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Structured Chronic Kidney Disease (CKD) Education and Choice of Dialysis

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Background: Patients with CKD and its associated multimorbidity are often faced with complex care decisions and armed with inadequate health literacy. Structured CKD education championed by nursing has been associated with improvements in disease awareness, adequate preparation for renal replacement therapy, and primary choice of dialysis modality. As recent federal policy seeks to advance home dialysis utilization, structured CKD education may offer an avenue to its adoption. Therefore, we sought to evaluate the effect of a nursing led, structured CKD education program on dialysis modality selection.

Methods: Within 2 large medical centers, we developed a structured multidisciplinary CKD educational program for all patients with advanced CKD (Stage 4; 15 – 30 ml/min, Stage 5; < 15 ml/min). Selection was computerized and participation was voluntary. To broaden participation and to reach patients in rural areas, various forms of media were utilized to deliver content. Classes were primarily offered in a group setting, by video visit, or 1:1 if needed. Handouts were given to the patients to assess health knowledge, mental health survey, and care plans were outlined. Post attendance phone calls 2 weeks after attendance were placed in follow up to answer any additional questions attendees may have.

Results: Between January 8th, 2021 – December 1st, 2021, a total of 524 patients were identified for inclusion across two sites. Of those, 478 (91%) patients were screened and contacted for structured CKD education. Upon class completion, 62.5% elected peritoneal dialysis (PD) as primary modality whereas 11.7% opted for conservative care. Surgical referral was placed in 19 patients, and PD catheter placement occurred in 12 patients (vs. only 2 catheter placements total over the prior 2 years).

Conclusions: A structured, nursing led multidisciplinary approach CKD education resulted in substantial increases in participation, interest, and ultimately transition to a home dialysis modality. This approach may provide a scalable model for home dialysis growth.

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