14th World Congress on **Healthcare & Technologies**

July 22-23, 2019 | London, UK

Shared decision-making of dialysis method for patients with end-stage chronic kidney disease

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Background: The incidence and prevalence rate of dialysis patients in Taiwan ranks first in the world, and the annual health insurance budget is more than 30 billion Yuan. Dialysis is a lengthy treatment process that often results in major changes in the quality of life of patients and their families. If the patient enters dialysis without being prepared, it will increase the risk of death from heart and lung failure or infection, in addition to increasing the medical burden and affecting the quality of life.

Aim: Chronic kidney disease enters end-stage renal failure. At this time, in addition to giving patients psychological support, medical staff can use shared decision-making to discuss dialysis mode with family and friends, in order to jointly achieve the best feasible treatment options.

Case: From November 14, 2017 to December 31, 2018, there were 82 patients with stage 4 or 5 chronic kidneys (eGFR≤15~29ml/min/1.73m2).

Method: The quality research method has been designed to accept cases. In the patient clinic or during the period, when the patient chooses to take care of the team from the nephrology team, he will launch the "dialysis mode selection method for medical and disease sharing decision-making" to enhance the diversity of the teaching aids. In combination with the concept of empirical care and the use of shared decision-making techniques, we provide an aid tool physical model and a medical decision-sharing manual, and use filming, editing, integration and PPT file production to make "end kidney disease patients. Which dialysis should I choose? The health education film fully provides information on the dialysis treatment methods of patients and their families.

Outcome: When patients and their families are hospitalized or return home, they can watch multimedia animations online. 81% of patients have confirmed dialysis mode, 79% of them choose hemodialysis, and 21% choose peritoneal dialysis. Satisfaction with results is 99%.

Conclusion: Use shared decision-making to provide information about the end-stage renal disease dialysis model, so that when you are faced with the choice of dialysis mode, you can make the most appropriate treatment decisions for yourself and your family, and implement the "information selection, confirmation communication and mutual respect".

Biography

Chiu-Ping Cho is an RN, Hemodialysis and a Head Nurse at Chi Mei Medical Center, Taiwan. Her research interest focus on hemodialysis, physician, nephrology.

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Journal of Health & Medical Informatics
ISSN: 2157-7420

Healthcare Summit 2019
July 22-23, 2019

Volume 10

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