**Empowering patients to be in control through Shared Haemodialysis Care**

The Haemodialysis service provides treatment for patients requiring renal replacement therapy; we promote independence across all our haemodialysis units by inviting patients to play an active part in their own treatment. This has been assisted by involvement in the Health Foundation funded programme scaling up project for ShareHD.

There is considerable evidence that greater patient engagement and helping people to manage their own health is associated with better outcomes across a range of medical conditions.

The shared care project supports in centre dialysis patients to become more independent, confident, and actively engaged in aspects of their own dialysis care. Prior to the ShareHD project; patient participation with their haemodialysis treatment was not routinely offered to all patients unless they were identified for home haemodialysis.

Shared HD care was initially introduced in 2014 with some success but was difficult to sustain. In 2016 the post of Shared Haemodialysis Care Sister was created following restructuring of the HD teams. Champions were identified in each of our dialysis units (acute and satellite). This was to enable patients to identify a named person to approach, the shared care sister also organised for staff to attend training courses ensuring all staff had the knowledge and skills to facilitate shared care & participated in the delivery of the training course.

The shared care programme utilises a competency training handbook which was developed with involvement from the patients and divides the HD process into 14 tasks enabling patients to do as much or as little as they like.

Shared care is now offered as a treatment option for all patients prior to and on commencement of dialysis treatment and is actively promoted throughout our renal service including our psychology service; this allows early exposure of the option of shared care. Patients who have opted for shared care are given a designated dialysis slot which allows them time to complete their chosen tasks with support from the shared care champions.

The following changes have been introduced along the way using PDSA cycles: Assessment booklets and information leaflets have been developed, staff surveys to indicate knowledge and understanding of shared care, communication diaries and regular contact meetings for champions, patient questionnaires and education sessions in conjunction with CKD team, shared care trolley with equipment for patients to monitor and record their own observations, changes to shift times to accommodate one to one teaching time for participants.

All data is collected electronically with each patient event / new task undertaken recorded to demonstrate progress. To date 30 patients from our shared care programme have gone on to dialyse at home with 23 currently still at home.

Patient feedback has been very positive with comments ‘I would never look back, totally changed my life now that I am in control’ P 25yrs, It has given me back my independence and I now feel in charge’ L 75yrs. ‘Thanks to the programme, I am able to keep control and be independent. As I complete all of my own tasks, with support available should I need it, I can dialyse early in a morning and get back home to my children. My ultimate goal is to be able to dialyse at home’ D 44yrs.