

## SFHRenRL5

### Help patients to transfer between satellite and hospital dialysis units



#### Overview

This standard is about patients choosing to have their haemodialysis in a different location or being encouraged by the team to change for medical/health benefits that can be demonstrated from evidence or because of unit constraints such as capacity shortfalls. They may move from a satellite unit to a hospital unit or the other way.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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#### Performance criteria

*You must be able to:*

- P1 obtain information on the patient's interests and circumstances in which they live (e.g. catchment area, domestic circumstances, dependents, employment and other work, mobility)
- P2 explain to the patient the capabilities of the unit to which they may transfer (e.g. availability of dialysis slots, bed availability, staffing, transport, travel time)
- P3 identify, discuss and evaluate the benefits, risks and disadvantages of transfer to the other unit (e.g. level of medical cover, travel time)
- P4 actively listen and offer advice which is justifiable in terms of the patient's interests and conditions and recognises the complexity of the decisions they may have to make (e.g. patient's condition)
- P5 facilitate a visit of the patient to the new centre and review feedback from the patient and the receiving unit
- P6 ask the patient if they wish to transfer and record their response (e.g. refusal, consent), the assessment and planning process and make it available to other members of the multidisciplinary team
- P7 actively listen to the patient, identify and discuss with them what they need in order to attend, and how to make the practical arrangements (e.g. transport, travelling time, flexibility in schedule)
- P8 where they agree, initiate transfer and communicate patient treatment plan to receiving unit
- P9 ensure that arrangements are made for the patient to transfer (e.g. date, time, who will receive them, handover)
- P10 report on and evaluate the change in arrangements in review with the multidisciplinary team (e.g. dialysis performance, was it timely, does the patient perceive benefits?)
- P11 where there are problems (e.g. transport to a location) follow up to resolve them or reverse the transfer and identify improvements needed in the transfer experience

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### Knowledge and understanding

*You need to know and understand:*

- K1 procedures for checking and documenting consent to transfer
- K2 factors for the patient to consider (e.g. geographical location, clinical suitability, travel time, miles travelled, times of sessions, flexibility, support available)
- K3 renal disease, its symptoms and progression
- K4 ways of presenting evidence to non-expert patients and carers (e.g. benefits of lower travel time, reduced interruptions in social or work life)
- K5 ways of weighing up evidence and patients' preferences
- K6 how to ensure that the choice is the patient's within constraints presented
- K7 support available (e.g. from clinics, multidisciplinary team, primary care, psychosocial care, family/friends, ambulance service)
- K8 the preferences of individual patients (e.g. in the way they like to be supported, how much of the procedure they take charge of themselves)
- K9 policies on access to services (e.g. by condition, by location)
- K10 policies on allocation of resources
- K11 how to ask open-ended questions, listen carefully and reflect back
- K12 methods of communicating sensitive information to individuals
- K13 how to provide individuals with opportunities to ask questions and increase their understanding
- K14 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language, or special needs)
- K15 how information obtained from individuals should be recorded and stored
- K16 how to obtain full and accurate information about individuals
- K17 recording and communication of agreements and other information between members of the multidisciplinary teams in the two locations
- K18 how to treat individuals fairly
- K19 the effects of culture, religious beliefs, age and disabilities on individual communication styles
- K20 the different features services must have to meet people's gender, culture, language or other needs

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### Additional Information

#### External links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB2 Assessment and care planning to meet people's health and wellbeing needs

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