Exploring Nutrition Support Practices in Haemodialysis Units
A Nurses Guide to Implementing Best Practice

Presented by
A joint project between EDTNA/ERCA and B. Braun
Exploring Nutrition Support Practices in Haemodialysis Units
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Presented by
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Martin Meier, B. Braun Avitum
DEBBIE FORTNUM

- EDTNA Australian New Zealand Ambassador
- Editor; A Nurses Guide to implementing Best Practice in Home Haemodialysis
- Clinical Nurse Manager, Sir Charles Gairdner Dialysis Unit, Perth, Australia
- BSc Nursing, Masters International Health Management
- Very long history in renal nursing with a passion for self-management and care
OBJECTIVES OF EDTNA/ERCA

One of the Educational objectives during 2017 of the EDTNA/ERCA is focused on Malnutrition

Dietary intervention is of high importance for patients with Chronic Kidney Disease, both for disease outcome and for prevention and treatment of malnutrition (over- and under-nutrition), which is quite common in renal patients.

The aim of this Project is to reach all renal healthcare professionals caring for Chronic Kidney Disease patients. Offering them the chance to learn from experts about Malnutrition and to increase the awareness of Dietary intervention which is of high importance for patients with Chronic Kidney Disease.
OBJECTIVES OF THE PROJECT

- Investigate common practices of nutritional screening and support
- The intent is to provide insight and education about Malnutrition and to increase the awareness of Dietary intervention which is of high importance for patients with chronic kidney disease
- Identify educational gaps and need for further provision of knowledge in nutrition for renal nurses
- To be able to early identify and treat malnutrition, a nutritional screening is necessary, followed by a detailed nutritional assessment in order to provide optimal care to individuals with CKD
PILOT PROJECT

During 2016 a pilot project was initiated by Kalliopi-Anna Poulia and Maria Cruz Casal

A detailed questionnaire was distributed to the delegates at the 45th EDTNA/ERCA Conference in Valencia
PRELIMINARY RESULTS

- Questionnaires were distributed to renal nurses working in haemodialysis units in Europe, Asia, Middle East, and Africa.
- One hundred and two questionnaires were analyzed from 23 countries.
  - 15 European (Sweden, Cyprus, UK, Spain, Finland, Belgium, Lithuania, Poland, Hungary, Denmark, Portugal, Slovenia, Greece, Romania, Croatia)
  - 2 from the Middle East (KSA, UAE)
  - 3 from Africa (Kenya, Egypt)
  - 2 from Asia (Israel, Lebanon)
THE PRELIMINARY RESULT...LED US TO FURTHER INVESTIGATION

Are there any barriers

- Yes: 52
- No: 46
- Missing: 4

Enough information on nutrition to the patients

- Yes always: 48
- Sometimes: 4
- No: 18
STEP 2

Based on the result from the Pilot Project, an in-depth questionnaire focusing on Nutrition was developed. It was distributed on-line to members of EDTNA/ERCA and other units in order to identify common practices and perceptions on nutritional support.
TARGET COUNTRIES

Germany
Italy
Ireland
Poland
Russia
Spain
The Netherlands
UK
Switzerland
The US
France
China
India
Saudi
Singapore
UAE
**46th EDTNA/ERCA International Conference** September 9 - 12, 2017, ICE, Krakow, Poland

**Section 1 of 21**

**Questionnaire – Exploring among renal nurses.**

The questionnaire was designed as part of a joint project between the objective to explore the level of awareness and knowledge and with Chronic Kidney Disease patients. The completion of the questionnaire will be used only for improvement of renal care. Its completion less than 15 minutes. Thank you for your participation.

**Demographics**

**Section 1 of 21**

**Questionnaire – Étude nutritionnelles des infirmières**

Ce questionnaire a ete conçu dans le cadre d'un projet conjoint entre l'objectif principal de l'étude de la sensibilisation et du niveau de connaissance. Les informations recueillies dans le cadre de ce questionnaire resteront confidentielles et les résultats seront utilisés uniquement pour améliorer la prise en charge de l'insuffisance rénale.

**Questions**

**Section 1 of 21**

**Fragebogen – Erhebung von Ernährungspraxis**


**Questions**

**Section 1 of 21**

**Esplorare le buone pratiche nutrizionali**

Questo questionario è stato redatto in collaborazione con un progetto di EDTNA/ERCA e B. Braun GmbH, il supporto nel campo di un buon approccio alle saline è stato integrato con un'approccio di benchmarking. Il completamento del questionario verrà utilizzato esclusivamente per migliorare la pratica nutrizionale in unità di cure intensiva.

**Questions**

**Section 1 of 21**

**Kwestionariusz – Badanie praktyk związanych z żywieniem wśród pielęgniarek**

Ten kwestionariusz został stworzony w ramach projektu EDTNA/ERCA i B. Braun, który ma na celu zwiększenie świadomości i zrozumienia podatków. W wyniku badań zostaną zilustrowane i podsumowane zaangażowanie w dyskusjach dotyczących zdrowia, a także unikalnych problemów dotyczących pielęgniarstwa.

**Questions**

**Section 1 of 21**

**Vragenlijst – Onderzoek naar de voedingsadviezen onder nefrologieverpleegkundigen.**

Deze vragenlijst is ontworpen als deel uit een samenwerkingsproject van EDTNA/ERCA en B. Braun GmbH. Het doel van het onderzoek is om het belang van voedingsadviezen voor nefrologieverpleegkundigen te benadrukken. De vragenlijst wordt alleen gebruikt om de voedingsadviezen in te krijgen. De gegevens die worden verzameld zullen niet worden gebruikt voor andere doeleinden.

**Questions**

**Section 1 of 21**

**Anketa - Изучение практики питания среди почечных медсестер**

Этот опросник был разработан в рамках совместного проекта EDTNA/ERCA и B. Braun GmbH, с целью изучить уровень информированности и оценить инструкции медсестер по питанию. Вопросник предназначен только для улучшения практики питания. Его результаты не будут переданы в конфиденциальной форме.

**Questions**

**Section 1 of 21**

**Cuestionario – Investigar las practicas nutricionales de las enfermeras renales.**

Este cuestionario fue diseñado como parte de un proyecto conjunto entre EDTNA/ERCA y B. Braun GmbH, con el objetivo principal de mejorar el nivel de conocimiento de las enfermeras que tratan a pacientes con insuficiencia renal. Los resultados del cuestionario no serán confidenciales y los resultados no se utilizarán únicamente para mejorar la atención nutricional. La finalidad no requiere información sensible y se tarda menos de 15 minutos. Gracias por su participación.

**Questions**
THANK YOU ALL!

This Project have been brought together thanks to the involvement of several volunteers’ who have the expertise in Malnutrition

All of YOU deserve to be acknowledged!
THANK YOU!

We are grateful to B. Braun Avitum who have supported the development of this study with a cooperation agreement.

*On behalf of the EDTNA/ERCA Executive Committee, please accept our deepest appreciation.*
CONCLUSION

- Provision of nutrition support seems to be a common practice in haemodialysis units.

- To facilitate its efficient provision there is a need for continuous education among health professionals dealing with haemodialysis patients.

- This will be the main step towards the elimination of the barriers of providing nutritional support in this sensitive population.
Thank You!

Debbie Fortnum
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Martin Meier, B. Braun Avitum
MARTIN MEIER

- Nursing degree in Germany, nine years practice as nurse in Renal Care Centers
- Degree in Medical Engineering, University of Applied Sciences
- Eight years B.Braun product manager for dialysis machines
- Three years leading provider operations in global B.Braun centers
THE RESULTS

The result from the in-depth questionnaire was consolidated and we would like to share the result with you.
DEMOGRAPHICS
Country – 485 Responses

- Spain
- The Netherlands
- Russia
- UAE & Saudi Arabia
- France
- Germany
- Italy
- Poland
- UK (England, Ireland, Scotland)
- Singapore
- Iceland
- Asia (Malaysia, India, Philippines)
- United States (USA, El Salvador)
- Africa (Egypt, Algeria)
HOW DO YOU EVALUATE YOUR CURRENT LEVEL OF KNOWLEDGE ABOUT NUTRITION?

- Basic (only the lessons during my education, no further trainings with certificates, no experience from practical nutritional care)
- Advanced (further trainings with certificates, experience from practical occasional nutritional care)
- Expert (further trainings with a degree in nutrition/nutritional medicine, experience from regular nutrition care)
IS NUTRITIONAL CARE PART OF THE PRACTICE OF YOUR UNIT?

- Yes, routinely: 62%
- Yes, occasionally: 29%
- No: 7%
- I don’t know; I am not involved in such a treatment: 2%
WHO IS RESPONSIBLE FOR THE NUTRITIONAL CARE IN YOUR CENTRE?

- Nurse
- Dietitian
- Nutritionist
- Doctor
- I don't know
- Other
DOES YOUR UNIT SCREEN PATIENTS FOR MALNUTRITION RISK?

- Yes, routinely
- Yes, occasionally / when needed
- No
- I don’t know; I am not involved in malnutrition screening
HOW DO YOU IDENTIFY MALNOURISHED PATIENTS OR PATIENTS AT RISK OF MALNUTRITION? (PLEASE TICK ALL THAT APPLY)

- Screening and / or assessment questionnaire for malnutrition.
- Clinical experience/ judgement
- Laboratory measurements
- Bioelectrical impedance
- Handgrip strength/ gait speed
- Other
- I do not know / I am not sure
HOW DO YOU IDENTIFY MALNOURISHED PATIENTS OR PATIENTS AT RISK OF MALNUTRITION? (PLEASE TICK ALL THAT APPLY)

- Screening and/or assessment questionnaire for malnutrition.
- Clinical experience/judgement
- Laboratory measurements
- Bioelectrical impedance
- Handgrip strength/gait speed
- Other
- I do not know/I am not sure
WHICH DO YOU THINK ARE THE MAIN BARRIERS FOR NOT SCREENING FOR MALNUTRITION?

- Doctors do not approve it (2%)  
- Patients / caregivers do not give consent (13%)  
- Lack of time (28%)  
- Too complicated and time consuming (6%)  
- Lack of sufficient knowledge on how to do it (11%)  
- I do not believe its benefits (38%)  
- Others (2%)
HOW OFTEN DO YOU SCREEN PATIENTS FOR MALNUTRITION RISK?

- Weekly: 29%
- Monthly: 6%
- Quarterly: 5%
- Annually: 6%
- When needed / occasionally: 23%
- I don't know / I am not sure: 32%
IF A PATIENT IS IDENTIFIED AS MALNOURISHED OR AT RISK OF MALNUTRITION, DO YOU PROVIDE NUTRITIONAL CARE?

- Yes, routinely
- Yes, occasionally
- No
IF YES, WHAT TYPE OF NUTRITIONAL CARE IS AVAILABLE FOR YOUR PATIENTS?

- Dietary counselling
- Provision of snacks during or after HD
- Food fortification / enrichment
- Oral supplements / Sip feeds
- Enteral nutrition support / tube feeding
- Parenteral nutrition during haemodialysis (IDPN)
- Peritoneal bags with additional nutrients (IPPN)
- Other
WHICH DO YOU THINK ARE THE MAIN REASONS FOR NOT PROVIDING NUTRITIONAL SUPPORT?

- Doctors do not approve it
- Patients / caregivers do not give consent
- Patients do not comply with it
- Patients report adverse effects (i.e. hypotension, gastrointestinal discomfort, etc.)
- Financial reasons/ limitations
- Lack of sufficient knowledge on how to do it
- I do not believe it is beneficial
- Other
DO YOU FOLLOW GUIDELINES / PROTOCOLS FOR THE PROVISION OF NUTRITIONAL CARE?

- No
- I don't know / I am not sure
- Yes, please specify
DO YOU FOLLOW GUIDELINES / PROTOCOLS FOR THE PROVISION OF NUTRITIONAL CARE – IF YES – FROM WHERE

- **Internal**
- **National**
- **European**
- **International**
- **Other**
IN YOUR OPINION, IN WHAT ASPECT NUTRITION SUPPORT IS BENEFICIAL FOR THE PATIENTS?

- Improvement of patients' general condition
- Improved functionality / muscle mass
- Better dialysis tolerance
- Decreased rate of complications
- Better quality of life
- Increased appetite
- Other
DID YOU FOLLOW A SPECIFIC TRAINING ON NUTRITION?

- Yes: 49%
- No: 51%
IF YES, WHAT TYPE OF TRAINING DID YOU FOLLOW?

- Undergraduate (during the basic studies)
- Postgraduate studies
- Seminars / Congresses organised by national scientific society
- Seminars / Congresses organised by international scientific society
- Workshops in my unit / clinic
- Other

Pie chart showing the distribution of training types:
- Undergraduate: 29%
- Postgraduate: 13%
- National seminars/congresses: 25%
- International seminars/congresses: 14%
- Workshops in unit/clinic: 10%
- Other: 9%
HOW DO YOU EVALUATE YOUR CURRENT LEVEL OF KNOWLEDGE ABOUT NUTRITION

- Basic (only the lessons during my education, no further trainings with certificates, no experience from practical nutritional care)
- Advanced (further trainings with certificates, experience from practical occasional nutritional care)
- Expert (further trainings with a degree in nutrition/nutritional medicine, experience from regular nutrition care)
WHO IS RESPONSIBLE FOR THE NUTRITIONAL CARE IN YOUR CENTRE?

- Nurse: 36%
- Dietitian: 28%
- Nutritionist: 10%
- Doctor: 24%
- I don't know: 1%
- Other: 1%
THE CONCLUSION

- Nurses seem to play a key role in the provision of nutritional support
- The main source of information is through seminars and other forms of Life-long Learning procedures
- A gap is identified in the way of identifying nutritional risk
- Nutritional assessment often is mixed with nutritional screening
- The main barrier for not providing nutritional support is the lack of knowledge
- >50% of the responders either they don’t know or they do not use the current guidelines for the provision of nutritional support
NEXT STEP

Exploring Nutrition Support Practices in Haemodialysis Units

Healthcare Professionals

Patients

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THE APPLICATION

The Application will focus on Healthcare Professional & Patient pathways to support the successful implementation of Nutritional Support

The objectives of this tool are:

- To increase health care professionals’ awareness of the benefits of Nutrition
- To provide an educational tool which can support Nutrition Management
- To implement this knowledge into practice and to improve the patient quality of life
THANK YOU VERY MUCH FOR YOUR ATTENTION!