**Title: Using a two-way Remote Patient Management system to tailor APD therapy. Introduction**: Remote patient monitoring has been shown to improve some clinical outcomes for patients with chronic disease. Studies show: a reduction in emergency visits and hospitalisation result in lower healthcare costs per patient. Patient satisfaction, concordance and quality of life show improvement, with a concurrent reduction in care giver burden. In PD concordance is an issue as >10% non-concordance is associated with technique failure, peritonitis, hospitalisation and mortality. Furthermore, 30% of patients have been identified as missing 4 or more treatments (>10% non-concordance) in their first month of PD. Remote Patient Management goes a step further than remote monitoring, by proactively managing and tailoring patients home based daily dialysis to befit their needs. Sharesource is a 2-way remote patient management platform, that allows the PD team to securely view their patients recently completed home dialysis treatment data; enabling early detection of treatment-related issues and proactive adjustment to home device settings. **Objective:** To evaluate the impact of remote patient management, enabled by Sharesource, on PD resource utilisation, nursing decision-making and individualised tailoring of patient care. **Methods:** Analytical observational study pre and post Sharesource device introduction. Four PD nurses working in 4 UK hospitals were each observed for two days using ethnographic research methodology one pre-introduction and the other post introduction of Sharesource. During observations tasks and task types were classified, direct and indirect patient activities recorded as proactive, reactive or routine. **Results:** A total of 2,187 minutes of PD nursing time was observed across the 8 observations between July 2015 & September 2017. 1114 minutes pre and 1073 minutes 35 – 72 weeks after Sharesource was established. *Nurse/Patient Contact:* The introduction of Sharesource resulted in an increase in: phone calls to patients (2.8%); computer time checking patients results and records (6.4%); and time talking to clinicians (6.8%). The impact of Sharesource was to reduce the: frequency of routine clinic visits, with <3 monthly visits dropping from 61% to 23%; length of mean clinic visits reduced from 55 to 34 minutes. Whilst routine monitoring reduced, 36% of patients indicated an increase in phone calls and 11% were visited more often at home. *Value Tasks:* Of the eight value tasks, rated by patients and staff as increasing confidence to dialyse at home, time spent on the top four tasks increased post Sharesource including: phone support (8.1%), reviewing daily records (6.2%) along with increased PD training and educating patients. Three of the four lower-rated tasks consumed less time post Sharesource including: physical examinations; past history and treatment options. Patients also reported feeling safer and more confident using their home treatment with an increase from 68% to 99% post Sharesource introduction. *Proactive behaviours:* Proactive patient care was 2% pre Sharesource and increased to 37% post Sharesource. Proactive nursing behaviours included increased computer time, clinician discussions, phone calls and home visit activities. Post Sharesource reactive activity dropped from 45% to 28% and routine activity dropped from 45% to 32%. Daily dialysis records were reviewed at best 3-4 weekly and at worst 4-6 monthly pre Sharesource. Post Sharesource they were reviewed at best daily and at worst weekly. *Healthcare Professional Experience:* “Treatments are prescribed quicker. Problems/issues are resolved sooner”. “Prevents some drainage problems becoming a problem”. “I feel Sharesource has given me and the patient more confidence that patients are doing and getting the most effective dialysis”. “More accurate, easier to access dialysis information. Trends are easily identified and treatment can be prescribed more quickly”. “Better case load management”. “We are starting to see a more proactive approach to fluid management problems in particular”. “If you have sufficient manpower dedicate just one nurse to Sharesource every morning and phoning patients. Picking up problems early saves time in the long run and reduces hospital admissions”. **Conclusion:** Tailoring healthcare services to individuals’ needs, preferences and values is a cornerstone of modern healthcare delivery. Sharesource’s two-way remote patient management capability, facilitates rapid tailoring of individuals’ regime and alarm parameters, to accommodate their clinical needs and lifestyle on APD. The visibility of patients’ daily dialysis and the associated increase in: proactive nursing behaviours; nurse-patient communication; and early identification of problems enhances patients’ confidence on home dialysis. The reduction in routine tasks in conjunction with increase overview of the PD patient cohort, allows better time management and the ability to prioritise patients’ needs. Future studies and experience will show if: early intervention increases dialysis adequacy and time on therapy; reduces the incidence of fluid overload; improves dialysis fluid utilisation to reduce patients’ glucose exposure; and if registry scale data analysis can identify early peritonitis warning signs.