



THE RESULTS OF THE QUESTIONNAIRE SURVEY OF QUALITY IN HEMODIALYSIS

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INTRODUCTION AND AIMS:

We prepared a center and physician based questionnaire to have an opinion of hemodialysis physicians about the quality indicators and the most important components of hemodialysis, to evaluate the situation of hemodialysis centers according to current medical criteria of Ministry of Health of Turkey, to investigate the ratios of vascular access and patients who are dependent or continue working, and to compare these parameters of private and public hemodialysis centers.

METHODS:

A total of 74 hemodialysis centers, 56 private and 18 public, replied our questionnaire. Centers had a total of 7204 patients. Questionnaires were replied by 61 certified hemodialysis physicians and 13 specialists, 7 of them being nephrologists. The last one year data were collected from the centers.

RESULTS:

The most important components of hemodialysis were found to be duration of dialysis (42%) and vascular access (40%)(table 1). According to response of the participants, the most important quality criteria of hemodialysis were adequate solute clearance (35%), blood pressure control (23%) and being dialyzed through arteriovenous fistula (AVF) (22%) (Table 2). There was no significant difference between dialysis physicians and specialists regarding the quality criteria of hemodialysis ($p>0.05$). Most of the centers (61%) used single pool Kt/V. Only one third of the centers measured recirculation of AVF. Blood samples were taken erroneously at the end of hemodialysis by stopping the blood pump in 30% of the centers. Annual mortality rate was 7%. Percentage of hemodialysis patients who require medical care, continue working and had permanent dialysis catheter were 13%, 9.3% and 9.5%, respectively. spKt/V value was over target values in 93% of the centers. All of the centers complied with the audit criteria of Ministry of Health of Turkey.

Table 1. The most Important Component of Hemodialysis according to participants

| Parameters | Total results n (%) | Hemodialysis physicians n (%) | Specialists n (%) | p value |
|-------------------------|---------------------|-------------------------------|-------------------|---------|
| Time of Dialysis | 31 (42%) | 26 (42.6%) | 5 (38.5%) | >0.05 |
| Type of Vascular access | 30 (40.5%) | 26 (42.6%) | 4 (30.8%) | >0.05 |
| Type of Dializer | 7 (9.4%) | 4 (6.6%) | 3 (23%) | >0.05 |
| Water system | 6 (8.1%) | 5 (8.2%) | 1 (7.7%) | >0.05 |
| Content of dialysate | 0 (0%) | 0 (0%) | 0 (%) | >0.05 |

Table 2. The most important criteria of hemodialysis quality according to participants

| Parameters | Total n (%) | Hemodialysis Physicians n (%) | Specialists n (%) | p value |
|--|-------------|-------------------------------|-------------------|---------|
| Kt/V urea | 21 (35.2%) | 17 (34%) | 4 (40%) | >0.05 |
| Control of Blood Pressure | 14 (23.3%) | 11 (22%) | 3 (30%) | >0.05 |
| Being dialyzed through arteriovenous fistula | 13 (21.6%) | 10 (20%) | 3 (30%) | >0.05 |
| Serum albumin > 4g/dL | 10 (16.6%) | 10 (20%) | 0 (0%) | >0.05 |
| Control of anemia | 2 (3.3%) | 2 (4%) | 0 (0%) | >0.05 |

CONCLUSIONS:

When compared to European criteria of quality of hemodialysis, our results regarding quality of hemodialysis can be acceptable. We could not find any significant differences regarding these parameters between private and public hemodialysis centers.

