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Promoting Dialysis Adherence and Patient Dignity

Problem Overview
DaVita reported lower treatment adherence in Q2 2026, which directly impacts their profits. Low treatment adherence harms patients and can bleed into other patients' chair time. Since dialysis facilities are closed on Sundays and many patients need a session every other day, missing even one session is highly risky. Consequently, Sundays are known as some of the deadliest days for dialysis patients. Furthermore, Black and minority patients (who are disproportionately impacted by socioeconomic factors) are more prone to be impacted by end-stage kidney disease. Treatment adherence frameworks must directly address socioeconomic conditions such as transportation access, housing, and food access.

Approach and Methodology
To examine underlying systemic hurdles in dialysis treatment adherence and identify root causes of treatment fatigue, this advisory project attempted to build a human-centered patient care framework for improving treatment adherence.

- Engaged 10 patients with end-stage kidney disease through anonymous online interviews. The interviews aimed to learn what chair time is like, how dialysis impacts their social life (such as being unable to eat at family gatherings), and how their daily life is impacted by dialysis.
- Analyzed 2025 Colorado Health Access Survey data and engineered an offline geospatial data pipeline mapping dialysis clinics against public transportation stops in the Denver metro area, flagging "transit deserts" to deploy targeted ridesharing.
- Applied principles similar to those used in the 2004 Stanford Hospital operating room case study to curate workflow recommendations that improve patient dignity without adding additional burden for nurses and technicians.

Patient Interview Findings
The following verbatim Q&A responses highlight the daily experiences of patients in the dialysis chair.

Question 1: Some people claim sitting in the dialysis chair for multiple hours every week can feel like prison and be psychologically challenging, despite the necessity of the procedure. Do any of you relate? What are the most exhausting aspects?

"Chair time isn’t tough at all for me. I sit and watch tv or play on my phone. Everyone’s experience is different though and there tons of variables that can change things."

"I got into a good routine. Since I started in the afternoon and was still employed, I worked for an hour. Then podcasts and reading for another hour. Quick peek at the news on TV, then slept for about 45 minutes. So basically kept as busy as possible."

"The clinic I am in is really great, most of the time. Techs and nurses are friendly, attentive and helpful. Sitting in a chair for the four hours isn't so difficult, I use my ipad to listen to music i have loaded. My

time is from 5:45 am to 9:45 am so I have the rest of the day to do whatever needs to be done. I am fully retired so I have no conflicts with outside or work."

"I fall asleep on dialysis as of I'm on drugs. If I had enough energy to pack a good lunch, I read, eat and sleep. It's quite relaxing. I'm an introvert so only inconvenience I feel is having to shout for the nurses if I need to go to the bathroom."

Question 2: How do you navigate meals and diet? How about meals during family gatherings, holidays, or cultural events?

"I stick to my renal diet of high protein medium carb no dairy. I've avoided family gatherings because food temptations are high and I'd rather skip it than out myself through that."

"'No thanks' is an answer. I would also eat before going to events so I wouldn't be hungry."

"Lots of experimenting and I have a quite diverse diet. I've found one cheat day a month doesn't have any effect at all on my lab and keeps my mental health way better. I would caution that for others though, some might tolerate more, some less. When I know there will be a family gathering or a festival, i make sure my cheat day falls on that. If there is multiple events in a row, I pick one and tge rest I bring my own food."

Question 3: What is the relationship dynamic like with your care team? Are you treated as an equal partner or do you feel like your voice is limited?

"My care team is receptive to my concerns and addresses them as soon as they can."

"Both my nephrology doctors and dialysis team were great, but I'm kind of outspoken so if I didn't like something, I'd let them know in a nice way."

"Took a while and medical emergencies for my team to know that I understand my body better than they do, especially as I have so many comorbidities. Now I only have trouble if a new nurse arrives, but a quick conversation with the head nurse is enough."

Question 4: What moments make you feel supported during dialysis treatment and outside the dialysis facility?

"I dont have much support outside of the in center care. I also dont seek much support because I dont like attention. Sounds weird but I'd rather be left alone"

"inside? friendly nurses. outside, good family support and an understanding employer (I was still working ~60 hours even on dialysis.)"

"My family is my greatest support."

Question 5: What effect, if any, do interactions with patients sitting next to you in the dialysis facilities have on your experience?

"I've never been affected by any patients near me. I'm first shift so everyone either sleeps or just vibes watching tv. Any loud snoring is drowned out by the sound of machines"

"I'd chat with regulars in the waiting room, but in the chair I kept to myself."

"I have very little interactions as an introvert, but it's nice to see patients all the same."

Question 6: What inconveniences, if solved, would enhance your quality of life? What positive experiences, if amplified, would enhance your quality of life?

"Only inconvenience is fluid restriction. Only thing that would improve the experience is reduced wait time for transplant. I wish there was more information available to potential donors and more of a drive to donate. My main gripe is when the doctor actually sees me, its only while im in the chair with 19 other patients within earshot listening to my "private" visit with the doctor. I rarely feel comfortable discussing my health honestly while 19 people i dont know are listening. Plus, when i see that doctor at his office, my copay is 15 bucks. But at the clinic (which is never a scheduled event) he just appears, we talk, and im expected to pay a 70 dollar copay. This entire business is a grift. And they bill me 1.1 million dollars for very 3 months for this service where im treated like absolute shit."

"Being closer to the center would have helped, but there were no openings at that one. Also, my surgeons could not get a fistula going in my non-dominant arm, so I was restricted regarding what I could do since my dominant arm was 'occupied'."

"If dialysis was cheaper so I could travel more, that would be great. And if more cruises had dialysis service. It's my dream to go on one. I would also like to add that every clinic is different. My first clinic was garbage. The clinic im in now is outstanding. Its clean, the techs and nurses are professional, friendly, and follow protocol, and go out of their way to accommodate patients and address problems. Its the parent company that is the source of all the problems. I was told im not aloud to get appointments to their office because i see them in-center. I tried really hard with two different nepherologists too."

Recommended Actions and Solutions

- Acoustic privacy frameworks can possibly address the vulnerability of audible doctor rounds on the floor where neighboring patients hear private medical and financial details. Implement simple white-noise devices or moveable visual screens during chairside rounds, or establish an option for a private consultation area before or after treatment.
- Equip treatment chairs with dual-sided physical toggles (e.g., "Resting / Do Not Disturb" vs. "Assistance Needed"). Low-tech signaling tools may eliminate the need for introverted patients to shout across the floor to get a nurse's attention while preserving a restful environment for neighboring patients.
- Establish a patient-led and clinic-supported renal recipe guide specifically tailored to cultural events and family holidays. A communal cookbook and dietary resource directly targets the

social isolation caused by food restrictions and offers practical strategies for navigating gatherings without missing out or skipping events.

- Leverage the Denver geospatial transit map to identify clinics isolated from public transit stops. Deploy targeted rideshare vouchers specifically for “transit-desert” locations to eliminate transport barriers and protect value-based care performance against missed treatment revenue loss.