

Patients' Experiences of Daily Home HD Compared to In-center HD

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The Problem

- In-center HD patients don't understand that different HD modalities can impact their day-to-day lifestyle and health-related quality of life; thus they may reject the option of home therapy.



Approach

- Study goal:

Explore lived experiences of DHHD patients (for ≥ 1 year) who had been in-center for (for ≥ 6 mo.)

- Mixed qualitative & quantitative Methodology:

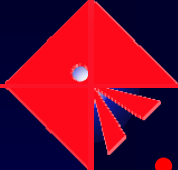
- Participants approached by DaVita home training RNs
- Participants called MEI toll-free number
- Informed consent obtained by mail
- Demographics and SDT questionnaire completed
- Telephone interviews of ~ 1 hour
- Participants received a \$50 honorarium



Analysis

- Each call audiotaped (completed)
- Verbatim transcripts prepared (underway)
- Transcripts analyzed thematically using NVIVO software (underway)
- Demographics compiled (completed)
- SDT survey results analyzed using SPSS (underway)

Partial Coding List (Will Guide Themes)



- Intrinsic motivation
- Independence
- Confidence
- Learned from prior challenge
- Compassionate
- Mastery of other domains
- Purpose/meaning
- Spirituality
- Self-regard/care
- Positive relationships
- Personal growth/learning
- Relationship type
- Quality of relationship
- Dialysis experience
- Deciding on HHD
- Training
- Satisfaction
- Doing home HD
- Mastery & learning styles
- Barriers and facilitators



Demographics (n=16)

- Age: 4: 20-39; 5: 40-59; 7: 60+
- Gender: 10 male; 6 female
- Race: 11 white; 5 black
- Education:
 - 2 < high school
 - 3 high school
 - 5 some college/technical school
 - 5 college degree
 - 1 master's degree



30,000 Foot View

- **Physical well-being** – much better at home
- **Autonomy & control** – enhanced at home
- **Women** - did more of their own treatments
- **Gratitude** – patients appreciated partners' help, though some needed but didn't *want* it.

In-center vs. Home

- *“I went on that [in-center], and it was really rough. I’ve never responded to it very well. I was always sick coming off of it. I had to sleep for maybe 6, 7 hours afterwards. And the next day, I might feel okay, I might not. But I could never, ever feel okay for very long.”*
- *“Now [on DHHD], I feel well enough, I go out, I, see friends when I feel well enough, which is a lot of the time. And even though I don’t feel well enough to do housework most of the time, it’s too taxing, but at least I have some social life now. And I look well, I look really pretty darn well.”*

In-center vs. Home

- *“I had to take medication for nausea to try to keep from vomiting...I was so weak that I could not raise myself up out of the chair...I would have cramps every time.”*
- *“[On DHHD] we get this thing on the road. I’m just grateful that I don’t have to be confined to the house because I can’t go anywhere because I have to be at a center. So, I could go for one day, but, now I can go for a week.”*

In-center vs. Home

- *“It was cold in the center, because they wanted to keep it cool, I think, for some reason. There were alarms that went off, I didn’t know what the problem was, and they were too busy to tell me. I wanted to be involved in my healthcare.”*
- *“On the machine here, I, set the machine down, get disconnected and everything, and strip it down and everything I have to do for that, and get my trash taken out and everything . . . And then, I go outside and work in the yard or, so. I have a lot more energy.”*



Conclusions to Date

- Patients feel better at home physically
- Emotionally, DHHD helps restore autonomy
- Day-to-day lifestyle is different at home than in-center
- Some patients increase their level of participation in care, based on circumstances