9th Annual Transplant ,Urology & Nephrology Conference

Exceeding The Vision In A Global Pandemic







Book of Abstracts

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Host: Transplant , Urology & Nephrology Directorate, Beaumont Hospital

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Poster No: 1

Poster Title – NKTS e-learning course – "knowledge at your fingertip"

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Abstract

The reliance on mobile, internet and digital technologies is continually increasing, affecting nursing globally. Nurse education is understandably, tremendously influenced by it.

With this in mind an e-learning course was developed as a digital tool to support the acquisition of knowledge for new nurses starting at the National Kidney Transplant Service (NKTS), Ireland.

Adapt program was already in place within Beaumont Hospital as a platform to develop e-learning courses. As the name suggests the e-learning course "adapts" to a computer, tablet and/or mobile phone…"knowledge at you fingertip"…

NKTS e-learning course incorporates:

- TUN structure & NKTS regulators
- The kidney: anatomy, cause of kidney failure, assessment of kidney function and treatment options
- Pre and post-operative care of the kidney transplant recipient
- Pre and post-operative care of the live kidney donor
- Transplant medication
- Education/self-management post kidney transplant
- Immunology & kidney transplantation

New nurses starting at the NKTS have to complete the e-learning course and acquired 100% in the MCQ's to be deemed competent to work independently within their scope of practice.

Poster No: 2

Smart Triage of Kidney Transplant Patients using Remote Monitoring

Olive McEnroe, Transplant CNS, Beaumont Hospital

Maintenance of a functioning kidney transplant in the early post-transplant period requires continuous monitoring of patient symptoms, biometric information and laboratory data. This requires intensive outpatient monitoring, often over 20 hospital visits in the first 3 months. This causes a significant financial burden to the patient, as well as increasing exposure to hospital acquired infections. During the COVID-19 pandemic, a system for high-quality, remote, community-based monitoring that reduced the need to attend hospital became essential for the continuation of the National Kidney Transplant Service.
A **Slaintecare** Integration fund grant provided financial support for this project. Ms. Olive McEnroe was appointed Transplant Clinical Nurse Specialist (CNS) in August 2020 to co-ordinate the development and implementation.

Active transplant patients across Ireland are monitored by the Transplant CNS via a bespoke hospital portal, which tracks laboratory data, daily reported symptoms, blood pressure, and biometric data. The latter are captured automatically using integrated Bluetooth devices provided to the patient as part of the project.
This service allows for a blended use of technology and medical assessment to combine to provide the patient with an integrated approach to care delivery. Since the introduction of this service, we have significantly reduced the number of visits to the hospital by 70% whilst continuing to deliver an exceptionally high standard of follow-up care to our patients.

The remote monitoring system described was fundamental to the continuation of the National Kidney Transplant Service over the past 2 years of the pandemic. Furthermore, we believe it represents a significant advancement in the care provided previously and provides a template for care delivery in the future across a broad range of chronic diseases.

Poster Number: 3

Arteriovenous Fistula Monitoring: Achieving better Patient Outcomes

Ana Lucia Martins De Oliveira Carey, Vascular access CNS, Beaumont Hospital

Arteriovenous fistula is the gold standard for vascular access in patients undergoing haemodialysis as besides being associated with lower infection rates and higher longevity, they allow for better flow, better clearance and better dialysis outcomes for patients. However, to ensure that the arteriovenous fistula is functioning adequately to give patients a good dialysis, monitoring the arteriovenous fistula at each dialysis treatment is essential. This regular monitoring of the arteriovenous fistula can alert to functional changes and lead to efficient and timely preventative actions to be taken that can salvage the patient's vascular access.

Monitoring involves the physical examination of the arteriovenous fistula before cannulation and includes inspection of the arteriovenous fistula and the fistula arm; palpation of the arteriovenous fistula and its cannulation segment as well as the thrill; and auscultation of the arteriovenous fistula bruit. Although, monitoring and a complete physical examination are not systematically implemented by nurses in dialysis, it is the responsibility of the nurse, working in partnership with the renal team, to monitor the arteriovenous fistula so that any changes in its functioning can be referred for further investigation to ensure that the patient lifeline is preserved. For this to be achieved the implementation of physical examination tools and training dialysis nurses on the different components of arteriovenous fistula physical examination is paramount. As such a pilot educational initiative with a theoretical and practical component for dialysis nurses on physical examination of the arteriovenous fistula was developed.

Poster number: 4

Nurse-Led Ultrasound Assessment and Cannulation of Arteriovenous Fistula and Grafts for Haemodialysis.

Fiona Leigh, Vascular Access Co-ordinator CNM2, Tallaght University Hospital

Vascular Access has been described as both the lifeline and Achilles Heel for Haemodialysis patients. Arteriovenous Fistula (AVF) is considered the superior choice of vascular access used to provide Haemodialysis in patients with End Stage Kidney Disease. However, high complication rates which are associated with AVF such as poor maturation, failure and other interventions make this form of vascular access challenging for this cohort of patients.

Traditionally the "blind" approach is the method used for cannulation of difficult/new AVF/AVG (arteriovenous grafts) but even with the most experienced 'cannulators', this can be very traumatic for patients and can lead to access damage, failure and potentially increased requirement for Central Venous Catheter Device (CVAD).

Using ultrasound (U/S) for assessment of the AVF / AVG and to guide cannulation in challenging cases can avoid damaging the access and prevent pain / discomfort for the patient.

In Tallaght University Hospital, I have started using U/S in conjunction with a clinical assessment of a "Look, Listen, Feel approach to assess AVF maturation and to develop a site selection cannulation care plan.

Ultrasound of an AVF / AVG is a very useful tool to use in

a) The assessment of alternative cannulation sites

b) When cannulating new/difficult AVF's/ AVG.

Poster Number: 5

TEACHING THE TEACHER

Brenda Groarke, Patient Care Co-ordinator, Beaumont Hospital

The objective of the proposed education initiative is to teach the teacher to promote a collaborative approach to CKD education and provide the patient with the necessary survival skills to self-manage their CKD and slow down their disease progression, until more extensive education can be provided to them by specialist nurse educators and other members of the nephrology team (Nassar et al 2019). It aims to provide ward nurses with the educational tools and web resources to structure their teaching and endeavours to ensure that the ward nurse understands the complexities of change which will allow them to support the patient to make the required modifications to their behaviour (Prochaska et DiClemente1993) (Lambert et al 2017). The Nurse education and Transition model (NEAT) developed by Krall et al (2016) is the chosen tool to implement this initiative as it allows the ward nurse to prioritise the learning requirements (survival skills) necessary for the CKD patient to be safely discharged from the hospital. The survival skills were formulated following a comprehensive review of the available literature. NEAT survival skills are:

1. Nutrition and fluid management.
2. Glycaemic control.
3. Tight blood pressure control.
4. Knowledge of disease progression and pathology.
5. Bone health.
6. Provision of links to reputable web resource.
7. Medication management.

This education initiative will equip the ward nurse with an overview of how adults learn and barriers to learning they may experience which include health literacy, age, cultural background and their stage of CKD and provide them with strategies to overcome these barriers.

Poster Number: 6

CAUTI Abstract

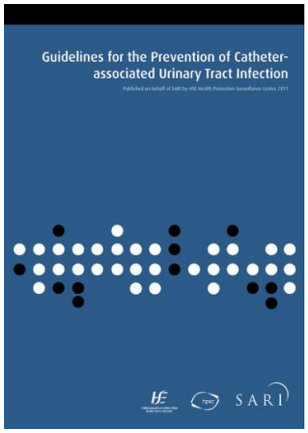
Emer O'Rourke, CPSN, Beaumont Hospital

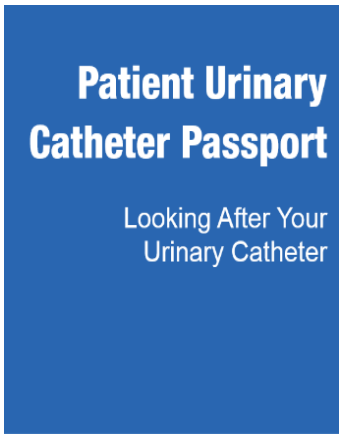
Since the 1930s and the introduction of Foley catheters, they have become one of the main sources of hospital acquired infections (Godfrey and Fraczyk 2014). These infections have been around for many years and are considered preventable infections that patients acquire in hospital settings while receiving treatment for other conditions (Schneider 2012).

During a 2006 prevalence survey carried out by the Health Protection

Surveillance Centre (HPSC) on HCAI in acute hospitals in the Republic of Ireland, UTI was among the most common HACI with 22.5%, of which over half 56.2% where catheterised (HPSC 2011)

The risk of CAUTI increases 3-7% per day with an indwelling catheter (Elkbuli et al. 2018).





Prevention of CAUTI requires implementation of preventive measures and education and frequent re-education of health care professionals can have a positive effect towards decreasing the occurrence of CAUTI. The catheter care passport will entail catheter information e.g. date of insertion, when change is due, education for both patients and all health care workers re care and signs and symptoms of CAUTI.

The aim of the proposed passport is reduction in CAUTI by continuity of care for the patient; all healthcare professionals looking after patients with long term urinary catheters will be involved. The passport will contain all information and education beneficial for all healthcare professionals in the acute, community and nursing home settings. If initiated correctly and appropriate education given, the benefits will aim to be decreased hospital admissions, less prolonged hospital stays, and less antibiotic therapy use for patients.

Poster: 7

Condition Review – Blood stream Infection

Ana Claudette Rodriquez, Staff Nurse, Beaumont Hospital

Abstract:

Catheter-related bloodstream infection (CRBSI) is linked with a significant morbidity and fatality rate among end- stage renal disease (ESRD) patients. Moreover, it is a notable contributor to longer hospital stays and rising health-care costs. The Centre for Disease Control and Prevention has come up with a coalition which includes Healthcare Personnel that seeks to prevent bloodstream infections in haemodialysis patients by promoting knowledge about infection-control techniques. The present usage of the Central Venous Catheter (CVC) Checklist has been shown to be beneficial; nevertheless, research on the use of topical antibiotics and disinfectant caps is ongoing. On the other hand, the severity of the consequences is determined by the organisms involved, the patient's underlying condition, and the suitability of the interventions received. It is critical to precisely assess patients in order to treat them with the appropriate antibiotic medication and to decide whether catheter removal is a possibility as this population is highly dependent on their CVCs for their haemodialysis treatments.

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