

Evidence Series: Poster

Remote Patient Monitoring in Peritoneal Dialysis (PD):

Evaluating the benefits
of implementation on
service resource.

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BACKGROUND

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

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

- reduce clinic appointments
- monitor patients more efficiently
- allow timely changes to patient care
- reduce travel burden on patients attending clinic
- increase access to care
- decrease healthcare delivery costs

OBJECTIVES

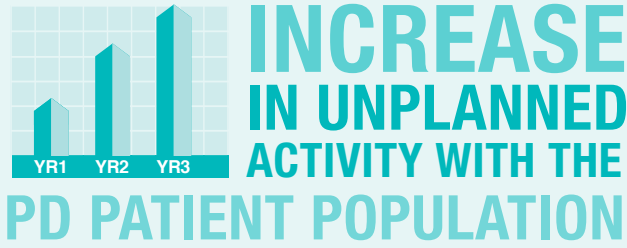
Introduce remote monitoring to Automated Peritoneal Dialysis (APD) and review the impact on planned activity, unplanned activity and patient experience.

ENDPOINTS

Resource Utilisation



METHODS



- Before introducing remote monitoring, an audit of unplanned patient contact was undertaken, including:
 - incoming and outgoing patient phone calls
 - patient ward attendance and out of hours contact

- Year on year the PD team have found an increase in unplanned activity with the PD patient population which was time consuming and impacting on many aspects of the service

- This audit was repeated for 12 months post remote monitoring implementation of Sharesource.
- Further audits investigated proactive versus reactive patient activities, and additional services post device introduction.

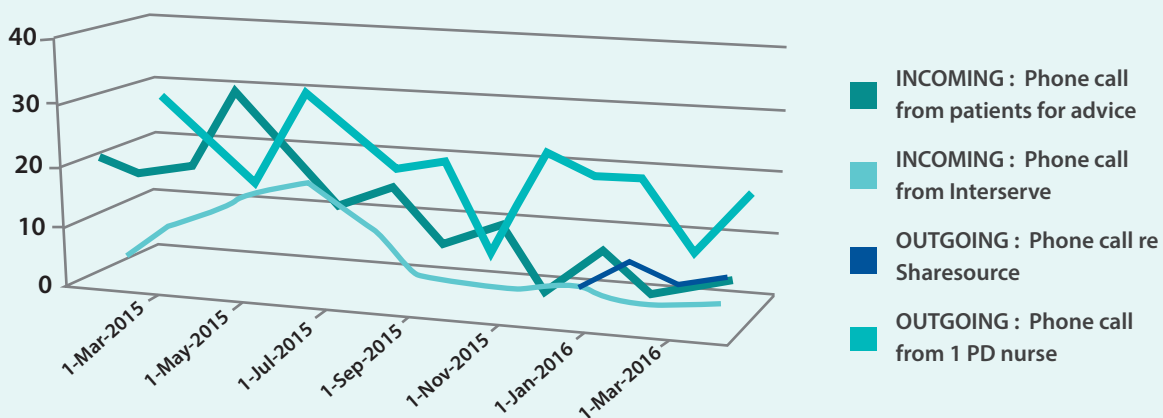
RESULTS

- Remote monitoring was implemented in 85% of the APD population
- Before remote monitoring there were an average of 32 incoming patient phone calls per month, this fell to 14.7 calls per month and a reduction in unplanned ward attendances
- Outgoing Nurse phone calls showed a slight decrease.

- Reactive patient care was previously 60% with no proactive care documented. This increased to 21% proactive patient activity and a 4% reduction in reactive care.
- The team were able to introduce a six-monthly patient training reassessment programme to further support patients at home.



PD patient phonecalls

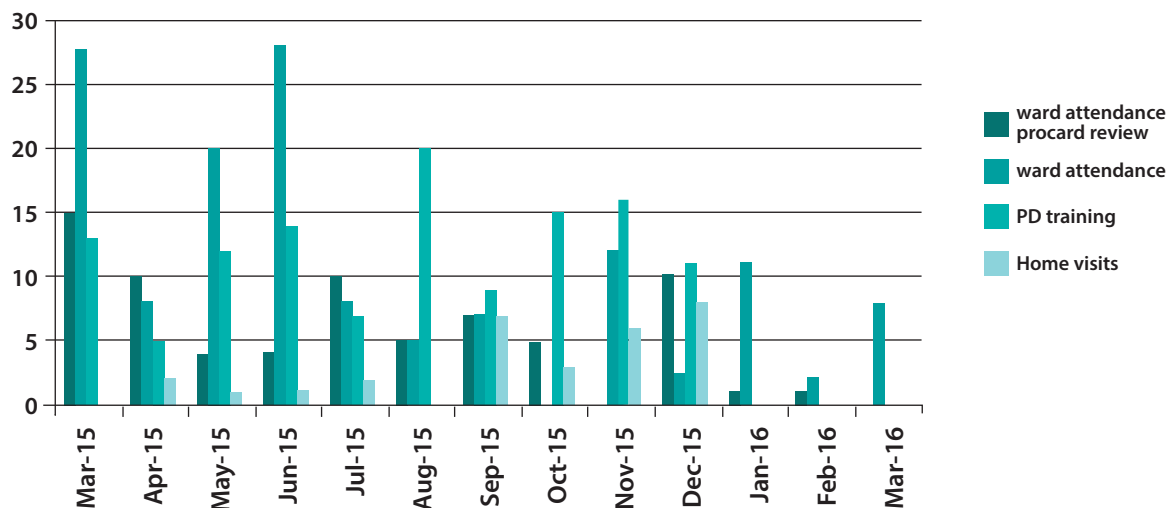


RESULTS

- Ward attendees showed a similar decrease

PD patient ward attendance

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



CONCLUSIONS

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