



# Exploring Nutrition Support Practices in Haemodialysis Units

## A Guide to Implementing Best Practice







*Presented by*

*Martin Meier & Liana Poulia*

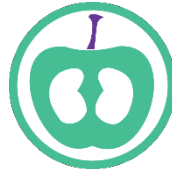
A joint project between EDTNA/ERCA and B. Braun



## 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
-  Global provider operations manager since 2014 for B. Braun renal care centers





Malnutrition is a burden in dialysis patients, affecting more than 30 % of dialysis patients.\*

Studies show that providing nutrition therapy to CKD patients can improve the nutrition status of treated patients and the quality of life.\*



# JOINT PROJECT WITH EDTNA/ERCA NUTRITION

1

Questionnaire

2

Educational Tool (App)

3

Abstract / Publication

**EDTNA/ERCA - NUTRITION SURVEY**

Questionnaire on the practical use of nutritional support in patients undergoing haemodialysis and Peritoneal dialysis.

For the purpose of this survey entered refers to the use of liquid supplements or delivery of part or all of the daily requirements by use of a tube (tube feeding).

Parenteral nutrition (PN) is the feeding of a person intravenously.

**Demographics of unit**

1. Address  
Country

2. What type of institution do you work in?  
 Hospital dialysis unit  
 Satellite dialysis unit  
 Home dialysis unit  
 Peritoneal dialysis unit  
 Other (please specify)

3. Is it public, semi-private or private?  
 Public  
 Semi-Private  
 Private

4. How many people work in your unit that are in training?  
 Physicians \_\_\_\_\_  
 Consultants \_\_\_\_\_  
 Nurses \_\_\_\_\_  
 Nursing aid \_\_\_\_\_  
 Dietitians \_\_\_\_\_  
 Dietetic assistants \_\_\_\_\_  
 Physiotherapist \_\_\_\_\_  
 Others (please specify) \_\_\_\_\_

5. How many people work in your unit that are fully trained?  
 Physicians \_\_\_\_\_  
 Consultants \_\_\_\_\_  
 Nurses \_\_\_\_\_  
 Nursing aid \_\_\_\_\_  
 Dietitians \_\_\_\_\_  
 Dietetic assistants \_\_\_\_\_  
 Physiotherapist \_\_\_\_\_  
 Others \_\_\_\_\_

6. On average how many dialysis patients do you treat each week (Only count each patient once)? \_\_\_\_\_

7. How many females? How many males?  
 Females \_\_\_\_\_  
 Males \_\_\_\_\_

8. Approximately how many on each type of dialysis?  
 Haemodialysis \_\_\_\_\_  
 Peritoneal Dialysis \_\_\_\_\_

**Health systems and availability of nutritional support**

9. Are there any guidelines about nutritional support for malnourished people in your country?  
 Yes. Please describe \_\_\_\_\_  
 No \_\_\_\_\_  
 Not sure \_\_\_\_\_  
 Yes (please specify) \_\_\_\_\_

10. What type of financial system provides health care for your country? Choose the best option.  
 Government funded system for all.  
 Government funded system but not all covered.  
 Private insurance funded system only.  
 Combination of government funded and private and all covered.  
 Combination of government funded and private but not all covered.

11. Is clinical supplemental nutrition (enteral and parenteral) used in your country?  
 Yes, both enteral and parenteral.  
 Yes, enteral only.  
 Yes, parenteral only.  
 No

12. How much do your patients contribute to the cost of their clinical nutrition (enteral and parenteral)?  
 Nothing - it is free for all.  
 Part-payment or sometimes pay.  
 Please explain \_\_\_\_\_  
 Pay for all of it.  
 Part-payment (please specify) \_\_\_\_\_

13. What types of clinical nutritional supplement are available for your patients?  
 Food fortification \_\_\_\_\_  
 Enteral - oral supplements  
 Enteral - tube feeding  
 Parenteral during haemodialysis  
 Parenteral in the ward  
 Peritoneal bags with amino acids  
 All of above  
 Other (please specify) \_\_\_\_\_

14. Please indicate the percentage of your patients who use each type.  
 Food fortification \_\_\_\_\_  
 Supplement \_\_\_\_\_  
 Enteral - oral \_\_\_\_\_  
 Enteral - tube feeding \_\_\_\_\_  
 Parenteral during haemodialysis \_\_\_\_\_  
 Parenteral in the ward \_\_\_\_\_  
 Peritoneal bags with amino acids \_\_\_\_\_  
 Other \_\_\_\_\_

Worksheets

25. Is there a person dedicated to nutritional support in your unit?  
 Yes  
 No

26. Is the person who does nutritional care a dedicated professional?  
 Yes, Dietician  
 Yes, Nurse  
 Yes, Both  
 No

27. If yes, how often does your unit complete nutritional support?  
 Every three months  
 Every six months  
 Annually  
 Other (please specify) \_\_\_\_\_

28. If yes, please explain the reason.  
 Doctors do not believe it is helpful.  
 Financial resources do not give consent.  
 Lack of sufficient knowledge on how to do it.  
 Other (please specify) \_\_\_\_\_

29. Do you routinely follow written protocols for clinical nutritional care?  
 Yes  
 No

30. If yes, please explain the reason.  
 Doctors do not believe it is helpful.  
 Financial resources do not give consent.  
 Lack of sufficient knowledge on how to do it.  
 Other (please specify) \_\_\_\_\_

31. Is there any training in clinical nutrition for nurses in your country?  
 Yes  
 No

32. What type of nutritional training is available? (Choose all that apply)  
 Online course  
 Organized by local scientific society  
 Organized by international scientific society  
 Online workshops in my unit  
 There is no nutritional training  
 Other (please specify) \_\_\_\_\_

33. Do you believe your patients have sufficient information on nutrition?  
 Yes, always  
 Sometimes  
 No

34. How do you share nutrition with your patients?  
 Yes  
 No

35. In your opinion, the use of parenteral nutrition covers which percentage of patients who require it?  
 0%  
 1-20%  
 21-40%  
 41-60%  
 61-80%  
 81-100%  
 Other (please specify) \_\_\_\_\_

36. In your opinion, what should be done to improve the use of parenteral nutrition in your unit?  
 Yes  
 No



**PRACTICE PATTERNS OF NUTRITION CARE IN PATIENTS WITH CHRONIC KIDNEY DISEASE - RESULTS FROM A WORLDWIDE SURVEY**

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**INTRODUCTION**  
 Nutrition is an important part of clinical practice of end-stage renal disease patients (ESRD) requiring enteral/parenteral treatment. The aim of the present survey was to explore the availability and practice patterns of nutrition care in renal care centers worldwide.

**RESULTS**  
 A total of 422 completed questionnaires, covering 488 dialysis centers out of 19 European, 4 continents (Africa, Asia, Pacific, South America and ANZCC) were received in 42 centers. 16 (3.8%) nutrition care is provided, the nutrition care is provided by multi-professional teams (82.6%), dietitians (24.4%), nurses (13.8%), and medical practices (1.4%). Nutrition support, one nutritional professional, enteral and parenteral nutrition, the majority of centers then. Nutrition counseling is provided in 47% (19%) centers. Parenteral nutrition (PN) for haemodialysis (HD) or PD (PD) is reported in 28% (11%) centers. In 28% (11%) of the countries, PN is not reported.

**CONCLUSION**  
 According to our survey on the practice patterns of nutrition support in dialysis centers, the majority of the participating centers as nutrition care is mostly provided by multi-professional approach. There is an emerging need of increasing awareness and provision of nutrition care in multidisciplinary level.

**METHODS**  
 An electronic questionnaire was developed and distributed to 1000 centers practicing nutrition care practices by health care professionals on global level.

**ESPEN**

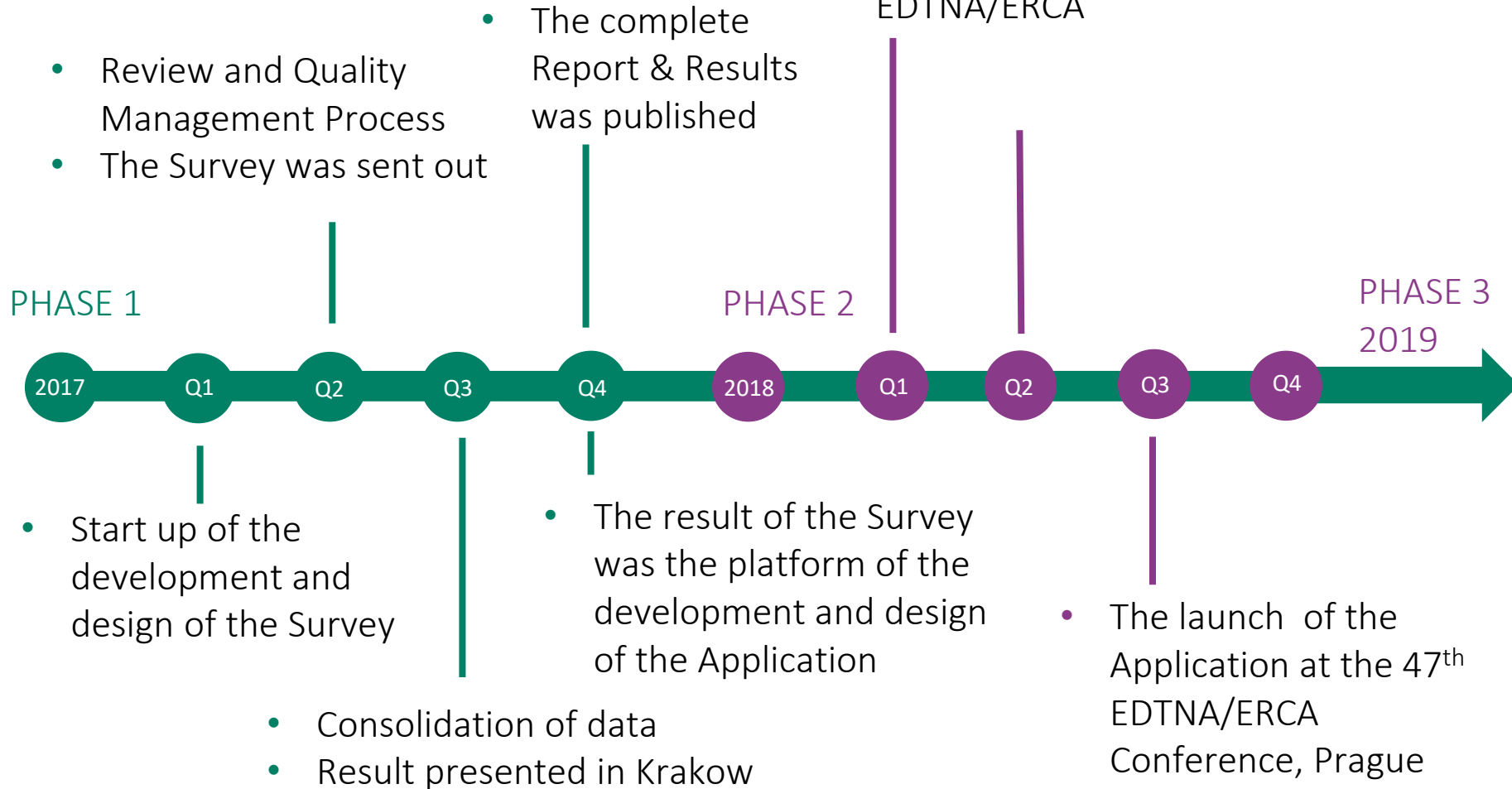
**40th ESPEN CONGRESS**

EUROPEAN SOCIETY FOR CLINICAL NUTRITION AND METABOLISM



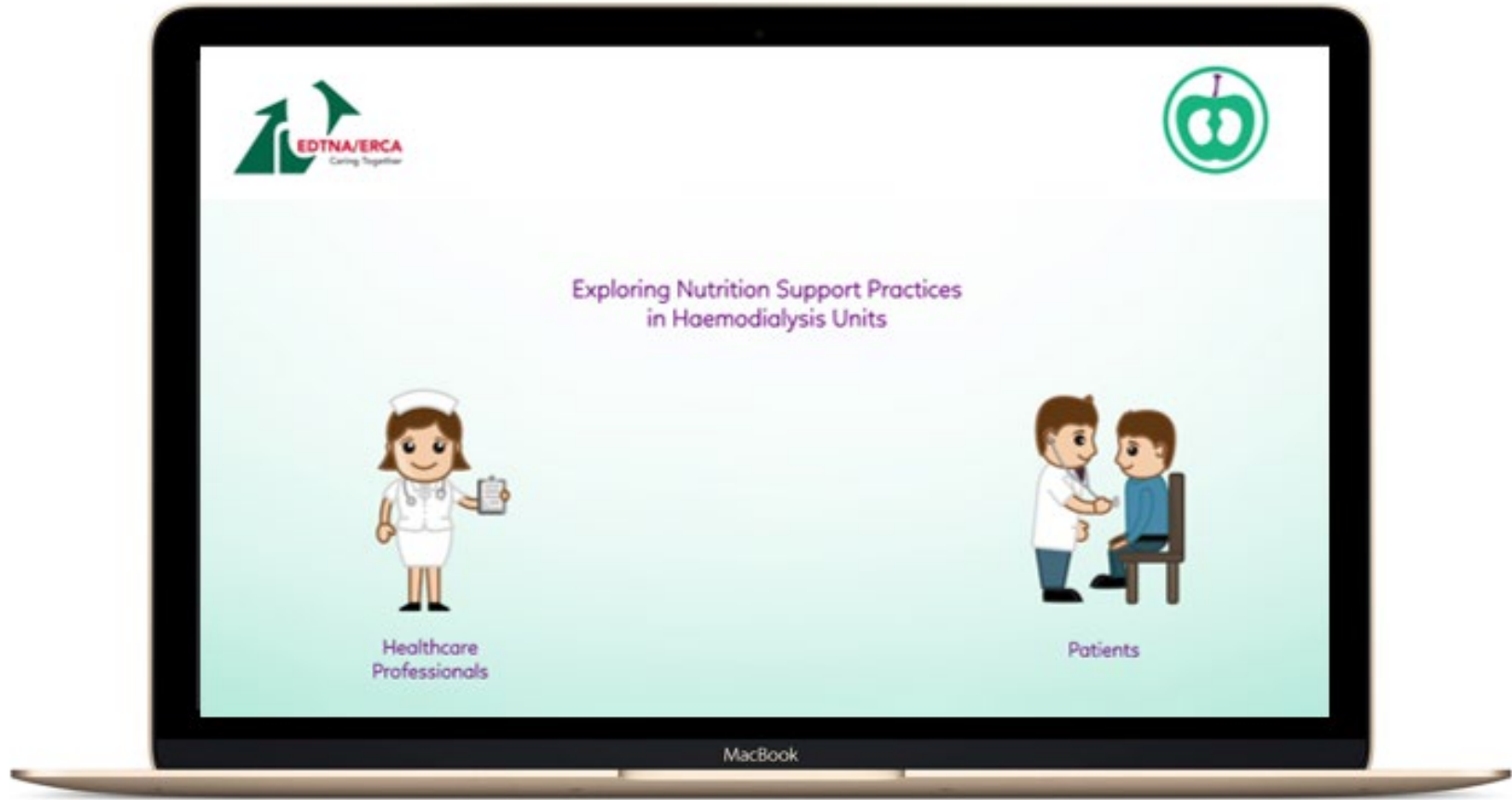


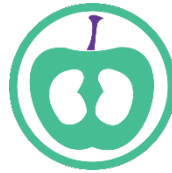
## TIMELINE





How can we improve skills,  
in order to combine the right assessment  
with the right nutritional care,  
based on patients individual needs?





## Dr Kalliopi-Anna Poulia, EDTNA/ERCA Greece



Liana is a Clinical Dietitian-Nutritionist in the General Hospital of Athens “Laiko” since 2003, with a special interest in

- Nutrition in renal disease
- Nutrition in geriatrics
- Cancer and neuro-endocrine tumors
- Malnutrition and artificial nutrition, both enteral and parenteral



In 2004 she joined the European Dialysis and Transplantation Association for Nurses - EDTNA/ERCA as a Member of the Nutrition Interest Group



Since 2010 she is the Nutrition Consultant of the EDTNA/ERCA. She has taken part in several projects and she is the editor of the booklet “Nutritional Care in Renal Disease”







## OBJECTIVES

Dietary intervention is of high importance for patients with Chronic Kidney Disease

- For disease outcome
- For prevention and treatment of malnutrition



## Aim

- To reach all **renal healthcare professionals** caring for **CKD** patients.
- Offer them the chance to learn from experts about **Malnutrition**
- Increase the awareness of the way to **estimate nutritional status** and provide **nutritional support**



## THE APPLICATION

Two entry points – pathways

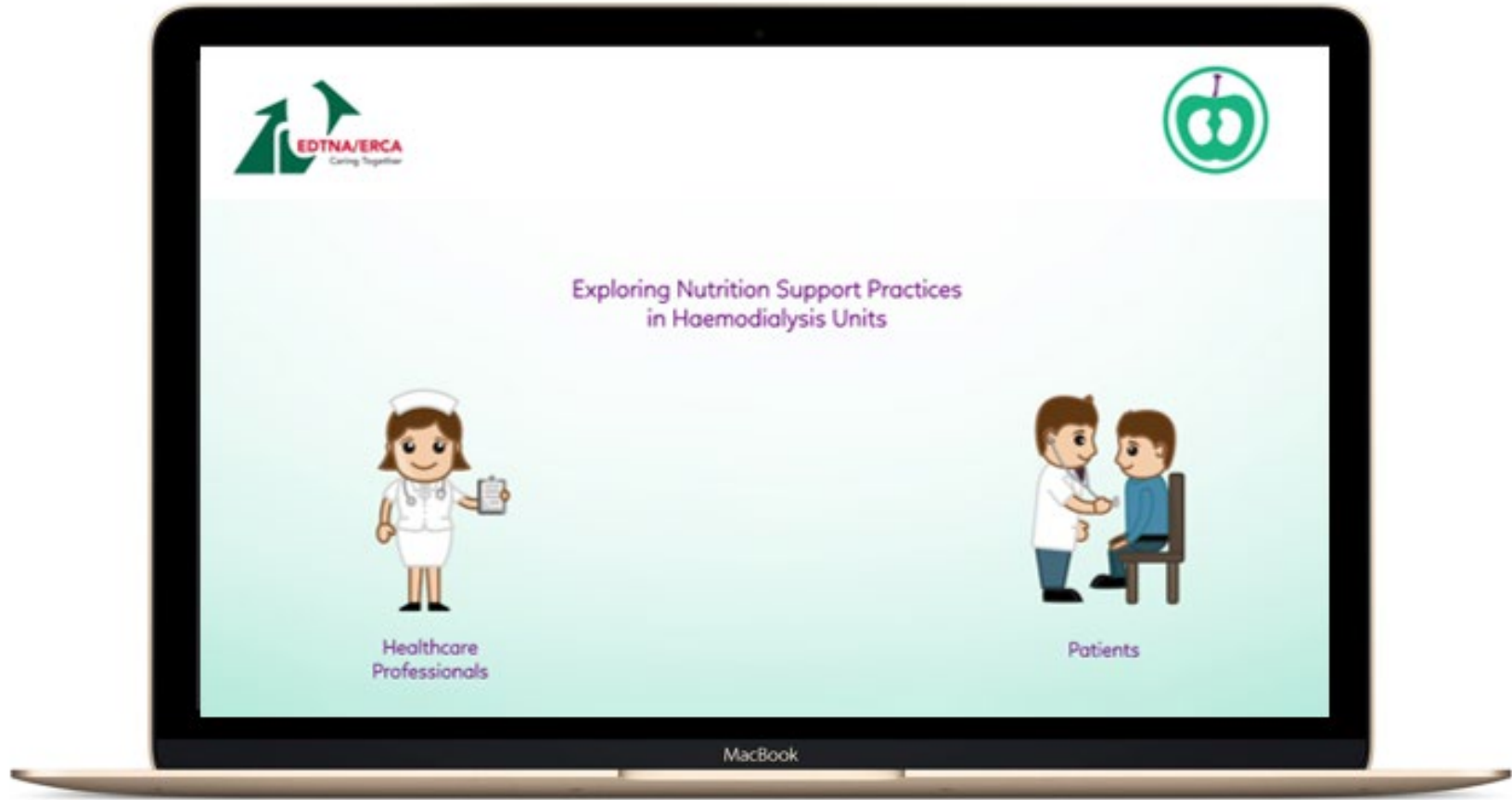
- Healthcare Professional
- Patient

...to support the successful implementation of Nutritional Support



## THE OBJECTIVES OF THIS TOOL ARE:

- To increase health care professionals' awareness about **malnutrition**
- Provide **information** on the benefits of **Nutritional support**
- To provide an **educational tool** which can support the **provision of nutritional support**
- To implement this knowledge into practice and to improve the patient **quality of life**
- **To encourage the Patient to take an informative and active part on his treatment**





THANK YOU VERY MUCH FOR  
YOUR ATTENTION!





## PATIENT STORY I

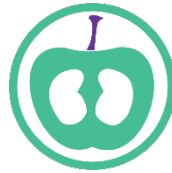
*“Now I’m dancing Zumba!”*

*It’s sometimes difficult for kidney patients who are suffering from a lack of energy and nutrients to find the right treatment.*

*Francisca from Manila had already been suffering from diabetes for more than thirty years when she was diagnosed with kidney failure.*

*She was already very weak physically, but IDPN therapy helped her not only to cope with dialysis but also to gain a fresh zest for life, a better appetite, and greater physical strength. Francisca is 57.*







## PATIENT TESTIMONIALS

*“To be honest, I was initially a little disappointed in my progress, but my doctor said I would see improvement after around three months, and I did.”*

Previously unable to walk without assistance, the patient soon got back on his feet and back to work in June 2016.

*“Although I have to take care not to tax my body too much, my life has gone back to normal and I am able to do all the things I needed to do at work.”*

*male patient, 44 years*



## PATIENT TESTIMONIALS

*“We patients get to talk sometimes, and I often talk about the positive effects I’ve had. I want more patients to get the same benefits as I did.”*





*“His appetite has come back as well, and he continues to see improvement in his condition, despite being unable to follow dietary restrictions due to poverty.”*

*male patient, 73 years old*





## CONCLUSION

-  Provision of nutrition support seems to be a common practice in haemodialysis units, BUT:
-  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.
-  An effective nutritional assessment is possible with low effort and cost, but with great impact on patients quality of life.



## REFERENCES

### **\*Malnutrition is a burden in dialysis patients, affecting more than 30 % of dialysis patients.**

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### **\*\*Studies show that providing nutrition therapy to CKD patients can improve the nutrition status of treated patients and the quality of life.**

#### **Nutrition status**

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Influence of Nutritional Education on Hemodialysis Patients' Knowledge and Quality of Life  
Hosseini Ebrahimi1, Mahdi Sadeghi2, Farzaneh Amanpour3, Ali Dadgari2
3. Embase search result



W 03 Round Table Discussion – B. Braun  
Exploring Nutrition Support Practices  
in Haemodialysis Units  
Chair: Kalliopi-Anna Poulia (Greece)

Sunday, September 16 at 14.00 – 15.30  
Welcome!



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