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2021 NWRD Annual Conference Virtual Event e-Poster Abstract

Title:

Survive and Thrive with Chronic Kidney Disease – An Education and Prevention Program

Authors:

Kathy Schiro Harvey MS, RDN, CSR, Sara Prato MS, RDN, and Michelle Rowlett MSW, LICSW

Introduction:

Chronic kidney disease (CKD) is a leading cause of death and major public health concern affecting Americans. Although many in-person and online programs for people preparing for dialysis are available, there are very few education options for those in the early stages of CKD when lifestyle changes are most effective at preventing the progression of CKD and the many comorbid conditions associated with it. Puget Sound Kidney Centers (PSKC) has been offering a free, in-person, six-week program targeting early intervention of CKD stages 2 – 4 for the past five years. In March of 2020 the in-person program was suspended due to the Coronavirus pandemic. Over the next few months, program coordinators transitioned *Survive and Thrive* to an all-virtual format to ensure ongoing education remained available to those in the community facing CKD. Methods and results are described below.

Methods:

- Evaluating need – First steps involved evaluating the viability of a virtual program. Phone screening was conducted of past and current attendees to determine if there was interest in attending virtual classes. The response was an overwhelming yes!
- Program Content – The traditional program consisted of six 90-minute classes, including cooking demonstrations, mindfulness exercises, and lifestyle interventions. Additional check-in and community classes were also offered to encourage ongoing healthy behavior changes. Class sessions were revised and edited to shorten them to 60 minutes, to include introductions, class presentation, question and answer time. Since classes are taught by multiple instructors, this involved input, consensus and cooperation from all. To maintain program integrity and engage attendees, cooking videos were created, and short animated videos were developed. These innovations helped to simulate components of the in-person classes in the virtual experience.

- **Registration** – Class registration was converted from an in-person format to on-line registration. This process involved working with computer programmers and web designers to research, draft, demo and finalize web site improvements that would allow for HIPPA compliant registration and collection of health data. Additional website enhances included updates to advertise the virtual program, simplify placement of class information on the website and provide links to simple education videos.
- **Technical platform** – Appropriate platforms for presenting classes were explored and trialed. A secure, HIPPA compliant, simple to use platform was required. GoToWebinar was chosen, as we were familiar with it, and it interfaced well with other PSKC programs. Additional equipment (laptops, headsets, keyboards) was acquired as presenters often work remotely, with three or four people presenting in each class.
- **Learning enhancements** – In-person classes have included supplemental learning materials including handouts and giveaways. In the six-week program, a notebook with weekly handouts and resources has been provided as well as giveaways to support learning. In our check-in and community classes, we have also provided handouts, recipes and other giveaways. We decided to continue to offer these items to attendees as most prefer physical handouts over digital versions and enjoy the class add-ons. After registering for classes, attendees are mailed the appropriate learning materials and giveaways, depending on their enrollment. Additional giveaway items include spice blends, stress balls, notepads, pens, advance care planning packets and lightweight cutting boards.

Results:

Initial response to our virtual on-line program was overwhelmingly positive. Since the initiation of our new format in June 2020, we have offered 23 classes (two six-week sessions, five check-in classes and six community classes) attended by 214 people. Attendance has exceeded our expectations; 90% have attended four or more classes, and 79% have attended five or more classes. This exceeds previous programs attendance. 100% of all participants would recommend the program to others. A surprising result was geographic; our traditional in-person program was attended by local residents or those who could easily travel to our class centers. The virtual program has been attended by people throughout the Northwest and even some from other parts of the United States.

Conclusion:

The ability to offer CKD education in a variety of formats allows us to reach a larger audience and have a greater impact on health outcomes. Transition to online programming was challenging at first but became manageable when approached step by step. We are fortunate to have received adequate funding through the Verdant Health Commission, Molina Health and the PSKC Foundation which allowed us to adjust expenses to meet our needs. Seeing the benefit of participants surviving and thriving with kidney disease from the comfort of their homes, at their convenience, has made the hurdles encountered along the road to virtual learning more than worthwhile.

