

Abstract Submission No.: A-0058

Transitional Care for Chronic Kidney Disease with Fluid Overload: from Hospital to Home

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Objectives : Fluid overload in kidney disease is associated with frequent hospitalizations and mortality. The Hospital-to-Home (H2H) program is a home-based transitional care program that aims to follow up on patients' medical conditions, institute timely interventions in the early recurrence of fluid overload, improve patient self-management through education, and address psychosocial factors that can lead to hospital readmissions. We evaluated the adoption of the H2H program for patients with kidney disease and fluid overload.

Methods : Single-center implementation study of H2H for fluid overload in non-dialysis chronic kidney disease during its pilot. Nephrologists referred eligible patients with fluid overload during hospitalization or nephrology consults. Following the RE-AIM framework¹, we evaluated adoption based on referral success rates and acceptance among nephrologists using the self-administered, anonymized Normalization of Complex Interventions – Measure Development (NoMAD) survey three months after the pilot.

Results : Among 18 referrals, 12 patients were successfully enrolled into the program (66.7%); four were enrolled into other community-based programs, one patient's caregiver refused participation and one patient was eventually referred for institutional care. The NoMAD survey was completed by 12 nephrologists with a median age of 36.5 (32.5, 40.5) years; 75% had worked with patients for more than 10 years while 25% had worked at the current healthcare institution for more than 10 years. Table 1 showed that while most valued and supported the program, they found the program unfamiliar and 42% were not aware of the effects of the program; some also had concerns about integrating H2H into their existing work (33%) and confidence in other people's ability to use the program (42%).

Conclusions : Identifying barriers to adoption can allow targeted implementation strategies such as reminding clinicians, facilitating referrals, and providing feedback on appropriate referrals and clinical outcomes of patients enrolled in the program.

Table.jpeg

Table 1. Normalization of Complex Interventions – Measure Development (NoMAD) survey regarding staff perceptions of factors relevant to implementing changes in their work

	Responses
^a When you use the program, how familiar does it feel?	1 (0, 4)
^a Do you feel the program is currently a normal part of your work?	3 (2, 5)
^a Do you feel the program will become a normal part of your work?	6 (4, 8)
	Strongly agree or agree, n (%)
I can see how the program differs from usual ways of working	12 (100)
Staff involved have a shared understanding of the purpose of the program	9 (75.0)
I understand how the program affects the nature of my own work	12 (100)
I can see the potential value of the program for my work	11 (91.7)
There are key people who drive the program forward and get others involved	11 (91.7)
I can see the potential value of the program for my work	11 (91.7)
I'm open to working with colleagues in new ways to use the program	12 (100)
I will continue to support the program	11 (91.7)
I can easily integrate the program into my existing work	8 (66.7)
The program disrupts working relationships	0
I have confidence in other people's ability to use the program	7 (58.3)
Work is assigned to those with skills appropriate to the program	12 (100)
Sufficient training is provided to enable staff to implement the program	9 (75.0)
Sufficient resources are available to support the program	12 (100)
Management adequately supports the program	11 (91.7)
I am aware of reports about the effects of the program	7 (58.3)
The staff agree that the program is worthwhile	10 (83.3)
I value the effects that the program has had on my work	10 (90.9) ^b
Feedback about the program can be used to improve it in the future	11 (91.7)
I can modify how I work with the program	10 (90.9) ^b

^aScored from 0 "not at all" to 10 "completely"

^bOne nephrologist selected "not relevant at this stage"