



Dialyzing at Home: Examining Barriers

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Assessing Barriers to Modalities through Patient Engagement



Introduction

Currently, 30.5% of dialysis patients in British Columbia are utilizing independent dialysis therapies with 26.1% of them on peritoneal dialysis (BC Renal, 2020). The home renal program (HRP) based out of KBRH services both the East and West Kootenays. Despite evidence of improved clinical presentations and lifestyle enrichment, the number of renal replacement patients utilizing home modalities remains low.

Aim

Focuses on increasing the use of home renal therapy (HRT) modalities, including peritoneal dialysis and hemodialysis, within the Kootenay Boundary region. Our findings, obtained through patient engagement, will guide the focus of interventions that may be implemented to facilitate the use of HRT modalities.

Methods

- Literature review & assessing data from past and current research and reviewing patient charts.
- Engaging in renal patient education sessions, BC Renal webinars, and assisting with 3rd year nursing renal lab simulations.
- Conducting a patient survey for the HRT patients.
- Compiling and organizing qualitative patient data.
- Collaborating to develop a 3rd year nursing student community practicum to engage additional patient perspectives.
- Present findings to the renal nursing managers meeting.

Data Hypotheses

Listed below are barriers we hypothesize will be identified through our survey results and onward during the patient engagement opportunity that will be arranged. This was compiled from common themes found in a literature review:

Barriers	Rationale
Trends in Coping & Stages of Change	Fear and apprehension can greatly deter changes that people should ideally make for the benefit of their health, both in their progression from stage to stage of change and in their maintenance of change (Prochaska & DiClemente, 1983; Kutner et al., 2010).
Social Determinants of Health	Circumstances, realities of our individual existence greatly impact our health and health outcomes, for our benefit or detriment (Mikkonen & Raphael, 2010).
Awareness & Uninformed Decision Making	Knowledge and consultation around HRT is a predictor for overall uptake, maximal or minimal (Harwood & Dominski, 2017).



Next Steps

To ensure sustainability of our project, we are assisting to develop a 3rd year nursing student community practicum where students will organize a patient engagement opportunity. The potential patient population involved includes:

- Clients who have yet to decide on their modality
- Those who have since changed modalities.

This opportunity will bring patients together to discuss their perceived barriers to HRT which will provide additional data to utilize for quality improvement.

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