

AN AUDIT OF RENAL DIETETIC SERVICE PROVISION IN PRE-DIALYSIS OUTPATIENT CLINICS

Fegan, E, M, Curwell, J, K, Heatley, S
Manchester Royal Infirmary

In 2006 additional funding was provided for our Renal Dietetic Service to meet the growing pre-dialysis (CKD 4-5) population. An audit was carried out to evaluate whether the current Dietetic service meets local and national guidelines.

The BRS workforce planning group (2002) recommend one Whole Time Equivalent (WTE) Renal Dietitian per 180 low clearance patients. The Renal Nutrition Group (RNG) in 1998 stated that all one hour should be provided for the initial Dietetic appointment and a total of six hours a year for reviews. Dietetic Guidelines developed locally in 2008 recommend that patients are seen on their first or second appointment at the pre-dialysis clinic, with a minimum of one further review. Subsequent reviews are based on the Dietitian's clinical judgement or via referral from any member of the multidisciplinary team.

A total of 392 patients attended the pre-dialysis clinic during this audit. The data collected revealed that 40% of the population have diabetes mellitus, 12% are from ethnic minorities and 46% are over the age of 70 years. 45% of patients had glycated haemoglobin (HbA1C) levels of 7.5% or greater. This demonstrates that these patients are not meeting the Renal Association recommendations. Of these patients, 7% had very poor glycaemic control, with a HbA1C of 10.1% or greater. Four patients did not have their HbA1C level checked within the previous six months. The information from this audit suggests that poor diabetic control, with the additional burdens of other co-morbidities can lead to an increased risk of malnutrition, therefore making frequent nutritional monitoring essential in this patient group. Current Dietetic input into these clinics equate to 0.6 WTE which is insufficient to meet the BRS (2.1 WTE) and RNG (1.3 WTE) guidelines.

A total of 89% of patients are seen within the local guidelines (Table 1). However, 11% did not meet the criteria. The pre-dialysis population is expanding at the rate of 24 per month, which is equivalent to 288 new patients per year. Clearly, current staffing levels will not be able to sustain care to meet local and national guidelines. A further increase in dietetic complement or a change in practice will be required in order to meet these targets.

Solutions include reducing the level of eGFR at which patients are referred into the clinic to 20ml/min or dietetic input could be limited to those patients with a lower eGFR and therefore of increased vulnerability and increased risk of malnutrition.

Table 1: Comparison of Frequency of Dietetic Contact and Pre-dialysis Clinic Attendance

No. of dietetic contacts	% of patients	Average clinic attendance (months)	Range of clinic attendance (months)
0	1	14	3-28
1	10	25	1-76
2	43	30	1-61
3-4	29	18	1-77
5-16	17	36	5-62