

**DID YOU  
KNOW**  
-Adherence

## Keeping Kidney Patients Safe

www.kidneypatientsafety.org



Fact	Source
<p>Nonadherence (based on "missed dialysis" treatments as the main outcome measure) was much more common in the United States compared with Sweden and Japan. Skipping and shortening hemodialysis treatments is much more common in the United States than in Euro-Dialysis Outcomes and Practice Patterns Study (DOPPS) or Japan. Nonadherence, as measured by skipping and shortening hemodialysis treatments, was more prevalent in the United States than in Euro-DOPPS and Japan.</p>	<p>R. Saran et al., "Nonadherence in Hemodialysis: Associations With Mortality, Hospitalization, and Practice Patterns in the DOPPS," <i>Kidney International</i> 64 (2003): 254–262, <a href="http://www.nature.com/ki/journal/v64/n1/full/4493867a.html">http://www.nature.com/ki/journal/v64/n1/full/4493867a.html</a> (accessed July 9, 2008).</p>
<p>Patients that are younger age, African American, female, disabled, living alone, smokers, and/or depressed, and those with extended time as ESRD were associated with higher odds of nonadherence with one or more of the measurements of nonadherence. Some college education and prior kidney transplant were associated with neutral odds of nonadherence in all the domains studied.</p>	<p>R. Saran et al., "Nonadherence in Hemodialysis: Associations With Mortality, Hospitalization, and Practice Patterns in the DOPPS," <i>Kidney International</i> 64 (2003): 254–262, <a href="http://www.nature.com/ki/journal/v64/n1/full/4493867a.html">http://www.nature.com/ki/journal/v64/n1/full/4493867a.html</a> (accessed July 9, 2008).</p>
<p>Living in a nursing home was associated with 47% lower odds of skipping treatment, perhaps owing to staff supervision and predictable transportation arrangements to and from the dialysis unit.</p>	<p>R. Saran et al., "Nonadherence in Hemodialysis: Associations With Mortality, Hospitalization, and Practice Patterns in the DOPPS," <i>Kidney International</i> 64 (2003): 254–262, <a href="http://www.nature.com/ki/journal/v64/n1/full/4493867a.html">http://www.nature.com/ki/journal/v64/n1/full/4493867a.html</a> (accessed July 9, 2008).</p>
<p>Facilities with more than 60 patients had a significantly higher odds ratio of skipping dialysis (1.77, <math>P = 0.001</math>) and those with more than 75 patients had a significantly higher odds ratio of shortening dialysis (1.57, <math>P = 0.006</math>). It was only when facility size exceeded 125 patients that a significantly higher odds ratio was detected for interdialytic weight gain. Larger facilities were more likely to encounter a higher level of nonadherence, especially with respect to skipping and shortening dialysis.</p>	<p>R. Saran et al., "Nonadherence in Hemodialysis: Associations With Mortality, Hospitalization, and Practice Patterns in the DOPPS," <i>Kidney International</i> 64 (2003): 254–262, <a href="http://www.nature.com/ki/journal/v64/n1/full/4493867a.html">http://www.nature.com/ki/journal/v64/n1/full/4493867a.html</a> (accessed July 9, 2008).</p>
<p>Both the percentage of highly trained staff hours and of highly trained staff members in a facility seem to have an effect on patient nonadherence, as measured by skipping in a given facility. This result was statistically significant (odds ratio = 0.84 for 10% more highly trained staff, <math>P = 0.02</math>) and points to the possible negative effect of hiring less than highly trained staff in dialysis units, a trend more commonly observed in the United States. Highly trained staff may help to decrease nonadherence.</p>	<p>R. Saran et al., "Nonadherence in Hemodialysis: Associations With Mortality, Hospitalization, and Practice Patterns in the DOPPS," <i>Kidney International</i> 64 (2003): 254–262, <a href="http://www.nature.com/ki/journal/v64/n1/full/4493867a.html">http://www.nature.com/ki/journal/v64/n1/full/4493867a.html</a> (accessed July 9, 2008).</p>

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Almost 90% of respondents indicated that they would be likely to report a medical mistake if they made one, while 82% responded they would be likely to report a mistake they observed.	<i>Health and Safety Survey to Improve Patient Safety in End Stage Renal Disease</i> , page 12
Failing to take a patient's blood sample when scheduled prior to dialysis was reported by 37% of respondents as occurring sometimes.	<i>Health and Safety Survey to Improve Patient Safety in End Stage Renal Disease</i> , page 10