

# Noncompliance with haemodialysis prescription

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## Introduction

Noncompliance with treatment prescription has been identified as a common problem in haemodialysis and significantly impacts dialysis patient care and outcomes<sup>1</sup>. Skipping and shortening treatments has been associated with a 25% increased mortality rate<sup>2</sup>.

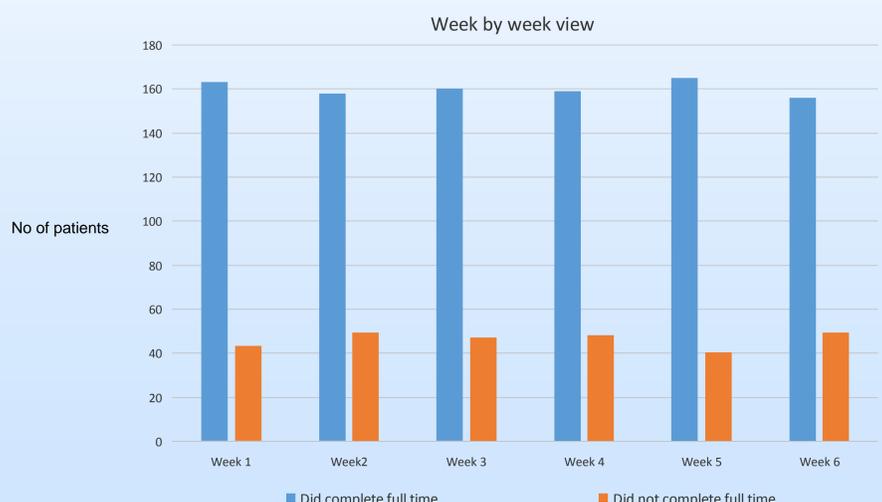
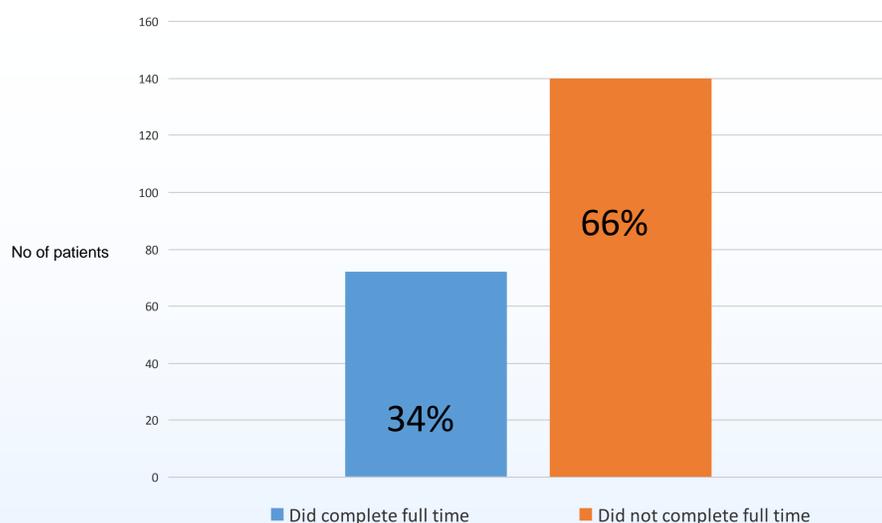
We wanted to ascertain the level of noncompliance among HD patients and determine the main reasons. Based on the findings we aimed to make recommendations and suggestions to increase compliance to haemodialysis prescription and improve patient outcomes.

## Methods

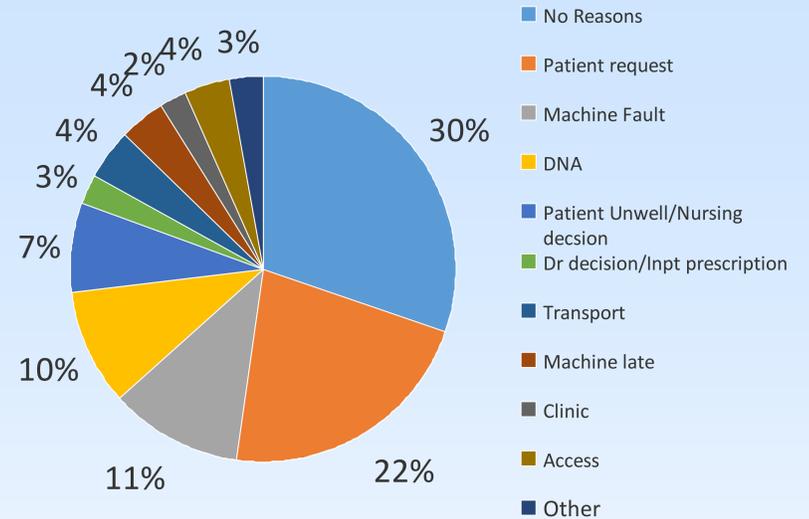
An observational cross sectional study was performed including the entire in centre HD population of 212 patients. All treatments over a 6 week period were scrutinised for age, gender, race, treatment time, any variation with treatment time and the reasons. Data was collected from a computerised clinical information system and where necessary the patient notes were analysed.

## Results

Out of the 212 patients included in the study 140 (66%) were found to have not completed their treatment time on at least one occasion during the study



## Reasons



THEME	NO OF INCIDENCES
PATIENT CHOICE	117 (32%)
TECHNICAL PROBLEMS	55 (15%)
MEDICAL PROBLEMS	60 (16%)
TRANSPORT	15 (5%)

## Conclusion

A significant number of patients are not completing their full prescribed dialysis time. The main reason is patient choice. However 30% had no reasons documented. Patients reducing hours at their own request suggests that patients may need education of the risks of doing so. Missing or incomplete records suggest that the staff need more education on the importance of accurate documentation of the reasons for a patient not receiving their full prescribed dialysis

## Recommendations for the renal community

To improve awareness and recording a code system will be implemented to aid documentation, teaching sessions provided for staff to ensure they are aware of the implications of reducing dialysis sessions and finally to produce a patient harm leaflet outlining the risks associated with shortening dialysis sessions and skipping treatments. Re audit and introduction of measures into the safety dashboard of the centre are planned. It is anticipated that implementing these interventions will lead to improving clinical outcomes for our patients

## References

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- Leggat,J., Orzol,S., Hulbert-Shearon,T., Golper,T., Jones,C., Held,P. and Port,F. (1998) Noncompliance in hemodialysis: predictors and survival analysis. **American Journal of Kidney Diseases** 1(7):pp139-145