



AMERICAN NEPHROLOGY NURSES' ASSOCIATION

ANNA'S 45TH NATIONAL SYMPOSIUM

APRIL 13-16, 2014

HILTON ANAHEIM & ANAHEIM CONVENTION CENTER, ANAHEIM, CALIFORNIA

Evaluation of Dialysis Modality Education and Barriers in U.S. Dialysis Facilities

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Background

Despite evolution in home hemodialysis technologies that have made the technology easier to use, the actual selection of home therapies among eligible patients remains relatively low. Education and counseling are important aspects of the management of patients starting dialysis.

Method

In this study, 422 eligible study candidates were invited with eventual 181 study participants (43% response rate). The research objectives were to explore level of dialysis staff training for the various modalities, potential barriers to home therapy selection, and time of education and re-education on dialysis modality choices.

Results

Study participants self-reported level of "expertise" was highest in conventional HD (57%); PD (33%); home HD (22%); and nocturnal (10%). Top 3 reasons for why more patients do not choose home modalities were "Patient is not a candidate" (81%), "Lack of patient/family interest" (76%), and "Lack of interest from health care team" (57%). If a patient is not considered a candidate for alternative dialysis modality, only 17% of respondent facilities re-evaluate dialysis modality with the patient every 6 months or less. Even if a patient is considered a candidate, only 33% of respondent facilities re-evaluate dialysis modality with the patient every 6 months or less.

Conclusion

Nephrology nurse expertise and comfort level with home modalities is significantly lower than with conventional HD. The low comfort level with home therapies may be a driving factor for the reasons patients are deemed "not a candidate" and the "lack of interest" from patients and health care team. Improvements in professional education on all home therapies are clearly needed to provide quality information about replacement therapies to individuals in need of such therapy and encourage more frequent discussions about modalities.

Abstract selected for presentation at ANNA's 45th National Symposium, Anaheim, CA, 2014