Home Hemodialysis Queries Ronilda Lacson, MD SM^a, Eduardo Lacson Jr., MD MPH^b, Peter Szolovits, PhD^c

a,c Massachusetts Institute of Technology (MIT), Cambridge, MA

^b Fresenius Medical Care, NA, Lexington, MA

Abstract

This study aims to identify the questions that home hemodialysis patients ask most frequently by surveying nurses and having them enumerate the most frequent questions they receive. This was compared to actual calls that were recorded between nurses and patients. The nurses reported 20 frequently asked questions. They were mostly technical in nature and had to do with problems with the dialysis procedure. In contrast, there were 25 recorded calls that were mostly clinical in nature and had to do with patients' general state of health. Knowing these questions enhance our understanding of how to best improve patient care.

I. Introduction

Home hemodialysis is performed by patients at their own homes as often as 4-7 nights a week, and may be performed at bedtime.¹ The goal of this study was to identify the questions that home hemodialysis patients ask most frequently and to compare what nurses report to be the most frequently asked questions with those recorded from actual nursepatient conversations. This will then enable us to answer the following questions: (1) What questions do patients ask most frequently? (2) How accurate are nurses in remembering patients' questions? and (3) Can automated systems be used to help answer some of these questions?

II. Methodology

Two nurses from different home hemodialysis programs in North America were asked to identify frequently asked questions that they encounter from patients undergoing home hemodialysis. They were asked to write the 10 most frequently asked questions they could remember and send them to the investigators.

In addition, all telephone calls involving home hemodialysis patients interacting with their nurses at the Lynchburg Nephrology nightly home hemodialysis program were recorded from July to September of 2002. The Lynchburg Nephrology nightly home hemodialysis program is the oldest and largest such program in the United States.² Actual calls from patients undergoing home hemodialysis were recorded with a telephone handset audio tap ("QuickTap", made by Harris, Sandwich, IL)³ and a recorder. The home hemodialysis nurses recorded the conversations whenever a call was made and stopped the recorder when the conversation ended.

III. Results and Discussion

Eleven of the 20 frequently asked questions (55%) that were reported by the two nurses had to do mostly with technical problems such as sanitizing, testing or troubleshooting the actual dialysis machine. The remaining questions that were asked (45%) were clinical in nature, including problems encountered during the actual dialysis process, medications and schedule of blood work.

For the recorded conversations, only 28% of the topics were technical in nature. The original purpose of each call can be grouped into the following broad categories: (1) clinical (36%), (2) technical (28%), (3) scheduling (28%), and (4) visit and call verification (8%). There appears to be a discrepancy in what nurses perceive to be the more common reasons for patients' calls.

Knowing what questions are important to patients enhances our understanding of how to best improve their care. Recall bias plays a role in what caregivers perceive to be frequently asked questions. In order to bridge the gap between providing prompt services to patients and decreasing nurses' workload, one has to look for ways in which technology can be of assistance. For instance, a computerized dialogue system for scheduling may be able to assist nurses in addressing almost a third of patients' calls.⁴

Acknowledgements:

The authors thank the nurses at the Lynchburg Nephrology nightly home hemodialysis program, Mary Pipken, Viola Craft, and Maureen Spencer, for recording the calls; and Michaelene Ouwendyk and Mary Pipken for listing frequently asked questions.

IV. References

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