

Renal services

Peritoneal Dialysis: Terms of treatment agreement for patients on Homechoice Claria

When starting on Baxter Homechoice Claria it will communicate with a database platform called SHARESOURCE, enabling authorized parties to take access to personal data collected via the device. Please read the information provided on this leaflet which described how our unit utilizes your data and complete the declaration of consent if you agree to the terms set out in the declaration. This is in addition to the BAXTER Declaration of Consent which you will be required to accept when logging on to the Homechoice Claria for the first time.

The responsible data controller for any personal data in connection with your use of this dialysis Device is the local Baxter entity that provides the SHARESOURCE service in your area. Baxter collects, stores, processes, uses, transmits and discloses certain personal information about you when you use this device. Please note that the information may be stored by BAXTER outside the EU/EEA. This is all specified in the Baxter Declaration of Consent. If you have any questions regarding the way your personal data is handled by Baxter please contact them on: 0800 0234 002

Your patient profile contains your first name, surname, address, date of birth, email address, phone number, ID number and a unique patient activation code. The information is transferred to Baxter when your PD unit creates your profile. The device generates additional sensitive information during the course of treatment such as weight, blood pressure, treatment profile, dialysate processed and dialysis time.



Patient Information

In order to allow your dialysis doctors and nurses to access your prescription and treatment profile it is essential that when selecting the operation mode for your device you select “CLINIC & BAXTER MODE”.

The advantages to using Homechoice Claria are listed below:

- Allows you to communicate better with your PD team
- Allows for ongoing review of your care
- Easier discussion and diagnosis of issues that you may be experiencing
- Reduce paperwork you bring to clinic visits
- Simplify the adjustment of your treatment
- Help your PD team to analyse your progress by allowing us to consult charts and reports, which may indicate trends in treatments.

As discussed above your PD unit will be asking you to input your Weight and Blood pressure daily. Although the PD team will endeavour to regularly review your therapy, this may not be on a daily basis and it is therefore **essential** that you seek medical advice (out of hours this may not be the PD team) if you have any concerns about your weight, BP, dialysis or other health issues. It is important to remember that the PD team may **not** be able to monitor your data on SHARESOURCE at specific intervals and therefore it is expected you will contact the PD team or other health professional if you have any concerns and not wait to be contacted. The phone numbers for your PD team will be provided during your patient training.

Renal services

Terms of Treatment Agreement for Patients receiving Homechoice Claria in Peritoneal Dialysis (PD) Declaration of consent.

You will at the start of treatment have signed an agreement which gains your consent for all the processes currently involved in your treatment within the peritoneal dialysis unit and at home.

Patient Information

This now includes information sharing and confidentiality that when starting on the Homechoice claria machine. We would appreciate your consent for the following:

- Using your personal information which will be stored by SHARESOURCE (hosted by BAXTER) and accessed via a user login on trust computers
- Personal Information being stored on an iCloud system known as SHARESOURCE
- Personal information about your therapy being used for audit, teaching, presentation or research processes, however your personal details will remain anonymous during audit presentation.

Please read this form carefully and ask if you do not understand anything:

- I agree for my personal information to be accessed on the trust computer system
- I agree for my personal information to be stored on SHARESOURCE (provided by BAXTER)
- I agree for my personal anonymized therapy information to be used for audit teaching, presentation and/or research purposes

Statement of Patient:

Patients Signature.....Date.....

Name
(print).....

Signature of Nurse.....Date.....

Name
(print).....

Patient Information

If the patient is unable to sign but has indicated his or her agreement, this form should be signed by a second nurse as witness. Young adults may also like a parent to sign here.

Witness
Signature.....Date.....

Name
(print).....

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact PD department on 02476 968308 and we will do our best to meet your needs.

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Document History	
Department:	Renal Services
Contact:	28308
Updated:	May 2021
Review:	May 2023
Version:	1.1
Reference:	HIC/LFT/2359/19