

THE RENAL DIETETIC CONSISTENT PRACTICE DOCUMENT: HOW IT CHANGES PRACTICE.

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INTRODUCTION: Over the last eight years our renal dietetic team has grown considerably and because CKD patients move between dietitians depending on their dialysis modality it is important that dietitians are consistent in their advice and equitable in the care they give patients.

There are a number of published guidelines to support dietetic care of renal patients. They tend to focus on the details of the diet to be adhered to e.g. how much protein/salt should be consumed but often do not detail when and how often we should see patients for which dietary issue so don't help with day-to-day practice.

We wanted to combine these aspects on how to practice safely and effectively into a working document. The Dietetic Consistent Practice Document has, therefore, been developed.

METHOD OF DEVELOPMENT AND RESPONSE: Aims of the document included: to provide a framework to ensure all renal dietitians work consistently in the advice they give patients and when to review patients, to ensure the renal dietetic advice is evidence based, to provide a tool for clinical supervision and for training new renal dietitians.

We attempted to meet these aims by writing and then discussing each aspect of dietary care for CKD patients. Discussions included agreeing ground-rules to allow for honest and open discussion about current practice.

We wanted to identify if we had met these aims so we sent a questionnaire to those dietitians who have been involved with the project over the last 8 years. Past and present renal dietitians were asked were they clear about the aims of the project, did it impact on their practice and how, and how the process could be improved.

RESULTS: There have been 18 dietitians involved in this project over 8 years. Attempts were made to contact all of these individuals and we were successful in reaching 14. 11 replies were received.

All responders were clear about the aims of the project and all said it had impacted on their practice. The ways in which it consistently impacted on practice were; Giving guidance on when and how often to see patients, providing an opportunity to discuss best practice, increasing confidence when dealing with patients and being more aware of current best evidence.

The overwhelming best part of the project was an opportunity to discuss practice with fellow renal dietitians and to have an easy to use reference tool to guide practice. What dietitians felt was a negative aspect was that it was time consuming. Dietitians felt it could be improved by increasing its awareness amongst other renal dietitians.

CONCLUSION: This project has been shown to consistently impact on renal dietitians practice in our hospital particularly in relation to supporting new and junior renal dietitians and improving confidence through discussion, highlighting the particular need to discuss rather than just read these guidelines. It has also had added benefits such as highlighting gaps in the evidence and motivating us to start research projects to aim to answer these questions and led much of our joint project and service development work. This will not be a finished piece of work but an ongoing framework to audit against and change as new evidence emerges.

RELEVANCE: This document supports a number of aspects of practice that we are all encouraged to do. It is a clinical supervision tool, a tool for assessing the evidence base and one that has been shown to improve confidence. This is bound to improve patient care as all dietitians practice in a consistent manner, giving the same message to patients that is evidence and best practice based.