

# Development of a patient education system in our dialysis clinic

Tiborné Farkas, Ibolya Jónás, Attila Nagy

Fresenius Medical Care Dialysis Centre Sátoraljaújhely, Hungary

## Introduction

The chronic kidney disease is one of the illnesses, where diet has a specific central role. This is why education is so important. Unfortunately, our centre does not employ dietician.

## Objectives

To organize and implement the education of patients, supporting them to maintain a good general condition and providing them quality data and information.

## Methods

In 2013, we reorganized the work distribution and responsibilities. One of the nurses was nominated as responsible person for patient education and for organizing the trainings for patients, not exclusively about dietary knowledge. The responsible nurse educated the patients regularly and individually as required (Picture 1.). Some local documents which can be used during the trainings were created (e.g. training record, tests, etc). Education of the new patients began after starting the haemodialysis program using the provided training material. Since 2016, we have had the opportunity to train by using audiovisual materials during every patient shift. All members of our team were actively involved in the patient education in cooperation with the responsible nurse (Figure 1.).

## Results

As results of regular trainings, we improved outcomes in the diet sensitive areas (albumin, phosphate, hydration status). From 2013 to 2017, there were 150 training events involving 456 patients (Figure 2.). During the 2018 audit process, we received the "Best Practice" qualification for patient education at the network level. In 2015, we earned 100% of the patient's perspective. The patient's perspective was measured by means of appropriate indexes of the balanced scorecard (BSC) strategy performance management tool.

## Conclusion

The patient education programme is highly relevant to achieve quality patient care. In the absence of dieticians, we used our professional skills to share the information, educate the haemodialysis patients and when required, collaborating with the family members and social institution. Our results are not only quantifiable, and based on data, but our center has a familiar atmosphere, where the most important objective is the patient general satisfied.

## References

1. B.Douglas Clinton, Sally A. Webber, John M. Hassel: Management Accounting Quaterly Spring 2002.Vol.3 No.3: Implementing the Balanced Scorecard Using the Analytic Hierachy Process

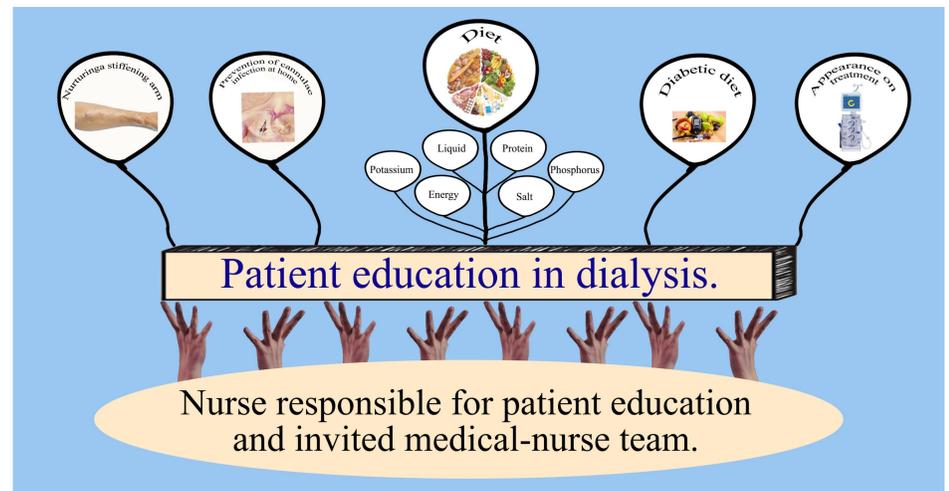


Figure 1. Patient education in dialysis – own picture

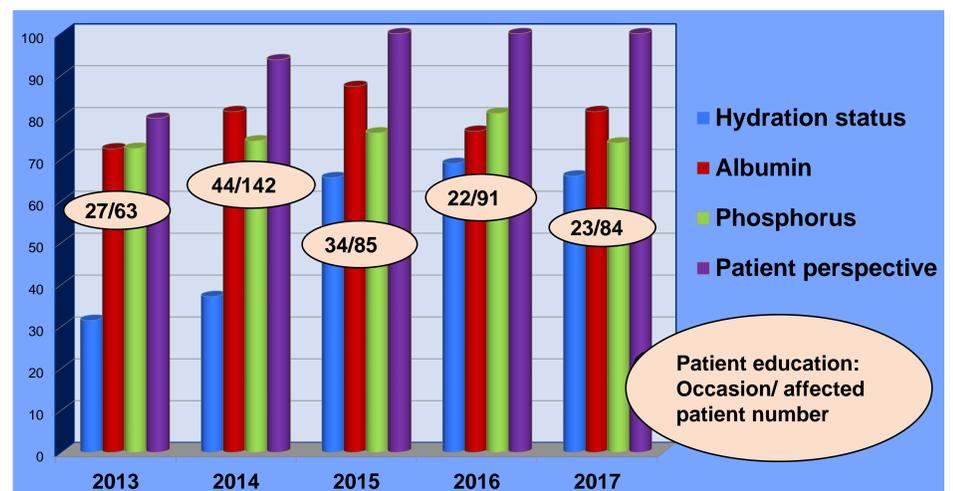


Figure 2. Results of our dialysis centre



Picture 1. The responsible nurse for patient education and one of our satisfied patients – own picture