been conducted, 12 treatments were performed. Machine usability and accuracy has been evaluated by the staff through scores table. The measurement of fluid balance accuracy was even performed.

Results: Based on score given by the staff (engineers, nurses and physicians), the machine hardware results compact and well organized, with 3 well separated compartments (dialysis, replacement, blood and effluent) that facilitate the preparation phase. Automatic priming function allows dry priming time. The interface is user friendly in all the modalities (SCUF, CVVH, CVVHD, CVVHDF, TPE both for adults and pediatrics). The measured fluid balance error was always lower than 0.5%. On the contrary CVVHDF pre-infusion and post-infusion are not performable. For pediatric treatment the continuity of the flow of blood pump need to be maintained and improved.

Conclusions: Kidbo is a promising CRRT machine that can perform multiple continuous therapies with just one platform. In particular, we evaluated a highly accurate gravimetric fluid balance control system and a user friendly interface. Kidbo is one of the first machines of the new frontier of CRRT devices: the fourth generation of CRRT machines.

PUB313
The Effect of MySleeve on Fluid Restriction Adherence in Hemodialysis Patients
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Background: In hemodialysis patients, non-adherence to fluid restriction is associated with high interdialytic weight gain (IDWG) and adverse outcomes. Monitoring drinking behavior and direct feedback to the patient can lead to better adherence. We developed the MySleeve device, a mobile phone and an activity tracker. BCM measurements are performed weekly and IDWG will be calculated before every dialysis session. The patients in the control group will continue with regular hemodialysis.

Results: We expect that by providing patients insight in fluid intake, there will be an increased fluid restriction adherence and an increased fluid activity levels and better quality of sleep. Due to less IDWG, patients will experience less discomfort of fluid overload.

Conclusions: Introducing a MySleeve device to provide direct insight into drinking behavior will help the patients to adhere to their fluid restriction, leading to less IDWG and better quality of life measured by daily activity and better sleep.

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PUB314
A Time and Motion Study of Erythropoiesis Stimulating Agent Administration in United States Dialysis Centers
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Background: Previous research suggests that ESA administration in dialysis is a time-consuming task and switching to less frequently dosed ESAs may offer opportunities for more efficient and effective patient care. This study estimated the time required for activities involved in the ESA process using generic software (EPO or darbepoetin alfa (DPO), and examined potential time savings of switching from EPO to DPO).

Methods: Time and motion study conducted from 10/2014 to 10/2015 to assess activities involved and staff time required to prepare, administer and document ESA doses. A sample of 11 dialysis centers using either 3 times per week (TWW) EPO or once weekly (QW) DPO were selected in pairs (one EPO, one DPO), where possible, from the same organization or nephrology practice to help control for anemia management protocols and staffing patterns. ESA-related tasks were timed by trained nurse observers. Times saved by switching from TWW EPO to QW DPO were estimated. Staff were interviewed about alternate patient-focused activities that could be accomplished if time were saved in the ESA process.

Results: 200 administrations were observed (81 DPO, 119 EPO). A mean of 2.3 (95% CI: 2.1-2.5) minutes per dose were required for ESA-related activities. RNs performed 95% of tasks; LPNs 5%. ESA process time did not vary significantly between EPO and DPO (p>0.83). Staff time savings would accrue due to fewer ESA administrations using QW DPO: 10-20 minutes per nurse/day. For an average facility, the total monthly nurse time that could be re-purposed was 24 hours. Patient education, fulfillment of care plans and more frequent review of labs were identified as opportunities for improved care processes that could be implemented after conversion.

Conclusions: Switching from TWW EPO to QW DPO for anemia management in dialysis patients can result in time savings and opportunities to redirect nurse time towards activities aimed at improving patient care while still offering the ability to respond to changing clinical circumstances to effectively manage anemia.

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PUB315
Observational Study on the Use of Darbepoetin Alfa in Hemodialysis Patients in Central Eastern Europe – ANREG Final Analysis
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Background: This study observed anemia treatment pattern in HD patients (pts) treated with darbepoetin alfa (DA) in clinical practice in CEE.

Methods: Multicenter observational study in HD pts treated with DA. From 2007 to 2014, 14 cohorts were observed for 6 months (mo) each. Primary outcome: % pts maintaining an average Hb at >11 (cohorts 1-2 enrolled prior to label change in 2008) or 10-12 g/dl (cohorts 3-12) during mo 4-6. Secondary: conversion versus de novo pts. Hb trends, ESA and iron use, adverse drug reactions (ADR).

Results: Of 2923 enrolled pts (n=1101 de novo; n=1822 converted from other ESAs), 2647 (91%) completed 6 mo of DA, 276 (9%) discontinued (155 [5%] due to death). At baseline (BL) 83% received iron.

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