Abstracts - e-Poster Presentations (Mini-Free Communications)

Friday, May 3rd, 2024 from 16:30-18:00 EDT
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DIETITIAN DRIVEN MINERAL BONE DISEASE PROTOCOL IN CHRONIC HEMODIALYSIS PATIENTS

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Background: Mineral Bone Disease (MBD) management in dialysis patients is often dependent on dietary intake. Physicians rely on the dietitians' assessments before adjusting medications (such as phosphate binders and activated Vitamin D analogues). As part of their scope of practice, dietitians are able to make medication changes independently – provided they have some direction.

Objectives: To develop a dietitian-based protocol managing MBD in chronic hemodialysis; empowering dietitians to make changes while ensuring they have enough direction and support, without any negative effects on patient care.

Methods: Using quality improvement methodology, we developed a protocol for dietitians directing MBD management based on patients' laboratory results, using an iterative process with input from dialysis dietitians and nephrologists in Calgary. As part of the Plan-Do-Study-Act (PDSA), we tested this protocol by asking renal dietitians in Calgary, Alberta, to utilize it and determine next-steps in MBD management in 10 case scenarios. Respondents were encouraged to leave comments to justify their answers, and replies were kept anonymous.

Results: 11/11(100%) of the dietitians provided responses to the scenarios. Respondents were able to correctly identify exclusions from the protocol (100% correct). Mean correct response rate was 84%. Justifications for incorrect answers included: concerns about incomplete information in the scenarios, lack of comfort with changing vitamin D analogue doses and improper use of the protocol. These results indicate that dietitians may need further education and familiarity with the protocol.

Conclusions: We were able to develop and test a MBD management protocol driven by dietitians. Future PDSA cycles will involve further calibration of the protocol, increased education for dietitians, and further testing with case scenarios before real-life implementation.