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Diabetes care in people on maintenance haemodialysis – Patient perceived care Vs. Documentation of care

Dr Apexa Kuverji[1], Mrs June James[2], Dr Rob Gregory[2], Dr Andrew Frankel[3], Dr James Burton[1]
[1]John Walls Renal Unit, Leicester, United Kingdom, [2]Leicester Diabetes Centre, Leicester, United Kingdom, [3]Imperial College Healthcare NHS Trust, London, United Kingdom

Introduction

In 2016, guidelines were published by the Joint British Diabetes Societies endorsed by the Renal Association, which defined good quality care for a person with diabetes on in-centre haemodialysis (ICHD). Based on these guidelines, to improve the standard of care of diabetes for this population, this quality improvement project (QIP), sought to explore the differences between the patients' perception of the care they receive versus actual care provided.

Method

A patient questionnaire for data collection was developed in conjunction with the national "Diabetes in Haemodialysis" working group. Results from the pilot audit were compared in order to validate the tool before continuing with further data collection. Objective data, for standards such as annual diabetic review, dietary advice, retinopathy screening, and weekly foot inspections, were obtained by examining diabetic, renal and eye screening IT systems and dialysis nursing notes. Discrepancies were defined as being present, when the patient's answer was different to the documented evidence.

Results

The discrepancy rates between perceived care and delivered care measured at three haemodialysis units, are shown in Table 1. These rates varied considerably depending on the type of unit (satellite vs hospital) and whether they were managed by NHS or commercial providers. The units have varying demographics and those with diabetes and without English as a first language, account for 45.1% of the Hospital-based NHS unit, 13.3% of the Satellite NHS unit and 38.3% at Satellite non-NHS unit.

Discussion

The differences in perceived and documented care are attributable to many factors. Patients were often unable to recall when their last retinopathy screening or diabetic review was or if a particular clinical encounter on the HD unit was related to diabetic management. Given the ethnically diverse population, language barriers potentially contribute to misunderstandings during consultations when care is being provided. There is a substantial gap between clinical care delivered and the patient's perception of care actually received. The reasons for this are varied and dependent on patient and unit level factors. Clear verbal and/or written communication between healthcare professionals and the patient, may improve patient level of understanding and perception of care.