

Reducing Behavior-Based Missed Hemodialysis Treatments

Stephanie Best, MSW, LCSW¹; Bart Canny, MSW¹; Emily Averette, MSW¹; David Cameron, MSW¹; David Keaveney, MSW¹; Janel Anderson, MSW¹; Gemini Stroman, MSW, LCSW¹; Jennifer Felts, MSW¹; David Lapinski, RN, BS, CNN¹; Helen Grammas¹; Hollie Russ, RN, BSN¹
(1) DaVita Inc., Denver, CO

INTRODUCTION

Hemodialysis (HD) patients not receiving their full prescribed treatment or complete treatment schedule have been associated with a higher mortality risk. We examined the missed treatment rate and performed a root cause analysis for missed treatments in 11 North Carolina HD centers.

METHODOLOGY

- Social workers interviewed all patients (n=219) at 11 dialysis facilities in North Carolina who had missed any treatments between October 15 and November 15, 2006.
- We conducted chart audits to verify a mental health diagnosis, meaning a physician diagnosis of Depression, Anxiety, Schizophrenia, Substance Abuse, etc., or a psychotropic medication on the current medication list.
- We then provided focused patient education and individualized social work interventions starting in July 2007 for a period of 12 months to reduce the rate of missed treatments (n=110 patients received social worker intervention, n= 53 patients received no social worker interventions). All patients available for SW intervention received it; the remaining patients missed treatments when the intervention was being offered.
- This education focused on the impact of patient non-adherence on their health and included interventions such as:
 - solving scheduling issues within the clinic,
 - providing direction for substance abuse treatment, or
 - teaching patients relaxation techniques.
- Centers also offered rescheduled appointments when a treatment was missed.

RESULTS

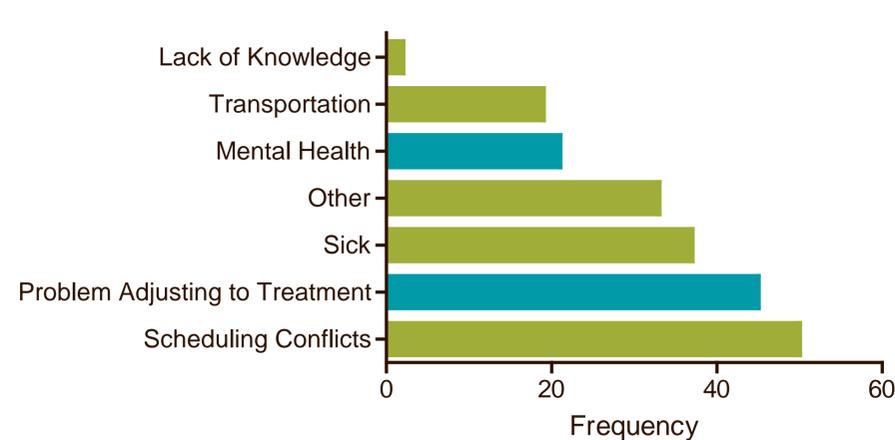


Figure 1. Patient-Reported Reasons for Missed Treatments

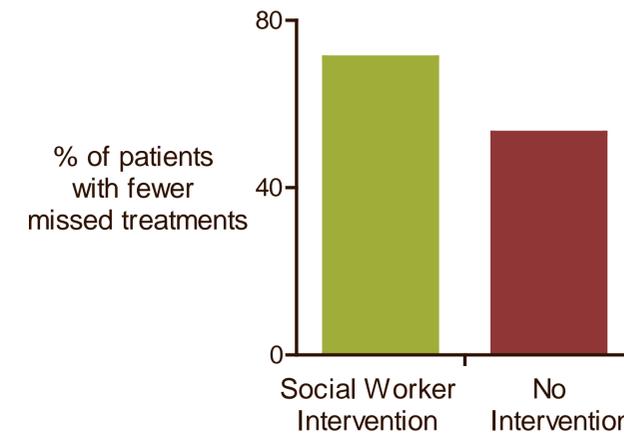


Figure 2. Percent of Patients with Fewer Missed Treatments Missed in the Month Before and After the Patient Education and Social Worker Intervention.

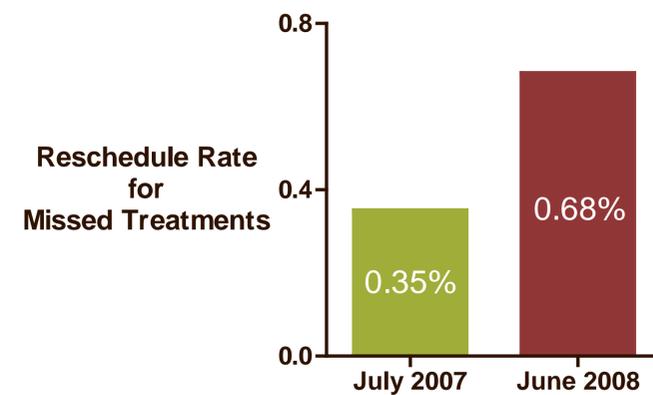


Figure 3. Reschedule Rate for Missed Treatments at Baseline and One Year After the Patient Education and Social Work Interventions.

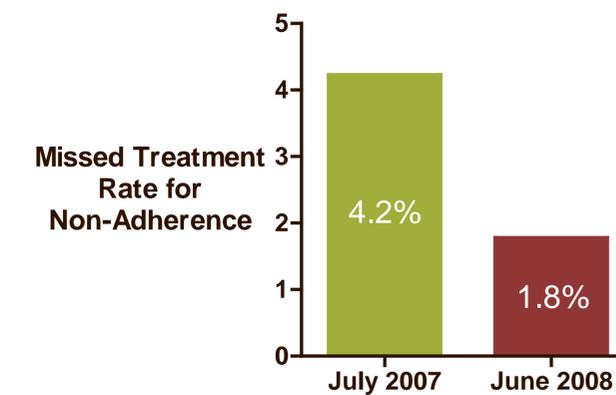


Figure 3. Missed Treatment Rate for Non-Adherence at Baseline and One Year After the Patient Education and Social Work Interventions.

CONCLUSIONS

- Our assessment found that “problems adjusting to their treatment lifestyle” was the top self-reported reason for missed treatments within a patient’s control (Figure 1).
- Previously diagnosed mental health issues were also common in patients who frequently missed treatments.
- Of the patients who received a social work intervention, missed treatments were reduced or eliminated in 71% of patients (Figure 2).
- The overall missed treatment reschedule rate of total treatments doubled from July 2007 to June 2008 (Figure 3).
- The combined missed treatment rate for non-adherence decreased from July 2007 to June 2008 (Figure 4).

KEY LEARNINGS

- ✓ Social work intervention reduced the rate of missed treatments and improved the reschedule rate.
- ✓ This improved patient adherence, especially in patients deemed “unreachable,” was a key component to improving treatment outcomes and decreasing mortality thus highlighting the valuable role of social workers within the interdisciplinary dialysis team.

We thank the patients who participated in this study and DaVita Clinical Research® for support in preparing this poster. DCR is committed to advancing the knowledge and practice of kidney care.

Correspondence: stephanie.best@davita.com
National Kidney Foundation Spring Meeting, April 13-17, 2010, Orlando, FL