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Evaluation of the humanisation programme *"ERCA Acompaña"*: patient safety and satisfaction during transition to haemodialysis

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ABSTRACT

Introduction: The initiation of haemodialysis is a vulnerable moment for patients with advanced chronic kidney disease. High-quality care that combines technical competence with a humanised approach is essential, as support and closeness influence adaptation to treatment. With this aim, *"ERCA Acompaña"* was created as a project seeking a safe and humanised transfer of patients to haemodialysis.

Objective: To evaluate indicators of satisfaction and perceived safety among patients included in *"ERCA Acompaña"* as a humanising and safety-enhancing tool at the start of haemodialysis.

Material and Method: We conducted a cross-sectional descriptive observational study in the Nephrology Department of Hospital Universitario Poniente from January 2021 through April 2025. A total of 32 patients who initiated haemodialysis from ERCA and completed a satisfaction questionnaire were included. The project implemented and evaluated a multidisciplinary accompaniment protocol for patients on their first day of haemodialysis, also analysing clinical safety indicators.

Results: A total of 32 patient questionnaires were analysed. The mean age was 64.37±11.88 years, with 65.6% men. Patients gave the highest scores to items related to trust, kindness, personalised care, warmth, guidance, reassurance, perceived safety, and family support. Overall satisfaction was rated at the maximum level, and no adverse effects associated with the programme were reported.

Conclusions: *"ERCA Acompaña"* improves the patient experience during the initiation of haemodialysis through strategies of humanisation and safety, achieving high satisfaction levels and an absence of complications in the care transition.

Keywords: accompaniment; renal disease; dialysis; humanisation of care; patient safety; ERCA.

RESUMEN

Evaluación del programa de humanización "ERCA Acompaña": seguridad y satisfacción del paciente durante la transferencia a hemodiálisis.

Introducción: El inicio de hemodiálisis es un momento vulnerable para pacientes con enfermedad renal crónica avanzada. Es fundamental una atención de calidad que combine competencia técnica y acompañamiento humanizado, ya que el apoyo y la cercanía influyen en la adaptación al tratamiento. Con este objetivo, se creó "ERCA Acompaña", un proyecto que busca una transferencia del paciente segura y humanizada.

Objetivo: Evaluar los indicadores de satisfacción y seguridad percibida por los pacientes incluidos en "ERCA Acompaña" como herramienta humanizadora y de seguridad en el inicio de hemodiálisis.

Material y Método: Se llevó a cabo un estudio observacional descriptivo transversal en el servicio de Nefrología del Hospital

Universitario Poniente entre enero de 2021 y abril de 2025. Se incluyeron 32 pacientes que iniciaron hemodiálisis desde ERCA y completaron un cuestionario de satisfacción. El proyecto implementó y evaluó un protocolo de acompañamiento multidisciplinar para pacientes en su primer día de hemodiálisis, analizando además indicadores de seguridad clínica.

Resultados: Se analizaron 32 cuestionarios de pacientes, con una edad media de 64,37±11,88 años, siendo el 65,6% hombres. Otorgaron la máxima puntuación a ítems relacionados con la confianza, amabilidad, trato personalizado, calidez, asesoramiento, tranquilidad, seguridad percibida y apoyo familiar. La satisfacción global media también fue máxima, y no se reportaron efectos adversos asociados al programa.

Conclusiones: "ERCA Acompaña" mejora la experiencia del paciente en el inicio de hemodiálisis a través de estrategias de humanización y seguridad, logrando altos niveles de satisfacción y ausencia de complicaciones en la transferencia asistencial.

Palabras clave: acompañamiento; enfermedad renal; diálisis; humanización de la atención; seguridad del paciente; ERCA.

INTRODUCTION

The Advanced Chronic Kidney Disease Unit (UERCA) is a multidisciplinary care unit focused on the comprehensive follow-up of patients with advanced chronic kidney disease (ACKD). Its objective is to provide personalized care to individuals at this stage of kidney disease, aiming to slow its progression, prevent and manage possible secondary complications, and prepare the patient for renal replacement therapy (RRT), ensuring a safe and individualized transition to the different therapeutic options available[1-2].

The transition from the ACKD stage to hemodialysis (HD) represents a critical moment in a patient's life, characterized by a high emotional burden and periods of uncertainty and vulnerability. In this context, the role of nephrology professionals becomes essential, not only in regard to technical aspects but also in providing emotional support to the patient[3].

Several authors have emphasized the importance of incorporating humanization strategies into the care of individuals with kidney disease. Humanization is understood as a person-centered approach that promotes empathy, effective communication, and respect for the individual. This approach enhances the patient's experience while improving professional satisfaction and overall quality of care[4,5].

In the current context—where HD units are increasingly characterized by high levels of technification, workload pressure, overcrowding, and limited time—there is an inherent risk of depersonalization and dehumanization of care. This trend may lead to patient objectification and emotional distancing, compromising effective communication and holistic care. Given the inherent vulnerability associated with illness, warm and humane care becomes essential, prioritizing respect for and dignity of the individual. Presence and human accompaniment, expressed through empathy, active listening, and sensitivity, are irreplaceable when faced with a patient's fear and suffering[6-9].

In accordance with the Andalusian Public Health System Humanization Plan[10] and within the framework of the Humanization Plan of *Hospital Universitario Poniente*[11], a support model during the first HD session was implemented in 2018 with the aim of minimizing the emotional impact of starting RRT and facilitating integration into the hospital environment. However, the progressive increase in healthcare demand and the limited number of available HD stations required the referral of patients directly from UERCA to the regional hospital or peripheral HD centers.

To address this situation, the *"ERCA Acompaña"* project was designed. This strategy allows patients to begin their first HD sessions in the hospital, facilitating an approach centered on clinical safety as well as quality and warmth of care. This intervention ensures support during the initiation of the technique, verification of vascular access function, assessment of HD tolerance, and confirmation of the patient's clinical stability prior to referral.

Therefore, the objective of this study was to analyze patient satisfaction indicators and perceived clinical safety among individuals included in the *"ERCA Acompaña"* project, as a humanizing and safety-enhancing tool during the initiation of HD therapy.

MATERIAL AND METHOD

Study design and setting

The study was conducted in the UERCA of the Nephrology Department at *Hospital Universitario Poniente* in El Ejido (Almería, Spain). A cross-sectional descriptive observational study was designed.

Population and sample

A non-probabilistic convenience sampling method was used. The sample consisted of 32 UERCA patients who began scheduled HD through the "ERCA Acompaña" program between January 2021 and April 2025. Patients who started dialysis in the hospital through this program and voluntarily agreed to complete the study questionnaire were included. Those with cognitive or language barriers preventing questionnaire completion were excluded.

Variables

The variables studied included age, sex, patient satisfaction level, and clinical safety indicators during the transfer process. Because no validated questionnaire was available to assess satisfaction, an ad-hoc self-administered questionnaire consisting of 13 items (all closed except the final open-ended

question) was developed. The Delphi method was used to create this questionnaire with the participation of multidisciplinary experts from the hospital.

Data collection

The questionnaire was divided into 5 sections:

- **Section 1:** Informed consent for participation in the study.
- **Section 2:** Basic demographic data (age and gender).
- **Section 3:** Evaluation of the reception process in the Hemodialysis Unit (HD Unit) using 12 Yes/No questions.
- **Section 4:** One question regarding vascular access (VA), with two response options.
- **Section 5:** Assessment of the care received, consisting of 12 questions using a 5-point Likert scale (5 = highest level of agreement or satisfaction; 1 = lowest).
- **Open-ended question:** Allowed patients and relatives to express comments, suggestions, or concerns not captured by the closed items, providing valuable qualitative insights.

After the first HD session, eligible patients received the questionnaire link in digital format (email, WhatsApp) or a paper version, depending on their preference. Completion was voluntary and anonymous.

In parallel, indicators related to patient safety during the transfer from one unit to another were evaluated. A checklist completed by healthcare professionals (Yes/No items) was used, including indicators such as safety briefing, pre-dialysis VA assessment, clinical evaluation before, during, and after HD, and preparation of both the medical report and the nursing continuity of care report (ICCE) (see **table 1**).

Table 1. Safety indicator checklist.

	YES	NO
Safety briefing		
Pre-dialysis VA assessment		
Pre-HD clinical assessment		
Intra-HD clinical assessment		
Post-HD clinical assessment		
Preparation of medical report		
Preparation of Nursing Continuity of Care Report		
In-person patient handover nurse-to-nurse		
Adverse events related to patient transfer		

The "ERCA Acompaña" project was introduced in 2021 within the hospital's Humanization Plan, with the establishment of a working group responsible for designing and implementing a protocol for safe and humanized transfer of ACKD patients starting HD in the center. Defined interventions included:

- Informing the patient and family about the process once the decision to start HD and subsequent transfer was made.
- Participating in an HD Unit safety briefing the day before treatment initiation to ensure safe transfer of clinical and emotional information: patient data, clinical status, emotional status, VA condition, vaccination status, serology, session schedule, prescription, etc.
- Performing clinical and emotional assessment on the day of initiation and addressing any remaining questions.
- Accompanying the patient and family to the HD Unit, where the welcome protocol was carried out with the reference nurse and nursing assistant, including unit orientation, dressing room, rules, and introduction to the team and other patients.
- Assessing VA, venous development, and selecting the optimal puncture sites in cases of arteriovenous fistula (AVF).
- Clinical assessment after session initiation.
- Informing the family after connection to the machine and allowing entry to the unit when appropriate.
- Evaluating the intervention through the satisfaction survey.
- Managing transfer to the reference HD Unit, including preparation of the medical report and ICCE.
- Conducting awareness sessions for healthcare professionals.
- Evaluating the intervention using the satisfaction survey.

Data analysis

All data were recorded in an ad-hoc database. Statistical analysis was performed using SPSS for Windows (version 26.0, SPSS, Chicago, Illinois, USA). Quantitative variables were expressed as means with standard deviations or as medians with interquartile ranges, depending on their distribution. Qualitative variables were described using absolute and relative frequencies. The Kolmogorov–Smirnov test was used to assess the normality of variables.

Ethical considerations

This study was conducted in accordance with the ethical principles outlined in the most recent revision (Fortaleza, 2013) of the Declaration of Helsinki.

Data were processed in compliance with the Spanish Organic Law 3/2018 on Personal Data Protection and Digital Rights, the General Data Protection Regulation (Regulation 2016/679), and Law 41/2002 on patient autonomy and rights and obligations regarding clinical information and documentation.

All participants signed informed consent prior to inclusion in the study.

RESULTS

The sample consisted of 32 patients, with a mean age of 64.37±11.88 years. Of these, 65.6% were men (n=21).

In the section of the questionnaire related to patient reception, 81.2% (n=26) of the patients arrived at the hospital accompanied by their primary caregiver and/or a family member, while 18.8% (n=6) arrived alone. All patients (100%, n=32) were scheduled for an appointment at the ERCA nursing consultation and reported having received information about the process to follow that was clear and sufficient, having had their questions resolved, and perceiving a climate of trust from the team **(table 2)**.

Table 2 also includes the experiences during the welcome process in the HD Unit. All patients were accompanied by UERCA nursing staff, were introduced to the other patients and healthcare professionals, and were given the opportunity to say goodbye to their relatives before the session began.

In the next section of the questionnaire, related to connection to the HD monitor, 96.9% (n=31) of the patients had an autologous AVF, and 3.1% (n=1) had a central venous catheter. Among patients with an AVF, 100% (n=32) confirmed that a vascular access assessment was performed prior to cannulation and that the initial cannulation was performed by UERCA nursing staff. In all cases, regardless of the vascular access type, patients were connected to the HD monitor by UERCA nurses **(table 3)**.

Table 2 presents the results of the questions asked after connection to the HD monitor. All patients (100%, n=32) reported that they received an explanation of possible symptoms and warning signs to monitor during the session. All patients who arrived accompanied confirmed that their relatives were informed by healthcare professionals after connection and that all were offered and allowed entry into the HD room to accompany them for a certain period of time.

The section of the questionnaire regarding the treatment received from health care professionals was evaluated using a Likert scale (1=very dissatisfied, 5=very satisfied). All patients gave the highest score for the items related to emotional support, closeness and understanding from the team, perception of safety, respectful and kind treatment, protection of privacy, comfort provided, and conveyed trust. All accompanied patients (100%, n=32) reported that their relatives received the necessary information and emotional support from the healthcare staff **(table 4)**.

In the final evaluation of the questionnaire, 100% (n=32) of the patients stated that the "ERCA Acompaña" project provided them with greater calm and confidence during their first day of HD.

When asked about their overall satisfaction level, also measured using a Likert scale from 1 to 5, all patients gave the maximum score, expressing very high satisfaction with the project.

Additionally, a qualitative analysis was performed on the responses to the open-ended question intended to gather suggestions, improvements, and patient and/or family experiences. This approach offered a deeper understanding of their experiences during the accompaniment process.

The testimonies collected revealed an overall positive evaluation of the intervention, highlighting the following aspects:

- Professionalism: Patients perceived a high level of competence and expertise among the staff who accompanied them.
- Human Treatment: Warmth, empathy, and individualized attention were emphasized as crucial elements that humanized the process.
- Perception of Safety: The accompaniment significantly contributed to creating a sense of safety during the transfer and initiation of treatment.

Likewise, both patients and family members emphasized the positive emotional impact of the accompaniment. The role of ERCA nursing staff was particularly noted as a key source of emotional support and guidance,

Table 2. Summary of Responses. Patient Reception and Admission.

SURVEY ABOUT YOUR PERSONAL EXPERIENCE On your first day of dialysis	YES	NO	NOT APPLICABLE
Were you scheduled for an ERCA nursing consultation before starting treatment?	100% (n=32)	0%	
Did you receive information from ERCA staff about the process to follow?	100% (n=32)	0%	
Was the information you received clear and sufficient?	100% (n=32)	0%	
Were your questions answered?	100% (n=32)	0%	
Was the environment one of trust?	100% (n=32)	0%	
Did you arrive on your first day of hemodialysis accompanied by family and/or your primary caregiver?	81.25% (n=26)	18.75% (n=6)	
I was shown the dialysis unit facilities.	100% (n=32)	0%	
I was allowed to say goodbye to my relatives (mark "not applicable" if you were unaccompanied).	81.25% (n=26)	0%	18.75% (n=6)
I entered the dialysis room accompanied by the ERCA nurse.	100% (n=32)	0%	
I was introduced to all the healthcare professionals in the unit.	100% (n=32)	0%	
I was introduced to the other patients in the shift.	100% (n=32)	0%	

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Table 3. Summary of Responses. Patient Connection.

SURVEY ABOUT YOUR PERSONAL EXPERIENCE			
On your first dialysis:			
	YES	**NO**	**I DO NOT HAVE an AVF**
If you have an AV fistula, was the arm with the fistula assessed before inserting the needles?	96.875% (n=31)	0%	3.125% (n=1)
	ERCA Nursing	**HD Unit Nursing**	**I DO NOT HAVE an AVF**
Who performed the first puncture of the fistula?	96.875% (n=31)	0%	3.125% (n=1)
Who connected you to the hemodialysis machine for the first time?	100% (n=32)	0%	
Once connected to the machine:			
	YES	**NO**	**NOT APPLICABLE**
Were you informed about possible symptoms and warning signs?	100%	0%	
If you were accompanied, did staff go out to the waiting room to inform your family?	81.25% (n=26)	0%	18.75% (n=6)
If you were accompanied, were your family members allowed to enter the dialysis room to stay with you for a while?	81.25% (n=26)	0%	18.75% (n=6)

Table 4. Summary of Responses. Care Provided by Professionals.

Care received from professionals:						
	1	**2**	**3**	**4**	**5**	**NOT APPLICABLE**
I felt supported by the professionals	0	0	0	0	100% (n=32)	–
I felt the professionals were close and present	0	0	0	0	100% (n=32)	–
I felt understood	0	0	0	0	100% (n=32)	–
I felt safe	0	0	0	0	100% (n=32)	–
The treatment was respectful	0	0	0	0	100% (n=32)	–
The treatment was kind	0	0	0	0	100% (n=32)	–
My privacy was protected	0	0	0	0	100% (n=32)	–
My comfort was promoted	0	0	0	0	100% (n=32)	–
I received emotional support	0	0	0	0	100% (n=32)	–
They conveyed confidence and safety	0	0	0	0	100% (n=32)	–
My family received the necessary information	0	0	0	0	81.25% (n=26)	18.75% (n=6)
My family received emotional support	0	0	0	0	81.25% (n=26)	18.75% (n=6)

facilitating adaptation and reducing anxiety associated with the start of HD.

Regarding clinical safety indicators, in 100% (n=32) of the cases, a safety briefing between the two units involved (ERCA–HD) was conducted, along with clinical assessment at the three care stages (pre-, intra-, and post-dialysis), adequate evaluation of the vascular access, and completion of both the medical report and the nursing continuity of care report (ICCE). Additionally, in all cases, the patient transfer between units was performed in person by healthcare professionals.

DISCUSSION

This study evaluated patient satisfaction and clinical safety indicators during the transition and initiation of HD within the context of the "ERCA Acompaña" project. The questionnaire results showed high acceptance of the program, with patients reporting that they felt accompanied, informed, and safe during their transition from the ERCA consultation to the HD Unit.

The initiation of renal replacement therapy in ACKD patients is associated with significant changes in quality

of life, which may trigger anxiety–depressive disorders due to difficulties adapting to a stressful situation[12]. To mitigate this vulnerability, patients in this study were first scheduled for an ERCA consultation rather than directly admitted to the HD Unit on their first day of dialysis. This strategy—supported by existing evidence and previous clinical experience[13]—has been shown to enhance patients' perceived safety and calmness. Additionally, this encounter reinforced the information provided about the process and addressed any remaining questions.

Analysis of the patients' experiences during the HD Unit welcome process confirmed that the welcome protocol was systematically applied for all participants. This included familiarization with the facilities, introduction to healthcare staff and other patients, and explanation of unit rules.

Before entering the dialysis room, patients were given time for family farewell in a respectful environment. The scientific literature emphasizes the importance of familiarization with the environment and individualized attention when starting renal replacement therapy[13-17].

A highly valued component was the accompaniment by ERCA nursing staff upon entering the HD room, which provided a strong sense of security and reassurance.

Regarding connection to the dialysis monitor, UERCA nurses performed a thorough assessment of the AVF and carried out needle cannulation for all patients with an AVF.

Of note, 100% of patients were connected to the dialysis monitor by UERCA nursing staff. Although other nursing professionals are qualified to perform these tasks, clinical experience and literature indicate that patients often feel apprehension regarding vascular access cannulation[17]. For this reason, the presence of UERCA nursing staff was considered essential. Their familiarity with each patient's vascular access—based on long-term follow-up since AVF creation—contributed significantly to patient safety and confidence.

Once the HD session began, patient experience assessment showed full consistency (100%) in the explanation of potential symptoms and relevant warning signs.

Additionally, it was confirmed that relatives of accompanied patients received information from healthcare professionals after monitor connection. All relatives were offered and allowed entry to the HD room to accompany the patient for a period of time. This approach aligns with the literature on humanization in HD Units[6-18], which emphasizes that comprehensive information and staff closeness significantly increase patient satisfaction. It is essential to recognize that the primary caregiver and/or family are integral parts of the care process from the ACKD stage onward, and are considered essential components of care planning and delivery.

The results suggest that this practice fosters in patients a profound perception of understanding, safety, and appreciation from the care team. Beyond its direct benefit to patients, the "ERCA Acompaña" program may have a positive impact on healthcare professionals' well-being and professional fulfillment, reinforcing their satisfaction by enabling them to actively improve the patient experience.

Health care professionals must keep in mind that most patients and families will always remember who, how, where, and in what manner their first day of HD took place. The emotional and experiential impact generated will depend not only on the patient's coping capacity but also on the way they were treated.

This study is not free of limitations. Methodologically, the absence of a control group must be noted. This means that results obtained from patients participating in the "ERCA Acompaña" program could not be directly compared to those who did not receive the intervention.

The lack of a validated questionnaire to evaluate patient satisfaction may represent another limitation, although an ad-hoc questionnaire was developed using the Delphi method with multidisciplinary experts.

The fact that the study was conducted in a single hospital represents a limitation in terms of generalizability. The outcomes may be influenced by specific characteristics of the hospital, its organization, the patient population served, and the particularities of the team implementing the "ERCA Acompaña" program.

A potential social desirability bias may also be present in the satisfaction questionnaire responses. Participants may have tended to provide answers perceived as more socially acceptable or favorable to hospital staff, rather than expressing their true feelings or experiences—especially as they continued receiving care in the same center.

Based on the results, it can be observed that the implementation of the "ERCA Acompaña" program represents an innovative and humanized approach within UERCA to accompany patients on their first day of HD, differing from conventional practices in other hospitals. The uniqueness of this initiative lies in care continuity, in which the healthcare professionals who follow the patient in the ERCA consultation are the same ones who accompany them during their first HD session. This strategy seeks to transform the patient's experience during a moment of vulnerability, redefining care as a commitment deeply linked to individual dignity.

These results confirm a favorable reception of the "ERCA Acompaña" project among the study population, fostering a greater sense of safety, calmness, and confidence when facing the first HD session.

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Conflicts of interest

The authors declare that they have no personal or commercial relationships that could represent a conflict of interest in connection with the submitted article. (SEDEN declines any possible authorship conflicts in the works it publishes.)

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