum light chains after the patient's hospitalization process at the Department of Nephrology, along with hypercalcemia, anemia and renal insufficiency. Lambda light chain MM has been diagnosed according to the hematological treatment. Due to the high level of serum light chains, a plasma exchange was induced. The plasmapheresis was done at the Department of Dialysis in five consecutive parts along with a 5 percent albumin recovery and freshly-frozen plasma. The steps of the process were demanding owing to high plasma exchange volumes and the cardiovascular access (peripheral veins and one central venous catheter lumen).

Results

Plasma exchange therapy and Bortezomib usage have lowered the serum light chain levels and the kidney function is recovering. The patient is in stable condition and has been allowed to leave hospital. Treatment is continued with day hospital services.

Conclusion/Application to practice

A nurse is in close proximity at all times and in due time recognizes complications related to the patient and the plasmapheresis machine. The knowledge and skills of nurses who perform plasmapheresis and give Bortezomib are key to a successful therapy. Doctors determine the therapy parameters and medicine doses, but the nurses' practical knowledge contributes to the patient's recovery.

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Disclosure of Interest

no

S 19 PERITONEAL DIALYSIS & NUTRITION

Caring together, multidisciplinary care for PD patients

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Multidisciplinary care starts even before we know our patients. It starts and probably ends in the family doctor's practice. The patients journey is long and shows involvement of several healthcare providers. Our care should be together and complementary, holistic and patient centered. For we can help the patient to achieve 'the ability to adapt and manage oneself in the light of the physical, emotional and social challenges of life' (institute of positive health, definition of health by Machteld Huber). In this light we can discuss the benefits of multidisciplinary care for patients with kidney disease.

ID: 27

Interventions that respect intraperitoneal pressure. Improving peritoneal dialysis care.

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Background

High intraperitoneal pressure induces greater morbidity, mortality and transition to hemodialysis due to technique failure in people on peritoneal dialysis (PD). In this study, we ask ourselves what have been the most frequent measures (both clinical and care) that have been taken to minimize the increase in IPP after 3 years of monitoring the measurement of IPP in the PD unit.

Objectives

Describe measures and interventions that were carried out to prevent the elevation of IPP and improve abdominal comfort in people on PD

Methods

Cross-sectional and retrospective descriptive study that includes the clinical and care measures to avoid the increase in PIP of people on PD during the years 2019, 2020 and 2021.

Results

The sample is made up of 51 patients, 71% were men and 29% women. In 2019, the IPP was measured twice a year for each patient (72 measurements in total), in 2020 and 2021 it was performed once per year and patient

The PIP was measured at time 4 of the annual PET scan.

A volume reduction was applied due to UF failure in 1 person, and in 3 due to abdominal comfort (sensation of fullness, discomfort walking and performing activities of daily living).

The measure of leaving the peritoneum dry during the most intense physical activity was taken in 4 people due to work needs or intense physical exercise practices.

Regarding the measure of changing to APD, adaptation to working hours has been as important as prevention of hernias or leaks in 4 people.

Conclusion/Application to practice

The standardized and systematic measurement of PIP in PD units, in addition to highlighting the need to adapt the guidelines in a personalized way, opens a new aspect towards the care of people on PD: education about how to prevent PIP

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Disclosure of Interest

no

ID: 146

Dietary mobile application for patients with chronic kidney disease

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Background

Diet is an extremely important part of treatment in patients with chronic kidney disease (CKD). The dietary guidelines for the individual patient change with the progression of the disease. Dietary guidelines before dialysis, during dialysis and after kidney transplantation differs significantly from each other [1]. Adapting

the diet restrictions into everyday life poses major challenges for the individual patient. It is crucial to individualise the information for the patient and make it easily accessible in everyday life.

An app will make it possible to individualize the dietary recommendations for the patient and can be a useful tool that supports self-management [2]. Ultimately, an app may improve adherence to the dietary recommendations, thereby preventing complications of the disease.

Objectives

To investigate patients with CKD's needs for diet instruction, their immediate responses to a dietary app and their suggestions for improvement and further development of a prototype.

Methods

An app prototype has been developed illustrating that all information will be tailored to the individual patient according to the persons stage of disease, anthropometrics, phosphate, and potassium level. The prototype consists of the elements, general information, diet diary, food lists and recipes.

This prototype has been evaluated in seven individual interviews with patients with CKD stage 4 and 5, who were not on dialysis and four focus groups with patients and healthcare professionals. The qualitative data have been analysed using interpretive descriptions by Sally Thorne [3].

Results

Both patients and healthcare professionals liked the idea behind the app. Individualisation is necessary for the app to work in practice. The patients found the diet diary and recipes as important elements.

Conclusion/Application to practice

There is a need to improve the tools we use today to improve patient adherence to dietary recommendations and the development of an app for individual nutrition guidance could be a workable solution.

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Disclosure of Interest

no

ID: 69

Impact of vegetarian diet on people with chronic kidney disease

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Background

Chronic Kidney Disease [CKD] affects more and more people worldwide and diet plays a key role in a person's therapeutic plan. In verifying that there is a greater interest and adherence of the population to the vegetarian diet [VD], it is necessary to understand its impact on this pathology.

Objectives

The main objective of this scoping review was to identify and map scientific evidence on VD in people with CKD, recognizing the advantages or disadvantages of this diet and its applicability in the identified population.

Methods

The scoping review was prepared according to the methodology of Joanna Briggs Institute Review's Manual (2020). Six databases were used in the article search, in which articles in English, Portuguese or Spanish, available in full text and published between 2016-2021, were selected.

Results

The thirteen selected articles were analyzed in order to answer the defined research questions. This analysis made it possible to define categories and respective themes: impact of a vegetarian diet on people with CKD (incidence/prevalence); the advantages of the vegetarian diet in CKD (cardiovascular disease, body mass index, insulin sensitivity, fiber, systemic inflammation, oxidative stress, metabolic acidosis, phosphorus and malnutrition); and the disadvantages of the vegetarian diet in CKD (potassium, vitamins and cooking).

Conclusion/Application to practice

It is possible to conclude that VD has a positive impact on the person with CKD. It has advantages, such as greater fiber consumption or increased insulin sensitivity. Potassium levels and sufficient vitamin intake are still unknown risks. It is possible for a person with CKD to follow a VD as long as the adherence is total and has a specialized and continuous follow-up. Conducting more randomized studies is essential to clearly understand the impact of DV on CKD.

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Disclosure of Interest

no

S 20 HAEMODIALYSIS 2

ID: 3

Effect of Serum AGE, Oxidative Stress Levels on Symptom Severity, Life Quality in Hemodialysis

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Objectives

This study was done to determine the effect of serum AGE and oxidative stress levels on symptom severity and life quality in patients receiving hemodialysis therapy.

Methods

This descriptive and cross-sectional study included 117 hemodialysis patients in 2 dialysis centers located in Istanbul, in April 2021. Data were collected with Personal Information Form, Dialysis Symptom Index (DSI) and Kidney Disease Quality of Life (KDQOL-36) by face-to-face interview. Besides, serum advanced glycation end-product (methylglyoxal (MGO), glyoxal (GO) and oxidative stress (Malondialdehyde (MDA)) levels were determined from blood samples.

Results

Mean DSI score was found to be 31.05±18.36, mean KDQOL-36 subscale scores were found as 71.65±17.76 for list of symptoms/problems, 66.35±19.06 for kidney disease effect, 40.6±24.01 for kidney disease burden, 41.6±9.83 for SF-12 physical health, 37.83±9.69 for SF-12 mental health. MDA level was determined as 3.96±1.01 µmol/l, GO as 1029.87±314.43 ng/mL, and MGO as 115.2±75.54 ng/mL. There was a very weak negative correlation between chronic renal failure disease duration and MGO, very strong positive correlation between MDA and GO, very weak negative correlation between kidney disease burden and MDA, and very weak negative correlation between GO and kidney disease burden.

Conclusion/Application to practice

Symptom severity of patients was determined to be low. Life quality regarding the symptoms experienced and effect of disease was determined to be at moderate level while life quality regarding physical and mental health and disease burden was determined to be at low level. MGO, GO and MDA levels were found to be high. MGO levels decreased as the duration of disease got longer, MDA levels increased as GO levels increased. Life quality of the patient regarding disease burden improved as MDA and GO levels decreased.

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Disclosure of Interest

no

ID: 97

Hemodialysis patients' adherence to dialysis treatment two-way perspective: nurse - initiated and patient-initiated participation

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Background

To examine patient adherence to hemodialysis from a two-way perspective (nurse-initiated inclusion and active patient initiative)

Background: Non-adherence to treatment can adversely affect (ESRD) patients.

Design: A mixed-methods research: Content analysis of transcribed nurse-patient conversations, and nested cross-sectional quantitative design.

Methods

Data were collected from nurses and patients using questionnaires, observations and data from the patient's file.

Results

102 hemodialysis patients nested in 30 dialysis nurses from September 2017 - March 2018. In only a small percentage of cases did the nurse develop a conversation with the patient, on the nursing assessment, the treatment plan, instructions for the patient, and small talk. Quantitatively, a significant two-way interaction (nurses' attitudes toward inclusion X patients' initiative to participate) was found ($\beta=0.60$). Nurses' positive attitudes toward inclusion resulted in higher patient participation initiative and non-adherence to care in terms of shortening hemodialysis time. Mean shortening of dialysis time (physician's instructions minus hours of actual treatment) was 0.19 (SD=0.33), a significant difference ($t_{(101)}=5.7$).

Conclusion/Application to practice

The study findings provided paradoxical insights: Nurses' positive attitudes toward inclusion encourage her to consider and accept the patient's position for shortening hemodialysis treatment time, so that adherence to care decreases. Conversely, nurses' negative attitudes towards inclusion leads her to convince the patient to adhere to the treatment. These findings call for programs to educate the patient about the information he/she should seek when connecting to dialysis, and to encourage nurses' provision of important information at the hemodialysis encounter.

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Disclosure of Interest

no

ID: 62

Oral Mucositis in Hemodialysis Patients and Some Factors Affecting

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Background

Oral health, which is adversely affected by chronic kidney disease, can be impaired in dialysis patients with its own outcome of disease medical treatments associated with the disease, form of treatment, and poor oral care.

Objectives

This research was carried out to determine the presence of oral mucositis in hemodialysis patients and affecting factors.

Methods

The research was carried out between October-December 2020. The study was conducted with 107 patients who volunteered to participate in the study, who did not have communication and psychological problems, and who had been on hemodialysis treatment for at least 6 months. The data were used the patient introduction form, Oral Health Assessment Form and the World Health Organization "Oral Mucositis (OM) Assessment Scale".

Results

It was determined that 29.1% had OM and 16.5% of these patients had stage 2 (painless ulcers, erythema, presence of mild pain sensation) have been found to be OM. It was determined that the symptoms of dry mouth, bad breath, carious teeth increased the frequency of OM statistically. In addition, the frequency of OM was higher in patients using inhaler medication, lack of appetite and inadequate income ($p < 0.05$).

Conclusion/Application to practice

It was found that the majority of the patients included in the study did not pay attention to oral hygiene, did not receive training on oral hygiene, and patients developed oral mucositis. Although oral health is a problem to be solved within the framework of interdisciplinary team understanding in dialysis patients, oral care is one of the basic nursing functions. The nurse should perform oral care in line with the individualized nursing process to protect oral health and provide oral care in hemodialysis patients.

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Disclosure of Interest

no

ID: 77

Multidisciplinary admission for hemodialyzed chronic renal patients

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Background

The holistic and multidisciplinary approach to the hemodialyzed chronic renal patient through a multidisciplinary admission appointment enhances health gains, allows planning of care more efficiently, and is the first step towards providing a truly coordinated care.

Objectives

Share the results of the implementation of multidisciplinary strategy in the management of chronic kidney disease in hemodialyzed patients through the development of a holistic and individualized care plan, capable of detecting the needs and problems early on and ensuring continuity of care.

Methods

The study method was quantitative through statistical analysis of the data collected, through Excel, throughout the implementation of the multidisciplinary admission. The multidisciplinary admission was performed to all 18 patients admitted to the hemodialysis unit in the period between March 2021 and January 2022.

Results

During the 18 admissions, 140 needs/problems were detected; having been divided by various groups: 61% of patients have needs related to vaccination, vascular access and with self-care deficit; 72% with education; 56% present cognitive disorders with the need for education to the caregiver; 44% of patients have problems related to adherence to the therapeutic regime; 39% were referred to other professionals external to the clinic; 22% have substance addiction problems; 50% of patients were diagnosed with uncontrolled pain.

Conclusion/Application to practice

The involvement of the multidisciplinary team in an admission facilitates the development of strategies and interventions so that the disease management process becomes more efficient. It also allowed obtaining data on needs and problems, whose interpretation may lead to a redefinition of the strategy adopted in patient admission, particularly in prioritizing the areas of health education for patients admitted to hemodialysis units.

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Disclosure of Interest

no

W 02 ULTRASOUND GUIDED CANNULATION FOR VASCULAR ACCESS

Ruben Iglesias

S 21 VASCULAR ACCESS 2

The vascular access in the elderly

Joris Rotmans

ID: 8

How to facilitate good cannulation technique in AV-fistulas

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Background

Nurses have a great responsibility in the choice of cannulation technique and the daily care of the AV-fistula and have a possibility to affect the patency ¹. A good cannulation technique though, is more than placing the needle in the vessel ². Cannulation is a process containing different parts that may facilitate needling. This process is scarcely studied.

Objectives

The aim of this study was to describe what prerequisites that are needed to facilitate cannulation in AV-fistulas.

Methods

All haemodialysis units in Sweden got an inquiry to participate in the study with their local guidelines regarding AV-fistula cannulation. A questionnaire, containing both open-ended and closed-ended questions on cannulation of AV-fistula was also sent to each unit. Descriptive statistics and qualitative content analysis were used in a mixed methods design.

Results

Prerequisites that facilitate AV-fistula cannulation can be divided into five different periods in relation to the cannulation, like links in a chain. *Planning cannulation* includes maturation and planning cannulation in new AVF, documentation, education and experience and patient information. *Pre-cannulation* includes physical examination, hygiene routines, tourniquet, position of the arm, preventing pain and choosing cannulation site. *During cannulation* includes how to needle, type of needle, angle during cannulation and fixation of the needle. *Evaluate cannulation* includes arterial and venous pressure and blood flow rate. *Post cannulation* includes needle withdrawal and haemostasis.

The majority of the dialysis units describes most of the found prerequisites. However, several of these practical aspects of cannulation are handled differently in the participating units.

Conclusion/Application to practice

The chain of cannulation describes the prerequisites that are needed to facilitate a good cannulation technique. However, this study also demonstrates the need of more knowledge on how the different prerequisites affect AV-fistulas and its patency.

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Disclosure of Interest

no

ID: 130

Crossing the line!

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Background

It is accepted that arteriovenous fistula (AVF) creation is the first choice of access for hemodialysis, because of the low risk of infection (1). However, central venous catheters (CVC) remain an important medium for dialysis in situations where an AVF is not yet ready for cannulation or has yet to be created. In the Netherlands the choice of the patient also plays an integral role in the placement of an AVF or a CVC (2). Many patients prefer a CVC for the convenience and ease of connection and disconnection. Other reasons for AVF refusal vary from needle phobias to poor vascularization (3).

Results

In the Elyse clinics we have observed that the risk to the patient is nominal and the choice for a CVC over that of an AVF is gaining in popularity. Our best practices are:

1. Permanent lines have preference over temporary lines, but temporary pre-curved jugular lines have been shown to be adequate in preventing infection (4).
2. Following the Dutch Federation of Nephrology guidelines all exit sites are disinfected and an antibiotic ointment is administered every dialysis session.
3. We are using a needle free closed connector designed to enable high blood flows for the prevention of catheter infections.
4. An antimicrobial-containing citrate lock is better than a heparin lock in the prevention of catheter-related infection (5).
5. The use of a strap free device to keep the catheter in place instead of a stitch reduces the risk of infection as skin is not broken so one less route for possible infection.
6. For nurses we use mandatory online E-learning modules and in-house competency training.

Conclusion/Application to practice

Adhering to this multifaceted approach will ensure low to nil infections (0.2 per 1000 catheter days). We are pleased with the low infection rates in the CVC's. However, we still recommend where possible patients receive an AVF.

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Disclosure of Interest

no

ID: 81

Ionizing radiation exposure in endovascular intervention to vascular access

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Background

Patient exposure to ionizing radiation is increasing. The Dose Area Product (DAP) is the most common method for measuring the patient dose. About exposure, in these patients we must consider the cumulative effective dose, resulting from the set of exposures to which the patient is subjected in a given period.

Objectives

Identify the DAP of CKD patients in the different types of endovascular intervention to vascular access.

Methods

Cross-sectional study, observational and retrospective data analysis of the radiation doses recorded in procedures performed within one year.

Results

From a total of 1247 procedures performed to 821 patients, 771 to AVF and 476 to AVG.

- 932 (74.77%) procedures were angioplasty with percutaneous transluminal angioplasty (PTA) balloon with an average DAP 261.65 cGy.cm² (SD=304.01) and fluoroscopy time 5:09 minutes (SD=4:02 minutes) and thrombolysis were 149 procedures (11.90%) with average DAP 384.26 cGy.cm² (SD=463.05) and fluoroscopy time 10:22 minutes (SD=5:48 minutes) ($p < 0.01$).
- Central stenosis was found in 158 (12.70%) procedures, with an average DAP 493.27 cGy.cm² (± 27) and the average DAP on group with no central stenosis was 230.20 cGy.cm² (± 302.95) ($p < 0.01$).
- Procedures on AVF have an average DAP 250.25 cGy.cm² (SD=321.99) and fluoroscopy time 5:15 minutes (SD=4:71 minutes) and on AVG average DAP 284.31 cGy.cm² (SD=340.39) and fluoroscopy time 5:93 minutes (SD=4:91 minutes) ($p < 0.01$).
- Correlation between DAP and fluoroscopy time was found to be moderate and significant $r=0.527$ ($p < 0.01$).
- 1.52 intervention/patient/year with a average DAP 398.51 cGy.cm² (SD= 538.65).

Conclusion/Application to practice

Thrombolysis procedure has a higher DAP and fluoroscopy time. Patients with central stenosis have a higher DAP. AVF procedures have a higher dose compared to AVG. In patients with no central stenosis,

DAP depends directly on fluoroscopy time. Cumulative effective dose must be considered on referral patients to endovascular intervention, ensuring patient safety.

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Disclosure of Interest

no

ID: 98

Arteriovenous Graft pseudoaneurysm

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Background

Pseudoaneurysms occur outside the vessel wall due to a communicating defect in the graft. They are essentially hematoma encapsulated in adventitia that is prone to rupture. Pseudoaneurysms usually arise from repeated punctures by dialysis needles in a limited area of the graft. This repetitive action contributes to the destruction of exiting graft material.

Pseudoaneurysms are classified as asymptomatic, with no other risks, and the problem is, therefore, more aesthetic. On the other hand, symptomatic pseudoaneurysms are associated with a risk of bleeding, with thin wall graft, steel phenomenon in the failure of perfusion of the limb.

Objectives

This case report will examine the presentation, indication for treatment, and management options for arteriovenous graft pseudoaneurysm.

Methods

Case report and review of the author's experience with management of pseudoaneurysm over time, complications that accompany the development and treatment of pseudoaneurysm. The first

pseudoaneurysm operation and its early postoperative course, the course of the first AV graft cannulation, repeated AVG closure with surgical intervention.

Treatment of the patient required 39 ultrasound examinations of the graft, 19 fistulographies, 3 recanalizations, and 3 surgeries.

Conclusion/Application to practice

Arteriovenous graft pseudoaneurysm can be safely observed. Due to a lack of sufficient evidence base, no individual management strategy can currently be recommended for an aneurysm requiring treatment. Symptomatic pseudoaneurysms, especially if are at a high risk of bleeding, should be indicated for treatment as soon as possible.

Recommendation for practice: Prevention of pseudoaneurysm development.

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Disclosure of Interest

no

S 22 THE EXPERIENCE OF PEOPLE WITH KIDNEY DISEASE

Digital tools in Patient Education: My Kidney Journey

Lorna Durack, Fiona Tobin, Anna Kaczmarek

ID: 43

Experiences of loss and grief among patients receiving haemodialysis and their family members

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Background

Patients with chronic kidney disease receiving haemodialysis treatment have reported a sense of a “lost life” and they experience overwhelming emotions (1). Both of these can be a major cause of mental health problems, such as depression (2). Families with relatives who are on haemodialysis relate to the limitations of the disease and treatment, which also affects their everyday lives (3). Thus, in-depth knowledge of how patients on haemodialysis and their family members experience loss and grief is important to nursing care.

Objectives

To explore experiences of loss and grief among patients receiving haemodialysis and their family members.

Methods

The study took a phenomenological-hermeneutical approach. Semi-structured individual interviews were conducted with nine patients receiving haemodialysis with no kidney transplantation option and nine family members. The data were analysed using Ricoeur's theory of narrative and interpretation, on three levels: naïve reading, structural analysis, critical interpretation and discussion (4).

Results

Haemodialysis treatment does contribute to an increased disruption for both patients and family members in everyday life. For patients, loss is related to illness progression, fatigue and low physical capacity which leads to social limitations and feelings of not being able to live the life you hoped for. Over time, family members described needing greater support to cope with their emotions as well as the emotions of the person on haemodialysis.

Conclusion/Application to practice

Both patients and family members had experiences of loss and grief on social and emotional aspects of everyday life. Illness progression led to physical loss among the patients and grief related to shared changes in the anticipated future prospects within the family. Both patients and family members were in need of support. Nurses should be aware that dialogue with both patients and family members is essential to shape both an individual perspective as well as the perspective of the entire family unit.

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Disclosure of Interest

no

ID: 119

Enhancing patient perception of care on a hemodialysis facility

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Background

There has been a gradual increase in the incidence and prevalence of Chronic Kidney Disease (CKD) worldwide. In Portugal (2020), 88.9% of patients who started a renal function replacement therapy have

opted for haemodialysis (HD). Given the chronicity of their disease and the need of regular treatments, assessing patients' perception of care (PPC) has become essential. This feedback includes information about communication and relationship between the patient and the care team, the clinical environment, and the efficiency of available resources.

Objectives

To analyse the feedback people's perception of care survey results to enhance related-health services.

Methods

A retrospective transversal study was conducted. From September to October 2021, all patients with cognitive ability had the opportunity to respond anonymously to the PPC survey, in total 191 out of 204 of an HD facility. The survey includes 38 questions as a 7-point Likert scale and 1 question about the overall experience from 0 (worst it can be) to 10 (best it can be). In addition, the PPC includes the Net Promoters Score (NPS) analysis.

Results

The surveyed population have reported an average perception of care score of 6.79 and by domain an average of: overall experience (9.43), test and investigations (6.87), scheduling and planning appointments (6.85), fluid intake and diet (6.82), access (6.80), the environment (6.79), privacy and dignity (6.77), communication (6.73), information (6.72), support (6.71), sharing decisions about care (6.59), needling (6.30), and transport (5.58). 61 NPS score, among them 86% were Promoters, 25% Detractors and 12% Passives. 23% have given feedback using the comments field still under analysis.

Conclusion/Application to practice

We can verify that HD patients are very satisfied with the care, observing that we can improve the PPC scores. The PPC is carried out on an annual basis allowing us to measure the improvement initiatives to enhance people's perception of care.

References

Available on presentation

Disclosure of Interest

no

ID: 89

Symptom prevalence in hemodialysis patients

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Background

Hemodialysis patients experience high rates of depression. Depression is associated with low compliance to treatments, malnutrition, increased markers of inflammation, reduced quality of life and high rates of hospitalization and mortality. Despite these associations, patients are not routinely evaluated for the presence of depression.

Objectives

To evaluate the prevalence of depression and other significant symptoms in hemodialysis patients.

Methods

A single-center, observational, cross-sectional study. Data were collected between October 2019 and January 2020. Prevalence of depression and other symptoms were assessed by the Patient Health Questionnaire- 9 (PHQ-9) and Edmonton Symptom Assessment Scale. (ESAS). Descriptive statistics, mean and standard deviation (SD) were used to describe patient characteristics and results.

Results

107 patients participated. Average age was 66.42 (SD 14.59) years, 60.7% were male. education 10.67 (SD3.68) years. 73.8% married, with a Charlson Comorbidity Index of 6.5 (SD 2.64)

The average score of depression according to the PHQ-9 was 8.38 (SD 5.99), yet 92.5% of the participants were not receiving treatment for depression. Results of the ESAS revealed tiredness and pain as the most severe symptoms (4.86, SD 2.83; 4.28, SD 3.31 respectively).

A significant correlation was found between disease severity and severity of depression.

Conclusion/Application to practice

Average patient PHQ-9 scores correspond to mild to moderate depression. Hemodialysis patients suffer from multiple significant symptoms, including tiredness and pain. Patients who are sicker are at higher risk for depression.

People with chronic kidney disease identify improving psychosocial aspects of living with their illness among their most important research priorities. Summarizing the prevalence and significance of various symptoms in people treated by dialysis is an important first step in understanding symptom burden in this population and developing treatment priorities. The information derived from this study shows the importance of developing treatment plans for these patients.

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Disclosure of Interest

no

ID: 131

Health-related quality of life, and pain across a large multinational dialysis organisation

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Background

The International Association For the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage,”¹. In delivering a chronic treatment such as dialysis, it is important to have a holistic view and relieving pain can be an important aspect to improving patient’s quality of life. Chronic diseases are often associated with pain regardless of this it should not be assumed as having an impact on the patients life, the survey undertaken gave an opportunity to look at this in this dialysis population.

Methods

The Kidney Disease Quality of Life-Short Form (KDQoL-SF) was used to measure the level of pain using a 6-point Likert scale. 30.641 adult patients who received haemodialysis at a large multinational dialysis organisation during April to July, 2021 have responded.

Results

17% patients reported severe to very severe bodily pain during the past 4 weeks, 48% moderate to mild and 35% reported none or very mild bodily pain. Predictors of more severe pain are: > 80 year old ($p < 0.001$), Females ($p < 0.001$), higher BMI and comorbidity index ($p < 0.001$) as well as patient with a catheter ($p < 0.001$).

Conclusion/Application to practice

Our findings will lead to an increased focus on symptom-alleviating nursing interventions, in particular non-pharmaceutical interventions and to increase the patient’s literacy regarding pain management including use of appropriate pain-killers. Additional research is warranted to determine whether non-pharmaceutical nursing interventions can help this group.

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Disclosure of Interest

no

W 03 NUTRITION SUPPORT IN CKD "ENHANCING THE NUTRITIONAL STATUS IN END STAGE KIDNEY DISEASE"

Kalliopi Anna Poulia

Background

Malnutrition is a significant problem, often undiagnosed, negatively affecting morbidity and mortality in CKD patients. Ideally, patients and nursing staff should gain more awareness about the importance of adequate patient nutrition and the significance of treating malnutrition, aiming at its early detection and treatment. Dietary counselling should be provided for every patient with CKD from a trained renal dietician with the help of the "nutrition specialist", mainly from the nursing staff. Moreover, it is of great importance the evidence-based provision of nutritional support, in order to make sure that patients would be provided with the best available nutritional care. Finally, the compliance of the patients should be enhanced by the provision of psychological support, in order to maximise its efficiency and efficacy.

Learning objectives

1. How is malnutrition defined and which are its main causes in patients with CKD?
2. Which are the main anthropometric and laboratory parameters for the detection of malnutrition in CKD?
3. Which are the dietary recommendations for the malnourished patient with CKD? Do they change according to the CKD stage?
4. Which are means of provision of nutritional support in CKD patients undergoing haemodialysis.
5. How compliance can be enhanced in the patients with CKD?

S 23 GREEK SYMPOSIUM

Tunneled dialysis catheters: technological advances

Christos Bantis

Nurse care of the cuffed tunneled catheter

Maria Kalomoiri, Anastasia Sagxaridou, Chrysoula Siarkou

S 24 EDTNA/ERCA & ESNO JOINT SESSION

Abstract is not available

S 25 INFECTION CONTROL & COVID-19 PART 2

ID: 115

Digitalized management of Covid-19 precautions and hygiene measures implementation

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Background

After publication of COVID-19 guidance's, proper implementation and continuous following of the measures was critical. A flexible tool for quick assessment under different circumstances, to identify deviations was of great importance.

Methods

A Web application to monitor critical safety aspects on nursing processes, was already in use in 4 countries. The tool has 16 questions divided in 6 areas: Facility; Compliance with prescription; Hygiene; Vascular access; Patient Monitoring; and Emergency management. 7 questions were adapted, to include COVID-19 measures: droplet and airborne precautions, triage, isolation areas, etc. The deviations and the corrective actions were documented in the application. Each country used the tool in a flexible way, adapting the frequency as the pandemic progressed and the risks identified. It was used as self-assessment by clinic head nurses or by "nurse coordinators" responsible for a group of clinics.

Results

The total number of assessments in 2020 was 696, increasing to 1042 in 2021. For all 166 clinics, 472 deviations were identified in 2020 and 600 in 2021. Hygiene, Facility and Emergency management were the areas with more deviations. Hand Hygiene, cleaning of stations, use of PPE's, patient route and triage were the areas in high focus in the assessments. Continuous detection of the deviations allowed quick corrective actions that included creative solutions to reorganize triage spaces, minimize PPE shortages, webinars, hot lines and shared education materials for staff, patients, and families.

Conclusion/Application to practice

The tool provided a good overview of the status of the clinics at critical times. The management teams could identify the support needed at any time. Allowed a better response to the challenges of implementing new guidance's, showing the added value for future implementations, to improve transparency and act proactively

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Disclosure of Interest

yes

ID: 144

Impact of a contingency plan on COVID-19 management in a Portuguese outpatient dialysis setting

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Background

By late 2019 World Health Organization reported pneumonia surge in China caused by an unknown agent later identified as a new corona virus. This sickness was named COVID-19.

In January 13th 2020 the first case was diagnosed outside China. In March 11th 2020 COVID-19 was declared a pandemic.

In Portugal the first case was diagnosed in March 2nd 2020.

The first case in Portuguese clinics of our company was diagnosed in March 12th 2020. There have been 1179 cases until February 2nd 2022.

From January 31st 2020 the company emerged policies for COVID-19 management that allowed for contingency plan implementation that aimed to safeguard the health and safety of patients and healthcare professionals ensuring continuity of care. This contingency plan includes a 76 points checklist focused on incident management system/team, clinics capacity, infection prevention and control, case management, human resources, communications, logistics and supplies management and essential support services.

Objectives

Compare incidence in company's clinics to local community's;

Analyze the impact of the contingency plan on preventing transmission;

Methods

Comparative Retrospective Study.

Compare 14 days incidence rate at a Portuguese network of outpatient clinics to that of the subregions where those clinics are located analyzing data from 05.04.2020 to 02.02.2022.

Results

Graphic analyses of both incidence rates permits to conclude that they follow the same trends though incidence rates at clinics are generally higher than the community's.

Conclusion/Application to practice

Data suggests that it's incorrect to assume that early implementation of a contingency plan will result in a decrease of incidence rates. Policy and testing capacity may strongly influence incidence and therefore deserves further studying.

14 days incidence rate at clinics may be biased by sample size.

Data regarding context of infection is being analyzed as this may prove to be a more reliable indicator measuring the contingency plan effectiveness.

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Disclosure of Interest

no

ID: 101

Vaccination Against COVID-19 in a large private dialysis network: a proven positive experience

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Background

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) responsible for coronavirus disease 2019 (COVID-19) seriously affected worldwide dialysis patients, particularly in the elderly population with a high number of comorbidities, including patients with chronic kidney disease in stage 5 (CKD-5D) undergoing a regular dialysis program.

Objectives

To identify the impact of vaccination on the incidence of new daily cases and mortality in the CKD-5D population.

Methods

Prospective, observational multicenter study, involving patients with CKD-5D from 38 dialysis units from a large private dialysis provider in Portugal. Daily SARS-CoV-2 infections and mortality among these patients was compared with the incidence in the general population. Three periods were analyzed: before vaccination, during the vaccination process, and a third period after complete vaccination with the Pfizer-BioNTech' Comirnaty[®] vaccine. The primary outcome was infection by the SARS-CoV-2 virus and the secondary outcome was death associated with the infection.

Results

A total of 4617 patients were enrolled: mean age 69.37 (SD = 14.08) years old and 2765 (59.9%) were male. During the first period, there was a significantly higher COVID-19 incidence of 14.9% in patients with CKD-5D compared with the general population (7.9%; $p < 0.001$).

During the fifteen days after the complete vaccination, it was observed a significant decrease of new COVID-19 cases ($p < 0.001$). The mortality rate among CKD-5D was significantly higher than in the general population ($p < 0.001$).

Conclusion/Application to practice

A high incidence rate of infection was observed in CKD-5D patients, probably due to several factors such as advanced age, number of comorbidities, inability to remain in confinement, among others. After vaccination there was a significant reduction of new cases.

The reproducibility of this methodology could contribute to the implementation of future vaccination campaigns in specific subgroups of the population.

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Disclosure of Interest

no

ID: 155

COVID-19 vaccine acceptance among hemodialysis patients: Albania experience in a network renal center.

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Hemodialysis, DIAVERUM, Tirana, Albania

Background

Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. Before the COVID-19 vaccines were available in Albania, it was perceived that our haemodialysis patients were not confident, and somewhat likely reluctant. Whilst, known that vaccines and continuous infection measures are the only realistic options to constrain the ongoing COVID-19 pandemic and the renal patient are among the risk groups of contracting severe case of disease.

Objectives

The objective of this study was to identify the impact of the patient education on the COVID-19 vaccination hesitancy among patients in our haemodialysis facilities.

Methods

Patients were surveyed regarding their acceptance to the COVID-19 vaccines, and a set of educational material was prepared to increase the patient acceptance to COVID-19 vaccines. The impact our interventions were measured weekly by following vaccination rate and comparing with national vaccination rate.

Results

Before COVID-19 vaccines were available in Albania, a total of 393 renal patients were surveyed, 65.8% were male and ± 60 years old. 29,5% have reported unwillingness to taken the novel COVID-19 vaccines. In January 2021 with 50 first doses were administered to staff working in the National Health System in dedicated COVID-19 hospitals At the end of May 2021, 7.1 % of the Albanian population was vaccinated with one dose, 9.6 % fully vaccinated.

At beginning of March, we started the vaccination in our five haemodialysis clinics. Currently, 81.1% of our patients are fully vaccinated (28,1% with the booster dose, 52,7% with 2 doses, 0,3% with Ad26.COVS vaccine, 3,6% with one dose and 15,3% not vaccinated.

Conclusion/Application to practice

Interventional educational campaigns targeted towards populations at risk of vaccine hesitancy are shown to be effective to combat misinformation and avoid low inoculation rates.

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Disclosure of Interest

no

ID: 154

COVID-19 vaccine hesitancy among clinical staff in a renal network

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Background

Background: Clinical staff are among the group likely to be exposed to COVID-19. Therefore, it is important to achieve high COVID-19 vaccination coverage rates in this group. Besides to be protected, they are entrusted to providing vaccine recommendations and counseling vaccine-hesitant patients.

Methods

Methods: This study used “self-report” to assess vaccine hesitancy and acceptance among our clinical staff towards the novel COVID-19 vaccines.

Results

Results: A total of 123 members of the staff were surveyed, 44 male aged 23-65 years. 30% have expressed their hesitation towards the novel COVID-19 vaccines. Nearly all participants had positive attitudes towards vaccines but a few still had concerns about safety and efficacy of vaccine. After gaining knowledge and getting information about the effectiveness and importance of vaccines, over 87% of the staff was vaccinated.

Conclusion/Application to practice

Conclusion: High vaccination rate among clinical staff has a lot of benefits. First, patients who hesitate to do the vaccine are more receptive after staff vaccination. It helps to protect patients from COVID-19 illness but also their family members.

References

Keywords: COVID-19; clinical staff; vaccine hesitancy.

Disclosure of Interest

no

S 26 EDUCATION OF PEOPLE WITH KIDNEY DISEASE

ID: 17

Oversight of training and education of PD patients in the Netherlands.

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Background

The special interest group (SIG) for peritoneal dialysis (PD), part of the Dutch Association of nurses, revised their manual for training and education in 2020. In support of the revision a research was performed and topics learned were described.

Methods

Quantitative nursing research, using similar surveys to compare training and education over the last decade. Additionally, a brief search for literature was performed^{1,2,3}.

Results

Retrieved information was divided into basic topics and compared. More important, our findings show that even after a decade, there is still no special education for the nurses and patient training is given based on experience alone. Furthermore, multiple nurses are involved in patient training, with varying materials. There are more home visits with training at home and retraining is more suitable. A growth in assisted PD implies more involvement by community nurses. Also, more acute PD is seen, with a different structure of training.

Conclusion/Application to practice

The manual was revised with input from our nurses and the new guidelines⁴. We can improve the education by emphasizing the need for trainingsnurses and development of national PD-training courses. Our research was described in an article in Journal of Renal care⁵.

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Disclosure of Interest

no

ID: 151

Health literacy in persons with kidney disease: a study protocol of cluster randomised trial

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Background

Patients with chronic kidney disease, especially older people, have to self-manage their disease every day. To face this complexity older people must deliver critical knowledge in every health action to manage their chronic condition.

Objectives

Describe an intervention based on health literacy promotion to improve treatment adherence delivered to older persons in regular haemodialysis treatment.

Methods

A cluster randomised trial (CRT), with two groups (control and experimental), will be conducted. This study will recruit patients from Portuguese haemodialysis centres. Inclusion criteria: (i) to have 65 or more years old; (ii) without a cognitive impairment; (iii) attending a regular haemodialysis program. The primary outcome will be the health literacy as measured by European Health Literacy Survey EHLS-EU_PT (Pedro, Amaral & Escoval, 2016). Secondary outcomes will include treatment adherence and hospital readmission. All outcomes will be measured three times (baseline, 1 and 3 months after program implementation). Data analysis will be done through SPSS software 25 (SPSS Inc., Chicago, IL, USA). The primary analysis will be performed according to the intention-to-treat principle. It means that data from all participants will be used, regardless of whether they integrated the experimental design. The bivariate analysis will be considered to identify an association between baseline participants' characteristics. Scores of Health literacy between 3 months will be compared by using repeated measures ANOVA or Mann-Whitney U-test, according to the distribution of the data. A similar analysis will be performed considering the secondary outcomes.

Conclusion/Application to practice

The program will highlight new ways to understand the feasibility of a large trial, which supports older persons with chronic disease to manage the complexity of this health situation, adhere to the treatment, through higher levels of literacy and decrease hospitalization rates

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Disclosure of Interest

no

ID: 128

Therapeutic adherence of chronic kidney disease patients in a regular hemodialysis program

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Background

Chronic Kidney Disease (CKD) is currently considered a public health problem worldwide. The culmination in stage 5 implies a Renal Function Replacement Technique for maintaining life, with hemodialysis (HD) being the most common. Adherence to treatment is decisive in reducing intradialytic complications, maintaining physical, social and psychological well-being, and in reducing mortality and comorbidities.

Objectives

The objectives of the study are to assess adherence to the therapeutic regime of people with CKD in a regular Hemodialysis program and to identify the factors that influence adherence to the therapeutic regimen in a regular Hemodialysis program.

Methods

A descriptive-correlational and cross-sectional study of a quantitative nature was carried out, involving 87 people with CKD in a regular HD program in a dialysis clinic in the central region, with an average age of 69.44, 64.4% of whom were male. For data collection a questionnaire was used, which included sociodemographic, clinical and variables related to the nutritional regime. The Portuguese End-Stage Renal Disease Questionnaire (PESRD-AQ) was applied to assess therapeutic adherence.

Results

The results revealed, regarding the total index of therapeutic adherence, a prevalence of 88.5% of non-adherence and 11.5% of adherence. The educational qualifications, the place of residence and the level of knowledge about their kidney disease were predictive of better adherence to the therapeutic regimen of the person with CKD in a regular hemodialysis program.

Conclusion/Application to practice

It was concluded that the nurses' intervention in promoting adherence is extremely important. The promotion of adherence behaviours are a necessity and an excellent opportunity to develop nursing care.

References

Chronic Kidney Disease, Hemodialysis, Adherence, Therapeutic regime, Nursing

Disclosure of Interest

no

ID: 139

Intervention program for hemodialyzed diabetic patients

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Background

Diabetes is the leading cause of chronic kidney disease. It's essential a multidisciplinary approach and coordinated care to hemodialyzed diabetic patients. Nursing plays an important role in the surveillance, monitoring and management of the patients health plan.

Objectives

To report the results obtained in relation to diabetic foot complications after the implementation of an intervention program in hemodialyzed diabetic patients.

Methods

The 51 hemodialyzed diabetic patients from the same unit were included in the program. Data collection and processing were performed during the implementation of the program, during the year 2021, using the excel program.

Results

A total of 51 first appointments and 15 follow-ups were performed throughout 2021. In 30% of the cases, teachings were given to the families and in 2% to the nursing home. Two patients were referred to the social worker.

In the diabetic foot intervention, 5 patients were referred for nutritional supplementation to aid healing. And, under a protocol with the referring hospital, 80% of the patients are followed at the diabetic foot unit, which in cooperation with the dialysis unit implements coordinated care, allowing the prevention of complications such as amputations. There are 15 amputated patients (26% major amputations and 74% minor amputations) since the implementation of the project there have been 3 minor amputations.

Conclusion/Application to practice

The hemodialyzed diabetic patients have to be co-responsible of their health plan, and the nurse, the manager of it. Coordinated care and multidisciplinary promote health gains, decreased morbidity, and increased life quality.

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Disclosure of Interest

yes

ID: 13

A pragmatic cluster randomised control trial to manage fatigue in people receiving haemodialysis

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Background

Fatigue is one of the most common and debilitating symptoms affecting individuals receiving haemodialysis (HD). Energy conservation strategies have been shown to improve fatigue in a range of clinical conditions like multiple sclerosis, cancer, and stroke; however, such evidence is lacking in the HD population.

Objectives

To explore the effectiveness of an energy conservation education program on fatigue in the HD population.

Methods

A pragmatic cluster randomised controlled trial recruited 126 participants who were receiving HD. Clusters based on HD shifts were randomised into the intervention and the control groups. The intervention group received four face-to-face structured energy conservation education (ECE) sessions during HD treatment plus usual care over 12 weeks. The control group received usual care. Fatigue was assessed using the fatigue symptom inventory (FSI) at baseline, weeks 4, 8, and 12 for both groups. This instrument has 4 subscales measuring fatigue severity, fatigue interference, fatigue days, and percent of days being fatigued. Intention-to-treat analysis was used.

Results

There were no significant differences in demographic and clinical characteristics as well as FSI scores between groups at baseline. Total fatigue severity was statistically significantly reduced in the intervention group from baseline to week 12 compared to the control [mean difference-(Δ) = 3.39, 95% CI (2.92-3.86), effect size = 2.37, $p < 0.001$]. Similar findings were observed for fatigue interference [Δ = 2.76, 95% CI (2.27-3.26), effect size = 1.68, $p < 0.001$], fatigue days [Δ = 1.52, 95% CI (1.05-1.99), effect size = 0.74, $p < 0.001$] and percent of days being fatigued [Δ = 33.90, 95% CI (28.85-38.94), effect size = 2.10, $p < 0.001$].

Conclusion/Application to practice

The ECE program was effective in managing the level of fatigue in the HD population. The intervention could be provided by nurses during HD treatment. It is also recommended that fatigue be regularly assessed in this patient population.

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Disclosure of Interest

no

W 04 PERITONEAL DIALYSIS - NURSE BEST PRACTICES: CLINICAL SCENARIOS

Maria Arminda Tavares

Background:

Peritoneal Dialysis is a renal replacement therapy that involves shared decision making among patients, family and health professionals. Patients and/or caregivers are educated by nephrology nurses to self-management their home therapy and achieve their maximum self-care. There is no consensus among nephrology nurses about the best Education program to teach and train patients. PD patient education programs vary from country to country and in each country varies from unit to unit. It is important to reduce variability among PD education programs, focus on what is important to empower the PD patient to Self-Care. It is important that patients acquire during educations programs the skills and the knowledge to perform their treatment safely, recognise potential complications and manage risks. Nursing theories and qualitative research methodologies are advantageous to build knowledge in nephrology nursing discipline.

Learning Outcomes:

- Promote peritoneal dialysis among nephrology nurses
- Share experiences and information about PD education programs among participants
- Describe a PD education program focused on patient Self-Care (Dorothea Orem Deficit of Sel-Care Theory)
- Work with real clinical scenarios to improve nurse best practices

S 27 CKD PREVENTION & HOME HAEMODIALYSIS

ID: 138

How can smartphones play a part in home urine testing?

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Background

People living with diabetes mellitus should have annual screening for CKD, using both eGFR and albumin:creatinine ratio (ACR) urine tests. UK National Diabetes Audit data (2020) reported 46% ACR compliance with the likelihood that rates had dropped because of the pandemic.

To overcome the barrier of needing to take a urine sample to a GP practice, a medical technology company called Healthy.io has devised a CE and FDA approved smartphone urinalysis test kit, that includes a urine pot, dipstick and colour chart. It produces a semi-quantitative ACR analysis with results expressed as ACR normal (<30mg/g), ACR abnormal (30-300mg/g) or ACR high abnormal (>300mg/g). Abnormal results require a subsequent laboratory test.

Objectives

To evaluate the feasibility of using smartphone technology for home urine testing for people with diabetes in one inner-city area.

Methods

Practices were asked to identify eligible patients with diabetes who have no recorded ACR in the past 12 months. Patients were contacted via SMS text to request possible opt-out and to be guided through the App download. The testing kit was subsequently sent in the post. After completing the test, the smartphone is used to log results directly in the electronic patient record, with abnormal results flagged for follow up.

The number of patients who consented and returned the urine sample result were collated. Acceptability of the App/kit to patients was measured via a questionnaire within the App. Focus group interviews with Practice staff to explore the time taken to set-up the project and explore the impact on workload post-result were undertaken.

Results

Home urine testing is feasible: 61% completed the test of 2370 who consented. We identified 1/3 with clinically significant albuminuria (1/3 of these are 'new' results ie. not known before).

Conclusion/Application to practice

Our data show that the testing kit is acceptable to patients and also to health care professionals.

References

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Disclosure of Interest

no

ID: 33

Perspectives on advance care planning among patients' with chronic kidney disease and their families

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Background

Advance care planning (ACP) is a process supporting adults of any age and stage of illness in understanding and sharing their values, life goals and preferences regarding medical care (1). Chronic kidney disease (CKD) is a progressive and lifelong disease (2). Relatives often represent patients' most important support (3). ACP is recommended to be a continuous part of a person's ongoing treatment and is not solely related to end-of-life care (1). However, no studies have focused on ACP to patients with CKD earlier than onset of terminal illness.

Objectives

To describe experiences of and perspectives on ACP among patients with CKD and their close relatives.

Methods

A meta-ethnography was conducted of studies with individual, dyad or focus group interviews. Five electronic databases were searched (April 2020, repeated in February 2021): PubMed, Cinahl, Embase, PsycINFO and Scopus and reference lists of relevant articles. The seven steps of Noblit and Hare (1988) were used to summarize the included studies.

Results

Seven articles were included. Participants had a need for ACP to make shared decisions about treatment and everyday life. The responsibility for initiating ACP lay with the health care professionals. Differences between ACP goals among patients, relatives and health care professionals complicated the ACP process. A focus on day-to-day care at the expense of focusing on ACP gave an impression of lack of competencies and interest. For some patients, the involvement of relatives was of significant value; however it could be associated with burden and pressure.

Conclusion/Application to practice

Patients with CKD and their families have a need for ACP before decisions related to dialysis or transplantation are initiated. ACP earlier in the illness trajectory gives patients' and their families' information about illness, prognosis and treatment and forms a basis for shared decision making related to treatment options that match their treatment preferences and everyday life.

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Disclosure of Interest

no

ID: 12

Clinical targets of people with chronic kidney disease managed by a nephrology nurse practitioner

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Background

While chronic kidney disease (CKD) is a complex disease traditionally managed by a medical practitioner, patients can be managed successfully by other healthcare professionals. Nephrology nurse practitioners (NNP) have an extended scope of practice compared with other nurses in that they can order and interpret diagnostic investigations, make patient referral to other health professionals, and prescribe medications. For those with CKD they can provide a complete episode of care without a patient needing to be seen by a medical practitioner.

Objectives

To describe the clinical targets of patients with CKD who are managed by NNP.

Methods

Retrospective study of patients attending an outpatient clinic between 2012 and 2018. The NNP clinic provides care in a suburban area with a population of people with a lower socio-economic status and who come from a highly multicultural background. Following ethics approval, we extracted data from hospital records as well from a CKD registry. Descriptive statistics were used to analyse data.

Results

Over this period 253 patients were solely managed by the NNP. The mean age of patients was 70.27 ± 10.48 years, most were in CKD grade 3b (41.5%), had renovascular disease (31.6%), and mean of 4.46 ± 2.57 comorbid conditions. At one year after entry to the NNP clinic, blood pressure, smoking status and triglyceride clinical targets were achieved by 82.6%, 81.1%, 66.1% of patients respectively although very few had normal BMIs (6.9%). Also, one year after entry, eGFR had improved by ≥5ml/min/1.72m² in 24.4% of patients, remained stable (53.6%) or had deteriorated by ≤5ml/min/1.72m² in 22%.

Conclusion/Application to practice

The NNP demonstrates effectiveness in meeting important clinical targets which slow progression of CKD. Advanced practice nurses such as nurse practitioners can transform traditional medical models of healthcare delivery, freeing up medical practitioners to manage more complex or acute patients.

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Disclosure of Interest

no

ID: 52

Safety and efficacy evaluation of a sorbent-based portable hemodialysis device

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Background

Sorbent-based regenerative hemodialysis (SHD) is a promising technology for application in highly portable hemodialysis machines for home dialysis. The technology only requires one bag of dialysate to provide the same therapeutic benefits as conventional hemodialysis (CHD) systems. This is achieved by continuously regenerating spent dialysate in a sorbent cartridge, thereby re-using the fluid multiple times, rather than discarding it after only one use. A new device, which relies on this technology is currently getting ready for human trials in preparation of regulatory approval.

Objectives

To evaluate the safety and efficacy of the new SHD system in vitro, in animal, and ultimately in a first-in-human clinical trial.

Methods

The SHD system underwent the following pre-clinical studies:

- ISO10993 biocompatibility tests
- in-vitro tests covering a matrix of simulated patient conditions
- animal tests in highly uremic pigs, maintained exclusively on alternate-day SHD for up to 2 weeks.

Evaluation criteria:

- short-term biocompatibility
- biochemical stability and quality of sorbent-regenerated dialysate
- stability of vital parameters
- toxin removal efficacy

Results

The tested system met the requirements for sterility and endotoxin, and passed all required short-term biocompatibility tests.

The sorbent-regenerated dialysate biochemistry was shown to be safe for a total of 16 simulated patient conditions, covering all expected patient scenarios.

Three total kidney failure pigs received a total of 14 SHD therapies. The animals tolerated the therapies well. All experiments completed the intended therapy time without any therapy-related adverse events. The dialysate biochemistry and toxin removal efficacy remained within the requirements.

Conclusion/Application to practice

The safety and efficacy of the SHD system has been confirmed in-vitro and in the successful therapy of 3 highly uremic pigs. There were no severe adverse events.

We are currently preparing for a first-in-human trial to evaluate the safety and efficacy of the SHD system for human use.

References

Nil

Disclosure of Interest

yes

ID: 63

Dialysis close to home, lessons from 5 year dialysis hubs

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Background

In the Netherlands, almost 300 patients are treated with home hemodialysis (HHD). HHD is traditionally performed by the patient, either autonomously or with the help of a partner. In other cases, a dialysis nurse can provide support. This type of support is unprofitable and socially unsustainable due to staff shortage. Our centre realized its first dialysis hubs in 2015 in collaboration with a healthcare facility, offering the opportunity of home hemodialysis close to home.

Methods

In the run-up to a new dialysis hub a standard scenario is used. The Quality and Safety department supervises and monitors the process and translates control measures into cooperation agreements. For vulnerable patients, backup support in an emergency situation is essential. Every dialysis hub presents new challenges that are embedded in the work processes.

Results

Currently, 11 dialysis hubs treating a maximum of 8 patients are active in collaboration with a contract hospital. Since 2015, processes have been refined, risks identified and hubs almost continuously occupied. Sometimes a short return to the centre is necessary, for example in case of fistula problems. The dialysis hubs are located in (primary) care homes. The closure of the care homes during the COVID pandemic meant that patients had to return to the centre for treatment. Thus accessibility is important. Dialysis hubs meet a need, treating patients close to home in a pleasant, small-scale environment.

Conclusion/Application to practice

Our 11 dialysis hubs have built up a wealth of experience. The deployment of dialysis nurses in these hubs is profitable and dialysis close to home offers patients a good alternative to home hemodialysis. There is great support within healthcare facilities; they experience the impact of dialysis on patients' lives. Annual audits guarantee quality and safety.

References

None

Disclosure of Interest

no

S 28 PAEDIATRIC & TRANSPLANTATION 1

ID: 122

Complications of acute pediatric hemodialysis in the intensive care unit

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Background

The work of a dialysis nurse in intensive care unit in a life-threatening child requires special knowledge from the field of implementation acute dialysis and practical experience as well as all process-related apparatus and other important parameters. Electrolyte and fluid balance must be controlled by blood test analysis and ultrafiltration. Collaboration with an extended team of health professionals is essential. Constant control over own work and analysis of own results are also essential for quality work.

Objectives

The objectives of the study are to determine the number of complications during hemodialysis of children due to acute renal failure in intensive care unit and to identify the most common complications that occur during acute hemodialysis and requires actions in the events. We intend to compare our results with published literature.

Methods

The study included all children who needed acute hemodialysis treatment in our intensive care unit from the beginning of 2017 to the end of 2021. Data were collected retrogradely based on a review of existing health records. Descriptive statistics was used in the data analysis.

Results

In the observed period, 37 children needed acute hemodialysis treatment. Of these, 13 were girls and 24 were boys. The following complications (of the 14 patient health records revied so far) were registred: hypotension (85%), coagulation of dialysis circuit (64%), malfunction of the dialysis catheter (50%) and reanimation (28%).

Conclusion/Application to practice

According to our preliminary results the most common complications of acute hemodialysis in children was hypotension following by coagulation of dialysis circuit and malfunction of the dialysis catheters. In practise it is important to pay attention weather these complications can be prevented.

References

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Disclosure of Interest

no

ID: 125

Ethical issues in pediatric transplants

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Background

Kidney transplantation is the best treatment option for end stage renal disease. Lack of available organs and low rates of transplantation is especially a problem in the paediatric population. Historically, children with intellectual disabilities have been denied access to transplantation. While many of these children are eligible for transplant, the practices in individual transplant centres differs markedly. Surveys report that many centers would consider low IQ as a contraindication to transplantation. Some centres would only consider a child with intellectual disability for transplant if a family member is a living donor.

Objectives

Questions that arise in paediatric nephrology include: whether to register children with severe mental retardation on transplant lists; should cognitive evaluation be mandatory for patients with mental retardation prior to this decision; is severity of disability a contraindication for transplantation; should only children with adequate social support be considered as transplant candidates.

Many places have no structured guidelines for this aspect of care. The decision to register a child with mental retardation for transplant is the decision of the individual unit, and varies among centres according to internal policies.

Methods

Two case studies with discussion.

Results

Case study 1: A 4 year old male presenting with severe mental retardation. Parents desire to donate a kidney for transplantation, the decision was made to postpone transplantation.

Case study 2: A 16 year old male, on dialysis since age 8, with moderate mental retardation. Started treatment with peritoneal dialysis and was transferred to haemodialysis. Parents were not suitable for living donation. Patient received a transplant.

Conclusion/Application to practice

Individualized evaluation of neurodevelopmental status and potential influence on quality of life is necessary. Clear communication and a systematic process for conflict resolution with family members is essential. The necessity of a full-time caregiver and the workload involved with dialysis must also be taken into consideration.

References

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Aaron Wightman, MD, MA1, Bessie Young, MD, MPH2, Miranda Bradford, MS3, André Dick, MD, MPH4, Patrick Healey, MD4, Ruth McDonald, MD5, and Jodi Smith, MD, MPH5 Prevalence and Outcomes of Renal Transplantation in Children with Intellectual Disability, *Pediatr Transplant*. 2014 November ; 18(7): 714–719.

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Disclosure of Interest

no

ID: 47

National improvement plan The importance of anonymous contact

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Background

In recent years there have been reports in different media that relatives of postmortem donors are disappointed at not receiving an anonymous written message from the recipients of organs. From research before 2019 is known that only 30 to 40% of the organ recipients decide to write a card or letter. There are several reasons for recipients not to write a letter:

1. Not knowing the possibility,
2. Simply forgetting after recuperating,
3. Not knowing what to write,
4. Cultural/religious backgrounds.

Objectives

The main objective of this national plan is to improve the processing for relatives of postmortem donors and the organ recipients by national uniformity in giving information about the possibility of writing a card or letter and support the recipients with writing if they find it hard to give words to their feelings.

Methods

A multidisciplinary approach has been started in which the interests of the next of kin and the recipients are the starting point. We strive for national uniformity in procedure:

1. Every recipients is digitally informed of the possibility during screening (before receiving).
2. During hospital admission (after receiving the organ) the possibility is mentioned again in person.
3. After three months there is a check (if the message has not already been written).

The initiative for writing stays with the recipient. The professionals only mention the option of writing and the possibility of support.

Results

A registration on the recipients side as well as with the relatives of postmortem donor will help us to see if this improvement plan has helped for a better processing. A pilot in the LUMC and Radboudumc has already shown that this method works.

Conclusion/Application to practice

In 2022 all UMC's in the Netherlands take part in this improvement plan and we already see an growing increase in anonymous contact.

References

Prof. dr. L.B. Hillbrands.
Drs. W.A.G. van der Meijden

Disclosure of Interest

no

ID: 53

The benefits of a kidney transplant education programme

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Background

Although kidney transplantation is considered the best treatment for end-stage kidney disease, the route to kidney transplantation is complex. Transplant knowledge is essential for graft survival and for patients'

well-being while on the waiting list, as indicated by previous literature. Thus, the current absence of structural transplant education may have an adverse effect on dialysis patients.

Objectives

How is guidance experienced and what is the level of knowledge on kidney transplantation in prevalent hemodialysis patients while waiting for a kidney transplant?

Methods

Between January and March 2021, nine patients were questioned in qualitative surveys using semi-structured, thematically analyzed, interviews. Second, in 22 HD patients, the degree of transplant knowledge was assessed in a descriptive cross-sectional study using the Kidney Transplant Understanding Tool (K-TUT).

Results

Most respondents felt insufficiently informed and would like information about lifestyle, medication and the exact procedure around the transplantation (e.g. always being on call, what to expect when admitted and possible reasons to cancel the transplantation while already in the hospital, etc). Waiting time is perceived as a burden; peer support and a dedicated case manager are considered as positive factors. Resignation has been seen as a coping mechanism during the waiting time. The K-TUT median total score was 36 of a possible maximum score of 49 points: this shows room for improvement.

Conclusion/Application to practice

During waiting time, there is a clear knowledge gap regarding renal transplantation and patients feel incompletely informed. A case manager could take on a coordinating role. Guidance should focus on coping mechanisms and peer support. As a consequence of this research, a transplant education and guidance programme will be developed.

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Disclosure of Interest

no

ID: 56

The psychosocial needs of young kidney transplant recipients and associated interventions: a scoping review

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Background

Renal transplantation is considered the gold standard treatment for end-stage kidney disease (1). Adolescent and young adult kidney transplant recipients have the highest rate of graft loss amongst transplanted patients (2). It is largely accepted this is due to psychosocial and behavioural difficulties, impacting adherence to therapies (3). This phenomenon is not isolated to a particular healthcare system. Having been observed in multiple countries it is a global issue of concern.

Objectives

We sought to review the psychosocial needs of these patients, and the interventions designed to meet these needs.

Methods

A scoping review was conducted based on Arksey and O'Malley's six-stage framework (4). Search strategies were developed and conducted on PsycINFO, PubMed, Embase, and CINAHL. Selected articles were reviewed using a descriptive-analytical narrative method.

Results

39 studies met our inclusion criteria, 30 of which related to needs, and the remainder examined interventions. 4 main themes were derived from our analysis of psychosocial needs literature, as follows: the need for 1) emotional support, 2) acceptance, 3) direction, 4) equality in healthcare. 2 main themes emerged from analysis of psychosocial intervention literature, namely: psychosocial 1) capability, 2) assessment.

Despite the evidence that graft health is strongly associated with psychosocial wellbeing, findings revealed a significant lack of literature investigating how best to meet psychosocial needs. Trends were observed amongst intervention studies, namely interventions of novel and non-evidenced based design, with the aim of improving medication adherence through organisational strategies and education. However, literature regarding psychosocial needs showed non-adherence to therapies was not simply a result of disorganisation or lack of understanding, but rather, was founded on a recipient's idiosyncratic relationship with their prescribed therapies.

Conclusion/Application to practice

Future research should be directed at investigating the efficacy of evidence-based interventions that tailor to the individual, empowering them to overcome their specific barrier to an optimal relationship with their therapies.

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Disclosure of Interest

no

S 29 TRANSPLANTATION 2

ID: 61

Analysis of kidney donation themed social poster designs with indicative method

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Background

As visual designs are effective tools for informing the society about organ donation, visual communication and written communication opportunities and design gain importance.

Objectives

To determine what kind of indicators are used in the poster to raise awareness in kidney donation and to express importance of donation.

Methods

In this study, two Kidney Donation poster designs were analyzed with a semiotic approach by using visual readings and visual analysis method.

Results

In first banner, there is a normal kidney placed between two palms. The palms were opened upwards in the form of plea. "Don't be soil, be hope!" slogan. In the poster design, kidney in the palm of the supplicative position was an important point of emphasis. When the forms of indicators come together, it is thought that the structure, which processes organ donation and constitutes the main message, tells the supplication, the need for assistance and the request for donations so that the recipient can survive. "Don't be soil, be hope" slogan, to live, to provide continuity, to work, utilitarianism, altruistic emphasizes such messages. The second banner contains two kidney silhouettes of people on a white background. When the pointers were examined; The emphasis is on the appearance of trees formed by the gathering of people and directed towards both kidneys. Around kidneys, there are other people who want to join the human community that makes up the kidneys. The main emphasis in this poster, which is shown as re-starting, flourishing, continuity, sustainability, solidarity and solidarity, is considered to be sensitivity and responsiveness of people to saving someone else's life.

Conclusion/Application to practice

Posters with effective messages are a design area that gives products within the framework of social responsibilities. It is envisaged that posters that show the necessity and importance of organ donation, especially kidney donation, can benefit from the design process.

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Disclosure of Interest

no

ID: 4

Instruction manual for dealing with recipients with directed altruistic donors

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Background

In recent years recipients with donors that are found through social media are increasing. These donors are called directed altruistic for they are not solely altruistic (non-directed) but want to donate directly to a certain person they have found through e.g. social media. In the Academic hospitals experiences vary greatly. Some recipients are very satisfied and happy with their found donors but others find the process difficult and the new found relation troublesome. There is a great need for instruction for professionals in regional hospitals dealing with recipients that want to search for a donor outside of their own social surroundings.

Objectives

The main objective of this research was to come to a manual instruction for professionals to better the support they give to recipients who are searching for donors outside of their own social surroundings. Another objective was to rewrite this manual for both recipients and directed altruistic donors and come to a roadmap for both to help them.

Methods

First we have done a survey with all medical social workers in the field of Nephrology in the Netherlands trying to find out what experiences are and which needs they have to help them in their contact with recipients and directed altruistic donors. We also did semi-structured interviews with 17 recipients and 18 directed altruistic donors trying to find out what their experiences were, which elements are important in this process and why some relations develop differently than others.

Results

A manual instruction for professionals dealing with recipients with directed altruistic donors. A roadmap for recipients who are searching for directed altruistic donors. A roadmap for directed altruistic donors who are looking for recipients.

Conclusion/Application to practice

The manual had been sent to all medical social workers in the field of Nephrology in the Netherlands. Both roadmaps are visible on the Radboudumc website and www.nieren.nl.

References

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Disclosure of Interest

no

ID: 65

Kidney transplant recipients - Illness narratives

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Background

By examining illness narratives, the recovery and suffering among patients with a chronic condition, can be examined from different perspectives. Illness narratives contributes with an understanding to, and insight in, how the patient acknowledge-, is living with and responding to illness [1]. A lack of research regarding illness narratives among patients receiving a kidney transplant and the association between recovery and suffering has been identified.

Objectives

To explore illness narratives of patients receiving a kidney transplant from onset of end stage kidney disease, the time in dialysis, kidney transplantation, until the time after the kidney transplantation.

Methods

A phenomenological hermeneutic approach was used, and data was collected through ten qualitative semi-structured interviews. The transcribed data was analysed using the Interpretative Phenomenological Analysis [2], and unfolded using the theoretical frameworks; *The narrative structure of experience*[3] and *The paradox of hope* [4] by Cheryl Mattingly and *The tree types of illness narratives* [5] by Arthur W. Frank.

Results

Firstly, being diagnosed with chronic kidney disease and subsequently going through a kidney transplantation affected the identity and self-perception of the participants. Secondly, hope was a continuous theme in the participants illness narratives despite the paradox of hope among patients with a chronic condition. Thirdly, the participants' illness narratives were built around the plot of chaos and restitution between which they alternated.

Conclusion/Application to practice

Illness narratives contributed to an insight and perspective for the healthcare professional meeting a patient receiving a kidney transplant. The results indicated an attention on identity, the paradox of hope and the construction or type of illness narrative patients use and retell is needed. The healthcare professional will gain knowledge of how patients acknowledge, live with, and responds to illness, but also a new awareness of their own clinical practice.

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Disclosure of Interest

no

ID: 35

Exploring the association between knowledge and health literacy in adults with chronic kidney disease

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Background

Chronic kidney disease (CKD) is rising in prevalence and often a slowly progressive condition that relies on individuals actively engaging in self-management. Managing CKD requires an individual to be health literate and have knowledge to ensure that they understand their illness and can make health decisions.

Objectives

To assess the association between knowledge and health literacy in individuals with CKD.

Methods

For this study, 620 adults (≥ 18 years) with non-dialysis dependent CKD grades 3-5 (G3-5) were recruited from a tertiary level hospital. CKD knowledge was assessed using the 28-item Kidney disease Knowledge Survey (KiKS), and health literacy was assessed using the Health Literacy Questionnaire (HLQ; assesses 9 domains across functional, communicative and critical analysis abilities). Socio-demographic data related to age, gender and CKD grades were collected. Analysis involved descriptive statistics, non-parametric Spearman correlation and stepwise backward multiple linear regression.

Results

Participants had a mean age of 50.6 years (SD ± 17.3), 61.1% were male, and 61.0% were in CKD G3-4. The mean knowledge score was 13.3 (SD = 4.5). Greater health literacy was seen in domains for “actively managing my health” and “ability to actively engage with healthcare provider”. The lowest scores were “having sufficient information to manage my health” and “navigating the healthcare system”. Knowledge was a significant predictor for 7 out of 9 health literacy domains. Knowledge was the driving variable in domains related to finding information and engaging with healthcare providers (domains 4, 6, 7 and 8).

Conclusion/Application to practice

Knowledge is a crucial resource that facilitates health literacy in CKD because adults are likely to be more confident accessing information and interacting with their healthcare providers. Understanding the health literacy needs and knowledge could be useful for policymakers to develop future interventions to improve CKD health outcomes.

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Disclosure of Interest

no

S 30 WELLBEING & EDUCATION OF HEALTHCARE PROFESSIONALS

ID: 75

The impact of coronavirus pandemic on mental health of dialysis nurses

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Background

The physical impacts of coronavirus disease have been well documented; however, researchers have only recently focused on the mental health impacts. Arguably, healthcare workers have been disproportionately hit by such impacts^{1,2,3}. The objective of this study was to assess the pandemic’s impact on the mental health of dialysis nurses as well as the influence on the care they provide.

Methods

The analysis is based on the responses of dialysis nurses surveyed using semi-structured interviews carried out in five Czech dialysis centers. A total of 30 dialysis nurses were included in this study.

Participants were first asked about the challenges they faced when providing care and how they overcame them. Second, they were asked about their own mental health, if they had faced any mental health issues, and if so, how this impacted their lives and the care they provide. Interviews were recorded and transcribed then thematically analyzed.

Results

Impact on care

At first, nurses experienced higher levels of stress and worried about providing care because of the lack of information about hygienic measures and the disease itself. As the pandemic progressed, their worries turned into discomfort and a sense of impatience or anger.

Impacts on mental health

Participants most frequently mentioned higher levels of distress, hopelessness, and anxiety. Some also mentioned instances of depression, sometimes this was clinically diagnosed.

Conclusion/Application to practice

Nurses faced high levels of stress and insecurity in relation to care delivery, lack of logistic support, and the provision of protective gear. They reported impacts on their mental health.

The results of this study reflect the results reported in other literature – the need for better preparedness of hospitals to support their employees, in practical matters such as providing timely information, or personal matters such as mental health support or family care support.

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Disclosure of Interest

no

ID: 136

Benefits of VA educational program

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Background

In Romania, according to RRR in 2020 - 99% of new patients started HD, 1% PD. In the same year 81% of incidents patients are on cvc and 19 on AVF. Regarding prevalent patients 32% are on cvc and 68 on AVF. In 2020, in our renal network we had 71% of patients on AVF and 29 % on CVC. The national trend was looking concerning because the AVF percentage was decreasing and the CVC rate was increasing. We decided to implement a new Vascular Acces educational program that was tailored on specific needs identified and was using simple actions dedicated to nurses to improve the situation. The material could be use for the new nurses as a starting point but also for the experience ones for refreshing information.

Objectives

Emphasize the importance of native fistulas as a preferred approach for hemodialysis
Understanding the pivot role of the nurse in the use and maintenance of vascular access

Methods

In our renal network we have a incident manangement system :

- 1.vascular acces problems/ complications (mutliple cannulation, extended bleeding, insuficient blood flow rate)
- 2.Vascular acces infections
3. Venous needle dislodgmenet
4. Arterious- venous acces thrombosis

We analyzed numbers of incidents pre/ post implementation of VA program.

Results

Regarding incidents related to Arterious-venous acces thrombosis we had a decreased of 7%. Also we notice a decreased of 12% of incidents regarding Vascular acces infections. Another significant decreased was observed in the vascular acces problems/ complications , having 10% less. Another important result was the fact that the AVF rate which increased to 74.7% and a lower cvc rate of 25.3%.

Conclusion/Application to practice

VA is essential and keep it simple: use the sens we have been give (hearing, sight, tactile) and common sens. Use the mind, the colleagues, the time and only in case of need the skills.

References

Romanian Renal Registry

Disclosure of Interest

no

ID: 157

Experience of the COVID-19 pandemic in healthcare employees

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Background

Because of increased worries and fears, COVID-19 causes a variety of psychological problems in the form of mental stress, anxiety, and psychological disorders. Stress refers to the feelings or thoughts of individuals about the situation in which they find themselves and has a negative impact in terms of job performance and job satisfaction. There is a great lack of effort to help survive the pandemic through the organization of work. The purpose of this paper is to present the experience of the COVID-19 pandemic in healthcare employees.

Methods

A quantitative research methodology and a validated questionnaire based on the authors Cai et al. (2020). A non-random pattern was used. 100 health workers were included in the study. The results are presented using the IBM SPSS 20 computer program and in the form of graphs and tables.

Results

The negative feeling among the respondents was the poor evaluation of the work by the management $PV = 3.50$ ($SD = 1.307$). We detected differences between the groups according to gender, namely in the field of recognition for work performed by management ($t = -2.23$; $p = 0.028$) and differences between the groups according to education in the field of values ($t = -2.08$; $p = 0.04$) and in the financial field ($t = -2.06$; $p = 0.042$). The most pronounced cause of stress was the use of mandatory protective clothing and equipment $PV = 3.89$ ($SD = 1.014$). Respondents were most motivated by the support of family members $PV = 4.31$ ($SD = 0.800$).

Conclusion/Application to practice

The consequences of coronavirus disease have very widespread manifestations relating to the mental health of healthcare professionals in the first place. Therefore, it is important to support the organization in reducing these manifestations and the consequences of long-term physical and mental strain on health workers in this pandemic.

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no

ID: 92

Relationship between burnout and safety behaviours of haemodialysis nurses

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Background

Nurses working in haemodialysis face unique challenges, associated with frequent, intense, and prolonged contact with chronic patients who need highly complex care. Scientific and technological evolution has highlighted the importance of workplace well-being strategies, emphasizing the impact of phenomena such as work-related stress and burnout.

Objectives

- Identify Burnout, Safety Climate (SC), Safety Behaviors (SB), and Risk Perception (RP) levels;
- Identify the impact of SC on Burnout;
- Identify the impact of burnout on SB.

Methods

A quantitative, exploratory, multicenter study was carried out in a dialysis network of a private company. An online questionnaire was created with Shirom-Melamed Burnout Measure, Physical Safety Climate (PC), Psychosocial Safety Climate (PSC) and Physical (PB) and Psychosocial (PSB) Safety Behavior Scale, RP, and a demographic collecting data scale. For analysis we used the descriptive statistics, correlational and multiple regression analysis.

Results

320 nurses were enrolled: 65.9% female, mean age 35.5 (SD=9.40) years old; 94.70% were Renal Nurses and 5.3% Head Nurses.

- There is a high level of RP: mean=4.15 (SD=1.21); $\alpha=0.76$;
- There's a higher perception with the way the PC [mean=3.45 (SD=0.94); $\alpha=0.96$] and PB [mean=4.07 (SD=0.63); $\alpha=0.86$] is promoted than PSC [mean=3.09 (SD=1.11); $\alpha=0.98$] and PSB [mean=3.89 (SD=0.69); $\alpha=0.88$];
- Burnout is negatively correlated with all variables. PC: $r=-0.276$; PSC: $r=-0.337$; PB: $r=-0.163$; PSB: $r=-0.363$; RP: $r=-0.177$;
- The SC as a predictor of Burnout: PC explains 7.60% of Burnout ($\beta=-0.276$; $p<0.001$) and PSC 11.4% ($\beta=-0.449$; $p<0.001$). Burnout explains 2.6% of PB ($\beta=-0.231$; $p=0.048$) and 4.7% of PSB ($\beta=-0.423$; $p=0.048$).

Conclusion/Application to practice

The higher the level of Burnout of nurses, the lower the safety behaviors, so the working environment on haemodialysis units should be aimed for the health and safety of their nurses so that they can take care of patients as best as they can.

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no

ID: 44

How fast does the residual urine output decline in the first year of haemodialysis?

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Background

Background: Haemodialysis is the most common treatment method in Australia for individuals requiring renal replacement therapy. Although it is known that the residual renal function in these patients has many advantages for their overall health outcomes and that the residual urine volume production is also declining over time, it is unknown how fast this functional decline occurs when patients are embarking on their first year on haemodialysis.

Objectives

Aim: This scoping review sought to determine if the functional decline in renal residual function in the first year of haemodialysis has been previously investigated, documented or quantified.

Methods

Methods: The scoping review was performed using variety of nursing and medical databases comprising MEDLINE, Embase, Web of Science and CINAHL Plus with Full Text.

Results

Results: The decline of renal residual function in patients on Peritoneal dialysis over the first year of treatment has previously been described, but not in detail for patients receiving haemodialysis. There is a paucity of knowledge how fast residual urine production can decline in patients receiving haemodialysis during their first year of treatment. A PRISMA checklist has been used to validate the results of this scoping review.

Conclusion/Application to practice

Conclusions: The extended preservation of renal residual function in patients on haemodialysis is crucial for their survival and may have a positive impact on their quality of life. An observational study is needed to examine how fast the functional decrease of the residual urine production function within patients receiving haemodialysis generally occurs. This information could prove to be useful in the context of treatment goals and could inform clinical practice.

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Disclosure of Interest

no

ID: 140

Use of social media in the continuous education of nurses in Portugal

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Background

Background - Being a nurse requires a permanent update of theoretical, technical and scientific knowledge. This update has been carried out through courses, conferences, scientific evidence published in journals, however it has been verified that quick access to information through social media has brought great changes to the way nurses access information and train. Social media are formed structures that bring people together according to the same interests and values. They are a facilitating strategy for learning and can be a great support at the moment when there is a need to know more about something and to make decisions.

Objectives

Objective – the aim of this study is to understand the use that nurses make of social media in clinical practice and also to understand how social media can contribute to the continuous education of nurses.

Methods

Methods: The cross-sectional study was undertaken. A link to the survey was send on the investigator's personal social media accounts: Twitter, Facebook, Instagram and WhatsApp.

Results

Results – A total of 55 nurses from the Lisbon region participated in the study; 95% worked in hospitals; the use of social media is mostly through WhatsApp groups, and twitter is the least used; 82% use social networks to discuss and resolve doubts about clinical practice; 54% seek scientific information. There is a positive relationship between the age of the participants and the use of social media for training.

Conclusion/Application to practice

Conclusions - The results suggest that social media networks are powerful tools in the education and offer opportunities for nurses to network, collaborate, share up-to-the-minute and up-to-date knowledge. But there are many challenges in the use of social media in the continuous education of nurses, such as certification, validation of education, and the amount of information circulating on networks which can create distraction.

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Disclosure of Interest

yes

S 31 CLOSING CEREMONY

Cognitive impairment in patients with chronic kidney disease—Next of kin's experiences
Maiken Schjerlund

E-POSTERS

E-POSTER SESSION 1

ID: 100

Cognitive impairment in hypertensive and hemodialysis patients

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Background

Hypertension and end-stage renal disease (ESRD) are among the risk factors for declining cognitive function. The Mini-Mental State Exam (MMSE) consists of 30 questions and is a widely used test of cognitive function. It includes tests of orientation, attention, memory, language, and visuospatial skills.

Objectives

The purpose of this study was to determine the prevalence of cognitive impairment in hypertensive and hemodialysis patients using the MMSE and to determine the association between the MMSE, age, and hemoglobin.

Methods

A cross-sectional study was performed in a single dialysis center and outpatient nephrology department. 128 subjects were included, 88 of whom were patients with chronic renal failure on HD. Seventy-two patients (56.3%) were men, and 35 (27.3%) had diabetes. Cognitive function was dichotomized (MMSE \geq 24 vs. $<$ 24).

Results

The mean age of HD patients was 63.7 (31-89) years, and their mean dialysis vintage was 62 (2-352) months. The mean age of hypertensive patients was 56.8 (21-84) years. HD patients had lower MMSE score (24.7 vs. 27.1, $p < 0.001$) and hemoglobin (106 vs. 142 g/L, $p < 0.001$) compared to hypertensive patients. Thirty (34.1%) HD patients had an MMSE score less than 24, but only 4 (10%) hypertensive patients had an MMSE score less than 24. We found a statistically significant association between MMSE score and age only in hypertensive patients ($r = -0.372$, $p = 0.018$). There was no association between MMSE and hemoglobin in any group. In a multivariate adjusted model with MMSE as dependent variable and age, hemoglobin as independent variables, we found a statistically significant association between MMSE and age in hypertensive patients ($\beta = -0.364$; $p = 0.028$), but not in HD patients.

Conclusion/Application to practice

Our results suggest that the prevalence of cognitive impairment is higher in HD patients than in hypertensive patients. MMSE score is associated with age only in hypertensive patients.

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Disclosure of Interest

no

ID: 114

TGS as a digital tool to prevent Venous Needle Dislodgment

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Background

People with chronic kidney disease on hemodialysis needs to have vascular access, with arteriovenous fistula (AVF) being the most prevalent followed by arteriovenous graft (AVG). To perform hemodialysis treatment, the placement of two needles is essential, which, together with extracorporeal circulation, increases the risk of haemorrhage. The cause is multifactorial: anticoagulation, vascular access rupture, dialyzer membrane rupture, inability to perform haemostasis and venous needle dislodgment (VND). VND can be fatal, with consequences ranging from minimal blood loss to potentially fatal haemorrhage.

Objectives

We aim to demonstrate how a digital support tool can improve safety conditions to patient, specifically in VND, at the same time as it highlights the nursing practice

Methods

After analysing the articles that describe the best practice for the prevention of VND, we found that although there are several precautions, all articles are consensual, highlighting: identification of risk factors and constant observation by professionals. So, we implemented a program in which the risk of VND is evaluated every 3 months, when there are changes in the patient general condition and whenever he returns from hospitalization. During treatment, in addition to the practices described above, we use the TGS application.

Results

This application systematizes the observation of two statements: correct needle fixation and access visualization. In a simple and easy way to record, whenever the nurse assesses the user's vital signs, those conditions are recorded in the TGS application, next to the user.

Conclusion/Application to practice

With the introduction of TGS in clinical practice, we reduced the risk of VND, contributing to a safe nursing practice.

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Disclosure of Interest

no

ID: 129

From vision to reality- more patients should be offered home hemodialysis (HHD)

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Background

The vision and strategy for 2019 of the Department of Kidney Diseases is, to significantly contribute to establish an improved link between patient's everyday lives and the treatment of their chronic kidney disease. Overall the vision is: "That the patient is offered the greatest possible individual independence in their treatment and that their need to spend time at the Hospital is minimized. Independent studies shows that the individual patient's freedom, co-fluence on the choice of methods for treatment, responsibility for their treatment and retention of social relations/activities, including a possible relation of the labor market, is crucial for the quality of life and thus an incentive for as much home treatment as possible"

Objectives

All dialysis patient are offered a form of dialysis that best supportst their perception of quality of life and autonomy

Methods

1. Systematic screening of the patient is performed on the outpatient basis.
2. Every new hemodialysis patients is suitable for home hemodialysis (HHD) until proven otherwise.
3. An expectation and learning process reconciliation is performed with the patient.
4. The patient and the relatives are invited to a welcome visit, where the patient is informed about the concept.
5. The HHD patient participates in a structured 3-month training program, based on their competences.
6. Management anchoring ensures a targeted and continual process, where methods are evaluated.

Results

	2016	2017	2018	2019	2020
LC-patients	22 patients	33 patients	36 patients	40 patients	35 patients
HHD-patients	8 patients	11 patients	15 patients	26 patients	24 patients

Conclusion/Application to practice

With our practice of increasing focus and targeted efforts on the patient's independence and importance of retaining freedom and independence, despite their need for chronic dialysis treatment, an increasing number of patients are no longer dependent on receiving dialysis treatment at the Hospital.

References

Our unit

Disclosure of Interest

no

ID: 149

Anticoagulation of the hemodialysis catheter with heparin/citrate: retrospective study

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Background

In a chronic kidney patient on hemodialysis, the systemic anticoagulation is essential to prevent the coagulation of the external circuit, however in some patients this is not possible to achieve due to their high risk of hemorrhage. A functional vascular access allows an adequate dialysis treatment. An arteriovenous fistula is the ideal vascular access for hemodialysis, nevertheless, when its conception is unattainable, the patient has to have a central venous catheter inserted. The malfunction of a CVC or its adjacent complications compromise the dialysis efficacy, therefore increasing the morbidity and mortality of these patients. The presence of blood clots or an obstruction in the CVC are the main causes that lead to a catheter malfunction, which translates to an increased catheter manipulation, translating in a higher risk of infection. The anticoagulation with heparin or citrate on both lumens of the central catheter will prevent the blood clot to form inside these, thus allowing its patency.

Objectives

This study's objectives are: i) evaluate the efficacy of heparin/citrate administration as an anticoagulation method of the hemodialysis catheter; ii) compare adjacent complication of the use of heparin/citrate as an anticoagulation method of the hemodialysis catheter.

Methods

This is a retrospective study of a dialysis unit from the North of Portugal.

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Disclosure of Interest

no

ID: 14

Israeli first decades' immigrants and kidney stones: What can be learned from history?

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Objectives

This historical study aims to describe the catalyzer of Kidney Stones' research in Israel, and the discovered reasons for its high prevalence in the newly founded country (1948).

Methods

Method: This study was based on a historical review of articles and documents' content analysis.

Results

Result: During the 1950s, the incidence of Kidney Stones in Israel was 11.6 per 1000, significantly higher than the incidence in the "Stone Belt" of Florida, USA (0.947 per 1000). This high rate was particularly interesting considering the characteristics of the newly founded young nation, which spanned only 20,600 square miles. Israel was also characterized by a variety of climate types (hot and dry weather in the Jordan Valley, temperate and wet in the north, and warm and dry in the south), and an ethnically diverse new immigrant population that was facing changes of profession and exposure to new climate conditions. From a total of 680 patients, the relative incidence of stones among Jewish persons originally from Asian regions patients was only 0.6 compared to among Ashkenazi Jewish originally from European regions. Genetic, nutritional, and climate explanations for the phenomenon were excluded. Only in 1966, the behavioral habit was found as the main factor, cause this phenomenon.

Conclusion/Application to practice

Kidney Stones were considered a common disease in the region of Israel. The research team had to understand this phenomenon, and the need to encourage new drinking habits among immigrants arriving at the warm country of Israel from cold climate countries. Their studies identified the need for

preventative measures and developed methods of health education for the prevention of stone formation. This study may be of interest to nurses, and educators in the clinical fields of health, welfare, and nephrology, especially for those who deal with immigrants' health aspects.

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Disclosure of Interest

no

E-POSTER SESSION 2

ID: 22

Clinical condition and outcomes of 29 COVID-19 inpatients on dialysis.

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Background

Maintenance hemodialysis patients, a group of patients with presumed high mortality, have been reported to experience worse outcomes of COVID-19, compared to the general population internationally.

Objectives

Presentation of the clinical characteristics in dialysis patients hospitalized with COVID-19

Methods

A single center retrospective study on 29 patients. We collected data, including clinical, laboratory, and radiological, for all patients receiving maintenance hemodialysis (MHD) with COVID-19, in «ATTIKON» University Hospital, from March 2020 to January 2021. We compared the outcomes between surviving and deceased patients and between those with mild infection symptoms and those with severe or critical illness.

Results

29 patients (14 men 15 women), with median age of 76 years (IQR 65-82). 11/18 (38%) were diagnosed after random screening and 18/29 (62%) with symptoms of infection: reported fever 11/18, respiratory difficulties 6/18, diarrhea 1/18. 17/29 had chronic hypertension and 9/29 had Diabetes. According to World Health Organisation (WHO) severity score, most of the patients were having mild illness (14/29) and moderate illness (12/29), and very few were having a severe illness (3/29). Most of the patients had little pulmonary infiltrate findings after an initial CT scan, up to 10% (22/29). 15/29(52%) took azithromycin treatment. 5/29 (17%) deceased, 4 women and 1 man, with median age of 76 years. There were 3/29 (10%) COVID-19 related deaths (2 women and 1 man). There were a respiratory failure to all of the patients that eventually deceased, and they were treated with dexamethasone. The 2 “non-COVID-19” related deaths (2 women, a 70 and a 85 year-old) were due to aspiration and cardiac arrhythmias, respectively.

Conclusion/Application to practice

COVID-19 could be an asymptomatic disease or a mild disease. However, patients on MHD are a high risk group of COVID-19 mortality and certain laboratory parameters and follow up could help in disease management.

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Disclosure of Interest

no

ID: 37

Croatian experience in immunoabsorption – nurse role

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Background

Immunoabsorptions (IA) is an extracorporeal technique used for removal of antibodies and molecules from the blood. IA is a blood – purification technique that enables the selective removal of immunoglobulins (Ig) from separated plasma, leaving other plasma components and avoid the need for plasma replacement, through high – affinity adsorbers. IA is currently used for treatment of a large variety of antibody – mediated of immunological disorders and in different clinical areas (humoral transplant rejection, Nephrology, Pulmonology, Cardiology, Haematology, Neurology, Rheumatology, Dermatology).

Objectives

Treatment is very useful in renal transplantation, which can be used in the pre and early post - transplantation period. Immunoabsorption is the method of choice for different indications, but its wide use is limited by the cost of treatment.

Methods

First immunoabsorption in Republic of Croatia was conducted in October 2020 in our Department, and since then we are the only center that provides this procedure in Croatia.

Results

Till December 2021 we treated eleven patients and conducted 148 IA treatments. For these procedures we used simultaneously two machines, one was for plasmafiltration and second one was for purification of plasma. Successfulness of IA we've been cross – checking true rate of donor – specific antibodies (DSA) and glomerul function of a graft. The complications were really rare and were related to problems with vascular access.

Conclusion/Application to practice

Although our experience is based upon small number of patients, we can conclude that IA is safe and effective treatment when conducted by a specially educated medical staff.

The role of nurses in implementing the treatment is not sufficiently emphasized. Even when we have the best medical equipment and doctors who will prescribe IA, procedure could not be carried out without specially trained nurses who know how to cope with the challenges of conducting immunoabsorption procedure.

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Disclosure of Interest

no

ID: 32

Cellular response guards against COVID-19 in a dialysis-patient with undetectable humoral response to vaccination

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Background

Coronavirus disease 2019 can range in severity from asymptomatic to critical disease. SARS-CoV-2 uses angiotensin-converting-enzyme-2 to infect cells, leading to a strong inflammatory response. Recent studies focus on the importance of adaptive immune response and the significance of both humoral and cellular arms of the adaptive immune system for the effective viral clearance, the protection against life-threatening Covid-19, the resolution of the infection and possibly the protection against a second SARS-CoV-2 infection.

Objectives

We present a case of an immunocompromised dialysis patient presenting with fever and negative PCR testing, where humoral testing revealed COVID-19 disease and mostly cellular, as opposed to humoral, immunity appeared to be lifesaving against severe COVID-19.

Methods

A 80-year female patient on peritoneal dialysis was admitted to our hospital complaining for fever, starting 4 days prior to presentation. She had received 1st dose of the COVID-19 vaccine. Nasopharyngeal testing using PCR for SARS CoV-2 was negative for three consecutive times 2 days apart each. Computed tomography of the chest and abdomen revealed no attributable cause of fever and blood cultures were also negative. The patient was tested for humoral and cellular responses against SARS-CoV-2.

Results

False negative PCR-tests has been described in the general population and in dialysis patients with COVID-19. Humoral responses to SARS-CoV2 aid to diagnosis, as a specific timeline of appearance of IgM, IgA and IgG Ab have been described. Our patient showed a positive humoral response to SARS-CoV antigens nucleocapsid (N) and surface (S), at first IgM+IgA and then IgG, pointing to a diagnosis of recent and evolving COVID-19 disease.

Conclusion/Application to practice

Vaccination against COVID-19 seems indispensable in vulnerable patients. Further studies employing both humoral and cellular immunity will allow us to recognize the optimum vaccination schedule in dialysis and immunodeficient patients.

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Disclosure of Interest

no

ID: 66

Organizational Factors With Impact on The Management of Hemodialysis Patient Care: A Scoping Review

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Background

Chronic kidney disease is a growing problem worldwide. In Portugal, the annual growth trend is higher than the average of OECD countries, considering a disease with high worldwide prevalence and that follows the dynamics of the population's lifestyle habits. (1)

Thus, the demand for nursing care, and the consequent associated workload, interferes in the quality of care provided, making it pertinent to review the organization of the work of these professionals.

Objectives

to identify in the available evidence the organizational and management factors with an impact on nursing care for hemodialysis patients.

Methods

A scoping review was carried out to map evidence on the subject, the main concepts, theories, sources and gaps of knowledge in this theme. Using the PRISMA-Scr protocol, a structured plan was developed to help guide the review and analysis process. The initial review of the literature, using the boolean phrase ((renal dialysis[Title/Abstract]) OR (hemodialysis[Title/Abstract])) AND ((manag*[Title/Abstract]) OR (organization*[Title/Abstract])) AND ((nurs*[Title Abstract/Abstract]) OR (healthprofessional[Title/Abstract])) returned 381 articles on pubmed.)

Results

With the preliminary analysis of these articles, it was possible to identify that the care interface includes direct care interventions (patient/family interaction) and indirect care interventions (activities to support direct care interventions, involving unit management and interdisciplinary collaboration). The time spent in the implementation of these interventions determines the workload of the team, constituting a complex and challenging subject.

Conclusion/Application to practice

nursing care, due to its specificity, functional content and scientific and technical autonomy, imposes a better framework and characterization of interventions resulting from patients' needs. Assessing the workload of the nursing team in an ambulatory hemodialysis clinic is truly fundamental for the provision of quality and safe care. The continuation of this study by extending research to other bases will allow identifying which organizational solutions are the most relevant to be tested in future implementation studies.

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Disclosure of Interest

no

ID: 76

Centralised access to care of patients treated by home haemodialysis

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Background

Haemodialysis in the home environment, without the assistance of nurses or doctors, is an option offered to patients by the Czech legislation since 2015. The payment policy of health insurance companies and requirements for documentation from doctors are aspects that remain a challenge for us. The need to design and implement an efficient pathway and to ensure a smooth transition of patients with end stage renal disease to HHD and make access to centralised patient care easier, while maintaining a holistic approach. Patients undergoing HHD require continuous support in care. Identifying the barriers to and factors facilitating HHD care can improve care quality.

Methods

Creating a patient pathway. Despite progress in the technological aspects of HHD, potential complications remain a challenge to healthcare givers, patients and their families. In this abstract, we describe the patient pathway behind successful inclusion in the HHD programme.

1. Information/Education/Workshop/Accredited courses – general practitioners, nephrologists, patients, public awareness within the terms of World Kidney Day

2. Centralised process for supporting implementation of methods at individual dialysis centres/consultation services by a central HHD team with local DC (doctor, nurses)

Support in relation to legislative acknowledgement of the method by regulatory institutions in Slovakia

1. The actual process of including a patient in the HHD programme
2. Supervision – even after the patient becomes self-sufficient during treatment in the home environment, assures support for both the centre, the patient and during actual treatment.
3. IT support

Conclusion/Application to practice

Recommendations for changing the method of incorporating HHD as a safe method for replacing kidney function using the patient pathway. It is of great importance for policy makers, managers, and program designers to deal with obstacles or barriers that this treatment creates for both the patient and the DC.

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Disclosure of Interest

no

ID: 83

Relationship between daytime sleepiness and dipper status during 48-hour ABPM in hemodialysis patient

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Background

Sleep disturbances and circadian rhythm disturbances are common in patients with end-stage renal disease receiving hemodialysis (HD). Most HD patients have arterial hypertension. Forty-eight-hour ambulatory blood pressure monitoring (ABPM) is the gold standard for identifying blood pressure profiles (BP) and patterns in HD patients and for assessing circadian rhythm.

Objectives

The Epworth Sleepiness Scale (ESS) is a simple and brief questionnaire that has been shown to measure the general level of daytime sleepiness in subjects. The purpose of this study was to determine whether the scores of ESS are associated with dipping status in HD patients.

Methods

A cross-sectional study was conducted in a single dialysis center. A total of 88 HD patients underwent 48-hour ABPM during a regular HD session and the subsequent interdialytic interval. One patient was excluded because BP did not take measurements during the night. “Dippers” were defined as those patients who showed a nighttime decline of 10% or more in the mean systolic BP than the average daytime mean systolic BP. Patients not meeting the dipper criteria were defined as “non-dippers.”

Results

The mean age of patients was 63.6 (31-89) years, 53 (60.9%) were men, 25 (38.7%) were diabetics, and 37 (42.5%) were former or current smokers. The mean dialysis vintage of patients was 62.6 (2-352) months. Mean systolic and diastolic 48-hour BP values were 138/76 mmHg. Mean daily values were 139/78 mmHg and mean nocturnal values were 137/73 mmHg. Based on ABPM values, 21 (24.1%) patients were dippers. The mean ESS value of all patients was 7.16±5.06. Using the T-test, we found a statistically significant difference in ESS score between dippers and non-dippers (5.3 vs 7.8, p=0.007).

Conclusion/Application to practice

Our results suggest that HD patients have lower to higher normal daytime sleepiness. Non-dippers have a higher ESS than dippers.

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Disclosure of Interest

no

ID: 90

Life Projects of Chronic Kidney Disease Patients: What is the evidence? Integrative Literature Review

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Background

Chronic kidney disease is considered a difficult time to face due to numerous restrictions, such as dietary, social, physical, and family. Haemodialysis prolongs the patients' life, relieves suffering, and even prevents further complications. However, at the same time, haemodialysis is responsible for a monotonous and restricted daily life, where activities are limited after the start of treatment. After the crisis period has passed, acceptance of the disease and treatment arises and the return to life has already been reorganized but how does this process happen? How do patients with chronic kidney disease on haemodialysis, after the process of adapting to the disease and treatment, resumption their life projects?

Objectives

Identify the available scientific production related to the life projects of people with chronic kidney disease on haemodialysis.

Methods

This integrative literature review was carried out to identify what had already been studied on this topic. To perform the selection of studies was defined the time frame from 2015 to 2019 and were used in US National Library of Medicine National Institutes of Health and Latin American and Caribbean Health Sciences Literature.

Results

1727 articles were identified and 42 selected after strictly following the inclusion and exclusion criteria. The title and abstract of each scientific article were exhaustively read to verify its adequacy with the guiding question of this investigation and 6 were selected for further analysis.

Conclusion/Application to practice

Adapting to chronic kidney disease and haemodialysis is difficult due to several factors, such as water and food restrictions imposed, the time spent to carry out the treatment and the lack of time for other activities that patients previously performed, whether leisure or even work. Most authors also defend that nursing interventions must be personalized. They must be programmed according to the characteristics of each person and according to their needs.

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Disclosure of Interest

no

E-POSTER SESSION 3

ID: 19

Atypical COVID-19 presentation as persistent hiccup in a peritoneal dialysis patient

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Background

The usual presentation of COVID-19 usually includes fever and cough in the general population and in dialysis patients. Gastrointestinal symptoms as anorexia, nausea and vomit tendency have also been described, although more rarely in chronic renal patients.

Objectives

We present a case of persistent hiccup, as an atypical presentation of corona virus disease 19 (COVID-19), in a peritoneal dialysis (PD) patient with concurrent anorexia, nausea and non-ST elevation myocardial injury (NSTEMI).

Methods

A 70-year-old man with end-stage kidney disease on PD for three years, presented on April 2021 for a scheduled myocardial scan, having ischemic heart failure with reduced ejection fraction (HFrEF) of 35%. He complained for anorexia, nausea and vomit tendency and unremitting hiccup for two days. He denied any abdominal pain, cloudy PD fluids, fever, chest discomfort, or change of his custom PD regimen. No signs of peripheral edema nor pulmonary congestion were noted. Peritoneal dialysis fluids analysis revealed normal cytology and biochemistry and negative gram stain.

Results

Electrocardiography showed sinus rhythm with left bundle branch block, not different compared to previous tracings while echocardiography revealed worsening of ejection fraction to 25%. Routine nasopharyngeal PCR turned out positive and he was admitted to the COVID clinic. Chest computed tomography (CT) showed less than 10% infiltration. He received dual antiplatelet therapy and andenoxaparin. He continued PD using the usual scheme. He experienced continuation of the persistent hiccup and thus metoclopramide and chlorpropamide were administered. Severe hiccups continued preventing him from eating and sleeping. On the 7th day baclofen was given, hiccup improved significantly and was completely ceased within 48 hours.

Conclusion/Application to practice

Persistent hiccup, i.e lasting more than 48 hours, has been infrequently described in the general population with COVID-19. Further studies including CNS imaging could clarify the potential association of COVID-19 with persistent hiccup as CNS involvement.

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Disclosure of Interest

no

ID: 20

Predialysis education with patients, relatives and support persons

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Background

Background: Predialysis group education with patients and relatives is usually designed and delivered by healthcare professionals. Complementing this approach, our predialysis coordinators conduct group education according to the method "Learning and Mastering". Central to this method is the interaction between medical facts and life-experiences with equal respect for each other's knowledge. The groups are led by predialysis coordinators and "support persons", persons with experience of kidney disease, dialysis or kidney transplantation. These individuals have unique insight into how life with kidney disease and treatment options is experienced

Objectives

Objectives: To allow patients and relatives the opportunity to better learn how to manage life with kidney disease and to equip them to achieve more appropriate decision-making.

Methods

Method: Education based on dialogue and exchange of experience depending on the knowledge and needs of patients and relatives. The participants (n=5-15) participated in the planning of the program, consisting of four weekly 2½ hour sessions. Evaluation forms were completed after each session.

Results

Results: The support persons' narrative contributed to increased understanding of how to live and cope with kidney disease and future concerns. The exchange of experiences, emotions, coping strategies and the opportunity to be listened to were appreciated more than just cold factual information. Issues were discussed that were not always accommodated in regular care meetings. Relatives gained knowledge and met others in a similar situation. The predialysis coordinators understanding of what it means to live with chronic kidney disease and its treatments improved and has led to further development of group education.

Conclusion/Application to practice

Conclusions: The method "Learning and Mastering" has a person-centered approach and can be seen as an alternative or complement to usual predialysis patient education. The support persons' recalled experience of disease and treatment provides an additional dimension to plain factual information and requires a different paradigm.

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Disclosure of Interest

no

ID: 104

Nephrological counseling in patients with autosomal dominant polycystic kidney

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Background

Autosomal Dominant Polycystic Kidney Disease (ADPKD) is a congenital pathology characterized by the formation of cysts affecting the different segments of the nephron with progressive subversion of the architecture of the renal parenchyma and consequent deterioration of organ function. Although ADPKD is one of the most common genetic disorders worldwide, there is still a lack of knowledge regarding the needs of patients and their care outside the purely clinical aspect.

Objectives

The first aim of this study is to carry out an assessment of the psycho-emotional and social state of patients with ADPKD and to define more clearly the discomfort of these patients. Our second aim is, using correctly the counseling techniques, to face and manage the relationship with these patients in order to help them to modify their daily life and improving the lifestyle.

Methods

The study, began in December 2021, has so far been conducted on a sample of 40 patients with ADPKD using the following tools: personal data sheet, KDQOL-SF, HADS, questionnaire drawn up for nurses in the relationship with patients with ADPKD, active listening.

Results

70% of the patients with ADPKD do not have anxiety or severe depressive symptoms, 30% mild/moderate, none with severe symptoms. From further data perceived and collected by the nurses who assisted patients with ADPKD, a deterioration in the quality of life is detected in 90% of cases. However, it has so far been seen that 60% of patients who receive social support, comparing to those who do not, report having a better quality of life.

Conclusion/Application to practice

The results obtained so far show that this study offers the possibility of a psychological evaluation of patients with ADPKD, also being able to become part of a multidisciplinary model of global care in the management of these patients.

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Disclosure of Interest

no

ID: 107

Nurses role in preventing and reducing rehospitalization in chronic kidney disease patients in hemodialysis

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Background

Increase in life expectancy is a worldwide concern. The population aging, the increase in major chronic diseases such as hypertension and diabetes determine the onset of chronic kidney disease leading to the consequent need for dialysis. Hemodialysis patients have comorbidities that contribute to their hospitalization, compromising their quality of life and increasing the mortality rate. In the literature, we found several factors that contribute to the 30-day rehospitalization on dialysis patients, such as, heart failure, diabetes, depression, anemia, vascular access by CVC, among others. Reducing hospital readmissions is a fundamental objective to improve patient's quality of life and it is a priority today. The implementation of a program to monitoring patient's clinical situation after hospital discharge and readmission to dialysis units is essential to prevent rehospitalization. A multidisciplinary team must carry out this assessment where nurse has a main role. The early detection of unstable clinical situations and nurses intervention in a holistic perspective, can lead to a decrease in the number of CKD patients hospitalization.

Objectives

This work aims to: i) make nurses aware of the importance of assessing the real needs of chronic kidney patients on hemodialysis at the time of hospital discharge; ii) publicize the potential of the rehospitalization reduction program

Conclusion/Application to practice

The establishment of an aid relationship is crucial for a systematic nursing intervention, which will allow an assessment and identification of nursing care real needs. The definition of nursing diagnoses and interventions, continuous and dynamic evaluation will allow the provision of individualized care and also

contribute to the safety and quality of care provided to CKD on hemodialysis and a reduction in rehospitalization.

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Disclosure of Interest

no

ID: 86

Ultrasound-guided cannulation of haemodialysis access

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Background

An ultrasound examination is one of the basic and most frequently used diagnostic imaging methods in the field of healthcare.

It is most often used to examine soft tissue and the cardiovascular system and, in the field of dialysis, particularly to examine the condition of the AVF, when we use ultrasound to visualise blood flow through the arteries and also the depth at which the vein is located.

Objectives

Cannulation of the AVF under ultrasound is slowly becoming the standard method at some centres. We want to present the process of implementing this method, executed by paramedical healthcare staff at our DC. Subsequent creation of a care standard based on acquired experience, and possibly a methodology for educating dialysis nurses.

Methods

At our dialysis centre, we use ultrasound for both doppler ultrasonography and to establish the depth and diameter of the AVF, particularly in patients whose vein access is not in good condition due to other comorbidities and whose cannulation tends to be complicated, highly stressful and painful for the patient.

Ultrasound can be used to find a suitable place to insert the needle into the AVF, its appropriate location and makes the process advantageous for both the client and the professional staff.

Cannulation tends to be less complicated, and this method can be used to prevent the need for repeated cannulation, particularly in older and polymorbid clients.

Conclusion/Application to practice

We can use a regular examination of the AVF, particularly the appropriate cannulation approach using ultrasound, to maintain and prolong the proper function and life substantially.

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Disclosure of Interest

no

ID: 21

Depression, decreased appetite and malnutrition in dialysis patients

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Background

Depression is the most common psychiatric disease in hemodialysis patients. It increases the risk of hospitalization and mortality in these patients. Depression in hemodialysis is associated with decreased food intake and with enhancement of inflammation, which increases far more the risk of morbidity and mortality.

Objectives

Mirtazapine has shown remarkable effects on appetite and it acts positively on the mood. Based on this, we studied the effects of mirtazapine on the appetite and the emotional status of a hemodialysis patient.

Methods

A 72-year-old woman with history of diabetes mellitus for 25 years presented with anemia and kidney dysfunction. Her kidney function deteriorated, with serum creatinine of 4.5mg/dl (eGFR-EPI= 9.1ml/min/1.73m²) and dialysis was started. Two weeks after the dialysis initiation, hypomagnesiemia was noted (serum Mg=0.9mg/dl), which is a well-known risk factor for depression.

At the diagnostic control, we found that the patient had significant urine output (>1000ml/day), so an amount of magnesium maybe was lost in urine. We also noticed that she had a rapid decrease of her dry

weight. At the laboratory tests she had hypoalbuminemia and the Frailty Index was rapidly worsening. She insisted, though, that she had sufficient food intake. She had a psychiatric evaluation and mirtazapine was started with dose adjusted for end stage renal disease.

Results

After starting mirtazapine, the patient's dry weight, protein catabolic rate, total serum proteins, serum albumin and magnesium increased promptly in weeks.

Conclusion/Application to practice

Dialysis nurse can be the link, that early becomes aware of the signs and symptoms of malnutrition in dialysis patients, and recognize promptly the patients at high risk for developing depression. Randomized studies are necessary to evaluate if depression's treatment with noradrenergic and selective serotonergic antidepressants could ameliorate the nutritional status, the quality of life, and the survival rate of hemodialysis patients.

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Disclosure of Interest

no

ID: 150

Complications of central venous catheters in patients undergoing hemodialysis treatment: a retrospective study

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Background

Chronic Kidney Disease (CKD) is categorized as an insidious disease that develops progressively. As the kidney starts failing, its functions performance is compromised, more symptoms arise as a result of the accumulation of nitrogenous catabolic products and toxins, causing an uremic syndrome. Consequently, the kidney loses its ability of excreting toxins, compromising the endocrine function thus leading to anemia. In view of the worsening of the disease with serious commitment to the person's quality of life, it is imperative to start a renal replacement therapy. With an increased life expectancy, we can observe a growth in the prevalence of chronic diseases such as CKD, translating more and more in a higher number of people in need to start dialysis treatments. Hemodialysis is a technique that allows the filtration of blood, allowing the withdrawal of toxins, mineral salts and water. However, a vascular access (AV fistula, AV graft, CVC) is needed, in order to perform a hemodialysis treatment. Given the urgent need to start dialysis, a CVC insertion is indicated, which can be transient or definitive. The efficacy of a dialysis treatment depends on the type and quality of the vascular access with serious implications for the person's quality of life. A CVC is linked not only to a less effective dialysis but also to a higher number of infections

and an increment in comorbidities and mortality. The role of nurses in hemodialysis patients is essential in order to provide an appropriate maintenance and surveillance of the patient's CVC and preventing complications to arise, applying the latest scientific evidence in their daily practice thus improving the quality of life of hemodialysis patient with CVC.

Objectives

This study's objectives are: i) assess the incidence of CVC complications in hemodialysis patients; ii) highlight the importance of the nurses' role in preventing CVC associated complications.

Methods

This is a retrospective and descriptive study of patients in a regular dialysis programme between 2011-2020.

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Disclosure of Interest

no

ID: 109

Investigation of nursing experiences with abusive dialysis patients

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Background

Several studies indicate that health workers in the course of their work activity can suffer acts of violence. The negative impact that this phenomenon might have on safety, on the effectiveness of assistance and on the physical and emotional health of operators, make studies necessary to fully understand all the factors that intervene: personal factors, connected to the work group, characteristics of the structures, resources and work environment.

Objectives

The main objective of this study is to investigate the perception of nurses regarding verbal and physical violence episodes experienced by them within the dialysis centres of a large network, and to collect concrete proposals to stem this phenomenon, in order to guarantee the protection of health care operators and a safe assistance to patients.

Methods

In December 2021, an online and anonymous questionnaire was submitted to nurses, to learn about the experiences of verbal and physical violence and identify any useful proposals to mitigate and contain the phenomenon.

Results

The sample (N=77) was predominately female (70.1%) and aged between 30 and 50(73.1%); 51.3% of the nurses involved had > 16 years of work experience. 2 Episodes of physical violence have been reported and 38.5% of the nurses report episodes of verbal violence occurred in the last 12 months. 35.9% of nurses who have participated in studies believe that episodes of violence could be avoided. According to the interviewees, a more frequent critical analysis of the episodes that occurred during dedicated staff meetings and the help of psychologist support figures could reduce this phenomenon.

Conclusion/Application to practice

The negative impact that this phenomenon might have on operator's safety, effectiveness of care and on their physical and emotional health, make it of primary importance for managers to consider how to protect nurses from workplace violence, to improve their wellbeing at work, and to deliver safe patient care.

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Disclosure of Interest

no

E-POSTER SESSION 4

ID: 49

Intraperitoneal calcium supplementation for hungry bone management after parathyroidectomy in a peritoneal dialysis patient

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Background

Hungry bone syndrome (HBS) refers to the rapid, profound, and prolonged hypocalcaemia associated with hypophosphataemia and hypomagnesaemia.

Objectives

To present a case of severe hungry bone syndrome after total parathyroidectomy in a peritoneal dialysis patient successfully managed with supplementation of intraperitoneal calcium gluconate.

Methods

A 27 year old female patient, with End Stage Renal Disease (ESRD) on Hemodialysis from 11 years old due to refractory nephrotic syndrome since childhood, was transferred to peritoneal dialysis in our Unit due to lack of arteriovenous access and repeated episodes of bacteremia from hemodialysis catheters. Her past history was remarkable for parathyroidectomy 2 years ago but her laboratory results revealed tertiary hyperparathyroidism with PTH values of 2000 pg/ml, Serum calcium of 11,3 mg/dl serum phosphorus of 8 mg/dl and a high serum alkaline phosphatase. A new parathyroidectomy was scheduled after a positive radionuclide scan and neck ultrasound revealing hyperplastic parathyroid glands. Before surgery she experienced fracture of both femoral heads after minor stress. Bone mineral density of the region revealed severe osteoporosis.

Results

Total parathyroidectomy was performed after calcitriol pretreatment for hungry bone syndrome. PTH dropped to 25 pg/ml and climbed slowly to 200 pg/ml within two weeks. Despite intravenous calcium supplementation post operatively by a central catheter along calcitriol per os, severe and symptomatic hypocalcemia was persistent and difficult to manage. We started intraperitoneal supplementation of calcium gluconate (3 amp of 10 ml) in each peritoneal dialysis exchange. During 10 days intravenous calcium was tapered and stopped and she was discharged with intraperitoneal calcium supplementation 2 amp per exchange, which was gradually tapered and stopped during a six month period.

Conclusion/Application to practice

Intraperitoneal calcium gluconate supplementation is a safe strategy in order to manage severe hungry bone syndrome in peritoneal dialysis patients after parathyroidectomy, minimizing risk of hypocalcemia and reducing hospitalization days.

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Disclosure of Interest

no

ID: 110

A nursing survey on vascular access monitoring in hemodialysis using a large database

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Background

Vascular access is considered to be both the 'lifeline' and the 'Achilles heel' of the end-stage renal disease patient.

Despite progress and best practice recommendations, vascular access remains the weak point of the renal replacement therapy chain, generating a significant burden for the patient and the healthcare system.

Objectives

The aim of our study was to analyze the perception of nurses in dialysis on the effectiveness of computerized data collection for the recording of the physical examination of the vascular access of patients on hemodialysis and to investigate possible ideas for its improvement in the activities of treatment.

Methods

The multicentre cross-sectional qualitative study conducted between November 2021 and January 2022 was aimed at knowing, through an anonymous survey, the perception of dialysis nurses with respect to the electronic data collection of the VA physical examination.

Results

Nursing staff from 45 dialysis centers were invited to participate in the survey. The sample that took part in the study is composed of 85 nurses of which 71.8% women, 40% of the interviewees are aged between 41-50 years and 54% with seniority of service \geq 16 years. 96.5% found it congenial to use the computerized form to save, analyze and use nursing assessments of AV monitoring during assistance. 92.9% believe the module can improve their nursing assessments during the process of caring for hemodialysis patients. Suggestions for improvement emerged in the open questions on improving the visibility of the collected data on printed dialysis forms..

Conclusion/Application to practice

Nursing assessments related to VA monitoring are essential for identifying early signs of complications, in order to prevent loss of access.

This study confirms that nurses find the electronic data collection tool of vascular access assessments useful during the process of treating patients on hemodialysis.

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Disclosure of Interest

no

ID: 24

The implementation of a dialysis auditing program across multiple countries

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Background

The project involved implementing an electronic auditing program across 10 countries in Asia Pacific, it included the development of an Application (App) and web-based database called 'WeAudit' for staff to upload Clinical Quality Audits and undertake auditing on a hand-held device, across 290 hemodialysis centers. The raw data that is collected during the audit process is fed into the database to be queried and converted into a variety of formats such as reports, graphs and analysis of the audits undertaken. Previously the data collation and analysis processes were manual, resulting in a very inefficient labor-intensive system with inaccuracies that required extensive follow-up and delayed results back to countries.

Results

The project provided staff efficiency improvements by saving time with manual entry, legibility and language barriers, there has been expanded usage of handheld devices for staff and patient education programs, staff competency assessments, videoconference meetings & group discussions as well as photographs for dialysis access surveillance

Conclusion/Application to practice

The depository of Audit Data into a Centrally Managed Information System provides opportunity to improve the quality of care in clinics, via internal and external benchmarking. The auditing program recognizes areas of conformity and strength within services, leading to best practice sharing across countries and standardisation of processes. The WeAudit system has removed security weaknesses identified with the manual system, including manual data entry(error), data transcription, legibility and language barriers, photocopying and scanning. Accuracy issues are removed ensuring a higher standard of data quality and photographic supportive evidence (conforming and non-conforming) is available to support auditing outcomes and risk investigation. The data drives compliance, and quality standards are monitored at every clinic for every activity, leading to greater accountability and risk management. The WeAudit is also designed for all levels of users and has multi language support which improves accuracy and ease of use.

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Disclosure of Interest

no

ID: 28

Patient participation in end stage kidney disease- is renal care compatible with patients’ preferences?

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Background

Patient participation is imperative for contemporary, person-centred, and integrated care. For patients with end stage kidney disease (ESKD), involvement is vital although the opportunities for patients to engage are not fully known.

Objectives

The purpose of the studies was to investigate what participation is and what facilitates preference-based participation, for patients in renal care.

Methods

Focus group interviews analysed with content analysis and a survey, statistically processed.

Results

In a first study, interviews with patients and staff identified diverging perceptions of participation in the dialysis context. Patients employed a broader conceptualisation than staff and claimed that ways to engage can vary over time, particularly in relation to the progress of one’s disease. Consequently, participation can involve sharing experiences and recognising the information shared, other times being actively involved in the renal replacement therapy (RRT). Staff on the other hand considered participation a performance, and suggested patients not involved in RRT non-participants (1,2). In a subsequent survey, 346 patients in renal care reported their preferences for participation by means of the 4Ps tool (3,4). All patients preferred to be involved one way or the other. By means of the 12 items of the tool (depicting a sharing of information, knowledge, and experiences with staff, and being engaged in health-related activities such as self-care and treatment), patients portrayed a sharing of one’s experience of symptoms and of learning to manage one’s symptoms as top priority in terms of their participation. A further analysis indicated that such preferences were not matched to the same extent as those less prioritised by patient, like managing treatment (5).

Conclusion/Application to practice

The findings call for further studies on how to bridge the gap constituted by different notions of patient participation, as well as strategies to ensure a shared understanding of how to provide for preference-based participation in the renal care context.

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Disclosure of Interest

no

ID: 57

Fatigue and social support in hemodialysis

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Background

Fatigue is a major symptom of patients undergoing hemodialysis while social support is a coping strategy method.

Objectives

The aim of this study was to investigate the levels of perceived fatigue and social support among hemodialysis patients as well as the relationship between these variables.

Methods

In this quantitative, cross-sectional study 178 patients undergoing hemodialysis completed the questionnaires: i) the Fatigue Assessment Scale (FAS) for the assessment of the Physical and Mental Fatigue and ii) the Multidimensional Scale of Perceived Social Support (MSPSS) for the assessment of perceived social support from Family, Friends, and Significant Others. Demographic data were, also, recorded. The analysis was conducted using the Statistical Package for Social Sciences (SPSS), version 22.0.

Results

The mean age was 57.25 (\pm 9.32) years old while 36.1% of them were men. The mean score of FAS was equal to 25.32 (\pm 8.194) while the mean score of MSPSS was 67.03 (\pm 12.964). The total scores of the scales were moderately negatively correlated ($r = -0.313$, $p = 0.012$). There was, also, a statistically significant association between Physical Fatigue and social support from Family ($r = -0.105$, $p = 0.003$), and Important Others ($r = -0.161$, $p = 0.198$). The place of residence affected the total FAS score (Mann-Whitney $U = 268$; $p = 0.036$).

Conclusion/Application to practice

The higher the levels of social support, the lower the levels of perceived fatigue. The support of the family and important others in reducing physical fatigue is of great importance. Living in a city center is a negative predictive factor of fatigue. Renal nurses, when providing holistic patient-centered health care, should early evaluate fatigue and involve the family in order to develop integrated social support strategies.

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Disclosure of Interest

no

ID: 112

Study case: Pregnant woman in ambulatory hemodialysis program

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Background

Pregnancy is a process that causes significant physiological changes for women, as well as advanced chronic kidney disease, which makes these two phenomena unlikely at the same time.

Chronic renal patients on hemodialysis have changes in sexual function with decreased libido, amenorrhea and anovulatory menstrual cycles, which decreases the likelihood of becoming pregnant. In the confirmation of a pregnancy, the morbidity rate is high and there are numerous maternal-fetal complications.

Results

In February 2020, a 33-year-old patient on hemodialysis program reports amenorrhea of 3 months, confirming an unplanned pregnancy of 9.5 weeks.

She is a patient with stage 5 CKD, type II diabetes diagnosed in 2012 during pregnancy, hypertension, obesity, dyslipidemia and depressive syndrome.

The attempt to understand the phenomenon without a solid theoretical basis due to its rarity led to the need for in-depth bibliographic review, adopting a dialysis strategy of multidisciplinary intervention as a guiding thread.

The dialysis plan experienced a progressive increase in dialysis time up to 36 h/week, decreased heparin use, volume monitoring with dry weight adjustments between 300 to 500gr/week, tension control for means 80-90 mmHg, maintenance of urea <70 mg/dL, surveillance of phosphocalium metabolism, hemoglobin and iron, using blood tests pre and post every treatment.

For better control and safety in this process, the transfer of the patient to the reference hospital unit at 4 months of gestation was established, which was successively postponed due to COVID 19 related issues, so that the patient ended up taking the pregnancy to term in outpatient hemodialysis in the clinic, going into labor during a session, after 36 weeks.

Conclusion/Application to practice

The success of the phenomenon in all its development without maternal-fetal complications, led to the preparation of a case study and its sharing, so that it can be replicated in the future.

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Disclosure of Interest

no

ID: 143

Application of absorbent membrane in hemodialysis

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Background

Cytosorb, as an extracorporeal cytokine adsorber, has a special place in the treatment of severe infections, including sepsis, septic shock, and conditions with elevated cytokines. Cytosorb aims to reduce circulating cytokines and increase bacterial toxins removal.

Objectives

It is compatible with standard hemodialysis machines and CRRT machines, and may be used as a stand-alone therapy or concomitantly with hemodialysis both in pre-dialysis and post-dialysis regimens. The process of working with Cytosorb can take up to 24 hours, with the blood volume treated more than 70 times.

Methods

Cytosorb adsorber contains polystyrene-divinylbenzene pores with a biocompatible coating. The large filter area allows a high level of cytokine adsorption - in the range of 5 kDa to 50 kDa. The use of anticoagulant therapy is feasible with the use of heparin or citrate. It is necessary to achieve sustainable blood flow through the membrane where the minimum blood flow should not be below 100 ml/min.

Results

Higher flow rates generally result in higher adsorption efficacy.

Conclusion/Application to practice

To summarize, Cytosorb is an efficient and important treatment regimen in critically ill patients and additionally improves dialysis practice.

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Disclosure of Interest

no

ID: 156

Haemodialysis patients' quality of life and its relationship with dialysis adequacy and laboratory parameters

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Background

Haemodialysis represents the golden standard of end-stage kidney disease treatment. Haemodialysis patients' quality of life may be affected by haemodialysis adequacy and laboratory parameters. The aim of the study was to explore haemodialysis patients' quality of life regarding haemodialysis adequacy and laboratory parameters.

Methods

A cross-sectional study using quantitative research methodology was used. Data were gathered with a standardised survey questionnaire and a convenience sample of 156 haemodialysis patients. Statistical analysis was carried out using IBM SPSS programme, descriptive and inferential statistics.

Results

In average, haemodialysis patients have good quality of life ($M = 71.9$, $SD = 12.1$). We found no statistically significant differences of quality of life between male and female haemodialysis patients ($U = 237.5$, $p = 0.735$). There were also no statistically significant correlations between overall haemodialysis patients' quality of life and dialysis adequacy ($r_s = -0.147$, $p = 0.297$). We found a statistically significant correlation between haemodialysis patients' overall quality of life and years of dialysis treatment ($r_s = -0.313$, $p = 0.025$). We also found a statistically significant correlation between haemodialysis patients' overall quality of life and level of haemoglobin ($r_s = -0.372$, $p = 0.01$) and serum albumins ($r_s = 0.296$, $p = 0.033$).

Conclusion/Application to practice

End-stage kidney disease effects many dimensions of haemodialysis patients' quality of life. Social support and adequate dialysis treatment can play an important role in reducing their disease-specific barriers and increasing their quality of life.

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Disclosure of Interest

no

E-POSTER SESSION 5

ID: 111

Dialysis event reporting and nurses' perceptions of reporting practices

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Background

The dialysed patient's compliance is expressed in observance of hemodialysis sessions, drug prescriptions and dietary recommendations. But, being a chronic disease, the patient often doesn't show himself completely compliant, running the risk of accelerating the pathological decline.

Objectives

The project's objectives are to investigate the pre, intra, post-treatment complications, possible causes of therapeutic non-compliance in a group of dialysis clinics and to investigate the perception of nurses on the importance of incident reporting as a tool for reducing adverse events in dialysis and improving care activities.

Methods

In December 2021 a review was carried out of the pre / intra / post-treatment adverse events reported by the nurses of the 4 clinics on our IT system during the year 2021. In January 2022 an online survey was administered to the same staff on their perception of importance of patient therapeutic compliance, adverse event reporting and patient education. In February 2022, during dedicated meetings, the data from the reports of the year 2021 were illustrated and analyzed.

Results

The questionnaire was administered to the Nurses and Nursing Assistants of a group of dialysis clinics. The sample consist of 48 nurses, 28(58.3%) women, 38 (79.2%) of whom is <50 years old and 35 (72,9%) have a work experience >6 years that is not limited to that on dialysis. 54.1% of nurses stated that they frequently use the reporting form, 97.9% recognize the importance of continuous training on the use of incident reporting tools.

The events reported by nurses in 2021 in the 4 dialysis centers were 510 of which: Poor blood flow (31%) Hypotension (15%), Coagulation of the blood circuit (10%).

Conclusion/Application to practice

The study highlighted that nurses working in the area of chronicity play a fundamental role in evaluating and promoting adherence to hemodialysis therapy, recognizing the importance of incident reporting and continuing education.

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Disclosure of Interest

no

ID: 116

Coordinated care of people with diabetes on hemodialysis programs: Intervention Model

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Background

It is estimated that there are 463 million adults with diabetes all around the world and this number will rise to 700 million in 2040. According to the Portuguese Society of Nephrology, in 2020 about 34.5% of the patients who started hemodialysis had diabetes. In our clinic 33% of the patients had diabetes, and in the last 2 years we documented an increase in diabetes-related complications in our patients. This situation should be managed in an integrative way, considering biological, psychological and socioeconomic factors throughout the creation of an intervention model.

Objectives

To create an intervention model for the management of people with diabetes in a hemodialysis program in a Portuguese clinic.

Methods

Methodological approach for the development of a multidisciplinary tool for the coordinated care of people with diabetes on hemodialysis. A multidisciplinary team performed a literature review to identify the major diabetes-related complications and the best orientation. A dynamic flowchart was created and validated by the multidisciplinary team and the Quality Department.

Results

The Intervention Model created is easy to apply and helps the health professionals in the decision-making process. The (dynamic) flowchart created allows the early identification of changes and/or complications related to diabetes and be more effective on referral to: "primary care services", "nutrition consults", "ophthalmology consults", "vascular surgical consults", "diabetic foot care units" and/or "emergency services".

Conclusion/Application to practice

The intervention model developed, based on scientific evidence, will make it possible to systematize and standardize the assessment and orientation for people with diabetes on hemodialysis. It will allow the earlier identification an intervention in diabetic-related complications, with a person-centered approach,

reducing the burden of this disease in terms of morbidity and in economic way. In the future, the researchers intend to evaluate the impact of this intervention model and generalized to other outpatient treatment centers.

References

available at presentation

Disclosure of Interest

no

ID: 36

End of life care & Conservative Kidney Care– a staff educational program

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Background

According to WHO, palliative care improves the quality of life of patients who are facing challenges associated with life-threatening illness, among these are the chronic kidney disease (CKD) patients. The number of patients with advanced CKD is increasing, and likewise patients who are choosing not to start dialysis. Comprehensive conservative kidney care is widely recognized as a form of treatment for the older frail patient.

At the department of nephrology in Rigshospitalet palliative care was not systematically organized but depended largely on the individual doctor or nurse who is on duty. The staff felt that they lacked time and skills.

In addition, there was a general misconception that palliative care was required only for end-of-life care.

Objectives

To develop an educational program to provide the staff with skills on primary palliative care

Methods

The method Plan-do-study-act was used to create an educational program

Results

The department started an interdisciplinary palliative care group in 2019 that has implemented a palliative care program consisting of an education day, local education, and several guidelines.

40% of the nursing staff has completed the education day.

Furthermore, the department has implemented a program for the older frail patient to help them to decide between dialysis and conservative kidney care

Conclusion/Application to practice

- The program helps keeping focus on palliative care giving
- The Work requires very dedicated people
- It is difficult to draw doctors to the education day

- In the future we are going to implement the use of systemized screening and Advanced care planning.

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Disclosure of Interest

no

ID: 79

The benefits of home haemodialysis during the Covid-19 pandemic

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Background

In recent years, home haemodialysis has gained increasing importance in the Czech Republic and has acquired a completely new significance during the Covid-19 pandemic. There is increasing demand for the HHD method from individual patients and healthcare subjects.

Objectives

The goal of this paper is to establish and evaluate the advantages of home haemodialysis related to the Covid-19 pandemic and factors that could reduce the risk of infection of patients who receive dialysis using the HHD method compared to the RRT method.

Methods

Theoretical approach – analysis, synthesis, induction, deduction, situation modeling, and factors affecting treatment of patients undergoing dialysis during the Covid-19 pandemic, focusing on the HHD method in the patient's home environment, at the dialysis center, and within the terms of a healthcare facility providing intensive care.

Conclusion/Application to practice

Confirmation of the hypothesis that home haemodialysis during the pandemic chiefly represents a reduction of the risk of the patient being infected with Covid-19, particularly during transportation by transport service and during contact with other patients and staff at the dialysis centre. HHD reduces demands on operating measures, coverage of work shifts when there is a shortage of staff and increased administration at the dialysis centre during the pandemic.

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Disclosure of Interest

no

ID: 72

Initiatives to facilitate research recruitment in under-represented communities

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Background

Kidney disease may be five times more common in people of African ancestry. However, ethnic minority participation is underrepresented in clinical research, including nephrology studies. Reported barriers include lack of information and mistrust, which have been exacerbated during the COVID-19 pandemic. A study recruiting people of recent African ancestry or geographic origin (identifying as Black, Caribbean, African American, or LatinX) was initiated in a London Renal Unit in 2020. Recruitment was anticipated to be challenging so initiatives to enhance recruitment were developed.

Methods

Participants were identified using a renal-specific database and eligibility confirmed as per study inclusion and exclusion criteria.

A focus group was hosted by patient and public involvement partners and the following initiatives recommended and implemented to enhance recruitment:

- Flexibility of research team to accommodate participants' availability
- Coinciding research visit on the same day as clinic appointment
- Collaborating with clinical staff so their clinical blood sampling can be taken together with the research samples.
- Education of clinical colleagues regarding study participation to enable direct referral
- Research team remains in contact with the participants from first contact until study completion
- Offering peer-educator input to facilitate culturally congruous support
- Principal investigator arranges individual follow-up in specialist clinic
- Incentives include inconvenience fee and travel expense reimbursement

Results

32/35 (91.4%) people approached to participate in the study were consented and recruited. Recruitment target has been exceeded by 540% (27). Thirty-two patients provided samples at the same time as clinic appointments, and number of direct clinician referrals has increased 4-fold in the last 5 months.

Conclusion/Application to practice

Taking a proactive approach with co-development from community members to enhance recruitment of underrepresented groups appears to be associated with successful recruitment. Formal evaluation of these strategies is needed.

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Disclosure of Interest

no

ID: 78

Factors associated with depression in patients undergoing hemodialysis

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Background

Depression is the most common psychological disorder in patients on hemodialysis and has a strong relation with demographic and clinical factors.

Objectives

The aim of this study was to investigate the factors associated with depression in patients on hemodialysis.

Methods

In this cross-sectional study, one hundred (n=100) patients on hemodialysis (75 males and 25 females) from one hemodialysis center in Greece participated in this study. Depression was assessed via the Zung Self-rating Depression Scale (SDS) and a questionnaire about demographic and clinical characteristics. The normality of the data was checked with the Kolmogorov-Smirnov criterion. The Kruskal-Wallis and Mann-Whitney tests and the spearman's rho criterion were used to evaluate the association between depression score and patients' characteristics. Multiple linear regression was performed to assess the effect of characteristics on patients' depression.

Results

Statistically significantly high levels of depression were observed in older patients ($p = 0.001$), in divorced / widowed patients ($p = 0.001$), in pensioners ($p = 0.002$), in those with comorbid diseases ($p = 0.001$), in those who felt tired after dialysis, in those who felt more tired at night, and in those who felt constantly tired ($p = 0.001$, $p = 0.016$ and $p = 0.001$ respectively), in patients who thought they had a change in their body image ($p = 0.009$), in patients who often felt itching, stiffness and sometimes nausea ($p = 0.001$, $p = 0.001$ and $p = 0.003$ respectively), and in patients who had limitations in the clothes they could wear ($p = 0.001$).

Conclusion/Application to practice

A significant proportion of patients on hemodialysis are particularly vulnerable to depression. Therefore, a formal screening can contribute to early diagnosis and treatment of depression, while training programs can help them effectively comply with their treatment. Additionally, the development of personalized psychotherapeutic approaches, counseling and pharmacological interventions can help patients reduce depression levels.

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Disclosure of Interest

no

ID: 147

Effect of dialysate flow rate on Kt/V in pediatric patients on maintenance hemodialysis

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Background

Increased dialysate flow rates may maximize dialysis efficiency in vitro. Nevertheless, the benefit of increasing dialysate flow rate on delivered dose of dialysis is rather limited in adult patients.

Objectives

The aim of this study is to investigate the effect of increasing dialysate flow rate on delivered Kt/V in pediatric patients on maintenance hemodialysis (HD).

Methods

A prospective study was conducted in three pediatric patients, aged of 14, 14.5 and 16 years old respectively. Each patient underwent 14 HD sessions with dialysate flow rate fixed at 1.5 and 2 times the

blood flow rate. Delivered Kt/V was measured in each session using online clearance monitoring (OCM) of the Fresenius 4008S HD machine. The same filter was used for each patient throughout the study.

Results

In the three patients, blood flow rate was set at 240 ml/min, 250 and 250 ml/min respectively and dialysis duration at 240, 270 and 240 respectively. Dialysate flow rate was set at 360, 380 and 380 respectively for the first 14 HD sessions and at 480, 500 and 500 respectively for the 14 following HD sessions. Kt/V did not significantly differ between HD sessions with dialysate flow rate of 1.5 times and 2 times the blood flow rate in all patients (95% CI -0.085 to 0.065, $p=0.753$ for the first patient, 95% CI -0.075 to 0.030, $p=0.396$ for the second patient, 95% CI -0.065 to 0.025, $p=0.729$ for the third patient respectively).

Conclusion/Application to practice

Increasing the dialysate flow rate beyond 1.5 times the blood flow rate does not seem to significantly increase the delivered Kt/V in pediatric patients on maintenance HD

References

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Disclosure of Interest

no

NON-MODERATED POSTERS

ID: 141

Health literacy in patients with chronic kidney disease: improving clinical outcomes

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Background

High Interdialytic weight gain (IWG) has been associated with increased risk for all-cause and cardiovascular mortality. The main causes of lower self-reported fluid restriction (SRFR) include: low motivation, lack of social support, lack of knowledge or self-assessment, as well as ongoing thirst and dry mouth.

According to some studies, improvement of health literacy (HL) has the potential to positively affect their understanding of the benefits of fluid restriction and their ability and willingness to follow fluid restrictions, thereby reducing IWG and optimizing health outcomes.

Objectives

Identify its causes and efficacy of our current education program;

Identify the combined effects of self-care or self-management nursing interventions on IWG outcomes in hemodialysis patients with chronic kidney disease.

Methods

We conducted a retrospective study in Diaverum hemodialysis centre in Régua, Portugal (n=84). Clinical, *socio-demographic* variables and literacy levels were collected. Excessive IWG was compared between January and December 2021.

Results

The overall mean age was 72±13 years. 52 (52.5 %) of the participants were male and 40% had diabetes.

In 2021, 10% of Patients who undergone dialysis treatment in Centro Renal Régua had excessive IWG (> 5%). Most people receiving HD in our unit have an overall moderately negative HL levels: 8% of the patients were illiterates, 73% had primary school education and 19% higher education.

The overall effect on interdialytic weight gain was -0.05, suggesting a neutral of our nursing interventions.

Conclusion/Application to practice

Healthcare professionals may encourage the patients on haemodialysis to engage in self-directed management of their symptoms, such as health contract, and promote HL through improving their self-efficacy.

A new model of education program must be created in order to improve results, assessing and identifying patients' perceived emotional support networks, will play an important role in enhancing self-care behaviours

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Disclosure of Interest

no

ID: 120

Advanced Care Planning. Nurses in the lead until the end.

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Background

End of life (EOL) care is an important aspect of ESRD care. The moment to start EOL-care is difficult to determine in practice. For example, research shows that >50% of deceased do not die at the place of their preference (Koekoek, 2014). At the moment our EOL-care is not efficient and often (too) late. We want to improve this situation by implementing Advanced Care Planning (ACP) and keep the nurses in the lead.

Objectives

Our goal was to explain ACP and the role of the nurse and explore what nurses need to integrate ACP in practice.

Methods

We work from a patient centered perspective. The primary nurse often cares for the patient for years which gives opportunities to discuss EOL themes and ACP with patients. We organized multiple meetings with nurses to discuss ACP and EOL-care and used real cases as an illustration. In time the surprise question will help to define the moment to start EOL care. We let as many nurses attend as possible.

Results

All nurses felt the need in developing ACP-care on the ward and the cases created an image of successful ACP-care. Three themes emerged throughout the groups. 1) Meaning and definition of the different terms used around EOL-care. This is not clear for the nurses and palliative care is often used as substitute for terminal care.

- 2) Nurses do not feel confident in starting a meaningful conversation about ACP or EOL with the patient. They also think they lack necessary communication skills and knowledge.
- 3) Different cultural backgrounds of patients and different age groups hampered talking about ACP due to lack of knowledge and skills.

Conclusion/Application to practice

These results are used to create a training program for nurses. Some nurses are now trained as EOL-counselor and support the individual nurses in ACP on the ward.

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Disclosure of Interest

no

ID: 38

Depression and quality of life in a Greek cohort of hemodialysis patients

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Background

Hemodialysis (HD) treatment along with objective difficulties is shown to have a negative impact on the psychosocial status and behavior of HD patients. Depression is the most common psychiatric disorder in patients with kidney disease and has been associated with decreased Quality of Life (QoL).

Objectives

The aim of this study was to evaluate the prevalence of depression in HD patients, and the possible association of depression with sociodemographic factors and QoL.

Methods

138 HD patients (HD duration > 3 months) from the Nephrology Department of General Hospital of Kavala in Greece were included in the study. Personal questionnaires of Beck Depression Inventory (BDI-21) and EuroQol-5 Dimensions (EQ-5D-3L) were used. BDI-21 classifies depression as: minimal (0–13), mild (14–19), moderate (20–28) and severe (29–63).

Results

Median patients' age was 69 (IQR 56-79) years, mean HD duration was 55.02±67.77, while the majority of them were men 65.2% (n=90). Mean BDI-21 score was 19.8 (SD=11.24). Patients presented depression in various levels, 35.5% (7.88±3.28) minimal depression, 13.8% (17.05±1.81) mild depression, 28.3% (23.51±2.70) moderate depression and 22.5% (35.68±5.71) severe depression. Sociodemographic data such as age and duration of marriage had a significant direct correlation with depression (both $p<.05$). On the contrary, HD duration had significant inverse correlation with depression score, the less time on HD, the more depressed ($r_s=-.27$, $p<.05$). Patients' QoL score revealed a significant negative correlation with the duration of marriage ($p<.01$), while it did not correlate with age or with HD duration. Finally, patients' EQ5D Visual Analogue Scale (VAS) (63.86± 16.86) and EQ5D Index (.59±.28) were significantly inverse correlated with BDI ($r_s=-.66$, $p<.01$ and $r_s=-.76$, $p<.01$) respectively.

Conclusion/Application to practice

Our results revealed a high prevalence of depressive symptoms in our cohort that significantly correlated with QoL of HD patients. Older patients with shorter duration on HD and with long marriage duration presented the highest level of depression.

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Disclosure of Interest

no

ID: 68

When body meets therapy at hemodialysis patients

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Background

Psychological disorders are common among hemodialysis Patients.

While the struggle of these disorders affect the Patient's personal and family life, treatment adherence, nutritional regime, self-image and self-confidence, movement therapy through music, body movements and art can foster healing and mental well-being

Objectives

These therapeutic Sessions aimed to empower this Patient, help him explore his emotions, cope with stress and depression, boost self-esteem and develop personal relaxation techniques

Methods

A 53 years old Patient treated by hemodialysis for the last 5 years, married, an Amputee and cannot work. Recently the Staff noticed a change in his psychological state that was evident by lack of communication, eye contact and depressive expressions.

While the Patient diagnosis was Mood disorder and Adjustment reaction with anxiety, and he was recommended for 20mg Recital and 0.5mg Xanax XR by a psychiatric, the Staff offered him Movement Therapy Sessions.

The six months Sessions once a week with the Patient included: 1- psychotherapy conversations; 2- sharing music and body movements; 3- creating a safe place for raising sensitive struggles; 4- Therapeutic cards games 5-Sharing books quotes.

Results

By the end of the Sessions, a Patient's mood improvement, initiated communication and self-awareness were sensed. This was evident by: 1- Sharing personal contents; 2- interpersonal skills improvement; 3- developing techniques to cope with marital and family issues; 4- relaxed expressions; and 5- Intentional movement effort.

Conclusion/Application to practice

The description of this case shed light on the direct connection between the psychological side and the physical side of the Patients. We recommend integrating Movement Therapy Sessions alongside the dialysis treatment so that would improve the Patients` quality of life in addition to treatment adherence and emotional well-being.

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Disclosure of Interest

no

ID: 16

Diabetes nurse practitioner in dialysis units: a vision for reality.

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Background

Most dialysis patients are diabetic and suffer from chronic illnesses. Many don't adhere to drug treatment, despite adherence being essential in successful treatment of any chronic disease. Adherence in these patients involves taking multiple medications, nutritional limitations and attending multiple clinic visits. Challenges include poor communication and lack of guidance.

Objectives

The role of the Diabetes Nurse Practitioner (DNP) is to be a holistic manager for the treatment, which includes planning, coordination, implementation and monitoring. The DNP is an authority in multiple areas, maintains the treatment continuum and communication with the patient, his family and community. He/she also has a unique perspective highlighting the nursing needs of each patient.

Because these patients often have physical limitations and difficulty following treatment directions, we've identified a need for a diabetes infirmary as part of the Nephrology institute. The goal is for the DNP to facilitate individual monitoring, personal guidance and attention to each diabetic patient's individual needs in individualized sessions. The clinic will be in the Nephrology Institute, in collaboration with the Diabetes Institute's multidisciplinary team. In the Corona period, this is essential as it negates the need to attend a separate clinic. The DNP knows all patients personally and is able to recognize problems related to renal failure.

Results

There is evidence that the presence of a clinical specialist nurse is key in the combined treatment of a chronic patient and results in improved clinical outcomes, a reduction in hospitalizations and a reduction in referrals to outpatient clinics.

Conclusion/Application to practice

Owing to the DNP's extensive experience, she is qualified to provide cost-effective, accessible and quality patient-focused care. To improve the overall treatment of a diabetic dialysis patient, we recommend setting up a DNP clinic at the Nephrology Institute. The clinic's performance will affect treatment success, quality of life and satisfaction of the patient.

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Disclosure of Interest

yes

ID: 45

Bioimpedance spectroscopy protocol in hemodialysis patients, a tool to improve

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Background

In order to adjust hemodialysis (HD), liquid volume and hemodynamic management of the patients are essential, considering that a proper dry weight measurement is associated with cardiovascular benefits. So as to improve dry weight precision, bioimpedance spectroscopy (BIS) is used. BIS is useful to identify corporal fluid overload.

Objectives

To relate a protocol BIS implementation for patients in HD with a decrease of intradialytic complications, such as hypotension, cramps, nausea and vomit.

Methods

A prospective, quantitative observational design was used to develop this research. 101 HD patients were included in the study. Instruments used to collect results were: AD-HOC form for socio-demographic and clinical data, EuroQol 5D scale for quality of life assessment, Nefrolink program for recording complications and BIS results.

Results

Results show an average age of 70 years (range 21-91). BIS results show: 34% overhydration and 66% infrahydration. There is a variation of +/- 4,5 kg with prescribed dry weight. A 27% of the patients have had complications during HD sessions, according to the nurse register the month before the BIS was carried out. It is registered that the nurse team carries out preventive actions in order to avoid complications during HD. The complications recorded are divided into: 70.37% hypotension, 11.11% cramps, 14.81% both hypotension and cramps, and 3.7% nausea and vomit.

Conclusion/Application to practice

The implementation of a protocol for periodically performing BIS on hemodialysis patients is expected to reduce the most frequent complications during treatment, which are hypotension, cramps, nausea and vomit. As well as assess the cardiovascular risk and nutritional status of the patient.

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Disclosure of Interest

no

ID: 103

Intradialysis muscle cramps: nursing interventions for prevention and treatment

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Background

Muscle Cramps are the most frequent and most feared intradialytic reactions among patients on hemodialysis, since they are characterised by intense pain with repercussions on quality of life and on tolerance and acceptance of dialysis treatment.

Objectives

To identify the nursing interventions and their impact on the prevention and treatment of Intradialysis muscle cramps, based on the current scientific evidence.

Methods

International literature review in the following databases: MINDLE, CINAHL, MINDLE, NURSING & ALLIED HEALTH COLLECTION; CONCHRANE (through the EBSCOB platform, via Order of Nurses), PUBMED, using the descriptors combined with Boolean characters “muscle cramps” AND “hemodialysis” AND “nursing”. We also used a focus group in Diaverum Clinic - Odivelas with the presence of Nephrologists and Hemodialysis expert nurses.

Conclusion/Application to practice

Although the etiology of muscle cramps in patients undergoing hemodialysis is not consensual, some common triggers were mentioned: the patient's clinical condition, hydroelectrolytic disorders, hypovolaemia, hypotension, the prescribed dialysis strategy and the composition of the dialysate solution. The following were identified as interdependent nurse interventions: intravenous fluid administration, oral medication and adjustments in the prescription of the dialysis strategy. As for autonomous intervention, stretching, intradialytic massage and intradialytic physical exercise stand out. Teaching and education with family involvement also stand out as a key aspect in the autonomous intervention of the hemodialysis nurse expert.

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Disclosure of Interest

yes

ID: 148

Referral nurse in haemodialysis, comparing results before and during the pandemic

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Background

In our hospital, the latest projects were led by the nursing team, and they have prioritized responsibility and security for patients, and the importance of the role of referring nurse and care computerization.

Objectives

The objective of the study is, through the implementation of a referring nurse protocol, adopt a global vision in order to coordinate the entire care process, manage the work plan and ensure continuity. Another objective is to compare results obtained in 2019 before the pandemic and 2021 while the pandemic is still remaining.

Methods

A quantitative observational design was used to develop this research.

111 patients were included in the study. Instruments used to collect results were: Barthel scale, Mini Nutritional Assessment (MNA), Pfeiffer Short Portable Mental Status Questionnaire (SPMSQ) an own vascular access form. Basic human needs were used to evaluate general conditions.

Results

Results show an average age of 70 years, range 30-89 in 2019, the same in 2021, range 21-91.

Barthel scale results show:

Fully independent 53,57% in 2019 53,2% in 2021,

Minimally dependent 25,89% in 2019 28,8%

Partially dependent and very dependent 10,7% in 2019 9,9% in 2021

Totally dependent 3,57% in 2019, 1,8% in 2021
MNA results show:
normal results in 2019 36,61%, 34% in 2021
malnourished risk in 2019 33,04%, 55% in 2021
malnourished in 2019 13,39%, 6,3 in 2021
16,96% weren't evaluated in 2019, 4,5% in 2021

Conclusion/Application to practice

In conclusion, there is an increase in malnourished risk in MNA results, which we could assign partially to the suppression of intradialytic meals.

We have observed an increase in the number of scales realized.

We would like to keep on working on this referral nursing project to help patients improve their life quality.

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Disclosure of Interest

no

ID: 23

“We need a safe environment” -Developing a mentorship program for newly hired nurses.

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Background

Newly hired nurses meet their clinical practice with expectations for requiring a number of specialized nursing competences. Research shows that a period of structured mentorship is highly important in order to prevent frustration and stress.

Objectives

To ensure that newly hired nurses achieve competences to provide care and to improve their motivation for being a renal nurse.

Methods

The study took an action research approach and included user driven activities based on the users' experiences and needs in order to develop a mentorship program. Data were generated through 100 written statements with reflections on small papers and postcards, which were analyzed by Braun and Clarke's thematic analysis.

Results

To the new nurse, the clinical work could be experienced as overwhelming and with feelings of expectations and pressure. Further, being introduced to an experienced colleague, who did not know how to provide structured training or how to process a mentorship, resulted in an unstructured and unfocused introduction.

Conclusion/Application to practice

The mentorship program has to be structured written and clearly introduced to both the new nurse and the mentor. This includes definition of their roles and responsibilities. The new nurse and her mentor must know when the goals for training can be adjusted and evaluated.

The results have been processed in to the Plan, Do, Study, Act cycles - model for improvement and led up to competence cards with a clear description of the mentorship's goals. Furthermore, an instruction communicated the roles of the mentor and the clinical nurse specialist as project manager in the mentorship program. And finally, supervision and sessions of reflections every two weeks have also been implemented. With implementing this mentorship program, the department have not had any resignations in nearly two years.

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Disclosure of Interest

no

ID: 42

Safewards in a haemodialysis unit– a model to reducing conflict and improve safety

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Background

In general, being dependent of haemodialysis means that adjustment to treatment can be challenging due to strict adherence to medication, fluid and dietary regiment (1). Further, the number of patients receiving haemodialysis diagnosed with severe mental illness have increased during the past decades. Challenging behavior in patients may attribute factors such as aggression, threatening acts and non-adherence (2). This is a major stressor for even experienced nurses who build up relationships with patients for years (3).

Objectives

To test and evaluate a Safewards-model with associated interventions to improve the safety of patients and nurses in a haemodialysis unit.



Methods

Intervention

Safewards is a theoretical model with 10 associated evidence based interventions designed to identify conflicts (flash points) related to areas (domains) in order to prevent and/or reducing conflicts (4). In total, 60 nurses were educated and trained in Safewards interventions which includes verbal de-escalation. Further, a group of seven nurses were recruited for Safewards Champions in order to facilitate the test and implementation. The study is currently ongoing and is based on the Plan, Do, Study, Act cycles model for improvement (5).

Results

The evaluation will consist of two parts; Firstly, an ethnographic field study will be undertaken in order to obtain an insightful description of the practice between patients and nurses by grasping if and how the intervention comes into play and improve de-escalation of conflicts. Next, there will be conducted three focus group interviews with the nurses in order to generate knowledge from their perspectives.

Conclusion/Application to practice

Perspectives

The results will be included in an iterative process in order to adjust the intervention to local clinical practice.

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Disclosure of Interest

no

ID: 91

Vaccination of patients on hemodialysis in the prevention of mortality from kovid-19 infection

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Objectives

Montenegro registered the first Kovid-19 case on March 17, 2020. year and was the last European country in which SARSCoV-2 virus infection was registered. On March 11, 2020, the WHO declared the Covid-19 pandemic caused by the new coronavirus (SARS-CoV-2).

Methods

Control study.

Results

The number of dialysis patients at the Clinical Center is eighty. Of the total number of patients, six died from covid -19 infections, which had not been vaccinated. When they became ill, no vaccine was available in Montenegro. All patients were vaccinated with three doses of vaccine against human infection. All patients who were vaccinated had covid infection but had a milder clinical picture.

Conclusion/Application to practice

Vaccination has reduced the mortality of patients on the chronic hemodialysis program.

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Disclosure of Interest

no

ID: 95

Results of the sixth COVID-19 wave in a dialysis unit

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Background

Patients with end-stage chronic kidney disease have higher comorbidity and mortality from COVID-19 (20-30%). Protocols and guidelines have been updated to prevent the spread of COVID-19 in dialysis treatments, with rapid antigen tests and an action circuit in the event of suspects. With the new Omicron variant and the explosion of infections, the challenge has been enormous in our hospital unit in this sixth wave.

Objectives

Analyze the positive patients for COVID-19 in the hemodialysis and peritoneal dialysis unit, the diagnosis, evolution of clinic and symptoms, vaccination status and duration of the disease

Methods

Review of the records of positive patients from January 1, 2022 to February 28, 2022.

Results

37 positive (23/75 chronic HD 30.6%, 4/35 PD 11.5%). 10 women (27%), mean age 64 years (31-80). Family place of infection 21 (56%), community 6 (16%) and hospital 10 (27%). The predominant strain has been Omicron (94%), diagnosed by PCR in 20 patients (54%) the rest with antigens 10 (27%) or both 7 (19%). 12 patients (32%) had previously been infected with COVID-19. Symptoms: 2 (5%) did not have, 29 (78%) catarrhal, 19 (51%) fever, 6 (16%) gastrointestinal and 8 (22%) pneumonia. Hospital admission was required for 16 patients (43%) and 2 (5%) died. Vaccination with complete schedule 28 (77%), with 1 or 2 doses 7 (19%) and without vaccination 2 (4%). Serologies available in 26 patients with 19 (73%) with +2080 IU IgG and 7 (27%) with less. The baseline CTs were on average 21.75 (15-33) Time to negative or CT >35 was 15 days (3-30)

Conclusion/Application to practice

Keeping the best screening protocols up to date and isolating positive patients prevents outbreaks in dialysis units. Time to become negative is longer than general population due to immunosuppression. Most have had mild symptoms, although mortality is improving, it can be fatal

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Disclosure of Interest

no

ID: 70

Diet in renal transplant recipients

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Background

Chronic kidney disease is a long-term, progressive weakening of renal function that leads to increased and accumulation of metabolic products in the patient's body. Replacement of renal function may be performed by hemodialysis, peritoneal dialysis and/or kidney transplantation. A proper and balanced diet plays a significant role in treatment of patients with chronic kidney disease.

Objectives

The diet of renal patients should be adjusted to the underlying renal disease, the degree of impairment of renal function, disorders of electrolytes, volume status, blood pressure, height and body weight, muscle mass, age and gender of patients. Assessment and monitoring of nutritional status are vital components of further successful transplant treatment of those patients.

Conclusion/Application to practice

Organ transplantation is a complex therapeutic procedure that prolongs survival and improves quality of life. Proper nutrition is important for its success and recovery of patients. Particular attention should be paid to the quantity and quality of protein. Assessment of nutritional status is performed by methods ranging from simple measurements to comprehensive patterns that include anthropometric, biochemical, and subjective methods of assessing patient nutritional status. The treatment of such patients is very complex and requires the constant cooperation of nurses, doctors, and patients. With good education and cooperation of patients and their families, we can achieve good results for patients, facilitate their stay in the hospital, and successful recovery.

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Disclosure of Interest

no

ID: 82

Continuous non-invasive blood pressure measurement with a plethysmograph

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Background

Continuous non-invasive blood pressure measurement (CNBP) measures the BP continuously during a 24-hour period in predetermined intervals. The patient undergoes this test either at home, or in his workplace and is able to do their everyday activities. Also, it is a golden standard for making diagnosis of white coat hypertension or white coat phenomenon. Furthermore, masked hypertension can be detected more easily, meaning, it can be seen that the patient was not treated adequately – which consists 15% of total patients.

Objectives

Standard ABPM is an upper arm device. However, a number of patients have technical difficulties which makes it difficult / impossible for them to use it – i.e. obese individuals or individuals who are physically distressed by wearing the arm cuff. With these patients, a plethysmograph fingertip SomnoTouch BP device measures the BP continuously without a cuff. The device has one EKG drain and measures the patient's heart rate by wearing a fingertip pulse oximeter, while the box is formed in the shape of a wrist watch. It measures BP by calculating the time it takes the pulse wave to reach the heart from the fingertip.

Conclusion/Application to practice

Plethysmograph CNBP enables continuous measuring of BP even with patients which were unable to get tested until now. As the technology further develops, these types of devices are to have a wide use in clinical practice diagnostics and monitoring the arterial hypertension. In order to keep up with the developing technologies, it is important that the medical staff attends additional educations which would result in better handling of the device and improved interpretation of the results of the test.

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Disclosure of Interest

no

ID: 127

Falls in elderly haemodialysis patients in an outpatient haemodialysis facility

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Background

Falls in elderly patients with chronic kidney disease on haemodialysis (HD) have a high prevalence and are associated with risks of increased morbidity and mortality, reducing patients' quality of life and life expectancy¹.

In our renal facility, the elderly (age ≥ 65 years) HD population is growing rapidly.

Objectives

This study aims to review the predictors of falls to prevent and minimise fall risk and related complications, underlying the nursing interventions to help these patients, consequently decreasing financial and social burdens.

The fall risk assessment aims to identify individual risk factors, which is carried out in our Unit with the fall risk assessment scale (Morse falls scale).

Methods

In this review, we will summarise the epidemiology, risk factors and pathophysiology in elderly HD patients, and we will also focus on the used methods to assess and predict the patients at high risk of falling in an outpatient renal facility, with the use of Morse fall scale, prevalence of falls events in 2021 (n=4), providing recommendations for interventions to reduce the occurrence of falls in this population.

Results

Conclusion/Application to practice

An individual assessment is essential so that appropriate preventive measures can be implemented².

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Disclosure of Interest

no

ID: 55

950 pairs of gloves

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Background

Dialysis is considered as one of the most important waste producers in medicine.²⁻⁵ Each treatment session can produce up to 2 kg of potentially contaminated products.⁵ It has been suggested that tailored provision of medical consumables combined with their prudent use is the most efficient way of limiting medical waste.⁶ However, such opportunities might be limited.

Methods

We audited the use of medical equipment, at the nephrology department of the E.M.M.S hospital. It was found that although the hemodialysis kits included two pairs of medical gloves for connection and disconnection of the hemodialysis patient, many of the nursing staff tended to discard the two pairs of gloves already provided with the kit and use two pairs of gloves from the nursing tray instead. This practice is tantamount to wasting two pairs of gloves in every hemodialysis session.

We made the staff aware of our audit. We further discussed with the staff the negative environmental impact of their wasteful practice. We also reduced, by 50%, the number of gloves available in the treatment hall, and emphasized the need to only use external gloves, in addition to the gloves provided in the dialysis pack, in absolute emergencies.

Results

The consumption of latex glove packages by our nursing staff had declined steadily over the ensuing 7 months from 200 packages per month to 146 packages per month. If calculate, 2,700 pairs of gloves per month were spared from being thrown away.

Conclusion/Application to practice

It is possible to reduce medical waste by prudent use of medical items. Increasing medical staff awareness of the problem of mounting medical waste and its implications for the environment and for health, can lead medical staff to reduce the waste they generate through medical procedures. Such steps can be taken in similar situations both in our own hospital and elsewhere.

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2020

Disclosure of Interest

no

ID: 158

Digital tools in Patient Education: My Kidney Journey

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Background

‘MY KIDNEY JOURNEY’ (<https://www.mykidneyjourney.com/>) is an educational website which aims at increasing knowledge of chronic kidney disease (CKD). It provides patients and their families with information and resources they need in order to plan for a healthy and full life while on kidney replacement therapy. It has been developed by CKD patients and nephrology experts in collaboration with Baxter. It is available across 40 countries in over 20 different languages and has been endorsed by the main International and country Patient Associations and Nephrology Societies.

This tool has been built for CKD patients and their families as well as healthcare professionals as support in pre-dialysis and dialysis education. It explains the role of kidneys, stages of deterioration, expected symptoms, and evaluates in detail each treatment modality: peritoneal dialysis, hemodialysis, transplantation and conservative management. It also includes thorough sections on mental aspects, diet, exercise, travel and a resource center with files to download. The goal is to help with a conscious decision of a preferred treatment and to provide multidisciplinary support.

Disclosure of Interest

no

ID: 96

Burnout in Health Professionals: A national analysis.

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Background

Burnout is a psychological syndrome, characterized by a state of high emotional exhaustion, high depersonalization, and low professional accomplishment, which leads to the erosion of personal, professional and health values.

In this study, we will identify the prevalence of burnout in health care professionals working in 28 Haemodialysis Units.

Objectives

The aim of this study is to identify burnout in health professionals working in Diaverum, specifically:

1. To evaluate the levels of burnout in health professionals, in the different Diaverum Units in the national territory.
2. To evaluate its association with socio-demographic and labour variables.

Methods

This is a quantitative, descriptive study

Sample

Physicians, nurses, social workers, nutritionists, and pharmacists.

Data Collection

Electronic questionnaire including the Maslach Burnout Inventory - Human Services Survey scale.

Data analysis technique

Data analysis using SPSS Statistics

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Disclosure of Interest

yes

ID: 71

Factors associated with quality of life in Greek kidney transplant recipients: a prospective study

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Background

Kidney transplantation (KT) is recognized as the treatment of choice for End-Stage Kidney Disease patients. Reliable evaluation of health-related quality of life (HRQoL) with disease-specific questionnaires is of great importance.

Objectives

To assess prospectively HRQoL of KT Recipients (KTRs), possible changes and to identify factors-parameters that might associate with these changes.

Methods

The disease-specific Kidney Transplant Questionnaire 25(KTQ-25) and the SF-36 were administered in a cohort of Greek KTRs twice, at study entry and after one year. Sociodemographic and medical data were collected.

Results

84 KTRs (59 males) with mean age 53.5±10.7years and mean e-GFR 47.7±15.1ml/min/1.73m² were initially included, while 74 KTRs remained for analysis. SF-36 scores in all dimensions did not show significant changes between the two time-points. KTQ-25 scores at two times-points were: Physical Symptoms 3.98±1.60 vs 4.42±1.80, Fatigue 5.30±1.36 vs 5.55±1.23, Uncertainty/Fear 5.16±1.33 vs 5.49±1.23, Appearance 6.31±0.94 vs 6.41±0.83, Emotions 5.03±1.07 vs 5.22±1.12, and Total Score 5.20±0.87 vs 5.52±0.89 respectively, without significantly changes between the two time-points. Important results from multivariate regression analysis showed that parameters significantly associated with Physical Symptoms were age (p=0.021) directly and osteoporosis (p=0.025) inversely. Significant parameters associated with Fatigue were female sex (p=0.046) and higher serum cholesterol's levels (p=0.012), with Appearance were female sex positively, age and cardiovascular disease (CVD) inversely (p=0.018, p=0.043 and p=0.041, respectively). Uncertainty/Fear was significantly worse in KTRs with CVD (p=0.032). Total score was significantly positively correlated with female sex (p=0.024) while CVD had a negative impact (p=0.013).

Conclusion/Application to practice

In this prospective study, KTQ-25 and SF-36 scores did not change significantly. Age, sex, osteoporosis, serum cholesterol's levels and CVD are some of the important factors that might affect prospectively HRQoL of KTRs.

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Disclosure of Interest

no

ID: 88

Case study: Pretransplant evaluation of a patient undergoing haemodialysis and LDL apheresis

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Background

The number of patients diagnosed with chronic kidney disease (CKD) is growing every year, with two factors playing a significant role in this – the first is the population getting older and the second is the high incidence of diabetes, being the leading cause of kidney damage on a global level. However, it is important to emphasize that the leading cause of death in chronic kidney patients is not the progression to the end-stage of the renal disease, but cardiovascular diseases.

Objectives

Immediately post-surgery transplant patients can face surgical complications. Besides all these, immunosuppressive therapy causes transplant patients to be more susceptible to bacterial, viral and fungal infections, which can sometimes be life-threatening. Furthermore, immunosuppressive therapy results in the decreased regulation of blood pressure, lipids and glucose, as well as in weight gain, which additionally contributes to the risk of developing cardiovascular diseases.

Methods

Kidney transplantation is the gold standard in the treatment of end-stage renal disease, and it contributes to the better life quality and treatment outcomes. Transplantation complications are connected to the accompanying renal disease comorbidities. During the transplant patient evaluation, a series of tests are conducted to discover in time potential obstacles and contraindications to transplantation – they can be reversible/temporary (these can be solved to prepare a patient for the kidney transplantation) or irreversible, insurmountable obstacles which prevent a patient from undergoing the kidney transplantation.

Results

We will present a case study of a diabetic patient with multiple complications, undergoing a transplantation evaluation.

Conclusion/Application to practice

Using a multidisciplinary approach, the medical advisory board concluded that the patient suffers from multiple contraindications and the kidney transplantation would not result in the expected benefit and the improvement of life quality with all comorbidities. The patient was not a candidate for the kidney transplantation.

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Disclosure of Interest

yes

ID: 108

Energy expenditure in kidney transplant recipients

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Background

Most clinical practice guidelines recommend the practice of physical exercise in people who have received a solid organ transplant. Therefore, the assessment of physical activity in this population will help to know their general health status and the impact of the associated underlying morbidity.

Objectives

Assess the level of energy expenditure and pre-transplant activity levels.

Establish how renal replacement therapy (RRT) conditions the performance of physical activity (PA).

Methods

Cross-sectional study between September 2020 and January 2022. Physical self-efficacy was measured with the International Physical Activity Questionnaire (IPAQ), it was calculated in Mets (Metabolic Equivalent)/minute and week.

Results

We analyzed 87 patients, age 56.1 years, 72.4% male. 64.4% on hemodialysis (HD), 5.7% on predialysis. 89.7% cadaver donor, 88.5% manifested hypertension, 47.1%, dyslipidemia (24.4%), (15.6%) diabetes, 28.9% cardiovascular disease and 44.4% overweight. Causes of chronic kidney disease were glomerulopathies (34.5%), chronic kidney disease unknown (19.5%) and diabetes mellitus (11.5%).

The global energy expenditure (GE) was 2420.9 ± 2185.7 METs minute/week. 1576.1 ± 1047.3 for women and men 2742.7 ± 2416.2 ($p = 0.017$).

55.2% ($n=48$) performed vigorous activity 3679.2 ± 225 .

3878.3 ± 2385.8 for men and 2684 ± 1019.7 women.

Moderate activity ($n=25$) (600-1499 METS/min/week) $1212,1 \pm 242,6$; 1156 ± 263.6 in men and 1296.1 ± 1156 in women. 14 participants did not reach figures that can be included in the 2 previous categories.

Those over 65 years 28495 ± 2738.6 and under 65 years 2224.6 ± 1822.2 METs minute/week

Patients on predialysis expressed 3858 ± 3407.8 , hemodialysis 2418.06 ± 1929.3 and peritoneal dialysis 2213.7 ± 2437 , with no statistically significant differences between renal replacement therapy ($p= 0.35$).

Conclusion/Application to practice

Women show lower energy expenditure at all categories of physical activity. Those over 65 years of age have higher energy expenditure figures. TRT does not determine level of physical activity.

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Disclosure of Interest

no

ID: 117

Association of the rope ladder cannulation technique in a renal facility with dialysis adequacy

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Background

Often mentioned as the “lifeline” for haemodialysis patients, the European Dialysis and Transplant Nurses Association/European Renal Care Association (EDTNA/ERCA) stresses the crucial role of vascular access in the renal replacement therapy chain, highlighting its impact on peoples’ lives and in the quality of the health services¹.

The vascular access cannulation technique is an autonomous nursing intervention, playing a major role in its preservation. In addition, the cannulation technique has implications on vascular access longevity, establishing it as a primordial factor for the quality and adequacy of haemodialysis (HD) treatments ².

Our annual clinical audit has identified a low level of compliance with the organisational policies and guidelines on vascular access care, namely in the vascular access preparation and assessment, and, in particular, cannulation technique.

Objectives

This study aims to describe the steps to implement the rope ladder technique cannulation and needle position in a selected sample (n= 20) and to evaluate the dialysis adequacy measured by the monthly eKt/V.

Conclusion/Application to practice

Ultimately, the standardization of this technique may contribute to obtaining health gains, safety and improve the quality of life of the person with a chronic renal disease on HD.

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Disclosure of Interest

no

ID: 7

How to choose cannulation technique in AV-fistulas

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Background

There are four known cannulation techniques to choose between when cannulating an arteriovenous fistula (AVF): rope ladder (RL), area puncture (AP), buttonhole using blunt needles (BHb) and buttonhole using sharp needles (BHs)^{1, 2}. These techniques have gained different popularity in different parts of the world ^{3, 4} but reasons for these dissimilarities are unknown. Nurses have a great responsibility in the choice of cannulation technique and the daily care of the AVF. However, on what the decision of cannulation technique is based is scarcely studied.

Objectives

The aim of this study was to describe what the choice of cannulation technique in AVF is based on.

Methods

All haemodialysis units in Sweden got a questionnaire containing both open-ended and closed-ended questions and an inquiry to include their local guidelines on cannulation of AVF in the study. Descriptive statistics and qualitative content analysis were used in a mixed methods design.

Results

Experience of the nurses, in consultation with their colleagues, decide which cannulation technique that is chosen. Local guidelines and recommendations and patient's thoughts, feelings and ideas also influence this decision. BHb was the most common cannulation technique and used to some extent in all included units (BHs in 76%, RL in 49% and AP in 19%). BHb was also the technique that nurses preferred and they described it to decrease the risk of complications, prolong patency and that it was an easy technique to use. If BH did not work, RL was considered as an option. Only one unit preferred RL as first choice.

Conclusion/Application to practice

The choice of cannulation technique is a process based on the nurse, local guidelines and the patient. Most dialysis units in Sweden consider BH as a good cannulation technique and therefore use it as their standard technique.

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Disclosure of Interest

no

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Our Partners' support, involvement and advice are greatly appreciated. Together we live and act according to our Mission and Vision and we are continuously working on achieving a high level of quality care for patients and their families. Thank you for your continuous support.





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FOREWORD

Dear Colleagues,

On behalf of the EDTNA/ERCA Scientific Board I am honoured to welcome you all to the 50th EDTNA/ERCA International Conference in Rotterdam, The Netherlands, and to present to you with the Conference Abstract Book.

The conference theme this year is “50 years of the Multidisciplinary Commitment in Kidney Care” as we proudly celebrate the 50th Anniversary of our Association.

Along these lines we have developed a Scientific Programme, offering a significant and valuable contribution to renal care, focusing on best research and innovations in practice. But still without overlooking the nursing core values and also the values of other healthcare professionals.

155 abstracts were submitted totally and blind reviewed, 148 of whom were accepted.

The Scientific Programme has 17 parallel sessions, three plenary sessions, two Corporate Education Sessions, the DOPPS Clinical Symposium, three joint sessions with other associations (Dutch Kidney Foundation, European Kidney Health Alliance, Association of Nephrology Nurses UK, European Specialist Nurse Organization), the Greek Symposium with distinguished Guest Speakers from Greece, 4 E-poster sessions, 4 workshops that cover topics like Peritoneal Dialysis, Ultrasound for Vascular access, Mental Health in CKD, and Nutrition Support in CKD. The programme schedules also a Lunchtime Discussion on the unmet sexual health needs of patients with kidney disease and a special seminar to learn more about the EDTNA/ERCA Accreditation of Renal Education Programmes.

The international Council of Nurses has agreed accreditation of the Conference and awarded the 50th EDTNA/ERCA Conference Scientific Programme with 19 credits.

The Abstract Book lists the abstracts of authors and guest speakers, presented in session order as they appear in the final Scientific Programme. The book can be used to keep in touch with presenters and Association members.

I take this opportunity to thank all presenting authors and EDTNA/ERCA Volunteers. Their effort, time and enthusiasm made this Conference a success. Our gratitude goes also to Industry partners for supporting education sessions, workshops and the exhibition. I would like to thank the Conference Department for their professional collaboration and my colleagues of the Executive Committee and the Scientific Board. Conferences such as this provide a precious opportunity for research scientists, industry specialists and decision-makers to share experiences and update their expertise.

Sincerely,

Ilaria de Barbieri, RN, PhD
EDTNA/ERCA Scientific Board Chair
ilaria.debarbieri@edtnaerca.org / www.edtnaerca.org

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CKD-Prevention & Delay	Maria Saraiva
Education of people with kidney disease	Afra Masià-Plana
End of life care & Conservative Kidney Care	Michel Roden
Ethical, Psychological and Social Impact of CKD	Mike Kelly
Haemodialysis	Alirio Martinho Belchior
Healthcare professionals Education	Ana Grilo
Home Haemodialysis	Anna Mireia Marti Monros
Infection Control/COVID-19	Irmina Vaicekauskyte
Leadership for Renal Health Care Professionals	John Sedgewick
New perspectives in kidney care & digitalization	Danijel Pripeljaš
Nutrition	Kalliopi Anna Poulia
Open Forum	Susan Rogers
Paediatric Kidney Care	Gliki Constantinou Sotiroula
Peritoneal Dialysis	Maria Arminda Silva Tavares
Risk Management & Quality Improvement	Debbie Fortnum
Sustainability and Green approach in kidney care	Jitka Pancirova
The Experience of people with kidney disease	Mukadder Mollaoglu
The well-being of Kidney Healthcare	Helen Noble
Transplantation	Aneta Trzcińska
Treatment Technology	Theodora Kafka
Vascular Access	Ruben Iglesias

INVITED SPEAKERS

S 01 Plenary Session (in alphabetical order)	
Christopher Boeffel, B. Braun Avitum AG (Germany)	S 01
Ilaria de Barbieri, EDTNA/ERCA (Italy)	S 01
Anastasia Liossatou, EDTNA/ERCA (Greece)	S 01
Irene Selle, Medtronic (Italy)	S 01

Guest speaker – Opening Ceremony	
Ann Bonner (Australia)	S 02
František Lopot (Czech Republic)	S 02
Fiona Loud (United Kingdom)	S 02
Wim van Biesen (Belgium)	S 02

Guest speakers (in alphabetical order)	
Bettie Hoekstra (the Netherlands)	S 19
Chava Kurtz (Israel)	S 06
Joris Rotmans (the Netherlands)	S 21
Maiken Schjerlund (Denmark)	S 31

Invited speakers (in alphabetical order)	
Christos Bantis (Greece)	S 23
Theodora Kafkia (Greece)	S 11
Kalliopi-Anna Poulia (Greece)	W 03
Maria Arminda Tavares (Portugal)	W 04
Claire Carswell (United Kingdom)	W 01
Catherine Fielding (United Kingdom)	S 15
Ruben Iglesias (Spain)	W 02
Maria Kalomoiri (Greece)	S 23
Anna M. Marti Monros (Spain)	S 16
Afra Masià Plana (Spain)	S 24
Clare McKeaveney (United Kingdom)	S 10



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Tom Oostrom (The Netherlands)	S 05
Marisa Pegoraro (Italy)	S 16
Aase Riemann (The Netherlands)	W 04
Michel Roden (Belgium)	S 16
Anastasia Sagxaridou (Greece)	S 23
John Sedgewick (United Kingdom)	S 11
Eveline Scheres (The Netherlands)	S 05
Chrysoula Siarkou (Greece)	S 23
Helen Spooner (United Kingdom)	S 15

SCIENTIFIC PROGRAMME HIGHLIGHTS

SCIENTIFIC PARALLEL SESSIONS

Invited Guest Speakers discuss the latest developments in renal care during the plenary sessions. Quality Abstracts including the Short oral presentations have been selected for inclusion in the parallel sessions.

S 02

Opening Ceremony

Where are we going? The future of kidney nursing

Ann Bonner (Australia)

Optimizing nephrology care: some take home messages from the Little Prince

Wim van Biesen (Belgium)

What next for kidney patients after Covid – are we going back to the future?

Fiona Loud (United Kingdom)

Vascular access care - current state of the art and beyond

František Lopot (Czech Republic)

S 05

DUTCH KIDNEY FOUNDATION & EUROPEAN KIDNEY HEALTH ALLIANCE

The Decade of the Kidney™ campaign is a pan-European campaign which aims to put the spotlight on kidney disease at EU level for the next ten years by pushing for ground breaking therapies for kidney patients to enhance their life's expectation and quality of life.

Tom Oostrom (CEO Dutch Kidney Foundation)

Eveline Scheres (General Manager EKHA)

S 10

Lunchtime discussion

Exploring the unmet sexual health needs of patients with kidney disease. Let's talk together!

Clare McKeaveney (United Kingdom)

S 11

EDTNA/ERCA Accreditation of Renal Education Programs - come learn more!

John Sedgewick (United Kingdom)

Theodora Kafkia (Greece)

S 15

EDTNA/ERCA & ANN UK Joint Session

Dialysis Access: Patient safety and experience

Helen Spooner (United Kingdom)

Catherine Fielding (United Kingdom)

Karen Jenkins (United Kingdom)

S 16

DOPPS Clinical Symposium Program

The DOPPS Program - Latest findings on dialysis practice and outcomes

Anna M. Marti Monros (Spain)

Michel Roden (Belgium)

Marisa Pegoraro (Italy)

Maria Arminda Tavares (Portugal)

S 23

Greek symposium

Tunneled dialysis catheters: technological advances

Christos Bantis (Greece)

Nurse care of the cuffed tunneled catheter

Maria Kalomoiri (Greece)
Anastasia Sagxaridou (Greece)
Chrysoula Siarkou (Greece)

S 24

EDTNA/ERCA & ESNO Joint Session

The competence profile of the nurse in plasma donation

Afra Masià Plana (Spain)

S 31

Closing Ceremony

Cognitive impairment in patients with chronic kidney disease—Next of kin's experiences

Maiken Schjerlund (Denmark)

WORKSHOPS & ROUND TABLE SESSIONS

W 01

Workshop

Understanding mental health and kidney disease

Claire Carswell (United Kingdom)

W 02

Workshop

Ultrasound Guided Cannulation for Vascular Access

Chair: Ruben Iglesias (Spain)

W 03

Workshop

Nutrition support in CKD "Enhancing the nutritional status in End Stage Kidney Disease"

Kalliopi-Anna Poulia (Greece)

W 04

Workshop

Peritoneal Dialysis - Nurse Best Practices: Clinical Scenarios

Maria Arminda Tavares (Portugal)

Aase Reimann (The Netherlands)

CORPORATE EDUCATION SESSION

S 03

Corporate Education Session - Fresenius Medical Care

Nurses - natural born leaders?

Suzanne Mitrovich (Germany)

Ricardo Peralta (Portugal)

Gorana Radakovic (Bosnia and Herzegovina)

Joao Fazendeiro (Portugal)

Kathleen Belmonte (United States)

Marjelka Trkulja (Croatia)

S 07

Corporate Education Session - Diaverum

Artificial Intelligence and digital advances (Renal Nursing Care)

Carlos Lucas (Sweden)

Israel Silva (Sweden)

Filiz Akdeniz (Sweden)



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S 32

Industry Lunch Symposium – Hansa

Transplanting the ‘untransplantable’: options for highly sensitised patients

Rainer Oberbauer (Austria)

Marry de Klerk (the Netherlands)

DOPPS SYMPOSIUM

S 16

DOPPS Clinical Symposium Program

The DOPPS Program - Latest findings on dialysis practice and outcomes

Anna M. Marti Monros (Spain)

Michel Roden (Belgium)

Marisa Pegoraro (Italy)

Maria Arminda Tavares (Portugal)

SCIENTIFIC PROGRAMME

SATURDAY, SEPTEMBER 10th, 2022

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Plastic cannulae versus metal needle cannulation in haemodialysis: Results of an international survey from the nurse perspective - A joint project between EDTNA/ERCA & Medtronic

Irene Selle, Medtronic (Italy), Ilaria de Barbieri, EDTNA/ERCA (Italy)

Nurses' knowledge on the management of patients with CKD associated Pruritus receiving haemodialysis- Preliminary survey results - A joint project between EDTNA/ERCA & CSL Vifor

Anastasia Liossatou, EDTNA/ERCA (Greece)

Green Excellence in Dialysis - Importance of Sustainability in Dialysis from Provider Perspective - A joint project between EDTNA/ERCA & B.Braun Avitum AG

Christopher Boeffel, B. Braun Avitum AG (Germany)

S 02 OPENING CEREMONY

Where are we going? The future of kidney nursing

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²Kidney Health Service, Metro North, Brisbane, Australia

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By 2040, chronic kidney disease (CKD) is anticipated to be the 5th leading cause of illness across the world. In this presentation, we will look to the future and consider the key characteristics needed by kidney nurses globally to meet the healthcare needs of patients and the workforce reform needed to deal with the growing burden of CKD on healthcare systems.

Optimizing nephrology care: some také home messages from the Little Prince

Wim van Biesen

There is a strong technological imperative in healthcare, especially in a technical discipline as nephrology and dialysis. However, if we truly intend to improve the life of our patients, a stronger focus on *care* is needed. Patient centered care is more than providing a tailored treatment based on a genetic fingerprint, it is placing the patient as a human person in the centre of our care. It is achieving the goals that are important to the patient, not those of us. This requires finding out and understanding what matters to the patient, and try to adapt treatment to achieve these goals as much as possible. The Little Prince provides some essential and inspiring ideas on that.....

What next for kidney patients after Covid – are we going back to the future?

Fiona Loud

Vascular access care – current state of the art and beyond

František Lopot

S 03 CORPORATE EDUCATION SESSION – FRESENIUS MEDICAL CARE NURSES - NATURAL BORN LEADERS?

Nurse leaders hidden in plain sight

Suzanne Mitrovich

Using evidence to challenge established clinical practice

Ricardo Peralta

Developing Head Nurses now for the future

Gorana Radakovic

Establishing nurse leadership by building bridges

Joao Fazendeiro

Nurses voice at the executive table

Kathleen Belmonte

Uncovering leadership talent

Marjelka Trkulja

Panel discussion

S 04 ETHICAL, PSYCHOLOGICAL AND SOCIAL IMPACT OF CKD

ID: 6

The Compassionate Mindful Resilience (CMR) programme for people with kidney disease

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Background

This study is a collaborative, new service development project, delivered as a partnership between Kidney Care UK (KCUK), Queen's University Belfast and Mindfulness UK, to pilot, including full evaluation, a new virtual mindfulness programme for patients with kidney disease. Presently access to psychological and emotional support is not well provided or funded, which is one reason that KCUK provides a universal telephone counselling service. The Charity is keen to explore the feasibility of delivering mental health support via virtual means as a cost-effective way to significantly reach and support more patients with mental health needs.

The study will trial a four-week Mindfulness UK programme (the Compassionate Mindful Resilience programme) with patients who have chronic kidney disease in Stages 4 and 5 and patients who have received transplants. A full research-led evaluation will not only provide additional psychological support to patients during the Covid-19 pandemic, but also assess whether this programme could be rolled out more widely to many more patients.

Objectives

- 1) To implement the Compassionate Mindful Resilience (CMR) programme with an interdisciplinary Advisory Group including representatives from Mindfulness UK and KCUK for use with people with kidney disease.
- 2) To measure the effect of the CMR on anxiety, depression, self-compassion, mindfulness, well-being, and resilience using pre and post-tests.
- 3) To explore factors influencing the acceptability and suitability of the intervention with patients (and the mindfulness teacher) and their commitment to practice.
- 4) To develop strategies for sustainability of the programme once the study is completed via a Partnership Board including representatives from KCUK, Mindfulness UK and Queen's University Belfast.

Methods

A quasi-experimental, pre-test/post-test design will be used alongside a qualitative exploration of acceptability.

Conclusion/Application to practice

We will present an overview of the work currently being undertaken as part of the ongoing study.

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Disclosure of Interest

no

ID: 34

Determining the burden of caregivers of hospitalized and dialysis patients

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Background

The number of hemodialysis patients is increasing worldwide, and the caregivers of them experience a great burden.

Objectives

The aim of the study was to determine the caregiver burden in caregivers of hospitalized patients who needed dialysis in Istanbul, Turkey.

Methods

This cross-sectional study was conducted with 76 caregivers of patients who were hospitalized between October-December 2021. Data was collected using the Caregiver Burden Scale and Sociodemographic Information Form.

Results

The mean number of days of hospitalization was 11.82±11.22. Among the patients, 44.7% had chronic kidney diseases, 25% had acute kidney injury and 30.3% were on chronic hemodialysis program. 47.4% of patients hospitalized more than one time and 60.5% of them underwent dialysis for the first time. Among the caregivers, 80.3% were female and 35.5% were siblings of the patients. 68.4% of caregivers were providing continuous care. 25% of the caregivers had chronic diseases themselves. The mean total 'Caregiver Burden Scale' score of the caregivers was 11.42±3.99. The scale was evaluated according to the subsections. 'General Strain' score was 2.76±0.98, 'Isolation' score was 2.54±1.00, 'Disappointment' score was 2.36±0.95, 'Emotional Involvement' score was 1.66±0.70 and 'Environment' score was 1.10±0.99. Caregivers who had chronic diseases had higher burden (t:1.204; p=0.006) compared to those without. The caregiver burden score of the relatives of the patients who was on chronic dialysis program was higher (t:1.892; p=0.021). There was no statistically significant relationship between caregiver burden with age (r=0.188; p=0.103) of caregivers and duration of staying at hospital (r=-0.049; p=0.673).

Conclusion/Application to practice

In this study, the number of the caregivers had a high burden. Having a family member or caregiver on hospitalized dialysis therapy creates greater family burden. Interventions to provide appropriate social support services of caregivers should be planned and evaluated.

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Disclosure of Interest

no

ID: 25

Financial hardship and symptom burden in patients on dialysis: A systematic review of literature

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Background

Receiving dialysis can lead to changes in employment and income. In addition to the high treatment costs, patients on dialysis experience various degrees of financial hardship.(1) However, existing studies lack a comprehensive assessment of this hardship and an evaluation of its impact on health outcomes, especially symptom burden. A greater understanding of this impact may help clinicians respond proactively to the unmet financial needs of patients.

Objectives

Examine the relationship between financial hardship and symptom burden among patients on dialysis and explore the measurement of financial hardship in the included studies.

Methods

Six electronic databases were searched to identify relevant studies in November 2020. Studies were included that have evaluated for associations between changes in financial status and symptoms. Non-English sources and abstracts were excluded. The included studies were appraised by two independent reviewers using the JBI Critical Appraisal Checklists. Because of the heterogeneity across studies, findings were presented narratively.

Results

Of the 57 studies were included, 50 had cross-sectional and 7 had longitudinal designs. Majority of the patients were male receiving haemodialysis. Most studies were conducted in China, Brazil, Turkey, and USA. Decreased income, unemployment, lack of healthcare funding, and lower financial status were common indicators for financial hardship. Studies found significant associations were found between financial hardship and a higher symptom burden. Several psychological and physical symptoms, including depression, fatigue, pain, and sexual dysfunction, demonstrated specific positive relationships with financial hardship.

Conclusion/Application to practice

Our findings suggest that financial hardship increases symptom burden in patients on dialysis. Compared with other chronic diseases, this impact extends across both psychological to physical symptoms.(2) Therefore, dialysis care should be strengthened to address the unmet financial needs. However, a clear definition of financial hardship is lacking and appropriate interventions need to be developed to improve management of financial hardship.

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Disclosure of Interest

no

ID: 67

Sleep quality and its association with quality of life domains in a haemodialysis population

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Background

Haemodialysis (HD) treatments are life-saving but are also life-altering, affecting all the aspects of a person life including fluid and dietary restrictions, physical limitations, major depression¹, socioeconomic and environmental impact and leading to compromised quality of life (QoL)^{2, 3, 4, 5}.

Objectives

To assess the quality of sleep and its association with other domains of QoL in HD patients.

Methods

In 2021, the QoL was measured using KDQOL-SFTM in 9 haemodialysis clinics in North Macedonia. The survey includes 22 domains covering generic chronic disease, including symptoms, illness burden, social interaction, staff encouragement and patient satisfaction. 599 patients completed the survey. Mean age and percentage male were 62,5 years and 61,3%, respectively. 27,9% with Diabetes mellitus (DM). Charlson Comorbidity Index (CCI) mean was 5,37, and mean vintage on HD was 70,61 months. 586 completed all the questions regarding sleep quality.

Results

Median for Sleep was 60. The interquartile analysis was 50-72,5. Sleep correlated with age, Body Mass Index (BMI), CCI and haemodialysis vintage showed a very weak and insignificant correlation ($r = -0,069225$; $0,00777$; $-0,0755$; $-0,05585$, respectively). Gender, DM and vascular access type, showed also insignificant difference ($p = 0,1324$; $0,7012$ and $0,523$ respectively). Sleep was compared with other domains, for the majority of domains the correlation was very weak or weak. The analysis showed moderate correlation for the Symptom and Problem list ($r = 0,4894$), overall health ($r = 0,470$), general health ($r = 0,4567$), pain ($r = 0,4377$), emotional wellbeing ($r = 0,4823$), energy-fatigue ($r = 0,4811$), cognitive function ($r = 0,439$), quality of social interaction ($r = 0,4711$) and mental composite health component ($r = 0,4492$).

Conclusion/Application to practice

Sleep quality is poor in haemodialysis patients and is associated with physical symptoms and symptoms related to emotional wellbeing. If actions aiming toward improving symptoms related to haemodialysis might be undertaken, the sleep quality could also be improved and overall quality of life.

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Disclosure of Interest

no

ID: 48

Loss, grief and care. Nursing competence development for patients receiving haemodialysis and their families

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Background

The experience of loss in patients' lives while undergoing long-term treatment with haemodialysis is a major cause of mental health problems. Both patients and their family members seek support to deal with their experiences of changes to their daily living. In practice, nurses often have a lack of time and also limited knowledge of how to provide nursing care in situations of loss and grief, thus finding out from patients and families what support they need would be useful for nursing practice.

Objectives

This study aimed to develop knowledge about the nursing care provided for patients and their families, who experience grief that is linked to loss due to kidney failure, haemodialysis and/or death.

Methods

The study took a phenomenological-hermeneutical approach. Semi-structured individual interviews were conducted with 12 nurses caring for patients receiving haemodialysis with no kidney transplantation option and family members. Paul Ricoeur's interpretation theory was used for analysis involving three levels: naïve reading, structural analysis, and critical interpretation and discussion.

Results

Three themes emerged of nurse's experiences. First, nurses understood that patients' changes in daily living was seen as continual grief, overwhelming emotions and worries for family members. Second, for families' the loss was related to their daily living being changed, and that the future was altered. For families, according to the nurses, had emotional overload as they "watching the downhill" deterioration of the patient. Third, the nurses described a need for developing competencies such as grief work competence, supportive conversation competence, and being able to use these competencies with the organizational and time constraints.

Conclusion/Application to practice

To nurses, patients in haemodialysis and their families experience multiple loss and grief. Nurses' working in kidney care need to develop competence to support patients and families to cope with grief and loss. Further research is needed to develop and implement these competencies.

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Disclosure of Interest

no



S 05 DUTCH KIDNEY FOUNDATION & EUROPEAN KIDNEY HEALTH ALLIANCE

The Decade of the Kidney™ campaign is a pan-European campaign which aims to put the spotlight on kidney disease at EU level for the next ten years by pushing for ground breaking therapies for kidney patients to enhance their life's expectation and quality of life.

Tom Ostrom (CEO Dutch Kidney Foundation)

Eveline Scheres (General Manager EKHA)

The decade of the Kidney

Pan European collaboration for ground breaking innovation in Kidney treatments.

Presentation of EKHA and the Dutch Kidney Foundation (DKF), one of the founding partners (alongside EDTNA/ERCA and others) of the European Kidney Health Alliance (EKHA).

EKHA is the advocacy platform of the Nephrology World in which patient, nurses, nephrologist and societies work together to prevent people from getting kidney disease; improve disease management, push for better therapies for kidney patients that are accessibly for all European patient and include CKD as a research priority of the European Commission.

The Decade of the Kidney™ campaign is a pan-European campaign which aims to put the spotlight on kidney disease at EU level for the next ten years by pushing for ground breaking therapies for kidney patient to enhance their life's expectation and quality of life. The campaign was first initiated in the United-States by the American Association of Kidney Patients (AAKP) in 2019 and launched in Europe as part of World Kidney Day 2021 by EKHA. With this pan-European collaboration, EKHA wants to push for and realize ground breaking therapies for kidney patient to enhance their life's expectation and quality of life. This collaboration also unites already existing expertise on kidney innovation.

Please join us at this meeting and find more about EKHA, the decade of the Kidney, the work of the Dutch Kidney Foundation and the role of renal nurses in this inspiring advocacy collaboration of the European Nephrology Field!

S 06 LEADERSHIP & RISK MANAGEMENT

RenalPro: a world of experience in renal care is an e-mail away

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² Haemodialysis Nurse, Galilee Medical Centre, Israel

RenalPro was founded in 1994 by Rob Huizinga, a nurse working in the Division of Nephrology & Immunology at the University of Alberta. It was one of several renal-related e-mail discussion groups hosted by the university in a project led by Professor Kim Solez to facilitate communication and spread knowledge. The discussion group provided a forum where renal professionals of all disciplines could share experience and seek advice.



Rob and then Bobbie Knotek, an active volunteer with ANNA in the USA, moderated RenalPro until Andre Stragier from Belgium took over in 2003. Andre had created the EDTNA/ERCA Journal Club a few years earlier and he began adding updates on interesting publications and other educational material to the posts. In the Journal Club, the manager would circulate a paper, start the discussion by asking the participants some questions related to the selected paper and end by summarising the discussion with any take-home messages. When Lizzi Lindley from the UK succeeded Andre in 2012, she introduced a similar approach to RenalPro discussions. Advances in technology (Google Translate and use of SurveyMonkey to ask questions) made it easier for members who were not fluent in English to take part.

The University of Alberta still supports RenalPro and the discussions are now moderated by Chava Kurtz from Israel and Sabine Nipshangen from Germany. The group welcomes all renal professionals. As a member, you can ask and answer questions about any aspect of renal care from how often to change a dressing to how to set up a home HD service. Even when not participating yourself, the discussions can lead you to question practice in your unit. In this talk, we'll look back at some of the topics that have been discussed over the years. If you are interested in joining RenalPro, please visit <https://www.mailman.srv.ualberta.ca/mailman/listinfo/renalpro>.

ID: 11

Understanding nephrology nurse practitioner domains of practice: results of a national survey

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Background

Nurse practitioners are a type of advanced practice nurse who are highly qualified, experienced and have an expanded scope of practice beyond that of other nurses. These nurses can provide a complete episode of care independently from medical practitioners. In kidney care, there is limited knowledge about nurse practitioner practice roles. The International Council of Nursing recognises that the identification and context of advanced practice nursing varies in different parts of the world.

Objectives

To understand the advanced practice role of nephrology nurse practitioners (NNP).

Methods

Cross-sectional online survey design was used. Participants recruited were NNP or students enrolled in nurse practitioner postgraduate programs (n = 45) who were also members of a national nephrology organisation. Using the Strong Model of Advanced Practice, we measured five domains of practice and workplace characteristics. Descriptive statistics were used to analyse data.

Results

The NNP primarily worked in adult services (93.3%), managing those receiving haemodialysis or peritoneal dialysis (37.8%) or for those with CKD grades 1 - 4 (33.3%). The predominant role was providing direct

comprehensive care (mean = 23.35 ± 7.72 hours per week). This was followed by support of systems (mean = 5.68 ± 4.2), education (mean = 4.63 ± 3.48), research (mean = 3.00 ± 3.92), publication and professional leadership (mean = 2.26 ± 1.70) hours per week respectively. Administrative (non-nursing) duties was considerable (mean = 7.40 ± 5.54 per week).

Conclusion/Application to practice

Advanced practice nursing positions such as NNP are clinical roles and should be engaged in direct patient care for the majority of their working time. Other roles are also important particularly clinical education, research, and leadership. NNP can also lead in with reforming models of care.

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Disclosure of Interest

no

ID: 10

Testing the validity of the McIntyre Audit Tool to measure haemodialysis nurse sensitive indicators.

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Background

Nurse sensitive indicators (NSI) describe the impact that nurses' actions have on the quality of patient care. Previous research identified 26 haemodialysis NSI to measure the structure, process, and outcome of nursing practice. The McIntyre Audit Tool (MAT) was developed to audit these 26 indicators.

Objectives

To test the validity of the McIntyre Audit Tool 20 (MAT-20).

Methods

A panel of expert haemodialysis nurses (n = 13) participated in two online brainstorming sessions to provide face-validity of the original MAT-26. A modified version of the MAT-26 was then tested for content validity to assess item clarity, relevance, appropriateness, and ambiguity. Content analysis was used for face validity data. Scale content validity index average (S-CVI/Ave), overall scale content validity index (S-CVI), and item content validity index (I-CVI) were calculated with I-CVI scores ≥ 0.78 considered acceptable.

Results

Face-validity results identified that: i) definitions were lengthy, ii) a scoring system was needed, iii) what proportion of items being achieved would be considered satisfactory to evaluate care, iv) 'not achieved' option was needed, and v) a clear procedure of how to conduct an audit was required. Further amendments were made to the MAT. Following feedback from the expert panel, 6 of the outcome indicators were

removed to improve the overall user experience. The final modified MAT-20 had an S-CVI/Ave (0.924), with an S-CVI of ≥ 0.90 indicating good overall validity.

Conclusion/Application to practice

To measure haemodialysis NSI, an audit tool is required. The MAT-20 demonstrates good face and content validity. Feasibility and reliability testing are now required prior to the MAT-20 being used to audit the quality of HD nursing practice. Once testing is complete the MAT has the potential to support maintenance and improvement in standards and quality of haemodialysis nursing care and to improve HD patient outcomes.

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Disclosure of Interest

no

ID: 102

Clinical governance in a hemodialysis unit- multidisciplinary care team perceptions

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Background

Clinical governance is defined as the commitment of health organizations to continuously improve their practice, delivering high quality care. It grounds on processes such as evidence-based practice, clinical monitoring, audit, risk management and patient involvement (Padilha et al, 2018; Braithwaite J, 2008). Within this scope, we defined as study objects: clinical audit, compliance with guidelines and proceedings, clinical effectiveness, risk management, continuous education programs as well as patient satisfaction survey as implemented by the health care organization.

Objectives

To assess multidisciplinary care team perception about clinical governance processes as means to enhance patient care quality.

Methods

A focus group qualitative methodology will be employed on hemodialysis clinic multidisciplinary team comprising eight team members, deliberately selected, randomly divided in two focus groups. The study will be conducted between January 2022 and June 2022 and encompass five stages for both interviews and application of investigative methodology: research plan, preparation, attemperment, data analysis and result disclosure.

Conclusion/Application to practice

Improvement arises from the interplay of different stakeholders in patient care. Shared decisions between managers, healthcare professionals and patients, helps progress towards a more comprehensive, safe and high-quality care, oriented to health needs of both patients and populations. So we can live with these challenges, it is important that we learn to experience the simultaneity between supposed certainties and uncertainties, through a critical conscience and open changes. This challenge is best taken with a critical mind, open to change. This study aims to analyze how healthcare professionals perceive the implementation of clinical governance principles by the organization and how these principles contribute to the quality of a model of coordinated, patient-centered care.

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Disclosure of Interest

no

ID: 113

How to prevent Venous Needle Dislodgment: Scoping review

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Background

Chronic kidney disease is characterized by the progressive and irreversible deterioration of kidney function. It is essential to choose a therapeutic option. If the choice is hemodialysis a vascular access is essential. The most used vascular access in hemodialysis patients is arteriovenous fistula followed by arteriovenous graft. To perform hemodialysis treatment for a person with AVF or AVG, it is essential to place 2 needles. As a consequence of the needle placement and extracorporeal circulation, there is an increased risk of bleeding. The cause is multifactorial: anticoagulation, vascular access rupture, dialyzer membrane rupture, inability to perform hemostasis and venous needle dislodgment (VND). VND, can be life-threatening, with consequences ranging from minimal blood loss to potentially fatal bleeding.

Objectives

A scoping review was performed with the objective of mapping the evidence regarding safe practices to prevent VND, in hemodialysis patients.

Methods

Scoping Review. The methodology proposed by the Joanna Briggs Institute was used and 12 articles were selected



Results

The analyzed articles systematically approach safe and mostly preventive vnd practices. It is essential in every hemodialysis center to assess risk factors. All these factors are described in this review. Pressure change sensors that detect vnd are not as reliable in fistulas as they are in grafts. Therefore, a correct technique for placing adhesives is essential. The environment around the user must be prepared by the nurse in order to minimize the risks and all this preparation is mirrored in these articles.

Conclusion/Application to practice

The scoping review allowed us to gather safe practices that aim to avoid venous needle dislodgment. Over the years, new practices have been improved and/or added to optimize results. The evidence from this review supports nursing practice, being a useful tool for any hemodialysis center.

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Disclosure of Interest

no

S 07 CORPORATE EDUCATION SESSION DIAVERUM ARTIFICIAL INTELLIGENCE AND DIGITAL ADVANCES (RENAL NURSING CARE)

Introduction

Diaverum Digital Landscape

Carlos Lucas

Treatment Guidance System - A Nursing Digital Tool

Israel Silva

Digital Clinical Audit Tool

Filiz Akdeniz

Q&A

S 08 VASCULAR ACCESS 1

ID: 50

Covid-19 pandemic and vascular access care in hemodialysis patients

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Background

Functional vascular access remains the most important issue in hemodialysis (HD) patients. During the Covid-19 pandemic hemodialysis patients are threatened to increased risk for morbidity and mortality.

Objectives

To determine the frequency of the type of vascular access in hemodialysis patients over a period of the last 4 years.

Methods

In this multicenter retrospective study data from annual vascular access reports of prevalent and incident hemodialysis patients were collected from 10 dialysis centers over a period of the last 4 years. The range of all included HD patients was 474 - 571 per month and the range of HD patients with temporary central venous catheter (CVC) was 25 - 83 per month. The results are presented with descriptive statistics (the average value and percentage) and analysis of variance and chi square tests were performed for comparisons of means and frequencies.

Results

The average percentage of patients with temporary CVC during 2018 year was 6,24% (range 4,99% - 8,28% per month), during 2019 was 9,91% (range 8,65% - 11,65%), during 2020 was 12,29% (range 10,02% - 15,17%) and during 2021 was 12,98% (range 10,77% - 14,56%). There was statistically significant difference between 2020 and 2021 compared to 2018 and 2019 year ($p < 0.001$). The percentage of preemptive arteriovenous fistulas in incident hemodialysis patients started chronic hemodialysis during 2018 year was 31,4%, 2019 was 21%, 2020 was 16,7%, and during 2021 was 19,2%. There was statistically significant difference between 2020 and 2021 compared to 2018 and 2019 year ($p < 0.05$).

Conclusion/Application to practice

This study showed that during Covid-19 pandemic the percentage of hemodialysis patients with temporary CVC significantly increased and the percentage of preemptive arteriovenous fistulas in incident hemodialysis patients started chronic hemodialysis significantly decreased compared to previous years. In pandemic conditions vascular access care in hemodialysis patients should be prioritized.

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Disclosure of Interest

no

ID: 153

To measure is to know: Pain measurement by shunt and graft cannulation

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Background

Elyseklinieken treats 130 patients with hemodialysis (2021). The proper cannulation of a shunt/graft is a prerequisite for a good dialysis treatment. Cannulation can be painful. Exactly how much pain Elyse patients experienced and if interventions resulted in less pain were not documented. A measurement tool was needed to quantify this.

The objective of the study was to find a tool that could give a good representation of the pain experienced by patients and that was user friendly for the nurses. Resulting in the right interventions for the patient.

Methods

A literature study was conducted to research current pain measurement tools. Thereafter two questionnaires were carried out to 33 nurses. The first to verify which tool was preferred by Elyse nurses. The second was an evaluation of the chosen tool. The response was 79%-70%

Results

In the literature search (1-14) the following methods were found. VAS (visual analog scale), VRS (visual rating scale), NRS (numeric rating scale) and the Wong-Baker (faces pain rating scale). The NRS with a combination of the face- scale for non Dutch speaking patients, was the most favored tool.

Conclusion/Application to practice

The trial period for the study lasted two months. The following conclusions were extracted from the second questionnaires: NRS and the faces pain rating scale are good tools. Recommended moments for pain measurement: a new shunt, when patients self indicate experienced pain and after applying interventions. Interventions were utilized when the pain rating scale was constantly scored at 4-6 or higher. The advantages of the pain rating scale are that a trend in the experienced pain of the patient is registered. The experienced pain is treated faster and interventions are more readily applied and implemented.

Elyse nurses welcomed the introduction of NRS and faces scale tools in assisting the evaluation and treatment of experienced pain

References

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Disclosure of Interest

yes

ID: 94

What factors are associated with stenosis of the arteriovenous fistula drainage vein?

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Background

Arteriovenous fistula (AVF) is the preferred vascular access on hemodialysis due to the lower incidence of infection rates and good long-term performance in most patients. However, numerous complications can occur, such as: stenosis, aneurysms infections and thrombosis.

Objectives

Describe the factors related to development of AVF stenosis.

Methods

We conducted a descriptive and longitudinal study. Patients were selected retrospectively from the date of AVF construction until the first event. It was considered “event” when the patient was referred to the vascular access center.

Descriptive statistics with univariate and bivariate, relationship between variables and measures of association were performed.

As outcome we considered stenosis in the drainage vein path confirmed by percutaneous angiography (PTA) or the need for surgical revision.

Results

Patients enrolled (n=55) mostly males (54.50%), diabetics (49.10%), and elderly patients (median age: 74.30, IQR=61.61-79.79, years), under hemodialysis median 57.40 months.

Most of the patients had brachial-cephalic AVF (60%), vintage median 46.73 (IQR=16.9-78.2) months, on their left upper arms (41.80%).

Thirty-four patients, presented restenosis, median follow-up to first event was 6.4 months, and 9.23, 9.3 and 13.8 months for 2nd, 3rd, 4th respectively.

The major referral cause on the 1st event was drop in AVF blood flow (Qa) (40.10%), followed by increased venous pressure (12.70%) and discontinuous thrill (12.70%).

Angioplasty without stent were the most common intervention on all events and was performed on 87.30% of the patients for the 1st event, mainly on the swing segment (29.10%), followed by post anastomosis segment (23.60%) and cephalic arch/middle segment of vein (18.20%) each.

Conclusion/Application to practice

Patient age and comorbidities, like diabetes and hypertension, influence construction, location and risk of AVF stenosis. Risk of stenosis development was different according the AVF location. Continuous AVF surveillance, considering the specific characteristics and its location, allow early detection of stenosis.

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Disclosure of Interest

no

ID: 26

Implementing a New Cannulation Technique in Arteriovenous Fistulas (AVF). From Buttonhole to Rope-ladder

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Background

New international guidelines (KDOQI) from 2019 recommend rope-ladder cannulation as preferred cannulation technique given increased risk of infections associated with buttonhole technique (1–3). Furthermore, bedside ultrasound is recommended to ensure a proper needle placement (1). The new recommendations conflicted with local guideline in a dialysis ward in Denmark, where first choice cannulation technique was based on buttonhole. This called for a structured training-program to gain competency among nurses, which included the use of ultrasound

Objectives

To study the effect of a structured training-program to reorganize the technique for AVF cannulation. Further we aimed to get insights into factors contributing to a successful implementation and employee satisfaction

Methods

Comparing prevalence of rope-ladder vs buttonhole among new patients initiating dialysis and in total at baseline and follow-up.

Number of patients, who changed cannulation technique over time.

A survey to detect nurse experienced barriers towards change of technique including the use of ultrasound at baseline

Focus-group interviews to detect nurses' satisfaction with the training program

Results

All nurses completed the training program, which is now part of the introduction program in the department. At baseline, 131 patients (80%) were cannulated with buttonhole technique. At follow up we found a decrease to 53%. A minority (23%) of new initiated dialysis patients were cannulated with buttonhole. Further follow up will be effected in February 2022.

71 nurses completed the baseline survey. 86 % did not use ultrasound to qualify cannulation of AVF, where 39% indicated insecurity regarding the US technique as reason. 77% found it irrelevant to scan all patients. The majority only saw the need for ultrasound with complicated fistulas

Conclusion/Application to practice

With a targeted implementation plan and involvement of staff it is possible to reorganize workflows, which entails employee satisfaction and competencies. A changed cannulation technique will hopefully reduce infections associated with cannulation

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Disclosure of Interest

no

ID: 99

Measuring vascular access recirculation and blood flow rate - interpretation

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Background

An important prerequisite for performing adequate dialysis treatment, and one of the key goals of providing high-quality care, is suitable vascular access with a sufficient blood flow rate (Qa). An important element of correct management of care of the arteriovenous fistula and arteriovenous graft is the regular measurement of vascular access recirculation and blood flow rate, which may result in early detection of potential dysfunction.

Objectives

The goal of this article is the interpretation of the results of measurement using the Transonic HD03 device, a comparison to the measurement of vascular access blood flow rate by Doppler US device in our department and at external workplaces, and the assessment of the potential radiological intervention.

Methods

Monitoring was carried out retrospectively by comparing the measurements taken from 76 patients during the period from November 2020 to May 2021. During this period, the Transonic HD03 device was used to take a total of 521 Qa measurements (repeated at regular monthly intervals) and 154 measurements were taken using the Doppler method.

Results

Stenosis of the artery or vein, thrombosis, infection, aneurysm, and pseudoaneurysm are relatively common abnormalities, which may threaten the function of the shunt and may be diagnosed sonographically. Ultrasound may detect the cause of incipient shunt dysfunction, the indicated specific therapy may then correct abnormalities before the situation progresses.

Conclusion/Application to practice

The Transonic HD03 device allows more frequent valid, regular periodic, and ad hoc monitoring and in this manner the assurance of potential timely intervention.

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Disclosure of Interest

no

ID: 40

Education program for cannulation by ultrasound amongst dialysis nurses

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Background

Cannulation is a significant event for the patient and nurse especially during primary cannulation of a new vascular access and is usually based on external palpation.

Ultrasound usage allows the nurse to assess integrity and location of the access before cannulation. It's effective in preventing acute and chronic complications related to vascular access.

Globally, the use of ultrasound by nurses for cannulation is not common.

Objectives

Implementing use of ultrasound by dialysis nurses for cannulation of new or complicated accesses. Improvement of nurses' experiences related to new or complicated cannulations.

Methods

A training program for dialysis nurses was implemented and included theoretical and practical training of ultrasound use in small groups. Including: familiarity with machine, recognition of shunt and cannulation according to level of complexity under supervision of radiologist. Attitudes and experiences related to first cannulation were evaluated before initiation of the program and after three months. Frequency of ultrasound use for first cannulation was evaluated after one year

Results

All hemodialysis nurses from the unit were invited, 30 from 38 participated in the project.

Most of the participants had more than 10 years' experience and defined themselves as experienced dialysis nurses.

After the project 30% of nurses felt capable of using ultrasound for cannulation; 53% of nurses believed that using ultrasound for cannulation of new blood access could prevent future complications.

There was significant improvement in the nurses' experience related to first cannulation, including improved confidence, and feeling of providing better care.

One year after initiation of the program ultrasound was used for 100% of first cannulations.

Conclusion/Application to practice

Use of ultrasound for the first cannulation is an effective and accessible method that provides dialysis nurses with a sense of security during the cannulation, improves skills and contributes to better experience around cannulation. On-going practical training is necessary to maintain and improve skills.

References

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Disclosure of Interest

no

W 01 UNDERSTANDING MENTAL HEALTH AND KIDNEY DISEASE

Claire Carswell

Background

Mental health and kidney disease are closely linked. People who have kidney disease are significantly more likely to develop mental health conditions such as anxiety and depression, particularly people with kidney failure who are receiving dialysis. In part this results from the impact kidney disease has on a person's quality of life and wellbeing and the difficulties associated with symptoms of kidney disease and the burden of treatment. The relationship between mental health and kidney disease is bidirectional, as severe mental illnesses (such as schizophrenia or bipolar disorder) significantly increases the risk of a person developing kidney disease, as a result of medication, health behaviours and other common comorbidities. These mental health conditions can influence how a person experiences their kidney disease, and their ability to engage in treatment and self-management. As a result it is important for renal nurses to have an understanding of this relationship, how mental health conditions can impact their patients, and approaches that can be used to address the unique needs of people with co-existing mental health conditions and CKD.

Learning objectives

To describe the relationship between mental health and kidney disease

To outline the symptoms of different mental health conditions and how this impacts management of kidney disease

To explore the experiences of people with co-existing mental illness and kidney disease

To discuss methods to address the needs of people with co-existing mental illness and kidney disease

S 09 GREEN EXPERTISE SESSION

ID: 85

Why is it important to monitor the amount of hazardous waste at dialysis centres?

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Background

As the number of dialysis patients increases, the question arises of the sustainability of dialysis and its impact on the environment. One of the environmental indicators which we can influence through the correct implementation of clinical and non-clinical processes is the amount of hazardous waste produced per dialysis session.

Objectives

To demonstrate how the education of staff and implementation of relevant processes affects the amount of hazardous waste generated per dialysis session and the feedback provided by monitoring environmental indicators.

Methods

We conducted an initial environmental analysis at our site over one year. The results of this analysis showed that the medical staff had little awareness of the amount of hazardous waste produced and did not know exactly how to minimize this amount most effectively. First of all, we focused on the education of staff, we began to consistently sort waste, we modified procedures for draining the dialyzer, dialysis sets, and bicarbonate capsules after dialysis, and we began weighing bags containing waste. We did of course introduce regular monthly monitoring for all categories of waste which we produce.

Results

At the time of the initial environmental analysis in 2011, our site was generating an average of 1.8 kg of hazardous waste per dialysis session. Consistent education of staff, implementation of additional clinical and non-clinical processes, and detailed monitoring helped us to achieve an average of 1.1 kg of hazardous waste per dialysis session in 2021.

Conclusion/Application to practice

Implementation of good practices, education of staff, and periodic monitoring and analysis of the amount of hazardous waste ensured that we achieved the goal we had set ourselves. We verified the fact that our approach contributes towards environmental protection, provides economic benefits, and demonstrates a commitment to minimizing the negative environmental impacts of dialysis. We believe that our experience could inspire other countries.

References

European Dialysis and Transplant Nurses Association/ European Renal Care Association (EDTNA/ERCA). Environmental Guidelines for Dialysis. Switzerland
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Disclosure of Interest

no

ID: 80

Home haemodialysis from the aspect of reducing the environmental burden caused by dialysis treatment

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Background

Dialysis treatment is a considerable burden from the aspect of environmental impact. Regardless of whether it takes place at a dialysis centre or another clinical facility or home, dialysis is usually a regularly repeated and long-term treatment. A large amount of water and energy is used during dialysis itself, waste is created,

etc. Alternative haemodialysis regimes include home haemodialysis, the terms and conditions of which were legislatively regulated in the Czech Republic in January 2015.

Objectives

The goal is to focus on the environmental aspects related to home haemodialysis.

Methods

Execution of an implemented and certified EMS ISO 14001:2015 management system is evidence of an environmental approach at dialysis centres.

During the assessment of the environmental impact of home haemodialysis, we must consider the products, activities and services related to dialysis treatment under home conditions. We must consider a range of aspects: consumption of water and energy, production of various types of waste, wastewater, air-conditioning units, heating, IT technologies, patient and staff transportation to the dialysis centre, deliveries of material, cleaning and catering services, laundry, staff and patient hygiene, protective personal equipment, consumption of paper in the printers.....For instance, in relation to water consumption, it is clear that devices for HDD, which utilise disposable consumer material, including sterile bags of dialysis solution, do not require a water supply, which also eliminates the need to disinfect equipment.

Conclusion/Application to practice

During the assessment of individual aspects, it is apparent that home haemodialysis seems to be more environmentally friendly in relation to the consumption of water, energy and in relation to the activities related to operation of a dialysis centre and transportation of patients and staff to the centre. In conclusion, I would like to emphasise that home haemodialysis also deserves our attention from the aspect of environmental conservation.

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Disclosure of Interest

no

S 32 INDUSTRY LUNCH SYMPOSIUM HANSA - TRANSPLANTING THE 'UNTRANSPLANTABLE': OPTIONS FOR HIGHLY SENSITISED PATIENTS

Latest advances in desensitisation options for kidney transplant patients

Rainer Oberbauer

Adaptations to the Kidney Paired Exchange algorithm help to match highly sensitised patients

Marry de Klerk

S 10 LUNCHTIME DISCUSSION: EXPLORING THE UNMET SEXUAL HEALTH NEEDS OF PATIENTS WITH KIDNEY DISEASE. LET'S TALK TOGETHER!

Abstract is not available

S 11 EDTNA/ERCA ACCREDITATION OF RENAL EDUCATION PROGRAMS – COME LEARN MORE!

Abstract is not available

S 12 DUTCH COUNTRY MEETING (TAAL:NEDERLANDS)

Abstract is not available

S 13 HAEMODIALYSIS 1

ID: 121

Hemodialysis patients' knowledge about intradialytic medication

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Background

The nursing role in hemodialysis (HD) goes beyond the practical and technical skills. In this area of care, the autonomous nursing interventions target specific issues: the person with chronic kidney disease on haemodialysis. Supporting renal patients in coping with the disease and promoting their autonomy are some of the main challenges that a Renal Nurse faces daily. Nurses must use a systematised approach, which will make it possible to assess and identify the needs of nursing care.

Objectives

To evaluate haemodialysis patients' knowledge about intradialytic medication and to measure the effectiveness of health education sessions to increase the knowledge about intradialytic medication.

Methods

This is a quantitative, action-research-type study. On the second week of January 2022, 169 patients without unpaired cognitive functioning on HD were surveyed about their knowledge about intradialytic medication. Upon receiving all the survey data, an individual health education session was held in the last week of January 2022. A new survey was carried out, and data analysed.

Results

A total of 169 HD patients were surveyed, 62 females and 107 males, with an average age of 67 years and an average time in HD was 7,8 years. The results indicate an increased patients' knowledge about their intradialytic drug regimens after the health education intervention and the nursing interventions.

Conclusion/Application to practice

The education provided by nurses has shown essential in this specific area of care. Improving the patients' knowledge about the drug regimens may result in increased adherence to treatment, leading to largest potential health gains. We can conclude that the Renal Nurse's interventions translate into gains in knowledge about drug regimens in a patient with CKD on HD.

References

available on presentation

Disclosure of Interest

no

ID: 133

Health-related quality of life and symptom burden across a large multinational dialysis organisation

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Background

The World Health Organisation (WHO) defines "Quality of Life (QoL) as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns."¹ Studies demonstrate that perceived health-related quality of life (HrQoL) of people receiving haemodialysis is significantly impaired, and associated symptoms are a burden ^{2, 3, 4, 5}. We surveyed our patients to learn about the burden of symptoms for patients on dialysis.

Methods

The Kidney Disease Quality of Life-Short Form (KDQoL-SF) was used to measure the health-related quality. 30.641 patients who received haemodialysis at a large multinational dialysis organization during April to July, 2021 gave their feedback.

Results

The majority of patients (80,4%) rated their symptoms in the 'very much' to 'extremely bothersome' range. Of the 11 symptoms listed, the most severe symptom was muscle sores (61,76 ± 30,94), numbness in hands or feet (71,39 ± 30,75), Itchy skin (73,01 ± 30,74), nausea or upset stomach (78,33 ± 28,29), faintness or dizziness (78,46 ± 26,91) shortness of breath (78,83 ± 27,76), lack of appetite (78,90 ± 27,46) and chest pain (82,35 ± 25,60) to "somewhat bothering" or "not at all bothering".

Neuromuscular symptoms (numbness in extremities, sore muscles, cramps) are more bothersome, followed by skin (itching, dry skin) and uremic symptoms (nausea, lack of appetite, dizziness/faintness, feeling squeezed out, shortness of breath, chest pain) which are less bothersome. Age is a non-predictor, females

tend to be more “bothered” ($p < 0.001$), higher BMI ($p < 0.001$), higher comorbidity index ($p < 0.001$) seem to be predictors of dialysis associated symptoms.

Conclusion/Application to practice

Our findings will increase focus on symptom-alleviating nursing interventions, in particular neuromuscular symptoms. Additional research is required to determine whether treatment of symptom clusters rather than single symptoms will improve HrQoL.

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Disclosure of Interest

no

ID: 87

Are we doing medication correctly?

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Background

Many drugs are administered to patients with chronic kidney failure (CKD) receiving hemodialysis treatment. It is very important to ensure that the drugs remain in accordance with the manufacturer's recommendations from the delivery to the moment of administration to the patient.

Objectives

In this study, it is aimed to see in which position the temperature of the drug is more suitable from the preparation to the application.

Methods

The temperature change from the preparation of the drug to the application to the patient, the temperature change of the room and the temperature change of the upper surface of the hemodialysis device on which the drug was placed were observed. A new drug stored in the refrigerator was used in each measurement. L-carnitine was used as medicine.

Results

The drug, which was placed directly on the hemodialysis device, was over 250C in the first third measurement (10 minutes after the first measurement), and this elevation continued until the end of the hour. One hour average temperature of the upper surface of the hemodialysis device (± 0.2) was found to be 35.20C. Room temperature average one hour follow-up (± 0.3) was found to be 25.40C

In the measurements made on the hemodialysis device with a heat meter, a new drug in a plastic kidney tub, in the seventh measurement (30 minutes after the first measurement), the drug was over 250C and this altitude continued until the end of the hour.

The drug placed on the patient's desk has never been above 250 C in one hour of observation.

Conclusion/Application to practice

It is recommended that the drugs used in the hemodialysis units be placed on the patient's desk after being drawn into the injector, and used in the first 30 minutes if placed on the hemodialysis device with a plastic container.

References

Registry Of The Nephrology, Dialysis And Transplantation In Turkey Registry 2020 Ministry Of Health And Turkish Society Of Nephrology Joint Report

Disclosure of Interest

no

ID: 145

Patient-tailored live music intervention for patients undergoing haemodialysis: A cluster randomized controlled pilot study

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Background

Fatigue is an immense problem among patients in hemodialysis treatment and associated with anxiety and depression. Live music used in different hospital settings has shown promising effect, but the feasibility of patient-tailored live music in a haemodialysis setting is unknown.

Objectives

1. To assess the feasibility, process, management, and the preliminary effect of music in patients in haemodialysis for conducting an appropriately powered randomized trial
2. To examine whether music intervention can improve wellbeing and create a sense of meaningfulness within a haemodialysis setting

Methods

A pilot cluster randomized control trial was conducted at a satellite haemodialysis unit and evaluated for feasibility using mixed methods. Two groups (N=26), receiving haemodialysis on different days were invited to participate together with 17 dialysis nurses and four highly skilled musicians. The two patient groups were randomized to receive either 30 minutes of patient-tailored live music during haemodialysis plus usual care or receiving usual care only, for a period of six weeks. Primary outcome was immediate fatigue. Secondary outcome was wellbeing, meaningfulness, long-term fatigue, post-dialysis fatigue, relaxation, anxiety, depression, treatment satisfaction and work engagement for the nurses. For process evaluation using qualitative data, the phenomenon of interest was feasibility.

Results

The convergent mixed method analysis showed that the intervention was feasible. Recruitment targets were achieved. The study detected significant reduction in fatigue ($p < 0.001$) and anxiety ($p = 0.011$) in the intervention group compared to controls. No significant differences were found for other outcomes. The qualitative analysis showed that the music gave patients *an uplifting experience bringing joy and relaxation into life* and *a sense of quietness in a stressful day* among nurses.

Conclusion/Application to practice

Conducting patient-tailored live music interventions performed by highly skilled musicians in a haemodialysis setting is feasible, although difficulties exist in collecting data among a fragile group of patients.

References

No references

Disclosure of Interest

no

ID: 15

Interest and perceived capability of self-management in a hemodialysis unit

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Background

Patient self-management improves both subjective and objective outcomes in chronic diseases. Patient empowerment assists in gaining control over factors that might affect health and enables people to become more active participants in their care. Yet, care provision in hemodialysis units are currently provided in a way that patients tend to be passive recipients of treatments.

Objectives

(1) Assess patients' interest and perceived capability of participating in hemodialysis; (2) Assess nurses' perceptions of patients' interest and perceived capability of participating in hemodialysis; (3) Examine

associations between patient characteristics and interest and perceived capability of performing hemodialysis self-care.

Methods

A cross-sectional, questionnaire-based study. Patients' interest and perceived capability of participation were assessed by a 10-item Likert-type scale developed and tested for this study. Multivariate linear regression was used to assess the relationship between patient characteristics, including age, sex, education level and severity of illness to ratings of activation level and hemodialysis self-care scale scores.

Results

Ninety-one patients and 31 nurses participated. Overall, patients expressed interest (2.43 ± 0.93) and perceived themselves capable (2.34 ± 0.9) of participating in various hemodialysis related tasks. Nurses assessed lower interest (2.19 ± 0.77) than patients, but similar average capability (2.31 ± 0.8). Both greater interest and perceived capability were correlated with more years of education and higher patient activation, additionally, interest was associated with disease severity and perceived capability was associated with age.

Conclusion/Application to practice

Hemodialysis patients are interested and perceive themselves capable of participating in the tasks involved in dialysis care. Nurses underestimate patient interest in participation. Self-management behaviors among hemodialysis patients are important, as they may affect quality of life and survival. Determining interest and perceived capability of participation is a first step towards evaluating the feasibility of self-care in a supervised hemodialysis setting.

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Disclosure of Interest

no

S 14 END-OF-LIFE & CONSERVATIVE KIDNEY CARE

ID: 58

Caregiver experiences of conservatively managed end-stage kidney disease: A study protocol

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Background

The impact of end-stage kidney disease (ESKD) affects not only patients, but also their informal caregivers. Patients who choose conservative management, rather than dialysis, experience a high symptom burden alongside a significant psychosocial burden¹. Informal caregivers of patients who choose conservative management also experience this psychosocial burden², yet there is little guidance on how best to provide support, and no evidence on psychosocial interventions to address unmet needs.

Objectives

The aim of this study is to explore the experiences and unmet needs of informal caregivers of patients with ESKD who choose conservative management, to inform the development of a psychosocial intervention.

Methods

The ACORN study will consist of three stages:

1. A systematic literature review to explore effectiveness of interventions for informal caregivers of people with end-stage chronic illness. In addition, semi-structured interviews with informal caregivers of patients with ESKD receiving conservative management in Northern Ireland and England will be conducted.
2. Focus groups with healthcare professionals and informal caregivers exploring the experiences of providing care to people receiving conservative management.
3. National workshops to identify the components of, and refine, a psychosocial intervention to support informal caregivers of patients with ESKD receiving conservative management

Conclusion/Application to practice

Informal caregivers of patients with ESKD who choose conservative management experience a high psychosocial burden, but there is limited evidence on their unmet needs and how to effectively provide support. This study will address this gap by exploring the experiences and unmet needs of informal caregivers, with the aim of informing the development of a supportive psychosocial intervention.

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Disclosure of Interest

no

ID: 59

Decision-coaching preparing patients with chronic kidney disease for making end-of-life decisions: a case study

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Background

As end stage kidney disease (ESKD) progresses, patients face emotional decisions about end-of-life-care (EoLC). This may cause uncertainty about the best course of action. Health professionals (HPs) need evidence about how best to support patients in this situation, as evidence shows delay in talking about EoLC. HPs need skills to support patients and their relatives in making these decisions.

Objectives

To investigate experiences of decision coaching (DC)¹ in patients with ESKD facing decisions about EoLC and evaluate the quality of DC.

Methods

We conducted a prospective case study using the Ottawa Decision Support Framework (ODSF).² The eligible patients with ESKD facing decisions about EoLC were experiencing decisional needs. A nurse trained in DC used the SURE-test³ to screen for unmet decisional needs and provided DC using the Ottawa Personal Decision Guide. Then, she re-screened decisional needs, using the SURE-test and measured satisfaction with DC through semi-structured interviews. Analysis compared pre to post-SURE test, recorded DC were analysed for quality using the Decision Support Analysis Tool (DSAT-10),⁴ and interviews were analysed using systematic text condensation.⁵

Results

DC was provided to four patients with ESKD facing decisions about EoLC. The median pre-SURE-test score was 2.5 (range 2 to 4) and post-test score was 3 (range 3 to 4), indicating a decrease in decisional conflict.

The median DSAT-10 score was 9 (range 8 to 9). Interviews indicated that DC created an overview of elements to consider in the decision and identified decisional needs for further discussion with relatives and HPs. It did not lead to a final decision but clarified the next steps along the pathway of the decision making process.

Conclusion/Application to practice

Patients experienced a decrease in decisional conflict after DC and the interviews indicated that DC helped the patients clarify the next steps in their EoLC decision making process.

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Disclosure of Interest

no

ID: 105

Conservative management as an alternative to hemodialysis in chronic kidney disease patients: scoping review

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Background

Chronic kidney disease is characterized by progressive and irreversible deterioration of kidney function. It is mandatory to get a therapeutic option. Conservative management is the non renal replacement therapy option. Conservative management doesn't allow a long term life maintenance and it shall be taken when renal replacement therapy doesn't increased quality of life or longevity. But this is a controversial option and take a lot of ethic questions.

Objectives

Mapping the evidence about the advantage of conservative care as an alternative to renal replacement therapy in CKD patients.

Methods

It has been done a scoping review and has been used Joanna Briggs Institute methodology.

Results

The analyzed articles show the lack of advantages in initiating HD in patients over 80 years of age with comorbidities. Dialysis to this group of patients can mean more days of hospitalization, pain and discomfort. It is crucial to consider ethical principles to a free and informed choice. Elderly patients are willing to give up a longer survival if they get a better quality of life. The importance of nurse's role is also addressed. Inside a multidisciplinary team, nurses have a main role by helping patients to get the proper information that allowed them to take free and informed choices. Nurses are a differentiated link that facilitates the management of the disease process.

Conclusion/Application to practice

The scoping review allowed the mapping of objective data comparing two treatment modalities, having a significant practical importance. It helped to fill the evidence regarding the best therapeutic choice for the patient, providing objective data and enhancing a therapeutic option with little international expression. However, the articles analyzed are consensual regarding the need for more scientific evidence.

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Disclosure of Interest

no

ID: 137

Perspectives on nephrology-tailored geriatric assessment as shared decision making tool for older pre-dialysis patients

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Background

Dialysis might not benefit all older patients with kidney failure particularly those with multi-morbid conditions and frailty. Awareness of the presence of geriatric impairments has the potential to improve outcomes by tailoring treatment plans and decisions for individual patients.

Objectives

Describe perspectives of patients and healthcare professionals on Nephrology-tailored Geriatric Assessment (NGA) as a shared decision making (SDM) tool for treatment choice in older patients approaching kidney failure.

Methods

Patients (N = 18) with kidney failure, caregivers (N = 4), professionals (N = 25) were purposively sampled from ten hospitals in The Netherlands. Six semi-structured focus groups were held to discuss participants experience with and perspectives on NGA as an aid to SDM in choices to start or forego dialysis. Transcripts were analyzed inductively using thematic analysis.

Results

Several interconnecting themes which could support or impede SDM in kidney failure were identified and grouped under three main themes: (1) patient psycho-social situation; (2) Influences on modality choice; (3) Organization of health care. Patients and caregivers had positive attitudes towards NGA, but were mostly unaware of the role which NGA could play in SDM about kidney replacement therapy (KRT). Professionals reported that NGA, performed prior to SDM about KRT, creates awareness of patients possibilities and their limitations. Somatic frailty is unearthed alongside in-depth knowledge about patients`social system and psychological wellbeing. Professionals reported NGA as being a valuable tool to initiate discussions on treatment decisions, patient goals, and improve awareness to (re)consider different treatment options.

Conclusion/Application to practice

Professionals confirmed the benefits of NGA as a tool to identify geriatric impairments in older patients with kidney failure and how integration of its outcomes can inform SDM for KRT. NGA offers the opportunity to open conversations on sensitive topics. This dialogue facilitates a more holistic approach to development and management of personalized and coordinated care plans.

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Disclosure of Interest

no

ID: 142

Living will - casuistry of a hemodialysis unit

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Background

The Living Will embodies the right of prospective autonomy insofar as it expresses the previous will of the person. It is a legal document (Article 2, of Law n 25/2012), through which citizens declare their Advance Directives of Will (Advance Directives) and constitutes a unilateral document, freely revocable at any time by the individual, valid for a period of five years (Ferreira, C. & Nunes, R., 2019). It is a right that respects the person's decision, for their autonomy regarding the treatments they wish or not to receive in case of inability or impossibility to express themselves, alleviating the emotional impact of decision-making by health professionals and family members (Capelas et al, 2017). Everyone, as long as they are of age and capable, can write it, formally indicating their wishes about the treatments they wish or not to receive, at times when they are consciously unable to participate in the decision. It can be written in free text or using an approved form. Its completion allows the choice between making only a Living Will and simultaneously identifying/appointing a proxy for care.

Objectives

To identify the literacy of the users of a haemodialysis clinic regarding the Living Will

Methods

Quantitative study of exploratory and descriptive-correlational type

Results

The sample consists of 74 users, after applying the exclusion criteria.

The majority (82.4%) does not know what the Living Will is. After it was explained, only 32% expressed their wish to do so.

Only one patient had made a Living Will and concomitantly appointed a Health Care Agent, having been informed of it by health professionals.

Conclusion/Application to practice

After diagnosing the situation, the need for intervention was perceived, with regard to the training of these people on what it is, how it is done and how to ensure that the anticipated derivatives of the will are effective

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Disclosure of Interest

yes

S 15 EDTNA/ERCA & ANN UK JOINT SESSION DIALYSIS ACCESS: PATIENT SAFETY AND EXPERIENCE

Patients' experiences of vascular access for haemodialysis –
Catherine Fielding

Learn more about 'Right access for the right patient at the right time' and facilitating individual decisions about vascular access and how to improve decisions about vascular access

Life threatening vascular access bleeds – prevention and best practice management to maintain patient safety
Helen Spooner

Blood loss during haemodialysis due to venous needle dislodgement (VND) or access-bloodline separation (ABLS) is a serious, potentially life-threatening, and under-reported treatment complication of dialysis. Come along to our session and see how to reduce risk and improve safety for patients

S 16 DOPPS CLINICAL SYMPOSIUM PROGRAM THE DOPPS PROGRAM - LATEST FINDINGS ON DIALYSIS PRACTICE AND OUTCOMES

CKDOPPS - Conservative kidney management

Anna M. Marti Monros

Longer term trends in dialysis survival – what are reasons for the improvement?

Michel Roden

Pruritus/other PROs

Marisa Pegoraro

PD – understanding time on therapy and transitions to HD and transplant

Maria Arminda Tavares

Panel Discussion

Objectives

All presentations will have a practical clinical focus. A brief discussion will follow each presentation and a panel discussion with all speakers and chairpersons will end the symposium.

This Symposium will focus on new findings provided by the DOPPS regarding modifiable hemodialysis practices. The program will highlight evidence-based opportunities for improving clinical management of hemodialysis patients. The international panel of speakers will present several clinically relevant practice areas, with emphasis given to the international perspectives of DOPPS. Dialogue between the panelists and audience is encouraged during the Panel Discussion in the closing minutes of the program.

S 17 INFECTION CONTROL & COVID-19 PART 1

ID: 18

COVID 19: Predictors of adverse outcome in 32 hemodialysis patients in Greece

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Background

Optimal management of novel coronavirus disease 2019 (COVID-19) is at present an unmet goal in the general population, even more in Maintenance Hemodialysis patients (MHD), a population of high mortality. COVID-19 pandemic runs as mild upper respiratory infection or asymptomatic in 80% of infected patients, 15% develop severe lung disease and 5% progress to respiratory failure or septic shock. Mortality ranges from 2- 50%.

Objectives

We aimed to identify potential predictors of worst outcome that could lead potentially to risk stratification groups.

Methods

In this retrospective, observational, single-center study, we correlated clinical, laboratory and radiological data with clinical outcome of MHD pts hospitalized with COVID-19 from April 23, 2020 till February 3, 2021 as confirmed by real-time polymerase chain reaction. Outcome was defined as survivors vs non-survivors and “progressors” (those requiring oxygen supplementation because of respiratory worsening due to COVID-19 pneumonia) vs “non- progressors”.

Results

We studied 32 pts (17 Men), median age 75.5 years old, 12 diagnosed with screening and 20 with symptoms. WHO severity on admission was mild disease in 16, moderate in 14 and severe in 3. Chest Computed tomography (CT) showed 1-10% infiltrates in 24. 13 “progressors” were recorded. Case fatality rate was 5/32 (15.6%), 3 deaths in the “progressors” plus 2 in “non-progressors, irrespective of co-morbidities and sex. Parameters related with mortality were on admission frailty index, Mean Platelets Volume, Chest CT, WHO severity score and thereafter the increasing serum LDH and d-dimers and decreasing serum albumin. Indicators of “progressors” were only the increasing neutrophils and neutrophils/lymphocytes ratio.

Conclusion/Application to practice

MHD pts are a high risk group of COVID-19 mortality, distinct from the general population. Certain laboratory parameters on admission and follow up could help in disease stratification and management.

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Disclosure of Interest

no

ID: 74

Vaccination against COVID-19 in haemodialysis patients: Humoral response at 3 and 6 months

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Background

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been associated to cause high incidence, mortality, and fatality rates in people with chronic kidney disease in stage 5 (CKD-5D) in a regular dialysis program.

Objectives

The objective is to determine the immune response of CKD-5D patients to Pfizer-BioNTech® Comirnaty® vaccine, after 3 months, and 6 months post completing the vaccination and compare to the group of patients infected by SARS-CoV-2.

Methods

This is an observational, prospective study using a representative sample of all patients with CKD-5D in a regular haemodialysis program and who were vaccinated against COVID-19 (vaccinated group) or had SARS-CoV-2 infection (positive group) confirmed by the RT-PCR laboratory technique at multicentre network. 3 subgroups were created for age ≤ 60 , 61-70, >70 and for body mass index (BMI) <23 , 23-28 and >28 .

Results

504 patients were enrolled from 38 dialysis clinics, mean age of 66.64 SD=14.20 years, 297 (58.90%) were men. 321 (63.70%) were allocated to vaccinated group.

There was a significant reduction in anti-spike IgG in the vaccinated group from the 3rd month (1120 IQR=493-2805) to the 6th month (455 IQR=189-967).

There was also a significant difference between the 3rd month vaccinated group and the 6th month positive group (1836 IQR=748-5168).

Patients with BMI >28 developed higher anti-spike IgG in both vaccinated and positive groups.

Conclusion/Application to practice

It was observed a significant reduction of the humoral immunity, from 3rd to 6th month in vaccinated group. These findings may support the booster vaccination dose to be taken at the 6th month after vaccination completed, and after 6th month of previous SARS-CoV-2 infection. More studies may be needed to confirm these findings.

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Disclosure of Interest

no

ID: 84

COVID-19 death/case ratio and impact of vaccination in hemodialysis patients. An observational study

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Background

The presence of more than one co-morbid disease in most of the chronic kidney patients causes an increase in mortality and morbidity rates in these patients. When WHO declared a pandemic on March 11, 2020, we developed the registry system to track both patients and staff and collected data on a monthly basis

Objectives

We aimed to share the findings proving the high rate of death and hospitalization in dialysis patients who are among the risk groups.

Methods

With the start of the pandemics in 18 dialysis clinics (D.med Healthcare[®]) in different locations in Turkey, a recording part for Covid-19 was added to the existing software program (Dialine[®]).

The records of patients receiving treatment in terms of Covid-19 were actively made on site. With these records, PCR test results hospitalization or treatment in the clinic, time on isolation and treatment results could be seen clearly.

The number of new cases and deaths of Covid-19 were also followed up simultaneously in general population of Turkey.

Results

By the 7th January 2022, death / case ratio was 0.7 %. In same period the data showed as cumulative cases were 1252 and deaths were 177 and death / case ratio was 14.1 %.

During the 22-month follow-up period, the number of patients in 18 clinics was 2380-1982.

As of February 21, 2021, dialysis patients have been started to vaccinate with Synovac[®] and as of April 12, 2021 with Pfizer -BioNTech[®], throughout the country

As of 7 January 2022, 23% of patients were unvaccinated (refused), 20% were vaccinated at least one dose, and 57% were vaccinated at least two doses.

Conclusion/Application to practice

As an observation; hospitalizations decreased significantly with vaccination however deaths continued with similar frequency among those hospitalized.

Even if the pandemic spread is over, COVID infection will continue to be a threat for dialysis patients compared to the healthy population. Periodic vaccination should be continued

References

DiaLine Software Program

<https://www.worldometers.info/coronavirus/>

<https://corona.cbddo.gov.tr/Home/DeathConfirmedRatio>

Disclosure of Interest

no

S 18 NEW PERSPECTIVES & TECHNOLOGY

ID: 41

eHealth as part of the treatment of kidney transplantation – a Scoping Review

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Background

The therapeutic adherence is well established as a predicted of the success of kidney transplantation. Nevertheless, the nonadherence is still a challenge to the transplantation nurses.

The development of technology and its association with the health care allowed the rising of new instruments that target to facilitate the transition process in chronic diseases and to increase the therapeutic adherence.

Objectives

The aim of this scoping review was to map the existing literature on eHealth used to manage the treatment of people undergoing kidney transplantation after discharge, understanding how these technologies have been used, their advantages and disadvantages.

Methods

For this scoping review the methodology of Joanna Briggs Institute Review's Manual (2020) was used. We have used 10 databases, for manuscripts with full text, published between 2010 and 2020, in English, Spanish and Portuguese.

Results

As result, 29 articles were found that responded to the objective of the scoping review. These results were divided into nine types of eHealth, namely: telemedicine, electronic medical devices, smartphone or tablet applications, electronic alarms and reminders, websites, electronic therapy dispensers, ingestible sensor systems, smartwatch and programs of telemonitoring.

Although each type of technology has a specific objective, in general, they all allow the increase of self-care, remote monitoring and provision of care, and increased access to information.

Conclusion/Application to practice

As result, 29 articles were found that responded to the objective of the scoping review. These results were divided into nine types of eHealth, namely: telemedicine, electronic medical devices, smartphone or tablet applications, electronic alarms and reminders, websites, electronic therapy dispensers, ingestible sensor systems, smartwatch and programs of telemonitoring.

Although each type of technology has a specific objective, in general, they all allow the increase of self-care, remote monitoring and provision of care, and increased access to information.

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Disclosure of Interest

no

ID: 135

Measuring patient perception care in a multicultural global renal company.

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Background

"Evaluating the effectiveness and experience of care using patient-reported outcomes is becoming standard practice in healthcare"¹

An annual Patient Satisfaction survey was conducted until 2020 with statements relating to trust, involvement, diet, waiting time, and care improvements.

In line with our commitment to gain a holistic view of our patients' perception of care; in 2020 we developed our patient reported experience surveys which allowed us to develop the Patient Perception of Care survey (PPC).

Objectives

Healthcare delivery is crucial to our goal of embedding our approach and digital systems within healthcare systems worldwide. Ultimate benefit of a PPC is that it focusses on patients' perspective on the care they receive. So this survey will enable us to enhance our patients experience within our facilities.

Methods

The survey was anonymous, had a QR code and link available. Every patient had the chance to complete the survey, both outpatient HD and PD patients. The survey was available for the patients over 4 weeks

Results

Survey response rate was at 89% with total response by 34,952 patients.

12 domains are access, support, communications, information, fluid intake and diet, needling, test and investigations, sharing decisions about your health, privacy and dignity, scheduling and planning of your appointments, transport, and the environment.

The domains with highest scores relate to "fluid and diet advice" and "privacy and dignity". The lowest scores relate to "pain on needling" and "transport".

Haemodialysis consisted the main responses, with Peritoneal Dialysis (PD) responses 2% (916 responses) of the total; PD has a higher overall average, with a similar distribution of the results apart from transport.

Conclusion/Application to practice

The results have been shared with countries and action plans have been developed. The survey will be renewed each year to ensure that we stay focused on our patients' opinions of their care.

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Disclosure of Interest

no

ID: 126

Use of Bortezomib and Plasmapheresis in Multiple Myeloma and kidney failure - nurse role

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Background

Multiple Myeloma (MM) is a progressive malignant hematologic disease. It is the infiltration of bone marrow by malignant plasma cells that secrete monoclonal immunoglobulin into the serum or urine. Plasma is the liquid portion of blood, it contains immunoglobulins and other proteins (in this case MM proteins). Acute kidney failure frequently shows up as an MM after-effect.

Objectives

Plasmapheresis is a highly effective procedure that eliminates paraprotein and reduces blood viscosity. It is done multiple times a week, until chemotherapy (Bortezomib) takes effect. Plasmapheresis can help patients who suffer from kidney damage caused by high light chain levels.

Methods

The case report confirms a pathological ratio of a 54-year-old patient's serum light chains after the patient's hospitalization process at the Department of Nephrology, along with hypercalcemia, anemia and renal insufficiency. Lambda light chain MM has been diagnosed according to the hematological treatment. Due to the high level of serum light chains, a plasma exchange was induced. The plasmapheresis was done at the Department of Dialysis in five consecutive parts along with a 5 percent albumin recovery and freshly-frozen plasma. The steps of the process were demanding owing to high plasma exchange volumes and the cardiovascular access (peripheral veins and one central venous catheter lumen).

Results

Plasma exchange therapy and Bortezomib usage have lowered the serum light chain levels and the kidney function is recovering. The patient is in stable condition and has been allowed to leave hospital. Treatment is continued with day hospital services.

Conclusion/Application to practice

A nurse is in close proximity at all times and in due time recognizes complications related to the patient and the plasmapheresis machine. The knowledge and skills of nurses who perform plasmapheresis and give Bortezomib are key to a successful therapy. Doctors determine the therapy parameters and medicine doses, but the nurses' practical knowledge contributes to the patient's recovery.

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Disclosure of Interest

no

S 19 PERITONEAL DIALYSIS & NUTRITION

Caring together, multidisciplinary care for PD patients

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Multidisciplinary care starts even before we know our patients. It starts and probably ends in the family doctor's practice. The patients journey is long and shows involvement of several healthcare providers. Our care should be together and complementary, holistic and patient centered. For we can help the patient to achieve 'the ability to adapt and manage oneself in the light of the physical, emotional and social challenges of life' (institute of positive health, definition of health by Machteld Huber). In this light we can discuss the benefits of multidisciplinary care for patients with kidney disease.

ID: 27

Interventions that respect intraperitoneal pressure. Improving peritoneal dialysis care.

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Background

High intraperitoneal pressure induces greater morbidity, mortality and transition to hemodialysis due to technique failure in people on peritoneal dialysis (PD). In this study, we ask ourselves what have been the most frequent measures (both clinical and care) that have been taken to minimize the increase in IPP after 3 years of monitoring the measurement of IPP in the PD unit.

Objectives

Describe measures and interventions that were carried out to prevent the elevation of IPP and improve abdominal comfort in people on PD

Methods

Cross-sectional and retrospective descriptive study that includes the clinical and care measures to avoid the increase in PIP of people on PD during the years 2019, 2020 and 2021.

Results

The sample is made up of 51 patients, 71% were men and 29% women. In 2019, the IPP was measured twice a year for each patient (72 measurements in total), in 2020 and 2021 it was performed once per year and patient

The PIP was measured at time 4 of the annual PET scan.

A volume reduction was applied due to UF failure in 1 person, and in 3 due to abdominal comfort (sensation of fullness, discomfort walking and performing activities of daily living).

The measure of leaving the peritoneum dry during the most intense physical activity was taken in 4 people due to work needs or intense physical exercise practices.

Regarding the measure of changing to APD, adaptation to working hours has been as important as prevention of hernias or leaks in 4 people.

Conclusion/Application to practice

The standardized and systematic measurement of PIP in PD units, in addition to highlighting the need to adapt the guidelines in a personalized way, opens a new aspect towards the care of people on PD: education about how to prevent PIP

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Disclosure of Interest

no

ID: 146

Dietary mobile application for patients with chronic kidney disease

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Background

Diet is an extremely important part of treatment in patients with chronic kidney disease (CKD). The dietary guidelines for the individual patient change with the progression of the disease. Dietary guidelines before dialysis, during dialysis and after kidney transplantation differs significantly from each other [1]. Adapting the diet restrictions into everyday life poses major challenges for the individual patient. It is crucial to individualise the information for the patient and make it easily accessible in everyday life.

An app will make it possible to individualize the dietary recommendations for the patient and can be a useful tool that supports self-management [2]. Ultimately, an app may improve adherence to the dietary recommendations, thereby preventing complications of the disease.

Objectives

To investigate patients with CKD's needs for diet instruction, their immediate responses to a dietary app and their suggestions for improvement and further development of a prototype.

Methods

An app prototype has been developed illustrating that all information will be tailored to the individual patient according to the persons stage of disease, anthropometrics, phosphate, and potassium level. The prototype consists of the elements, general information, diet diary, food lists and recipes.

This prototype has been evaluated in seven individual interviews with patients with CKD stage 4 and 5, who were not on dialysis and four focus groups with patients and healthcare professionals. The qualitative data have been analysed using interpretive descriptions by Sally Thorne [3].

Results

Both patients and healthcare professionals liked the idea behind the app. Individualisation is necessary for the app to work in practice. The patients found the diet diary and recipes as important elements.

Conclusion/Application to practice

There is a need to improve the tools we use today to improve patient adherence to dietary recommendations and the development of an app for individual nutrition guidance could be a workable solution.

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Disclosure of Interest

no

ID: 69

Impact of vegetarian diet on people with chronic kidney disease

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Background

Chronic Kidney Disease [CKD] affects more and more people worldwide and diet plays a key role in a person's therapeutic plan. In verifying that there is a greater interest and adherence of the population to the vegetarian diet [VD], it is necessary to understand its impact on this pathology.

Objectives

The main objective of this scoping review was to identify and map scientific evidence on VD in people with CKD, recognizing the advantages or disadvantages of this diet and its applicability in the identified population.

Methods

The scoping review was prepared according to the methodology of Joanna Briggs Institute Review's Manual (2020). Six databases were used in the article search, in which articles in English, Portuguese or Spanish, available in full text and published between 2016-2021, were selected.

Results

The thirteen selected articles were analyzed in order to answer the defined research questions. This analysis made it possible to define categories and respective themes: impact of a vegetarian diet on people with CKD (incidence/prevalence); the advantages of the vegetarian diet in CKD (cardiovascular disease, body mass index, insulin sensitivity, fiber, systemic inflammation, oxidative stress, metabolic acidosis, phosphorus and malnutrition); and the disadvantages of the vegetarian diet in CKD (potassium, vitamins and cooking).

Conclusion/Application to practice

It is possible to conclude that VD has a positive impact on the person with CKD. It has advantages, such as greater fiber consumption or increased insulin sensitivity. Potassium levels and sufficient vitamin intake are still unknown risks. It is possible for a person with CKD to follow a VD as long as the adherence is total and has a specialized and continuous follow-up. Conducting more randomized studies is essential to clearly understand the impact of DV on CKD.

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Disclosure of Interest

no

S 20 HAEMODIALYSIS 2

ID: 3

Effect of Serum AGE, Oxidative Stress Levels on Symptom Severity, Life Quality in Hemodialysis

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Objectives

This study was done to determine the effect of serum AGE and oxidative stress levels on symptom severity and life quality in patients receiving hemodialysis therapy.

Methods

This descriptive and cross-sectional study included 117 hemodialysis patients in 2 dialysis centers located in Istanbul, in April 2021. Data were collected with Personal Information Form, Dialysis Symptom Index (DSI) and Kidney Disease Quality of Life (KDQOL-36) by face-to-face interview. Besides, serum advanced glycation end-product (methylglyoxal (MGO), glyoxal (GO) and oxidative stress (Malondialdehyde (MDA)) levels were determined from blood samples.

Results

Mean DSI score was found to be 31.05±18.36, mean KDQOL-36 subscale scores were found as 71.65±17.76 for list of symptoms/problems, 66.35±19.06 for kidney disease effect, 40.6±24.01 for kidney disease burden, 41.6±9.83 for SF-12 physical health, 37.83±9.69 for SF-12 mental health. MDA level was determined as 3.96±1.01 µmol/l, GO as 1029.87±314.43 ng/mL, and MGO as 115.2±75.54 ng/mL. There was a very weak negative correlation between chronic renal failure disease duration and MGO, very strong positive correlation between MDA and GO, very weak negative correlation between kidney disease burden and MDA, and very weak negative correlation between GO and kidney disease burden.

Conclusion/Application to practice

Symptom severity of patients was determined to be low. Life quality regarding the symptoms experienced and effect of disease was determined to be at moderate level while life quality regarding physical and mental health and disease burden was determined to be at low level. MGO, GO and MDA levels were found to be high. MGO levels decreased as the duration of disease got longer, MDA levels increased as GO levels increased. Life quality of the patient regarding disease burden improved as MDA and GO levels decreased.

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Disclosure of Interest

no

ID: 97

Hemodialysis patients' adherence to dialysis treatment two-way perspective: nurse - initiated and patient-initiated participation

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Background

To examine patient adherence to hemodialysis from a two-way perspective (nurse-initiated inclusion and active patient initiative)

Background: Non-adherence to treatment can adversely affect (ESRD) patients.

Design: A mixed-methods research: Content analysis of transcribed nurse-patient conversations, and nested cross-sectional quantitative design.

Methods

Data were collected from nurses and patients using questionnaires, observations and data from the patient's file.

Results

102 hemodialysis patients nested in 30 dialysis nurses from September 2017 - March 2018. In only a small percentage of cases did the nurse develop a conversation with the patient, on the nursing assessment, the treatment plan, instructions for the patient, and small talk. Quantitatively, a significant two-way interaction (nurses' attitudes toward inclusion X patients' initiative to participate) was found ($\beta=0.60$). Nurses' positive attitudes toward inclusion resulted in higher patient participation initiative and non-adherence to care in terms of shortening hemodialysis time. Mean shortening of dialysis time (physician's instructions minus hours of actual treatment) was 0.19 (SD=0.33), a significant difference ($t_{(101)}=5.7$).

Conclusion/Application to practice

The study findings provided paradoxical insights: Nurses' positive attitudes toward inclusion encourage her to consider and accept the patient's position for shortening hemodialysis treatment time, so that adherence to care decreases. Conversely, nurses' negative attitudes towards inclusion leads her to convince the patient to adhere to the treatment. These findings call for programs to educate the patient about the information he/she should seek when connecting to dialysis, and to encourage nurses' provision of important information at the hemodialysis encounter.

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Disclosure of Interest

no

ID: 62

Oral Mucositis in Hemodialysis Patients and Some Factors Affecting

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Background

Oral health, which is adversely affected by chronic kidney disease, can be impaired in dialysis patients with its own outcome of disease medical treatments associated with the disease, form of treatment, and poor oral care.

Objectives

This research was carried out to determine the presence of oral mucositis in hemodialysis patients and affecting factors.

Methods

The research was carried out between October-December 2020. The study was conducted with 107 patients who volunteered to participate in the study, who did not have communication and psychological problems, and who had been on hemodialysis treatment for at least 6 months. The data were used the patient introduction form, Oral Health Assessment Form and the World Health Organization "Oral Mucositis (OM) Assessment Scale".

Results

It was determined that 29.1% had OM and 16.5% of these patients had stage 2 (painless ulcers, erythema, presence of mild pain sensation) have been found to be OM. It was determined that the symptoms of dry mouth, bad breath, carious teeth increased the frequency of OM statistically. In addition, the frequency of OM was higher in patients using inhaler medication, lack of appetite and inadequate income ($p < 0.05$).

Conclusion/Application to practice

It was found that the majority of the patients included in the study did not pay attention to oral hygiene, did not receive training on oral hygiene, and patients developed oral mucositis. Although oral health is a problem to be solved within the framework of interdisciplinary team understanding in dialysis patients, oral care is one of the basic nursing functions. The nurse should perform oral care in line with the individualized nursing process to protect oral health and provide oral care in hemodialysis patients.

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Disclosure of Interest

no

ID: 77

Multidisciplinary admission for hemodialyzed chronic renal patients

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Background

The holistic and multidisciplinary approach to the hemodialyzed chronic renal patient through a multidisciplinary admission appointment enhances health gains, allows planning of care more efficiently, and is the first step towards providing a truly coordinated care.

Objectives

Share the results of the implementation of multidisciplinary strategy in the management of chronic kidney disease in hemodialyzed patients through the development of a holistic and individualized care plan, capable of detecting the needs and problems early on and ensuring continuity of care.

Methods

The study method was quantitative through statistical analysis of the data collected, through Excel, throughout the implementation of the multidisciplinary admission. The multidisciplinary admission was performed to all 18 patients admitted to the hemodialysis unit in the period between March 2021 and January 2022.

Results

During the 18 admissions, 140 needs/problems were detected; having been divided by various groups: 61% of patients have needs related to vaccination, vascular access and with self-care deficit; 72% with education; 56% present cognitive disorders with the need for education to the caregiver; 44% of patients have problems related to adherence to the therapeutic regime; 39% were referred to other professionals external to the clinic; 22% have substance addiction problems; 50% of patients were diagnosed with uncontrolled pain.

Conclusion/Application to practice

The involvement of the multidisciplinary team in an admission facilitates the development of strategies and interventions so that the disease management process becomes more efficient. It also allowed obtaining data on needs and problems, whose interpretation may lead to a redefinition of the strategy adopted in patient admission, particularly in prioritizing the areas of health education for patients admitted to hemodialysis units.

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Disclosure of Interest

no

W 02 ULTRASOUND GUIDED CANNULATION FOR VASCULAR ACCESS

Ruben Iglesias

S 21 VASCULAR ACCESS 2

The vascular access in the elderly

Joris Rotmans

ID: 8

How to facilitate good cannulation technique in AV-fistulas

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Background

Nurses have a great responsibility in the choice of cannulation technique and the daily care of the AV-fistula and have a possibility to affect the patency¹. A good cannulation technique though, is more than placing the needle in the vessel². Cannulation is a process containing different parts that may facilitate needling. This process is scarcely studied.

Objectives

The aim of this study was to describe what prerequisites that are needed to facilitate cannulation in AV-fistulas.

Methods

All haemodialysis units in Sweden got an inquiry to participate in the study with their local guidelines regarding AV-fistula cannulation. A questionnaire, containing both open-ended and closed-ended questions on cannulation of AV-fistula was also sent to each unit. Descriptive statistics and qualitative content analysis were used in a mixed methods design.

Results

Prerequisites that facilitate AV-fistula cannulation can be divided into five different periods in relation to the cannulation, like links in a chain. *Planning cannulation* includes maturation and planning cannulation in new AVF, documentation, education and experience and patient information. *Pre-cannulation* includes physical examination, hygiene routines, tourniquet, position of the arm, preventing pain and choosing cannulation site. *During cannulation* includes how to needle, type of needle, angle during cannulation and fixation of the needle. *Evaluate cannulation* includes arterial and venous pressure and blood flow rate. *Post cannulation* includes needle withdrawal and haemostasis.

The majority of the dialysis units describes most of the found prerequisites. However, several of these practical aspects of cannulation are handled differently in the participating units.

Conclusion/Application to practice

The chain of cannulation describes the prerequisites that are needed to facilitate a good cannulation technique. However, this study also demonstrates the need of more knowledge on how the different prerequisites affect AV-fistulas and its patency.

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Disclosure of Interest

no

ID: 130

Crossing the line!

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Background

It is accepted that arteriovenous fistula (AVF) creation is the first choice of access for hemodialysis, because of the low risk of infection (1). However, central venous catheters (CVC) remain an important medium for dialysis in situations where an AVF is not yet ready for cannulation or has yet to be created. In the Netherlands the choice of the patient also plays an integral role in the placement of an AVF or a CVC (2). Many patients prefer a CVC for the convenience and ease of connection and disconnection. Other reasons for AVF refusal vary from needle phobias to poor vascularization (3).

Results

In the Elyse clinics we have observed that the risk to the patient is nominal and the choice for a CVC over that of an AVF is gaining in popularity. Our best practices are:

1. Permanent lines have preference over temporary lines, but temporary pre-curved jugular lines have been shown to be adequate in preventing infection (4).
2. Following the Dutch Federation of Nephrology guidelines all exit sites are disinfected and an antibiotic ointment is administered every dialysis session.
3. We are using a needle free closed connector designed to enable high blood flows for the prevention of catheter infections.
4. An antimicrobial-containing citrate lock is better than a heparin lock in the prevention of catheter-related infection (5).
5. The use of a strap free device to keep the catheter in place instead of a stitch reduces the risk of infection as skin is not broken so one less route for possible infection.
6. For nurses we use mandatory online E-learning modules and in-house competency training.

Conclusion/Application to practice

Adhering to this multifaceted approach will ensure low to nil infections (0.2 per 1000 catheter days). We are pleased with the low infection rates in the CVC's. However, we still recommend where possible patients receive an AVF.

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Disclosure of Interest

no

ID: 81

Ionizing radiation exposure in endovascular intervention to vascular access

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Background

Patient exposure to ionizing radiation is increasing. The Dose Area Product (DAP) is the most common method for measuring the patient dose. About exposure, in these patients we must consider the cumulative effective dose, resulting from the set of exposures to which the patient is subjected in a given period.

Objectives

Identify the DAP of CKD patients in the different types of endovascular intervention to vascular access.

Methods

Cross-sectional study, observational and retrospective data analysis of the radiation doses recorded in procedures performed within one year.

Results

From a total of 1247 procedures performed to 821 patients, 771 to AVF and 476 to AVG.

- 932 (74.77%) procedures were angioplasty with percutaneous transluminal angioplasty (PTA) balloon with an average DAP 261.65 cGy.cm² (SD=304.01) and fluoroscopy time 5:09 minutes (SD=4:02 minutes) and thrombolysis were 149 procedures (11.90%) with average DAP 384.26 cGy.cm² (SD=463.05) and fluoroscopy time 10:22 minutes (SD=5:48 minutes) ($p < 0.01$).
- Central stenosis was found in 158 (12.70%) procedures, with an average DAP 493.27 cGy.cm² (± 27) and the average DAP on group with no central stenosis was 230.20 cGy.cm² (± 302.95) ($p < 0.01$).
- Procedures on AVF have an average DAP 250.25 cGy.cm² (SD=321.99) and fluoroscopy time 5:15 minutes (SD=4:71 minutes) and on AVG average DAP 284.31 cGy.cm² (SD=340.39) and fluoroscopy time 5:93 minutes (SD=4:91 minutes) ($p < 0.01$).
- Correlation between DAP and fluoroscopy time was found to be moderate and significant $r = 0.527$ ($p < 0.01$).
- 1.52 intervention/patient/year with a average DAP 398.51 cGy.cm² (SD= 538.65).

Conclusion/Application to practice

Thrombolysis procedure has a higher DAP and fluoroscopy time. Patients with central stenosis have a higher DAP. AVF procedures have a higher dose compared to AVG. In patients with no central stenosis, DAP depends directly on fluoroscopy time. Cumulative effective dose must be considered on referral patients to endovascular intervention, ensuring patient safety.

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Disclosure of Interest

no

ID: 98

Arteriovenous Graft pseudoaneurysm

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Background

Pseudoaneurysms occur outside the vessel wall due to a communicating defect in the graft. They are essentially hematoma encapsulated in adventitia that is prone to rupture. Pseudoaneurysms usually arise from repeated punctures by dialysis needles in a limited area of the graft. This repetitive action contributes to the destruction of exiting graft material.

Pseudoaneurysms are classified as asymptomatic, with no other risks, and the problem is, therefore, more aesthetic. On the other hand, symptomatic pseudoaneurysms are associated with a risk of bleeding, with thin wall graft, steel phenomenon in the failure of perfusion of the limb.

Objectives

This case report will examine the presentation, indication for treatment, and management options for arteriovenous graft pseudoaneurysm.

Methods

Case report and review of the author's experience with management of pseudoaneurysm over time, complications that accompany the development and treatment of pseudoaneurysm. The first pseudoaneurysm operation and its early postoperative course, the course of the first AV graft cannulation, repeated AVG closure with surgical intervention.

Treatment of the patient required 39 ultrasound examinations of the graft, 19 fistulographies, 3 recanalizations, and 3 surgeries.

Conclusion/Application to practice

Arteriovenous graft pseudoaneurysm can be safely observed. Due to a lack of sufficient evidence base, no individual management strategy can currently be recommended for an aneurysm requiring treatment. Symptomatic pseudoaneurysms, especially if are at a high risk of bleeding, should be indicated for treatment as soon as possible.

Recommendation for practice: Prevention of pseudoaneurysm development.

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Disclosure of Interest

no

S 22 THE EXPERIENCE OF PEOPLE WITH KIDNEY DISEASE

Digital tools in Patient Education: My Kidney Journey

Lorna Durack, Fiona Tobin, Anna Kaczmarek

ID: 43

Experiences of loss and grief among patients receiving haemodialysis and their family members

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Background

Patients with chronic kidney disease receiving haemodialysis treatment have reported a sense of a “lost life” and they experience overwhelming emotions (1). Both of these can be a major cause of mental health problems, such as depression (2). Families with relatives who are on haemodialysis relate to the limitations of the disease and treatment, which also affects their everyday lives (3). Thus, in-depth knowledge of how patients on haemodialysis and their family members experience loss and grief is important to nursing care.

Objectives

To explore experiences of loss and grief among patients receiving haemodialysis and their family members.

Methods

The study took a phenomenological-hermeneutical approach. Semi-structured individual interviews were conducted with nine patients receiving haemodialysis with no kidney transplantation option and nine family

members. The data were analysed using Ricoeur's theory of narrative and interpretation, on three levels: naïve reading, structural analysis, critical interpretation and discussion (4).

Results

Haemodialysis treatment does contribute to an increased disruption for both patients and family members in everyday life. For patients, loss is related to illness progression, fatigue and low physical capacity which leads to social limitations and feelings of not being able to live the life you hoped for. Over time, family members described needing greater support to cope with their emotions as well as the emotions of the person on haemodialysis.

Conclusion/Application to practice

Both patients and family members had experiences of loss and grief on social and emotional aspects of everyday life. Illness progression led to physical loss among the patients and grief related to shared changes in the anticipated future prospects within the family. Both patients and family members were in need of support. Nurses should be aware that dialogue with both patients and family members is essential to shape both an individual perspective as well as the perspective of the entire family unit.

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Disclosure of Interest

no

ID: 119

Enhancing patient perception of care on a hemodialysis facility

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Background

There has been a gradual increase in the incidence and prevalence of Chronic Kidney Disease (CKD) worldwide. In Portugal (2020), 88.9% of patients who started a renal function replacement therapy have opted for haemodialysis (HD). Given the chronicity of their disease and the need of regular treatments, assessing patients' perception of care (PPC) has become essential. This feedback includes information about communication and relationship between the patient and the care team, the clinical environment, and the efficiency of available resources.

Objectives

To analyse the feedback people's perception of care survey results to enhance related-health services.

Methods

A retrospective transversal study was conducted. From September to October 2021, all patients with cognitive ability had the opportunity to respond anonymously to the PPC survey, in total 191 out of 204 of an HD facility. The survey includes 38 questions as a 7-point Likert scale and 1 question about the overall experience from 0 (worst it can be) to 10 (best it can be). In addition, the PPC includes the Net Promoters Score (NPS) analysis.

Results

The surveyed population have reported an average perception of care score of 6.79 and by domain an average of: overall experience (9.43), test and investigations (6.87), scheduling and planning appointments (6.85), fluid intake and diet (6.82), access (6.80), the environment (6.79), privacy and dignity (6.77), communication (6.73), information (6.72), support (6.71), sharing decisions about care (6.59), needling (6.30), and transport (5.58). 61 NPS score, among them 86% were Promoters, 25% Detractors and 12% Passives. 23% have given feedback using the comments field still under analysis.

Conclusion/Application to practice

We can verify that HD patients are very satisfied with the care, observing that we can improve the PPC scores. The PPC is carried out on an annual basis allowing us to measure the improvement initiatives to enhance people's perception of care.

References

Available on presentation

Disclosure of Interest

no

ID: 89

Symptom prevalence in hemodialysis patients

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Background

Hemodialysis patients experience high rates of depression. Depression is associated with low compliance to treatments, malnutrition, increased markers of inflammation, reduced quality of life and high rates of hospitalization and mortality. Despite these associations, patients are not routinely evaluated for the presence of depression.

Objectives

To evaluate the prevalence of depression and other significant symptoms in hemodialysis patients.

Methods

A single-center, observational, cross-sectional study. Data were collected between October 2019 and January 2020. Prevalence of depression and other symptoms were assessed by the Patient Health

Questionnaire- 9 (PHQ-9) and Edmonton Symptom Assessment Scale. (ESAS). Descriptive statistics, mean and standard deviation (SD) were used to describe patient characteristics and results.

Results

107 patients participated. Average age was 66.42 (SD 14.59) years, 60.7% were male. education 10.67 (SD3.68) years. 73.8% married, with a Charlson Comorbidity Index of 6.5 (SD 2.64)

The average score of depression according to the PHQ-9 was 8.38 (SD 5.99), yet 92.5% of the participants were not receiving treatment for depression. Results of the ESAS revealed tiredness and pain as the most severe symptoms (4.86, SD 2.83; 4.28, SD 3.31 respectively).

A significant correlation was found between disease severity and severity of depression.

Conclusion/Application to practice

Average patient PHQ-9 scores correspond to mild to moderate depression. Hemodialysis patients suffer from multiple significant symptoms, including tiredness and pain. Patients who are sicker are at higher risk for depression.

People with chronic kidney disease identify improving psychosocial aspects of living with their illness among their most important research priorities. Summarizing the prevalence and significance of various symptoms in people treated by dialysis is an important first step in understanding symptom burden in this population and developing treatment priorities. The information derived from this study shows the importance of developing treatment plans for these patients.

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Disclosure of Interest

no

ID: 131

Health-related quality of life, and pain across a large multinational dialysis organisation

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Background

The International Association For the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage,”¹. In delivering a chronic treatment such as dialysis, it is important to have a holistic view and relieving pain can be an important aspect to improving patient’s quality of life. Chronic diseases are often associated with pain regardless of this it should not be assumed as having an impact on the patients life, the survey undertaken gave an opportunity to look at this in this dialysis population.

Methods

The Kidney Disease Quality of Life-Short Form (KDQoL-SF) was used to measure the level of pain using a 6-point Likert scale. 30.641 adult patients who received haemodialysis at a large multinational dialysis organisation during April to July, 2021 have responded.

Results

17% patients reported severe to very severe bodily pain during the past 4 weeks, 48% moderate to mild and 35% reported none or very mild bodily pain. Predictors of more severe pain are: > 80 year old ($p < 0.001$), Females ($p < 0.001$), higher BMI and comorbidity index ($p < 0.001$) as well as patient with a catheter ($p < 0.001$).

Conclusion/Application to practice

Our findings will lead to an increased focus on symptom-alleviating nursing interventions, in particular non-pharmaceutical interventions and to increase the patient’s literacy regarding pain management including use of appropriate pain-killers. Additional research is warranted to determine whether non-pharmaceutical nursing interventions can help this group.

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Disclosure of Interest

no

W 03 NUTRITION SUPPORT IN CKD "ENHANCING THE NUTRITIONAL STATUS IN END STAGE KIDNEY DISEASE"

Kalliopi Anna Poulia

Background

Malnutrition is a significant problem, often undiagnosed, negatively affecting morbidity and mortality in CKD patients. Ideally, patients and nursing staff should gain more awareness about the importance of adequate patient nutrition and the significance of treating malnutrition, aiming at its early detection and treatment. Dietary counselling should be provided for every patient with CKD from a trained renal dietician with the help of the "nutrition specialist", mainly from the nursing staff. Moreover, it is of great importance the evidence-based provision of nutritional support, in order to make sure that patients would be provided with the best available nutritional care. Finally, the compliance of the patients should be enhanced by the provision of psychological support, in order to maximise its efficiency and efficacy.

Learning objectives

1. How is malnutrition defined and which are its main causes in patients with CKD?
2. Which are the main anthropometric and laboratory parameters for the detection of malnutrition in CKD?
3. Which are the dietary recommendations for the malnourished patient with CKD? Do they change according to the CKD stage?
4. Which are means of provision of nutritional support in CKD patients undergoing haemodialysis.
5. How compliance can be enhanced in the patients with CKD?

S 23 GREEK SYMPOSIUM

Tunneled dialysis catheters: technological advances

Christos Bantis

Nurse care of the cuffed tunneled catheter

Maria Kalomoiri, Anastasia Sagxaridou, Chrysoula Siarkou

S 24 EDTNA/ERCA & ESNO JOINT SESSION

Abstract is not available

S 25 INFECTION CONTROL & COVID-19 PART 2

ID: 115

Digitalized management of Covid-19 precautions and hygiene measures implementation

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Background

After publication of COVID-19 guidance's, proper implementation and continuous following of the measures was critical. A flexible tool for quick assessment under different circumstances, to identify deviations was of great importance.

Methods

A Web application to monitor critical safety aspects on nursing processes, was already in use in 4 countries. The tool has 16 questions divided in 6 areas: Facility; Compliance with prescription; Hygiene; Vascular access; Patient Monitoring; and Emergency management. 7 questions were adapted, to include COVID-19 measures: droplet and airborne precautions, triage, isolation areas, etc. The deviations and the corrective actions were documented in the application. Each country used the tool in a flexible way, adapting the frequency as the pandemic progressed and the risks identified. It was used as self-assessment by clinic head nurses or by "nurse coordinators" responsible for a group of clinics.

Results

The total number of assessments in 2020 was 696, increasing to 1042 in 2021. For all 166 clinics, 472 deviations were identified in 2020 and 600 in 2021. Hygiene, Facility and Emergency management were the areas with more deviations. Hand Hygiene, cleaning of stations, use of PPE's, patient route and triage were the areas in high focus in the assessments. Continuous detection of the deviations allowed quick corrective actions that included creative solutions to reorganize triage spaces, minimize PPE shortages, webinars, hot lines and shared education materials for staff, patients, and families.

Conclusion/Application to practice

The tool provided a good overview of the status of the clinics at critical times. The management teams could identify the support needed at any time. Allowed a better response to the challenges of implementing new guidance's, showing the added value for future implementations, to improve transparency and act proactively

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Disclosure of Interest

yes

ID: 144

Impact of a contingency plan on COVID-19 management in a Portuguese outpatient dialysis setting

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Background

By late 2019 World Health Organization reported pneumonia surge in China caused by an unknown agent later identified as a new corona virus. This sickness was named COVID-19.

In January 13th 2020 the first case was diagnosed outside China. In March 11th 2020 COVID-19 was declared a pandemic.

In Portugal the first case was diagnosed in March 2nd 2020.

The first case in Portuguese clinics of our company was diagnosed in March 12th 2020. There have been 1179 cases until February 2nd 2022.

From January 31st 2020 the company emerged policies for COVID-19 management that allowed for contingency plan implementation that aimed to safeguard the health and safety of patients and healthcare professionals ensuring continuity of care. This contingency plan includes a 76 points checklist focused on incident management system/team, clinics capacity, infection prevention and control, case management, human resources, communications, logistics and supplies management and essential support services.

Objectives

Compare incidence in company's clinics to local community's;

Analyze the impact of the contingency plan on preventing transmission;

Methods

Comparative Retrospective Study.

Compare 14 days incidence rate at a Portuguese network of outpatient clinics to that of the subregions where those clinics are located analyzing data from 05.04.2020 to 02.02.2022.

Results

Graphic analyses of both incidence rates permits to conclude that they follow the same trends though incidence rates at clinics are generally higher than the community's.

Conclusion/Application to practice

Data suggests that it's incorrect to assume that early implementation of a contingency plan will result in a decrease of incidence rates. Policy and testing capacity may strongly influence incidence and therefore deserves further studying.

14 days incidence rate at clinics may be biased by sample size.

Data regarding context of infection is being analyzed as this may prove to be a more reliable indicator measuring the contingency plan effectiveness.

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Disclosure of Interest

no

ID: 101

Vaccination Against COVID-19 in a large private dialysis network: a proven positive experience

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Background

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) responsible for coronavirus disease 2019 (COVID-19) seriously affected worldwide dialysis patients, particularly in the elderly population with a high number of comorbidities, including patients with chronic kidney disease in stage 5 (CKD-5D) undergoing a regular dialysis program.

Objectives

To identify the impact of vaccination on the incidence of new daily cases and mortality in the CKD-5D population.

Methods

Prospective, observational multicenter study, involving patients with CKD-5D from 38 dialysis units from a large private dialysis provider in Portugal. Daily SARS-CoV-2 infections and mortality among these patients was compared with the incidence in the general population. Three periods were analyzed: before vaccination, during the vaccination process, and a third period after complete vaccination with the Pfizer-BioNTech' Comirnaty[®] vaccine. The primary outcome was infection by the SARS-CoV-2 virus and the secondary outcome was death associated with the infection.

Results

A total of 4617 patients were enrolled: mean age 69.37 (SD = 14.08) years old and 2765 (59.9%) were male. During the first period, there was a significantly higher COVID-19 incidence of 14.9% in patients with CKD-5D compared with the general population (7.9%; $p < 0.001$).

During the fifteen days after the complete vaccination, it was observed a significant decrease of new COVID-19 cases ($p < 0.001$). The mortality rate among CKD-5D was significantly higher than in the general population ($p < 0.001$).

Conclusion/Application to practice

A high incidence rate of infection was observed in CKD-5D patients, probably due to several factors such as advanced age, number of comorbidities, inability to remain in confinement, among others. After vaccination there was a significant reduction of new cases.

The reproducibility of this methodology could contribute to the implementation of future vaccination campaigns in specific subgroups of the population.

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Disclosure of Interest

no

ID: 155

COVID-19 vaccine acceptance among hemodialysis patients: Albania experience in a network renal center.

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Background

Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. Before the COVID-19 vaccines were available in Albania, it was perceived that our haemodialysis patients were not confident, and somewhat likely reluctant. Whilst, known that vaccines and continuous infection measures are the only realistic options to constrain the ongoing COVID-19 pandemic and the renal patient are among the risk groups of contracting severe case of disease.

Objectives

The objective of this study was to identify the impact of the patient education on the COVID-19 vaccination hesitancy among patients in our haemodialysis facilities.

Methods

Patients were surveyed regarding their acceptance to the COVID-19 vaccines, and a set of educational material was prepared to increase the patient acceptance to COVID-19 vaccines. The impact our interventions were measured weekly by following vaccination rate and comparing with national vaccination rate.

Results

Before COVID-19 vaccines were available in Albania, a total of 393 renal patients were surveyed, 65.8% were male and \pm 60 years old. 29,5% have reported unwillingness to taken the novel COVID-19 vaccines. In January 2021 with 50 first doses were administered to staff working in the National Health System in dedicated COVID-19 hospitals At the end of May 2021, 7.1 % of the Albanian population was vaccinated with one dose, 9.6 % fully vaccinated.

At beginning of March, we started the vaccination in our five haemodialysis clinics. Currently, 81.1% of our patients are fully vaccinated (28,1% with the booster dose, 52,7% with 2 doses, 0,3% with Ad26.COVS vaccine, 3,6% with one dose and 15,3% not vaccinated.

Conclusion/Application to practice

Interventional educational campaigns targeted towards populations at risk of vaccine hesitancy are shown to be effective to combat misinformation and avoid low inoculation rates.

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Disclosure of Interest

no

ID: 154

COVID-19 vaccine hesitancy among clinical staff in a renal network

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Background

Background: Clinical staff are among the group likely to be exposed to COVID-19. Therefore, it is important to achieve high COVID-19 vaccination coverage rates in this group. Besides to be protected, they are entrusted to providing vaccine recommendations and counseling vaccine-hesitant patients.

Methods

Methods: This study used “self-report” to assess vaccine hesitancy and acceptance among our clinical staff towards the novel COVID-19 vaccines.

Results

Results: A total of 123 members of the staff were surveyed, 44 male aged 23-65 years. 30% have expressed their hesitation towards the novel COVID-19 vaccines. Nearly all participants had positive attitudes towards vaccines but a few still had concerns about safety and efficacy of vaccine. After gaining knowledge and getting information about the effectiveness and importance of vaccines, over 87% of the staff was vaccinated.

Conclusion/Application to practice

Conclusion: High vaccination rate among clinical staff has a lot of benefits. First, patients who hesitate to do the vaccine are more receptive after staff vaccination. It helps to protect patients from COVID-19 illness but also their family members.

References

Keywords: COVID-19; clinical staff; vaccine hesitancy.

Disclosure of Interest

no

S 26 EDUCATION OF PEOPLE WITH KIDNEY DISEASE

ID: 17

Oversight of training and education of PD patients in the Netherlands.

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Background

The special interest group (SIG) for peritoneal dialysis (PD), part of the Dutch Association of nurses, revised their manual for training and education in 2020. In support of the revision a research was performed and topics learned were described.

Methods

Quantitative nursing research, using similar surveys to compare training and education over the last decade. Additionally, a brief search for literature was performed^{1/2/3}.

Results

Retrieved information was divided into basic topics and compared. More important, our findings show that even after a decade, there is still no special education for the nurses and patient training is given based on experience alone. Furthermore, multiple nurses are involved in patient training, with varying materials. There are more home visits with training at home and retraining is more suitable. A growth in assisted PD implies more involvement by community nurses. Also, more acute PD is seen, with a different structure of training.

Conclusion/Application to practice

The manual was revised with input from our nurses and the new guidelines⁴. We can improve the education by emphasizing the need for trainingsnurses and development of national PD-training courses. Our research was described in an article in Journal of Renal care⁵.

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Disclosure of Interest

no

ID: 151

Health literacy in persons with kidney disease: a study protocol of cluster randomised trial

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Background

Patients with chronic kidney disease, especially older people, have to self-manage their disease every day. To face this complexity older people must deliver critical knowledge in every health action to manage their chronic condition.

Objectives

Describe an intervention based on health literacy promotion to improve treatment adherence delivered to older persons in regular haemodialysis treatment.

Methods

A cluster randomised trial (CRT), with two groups (control and experimental), will be conducted. This study will recruit patients from Portuguese haemodialysis centres. Inclusion criteria: (i) to have 65 or more years old; (ii) without a cognitive impairment; (iii) attending a regular haemodialysis program. The primary outcome will be the health literacy as measured by European Health Literacy Survey EHLS-EU_PT (Pedro, Amaral & Escoval, 2016). Secondary outcomes will include treatment adherence and hospital readmission. All outcomes will be measured three times (baseline, 1 and 3 months after program implementation). Data analysis will be done through SPSS software 25 (SPSS Inc., Chicago, IL, USA). The primary analysis will be performed according to the intention-to-treat principle. It means that data from all participants will be used, regardless of whether they integrated the experimental design. The bivariate analysis will be considered to identify an association between baseline participants' characteristics. Scores of Health literacy between 3 months will be compared by using repeated measures ANOVA or Mann-Whitney U-test, according to the distribution of the data. A similar analysis will be performed considering the secondary outcomes.

Conclusion/Application to practice

The program will highlight new ways to understand the feasibility of a large trial, which supports older persons with chronic disease to manage the complexity of this health situation, adhere to the treatment, through higher levels of literacy and decrease hospitalization rates

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Disclosure of Interest

no

ID: 128

Therapeutic adherence of chronic kidney disease patients in a regular hemodialysis program

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Background

Chronic Kidney Disease (CKD) is currently considered a public health problem worldwide. The culmination in stage 5 implies a Renal Function Replacement Technique for maintaining life, with hemodialysis (HD) being the most common. Adherence to treatment is decisive in reducing intradialytic complications, maintaining physical, social and psychological well-being, and in reducing mortality and comorbidities.

Objectives

The objectives of the study are to assess adherence to the therapeutic regime of people with CKD in a regular Hemodialysis program and to identify the factors that influence adherence to the therapeutic regimen in a regular Hemodialysis program.

Methods

A descriptive-correlational and cross-sectional study of a quantitative nature was carried out, involving 87 people with CKD in a regular HD program in a dialysis clinic in the central region, with an average age of 69.44, 64.4% of whom were male. For data collection a questionnaire was used, which included sociodemographic, clinical and variables related to the nutritional regime. The Portuguese End-Stage Renal Disease Questionnaire (PESRD-AQ) was applied to assess therapeutic adherence.

Results

The results revealed, regarding the total index of therapeutic adherence, a prevalence of 88.5% of non-adherence and 11.5% of adherence. The educational qualifications, the place of residence and the level of knowledge about their kidney disease were predictive of better adherence to the therapeutic regimen of the person with CKD in a regular hemodialysis program.

Conclusion/Application to practice

It was concluded that the nurses' intervention in promoting adherence is extremely important. The promotion of adherence behaviours are a necessity and an excellent opportunity to develop nursing care.

References

Chronic Kidney Disease, Hemodialysis, Adherence, Therapeutic regime, Nursing

Disclosure of Interest

no

ID: 139

Intervention program for hemodialyzed diabetic patients

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Background

Diabetes is the leading cause of chronic kidney disease. It's essential a multidisciplinary approach and coordinated care to hemodialyzed diabetic patients. Nursing plays an important role in the surveillance, monitoring and management of the patients health plan.

Objectives

To report the results obtained in relation to diabetic foot complications after the implementation of an intervention program in hemodialyzed diabetic patients.

Methods

The 51 hemodialyzed diabetic patients from the same unit were included in the program. Data collection and processing were performed during the implementation of the program, during the year 2021, using the excel program.

Results

A total of 51 first appointments and 15 follow-ups were performed throughout 2021. In 30% of the cases, teachings were given to the families and in 2% to the nursing home. Two patients were referred to the social worker.

In the diabetic foot intervention, 5 patients were referred for nutritional supplementation to aid healing. And, under a protocol with the referring hospital, 80% of the patients are followed at the diabetic foot unit, which in cooperation with the dialysis unit implements coordinated care, allowing the prevention of complications such as amputations. There are 15 amputated patients (26% major amputations and 74% minor amputations) since the implementation of the project there have been 3 minor amputations.

Conclusion/Application to practice

The hemodialyzed diabetic patients have to be co-responsible of their health plan, and the nurse, the manager of it. Coordinated care and multidisciplinary promote health gains, decreased morbidity, and increased life quality.

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Disclosure of Interest

yes

ID: 13

A pragmatic cluster randomised control trial to manage fatigue in people receiving haemodialysis

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Background

Fatigue is one of the most common and debilitating symptoms affecting individuals receiving haemodialysis (HD). Energy conservation strategies have been shown to improve fatigue in a range of clinical conditions like multiple sclerosis, cancer, and stroke; however, such evidence is lacking in the HD population.

Objectives

To explore the effectiveness of an energy conservation education program on fatigue in the HD population.

Methods

A pragmatic cluster randomised controlled trial recruited 126 participants who were receiving HD. Clusters based on HD shifts were randomised into the intervention and the control groups. The intervention group received four face-to-face structured energy conservation education (ECE) sessions during HD treatment plus usual care over 12 weeks. The control group received usual care. Fatigue was assessed using the fatigue symptom inventory (FSI) at baseline, weeks 4, 8, and 12 for both groups. This instrument has 4 subscales measuring fatigue severity, fatigue interference, fatigue days, and percent of days being fatigued. Intention-to-treat analysis was used.

Results

There were no significant differences in demographic and clinical characteristics as well as FSI scores between groups at baseline. Total fatigue severity was statistically significantly reduced in the intervention group from baseline to week 12 compared to the control [mean difference-(Δ) = 3.39, 95% CI (2.92-3.86), effect size = 2.37, $p < 0.001$]. Similar findings were observed for fatigue interference [Δ = 2.76, 95% CI (2.27-3.26), effect size = 1.68, $p < 0.001$], fatigue days [Δ = 1.52, 95% CI (1.05-1.99), effect size = 0.74, $p < 0.001$] and percent of days being fatigued [Δ = 33.90, 95% CI (28.85-38.94), effect size = 2.10, $p < 0.001$].

Conclusion/Application to practice

The ECE program was effective in managing the level of fatigue in the HD population. The intervention could be provided by nurses during HD treatment. It is also recommended that fatigue be regularly assessed in this patient population.

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Disclosure of Interest

no

W 04 PERITONEAL DIALYSIS - NURSE BEST PRACTICES: CLINICAL SCENARIOS

Maria Arminda Tavares

Background:

Peritoneal Dialysis is a renal replacement therapy that involves shared decision making among patients, family and health professionals. Patients and/or caregivers are educated by nephrology nurses to self-management their home therapy and achieve their maximum self-care. There is no consensus among nephrology nurses about the best Education program to teach and train patients. PD patient education programs vary from country to country and in each country varies from unit to unit. It is important to reduce variability among PD education programs, focus on what is important to empower the PD patient to Self-Care. It is important that patients acquire during educations programs the skills and the knowledge to perform their treatment safely, recognise potential complications and manage risks. Nursing theories and qualitative research methodologies are advantageous to build knowledge in nephrology nursing discipline.

Learning Outcomes:

- Promote peritoneal dialysis among nephrology nurses
- Share experiences and information about PD education programs among participants
- Describe a PD education program focused on patient Self-Care (Dorothea Orem Deficit of Sel-Care Theory)
- Work with real clinical scenarios to improve nurse best practices

S 27 CKD PREVENTION & HOME HAEMODIALYSIS

ID: 138

How can smartphones play a part in home urine testing?

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Background

People living with diabetes mellitus should have annual screening for CKD, using both eGFR and albumin:creatinine ratio (ACR) urine tests. UK National Diabetes Audit data (2020) reported 46% ACR compliance with the likelihood that rates had dropped because of the pandemic.

To overcome the barrier of needing to take a urine sample to a GP practice, a medical technology company called Healthy.io has devised a CE and FDA approved smartphone urinalysis test kit, that includes a urine pot, dipstick and colour chart. It produces a semi-quantitative ACR analysis with results expressed as ACR normal (<30mg/g), ACR abnormal (30-300mg/g) or ACR high abnormal (>300mg/g). Abnormal results require a subsequent laboratory test.

Objectives

To evaluate the feasibility of using smartphone technology for home urine testing for people with diabetes in one inner-city area.

Methods

Practices were asked to identify eligible patients with diabetes who have no recorded ACR in the past 12 months. Patients were contacted via SMS text to request possible opt-out and to be guided through the App download. The testing kit was subsequently sent in the post. After completing the test, the smartphone is used to log results directly in the electronic patient record, with abnormal results flagged for follow up.

The number of patients who consented and returned the urine sample result were collated. Acceptability of the App/kit to patients was measured via a questionnaire within the App. Focus group interviews with Practice staff to explore the time taken to set-up the project and explore the impact on workload post-result were undertaken.

Results

Home urine testing is feasible: 61% completed the test of 2370 who consented. We identified 1/3 with clinically significant albuminuria (1/3 of these are 'new' results ie. not known before).

Conclusion/Application to practice

Our data show that the testing kit is acceptable to patients and also to health care professionals.

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Disclosure of Interest

no

ID: 33

Perspectives on advance care planning among patients' with chronic kidney disease and their families

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Background

Advance care planning (ACP) is a process supporting adults of any age and stage of illness in understanding and sharing their values, life goals and preferences regarding medical care (1). Chronic kidney disease (CKD) is a progressive and lifelong disease (2). Relatives often represent patients' most important support (3). ACP is recommended to be a continuous part of a person's ongoing treatment and is not solely related to end-of-life care (1). However, no studies have focused on ACP to patients with CKD earlier than onset of terminal illness.

Objectives

To describe experiences of and perspectives on ACP among patients with CKD and their close relatives.

Methods

A meta-ethnography was conducted of studies with individual, dyad or focus group interviews. Five electronic databases were searched (April 2020, repeated in February 2021): PubMed, Cinahl, Embase, PsycINFO and Scopus and reference lists of relevant articles. The seven steps of Noblit and Hare (1988) were used to summarize the included studies.

Results

Seven articles were included. Participants had a need for ACP to make shared decisions about treatment and everyday life. The responsibility for initiating ACP lay with the health care professionals. Differences between ACP goals among patients, relatives and health care professionals complicated the ACP process. A focus on day-to-day care at the expense of focusing on ACP gave an impression of lack of competencies and interest. For some patients, the involvement of relatives was of significant value; however it could be associated with burden and pressure.

Conclusion/Application to practice

Patients with CKD and their families have a need for ACP before decisions related to dialysis or transplantation are initiated. ACP earlier in the illness trajectory gives patients' and their families' information about illness, prognosis and treatment and forms a basis for shared decision making related to treatment options that match their treatment preferences and everyday life.

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Disclosure of Interest

no

ID: 12

Clinical targets of people with chronic kidney disease managed by a nephrology nurse practitioner

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Background

While chronic kidney disease (CKD) is a complex disease traditionally managed by a medical practitioner, patients can be managed successfully by other healthcare professionals. Nephrology nurse practitioners (NNP) have an extended scope of practice compared with other nurses in that they can order and interpret diagnostic investigations, make patient referral to other health professionals, and prescribe medications. For those with CKD they can provide a complete episode of care without a patient needing to be seen by a medical practitioner.

Objectives

To describe the clinical targets of patients with CKD who are managed by NNP.

Methods

Retrospective study of patients attending an outpatient clinic between 2012 and 2018. The NNP clinic provides care in a suburban area with a population of people with a lower socio-economic status and who come from a highly multicultural background. Following ethics approval, we extracted data from hospital records as well from a CKD registry. Descriptive statistics were used to analyse data.

Results

Over this period 253 patients were solely managed by the NNP. The mean age of patients was 70.27 ± 10.48 years, most were in CKD grade 3b (41.5%), had renovascular disease (31.6%), and mean of 4.46 ± 2.57 comorbid conditions. At one year after entry to the NNP clinic, blood pressure, smoking status and triglyceride clinical targets were achieved by 82.6%, 81.1%, 66.1% of patients respectively although very few had normal BMIs (6.9%). Also, one year after entry, eGFR had improved by $\geq 5\text{ml}/\text{min}/1.72\text{min}^2$ in 24.4% of patients, remained stable (53.6%) or had deteriorated by $\leq 5\text{ml}/\text{min}/1.72\text{min}^2$ in 22%.

Conclusion/Application to practice

The NNP demonstrates effectiveness in meeting important clinical targets which slow progression of CKD. Advanced practice nurses such as nurse practitioners can transform traditional medical models of healthcare delivery, freeing up medical practitioners to manage more complex or acute patients.

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Disclosure of Interest

no

ID: 52

Safety and efficacy evaluation of a sorbent-based portable hemodialysis device

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Background

Sorbent-based regenerative hemodialysis (SHD) is a promising technology for application in highly portable hemodialysis machines for home dialysis. The technology only requires one bag of dialysate to provide the same therapeutic benefits as conventional hemodialysis (CHD) systems. This is achieved by continuously regenerating spent dialysate in a sorbent cartridge, thereby re-using the fluid multiple times, rather than discarding it after only one use. A new device, which relies on this technology is currently getting ready for human trials in preparation of regulatory approval.

Objectives

To evaluate the safety and efficacy of the new SHD system in vitro, in animal, and ultimately in a first-in-human clinical trial.

Methods

The SHD system underwent the following pre-clinical studies:

- ISO10993 biocompatibility tests
- in-vitro tests covering a matrix of simulated patient conditions
- animal tests in highly uremic pigs, maintained exclusively on alternate-day SHD for up to 2 weeks.

Evaluation criteria:

- short-term biocompatibility
- biochemical stability and quality of sorbent-regenerated dialysate
- stability of vital parameters
- toxin removal efficacy

Results

The tested system met the requirements for sterility and endotoxin, and passed all required short-term biocompatibility tests.

The sorbent-regenerated dialysate biochemistry was shown to be safe for a total of 16 simulated patient conditions, covering all expected patient scenarios.

Three total kidney failure pigs received a total of 14 SHD therapies. The animals tolerated the therapies well. All experiments completed the intended therapy time without any therapy-related adverse events. The dialysate biochemistry and toxin removal efficacy remained within the requirements.

Conclusion/Application to practice

The safety and efficacy of the SHD system has been confirmed in-vitro and in the successful therapy of 3 highly uremic pigs. There were no severe adverse events.

We are currently preparing for a first-in-human trial to evaluate the safety and efficacy of the SHD system for human use.

References

Nil

Disclosure of Interest

yes

ID: 63

Dialysis close to home, lessons from 5 year dialysis hubs

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Background

In the Netherlands, almost 300 patients are treated with home hemodialysis (HHD). HHD is traditionally performed by the patient, either autonomously or with the help of a partner. In other cases, a dialysis nurse can provide support. This type of support is unprofitable and socially unsustainable due to staff shortage. Our centre realized its first dialysis hubs in 2015 in collaboration with a healthcare facility, offering the opportunity of home hemodialysis close to home.

Methods

In the run-up to a new dialysis hub a standard scenario is used. The Quality and Safety department supervises and monitors the process and translates control measures into cooperation agreements. For vulnerable patients, backup support in an emergency situation is essential. Every dialysis hub presents new challenges that are embedded in the work processes.

Results

Currently, 11 dialysis hubs treating a maximum of 8 patients are active in collaboration with a contract hospital. Since 2015, processes have been refined, risks identified and hubs almost continuously occupied. Sometimes a short return to the centre is necessary, for example in case of fistula problems. The dialysis hubs are located in (primary) care homes. The closure of the care homes during the COVID pandemic meant that patients had to return to the centre for treatment. Thus accessibility is important. Dialysis hubs meet a need, treating patients close to home in a pleasant, small-scale environment.

Conclusion/Application to practice

Our 11 dialysis hubs have built up a wealth of experience. The deployment of dialysis nurses in these hubs is profitable and dialysis close to home offers patients a good alternative to home hemodialysis. There is great support within healthcare facilities; they experience the impact of dialysis on patients' lives. Annual audits guarantee quality and safety.

References

None

Disclosure of Interest

no

S 28 PAEDIATRIC & TRANSPLANTATION 1

ID: 122

Complications of acute pediatric hemodialysis in the intensive care unit

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Background

The work of a dialysis nurse in intensive care unit in a life-threatening child requires special knowledge from the field of implementation acute dialysis and practical experience as well as all process-related apparatus and other important parameters. Electrolyte and fluid balance must be controlled by blood test analysis and ultrafiltration. Collaboration with an extended team of health professionals is essential. Constant control over own work and analysis of own results are also essential for quality work.

Objectives

The objectives of the study are to determine the number of complications during hemodialysis of children due to acute renal failure in intensive care unit and to identify the most common complications that occur during acute hemodialysis and requires actions in the events. We intend to compare our results with published literature.

Methods

The study included all children who needed acute hemodialysis treatment in our intensive care unit from the beginning of 2017 to the end of 2021. Data were collected retrogradely based on a review of existing health records. Descriptive statistics was used in the data analysis.

Results

In the observed period, 37 children needed acute hemodialysis treatment. Of these, 13 were girls and 24 were boys. The following complications (of the 14 patient health records revied so far) were registered: hypotension (85%), coagulation of dialysis circuit (64%), malfunction of the dialysis catheter (50%) and reanimation (28%).

Conclusion/Application to practice

According to our preliminary results the most common complications of acute hemodialysis in children was hypotension following by coagulation of dialysis circuit and malfunction of the dialysis catheters. In practise it is important to pay attention weather these complications can be prevented.

References

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Disclosure of Interest

no

ID: 125

Ethical issues in pediatric transplants

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Background

Kidney transplantation is the best treatment option for end stage renal disease. Lack of available organs and low rates of transplantation is especially a problem in the paediatric population.

Historically, children with intellectual disabilities have been denied access to transplantation. While many of these children are eligible for transplant, the practices in individual transplant centres differs markedly. Surveys report that many centers would consider low IQ as a contraindication to transplantation. Some centres would only consider a child with intellectual disability for transplant if a family member is a living donor.

Objectives

Questions that arise in paediatric nephrology include: whether to register children with severe mental retardation on transplant lists; should cognitive evaluation be mandatory for patients with mental retardation prior to this decision; is severity of disability a contraindication for transplantation; should only children with adequate social support be considered as transplant candidates.

Many places have no structured guidelines for this aspect of care. The decision to register a child with mental retardation for transplant is the decision of the individual unit, and varies among centres according to internal policies.

Methods

Two case studies with discussion.

Results

Case study 1: A 4 year old male presenting with severe mental retardation. Parents desire to donate a kidney for transplantation, the decision was made to postpone transplantation.

Case study 2: A 16 year old male, on dialysis since age 8, with moderate mental retardation. Started treatment with peritoneal dialysis and was transferred to haemodialysis. Parents were not suitable for living donation. Patient received a transplant.

Conclusion/Application to practice

Individualized evaluation of neurodevelopmental status and potential influence on quality of life is necessary. Clear communication and a systematic process for conflict resolution with family members is essential. The necessity of a full-time caregiver and the workload involved with dialysis must also be taken into consideration.

References

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Aaron Wightman, MD, MA1, Bessie Young, MD, MPH2, Miranda Bradford, MS3, André Dick, MD, MPH4, Patrick Healey, MD4, Ruth McDonald, MD5, and Jodi Smith, MD, MPH5 Prevalence and Outcomes of Renal Transplantation in Children with Intellectual Disability, *Pediatr Transplant*. 2014 November ; 18(7): 714–719.

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Disclosure of Interest

no

ID: 47

National improvement plan The importance of anonymous contact

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Background

In recent years there have been reports in different media that relatives of postmortem donors are disappointed at not receiving an anonymous written message from the recipients of organs. From research before 2019 is known that only 30 to 40% of the organ recipients decide to write a card or letter. There are several reasons for recipients not to write a letter:

1. Not knowing the possibility,
2. Simply forgetting after recuperating,
3. Not knowing what to write,
4. Cultural/religious backgrounds.

Objectives

The main objective of this national plan is to improve the processing for relatives of postmortem donors and the organ recipients by national uniformity in giving information about the possibility of writing a card or letter and support the recipients with writing if they find it hard to give words to their feelings.

Methods

A multidisciplinary approach has been started in which the interests of the next of kin and the recipients are the starting point. We strive for national uniformity in procedure:

1. Every recipients is digitally informed of the possibility during screening (before receiving).
2. During hospital admission (after receiving the organ) the possibility is mentioned again in person.
3. After three months there is a check (if the message has not already been written).

The initiative for writing stays with the recipient. The professionals only mention the option of writing and the possibility of support.

Results

A registration on the recipients side as well as with the relatives of postmortem donor will help us to see if this improvement plan has helped for a better processing. A pilot in the LUMC and Radboudumc has already shown that this method works.

Conclusion/Application to practice

In 2022 all UMC's in the Netherlands take part in this improvement plan and we already see an growing increase in anonymous contact.

References

Prof. dr. L.B. Hillbrands.
Drs. W.A.G. van der Meijden

Disclosure of Interest

no

ID: 53

The benefits of a kidney transplant education programme

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Background

Although kidney transplantation is considered the best treatment for end-stage kidney disease, the route to kidney transplantation is complex. Transplant knowledge is essential for graft survival and for patients' well-

being while on the waiting list, as indicated by previous literature. Thus, the current absence of structural transplant education may have an adverse effect on dialysis patients.

Objectives

How is guidance experienced and what is the level of knowledge on kidney transplantation in prevalent hemodialysis patients while waiting for a kidney transplant?

Methods

Between January and March 2021, nine patients were questioned in qualitative surveys using semi-structured, thematically analyzed, interviews. Second, in 22 HD patients, the degree of transplant knowledge was assessed in a descriptive cross-sectional study using the Kidney Transplant Understanding Tool (K-TUT).

Results

Most respondents felt insufficiently informed and would like information about lifestyle, medication and the exact procedure around the transplantation (e.g. always being on call, what to expect when admitted and possible reasons to cancel the transplantation while already in the hospital, etc). Waiting time is perceived as a burden; peer support and a dedicated case manager are considered as positive factors. Resignation has been seen as a coping mechanism during the waiting time. The K-TUT median total score was 36 of a possible maximum score of 49 points: this shows room for improvement.

Conclusion/Application to practice

During waiting time, there is a clear knowledge gap regarding renal transplantation and patients feel incompletely informed. A case manager could take on a coordinating role. Guidance should focus on coping mechanisms and peer support. As a consequence of this research, a transplant education and guidance programme will be developed.

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Disclosure of Interest

no

ID: 56

The psychosocial needs of young kidney transplant recipients and associated interventions: a scoping review

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Background

Renal transplantation is considered the gold standard treatment for end-stage kidney disease (1). Adolescent and young adult kidney transplant recipients have the highest rate of graft loss amongst transplanted patients (2). It is largely accepted this is due to psychosocial and behavioural difficulties, impacting adherence to therapies (3). This phenomenon is not isolated to a particular healthcare system. Having been observed in multiple countries it is a global issue of concern.

Objectives

We sought to review the psychosocial needs of these patients, and the interventions designed to meet these needs.

Methods

A scoping review was conducted based on Arksey and O'Malley's six-stage framework (4). Search strategies were developed and conducted on PsycINFO, PubMed, Embase, and CINAHL. Selected articles were reviewed using a descriptive-analytical narrative method.

Results

39 studies met our inclusion criteria, 30 of which related to needs, and the remainder examined interventions. 4 main themes were derived from our analysis of psychosocial needs literature, as follows: the need for 1) emotional support, 2) acceptance, 3) direction, 4) equality in healthcare. 2 main themes emerged from analysis of psychosocial intervention literature, namely: psychosocial 1) capability, 2) assessment.

Despite the evidence that graft health is strongly associated with psychosocial wellbeing, findings revealed a significant lack of literature investigating how best to meet psychosocial needs. Trends were observed amongst intervention studies, namely interventions of novel and non-evidenced based design, with the aim of improving medication adherence through organisational strategies and education. However, literature regarding psychosocial needs showed non-adherence to therapies was not simply a result of disorganisation or lack of understanding, but rather, was founded on a recipient's idiosyncratic relationship with their prescribed therapies.

Conclusion/Application to practice

Future research should be directed at investigating the efficacy of evidence-based interventions that tailor to the individual, empowering them to overcome their specific barrier to an optimal relationship with their therapies.

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Disclosure of Interest

no

S 29 TRANSPLANTATION 2

ID: 61

Analysis of kidney donation themed social poster designs with indicative method

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Background

As visual designs are effective tools for informing the society about organ donation, visual communication and written communication opportunities and design gain importance.

Objectives

To determine what kind of indicators are used in the poster to raise awareness in kidney donation and to express importance of donation.

Methods

In this study, two Kidney Donation poster designs were analyzed with a semiotic approach by using visual readings and visual analysis method.

Results

In first banner, there is a normal kidney placed between two palms. The palms were opened upwards in the form of plea. "Don't be soil, be hope!" slogan. In the poster design, kidney in the palm of the supplicative position was an important point of emphasis. When the forms of indicators come together, it is thought that the structure, which processes organ donation and constitutes the main message, tells the supplication, the need for assistance and the request for donations so that the recipient can survive. "Don't be soil, be hope" slogan, to live, to provide continuity, to work, utilitarianism, altruistic emphasizes such messages. The second banner contains two kidney silhouettes of people on a white background. When the pointers were examined; The emphasis is on the appearance of trees formed by the gathering of people and directed towards both kidneys. Around kidneys, there are other people who want to join the human community that makes up the kidneys. The main emphasis in this poster, which is shown as re-starting, flourishing, continuity, sustainability, solidarity and solidarity, is considered to be sensitivity and responsiveness of people to saving someone else's life.

Conclusion/Application to practice

Posters with effective messages are a design area that gives products within the framework of social responsibilities. It is envisaged that posters that show the necessity and importance of organ donation, especially kidney donation, can benefit from the design process.

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Disclosure of Interest

no

ID: 4

Instruction manual for dealing with recipients with directed altruistic donors

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Background

In recent years recipients with donors that are found through social media are increasing. These donors are called directed altruistic for they are not solely altruistic (non-directed) but want to donate directly to a certain person they have found through e.g. social media. In the Academic hospitals experiences vary greatly. Some recipients are very satisfied and happy with their found donors but others find the process difficult and the new found relation troublesome. There is a great need for instruction for professionals in regional hospitals dealing with recipients that want to search for a donor outside of their own social surroundings.

Objectives

The main objective of this research was to come to a manual instruction for professionals to better the support they give to recipients who are searching for donors outside of their own social surroundings. Another objective was to rewrite this manual for both recipients and directed altruistic donors and come to a roadmap for both to help them.

Methods

First we have done a survey with all medical social workers in the field of Nephrology in the Netherlands trying to find out what experiences are and which needs they have to help them in their contact with recipients and directed altruistic donors. We also did semi-structured interviews with 17 recipients and 18 directed altruistic donors trying to find out what their experiences were, which elements are important in this process and why some relations develop differently than others.

Results

A manual instruction for professionals dealing with recipients with directed altruistic donors. A roadmap for recipients who are searching for directed altruistic donors. A roadmap for directed altruistic donors who are looking for recipients.

Conclusion/Application to practice

The manual had been sent to all medical social workers in the field of Nephrology in the Netherlands. Both roadmaps are visible on the Radboudumc website and www.nieren.nl.

References

Prof. dr. L.B. Hilbrands, Nephrology, Radboudumc.
Drs. W.A.G. van der Meijden, Nephrology, Radboudumc

Disclosure of Interest

no

ID: 65

Kidney transplant recipients - Illness narratives

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Background

By examining illness narratives, the recovery and suffering among patients with a chronic condition, can be examined from different perspectives. Illness narratives contributes with an understanding to, and insight in, how the patient acknowledge-, is living with and responding to illness [1]. A lack of research regarding illness narratives among patients receiving a kidney transplant and the association between recovery and suffering has been identified.

Objectives

To explore illness narratives of patients receiving a kidney transplant from onset of end stage kidney disease, the time in dialysis, kidney transplantation, until the time after the kidney transplantation.

Methods

A phenomenological hermeneutic approach was used, and data was collected through ten qualitative semi-structured interviews. The transcribed data was analysed using the Interpretative Phenomenological Analysis [2], and unfolded using the theoretical frameworks; *The narrative structure of experience*[3] and *The paradox of hope* [4] by Cheryl Mattingly and *The tree types of illness narratives* [5] by Arthur W. Frank.

Results

Firstly, being diagnosed with chronic kidney disease and subsequently going through a kidney transplantation affected the identity and self-perception of the participants. Secondly, hope was a continuous theme in the participants illness narratives despite the paradox of hope among patients with a chronic condition. Thirdly, the participants' illness narratives were built around the plot of chaos and restitution between which they alternated.

Conclusion/Application to practice

Illness narratives contributed to an insight and perspective for the healthcare professional meeting a patient receiving a kidney transplant. The results indicated an attention on identity, the paradox of hope and the construction or type of illness narrative patients use and retell is needed. The healthcare professional will gain knowledge of how patients acknowledge, live with, and responds to illness, but also a new awareness of their own clinical practice.

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Disclosure of Interest

no

ID: 35

Exploring the association between knowledge and health literacy in adults with chronic kidney disease

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Background

Chronic kidney disease (CKD) is rising in prevalence and often a slowly progressive condition that relies on individuals actively engaging in self-management. Managing CKD requires an individual to be health literate and have knowledge to ensure that they understand their illness and can make health decisions.

Objectives

To assess the association between knowledge and health literacy in individuals with CKD.

Methods

For this study, 620 adults (≥ 18 years) with non-dialysis dependent CKD grades 3-5 (G3-5) were recruited from a tertiary level hospital. CKD knowledge was assessed using the 28-item Kidney disease Knowledge Survey (KiKS), and health literacy was assessed using the Health Literacy Questionnaire (HLQ; assesses 9 domains across functional, communicative and critical analysis abilities). Socio-demographic data related to age, gender and CKD grades were collected. Analysis involved descriptive statistics, non-parametric Spearman correlation and stepwise backward multiple linear regression.

Results

Participants had a mean age of 50.6 years (SD \pm 17.3), 61.1% were male, and 61.0% were in CKD G3-4. The mean knowledge score was 13.3 (SD = 4.5). Greater health literacy was seen in domains for “actively managing my health” and “ability to actively engage with healthcare provider”. The lowest scores were “having sufficient information to manage my health” and “navigating the healthcare system”. Knowledge

was a significant predictor for 7 out of 9 health literacy domains. Knowledge was the driving variable in domains related to finding information and engaging with healthcare providers (domains 4, 6, 7 and 8).

Conclusion/Application to practice

Knowledge is a crucial resource that facilitates health literacy in CKD because adults are likely to be more confident accessing information and interacting with their healthcare providers. Understanding the health literacy needs and knowledge could be useful for policymakers to develop future interventions to improve CKD health outcomes.

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Disclosure of Interest

no

S 30 WELLBEING & EDUCATION OF HEALTHCARE PROFESSIONALS

ID: 75

The impact of coronavirus pandemic on mental health of dialysis nurses

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Background

The physical impacts of coronavirus disease have been well documented; however, researchers have only recently focused on the mental health impacts. Arguably, healthcare workers have been disproportionately hit by such impacts^{1,2,3}. The objective of this study was to assess the pandemic's impact on the mental health of dialysis nurses as well as the influence on the care they provide.

Methods

The analysis is based on the responses of dialysis nurses surveyed using semi-structured interviews carried out in five Czech dialysis centers. A total of 30 dialysis nurses were included in this study.

Participants were first asked about the challenges they faced when providing care and how they overcame them. Second, they were asked about their own mental health, if they had faced any mental health issues, and if so, how this impacted their lives and the care they provide. Interviews were recorded and transcribed then thematically analyzed.

Results

Impact on care

At first, nurses experienced higher levels of stress and worried about providing care because of the lack of information about hygienic measures and the disease itself. As the pandemic progressed, their worries turned into discomfort and a sense of impatience or anger.

Impacts on mental health

Participants most frequently mentioned higher levels of distress, hopelessness, and anxiety. Some also mentioned instances of depression, sometimes this was clinically diagnosed.

Conclusion/Application to practice

Nurses faced high levels of stress and insecurity in relation to care delivery, lack of logistic support, and the provision of protective gear. They reported impacts on their mental health.

The results of this study reflect the results reported in other literature – the need for better preparedness of hospitals to support their employees, in practical matters such as providing timely information, or personal matters such as mental health support or family care support.

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Disclosure of Interest

no

ID: 136

Benefits of VA educational program

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Background

In Romania, according to RRR in 2020 - 99% of new patients started HD, 1% PD. In the same year 81% of incidents patients are on cvc and 19 on AVF. Regarding prevalent patients 32% are on cvc and 68 on AVF. In 2020, in our renal network we had 71% of patients on AVF and 29 % on CVC. The national trend was looking concerning because the AVF percentage was decreasing and the CVC rate was increasing. We decided to implement a new Vascular Acces educational program that was tailored on specific needs identified and was using simple actions dedicated to nurses to improve the situation. The material could be use for the new nurses as a starting point but also for the experience ones for refreshing information.

Objectives

Emphasize the importance of native fistulas as a preferred approach for hemodialysis
Understanding the pivot role of the nurse in the use and maintenance of vascular access

Methods

In our renal network we have a incident manangement system :

- 1.vascular acces problems/ complications (mutliple cannulation, extended bleeding, insuficient blood flow rate)
- 2.Vascular acces infections
3. Venous needle dislodgmenet
4. Arterious- venous acces thrombosis

We analyzed numbers of incidents pre/ post implementation of VA program.

Results

Regarding incidents related to Arterious-venous acces thrombosis we had a decreased of 7%. Also we notice a decreased of 12% of incidents regarding Vascular acces infections. Another significant decreased was observed in the vascular acces problems/ complications , having 10% less. Another important result was the fact that the AVF rate which increased to 74.7% and a lower cvc rate of 25.3%.

Conclusion/Application to practice

VA is essential and keep it simple: use the sens we have been give (hearing, sight, tactile) and common sens. Use the mind, the colleagues, the time and only in case of need the skills.

References

Romanian Renal Registry

Disclosure of Interest

no

ID: 157

Experience of the COVID-19 pandemic in healthcare employees

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Background

Because of increased worries and fears, COVID-19 causes a variety of psychological problems in the form of mental stress, anxiety, and psychological disorders. Stress refers to the feelings or thoughts of individuals about the situation in which they find themselves and has a negative impact in terms of job performance and job satisfaction. There is a great lack of effort to help survive the pandemic through the organization of work. The purpose of this paper is to present the experience of the COVID-19 pandemic in healthcare employees.

Methods

A quantitative research methodology and a validated questionnaire based on the authors Cai et al. (2020). A non-random pattern was used. 100 health workers were included in the study. The results are presented using the IBM SPSS 20 computer program and in the form of graphs and tables.

Results

The negative feeling among the respondents was the poor evaluation of the work by the management $PV = 3.50$ ($SD = 1.307$). We detected differences between the groups according to gender, namely in the field of recognition for work performed by management ($t = -2.23$; $p = 0.028$) and differences between the groups according to education in the field of values ($t = -2.08$; $p = 0.04$) and in the financial field ($t = -2.06$; $p = 0.042$). The most pronounced cause of stress was the use of mandatory protective clothing and equipment $PV = 3.89$ ($SD = 1.014$). Respondents were most motivated by the support of family members $PV = 4.31$ ($SD = 0.800$).

Conclusion/Application to practice

The consequences of coronavirus disease have very widespread manifestations relating to the mental health of healthcare professionals in the first place. Therefore, it is important to support the organization in reducing these manifestations and the consequences of long-term physical and mental strain on health workers in this pandemic.

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Disclosure of Interest

no

ID: 92

Relationship between burnout and safety behaviours of haemodialysis nurses

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Background

Nurses working in haemodialysis face unique challenges, associated with frequent, intense, and prolonged contact with chronic patients who need highly complex care. Scientific and technological evolution has highlighted the importance of workplace well-being strategies, emphasizing the impact of phenomena such as work-related stress and burnout.

Objectives

- Identify Burnout, Safety Climate (SC), Safety Behaviors (SB), and Risk Perception (RP) levels;
- Identify the impact of SC on Burnout;
- Identify the impact of burnout on SB.

Methods

A quantitative, exploratory, multicenter study was carried out in a dialysis network of a private company. An online questionnaire was created with Shirom-Melamed Burnout Measure, Physical Safety Climate (PC), Psychosocial Safety Climate (PSC) and Physical (PB) and Psychosocial (PSB) Safety Behavior Scale, RP, and a demographic collecting data scale. For analysis we used the descriptive statistics, correlational and multiple regression analysis.

Results

320 nurses were enrolled: 65.9% female, mean age 35.5 (SD=9.40) years old; 94.70% were Renal Nurses and 5.3% Head Nurses.

- There is a high level of RP: mean=4.15 (SD=1.21); $\alpha=0.76$;
- There's a higher perception with the way the PC [mean=3.45 (SD=0.94); $\alpha=0.96$] and PB [mean=4.07 (SD=0.63); $\alpha=0.86$] is promoted than PSC [mean=3.09 (SD=1.11); $\alpha=0.98$] and PSB [mean=3.89 (SD=0.69); $\alpha=0.88$];
- Burnout is negatively correlated with all variables. PC: $r=-0.276$; PSC: $r=-0.337$; PB: $r=-0.163$; PSB: $r=-0.363$; RP: $r=-0.177$;
- The SC as a predictor of Burnout: PC explains 7.60% of Burnout ($\beta=-0.276$; $p<0.001$) and PSC 11.4% ($\beta=-0.449$; $p<0.001$). Burnout explains 2.6% of PB ($\beta=-0.231$; $p=0.048$) and 4.7% of PSB ($\beta=-0.423$; $p=0.048$).

Conclusion/Application to practice

The higher the level of Burnout of nurses, the lower the safety behaviors, so the working environment on haemodialysis units should be aimed for the health and safety of their nurses so that they can take care of patients as best as they can.

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Disclosure of Interest

no

ID: 44

How fast does the residual urine output decline in the first year of haemodialysis?

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Background

Background: Haemodialysis is the most common treatment method in Australia for individuals requiring renal replacement therapy. Although it is known that the residual renal function in these patients has many advantages for their overall health outcomes and that the residual urine volume production is also declining over time, it is unknown how fast this functional decline occurs when patients are embarking on their first year on haemodialysis.

Objectives

Aim: This scoping review sought to determine if the functional decline in renal residual function in the first year of haemodialysis has been previously investigated, documented or quantified.

Methods

Methods: The scoping review was performed using variety of nursing and medical databases comprising MEDLINE, Embase, Web of Science and CINAHL Plus with Full Text.

Results

Results: The decline of renal residual function in patients on Peritoneal dialysis over the first year of treatment has previously been described, but not in detail for patients receiving haemodialysis. There is a paucity of knowledge how fast residual urine production can decline in patients receiving haemodialysis during their first year of treatment. A PRISMA checklist has been used to validate the results of this scoping review.

Conclusion/Application to practice

Conclusions: The extended preservation of renal residual function in patients on haemodialysis is crucial for their survival and may have a positive impact on their quality of life. An observational study is needed to examine how fast the functional decrease of the residual urine production function within patients receiving haemodialysis generally occurs. This information could prove to be useful in the context of treatment goals and could inform clinical practice.

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Disclosure of Interest

no

ID: 140

Use of social media in the continuous education of nurses in Portugal

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Background

Background - Being a nurse requires a permanent update of theoretical, technical and scientific knowledge. This update has been carried out through courses, conferences, scientific evidence published in journals, however it has been verified that quick access to information through social media has brought great changes to the way nurses access information and train. Social media are formed structures that bring people together according to the same interests and values. They are a facilitating strategy for learning and can be a great support at the moment when there is a need to know more about something and to make decisions.

Objectives

Objective – the aim of this study is to understand the use that nurses make of social media in clinical practice and also to understand how social media can contribute to the continuous education of nurses.

Methods

Methods: The cross-sectional study was undertaken. A link to the survey was send on the investigator's personal social media accounts: Twitter, Facebook, Instagram and WhatsApp.

Results

Results – A total of 55 nurses from the Lisbon region participated in the study; 95% worked in hospitals; the use of social media is mostly through WhatsApp groups, and twitter is the least used; 82% use social networks to discuss and resolve doubts about clinical practice; 54% seek scientific information. There is a positive relationship between the age of the participants and the use of social media for training.

Conclusion/Application to practice

Conclusions - The results suggest that social media networks are powerful tools in the education and offer opportunities for nurses to network, collaborate, share up-to-the-minute and up-to-date knowledge. But there are many challenges in the use of social media in the continuous education of nurses, such as certification, validation of education, and the amount of information circulating on networks which can create distraction.

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Disclosure of Interest

yes

S 31 CLOSING CEREMONY

Cognitive impairment in patients with chronic kidney disease—Next of kin's experiences
Maiken Schjerlund

E-POSTERS

E-POSTER SESSION 1

ID: 100

Cognitive impairment in hypertensive and hemodialysis patients

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Background

Hypertension and end-stage renal disease (ESRD) are among the risk factors for declining cognitive function. The Mini-Mental State Exam (MMSE) consists of 30 questions and is a widely used test of cognitive function. It includes tests of orientation, attention, memory, language, and visuospatial skills.

Objectives

The purpose of this study was to determine the prevalence of cognitive impairment in hypertensive and hemodialysis patients using the MMSE and to determine the association between the MMSE, age, and hemoglobin.

Methods

A cross-sectional study was performed in a single dialysis center and outpatient nephrology department. 128 subjects were included, 88 of whom were patients with chronic renal failure on HD. Seventy-two patients (56.3%) were men, and 35 (27.3%) had diabetes. Cognitive function was dichotomized (MMSE \geq 24 vs. $<$ 24).

Results

The mean age of HD patients was 63.7 (31-89) years, and their mean dialysis vintage was 62 (2-352) months. The mean age of hypertensive patients was 56.8 (21-84) years. HD patients had lower MMSE score (24.7 vs. 27.1, $p < 0.001$) and hemoglobin (106 vs. 142 g/L, $p < 0.001$) compared to hypertensive patients. Thirty (34.1%) HD patients had an MMSE score less than 24, but only 4 (10%) hypertensive patients had an MMSE score less than 24. We found a statistically significant association between MMSE score and age only in hypertensive patients ($r = -0.372$, $p = 0.018$). There was no association between MMSE and hemoglobin in any group. In a multivariate adjusted model with MMSE as dependent variable and age, hemoglobin as independent variables, we found a statistically significant association between MMSE and age in hypertensive patients ($\beta = -0.364$; $p = 0.028$), but not in HD patients.

Conclusion/Application to practice

Our results suggest that the prevalence of cognitive impairment is higher in HD patients than in hypertensive patients. MMSE score is associated with age only in hypertensive patients.

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Disclosure of Interest

no

ID: 114

TGS as a digital tool to prevent Venous Needle Dislodgment

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Background

People with chronic kidney disease on hemodialysis needs to have vascular access, with arteriovenous fistula (AVF) being the most prevalent followed by arteriovenous graft (AVG). To perform hemodialysis treatment, the placement of two needles is essential, which, together with extracorporeal circulation, increases the risk of haemorrhage. The cause is multifactorial: anticoagulation, vascular access rupture, dialyzer membrane rupture, inability to perform haemostasis and venous needle dislodgment (VND). VND can be fatal, with consequences ranging from minimal blood loss to potentially fatal haemorrhage.

Objectives

We aim to demonstrate how a digital support tool can improve safety conditions to patient, specifically in VND, at the same time as it highlights the nursing practice

Methods

After analysing the articles that describe the best practice for the prevention of VND, we found that although there are several precautions, all articles are consensual, highlighting: identification of risk factors and constant observation by professionals. So, we implemented a program in which the risk of VND is evaluated every 3 months, when there are changes in the patient general condition and whenever he returns from hospitalization. During treatment, in addition to the practices described above, we use the TGS application.

Results

This application systematizes the observation of two statements: correct needle fixation and access visualization. In a simple and easy way to record, whenever the nurse assesses the user's vital signs, those conditions are recorded in the TGS application, next to the user.

Conclusion/Application to practice

With the introduction of TGS in clinical practice, we reduced the risk of VND, contributing to a safe nursing practice.

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Disclosure of Interest

no

ID: 129

From vision to reality- more patients should be offered home hemodialysis (HHD)

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Background

The vision and strategy for 2019 of the Department of Kidney Diseases is, to significantly contribute to establish an improved link between patient's everyday lives and the treatment of their chronic kidney disease. Overall the vision is: "That the patient is offered the greatest possible individual independence in their treatment and that their need to spend time at the Hospital is minimized. Independent studies shows that the individual patient's freedom, co-fluence on the choice of methods for treatment, responsibility for their treatment and retention of social relations/activities, including a possible relation of the labor market, is crucial for the quality of life and thus an incentive for as much home treatment as possible"

Objectives

All dialysis patient are offered a form of dialysis that best supportst their perception of quality of life and autonomy

Methods

1. Systematic screening of the patient is performed on the outpatient basis.
2. Every new hemodialysis patients is suitable for home hemodialysis (HHD) until proven otherwise.
3. An expectation and learning process reconciliation is performed with the patient.
4. The patient and the relatives are invited to a welcome visit, where the patient is informed about the concept.
5. The HHD patient participates in a structured 3-month training program, based on their competences.
6. Management anchoring ensures a targeted and continual process, where methods are evaluated.

Results

	2016	2017	2018	2019	2020
LC-patients	22 patients	33 patients	36 patients	40 patients	35 patients
HHD-patients	8 patients	11 patients	15 patients	26 patients	24 patients

Conclusion/Application to practice

With our practice of increasing focus and targeted efforts on the patient's independence and importance of retaining freedom and independence, despite their need for chronic dialysis treatment, an increasing number of patients are no longer dependent on receiving dialysis treatment at the Hospital.

References

Our unit

Disclosure of Interest

no

ID: 149

Anticoagulation of the hemodialysis catheter with heparin/citrate: retrospective study

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Background

In a chronic kidney patient on hemodialysis, the systemic anticoagulation is essential to prevent the coagulation of the external circuit, however in some patients this is not possible to achieve due to their high risk of hemorrhage. A functional vascular access allows an adequate dialysis treatment. An arteriovenous fistula is the ideal vascular access for hemodialysis, nevertheless, when its conception is unattainable, the patient has to have a central venous catheter inserted. The malfunction of a CVC or its adjacent complications compromise the dialysis efficacy, therefore increasing the morbidity and mortality of these patients. The presence of blood clots or an obstruction in the CVC are the main causes that lead to a catheter malfunction, which translates to an increased catheter manipulation, translating in a higher risk of infection. The anticoagulation with heparin or citrate on both lumens of the central catheter will prevent the blood clot to form inside these, thus allowing its patency.

Objectives

This study's objectives are: i) evaluate the efficacy of heparin/citrate administration as an anticoagulation method of the hemodialysis catheter; ii) compare adjacent complication of the use of heparin/citrate as an anticoagulation method of the hemodialysis catheter.

Methods

This is a retrospective study of a dialysis unit from the North of Portugal.

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Disclosure of Interest

no

ID: 14

Israeli first decades' immigrants and kidney stones: What can be learned from history?

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Objectives

This historical study aims to describe the catalyzer of Kidney Stones' research in Israel, and the discovered reasons for its high prevalence in the newly founded country (1948).

Methods

Method: This study was based on a historical review of articles and documents' content analysis.

Results

Result: During the 1950s, the incidence of Kidney Stones in Israel was 11.6 per 1000, significantly higher than the incidence in the "Stone Belt" of Florida, USA (0.947 per 1000). This high rate was particularly interesting considering the characteristics of the newly founded young nation, which spanned only 20,600 square miles. Israel was also characterized by a variety of climate types (hot and dry weather in the Jordan Valley, temperate and wet in the north, and warm and dry in the south), and an ethnically diverse new immigrant population that was facing changes of profession and exposure to new climate conditions. From a total of 680 patients, the relative incidence of stones among Jewish persons originally from Asian regions patients was only 0.6 compared to among Ashkenazi Jewish originally from European regions. Genetic, nutritional, and climate explanations for the phenomenon were excluded. Only in 1966, the behavioral habit was found as the main factor, cause this phenomenon.

Conclusion/Application to practice

Kidney Stones were considered a common disease in the region of Israel. The research team had to understand this phenomenon, and the need to encourage new drinking habits among immigrants arriving at the warm country of Israel from cold climate countries. Their studies identified the need for preventative

measures and developed methods of health education for the prevention of stone formation. This study may be of interest to nurses, and educators in the clinical fields of health, welfare, and nephrology, especially for those who deal with immigrants' health aspects.

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Disclosure of Interest

no

E-POSTER SESSION 2

ID: 22

Clinical condition and outcomes of 29 COVID-19 inpatients on dialysis.

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Background

Maintenance hemodialysis patients, a group of patients with presumed high mortality, have been reported to experience worse outcomes of COVID-19, compared to the general population internationally.

Objectives

Presentation of the clinical characteristics in dialysis patients hospitalized with COVID-19

Methods

A single center retrospective study on 29 patients. We collected data, including clinical, laboratory, and radiological, for all patients receiving maintenance hemodialysis (MHD) with COVID-19, in «ATTIKON» University Hospital, from March 2020 to January 2021. We compared the outcomes between surviving and deceased patients and between those with mild infection symptoms and those with severe or critical illness.

Results

29 patients (14 men 15 women), with median age of 76 years (IQR 65-82). 11/18 (38%) were diagnosed after random screening and 18/29 (62%) with symptoms of infection: reported fever 11/18, respiratory difficulties

6/18, diarrhea 1/18. 17/29 had chronic hypertension and 9/29 had Diabetes. According to World Health Organisation (WHO) severity score, most of the patients were having mild illness (14/29) and moderate illness (12/29), and very few were having a severe illness (3/29). Most of the patients had little pulmonary infiltrate findings after an initial CT scan, up to 10% (22/29). 15/29 (52%) took azithromycin treatment. 5/29 (17%) deceased, 4 women and 1 man, with median age of 76 years. There were 3/29 (10%) COVID-19 related deaths (2 women and 1 man). There were a respiratory failure to all of the patients that eventually deceased, and they were treated with dexamethasone. The 2 “non-COVID-19” related deaths (2 women, a 70 and a 85 year-old) were due to aspiration and cardiac arrhythmias, respectively.

Conclusion/Application to practice

COVID-19 could be an asymptomatic disease or a mild disease. However, patients on MHD are a high risk group of COVID-19 mortality and certain laboratory parameters and follow up could help in disease management.

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Disclosure of Interest

no

ID: 37

Croatian experience in immunoabsorption – nurse role

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Background

Immunoabsorptions (IA) is an extracorporeal technique used for removal of antibodies and molecules from the blood. IA is a blood – purification technique that enables the selective removal of immunoglobulins (Ig) from separated plasma, leaving other plasma components and avoid the need for plasma replacement, through high – affinity adsorbers. IA is currently used for treatment of a large variety of antibody – mediated of immunological disorders and in different clinical areas (humoral transplant rejection, Nephrology, Pulmonology, Cardiology, Haematology, Neurology, Rheumatology, Dermatology).

Objectives

Treatment is very useful in renal transplantation, which can be used in the pre and early post - transplantation period. Immunoabsorption is the method of choice for different indications, but its wide use is limited by the cost of treatment.

Methods

First immunoabsorption in Republic of Croatia was conducted in October 2020 in our Department, and since then we are the only center that provides this procedure in Croatia.

Results

Till December 2021 we treated eleven patients and conducted 148 IA treatments. For these procedures we used simultaneously two machines, one was for plasmafiltration and second one was for purification of plasma. Successfulness of IA we've been cross-checking true rate of donor-specific antibodies (DSA) and glomerular function of a graft. The complications were really rare and were related to problems with vascular access.

Conclusion/Application to practice

Although our experience is based upon a small number of patients, we can conclude that IA is safe and effective treatment when conducted by a specially educated medical staff.

The role of nurses in implementing the treatment is not sufficiently emphasized. Even when we have the best medical equipment and doctors who will prescribe IA, procedure could not be carried out without specially trained nurses who know how to cope with the challenges of conducting immunoabsorption procedure.

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Disclosure of Interest

no

ID: 32

Cellular response guards against COVID-19 in a dialysis-patient with undetectable humoral response to vaccination

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Background

Coronavirus disease 2019 can range in severity from asymptomatic to critical disease. SARS-CoV-2 uses angiotensin-converting-enzyme-2 to infect cells, leading to a strong inflammatory response. Recent studies focus on the importance of adaptive immune response and the significance of both humoral and cellular arms of the adaptive immune system for the effective viral clearance, the protection against life-threatening Covid-19, the resolution of the infection and possibly the protection against a second SARS-CoV-2 infection.

Objectives

We present a case of an immunocompromised dialysis patient presenting with fever and negative PCR testing, where humoral testing revealed COVID-19 disease and mostly cellular, as opposed to humoral, immunity appeared to be lifesaving against severe COVID-19.

Methods

A 80-year female patient on peritoneal dialysis was admitted to our hospital complaining for fever, starting 4 days prior to presentation. She had received 1st dose of the COVID-19 vaccine. Nasopharyngeal testing using PCR for SARS CoV-2 was negative for three consecutive times 2 days apart each. Computed tomography of the chest and abdomen revealed no attributable cause of fever and blood cultures were also negative. The patient was tested for humoral and cellular responses against SARS-CoV-2.

Results

False negative PCR-tests has been described in the general population and in dialysis patients with COVID-19. Humoral responses to SARS-CoV2 aid to diagnosis, as a specific timeline of appearance of IgM, IgA and IgG Ab have been described. Our patient showed a positive humoral response to SARS-CoV antigens nucleocapsid (N) and surface (S), at first IgM+IgA and then IgG, pointing to a diagnosis of recent and evolving COVID-19 disease.

Conclusion/Application to practice

Vaccination against COVID-19 seems indispensable in vulnerable patients. Further studies employing both humoral and cellular immunity will allow us to recognize the optimum vaccination schedule in dialysis and immunodeficient patients.

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Disclosure of Interest

no

ID: 66

Organizational Factors With Impact on The Management of Hemodialysis Patient Care: A Scoping Review

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Background

Chronic kidney disease is a growing problem worldwide. In Portugal, the annual growth trend is higher than the average of OECD countries, considering a disease with high worldwide prevalence and that follows the dynamics of the population's lifestyle habits. (1)

Thus, the demand for nursing care, and the consequent associated workload, interferes in the quality of care provided, making it pertinent to review the organization of the work of these professionals.

Objectives

to identify in the available evidence the organizational and management factors with an impact on nursing care for hemodialysis patients.

Methods

A scoping review was carried out to map evidence on the subject, the main concepts, theories, sources and gaps of knowledge in this theme. Using the PRISMA-Scr protocol, a structured plan was developed to help guide the review and analysis process. The initial review of the literature, using the boolean phrase ((renal dialysis[Title/Abstract]) OR (hemodialysis[Title/Abstract])) AND ((manag*[Title/Abstract]) OR (organization*[Title/Abstract])) AND ((nurs*[Title Abstract/Abstract]) OR (healthprofessional[Title/Abstract])) returned 381 articles on pubmed.)

Results

With the preliminary analysis of these articles, it was possible to identify that the care interface includes direct care interventions (patient/family interaction) and indirect care interventions (activities to support direct care interventions, involving unit management and interdisciplinary collaboration). The time spent in the implementation of these interventions determines the workload of the team, constituting a complex and challenging subject.

Conclusion/Application to practice

nursing care, due to its specificity, functional content and scientific and technical autonomy, imposes a better framework and characterization of interventions resulting from patients' needs. Assessing the workload of the nursing team in an ambulatory hemodialysis clinic is truly fundamental for the provision of quality and safe care. The continuation of this study by extending research to other bases will allow identifying which organizational solutions are the most relevant to be tested in future implementation studies.

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Disclosure of Interest

no

ID: 76

Centralised access to care of patients treated by home haemodialysis

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Background

Haemodialysis in the home environment, without the assistance of nurses or doctors, is an option offered to patients by the Czech legislation since 2015. The payment policy of health insurance companies and requirements for documentation from doctors are aspects that remain a challenge for us. The need to design and implement an efficient pathway and to ensure a smooth transition of patients with end stage renal disease to HHD and make access to centralised patient care easier, while maintaining a holistic approach. Patients undergoing HHD require continuous support in care. Identifying the barriers to and factors facilitating HHD care can improve care quality.

Methods

Creating a patient pathway. Despite progress in the technological aspects of HHD, potential complications remain a challenge to healthcare givers, patients and their families. In this abstract, we describe the patient pathway behind successful inclusion in the HHD programme.

1. Information/Education/Workshop/Accredited courses – general practitioners, nephrologists, patients, public awareness within the terms of World Kidney Day

2. Centralised process for supporting implementation of methods at individual dialysis centres/consultation services by a central HHD team with local DC (doctor, nurses)

Support in relation to legislative acknowledgement of the method by regulatory institutions in Slovakia

1. The actual process of including a patient in the HHD programme
2. Supervision – even after the patient becomes self-sufficient during treatment in the home environment, assures support for both the centre, the patient and during actual treatment.
3. IT support

Conclusion/Application to practice

Recommendations for changing the method of incorporating HHD as a safe method for replacing kidney function using the patient pathway. It is of great importance for policy makers, managers, and program designers to deal with obstacles or barriers that this treatment creates for both the patient and the DC.

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Disclosure of Interest

no

ID: 83

Relationship between daytime sleepiness and dipper status during 48-hour ABPM in hemodialysis patient

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Background

Sleep disturbances and circadian rhythm disturbances are common in patients with end-stage renal disease receiving hemodialysis (HD). Most HD patients have arterial hypertension. Forty-eight-hour ambulatory blood pressure monitoring (ABPM) is the gold standard for identifying blood pressure profiles (BP) and patterns in HD patients and for assessing circadian rhythm.

Objectives

The Epworth Sleepiness Scale (ESS) is a simple and brief questionnaire that has been shown to measure the general level of daytime sleepiness in subjects. The purpose of this study was to determine whether the scores of ESS are associated with dipping status in HD patients.

Methods

A cross-sectional study was conducted in a single dialysis center. A total of 88 HD patients underwent 48-hour ABPM during a regular HD session and the subsequent interdialytic interval. One patient was excluded because BP did not take measurements during the night. “Dippers” were defined as those patients who showed a nighttime decline of 10% or more in the mean systolic BP than the average daytime mean systolic BP. Patients not meeting the dipper criteria were defined as “non-dippers.”

Results

The mean age of patients was 63.6 (31-89) years, 53 (60.9%) were men, 25 (38.7%) were diabetics, and 37 (42.5%) were former or current smokers. The mean dialysis vintage of patients was 62.6 (2-352) months. Mean systolic and diastolic 48-hour BP values were 138/76 mmHg. Mean daily values were 139/78 mmHg and mean nocturnal values were 137/73 mmHg. Based on ABPM values, 21 (24.1%) patients were dippers. The mean ESS value of all patients was 7.16±5.06. Using the T-test, we found a statistically significant difference in ESS score between dippers and non-dippers (5.3 vs 7.8, p=0.007).

Conclusion/Application to practice

Our results suggest that HD patients have lower to higher normal daytime sleepiness. Non-dippers have a higher ESS than dippers.

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Disclosure of Interest

no

ID: 90

Life Projects of Chronic Kidney Disease Patients: What is the evidence? Integrative Literature Review

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Background

Chronic kidney disease is considered a difficult time to face due to numerous restrictions, such as dietary, social, physical, and family. Haemodialysis prolongs the patients' life, relieves suffering, and even prevents further complications. However, at the same time, haemodialysis is responsible for a monotonous and restricted daily life, where activities are limited after the start of treatment. After the crisis period has passed, acceptance of the disease and treatment arises and the return to life has already been reorganized but how does this process happen? How do patients with chronic kidney disease on haemodialysis, after the process of adapting to the disease and treatment, resumption their life projects?

Objectives

Identify the available scientific production related to the life projects of people with chronic kidney disease on haemodialysis.

Methods

This integrative literature review was carried out to identify what had already been studied on this topic. To perform the selection of studies was defined the time frame from 2015 to 2019 and were used in US National Library of Medicine National Institutes of Health and Latin American and Caribbean Health Sciences Literature.

Results

1727 articles were identified and 42 selected after strictly following the inclusion and exclusion criteria. The title and abstract of each scientific article were exhaustively read to verify its adequacy with the guiding question of this investigation and 6 were selected for further analysis.

Conclusion/Application to practice

Adapting to chronic kidney disease and haemodialysis is difficult due to several factors, such as water and food restrictions imposed, the time spent to carry out the treatment and the lack of time for other activities that patients previously performed, whether leisure or even work. Most authors also defend that nursing interventions must be personalized. They must be programmed according to the characteristics of each person and according to their needs.

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Disclosure of Interest

no

E-POSTER SESSION 3

ID: 19

Atypical COVID-19 presentation as persistent hiccup in a peritoneal dialysis patient

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Background

The usual presentation of COVID-19 usually includes fever and cough in the general population and in dialysis patients. Gastrointestinal symptoms as anorexia, nausea and vomit tendency have also been described, although more rarely in chronic renal patients.

Objectives

We present a case of persistent hiccup, as an atypical presentation of corona virus disease 19 (COVID-19), in a peritoneal dialysis (PD) patient with concurrent anorexia, nausea and non-ST elevation myocardial injury (NSTEMI).

Methods

A 70-year-old man with end-stage kidney disease on PD for three years, presented on April 2021 for a scheduled myocardial scan, having ischemic heart failure with reduced ejection fraction (HFrEF) of 35%. He complained for anorexia, nausea and vomit tendency and unremitting hiccup for two days. He denied any abdominal pain, cloudy PD fluids, fever, chest discomfort, or change of his custom PD regimen. No signs of peripheral edema nor pulmonary congestion were noted. Peritoneal dialysis fluids analysis revealed normal cytology and biochemistry and negative gram stain.

Results

Electrocardiography showed sinus rhythm with left bundle branch block, not different compared to previous tracings while echocardiography revealed worsening of ejection fraction to 25%. Routine nasopharyngeal PCR turned out positive and he was admitted to the COVID clinic. Chest computed tomography (CT) showed less than 10% infiltration. He received dual antiplatelet therapy and andenoxaparin. He continued PD using the usual scheme. He experienced continuation of the persistent hiccup and thus metoclopramide and chlorpropamide were administered. Severe hiccups continued preventing him from eating and sleeping. On the 7th day baclofen was given, hiccup improved significantly and was completely ceased within 48 hours.

Conclusion/Application to practice

Persistent hiccup, i.e lasting more than 48 hours, has been infrequently described in the general population with COVID-19. Further studies including CNS imaging could clarify the potential association of COVID-19 with persistent hiccup as CNS involvement.

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Disclosure of Interest

no

ID: 20

Predialysis education with patients, relatives and support persons

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Background

Background: Predialysis group education with patients and relatives is usually designed and delivered by healthcare professionals. Complementing this approach, our predialysis coordinators conduct group education according to the method "Learning and Mastering". Central to this method is the interaction between medical facts and life-experiences with equal respect for each other's knowledge. The groups are led by predialysis coordinators and "support persons", persons with experience of kidney disease, dialysis or kidney transplantation. These individuals have unique insight into how life with kidney disease and treatment options is experienced

Objectives

Objectives: To allow patients and relatives the opportunity to better learn how to manage life with kidney disease and to equip them to achieve more appropriate decision-making.

Methods

Method: Education based on dialogue and exchange of experience depending on the knowledge and needs of patients and relatives. The participants (n=5-15) participated in the planning of the program, consisting of four weekly 2½ hour sessions. Evaluation forms were completed after each session.

Results

Results: The support persons' narrative contributed to increased understanding of how to live and cope with kidney disease and future concerns. The exchange of experiences, emotions, coping strategies and the opportunity to be listened to were appreciated more than just cold factual information. Issues were discussed that were not always accommodated in regular care meetings. Relatives gained knowledge and met others in a similar situation. The predialysis coordinators understanding of what it means to live with chronic kidney disease and its treatments improved and has led to further development of group education.

Conclusion/Application to practice

Conclusions: The method "Learning and Mastering" has a person-centered approach and can be seen as an alternative or complement to usual predialysis patient education. The support persons' recalled experience of disease and treatment provides an additional dimension to plain factual information and requires a different paradigm.

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Disclosure of Interest

no

ID: 104

Nephrological counseling in patients with autosomal dominant polycystic kidney

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Background

Autosomal Dominant Polycystic Kidney Disease (ADPKD) is a congenital pathology characterized by the formation of cysts affecting the different segments of the nephron with progressive subversion of the architecture of the renal parenchyma and consequent deterioration of organ function. Although ADPKD is one of the most common genetic disorders worldwide, there is still a lack of knowledge regarding the needs of patients and their care outside the purely clinical aspect.

Objectives

The first aim of this study is to carry out an assessment of the psycho-emotional and social state of patients with ADPKD and to define more clearly the discomfort of these patients. Our second aim is, using correctly the counseling techniques, to face and manage the relationship with these patients in order to help them to modify their daily life and improving the lifestyle.

Methods

The study, began in December 2021, has so far been conducted on a sample of 40 patients with ADPKD using the following tools: personal data sheet, KDQOL-SF, HADS, questionnaire drawn up for nurses in the relationship with patients with ADKPD, active listening.

Results

70% of the patients with ADPKD do not have anxiety or severe depressive symptoms, 30% mild/moderate, none with severe symptoms. From further data perceived and collected by the nurses who assisted patients with ADPKD, a deterioration in the quality of life is detected in 90% of cases. However, it has so far been seen that 60% of patients who receive social support, comparing to those who do not, report having a better quality of life.

Conclusion/Application to practice

The results obtained so far show that this study offers the possibility of a psychological evaluation of patients with ADPKD, also being able to become part of a multidisciplinary model of global care in the management of these patients.

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Disclosure of Interest

no

ID: 107

Nurses role in preventing and reducing rehospitalization in chronic kidney disease patients in hemodialysis

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Background

Increase in life expectancy is a worldwide concern. The population aging, the increase in major chronic diseases such as hypertension and diabetes determine the onset of chronic kidney disease leading to the consequent need for dialysis. Hemodialysis patients have comorbidities that contribute to their hospitalization, compromising their quality of life and increasing the mortality rate. In the literature, we found several factors that contribute to the 30-day rehospitalization on dialysis patients, such as, heart failure, diabetes, depression, anemia, vascular access by CVC, among others. Reducing hospital readmissions is a fundamental objective to improve patient's quality of life and it is a priority today. The implementation of a program to monitoring patient's clinical situation after hospital discharge and readmission to dialysis units is essential to prevent rehospitalization. A multidisciplinary team must carry out this assessment where nurse has a main role. The early detection of unstable clinical situations and nurses intervention in a holistic perspective, can lead to a decrease in the number of CKD patients hospitalization.

Objectives

This work aims to: i) make nurses aware of the importance of assessing the real needs of chronic kidney patients on hemodialysis at the time of hospital discharge; ii) publicize the potential of the rehospitalization reduction program

Conclusion/Application to practice

The establishment of an aid relationship is crucial for a systematic nursing intervention, which will allow an assessment and identification of nursing care real needs. The definition of nursing diagnoses and interventions, continuous and dynamic evaluation will allow the provision of individualized care and also contribute to the safety and quality of care provided to CKD on hemodialysis and a reduction in rehospitalization.

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Disclosure of Interest

no

ID: 86

Ultrasound-guided cannulation of haemodialysis access

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Background

An ultrasound examination is one of the basic and most frequently used diagnostic imaging methods in the field of healthcare.

It is most often used to examine soft tissue and the cardiovascular system and, in the field of dialysis, particularly to examine the condition of the AVF, when we use ultrasound to visualise blood flow through the arteries and also the depth at which the vein is located.

Objectives

Cannulation of the AVF under ultrasound is slowly becoming the standard method at some centres. We want to present the process of implementing this method, executed by paramedical healthcare staff at our DC. Subsequent creation of a care standard based on acquired experience, and possibly a methodology for educating dialysis nurses.

Methods

At our dialysis centre, we use ultrasound for both doppler ultrasonography and to establish the depth and diameter of the AVF, particularly in patients whose vein access is not in good condition due to other comorbidities and whose cannulation tends to be complicated, highly stressful and painful for the patient. Ultrasound can be used to find a suitable place to insert the needle into the AVF, its appropriate location and makes the process advantageous for both the client and the professional staff.

Cannulation tends to be less complicated, and this method can be used to prevent the need for repeated cannulation, particularly in older and polymorbid clients.

Conclusion/Application to practice

We can use a regular examination of the AVF, particularly the appropriate cannulation approach using ultrasound, to maintain and prolong the proper function and life substantially.

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Disclosure of Interest

no

ID: 21

Depression, decreased appetite and malnutrition in dialysis patients

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Background

Depression is the most common psychiatric disease in hemodialysis patients. It increases the risk of hospitalization and mortality in these patients. Depression in hemodialysis is associated with decreased food intake and with enhancement of inflammation, which increases far more the risk of morbidity and mortality.

Objectives

Mirtazapine has shown remarkable effects on appetite and it acts positively on the mood. Based on this, we studied the effects of mirtazapine on the appetite and the emotional status of a hemodialysis patient.

Methods

A 72-year-old woman with history of diabetes mellitus for 25 years presented with anemia and kidney dysfunction. Her kidney function deteriorated, with serum creatinine of 4.5mg/dl (eGFR-EPI= 9.1ml/min/1.73m²) and dialysis was started. Two weeks after the dialysis initiation, hypomagnesiemia was noted (serum Mg=0.9mg/dl), which is a well-known risk factor for depression.

At the diagnostic control, we found that the patient had significant urine output (>1000ml/day), so an amount of magnesium maybe was lost in urine. We also noticed that she had a rapid decrease of her dry weight. At the laboratory tests she had hypoalbuminemia and the Frailty Index was rapidly worsening. She insisted, though, that she had sufficient food intake. She had a psychiatric evaluation and mirtazapine was started with dose adjusted for end stage renal disease.

Results

After starting mirtazapine, the patient's dry weight, protein catabolic rate, total serum proteins, serum albumin and magnesium increased promptly in weeks.

Conclusion/Application to practice

Dialysis nurse can be the link, that early becomes aware of the signs and symptoms of malnutrition in dialysis patients, and recognize promptly the patients at high risk for developing depression. Randomized studies are necessary to evaluate if depression's treatment with noradrenergic and selective serotonergic antidepressants could ameliorate the nutritional status, the quality of life, and the survival rate of hemodialysis patients.

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Disclosure of Interest

no

ID: 150

Complications of central venous catheters in patients undergoing hemodialysis treatment: a retrospective study

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Background

Chronic Kidney Disease (CKD) is categorized as an insidious disease that develops progressively. As the kidney starts failing, its functions performance is compromised, more symptoms arise as a result of the accumulation of nitrogenous catabolic products and toxins, causing an uremic syndrome. Consequently, the kidney loses its ability of excreting toxins, compromising the endocrine function thus leading to anemia. In view of the worsening of the disease with serious commitment to the person's quality of life, it is imperative to start a renal replacement therapy. With an increased life expectancy, we can observe a growth in the prevalence of chronic diseases such as CKD, translating more and more in a higher number of people in need to start dialysis treatments. Hemodialysis is a technique that allows the filtration of blood, allowing the withdrawal of toxins, mineral salts and water. However, a vascular access (AV fistula, AV graft, CVC) is needed, in order to perform a hemodialysis treatment. Given the urgent need to start dialysis, a CVC insertion is indicated, which can be transient or definitive. The efficacy of a dialysis treatment depends on the type and quality of the vascular access with serious implications for the person's quality of life. A CVC is linked not only to a less effective dialysis but also to a higher number of infections and an increment in comorbidities and mortality. The role of nurses in hemodialysis patients is essential in order to provide an appropriate maintenance and surveillance of the patient's CVC and preventing complications to arise, applying the latest scientific evidence in their daily practice thus improving the quality of life of hemodialysis patient with CVC.

Objectives

This study's objectives are: i) assess the incidence of CVC complications in hemodialysis patients; ii) highlight the importance of the nurses' role in preventing CVC associated complications.

Methods

This is a retrospective and descriptive study of patients in a regular dialysis programme between 2011-2020.

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Disclosure of Interest

no

ID: 109

Investigation of nursing experiences with abusive dialysis patients

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Background

Several studies indicate that health workers in the course of their work activity can suffer acts of violence. The negative impact that this phenomenon might have on safety, on the effectiveness of assistance and on the physical and emotional health of operators, make studies necessary to fully understand all the factors that intervene: personal factors, connected to the work group, characteristics of the structures, resources and work environment.

Objectives

The main objective of this study is to investigate the perception of nurses regarding verbal and physical violence episodes experienced by them within the dialysis centres of a large network, and to collect concrete proposals to stem this phenomenon, in order to guarantee the protection of health care operators and a safe assistance to patients.

Methods

In December 2021, an online and anonymous questionnaire was submitted to nurses, to learn about the experiences of verbal and physical violence and identify any useful proposals to mitigate and contain the phenomenon.

Results

The sample (N=77) was predominately female (70.1%) and aged between 30 and 50(73.1%); 51.3% of the nurses involved had > 16 years of work experience. 2 Episodes of physical violence have been reported and 38.5% of the nurses report episodes of verbal violence occurred in the last 12 months. 35.9% of nurses who have participated in studies believe that episodes of violence could be avoided. According to the interviewees, a more frequent critical analysis of the episodes that occurred during dedicated staff meetings and the help of psychologist support figures could reduce this phenomenon.

Conclusion/Application to practice

The negative impact that this phenomenon might have on operator's safety, effectiveness of care and on their physical and emotional health, make it of primary importance for managers to consider how to protect nurses from workplace violence, to improve their wellbeing at work, and to deliver safe patient care.

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Disclosure of Interest

no

E-POSTER SESSION 4

ID: 49

Intraperitoneal calcium supplementation for hungry bone management after parathyroidectomy in a peritoneal dialysis patient

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Background

Hungry bone syndrome (HBS) refers to the rapid, profound, and prolonged hypocalcaemia associated with hypophosphataemia and hypomagnesaemia.

Objectives

To present a case of severe hungry bone syndrome after total parathyroidectomy in a peritoneal dialysis patient successfully managed with supplementation of intraperitoneal calcium gluconate.

Methods

A 27 year old female patient, with End Stage Renal Disease (ESRD) on Hemodialysis from 11 years old due to refractory nephrotic syndrome since childhood, was transferred to peritoneal dialysis in our Unit due to lack of arteriovenous access and repeated episodes of bacteremia from hemodialysis catheters. Her past history was remarkable for parathyroidectomy 2 years ago but her laboratory results revealed tertiary hyperparathyroidism with PTH values of 2000 pg/ml, Serum calcium of 11,3 mg/dl serum phosphorus of 8 mg/dl and a high serum alkaline phosphatase. A new parathyroidectomy was scheduled after a positive radionuclide scan and neck ultrasound revealing hyperplastic parathyroid glands. Before surgery she experienced fracture of both femoral heads after minor stress. Bone mineral density of the region revealed severe osteoporosis.

Results

Total parathyroidectomy was performed after calcitriol pretreatment for hungry bone syndrome. PTH dropped to 25 pg/ml and climbed slowly to 200 pg/ml within two weeks. Despite intravenous calcium supplementation post operatively by a central catheter along calcitriol per os, severe and symptomatic hypocalcemia was persistent and difficult to manage. We started intraperitoneal supplementation of calcium gluconate (3 amp of 10 ml) in each peritoneal dialysis exchange. During 10 days intravenous calcium was tapered and stopped and she was discharged with intraperitoneal calcium supplementation 2 amp per exchange, which was gradually tapered and stopped during a six month period.

Conclusion/Application to practice

Intraperitoneal calcium gluconate supplementation is a safe strategy in order to manage severe hungry bone syndrome in peritoneal dialysis patients after parathyroidectomy, minimizing risk of hypocalcemia and reducing hospitalization days.

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Disclosure of Interest

no

ID: 110

A nursing survey on vascular access monitoring in hemodialysis using a large database

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Background

Vascular access is considered to be both the 'lifeline' and the 'Achilles heel' of the end-stage renal disease patient.

Despite progress and best practice recommendations, vascular access remains the weak point of the renal replacement therapy chain, generating a significant burden for the patient and the healthcare system.

Objectives

The aim of our study was to analyze the perception of nurses in dialysis on the effectiveness of computerized data collection for the recording of the physical examination of the vascular access of patients on hemodialysis and to investigate possible ideas for its improvement in the activities of treatment.

Methods

The multicentre cross-sectional qualitative study conducted between November 2021 and January 2022 was aimed at knowing, through an anonymous survey, the perception of dialysis nurses with respect to the electronic data collection of the VA physical examination.

Results

Nursing staff from 45 dialysis centers were invited to participate in the survey. The sample that took part in the study is composed of 85 nurses of which 71.8% women, 40% of the interviewees are aged between 41-50 years and 54% with seniority of service \geq 16 years. 96.5% found it congenial to use the computerized form to save, analyze and use nursing assessments of AV monitoring during assistance. 92.9% believe the module can improve their nursing assessments during the process of caring for hemodialysis patients. Suggestions for improvement emerged in the open questions on improving the visibility of the collected data on printed dialysis forms..

Conclusion/Application to practice

Nursing assessments related to VA monitoring are essential for identifying early signs of complications, in order to prevent loss of access.

This study confirms that nurses find the electronic data collection tool of vascular access assessments useful during the process of treating patients on hemodialysis.

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Disclosure of Interest

no

ID: 24

The implementation of a dialysis auditing program across multiple countries

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Background

The project involved implementing an electronic auditing program across 10 countries in Asia Pacific, it included the development of an Application (App) and web-based database called 'WeAudit' for staff to upload Clinical Quality Audits and undertake auditing on a hand-held device, across 290 hemodialysis centers. The raw data that is collected during the audit process is fed into the database to be queried and converted into a variety of formats such as reports, graphs and analysis of the audits undertaken. Previously the data collation and analysis processes were manual, resulting in a very inefficient labor-intensive system with inaccuracies that required extensive follow-up and delayed results back to countries.

Results

The project provided staff efficiency improvements by saving time with manual entry, legibility and language barriers, there has been expanded usage of handheld devices for staff and patient education programs, staff competency assessments, videoconference meetings & group discussions as well as photographs for dialysis access surveillance

Conclusion/Application to practice

The depository of Audit Data into a Centrally Managed Information System provides opportunity to improve the quality of care in clinics, via internal and external benchmarking. The auditing program recognizes areas of conformity and strength within services, leading to best practice sharing across countries and standardisation of processes. The WeAudit system has removed security weaknesses identified with the manual system, including manual data entry(error), data transcription, legibility and language barriers, photocopying and scanning. Accuracy issues are removed ensuring a higher standard of data quality and photographic supportive evidence (conforming and non-conforming) is available to support auditing outcomes and risk investigation. The data drives compliance, and quality standards are monitored at every clinic for every activity, leading to greater accountability and risk management. The WeAudit is also designed for all levels of users and has multi language support which improves accuracy and ease of use.

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Disclosure of Interest

no

ID: 28

Patient participation in end stage kidney disease- is renal care compatible with patients’ preferences?

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Background

Patient participation is imperative for contemporary, person-centred, and integrated care. For patients with end stage kidney disease (ESKD), involvement is vital although the opportunities for patients to engage are not fully known.

Objectives

The purpose of the studies was to investigate what participation is and what facilitates preference-based participation, for patients in renal care.

Methods

Focus group interviews analysed with content analysis and a survey, statistically processed.

Results

In a first study, interviews with patients and staff identified diverging perceptions of participation in the dialysis context. Patients employed a broader conceptualisation than staff and claimed that ways to engage can vary over time, particularly in relation to the progress of one’s disease. Consequently, participation can involve sharing experiences and recognising the information shared, other times being actively involved in the renal replacement therapy (RRT). Staff on the other hand considered participation a performance, and suggested patients not involved in RRT non-participants (1,2). In a subsequent survey, 346 patients in renal care reported their preferences for participation by means of the 4Ps tool (3,4). All patients preferred to be involved one way or the other. By means of the 12 items of the tool (depicting a sharing of information, knowledge, and experiences with staff, and being engaged in health-related activities such as self-care and treatment), patients portrayed a sharing of one’s experience of symptoms and of learning to manage one’s symptoms as top priority in terms of their participation. A further analysis indicated that such preferences were not matched to the same extent as those less prioritised by patient, like managing treatment (5).

Conclusion/Application to practice

The findings call for further studies on how to bridge the gap constituted by different notions of patient participation, as well as strategies to ensure a shared understanding of how to provide for preference-based participation in the renal care context.

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Disclosure of Interest

no

ID: 57

Fatigue and social support in hemodialysis

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Background

Fatigue is a major symptom of patients undergoing hemodialysis while social support is a coping strategy method.

Objectives

The aim of this study was to investigate the levels of perceived fatigue and social support among hemodialysis patients as well as the relationship between these variables.

Methods

In this quantitative, cross-sectional study 178 patients undergoing hemodialysis completed the questionnaires: i) the Fatigue Assessment Scale (FAS) for the assessment of the Physical and Mental Fatigue and ii) the Multidimensional Scale of Perceived Social Support (MSPSS) for the assessment of perceived social support from Family, Friends, and Significant Others. Demographic data were, also, recorded. The analysis was conducted using the Statistical Package for Social Sciences (SPSS), version 22.0.

Results

The mean age was 57.25 (± 9.32) years old while 36.1% of them were men. The mean score of FAS was equal to 25.32 (± 8.194) while the mean score of MSPSS was 67.03 (± 12.964). The total scores of the scales were moderately negatively correlated ($r = -0.313$, $p = 0.012$). There was, also, a statistically significant association between Physical Fatigue and social support from Family ($r = -0.105$, $p = 0.003$), and Important Others ($r = -0.161$, $p = 0.198$). The place of residence affected the total FAS score (Mann-Whitney U = 268; $p = 0.036$).

Conclusion/Application to practice

The higher the levels of social support, the lower the levels of perceived fatigue. The support of the family and important others in reducing physical fatigue is of great importance. Living in a city center is a negative predictive factor of fatigue. Renal nurses, when providing holistic patient-centered health care, should early evaluate fatigue and involve the family in order to develop integrated social support strategies.

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Disclosure of Interest

no

ID: 112

Study case: Pregnant woman in ambulatory hemodialysis program

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Background

Pregnancy is a process that causes significant physiological changes for women, as well as advanced chronic kidney disease, which makes these two phenomena unlikely at the same time.

Chronic renal patients on hemodialysis have changes in sexual function with decreased libido, amenorrhea and anovulatory menstrual cycles, which decreases the likelihood of becoming pregnant. In the confirmation of a pregnancy, the morbidity rate is high and there are numerous maternal-fetal complications.

Results

In February 2020, a 33-year-old patient on hemodialysis program reports amenorrhea of 3 months, confirming an unplanned pregnancy of 9.5 weeks.

She is a patient with stage 5 CKD, type II diabetes diagnosed in 2012 during pregnancy, hypertension, obesity, dyslipidemia and depressive syndrome.

The attempt to understand the phenomenon without a solid theoretical basis due to its rarity led to the need for in-depth bibliographic review, adopting a dialysis strategy of multidisciplinary intervention as a guiding thread.

The dialysis plan experienced a progressive increase in dialysis time up to 36 h/week, decreased heparin use, volume monitoring with dry weight adjustments between 300 to 500gr/week, tension control for means 80-90 mmHg, maintenance of urea <70 mg/dL, surveillance of phosphocalium metabolism, hemoglobin and iron, using blood tests pre and post every treatment.

For better control and safety in this process, the transfer of the patient to the reference hospital unit at 4 months of gestation was established, which was successively postponed due to COVID 19 related issues, so that the patient ended up taking the pregnancy to term in outpatient hemodialysis in the clinic, going into labor during a session, after 36 weeks.

Conclusion/Application to practice

The success of the phenomenon in all its development without maternal-fetal complications, led to the preparation of a case study and its sharing, so that it can be replicated in the future.

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Disclosure of Interest

no

ID: 143

Application of absorbent membrane in hemodialysis

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Background

Cytosorb, as an extracorporeal cytokine adsorber, has a special place in the treatment of severe infections, including sepsis, septic shock, and conditions with elevated cytokines. Cytosorb aims to reduce circulating cytokines and increase bacterial toxins removal.

Objectives

It is compatible with standard hemodialysis machines and CRRT machines, and may be used as a stand-alone therapy or concomitantly with hemodialysis both in pre-dialysis and post-dialysis regimens. The process of working with Cytosorb can take up to 24 hours, with the blood volume treated more than 70 times.

Methods

Cytosorb adsorber contains polystyrene-divinylbenzene pores with a biocompatible coating. The large filter area allows a high level of cytokine adsorption - in the range of 5 kDa to 50 kDa. The use of anticoagulant therapy is feasible with the use of heparin or citrate. It is necessary to achieve sustainable blood flow through the membrane where the minimum blood flow should not be below 100 ml/min.

Results

Higher flow rates generally result in higher adsorption efficacy.

Conclusion/Application to practice

To summarize, Cytosorb is an efficient and important treatment regimen in critically ill patients and additionally improves dialysis practice.

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Disclosure of Interest

no

ID: 156

Haemodialysis patients' quality of life and its relationship with dialysis adequacy and laboratory parameters

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Background

Haemodialysis represents the golden standard of end-stage kidney disease treatment. Haemodialysis patients' quality of life may be affected by haemodialysis adequacy and laboratory parameters. The aim of the study was to explore haemodialysis patients' quality of life regarding haemodialysis adequacy and laboratory parameters.

Methods

A cross-sectional study using quantitative research methodology was used. Data were gathered with a standardised survey questionnaire and a convenience sample of 156 haemodialysis patients. Statistical analysis was carried out using IBM SPSS programme, descriptive and inferential statistics.

Results

In average, haemodialysis patients have good quality of life ($M = 71.9$, $SD = 12.1$). We found no statistically significant differences of quality of life between male and female haemodialysis patients ($U = 237.5$, $p = 0.735$). There were also no statistically significant correlations between overall haemodialysis patients' quality of life and dialysis adequacy ($r_s = -0.147$, $p = 0.297$). We found a statistically significant correlation between haemodialysis patients' overall quality of life and years of dialysis treatment ($r_s = -0.313$, $p = 0.025$). We also found a statistically significant correlation between haemodialysis patients' overall quality of life and level of haemoglobin ($r_s = -0.372$, $p = 0.01$) and serum albumins ($r_s = 0.296$, $p = 0.033$).

Conclusion/Application to practice

End-stage kidney disease effects many dimensions of haemodialysis patients' quality of life. Social support and adequate dialysis treatment can play an important role in reducing their disease-specific barriers and increasing their quality of life.

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Disclosure of Interest

no

E-POSTER SESSION 5

ID: 111

Dialysis event reporting and nurses' perceptions of reporting practices

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Background

The dialysed patient's compliance is expressed in observance of hemodialysis sessions, drug prescriptions and dietary recommendations. But, being a chronic disease, the patient often doesn't show himself completely compliant, running the risk of accelerating the pathological decline.

Objectives

The project's objectives are to investigate the pre, intra, post-treatment complications, possible causes of therapeutic non-compliance in a group of dialysis clinics and to investigate the perception of nurses on the importance of incident reporting as a tool for reducing adverse events in dialysis and improving care activities.

Methods

In December 2021 a review was carried out of the pre / intra / post-treatment adverse events reported by the nurses of the 4 clinics on our IT system during the year 2021. In January 2022 an online survey was administered to the same staff on their perception of importance of patient therapeutic compliance, adverse event reporting and patient education. In February 2022, during dedicated meetings, the data from the reports of the year 2021 were illustrated and analyzed.

Results

The questionnaire was administered to the Nurses and Nursing Assistants of a group of dialysis clinics. The sample consist of 48 nurses, 28(58.3%) women, 38 (79.2%) of whom is <50 years old and 35 (72,9%) have a work experience >6 years that is not limited to that on dialysis. 54.1% of nurses stated that they frequently use the reporting form, 97.9% recognize the importance of continuous training on the use of incident reporting tools.

The events reported by nurses in 2021 in the 4 dialysis centers were 510 of which: Poor blood flow (31%) Hypotension (15%), Coagulation of the blood circuit (10%).

Conclusion/Application to practice

The study highlighted that nurses working in the area of chronicity play a fundamental role in evaluating and promoting adherence to hemodialysis therapy, recognizing the importance of incident reporting and continuing education.

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Disclosure of Interest

no

ID: 116

Coordinated care of people with diabetes on hemodialysis programs: Intervention Model

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Background

It is estimated that there are 463 million adults with diabetes all around the world and this number will rise to 700 million in 2040. According to the Portuguese Society of Nephrology, in 2020 about 34.5% of the patients who started hemodialysis had diabetes. In our clinic 33% of the patients had diabetes, and in the last 2 years we documented an increase in diabetes-related complications in our patients. This situation should be managed in an integrative way, considering biological, psychological and socioeconomic factors throughout the creation of an intervention model.

Objectives

To create an intervention model for the management of people with diabetes in a hemodialysis program in a Portuguese clinic.

Methods

Methodological approach for the development of a multidisciplinary tool for the coordinated care of people with diabetes on hemodialysis. A multidisciplinary team performed a literature review to identify the major diabetes-related complications and the best orientation. A dynamic flowchart was created and validated by the multidisciplinary team and the Quality Department.

Results

The Intervention Model created is easy to apply and helps the health professionals in the decision-making process. The (dynamic) flowchart created allows the early identification of changes and/or complications related to diabetes and be more effective on referral to: "primary care services", "nutrition consults", "ophthalmology consults", "vascular surgical consults", "diabetic foot care units" and/or "emergency services".

Conclusion/Application to practice

The intervention model developed, based on scientific evidence, will make it possible to systematize and standardize the assessment and orientation for people with diabetes on hemodialysis. It will allow the earlier identification an intervention in diabetic-related complications, with a person-centered approach, reducing

the burden of this disease in terms of morbidity and in economic way. In the future, the researchers intend to evaluate the impact of this intervention model and generalized to other outpatient treatment centers.

References

available at presentation

Disclosure of Interest

no

ID: 36

End of life care & Conservative Kidney Care– a staff educational program

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Background

According to WHO, palliative care improves the quality of life of patients who are facing challenges associated with life-threatening illness, among these are the chronic kidney disease (CKD) patients. The number of patients with advanced CKD is increasing, and likewise patients who are choosing not to start dialysis. Comprehensive conservative kidney care is widely recognized as a form of treatment for the older frail patient.

At the department of nephrology in Rigshospitalet palliative care was not systematically organized but depended largely on the individual doctor or nurse who is on duty. The staff felt that they lacked time and skills.

In addition, there was a general misconception that palliative care was required only for end-of-life care.

Objectives

To develop an educational program to provide the staff with skills on primary palliative care

Methods

The method Plan-do-study-act was used to create an educational program

Results

The department started an interdisciplinary palliative care group in 2019 that has implemented a palliative care program consisting of an education day, local education, and several guidelines.

40% of the nursing staff has completed the education day.

Furthermore, the department has implemented a program for the older frail patient to help them to decide between dialysis and conservative kidney care

Conclusion/Application to practice

- The program helps keeping focus on palliative care giving
- The Work requires very dedicated people
- It is difficult to draw doctors to the education day
- In the future we are going to implement the use of systemized screening and Advanced care planning.

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Disclosure of Interest

no

ID: 79

The benefits of home haemodialysis during the Covid-19 pandemic

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Background

In recent years, home haemodialysis has gained increasing importance in the Czech Republic and has acquired a completely new significance during the Covid-19 pandemic. There is increasing demand for the HHD method from individual patients and healthcare subjects.

Objectives

The goal of this paper is to establish and evaluate the advantages of home haemodialysis related to the Covid-19 pandemic and factors that could reduce the risk of infection of patients who receive dialysis using the HHD method compared to the RRT method.

Methods

Theoretical approach – analysis, synthesis, induction, deduction, situation modeling, and factors affecting treatment of patients undergoing dialysis during the Covid-19 pandemic, focusing on the HHD method in the patient's home environment, at the dialysis center, and within the terms of a healthcare facility providing intensive care.

Conclusion/Application to practice

Confirmation of the hypothesis that home haemodialysis during the pandemic chiefly represents a reduction of the risk of the patient being infected with Covid-19, particularly during transportation by transport service and during contact with other patients and staff at the dialysis centre. HHD reduces demands on operating measures, coverage of work shifts when there is a shortage of staff and increased administration at the dialysis centre during the pandemic.

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Disclosure of Interest

no

ID: 72

Initiatives to facilitate research recruitment in under-represented communities

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Background

Kidney disease may be five times more common in people of African ancestry. However, ethnic minority participation is underrepresented in clinical research, including nephrology studies. Reported barriers include lack of information and mistrust, which have been exacerbated during the COVID-19 pandemic. A study recruiting people of recent African ancestry or geographic origin (identifying as Black, Caribbean, African American, or LatinX) was initiated in a London Renal Unit in 2020. Recruitment was anticipated to be challenging so initiatives to enhance recruitment were developed.

Methods

Participants were identified using a renal-specific database and eligibility confirmed as per study inclusion and exclusion criteria.

A focus group was hosted by patient and public involvement partners and the following initiatives recommended and implemented to enhance recruitment:

- Flexibility of research team to accommodate participants' availability
- Coinciding research visit on the same day as clinic appointment
- Collaborating with clinical staff so their clinical blood sampling can be taken together with the research samples.
- Education of clinical colleagues regarding study participation to enable direct referral
- Research team remains in contact with the participants from first contact until study completion
- Offering peer-educator input to facilitate culturally congruous support
- Principal investigator arranges individual follow-up in specialist clinic
- Incentives include inconvenience fee and travel expense reimbursement

Results

32/35 (91.4%) people approached to participate in the study were consented and recruited. Recruitment target has been exceeded by 540% (27). Thirty-two patients provided samples at the same time as clinic appointments, and number of direct clinician referrals has increased 4-fold in the last 5 months.

Conclusion/Application to practice

Taking a proactive approach with co-development from community members to enhance recruitment of underrepresented groups appears to be associated with successful recruitment. Formal evaluation of these strategies is needed.

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Disclosure of Interest

no

ID: 78

Factors associated with depression in patients undergoing hemodialysis

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Background

Depression is the most common psychological disorder in patients on hemodialysis and has a strong relation with demographic and clinical factors.

Objectives

The aim of this study was to investigate the factors associated with depression in patients on hemodialysis.

Methods

In this cross-sectional study, one hundred (n=100) patients on hemodialysis (75 males and 25 females) from one hemodialysis center in Greece participated in this study. Depression was assessed via the Zung Self-rating Depression Scale (SDS) and a questionnaire about demographic and clinical characteristics. The normality of the data was checked with the Kolmogorov-Smirnov criterion. The Kruskal-Wallis and Mann-Whitney tests and the spearman's rho criterion were used to evaluate the association between depression score and patients' characteristics. Multiple linear regression was performed to assess the effect of characteristics on patients' depression.

Results

Statistically significantly high levels of depression were observed in older patients ($p = 0.001$), in divorced / widowed patients ($p = 0.001$), in pensioners ($p = 0.002$), in those with comorbid diseases ($p = 0.001$), in those who felt tired after dialysis, in those who felt more tired at night, and in those who felt constantly tired ($p = 0.001$, $p = 0.016$ and $p = 0.001$ respectively), in patients who thought they had a change in their body image ($p = 0.009$), in patients who often felt itching, stiffness and sometimes nausea ($p = 0.001$, $p = 0.001$ and $p = 0.003$ respectively), and in patients who had limitations in the clothes they could wear ($p = 0.001$).

Conclusion/Application to practice

A significant proportion of patients on hemodialysis are particularly vulnerable to depression. Therefore, a formal screening can contribute to early diagnosis and treatment of depression, while training programs can help them effectively comply with their treatment. Additionally, the development of personalized psychotherapeutic approaches, counseling and pharmacological interventions can help patients reduce depression levels.

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Disclosure of Interest

no

ID: 147

Effect of dialysate flow rate on Kt/V in pediatric patients on maintenance hemodialysis

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Background

Increased dialysate flow rates may maximize dialysis efficiency in vitro. Nevertheless, the benefit of increasing dialysate flow rate on delivered dose of dialysis is rather limited in adult patients.

Objectives

The aim of this study is to investigate the effect of increasing dialysate flow rate on delivered Kt/V in pediatric patients on maintenance hemodialysis (HD).

Methods

A prospective study was conducted in three pediatric patients, aged of 14, 14.5 and 16 years old respectively. Each patient underwent 14 HD sessions with dialysate flow rate fixed at 1.5 and 2 times the blood flow rate. Delivered Kt/V was measured in each session using online clearance monitoring (OCM) of the Fresenius 4008S HD machine. The same filter was used for each patient throughout the study.

Results

In the three patients, blood flow rate was set at 240 ml/min, 250 and 250 ml/min respectively and dialysis duration at 240, 270 and 240 respectively. Dialysate flow rate was set at 360, 380 and 380 respectively for the first 14 HD sessions and at 480, 500 and 500 respectively for the 14 following HD sessions. Kt/V did not significantly differ between HD sessions with dialysate flow rate of 1.5 times and 2 times the blood flow rate in all patients (95% CI -0.085 to 0.065, p=0.753 for the first patient, 95% CI -0.075 to 0.030, p=0.396 for the second patient, 95% CI -0.065 to 0.025, p=0.729 for the third patient respectively).

Conclusion/Application to practice

Increasing the dialysate flow rate beyond 1.5 times the blood flow rate does not seem to significantly increase the delivered Kt/V in pediatric patients on maintenance HD

References

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Disclosure of Interest

no

NON-MODERATED POSTERS

ID: 141

Health literacy in patients with chronic kidney disease: improving clinical outcomes

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Background

High Interdialytic weight gain (IWG) has been associated with increased risk for all-cause and cardiovascular mortality. The main causes of lower self-reported fluid restriction (SRFR) include: low motivation, lack of social support, lack of knowledge or self-assessment, as well as ongoing thirst and dry mouth.

According to some studies, improvement of health literacy (HL) has the potential to positively affect their understanding of the benefits of fluid restriction and their ability and willingness to follow fluid restrictions, thereby reducing IWG and optimizing health outcomes.

Objectives

Identify its causes and efficacy of our current education program;

Identify the combined effects of self-care or self-management nursing interventions on IWG outcomes in hemodialysis patients with chronic kidney disease.

Methods

We conducted a retrospective study in Diaverum hemodialysis centre in Régua, Portugal (n=84). Clinical, *socio-demographic* variables and literacy levels were collected. Excessive IWG was compared between January and December 2021.

Results

The overall mean age was 72±13 years. 52 (52.5 %) of the participants were male and 40% had diabetes.

In 2021, 10% of Patients who undergone dialysis treatment in Centro Renal Régua had excessive IWG (> 5%).

Most people receiving HD in our unit have an overall moderately negative HL levels: 8% of the patients were illiterates, 73% had primary school education and 19% higher education.

The overall effect on interdialytic weight gain was -0.05, suggesting a neutral of our nursing interventions.

Conclusion/Application to practice

Healthcare professionals may encourage the patients on haemodialysis to engage in self-directed management of their symptoms, such as health contract, and promote HL through improving their self-efficacy.

A new model of education program must be created in order to improve results, assessing and identifying patients' perceived emotional support networks, will play an important role in enhancing self-care behaviours

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Disclosure of Interest

no

ID: 120

Advanced Care Planning. Nurses in the lead until the end.

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Background

End of life (EOL) care is an important aspect of ESRD care. The moment to start EOL-care is difficult to determine in practice. For example, research shows that >50% of deceased do not die at the place of their preference (Koekoek, 2014). At the moment our EOL-care is not efficient and often (too) late. We want to improve this situation by implementing Advanced Care Planning (ACP) and keep the nurses in the lead.

Objectives

Our goal was to explain ACP and the role of the nurse and explore what nurses need to integrate ACP in practice.

Methods

We work from a patient centered perspective. The primary nurse often cares for the patient for years which gives opportunities to discuss EOL themes and ACP with patients. We organized multiple meetings with nurses to discuss ACP and EOL-care and used real cases as an illustration. In time the surprise question will help to define the moment to start EOL care. We let as many nurses attend as possible.

Results

All nurses felt the need in developing ACP-care on the ward and the cases created an image of successful ACP-care. Three themes emerged throughout the groups.

- 1) Meaning and definition of the different terms used around EOL-care. This is not clear for the nurses and palliative care is often used as substitute for terminal care.
- 2) Nurses do not feel confident in starting a meaningful conversation about ACP or EOL with the patient. They also think they lack necessary communication skills and knowledge.
- 3) Different cultural backgrounds of patients and different age groups hampered talking about ACP due to lack of knowledge and skills.

Conclusion/Application to practice

These results are used to create a training program for nurses. Some nurses are now trained as EOL-counselor and support the individual nurses in ACP on the ward.

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Disclosure of Interest

no

ID: 38

Depression and quality of life in a Greek cohort of hemodialysis patients

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Background

Hemodialysis (HD) treatment along with objective difficulties is shown to have a negative impact on the psychosocial status and behavior of HD patients. Depression is the most common psychiatric disorder in patients with kidney disease and has been associated with decreased Quality of Life (QoL).

Objectives

The aim of this study was to evaluate the prevalence of depression in HD patients, and the possible association of depression with sociodemographic factors and QoL.

Methods

138 HD patients (HD duration > 3 months) from the Nephrology Department of General Hospital of Kavala in Greece were included in the study. Personal questionnaires of Beck Depression Inventory (BDI-21) and EuroQoL-5 Dimensions (EQ-5D-3L) were used. BDI-21 classifies depression as: minimal (0–13), mild (14–19), moderate (20–28) and severe (29–63).

Results

Median patients' age was 69 (IQR 56–79) years, mean HD duration was 55.02 ± 67.77, while the majority of them were men 65.2% (n=90). Mean BDI-21 score was 19.8 (SD=11.24). Patients presented depression in various levels, 35.5% (7.88 ± 3.28) minimal depression, 13.8% (17.05 ± 1.81) mild depression, 28.3% (23.51 ± 2.70) moderate depression and 22.5% (35.68 ± 5.71) severe depression. Sociodemographic data such

as age and duration of marriage had a significant direct correlation with depression (both $p < .05$). On the contrary, HD duration had significant inverse correlation with depression score, the less time on HD, the more depressed ($r_s = -.27$, $p < .05$). Patients' QoL score revealed a significant negative correlation with the duration of marriage ($p < .01$), while it did not correlate with age or with HD duration. Finally, patients' EQ5D Visual Analogue Scale (VAS) (63.86 ± 16.86) and EQ5D Index ($.59 \pm .28$) were significantly inverse correlated with BDI ($r_s = -.66$, $p < .01$ and $r_s = -.76$, $p < .01$) respectively.

Conclusion/Application to practice

Our results revealed a high prevalence of depressive symptoms in our cohort that significantly correlated with QoL of HD patients. Older patients with shorter duration on HD and with long marriage duration presented the highest level of depression.

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Disclosure of Interest

no

ID: 68

When body meets therapy at hemodialysis patients

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Background

Psychological disorders are common among hemodialysis Patients.

While the struggle of these disorders affect the Patient's personal and family life, treatment adherence, nutritional regime, self-image and self-confidence, movement therapy through music, body movements and art can foster healing and mental well-being

Objectives

These therapeutic Sessions aimed to empower this Patient, help him explore his emotions, cope with stress and depression, boost self-esteem and develop personal relaxation techniques

Methods

A 53 years old Patient treated by hemodialysis for the last 5 years, married, an Amputee and cannot work. Recently the Staff noticed a change in his psychological state that was evident by lack of communication, eye contact and depressive expressions.

While the Patient diagnosis was Mood disorder and Adjustment reaction with anxiety, and he was recommended for 20mg Recital and 0.5mg Xanax XR by a psychiatric, the Staff offered him Movement Therapy Sessions.

The six months Sessions once a week with the Patient included: 1- psychotherapy conversations; 2- sharing music and body movements; 3- creating a safe place for raising sensitive struggles; 4- Therapeutic cards games 5-Sharing books quotes.

Results

By the end of the Sessions, a Patient's mood improvement, initiated communication and self-awareness were sensed. This was evident by: 1- Sharing personal contents; 2- interpersonal skills improvement; 3- developing techniques to cope with marital and family issues; 4- relaxed expressions; and 5- Intentional movement effort.

Conclusion/Application to practice

The description of this case shed light on the direct connection between the psychological side and the physical side of the Patients. We recommend integrating Movement Therapy Sessions alongside the dialysis treatment so that would improve the Patients` quality of life in addition to treatment adherence and emotional well-being.

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Disclosure of Interest

no

ID: 16

Diabetes nurse practitioner in dialysis units: a vision for reality.

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Background

Most dialysis patients are diabetic and suffer from chronic illnesses. Many don't adhere to drug treatment, despite adherence being essential in successful treatment of any chronic disease. Adherence in these patients involves taking multiple medications, nutritional limitations and attending multiple clinic visits. Challenges include poor communication and lack of guidance.

Objectives

The role of the Diabetes Nurse Practitioner (DNP) is to be a holistic manager for the treatment, which includes planning, coordination, implementation and monitoring. The DNP is an authority in multiple areas,

maintains the treatment continuum and communication with the patient, his family and community. He/she also has a unique perspective highlighting the nursing needs of each patient.

Because these patients often have physical limitations and difficulty following treatment directions, we've identified a need for a diabetes infirmary as part of the Nephrology institute. The goal is for the DNP to facilitate individual monitoring, personal guidance and attention to each diabetic patient's individual needs in individualized sessions. The clinic will be in the Nephrology Institute, in collaboration with the Diabetes Institute's multidisciplinary team. In the Corona period, this is essential as it negates the need to attend a separate clinic. The DNP knows all patients personally and is able to recognize problems related to renal failure.

Results

There is evidence that the presence of a clinical specialist nurse is key in the combined treatment of a chronic patient and results in improved clinical outcomes, a reduction in hospitalizations and a reduction in referrals to outpatient clinics.

Conclusion/Application to practice

Owing to the DNP's extensive experience, she is qualified to provide cost-effective, accessible and quality patient-focused care. To improve the overall treatment of a diabetic dialysis patient, we recommend setting up a DNP clinic at the Nephrology Institute. The clinic's performance will affect treatment success, quality of life and satisfaction of the patient.

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Disclosure of Interest

yes

ID: 45

Bioimpedance spectroscopy protocol in hemodialysis patients, a tool to improve

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Background

In order to adjust hemodialysis (HD), liquid volume and hemodynamic management of the patients are essential, considering that a proper dry weight measurement is associated with cardiovascular benefits. So as to improve dry weight precision, bioimpedance spectroscopy (BIS) is used. BIS is useful to identify corporal fluid overload.

Objectives

To relate a protocol BIS implementation for patients in HD with a decrease of intradialytic complications, such as hypotension, cramps, nausea and vomit.

Methods

A prospective, quantitative observational design was used to develop this research. 101 HD patients were included in the study. Instruments used to collect results were: AD-HOC form for socio-demographic and clinical data, EuroQol 5D scale for quality of life assessment, Nefrolink program for recording complications and BIS results.

Results

Results show an average age of 70 years (range 21-91). BIS results show: 34% overhydration and 66% infrahydration. There is a variation of +/- 4,5 kg with prescribed dry weight. A 27% of the patients have had complications during HD sessions, according to the nurse register the month before the BIS was carried out. It is registered that the nurse team carries out preventive actions in order to avoid complications during HD. The complications recorded are divided into: 70.37% hypotension, 11.11% cramps, 14.81% both hypotension and cramps, and 3.7% nausea and vomit.

Conclusion/Application to practice

The implementation of a protocol for periodically performing BIS on hemodialysis patients is expected to reduce the most frequent complications during treatment, which are hypotension, cramps, nausea and vomit. As well as assess the cardiovascular risk and nutritional status of the patient.

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Disclosure of Interest

no

ID: 103

Intradialysis muscle cramps: nursing interventions for prevention and treatment

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Background

Muscle Cramps are the most frequent and most feared intradialytic reactions among patients on hemodialysis, since they are characterised by intense pain with repercussions on quality of life and on tolerance and acceptance of dialysis treatment.

Objectives

To identify the nursing interventions and their impact on the prevention and treatment of Intradialysis muscle cramps, based on the current scientific evidence.

Methods

International literature review in the following databases: MINDLE, CINAHL, MINDLE, NURSING & ALLIED HEALTH COLLECTION; CONCHRANE (through the EBSCOB platform, via Order of Nurses), PUBMED, using the descriptors combined with Boolean characters “muscle cramps” AND “hemodialysis” AND “nursing”. We also used a focus group in Diaverum Clinic - Odivelas with the presence of Nephrologists and Hemodialysis expert nurses.

Conclusion/Application to practice

Although the etiology of muscle cramps in patients undergoing hemodialysis is not consensual, some common triggers were mentioned: the patient's clinical condition, hydroelectrolytic disorders, hypovolaemia, hypotension, the prescribed dialysis strategy and the composition of the dialysate solution. The following were identified as interdependent nurse interventions: intravenous fluid administration, oral medication and adjustments in the prescription of the dialysis strategy. As for autonomous intervention, stretching, intradialytic massage and intradialytic physical exercise stand out. Teaching and education with family involvement also stand out as a key aspect in the autonomous intervention of the hemodialysis nurse expert.

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Disclosure of Interest

yes

ID: 148

Referral nurse in haemodialysis, comparing results before and during the pandemic

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Background

In our hospital, the latest projects were led by the nursing team, and they have prioritized responsibility and security for patients, and the importance of the role of referring nurse and care computerization.

Objectives

The objective of the study is, through the implementation of a referring nurse protocol, adopt a global vision in order to coordinate the entire care process, manage the work plan and ensure continuity. Another objective is to compare results obtained in 2019 before the pandemic and 2021 while the pandemic is still remaining.

Methods

A quantitative observational design was used to develop this research.

111 patients were included in the study. Instruments used to collect results were: Barthel scale, Mini Nutritional Assessment (MNA), Pfeiffer Short Portable Mental Status Questionnaire (SPMSQ) an own vascular access form. Basic human needs were used to evaluate general conditions.

Results

Results show an average age of 70 years, range 30-89 in 2019, the same in 2021, range 21-91.

Barthel scale results show:

Fully independent 53,57% in 2019 53,2% in 2021,

Minimally dependent 25,89% in 2019 28,8%

Partially dependent and very dependent 10,7% in 2019 9,9% in 2021

Totally dependent 3,57% in 2019, 1,8% in 2021
MNA results show:
normal results in 2019 36,61%, 34% in 2021
malnourished risk in 2019 33,04%, 55% in 2021
malnourished in 2019 13,39%, 6,3 in 2021
16,96% weren't evaluated in 2019, 4,5% in 2021

Conclusion/Application to practice

In conclusion, there is an increase in malnourished risk in MNA results, which we could assign partially to the suppression of intradialytic meals.

We have observed an increase in the number of scales realized.

We would like to keep on working on this referral nursing project to help patients improve their life quality.

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Disclosure of Interest

no

ID: 23

“We need a safe environment” -Developing a mentorship program for newly hired nurses.

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Background

Newly hired nurses meet their clinical practice with expectations for requiring a number of specialized nursing competences. Research shows that a period of structured mentorship is highly important in order to prevent frustration and stress.

Objectives

To ensure that newly hired nurses achieve competences to provide care and to improve their motivation for being a renal nurse.

Methods

The study took an action research approach and included user driven activities based on the users' experiences and needs in order to develop a mentorship program. Data were generated through 100 written statements with reflections on small papers and postcards, which were analyzed by Braun and Clarke's thematic analysis.

Results

To the new nurse, the clinical work could be experienced as overwhelming and with feelings of expectations and pressure. Further, being introduced to an experienced colleague, who did not know how to provide structured training or how to process a mentorship, resulted in an unstructured and unfocused introduction.

Conclusion/Application to practice

The mentorship program has to be structured written and clearly introduced to both the new nurse and the mentor. This includes definition of their roles and responsibilities. The new nurse and her mentor must know when the goals for training can be adjusted and evaluated.

The results have been processed in to the Plan, Do, Study, Act cycles - model for improvement and led up to competence cards with a clear description of the mentorship's goals. Furthermore, an instruction communicated the roles of the mentor and the clinical nurse specialist as project manager in the mentorship program. And finally, supervision and sessions of reflections every two weeks have also been implemented. With implementing this mentorship program, the department have not had any resignations in nearly two years.

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Disclosure of Interest

no

ID: 42

Safewards in a haemodialysis unit– a model to reducing conflict and improve safety

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Background

In general, being dependent of haemodialysis means that adjustment to treatment can be challenging due to strict adherence to medication, fluid and dietary regiment (1). Further, the number of patients receiving haemodialysis diagnosed with severe mental illness have increased during the past decades. Challenging behavior in patients may attribute factors such as aggression, threatening acts and non-adherence (2). This is a major stressor for even experienced nurses who build up relationships with patients for years (3).

Objectives

To test and evaluate a Safewards-model with associated interventions to improve the safety of patients and nurses in a haemodialysis unit.

Methods

Intervention

Safewards is a theoretical model with 10 associated evidence based interventions designed to identify conflicts (flash points) related to areas (domains) in order to prevent and/or reducing conflicts (4). In total, 60 nurses were educated and trained in Safewards interventions which includes verbal de-escalation. Further, a group of seven nurses were recruited for Safewards Champions in order to facilitate the test and implementation. The study is currently ongoing and is based on the Plan, Do, Study, Act cycles model for improvement (5).

Results

The evaluation will consist of two parts; Firstly, an ethnographic field study will be undertaken in order to obtain an insightful description of the practice between patients and nurses by grasping if and how the intervention comes into play and improve de-escalation of conflicts. Next, there will be conducted three focus group interviews with the nurses in order to generate knowledge from their perspectives.

Conclusion/Application to practice

Perspectives

The results will be included in an iterative process in order to adjust the intervention to local clinical practice.

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Disclosure of Interest

no

ID: 91

Vaccination of patients on hemodialysis in the prevention of mortality from kovid-19 infection

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Objectives

Montenegro registered the first Kovid-19 case on March 17, 2020. year and was the last European country in which SARSCoV-2 virus infection was registered. On March 11, 2020, the WHO declared the Covid-19 pandemic caused by the new coronavirus (SARS-CoV-2).

Methods

Control study.

Results

The number of dialysis patients at the Clinical Center is eighty. Of the total number of patients, six died from covid -19 infections, which had not been vaccinated. When they became ill, no vaccine was available in Montenegro. All patients were vaccinated with three doses of vaccine against human infection. All patients who were vaccinated had covid infection but had a milder clinical picture.

Conclusion/Application to practice

Vaccination has reduced the mortality of patients on the chronic hemodialysis program.

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Disclosure of Interest

no

ID: 95

Results of the sixth COVID-19 wave in a dialysis unit

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Background

Patients with end-stage chronic kidney disease have higher comorbidity and mortality from COVID-19 (20-30%). Protocols and guidelines have been updated to prevent the spread of COVID-19 in dialysis treatments, with rapid antigen tests and an action circuit in the event of suspects. With the new Omicron variant and the explosion of infections, the challenge has been enormous in our hospital unit in this sixth wave.

Objectives

Analyze the positive patients for COVID-19 in the hemodialysis and peritoneal dialysis unit, the diagnosis, evolution of clinic and symptoms, vaccination status and duration of the disease

Methods

Review of the records of positive patients from January 1, 2022 to February 28, 2022.

Results

37 positive (23/75 chronic HD 30.6%, 4/35 PD 11.5%). 10 women (27%), mean age 64 years (31-80). Family place of infection 21 (56%), community 6 (16%) and hospital 10 (27%). The predominant strain has been Omicron (94%), diagnosed by PCR in 20 patients (54%) the rest with antigens 10 (27%) or both 7 (19%). 12 patients (32%) had previously been infected with COVID-19. Symptoms: 2 (5%) did not have, 29 (78%) catarrhal, 19 (51%) fever, 6 (16%) gastrointestinal and 8 (22%) pneumonia. Hospital admission was required for 16 patients (43%) and 2 (5%) died. Vaccination with complete schedule 28 (77%), with 1 or 2 doses 7 (19%) and without vaccination 2 (4%). Serologies available in 26 patients with 19 (73%) with +2080 IU IgG and 7 (27%) with less. The baseline CTs were on average 21.75 (15-33) Time to negative or CT >35 was 15 days (3-30)

Conclusion/Application to practice

Keeping the best screening protocols up to date and isolating positive patients prevents outbreaks in dialysis units. Time to become negative is longer than general population due to immunosuppression. Most have had mild symptoms, although mortality is improving, it can be fatal

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Disclosure of Interest

no

ID: 70

Diet in renal transplant recipients

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Background

Chronic kidney disease is a long-term, progressive weakening of renal function that leads to increased and accumulation of metabolic products in the patient's body. Replacement of renal function may be performed by hemodialysis, peritoneal dialysis and/or kidney transplantation. A proper and balanced diet plays a significant role in treatment of patients with chronic kidney disease.

Objectives

The diet of renal patients should be adjusted to the underlying renal disease, the degree of impairment of renal function, disorders of electrolytes, volume status, blood pressure, height and body weight, muscle mass, age and gender of patients. Assessment and monitoring of nutritional status are vital components of further successful transplant treatment of those patients.

Conclusion/Application to practice

Organ transplantation is a complex therapeutic procedure that prolongs survival and improves quality of life. Proper nutrition is important for its success and recovery of patients. Particular attention should be paid to the quantity and quality of protein. Assessment of nutritional status is performed by methods ranging from simple measurements to comprehensive patterns that include anthropometric, biochemical, and subjective methods of assessing patient nutritional status. The treatment of such patients is very complex and requires the constant cooperation of nurses, doctors, and patients. With good education and cooperation of patients and their families, we can achieve good results for patients, facilitate their stay in the hospital, and successful recovery.

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Disclosure of Interest

no

ID: 82

Continuous non-invasive blood pressure measurement with a plethysmograph

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Background

Continuous non-invasive blood pressure measurement (CNBP) measures the BP continuously during a 24-hour period in predetermined intervals. The patient undergoes this test either at home, or in his workplace and is able to do their everyday activities. Also, it is a golden standard for making diagnosis of white coat hypertension or white coat phenomenon. Furthermore, masked hypertension can be detected more easily, meaning, it can be seen that the patient was not treated adequately – which consists 15% of total patients.

Objectives

Standard ABPM is an upper arm device. However, a number of patients have technical difficulties which makes it difficult / impossible for them to use it – i.e. obese individuals or individuals who are physically distressed by wearing the arm cuff. With these patients, a plethysmograph fingertip SomnoTouch BP device measures the BP continuously without a cuff. The device has one EKG drain and measures the patient's heart rate by wearing a fingertip pulse oximeter, while the box is formed in the shape of a wrist watch. It measures BP by calculating the time it takes the pulse wave to reach the heart from the fingertip.

Conclusion/Application to practice

Plethysmograph CNBP enables continuous measuring of BP even with patients which were unable to get tested until now. As the technology further develops, these types of devices are to have a wide use in clinical practice diagnostics and monitoring the arterial hypertension. In order to keep up with the developing technologies, it is important that the medical staff attends additional educations which would result in better handling of the device and improved interpretation of the results of the test.

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Disclosure of Interest

no

ID: 127

Falls in elderly haemodialysis patients in an outpatient haemodialysis facility

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Background

Falls in elderly patients with chronic kidney disease on haemodialysis (HD) have a high prevalence and are associated with risks of increased morbidity and mortality, reducing patients' quality of life and life expectancy¹.

In our renal facility, the elderly (age ≥ 65 years) HD population is growing rapidly.

Objectives

This study aims to review the predictors of falls to prevent and minimise fall risk and related complications, underlying the nursing interventions to help these patients, consequently decreasing financial and social burdens.

The fall risk assessment aims to identify individual risk factors, which is carried out in our Unit with the fall risk assessment scale (Morse falls scale).

Methods

In this review, we will summarise the epidemiology, risk factors and pathophysiology in elderly HD patients, and we will also focus on the used methods to assess and predict the patients at high risk of falling in an outpatient renal facility, with the use of Morse fall scale, prevalence of falls events in 2021 (n=4), providing recommendations for interventions to reduce the occurrence of falls in this population.

Results

Conclusion/Application to practice

An individual assessment is essential so that appropriate preventive measures can be implemented².

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Disclosure of Interest

no

ID: 55

950 pairs of gloves

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Background

Dialysis is considered as one of the most important waste producers in medicine.²⁻⁵ Each treatment session can produce up to 2 kg of potentially contaminated products.⁵ It has been suggested that tailored provision of medical consumables combined with their prudent use is the most efficient way of limiting medical waste.⁶ However, such opportunities might be limited.

Methods

We audited the use of medical equipment, at the nephrology department of the E.M.M.S hospital. It was found that although the hemodialysis kits included two pairs of medical gloves for connection and disconnection of the hemodialysis patient, many of the nursing staff tended to discard the two pairs of gloves already provided with the kit and use two pairs of gloves from the nursing tray instead. This practice is tantamount to wasting two pairs of gloves in every hemodialysis session.

We made the staff aware of our audit. We further discussed with the staff the negative environmental impact of their wasteful practice. We also reduced, by 50%, the number of gloves available in the treatment hall, and emphasized the need to only use external gloves, in addition to the gloves provided in the dialysis pack, in absolute emergencies.

Results

The consumption of latex glove packages by our nursing staff had declined steadily over the ensuing 7 months from 200 packages per month to 146 packages per month. If calculate, 2,700 pairs of gloves per month were spared from being thrown away.

Conclusion/Application to practice

It is possible to reduce medical waste by prudent use of medical items. Increasing medical staff awareness of the problem of mounting medical waste and its implications for the environment and for health, can lead medical staff to reduce the waste they generate through medical procedures. Such steps can be taken in similar situations both in our own hospital and elsewhere.

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- 2020

Disclosure of Interest

no

ID: 158

Digital tools in Patient Education: My Kidney Journey

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Background

‘MY KIDNEY JOURNEY’ (<https://www.mykidneyjourney.com/>) is an educational website which aims at increasing knowledge of chronic kidney disease (CKD). It provides patients and their families with information and resources they need in order to plan for a healthy and full life while on kidney replacement therapy. It has been developed by CKD patients and nephrology experts in collaboration with Baxter. It is available across 40 countries in over 20 different languages and has been endorsed by the main International and country Patient Associations and Nephrology Societies.

This tool has been built for CKD patients and their families as well as healthcare professionals as support in pre-dialysis and dialysis education. It explains the role of kidneys, stages of deterioration, expected symptoms, and evaluates in detail each treatment modality: peritoneal dialysis, hemodialysis, transplantation and conservative management. It also includes thorough sections on mental aspects, diet, exercise, travel and a resource center with files to download. The goal is to help with a conscious decision of a preferred treatment and to provide multidisciplinary support.

Disclosure of Interest

no

ID: 96

Burnout in Health Professionals: A national analysis.

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Background

Burnout is a psychological syndrome, characterized by a state of high emotional exhaustion, high depersonalization, and low professional accomplishment, which leads to the erosion of personal, professional and health values.

In this study, we will identify the prevalence of burnout in health care professionals working in 28 Haemodialysis Units.

Objectives

The aim of this study is to identify burnout in health professionals working in Diaverum, specifically:

1. To evaluate the levels of burnout in health professionals, in the different Diaverum Units in the national territory.
2. To evaluate its association with socio-demographic and labour variables.

Methods

This is a quantitative, descriptive study

Sample

Physicians, nurses, social workers, nutritionists, and pharmacists.

Data Collection

Electronic questionnaire including the Maslach Burnout Inventory - Human Services Survey scale.

Data analysis technique

Data analysis using SPSS Statistics

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Disclosure of Interest

yes

ID: 71

Factors associated with quality of life in Greek kidney transplant recipients: a prospective study

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Background

Kidney transplantation (KT) is recognized as the treatment of choice for End-Stage Kidney Disease patients. Reliable evaluation of health-related quality of life (HRQoL) with disease-specific questionnaires is of great importance.

Objectives

To assess prospectively HRQoL of KT Recipients (KTRs), possible changes and to identify factors-parameters that might associate with these changes.

Methods

The disease-specific Kidney Transplant Questionnaire 25(KTQ-25) and the SF-36 were administered in a cohort of Greek KTRs twice, at study entry and after one year. Sociodemographic and medical data were collected.

Results

84 KTRs (59 males) with mean age 53.5±10.7years and mean e-GFR 47.7±15.1ml/min/1.73m² were initially included, while 74 KTRs remained for analysis. SF-36 scores in all dimensions did not show significant changes between the two time-points. KTQ-25 scores at two times-points were: Physical Symptoms 3.98±1.60 vs 4.42±1.80, Fatigue 5.30±1.36 vs 5.55±1.23, Uncertainty/Fear 5.16±1.33 vs 5.49±1.23, Appearance 6.31±0.94 vs 6.41±0.83, Emotions 5.03±1.07 vs 5.22±1.12, and Total Score 5.20±0.87 vs 5.52±0.89 respectively, without significantly changes between the two time-points. Important results from multivariate regression analysis showed that parameters significantly associated with Physical Symptoms were age (p=0.021) directly and osteoporosis (p=0.025) inversely. Significant parameters associated with Fatigue were female sex (p=0.046) and higher serum cholesterol's levels (p=0.012), with Appearance were female sex positively, age and cardiovascular disease (CVD) inversely (p=0.018, p=0.043 and p=0.041, respectively). Uncertainty/Fear was significantly worse in KTRs with CVD (p=0.032). Total score was significantly positively correlated with female sex (p=0.024) while CVD had a negative impact (p=0.013).

Conclusion/Application to practice

In this prospective study, KTQ-25 and SF-36 scores did not change significantly. Age, sex, osteoporosis, serum cholesterol's levels and CVD are some of the important factors that might affect prospectively HRQoL of KTRs.

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Disclosure of Interest

no

ID: 88

Case study: Pretransplant evaluation of a patient undergoing haemodialysis and LDL apheresis

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Background

The number of patients diagnosed with chronic kidney disease (CKD) is growing every year, with two factors playing a significant role in this – the first is the population getting older and the second is the high incidence of diabetes, being the leading cause of kidney damage on a global level. However, it is important to emphasize that the leading cause of death in chronic kidney patients is not the progression to the end-stage of the renal disease, but cardiovascular diseases.

Objectives

Immediately post-surgery transplant patients can face surgical complications. Besides all these, immunosuppressive therapy causes transplant patients to be more susceptible to bacterial, viral and fungal infections, which can sometimes be life-threatening. Furthermore, immunosuppressive therapy results in the decreased regulation of blood pressure, lipids and glucose, as well as in weight gain, which additionally contributes to the risk of developing cardiovascular diseases.

Methods

Kidney transplantation is the gold standard in the treatment of end-stage renal disease, and it contributes to the better life quality and treatment outcomes. Transplantation complications are connected to the accompanying renal disease comorbidities. During the transplant patient evaluation, a series of tests are conducted to discover in time potential obstacles and contraindications to transplantation – they can be reversible/temporary (these can be solved to prepare a patient for the kidney transplantation) or irreversible, insurmountable obstacles which prevent a patient from undergoing the kidney transplantation.

Results

We will present a case study of a diabetic patient with multiple complications, undergoing a transplantation evaluation.

Conclusion/Application to practice

Using a multidisciplinary approach, the medical advisory board concluded that the patient suffers from multiple contraindications and the kidney transplantation would not result in the expected benefit and the

improvement of life quality with all comorbidities. The patient was not a candidate for the kidney transplantation.

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Disclosure of Interest

yes

ID: 108

Energy expenditure in kidney transplant recipients

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Background

Most clinical practice guidelines recommend the practice of physical exercise in people who have received a solid organ transplant. Therefore, the assessment of physical activity in this population will help to know their general health status and the impact of the associated underlying morbidity.

Objectives

Assess the level of energy expenditure and pre-transplant activity levels.

Establish how renal replacement therapy (RRT) conditions the performance of physical activity (PA).

Methods

Cross-sectional study between September 2020 and January 2022. Physical self-efficacy was measured with the International Physical Activity Questionnaire (IPAQ), it was calculated in Mets (Metabolic Equivalent)/minute and week.

Results

We analyzed 87 patients, age 56.1 years, 72.4% male. 64,4% on hemodialysis (HD), 5.7% on predialysis. 89.7% cadaver donor, 88,5% manifested hypertension, 47.1%, dyslipidemia (24.4%), (15.6%) diabetes, 28.9% cardiovascular disease and 44.4% overweight. Causes of chronic kidney disease were glomerulopathies (34.5%), chronic kidney disease unknown (19.5%) and diabetes mellitus (11.5%).

The global energy expenditure (GE) was 2420.9 ± 2185.7 METs minute/week. 1576.1 ± 1047.3 for women and men 2742.7 ± 2416.2 ($p = 0.017$).

55.2% (n=48) performed vigorous activity 3679.2 ± 225 .

3878.3 ± 2385.8 for men and 2684 ± 1019.7 women.

Moderate activity (n=25) (600-1499 METS/min/week) 1212,1±242,6; 1156 ±263.6 in men and 1296.1 ± 1156. in women. 14 participants did not reach figures that can be included in the 2 previous categories.

Those over 65 years 28495 ± 2738.6 and under 65 years 2224.6 ± 1822.2 METs minute/week
Patients on predialysis expressed 3858 ± 3407.8, hemodialysis 2418.06 ± 1929.3 and peritoneal dialysis 2213.7 ± 2437, with no statistically significant differences between renal replacement therapy ($p= 0.35$).

Conclusion/Application to practice

Women show lower energy expenditure at all categories of physical activity. Those over 65 years *of age* have higher energy expenditure figures. TRT does not determine level of physical activity.

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Disclosure of Interest

no

ID: 117

Association of the rope ladder cannulation technique in a renal facility with dialysis adequacy

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Background

Often mentioned as the “lifeline” for haemodialysis patients, the European Dialysis and Transplant Nurses Association/European Renal Care Association (EDTNA/ERCA) stresses the crucial role of vascular access in the renal replacement therapy chain, highlighting its impact on peoples’ lives and in the quality of the health services¹.

The vascular access cannulation technique is an autonomous nursing intervention, playing a major role in its preservation. In addition, the cannulation technique has implications on vascular access longevity, establishing it as a primordial factor for the quality and adequacy of haemodialysis (HD) treatments².

Our annual clinical audit has identified a low level of compliance with the organisational policies and guidelines on vascular access care, namely in the vascular access preparation and assessment, and, in particular, cannulation technique.

Objectives

This study aims to describe the steps to implement the rope ladder technique cannulation and needle position in a selected sample (n= 20) and to evaluate the dialysis adequacy measured by the monthly eKt/V.

Conclusion/Application to practice

Ultimately, the standardization of this technique may contribute to obtaining health gains, safety and improve the quality of life of the person with a chronic renal disease on HD.

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Disclosure of Interest

no

ID: 7

How to choose cannulation technique in AV-fistulas

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Background

There are four known cannulation techniques to choose between when cannulating an arteriovenous fistula (AVF): rope ladder (RL), area puncture (AP), buttonhole using blunt needles (BHb) and buttonhole using sharp needles (BHs)^{1,2}. These techniques have gained different popularity in different parts of the world^{3,4} but reasons for these dissimilarities are unknown. Nurses have a great responsibility in the choice of cannulation technique and the daily care of the AVF. However, on what the decision of cannulation technique is based is scarcely studied.

Objectives

The aim of this study was to describe what the choice of cannulation technique in AVF is based on.

Methods

All haemodialysis units in Sweden got a questionnaire containing both open-ended and closed-ended questions and an inquiry to include their local guidelines on cannulation of AVF in the study. Descriptive statistics and qualitative content analysis were used in a mixed methods design.

Results

Experience of the nurses, in consultation with their colleagues, decide which cannulation technique that is chosen. Local guidelines and recommendations and patient's thoughts, feelings and ideas also influence this decision. BHb was the most common cannulation technique and used to some extent in all included units (BHs in 76%, RL in 49% and AP in 19%). BHb was also the technique that nurses preferred and they described it to decrease the risk of complications, prolong patency and that it was an easy technique to use. If BH did not work, RL was considered as an option. Only one unit preferred RL as first choice.

Conclusion/Application to practice

The choice of cannulation technique is a process based on the nurse, local guidelines and the patient. Most dialysis units in Sweden consider BH as a good cannulation technique and therefore use it as their standard technique.

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Disclosure of Interest

no

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