Introduction: The ongoing SARS-COV-2 pandemic hit the world’s population since the first trimester of 2020. Since the beginning it has been clear that the elderly and chronic patients were at greater risk of morbidity and mortality. The aim of the study was to monitor the spread and outcomes among patients in kidney replacement therapy treated in Nephrology-Dialysis units in Piedmont and Valled’Aosta Regions, North-West Italy.

Methods: A web platform accessible by Dialysis coordinators across the first and second wave of the pandemic is still being used to collect and regularly update demographic and clinical data of patients. We present preliminary results on cumulative incidence, risk estimates and measures of association. Data were analyzed using SPSS version 19 and Wizard 1.9.47 for Mac.

Results: An overall of 599 cases has been monitored since March 2020 till November 2020. The cumulative incidence is 10% compared to 3.3% of the general population. A higher cumulative incidence has been observed among Hemodialysis patients (14%), while in peritoneal dialysis patients and transplant recipients' sub-groups it is 5.3% and 6.6%, respectively. Compared to the general population, among dialysis patients, cumulative incidence grew at a slower rate in the first than in the second wave of pandemic (incidence rate ratio of 1.65 for patients compared to 5.9 for the rest of the population). A higher fatality risk is observed among dialysis patients and transplant recipients (17% and 11%, respectively) compared to that of the general population of 3.7%. Fatality is associated with age and cardiovascular diseases in both groups.

Conclusions: The study of an overall population of 599 showed a higher susceptibility to SARS-COV-2 infection and worse outcomes compared to the general population. We observed increased risks for hemodialysis patients, who are older on average and more exposed to in-hospital infections.

No conflict of interest

POS-511

‘YOU NEED A TEAM’ - PERSPECTIVES ON MULTIDISCIPLINARY SYMPTOM MANAGEMENT USING PATIENT-REPORTED OUTCOME MEASURES IN HEMODIALYSIS CARE: A QUALITATIVE STUDY

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Introduction: Patient-reported outcome measures (PROMs) are validated questionnaires for assessing patients’ perspectives on their symptoms, functional status, and quality of life. Integrating PROMs into routine clinical care has been shown to improve communication, decision making, care planning, and patient satisfaction. However, there has been limited research on how PROMs can be utilized by multidisciplinary teams to address complex symptom burden associated with chronic disease, specifically among persons requiring maintenance hemodialysis. The purpose of this study was to explore the perceived role of PROMs in multidisciplinary symptom management in outpatient hemodialysis care.

Methods: In this qualitative descriptive study, we purposively sampled the following eligible participants across 10 hemodialysis units in Southern Alberta, Canada: (1) patients with kidney failure receiving intermittent hemodialysis and their family members, and (2) hemodialysis staff, including nurses, nephrologists, and allied health professionals who participated in PROM administration and reporting. We completed a total of 54 interviews either in-person, by telephone, or virtually. This included 21 nurses, 6 nephrologists, 5 allied health, and 22 patients and family members. We analyzed transcript data using an inductive, thematic analysis approach.

No conflict of interest

Table 1. Distribution of stroke and cardiovascular events among three categories of CHA²DS²-VASC score

<table>
<thead>
<tr>
<th>Stroke, n(%)</th>
<th>Myocardial infarction, n(%)</th>
<th>Peripheral ischemia, n(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 (3)</td>
<td>6 (5.9)</td>
<td>5 (5)</td>
</tr>
<tr>
<td>16 (14.3)</td>
<td>33 (29.5)</td>
<td>13 (11.6)</td>
</tr>
<tr>
<td>3 (7)</td>
<td>14 (32.6)</td>
<td>11 (25.6)</td>
</tr>
</tbody>
</table>

p value: 0.012* < 0.001* < 0.002

No conflict of interest
Results: Both patient and healthcare provider participants expressed that the multifaceted, complex nature of symptoms could be optimally approached through coordinated, multidisciplinary care. Symptoms related to hemodialysis seldom occur in isolation, as described by an allied health participant: “If the person’s not sleeping and the person has restless leg or pruritus, there is a good chance that they are going to be depressed.” As exemplified by the following themes; PROMs together with symptom management protocols provided a mechanism for escalating and coordinating care across disciplines; (1) Establishing distinct role definitions – clearly defined roles and responsibilities help to establish expectations and boundaries for which healthcare providers will manage what aspects of symptom management; (2) Streamlining referral processes – a straightforward referral process facilitates efficiency and reduces redundancy in how symptoms are managed among the different care providers; (3) Enhancing team communication – PROMs serve as a common language for all members of the multidisciplinary team to communicate about symptoms.

Conclusions: Participants described the potential utility of PROMs in facilitating effective multidisciplinary care through clearly established roles, referral processes, and mechanisms for team communication. Involving multidisciplinary care providers in PROM-informed patient care is one strategy to enhance symptom management among persons on hemodialysis.

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POS-512

ASSESSMENT OF THE IMPACT OF COVID-19 ON THE WELL BEING OF OUR YOUNG ADULT DIALYSIS POPULATION: A SINGLE CENTRE EXPERIENCE

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Introduction: Renal disease is predominantly a disease of the elderly and middle aged, however in recent years there has been increase in the young adult population with renal disease. This is multifactorial but maybe contributed to by the increase in young ones transitioning from the paediatric services affected by multiple chronic conditions including renal disease (1) who previously would not have survived. End stage renal disease is best managed by transplantation which provides individuals who are fit enough for the surgery ultimately with the best quality of life. Despite this several of our young adults require dialysis temporarily and in some instances indefinitely. Dialysis for young people can be extremely daunting hence our practice of cohorting our young adults on a single shift where feasible; a practice adopted since 2015 (2). The current COVID 19 pandemic has led to significant change to how we deliver our dialysis service leading to further impact on young adult population.

Methods: Our young adults undergo regular assessment of their wellbeing in order to detect any instability early on. Adopted questionnaires utilizing multiple choice questions offering the opportunity for graded responses were administered. This allowed for patient driven responses enabled by adopting, Interpretative Phenomenological Analysis (IPA) developed in conjunction with our psychology team. The serial questionnaires threw up concerns and consistency in variation of response among the Young Adults pre and post COVID19 when the cohorts had to be disbanded to enable cohorting of COVID-19 positive patients during the pandemic. Questionnaires of the same group of patients were compared pre and post COVID19 as closely as possible

Results: We analysed 16 questionnaires from Young adults aged 18 and 27 years, established on dialysis with mental capacity to independently complete questionnaires. The consistent emerging themes in our free text comment reflecting lived experiences were longing for peer support 61.5%, transport 23% and communications 15% (Figure 4) 50% very satisfied with the dialysis environment when dialysing in cohorts whilst in the non-cohorting only 25% were very satisfied (Figure 1). Non-cohorting young adults only 68.75% felt they were understood either quiet well/ extremely well, 87.5% felt that they were understood either quiet well/ extremely well in comparison to whilst. Young patients preferred dialysing in the same cohorts some direct quotes “Dialysing with older people can be depressing & demotivating”, “I wouldn’t mind dialysing with people my own age as I would feel less different seeing people like me” (Figure 3). Satisfaction overall young adult services remained high but fell from 87.5 to 75% post COVID19 (Figure 2)

Conclusions: COVID-19 has significantly impacted some our most vulnerable dialysis patients our young adults. The demographics of this group were predominantly females, with the age range of 18-27 years old which may have influenced overall responses however the message was consistent within the limitations. COVID19 pandemic is significantly impacting practice and care in some of the most vulnerable of our patients which is being little reported in our reports and journals.