

Survive and Thrive with Chronic Kidney Disease, An Early Intervention Comparing In-Person and Virtual Education



Authors:

Kathy Schiro Harvey MS, RDN, CSR, Sara Prato MS, RDN, Michelle Rowlett MSW, LICSW, and Greg Wisont, PhD, MPH, RDN

Introduction:

Chronic kidney disease (CKD) is a leading cause of death and major public health concern. Puget Sound Kidney Centers (PSKC) has offered a free, 6-week program targeting early intervention of CKD stages 2 – 4 for the past 7 years. In June 2020, the in-person program transitioned to a virtual format. Data are presented supporting the transition to virtual and comparing in-person sessions to virtual sessions.

Description of project:

Class sessions were revised and shortened to 60 minutes. Class registration was converted from in-person to online registration. GoToWebinar was chosen as an easy to use, secure, HIPPA compliant platform.

Outcomes:

Since program initiation, 610 participants completed the 6-week classes: 503 in-person, 107 virtual. Program attendance exceeded expectations; 73% attended 3 or more classes: an average of 70% in-person attendance compared to an average of 88% virtual attendance.

Comprehension was measured by testing participants before and after each class. Overall participant comprehension was 55% before and 93% after. In-person comprehension was 53% before versus 94% after. Virtual comprehension was 67% before versus 90% after.

While only local residents attended in-person programs, the virtual program was attended by people throughout the Northwest and other parts of the United States. 100% of them recommend the program to others.

Of the *Survive and Thrive* participants who started dialysis (32 patients), 81% had a permanent access at treatment initiation, compared to the PSKC average of 50% for those with no pre-dialysis education. This exceeds the national average of 45% as reported in US Renal Data System 2019 Annual Report (1).

Conclusion:

Transition from in-person to virtual programs required choosing a platform, reformatting content, and limiting presentation length. Virtual classes appeared to provide a higher degree of class attendance and an opportunity for more geographically diverse population. Comprehension was excellent for both in-person and virtual sessions and may be slightly better in-person. In-person and virtual sessions were equally recommended by participants. *Survive and Thrive* classes continue to support preparation for dialysis as shown by percent of patients with permanent access.

References:

1. United States Renal Data System. 2019 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2019.