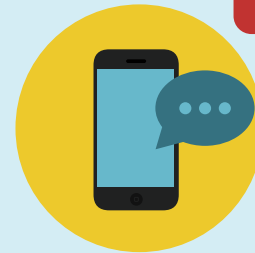


Remote kidney care: New and emerging opportunities for quality improvement

Wednesday 2nd December; 4pm – 5pm

Session 2 – Lived experiences of delivering and receiving remote kidney care

The 5 Cs of remote kidney care



1 Contact

Don't assume text messaging is the answer
 Work in partnership with patients, flexibly
 Flexibility
 in communication mode to suit patient and increased accessibility
 Try different ways to contact patients remotely, suit to patient needs.
 Patient choice for phone/video
 Letters- confused patients – long and not clear.
 Telephones call – numbers withheld
 Right appointment for the right patient at the right time

2 Consultation



Importance of hybrid model – giving patients options of phone/face to face
 Patients perspective- To feel safe, reassured, NOT FORGOTTEN
 Replicating patient experience- receptionist, waiting room, etc
 Contribution of MDT. Facilitating use and expertise of nursing staff
 Individualised care required for each patient
 Admin time
 Mix of face to face and video consultations - not as good quality consultations.
 Missing things that you see visually face to face
 Improved staff training required
 Standardise measurements and metrics needed
 Personalised, quality consultations - "talk about me, not the kidney"

3 Communication



Getting communication right is difficult
 Operational/admin communication about where to be and when
 When to give top-down - information re shielding etc and taken off transplant waiting list
 Non-verbal communication is lost when a consultation is not face to face and this is difficult for both professionals and patients.
 How do you capture measurement? PREM helpful – how do we support staff and measure the impact?
 Patients and professionals work well together and develop a rapport. Need to understand the outside world of communication
 Tech needs to be more responsive, not a one-way flow.

4 Confusion

Technology a challenge for some patients
 Telephone not rated highly, appointment times not adhered to.
 Letters – confused patients – long and not clear. They did not have opportunity to question – poor communication
 There was confusion made by contact - where to be and when, top down communication could be frightening at a time when patients want reassurance
 Unintended consequence – patients not knowing if appointment was face to face/phone
 Pausing of transplantation – negative and will have mental health issues



5 Choice

Patients want choice about the way in which they are contacted
 Standardisation of response, and not duplicating.
 Patients feel isolated because they are no longer coming to hospital
 Blood tests are face to face contacts
 Units can now send drugs out for delivery – this is a change which has been kept on by the trust

