



Addressing Non-Compliance With Home Self-Administration of Erythropoietin Stimulating Agents (ESAs)

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INTRODUCTION

Peritoneal dialysis patients with uncorrected anemia may feel weak, tired, fatigued or experience dizziness. Maintaining adequate hemoglobin (Hb) values of ≥ 11 g/dL is a challenge that the patients and their dialysis nurses must face together.

Our program's goal is to have a minimum of 82% of the patients meet this target level. However, this goal was not being met and so initiatives were implemented to improve patient care.

METHODOLOGY

Anemia in the program is managed primarily through observing trends in patients' laboratory results and making medication protocol adjustments in accordance with physician orders. Upon review of the patients with Hb levels < 11 g/dL, a common contributing concern was questionable compliance to self-administration of Epogen at home.

Approximately 11 patients in the program were self administering Epogen at home and had Hb levels < 11 g/dL. With Medical Director support and in accordance with the treating physician's orders, our team implemented a new practice to increase the number of patients with adequate Hb levels.

For patients with an Hb level < 11 g/dL, they discontinued home self-administration of Epogen and instead came to the facility to receive their prescribed Epogen injections. Patients continued with facility administration until their Hb level reached ≥ 11 g/dL and sustained this value for a minimum of 4 to 6 weeks. All other aspects of managing anemia continued on as described above.

Figure 1. Trend in Average Hemoglobin Levels (N=11)

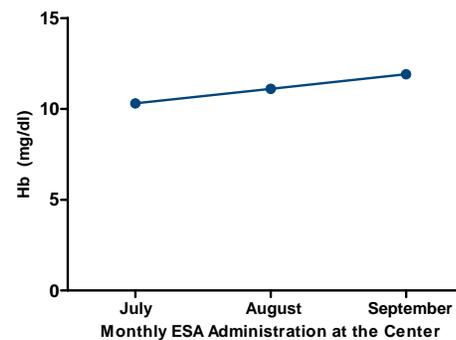
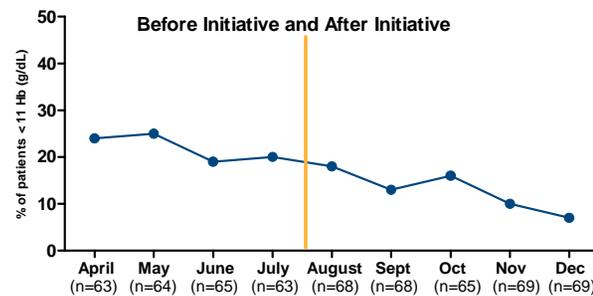


Figure 2. Overall Percentage of ALL Patients with Sub 11 g/dL Hemoglobin Levels at the Facility



RESULTS

One month after implementing this initiative the number of patients with Hb levels < 11 fell from 11 to 4. After two months, the number was 3. During this time, average Hb levels for these 11 patients rose from 10.3 to 11.9 g/dL (Figure 1).

Figure 2 shows a decrease in the overall percentage for ALL patients at the facility with a sub 11 g/dL hemoglobin level. The overall decrease went from 24% before the initiative to 7% at the end of 2007.

CONCLUSIONS

These clinically significant results have supported continuation of this practice at the facility thus improving patient outcomes and quality of life.

This practice is ongoing at the facility to ensure patients maintain an adequate hemoglobin level. Through scheduled visits with the patients, the facility has adequate time to provide the injections. If a patient can not come to the facility for the injection, a reminder call is made to tell the patient to take his/her medication.

ACKNOWLEDGEMENT

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