“We developed a survey to gather information about training provided and actual practices of HHD patients using the NxStage System One HHD machine.” Spry et al (2014).

Reference:

Spry, L.A., Burkart, J.M., Holcroft, C., Mortier, L. and Glickman, J.D. (2014) Survey of home hemodialysis patients and nursing staff regarding vascular access use and care. Hemodialysis International. 2014 Aug 26. doi: 10.1111/hdi.12211. .

Survey of home hemodialysis patients regarding vascular access use and care http://ctt.ec/B1t4l+ @ivteam #ivteam

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Abstract:

Vascular access infections are of concern to hemodialysis patients and nurses. Best demonstrated practices (BDPs) have not been developed for home hemodialysis (HHD) access use, but there have been generally accepted practices (GAPs) endorsed by dialysis professionals. We developed a survey to gather information about training provided and actual practices of HHD patients using the NxStage System One HHD machine. We used GAP to assess training used by nurses to teach HHD access care and then assess actual practice (adherence) by HHD patients. We also assessed training and adherence where GAPs do not exist. We received a 43% response rate from patients and 76% response from nurses representing 19 randomly selected HHD training centers. We found that nurses were not uniformly instructing HHD patients according to GAP, patients were not performing access cannulation according to GAP, nor were they adherent to their training procedures. Identification of signs and symptoms of infection was commonly trained appropriately, but we observed a reluctance to report some signs and symptoms of infection by patients. Of particular concern, when aggregating all steps surveyed, not a single nurse or patient reported training or performing all steps in accordance with GAP. We also identified practices for which there are no GAPs that require further study and may or may not impact outcomes such as infection. Further research is needed to develop strategies to implement and expand GAP, measure outcomes, and ultimately develop BDP for HHD to improve infectious complications.

**Thank you to our partners for supporting IVTEAM**