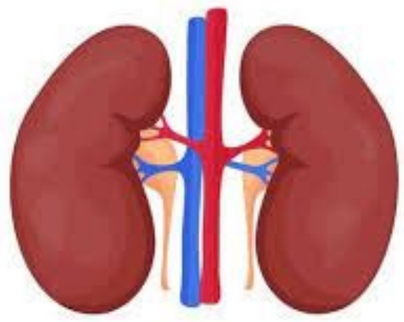
# Patient Satisfaction Survey on the Provision of Nutrition Counselling and Advice Post Renal Transplant in St Vincent's University Hospital

M. Mahon[1], R. Stanley[1], L. Barnes[1], J.Thomas[2], J. Holian[2]
[1] Department of Nutrition and Dietetics, St Vincent's University Hospital, Dublin 4
[2] Department of Nephrology, St Vincent's University Hospital, Dublin 4



## Introduction

It is known that nutritional counselling and education nutrition helps to stabilize and prevent deterioration of renal function, development of obesity, dyslipidaemia, anaemia, diabetes/hyperglycaemia, hypertension and bone disease in post renal transplant patients. Registered Dietitians (RD), who specialize in nephrology are best placed to provide this service. The RIG 'Recommended Dietetic Staffing for Nephrology Services 2020' states that a 0.2 WTE RD should be allocated per 100 patients who are post renal transplant.[1] Despite this there is currently no dietetic resource to cover post renal transplant clinics in SVUH.

Best practice international guidelines recommend:

- biannual nutritional screening, 3 monthly weights and body composition assessment post-transplant.[2]
- that nutritional assessment should be performed soon after the transplantation, then monthly for the first three months and annually thereafter unless a complication occurs.[3]

Nutritional requirements evolve over time post transplantation and individual management is required with a RD being best placed to do this.[2]

## Aim

The key aim of this audit was to capture the number of patients who did or did not receive nutrition counselling (NC) post-transplant in SVUH, their satisfaction with same and gain insight into what they envision for the service.

## Methods

A survey was drafted and input was sought from stakeholders. Copies of surveys were given to the Transplant CNS who disseminated them amongst patients attending a face to face Renal Transplant Clinic on Wednesday Mornings.

Data collection was carried out over a four week period. All patients attending the clinic were asked to complete a survey on their satisfaction of the provision of NC pre and post renal transplant with thirty-one (n=31) patients completing the survey. The results of the survey were collated and analysed with Excel. A report was produced based on these results.

## Results

Thirty one (n=31) patients completed the survey.

| Time since Transplant | <1 year | 1-5 years | >5 years |
|---|---|---|---|
| Number of Patients | 29% (n=9) | 26% (n=8) | 41% (n=13) |

The below table highlights the number of patients who received NC and from whom at the various stages of their renal transplant journey.

| | Pre Transplant | Post transplant in transplant Centre | Post transplant in SVUH |
|---|---|---|---|
| Number of Patients who received NC | 87% (n=27) | 77% (n=24) | 39% (n=12) |
| Dietitian | 77% (n=24) | 52% (n=16) | 22% (n=7) |
| Nurse or Doctor | 10% (n=3) | 26% (n=8) | 10% (n=3) |

Eighty one per cent of patients (n=25) were satisfied or very satisfied with their dietetic input pre transplant. This is compared to 52% (n=16) of patients that were satisfied or very satisfied with dietetic input post-transplant in SVUH

When asked, 71% (n=22) of patients reported that they would like to be reviewed by a dietitian with 65% (n=20) of patients requesting access to dietetic input during their post-transplant clinic reviews.

When asked for additional comments on the survey participants reported:

'Weight taken at clinic encourages me to 'watch my weight''

'No nutritional issues now but I had a lot of issues at first and still do but through trial and error I worked on them myself.'

'I found it hard to adjust to an unrestricted diet after years on the renal diet – I'd like advice on balanced diet/weight. management'

## Conclusion

ESPEN guidelines on Nutrition After Kidney Transplantation 2016 are not being met in SVUH based on the recommendation that all patients' should be reviewed by a dietitian post transplant.

One of the limitations of the audit was that the frequency of reviews since transplant was not assessed and therefore could not be compared to the standards set out in the guidelines.

There is a clear demand from this cohort for a dietetic resource to cover Post Renal Transplant Clinics.

## Further Recommendations

The key recommendation from this audit was that for best practice guidelines to be met, a dietetic resource should be allocated to covering the Post Transplant Renal Clinics on a weekly basis. For this, a funding stream for additional dietetic staffing should be sought.

## References

[1]'Recommended Dietetic Staffing for Nephrology Services 2020' – Renal Interest Group, INDI
[2]Chadban, S.J., Ahn, C., Axelrod, D.A., Foster, B.J., Kasiske, B.L., Kher, V., Kumar, D., Oberbauer, R., Pascual, J., Pilmore, H.L. and Rodrigue, J.R., 2020. KDIGO clinical practice guideline on the evaluation and management of candidates for kidney transplantation. *Transplantation*, *104*(4S1), pp.S11-S103.
[3] Mlinšek G. Nutrition after Kidney Transplantation. Clinical Nutrition ESPEN. 2016 Aug;14:47–8. doi:10.1016/j.clnesp.2016.04.012

ST. VINCENT'S UNIVERSITY HOSPITAL
Elm Park

ST. VINCENT'S HEALTHCARE GROUP
Advancing Healthcare Since 1834

UCD DUBLIN

JCI Accredited