



A European Multicenter Analysis of Haemodialysis Patient Experiences and Satisfaction: Relation to Practices and Guidelines

Drozd M¹, Frazão J², Brzosko S³, Silva F², Alsuwaida A⁴, Kleophas W⁵, Jacobson SH⁶

¹DaVita International, ²DaVita Portugal, ³DaVita Poland, ⁴DaVita Saudi Arabia, ⁵DaVita Germany, ⁶Karolinska Institutet, Stockholm Sweden

Introduction

- Understanding patient values and exploring their perspectives and preferences are critical to caring for the dialysis population.
- Patient-centered outcomes such as engagement, symptoms, and satisfaction may not necessarily align with the physician-centered priorities of dialysis care—achieving clinical targets and reducing morbidity and mortality.
- Little is known about the factors that influence patients' experiences and satisfaction and how to improve patients' perception of care as compared with other routinely measured clinical indices of care (anemia, CKD-MBD, etc).
- In addition, uncertainty about factors influencing patient values is amplified by cultural differences in attitudes, expectations and normative practices across societies.

Objectives

Patient experiences and satisfaction in relation to hemodialysis practices and international guidelines were investigated in this large international multicenter descriptive analysis.

Methods

- We enrolled 845 hemodialysis patients from 13 DaVita centers in Poland (8 centers, n=453) and Portugal (5 centers, n=392) in this study.
- An anonymous patient survey (14 questions, 5-grade scale: “agree completely” to “disagree”) focusing on patient experiences and satisfaction with their care at the local facility was conducted.
- Practices, demographic information, and routine laboratory data were analyzed the same month as the survey was performed and correlated to the anonymous survey results at the facility level.

Results

- The overall survey response rate was 81% (facility range, 72-100%)

Patient demographics and laboratory values

Mean age	68 years
Charlson comorbidity index	7.1
Hemodialysis	50.3%
Hemodiafiltration	49.7%
Arteriovenous fistula	76.3%
Central venous catheter	16.5%
Mean weekly treatment time	720 min
Kt/V (mean)	1.8
Albumin (mean)	39.5 g/L
Phosphorus (mean)	4.7 mg/dL
iPTH (mean)	512 pg/mL

Results

Patient survey questions and overall results (“I agree”)

I am treated with respect by the staff at my clinic	98%
I am involved in the decision about my dialysis	94%
My questions are answered in a responsive manner	97%
The staff spend enough time with me	96%
I understand the way the clinic staff explains	96%
The staff provide me with the information I need	95%
The staff cares about me	96%
I feel safe during treatment	97%
The dialysis chairs and linen are comfortable	90%
The dialysis clinic is clean and well maintained	98%
I am happy with my transportation provider	85%
My treatment starts on time	90%
The mood at my clinic is pleasant and welcoming	95%
I am happy with the overall service	97%
On a scale from 0 - 10, how likely to recommend?	9.1

- The overall patient satisfaction score (0-10) was high 9.1 (1.6) and the net promoter score (NPS) was 71.
- High scores (>90% “agree”) were observed for 13 of 14 questions.
- There were significant differences in patient satisfaction between dialysis facilities in both countries.
- Spearman correlation analyses at the facility level (n=13) showed that patients “involved in decision making” had significantly higher Kt/V ($P = 0.02$).
- Patients who “agreed” to that their “chairs and linen were comfortable” had significantly lower phosphorus ($P = 0.02$) and higher Kt/V ($P < 0.001$).
- Patients “happy with their transportation provider” had higher Kt/V ($P = 0.002$) and lower phosphorus ($P < 0.05$).
- Patients who agreed that their “treatment started on time” had higher Kt/V ($P = 0.05$).
- However, the overall satisfaction score was higher with low Kt/V ($P = 0.004$) and high phosphorus ($P < 0.05$).

Conclusions

- Patient experience and satisfaction surveys provide a critical and unique perspective on the quality of patient-centered healthcare delivery.
- Information derived from the direct evaluation of patient experience of care and patient satisfaction can be used to identify areas for improvement and support changes in care provision with the aim of improving the overall quality of care for patients.