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ERA Long-Term Research Fellowship Project

EuDial

Project's key info

Title of the project	Linking PROMs and Recovery Time with Hemodialysis Data for Patient-Centered Care
Working Group involved in the project	EuDial
Principal Investigator(s) of the project	Casper Franssen Manfred Hecking
Duration	12 months
Fellowship Grant	34.495,00 €
Start of the fellowship	Within 6 months after notification of the grant award to the fellow

Receiving Institute

Name of receiving institute	Universitair Medisch Centrum Groningen, afdeling nefrologie
Supervisor's name	Casper Franssen (Manfred Hecking)
Supervisor's e-mail address	c.f.m.franssen@umcg.nl (manfred.hecking@meduniwien.ac.at)

Project's detailed description

Project description
Despite major advances in hemodialysis care, patients continue to experience a substantial burden of physical and psychological symptoms that significantly impair health-related quality of life (HRQoL). Importantly, HRQoL is not only a descriptive measure but also a strong predictor of hospitalization and mortality in dialysis patients, highlighting the clinical relevance of patient-reported outcomes (PROMs). PROMs are increasingly used in nephrology to capture patients' perspectives on symptoms and daily functioning, yet their implementation in routine dialysis care remains heterogeneous and insufficiently standardized. The Netherlands represent a leading example in this field, with a nationwide PROMs program coordinated by Nefrovisie, integrating validated questionnaires into routine care and clinical consultations. This infrastructure offers a unique opportunity to further refine PROMs-based follow-up and improve patient-centred dialysis care. This project focuses on dialysis recovery time (RT)—the time a patient needs to feel recovered after a dialysis session—as a simple, validated, and low-burden patient-reported measure. Previous studies have shown that prolonged RT is associated with poorer HRQoL and increased risks of hospitalization and mortality, as well as with dialysis-related factors such as fluid management and ultrafiltration practices. Building on existing Dutch PROMs infrastructure and routinely collected dialysis data, the project aims to investigate how RT patterns relate to recall-based PROMs, dialysis treatment characteristics, and patient outcomes. By examining RT collected shortly before standard PROMs assessments, the study seeks to determine whether RT can provide additional clinical context to

symptom reports and support more accurate interpretation during patient–physician consultations.
Overall, the project explores the potential of recovery time as a pragmatic tool to enrich PROMs-based follow-up, improve fluid management decisions, and ultimately enhance patient-centred care and outcomes in routine hemodialysis practice.

Goals of the project

The project aims at:

1. Establishing a feasible and standardised approach for longitudinal collection of dialysis recovery time (RT) aligned with routinely used patient-reported outcome measures (PROMs) in hemodialysis care.
2. Linking repeated RT measurements with dialysis treatment parameters to generate high-resolution, real-world datasets that capture patient recovery patterns over time.
3. Developing a structured reporting algorithm that integrates RT and dialysis data to support PROMs-based clinical consultations, particularly in relation to fluid management and post-dialysis symptoms.
4. Evaluating the feasibility, acceptance, and clinical usefulness of integrating RT–dialysis data reports into routine dialysis workflows from both patient and staff perspectives.
5. Creating a transferable implementation framework for integrating PROMs, RT, and dialysis treatment data across different European healthcare settings (initially the Netherlands, Austria, and Germany).
6. Producing high-quality scientific outputs that advance methodological standards for patient-centred data integration in dialysis care and support future interventional research.

Qualifications and/or expertise required to the fellow

The fellow is expected to bring:

- A clinical background in nephrology with experience in the care of dialysis patients.
- Knowledge of quality-of-life concepts and patient-reported outcomes in hemodialysis.
- Strong communication skills and the ability to collaborate with clinicians, nurses, IT staff, professional societies, and patients, particularly in the context of implementing and evaluating new tools in routine care.
- A strong background in clinical research methods, including
- quantitative analysis and interest in qualitative approaches.
- Interest in data management, with readiness to further develop skills
- in this area during the Fellowship.