

2022 NWRD Exhibitors & Posters

PLATINUM LEVEL 



**BIOTECHNOLOGY
BY AMGEN**

GOLD LEVEL 



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THERAPEUTICS

SILVER LEVEL 



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RENAL PHARMACEUTICALS

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NepHU[™]
Improving Awareness & Patient Outcomes



**the basque museum
AND CULTURAL CENTER**
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BRONZE LEVEL



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Large Enough to Serve  Small Enough to Care




Vegetarian Nutrition
a dietetic practice group of the
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Experts in Plant-Based Nutrition




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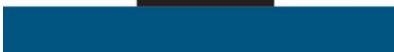



National
Kidney
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Pacific Northwest
**Council on
Renal Nutrition**




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AAKP
American Association of Kidney Patients
aakp.org



2022 NWRD Poster Presenter



American Association of Kidney Patients

Mission Statement

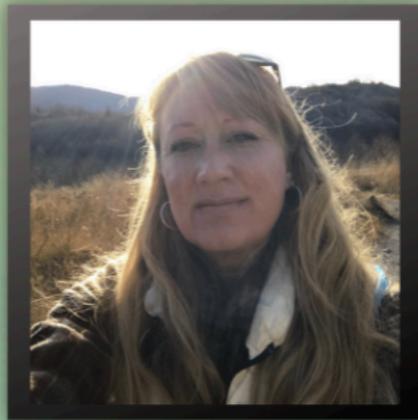
As the oldest and largest, independent kidney patient organization in the U.S. – AAKP is dedicated to improving the lives and long-term outcomes of kidney patients through education, advocacy, patient engagement and the fostering of patient communities. AAKP fights for early disease detection and the appropriate diagnosis of rare / genetic conditions; increased kidney transplantation and pre-emptive transplantation; full patient choice of either in-center or home dialysis; protection of the patient / physician relationship; promotion of research and innovation including artificial implantable and wearable kidneys; and the elimination of barriers for patient access to available treatment options.

At AAKP we....

1. **Educate:** patients & caregivers on important issues so patients can better understand their condition and make informed decisions on their care options which align with their lives aspirations. AAKP is a recognized leader for patient-centered education – continually developing high quality, professionally written, edited and reviewed material.
2. **Advocate:** for policies that improve treatment and extend life for kidney disease patients – always defending patient choice. AAKP has been the independent patient voice – advocating for improved access to high-quality healthcare through regulatory and legislative reform at the Federal level. The Association’s work has improved long-term outcomes in both quality of health and the ability for patients and family members affected by kidney diseases to lead a more productive and meaningful life.
3. **Define:** “patient engagement” as a substantive tool to impact policy & health outcomes.
Community: AAKP is leading the effort to bring kidney patients together to promote community, conversations and to seek out services that help maximize patients’ everyday lives.



MEDAL OF
EXCELLENCE
AWARD



CONGRATULATIONS!

AAKP 2022 Medal of Excellence Award

Dietitian Category

Awarded to

Emily Greenough RD CSR CD



MEDAL OF
EXCELLENCE
AWARD

American Association of Kidney Patients



CONGRATULATIONS!
AAKP 2022 Medal of Excellence Award
Dietitian Category
Awarded to Emily Greenough RD CSR CD

Emily is a renal dietitian with Fresenius Kidney Care in the Pacific Northwest. She graduated from Central Washington University and has nearly 15 years of experience providing medical nutrition therapy for patients with CKD and ESRD.

Professionally, Emily is active in Northwest Renal Dietitians (NWRD) and has served on this group's planning committees since 2015 as co-chair, board of director, and vice president.

She feels strongly about being involved in the kidney care community and being able to support other dietitians in their continuing education efforts, so they can rejoin their patients and teams with confidence in providing best practice concepts.

Congratulations Emily!



611 GROVE STREET • BOISE, IDAHO 83702

The Basque Museum & Cultural Center

began in 1985 as a way to preserve, promote, and perpetuate

Basque history and culture.

The Basque Museum will be sharing the history of the Basques,

their immigration to the United States,

and their impact on the American culture

as well as the impact other cultures have had on their own.

Website: basquemuseum.eus

Title:

Done Vida

Latino Cultural Awareness

Author:

Maria Fernanda Filizola

Community Engagement Manager

**Introduction:**

Donate Life Northwest maintains the donor registry for the state of Oregon. Through community events, education programs, and an award-winning high school curriculum, we reach thousands of people throughout the Pacific Northwest annually. Together with our community, Donate Life Northwest has registered over 2.5 million Oregonians to be an organ, eye, and tissue donors. We work to provide Oregon's Hispanic population with education and access to resources around donation and transplant as well as Dialysis education classes and our new program Eliminemos la Espera Mentorship Program. The Done Vida Noroeste program works with Spanish-speaking Latino volunteers and community health organizations to provide bilingual and culturally specific education about donor registration, access to transplant, and opportunities to honor the generosity of donor families and the gratitude of recipients.

Description of Project:

The purpose of this presentation is to help build a strong trusting relationship with the Hispanic community and serve the community with the highest level of care possible. For the Hispanic community, leaving their countries of origin to search for a better quality of life and settle in a new country most of the time means leaving behind customs, culture, and most importantly family. This also helps us to understand that within the same community we have to learn to differentiate the problems of each ethnic group. Hispanics want to be recognized for where they come from, where they were born, that gives them an identity that they have lost by having to immigrate to another country. We want to acknowledge that a strong cultural identity can contribute to a person's overall wellbeing. Working with the community organizations discovered that some necessary resources for the community are access to resources such as help with education, their rights and food equity, classes on how to keep kids healthy, making better choices regarding families and kids.

Outcomes:

We know that food is part of the values, is part of their culture; the food of each country is part of who they are. However, we also know that with time the community has had changes that have occurred within the diet in Latin America in recent years. Unfortunately, the number of Hispanic adults age 40 and older meeting nutritional guidelines was relatively low across all food groups and currently Latinos are experiencing an epidemic of obesity and Diabetes Type 2. We can all help by demonstrating cultural competence toward patients with diverse values, beliefs, and feelings. Before we become culturally competent, we must understand the local community and the role our organization plays within the community.

References:

- <https://www.familiasenaccion.org/nutrition-food-equity/>
- <https://prezi.com/m4djirqpiv7d/patron-cultural-de-alimentacion-en-latinoamerica/>
- <https://www.elmundous.com/2016/10/29/la-influencia-de-la-comida-latinoamericana/>
- <https://oldwayspt.org/system/files/atoms/files/LAH%20Brochure-Spanish.pdf>
- https://www.aarp.org/content/dam/aarp/research/surveys_statistics/health/2019/brain-healthnutrition-hispanic-fact-sheet.doi.10.26419-2Fres.00187.002.pdf
- <https://vhblog.vistahigherlearning.com/la-importancia-de-la-comida-tradicional-en-la-culturahispana.html>
- <http://www.fao.org/3/a-ai012s.pdf>

Pacific Northwest - Council on Renal Nutrition (PNW-CRN)



Current Officers

Greg Wisont, PhD, MPH, RDN, Jessica Collopy MS, RD, CSR

Background

The Pacific Northwest Council on Renal Nutrition (PNW-CRN) is a dynamic multi-state council, encompassing the states of Alaska, Idaho, Montana, Oregon, and Washington. We operate as a local affiliate of the Council on Renal Nutrition (CRN) and the National Kidney Foundation (NKF).

As a local chapter, we are charged with supporting NKF's mission of making lives better for those with chronic kidney disease by providing education and programs that meet the needs of the communities and professional members we represent, at the local level. As a multi-state CRN representing 5 states, we have an opportunity to reach a large audience. We are currently focusing on professional networking, education, and support. Most of this networking and education will be accomplished via live webinar due to the size of our new council. In the future, the hope is to challenge ourselves individually and as a group, to find ways to reach out and provide education and support to our local communities to not only make a difference in the lives of our patients, but also their families and healthcare providers.

Our chapter has recently been honored to be a recipient of the CRN Recognized Chapter Award at the upcoming NKF Spring Clinical meetings in 2022.

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.

Comparison of Oral Nutritional Supplement Prescription Patterns among Non-Dialysis Chronic Kidney Disease and Hemodialysis Patients in BC



How you want to be treated.

AUTHORS

Dani Renouf, Yuyan Zheng, Line Lavoie, Mohammed Atiquzzaman, Zainab Sheriff, Adeera Levin, Michelle M.Y. Wong

INTRODUCTION

Patients with chronic kidney disease (CKD) are at high nutritional risk resulting from complications of chronic disease and its associated co-morbidities. In turn, they are at higher risk for morbidity and mortality as compared to the general population. Oral nutritional supplements (ONS) are often recommended following nutritional counselling to help mitigate protein energy wasting and prevent worsening of malnutrition. As patients progress to dialysis, nutrition status often declines further due to increased metabolic needs and decreased appetite associated with uremia.

In British Columbia, the Provincial Renal Agency's Nutritional Supplement Policy sets out specific criteria for ONS financial coverage and prescription for patients with CKD, under the stewardship of registered dietitians.

OBJECTIVES

1. To characterize nutritional status and ONS prescription patterns in patients with non-dialysis CKD enrolled in a Kidney Care Clinic (KCC) as compared to patients on hemodialysis (HD)
2. To describe ONS longitudinal prescription patterns and usage in patients with non-dialysis CKD as compared to those on HD

METHODS

We conducted an analysis of non-dialysis CKD patients who entered KCC between January 2013 to December 2018 ($n = 15,859$) and HD patients who initiated dialysis between January 2010-December 2019 ($n=6929$). We compared baseline biochemical parameters among patients receiving at least 1 ONS prescription within 1 year of entry to KCC (for the non-dialysis CKD cohort) or within 1 year of HD initiation (for the incident HD cohort), vs. patients not prescribed ONS (Wilcoxon Signed Rank Test and Chi Square Test). We described longitudinal ONS prescription patterns in both cohorts over 3 years using Sankey plots. In both cohorts, multivariable logistic regression was used to assess differences in prescription by region, adjusted for baseline patient demographics and comorbidities.

RESULTS

In the non-dialysis CKD cohort, at baseline, patients prescribed ONS were older, with lower eGFR, BMI, and had more metabolic complications of CKD compared to patients not prescribed ONS. The incidence of ONS use was 9% (N=1389) over the 1st year following KCC follow-up and overall ONS use remained fairly constant over 3 years.

1. In the incident HD cohort, at baseline, patients prescribed ONS were older, more likely to start dialysis as an inpatient, and to have lower body weight, albumin, creatinine index, hemoglobin, and higher iPTH compared with patients not taking ONS. Over the first year of HD, 39% (N=2712) were prescribed ONS, which rose slightly to 42% in years 2 and 3 of follow-up.
2. Among patients receiving ONS, HD patients had a greater proportion of patients with frequent ONS prescriptions (3 or more prescriptions/year) compared with non-dialysis CKD patients.

Among non-dialysis CKD patients, there was regional variation in ONS prescription and significantly fewer ONS prescriptions in Northern Health Authority (OR 0.51, 95% CI 0.30-0.87). However, in the HD patients, no significant difference in prescription patterns were noted among health authorities.

CONCLUSION

This is the first Canadian study to describe the prevalence and determinants of ONS use in patients with CKD using a large provincial database. The increased use of ONS in the HD cohort compared with the non-dialysis CKD cohort would be predicted, since patients on dialysis are more likely to be malnourished as compared to those CKD non-dialysis CKD patients.

Regional variations in ONS prescriptions were present among non-dialysis CKD patients but not among HD patients. One possible explanation is that with fewer dietitians available in the Northern Health Authority, they are more likely to triage high nutritional risk dialysis patients and offer nutritional care to this group more often as compared to the pre-dialysis cohort, who is more likely to be nutritional stable.

Further studies are needed to better understand the factors that impact ONS use on outcomes, dietitian resource allocation and how they relate to patient outcomes, and pharmaco-economic evaluation of the Nutrition Supplement Policy to ensure its sustainability and replicability nation-wide.

Comparison of Oral Nutritional Supplement Prescription Patterns Among Non-Dialysis Chronic Kidney Disease and Hemodialysis Patients in BC

Dani Renouf¹, Yuyan Zheng², Line Lavoie¹, Mohammad Atiqzaman², Zainab Sherif³, Adeera Levin^{1,2,3}, Michelle M.Y. Wong³

1. St. Paul's Hospital, Vancouver, BC, Canada; 2. BC Provincial Renal Agency, Vancouver, BC, Canada; 3. University of British Columbia, Vancouver, BC, Canada

Introduction

- Patients with chronic kidney disease (CKD) are at high nutritional risk resulting from complications of chronic disease and comorbidities, and therefore at higher risk for morbidity and mortality as compared to the general population. Oral nutritional supplements (ONS) are often recommended following nutritional counselling to help mitigate protein-energy wasting and prevent further complications of malnutrition on overall health outcomes. As patients progress to dialysis, nutrition status often declines further due to increased metabolic needs and lowered oral intake levels, thereby compounding the risk for malnutrition.
- In British Columbia, the Provincial Renal Agency's Nutritional Supplement Policy sets out specific criteria for ONS financial coverage and prescription for patients with CKD, under the stewardship of registered dietitians. This unique position of universal ONS access for CKD patients allows us to perform a program evaluation.

Objective

- To characterize nutrition status and longitudinal ONS prescription patterns in patients with non-dialysis CKD (CKD-ND) enrolled in a Kidney Care clinic (KCC) as compared with patients on hemodialysis (HD)

Methods

- We conducted a retrospective analysis of non-dialysis CKD patients who entered multidisciplinary Kidney Care Clinics (KCC) between January 2013-December 2018 (n = 15,859) and HD patients who initiated dialysis between January 2010-December 2019 (n = 6,929)
- We compared baseline biochemical parameters within 6 months of entry into KCC between patients with at least one ONS prescription within 1 year of entry to KCC, compared with patients who were not prescribed ONS. We compared baseline biochemical parameters for the incident HD cohort within 6 weeks of HD initiation among patients with ONS prescription within 3 months of HD initiation, compared with patients who were not prescribed ONS (Wilcoxon Signed Rank Test and Chi Square Test).
- We used Sankey plots to describe longitudinal ONS prescription patterns over 3 years in the CKD-ND cohort (N=7611 patients initiating KCC follow up during 2013-2015), and the HD cohort (N=3404 patients initiating HD during 2013-2017)
- Multivariable logistic regression was used to assess differences in ONS prescription by region, adjusted for age, sex, diabetes, hypertension, eGFR (CKD-ND only), BMI, serum albumin, serum phosphate, serum bicarbonate, neutrophil-to-lymphocyte ratio, protein catabolic rate (HD only), simplified creatinine index (HD only).

Table: ONS prescription by health authority

Health Authority	Adjusted Odds Ratio of ONS prescription (95% CI)	
	CKD-ND N=7641	Hemodialysis N=974
Vancouver	Reference	Reference
Interior	1.25 (0.92-1.70)	1.15 (0.78-1.68)
Fraser	1.62 (1.22-2.15)	0.85 (0.59-1.23)
Island	1.49 (1.08-2.06)	0.80 (0.30-2.14)
Northern	0.51 (0.30-0.87)	0.68 (0.38-1.20)

Results

Non-Dialysis CKD Cohort (N=15, 859)

- At baseline, patients prescribed ONS were older, with lower eGFR, BMI, and more metabolic complications of CKD compared with patients not prescribed ONS
- Incidence of ONS use was 9% (n = 1,389) over the first year, and overall use remained fairly constant over 3 years (Figure 1)

HD Cohort (N=6,929)

- At baseline, patients prescribed ONS were older, more likely to be start dialysis as an inpatient, and had lower body weight, hemoglobin and creatinine index compared with patients not prescribed ONS
- 739 (10%) received their 1st ONS prescription within 3 months prior to starting dialysis, 1547 (22.3%) received 1st ONS within 3 months after dialysis start, and 4643 (67.0%) did not receive any ONS prescriptions during this transition period.
- Incidence of ONS prescription was 39% (n = 2,712) over 1 year, and rose slightly to 42% in years 2 and 3 of follow up (Figure 2).
- Among patients receiving ONS, HD patients had a greater proportion of patients with frequent prescriptions (≥3 prescriptions per year) compared with CKD-ND patients (Figures 1 & 2).

Regional variation

- Among CKD-ND patients, there was regional variation and significantly lower prescription rates in Northern Health Authority (OR = 0.51, 95% CI .30-0.87). However, in the HD patients, no significant difference in ONS prescription patterns were noted among health authorities (Table).

Conclusion

This is the first Canadian study to describe nutritional status and ONS prescription patterns in patients with CKD using a large provincial database. Our data suggests that ONS use is indicated when prescribed.

ONS use remains stable at under 10% over time among the CKD-ND cohort, and rises by four-fold upon initiation of HD. As expected, patients who are on dialysis are more likely to be malnourished and therefore require regular ONS prescriptions, as compared to the CKD-ND population, who may only require short-term ONS.

Regional variations in ONS prescriptions were present among non-dialysis CKD patients but not among HD patients. One possible explanation is that with fewer dietitians available in the Northern Health Authority, they are more likely to triage high nutritional risk dialysis patients and offer nutritional care to this group more often as compared to the CKD-ND cohort, who is more likely to be nutritional stable.

Further studies are needed to better understand the factors that impact ONS use, including dietitian resource allocation, and how they relate to patient outcomes, as well as pharmaco-economic evaluation of the Nutrition Supplement Policy to ensure its sustainability and replicability nationwide.

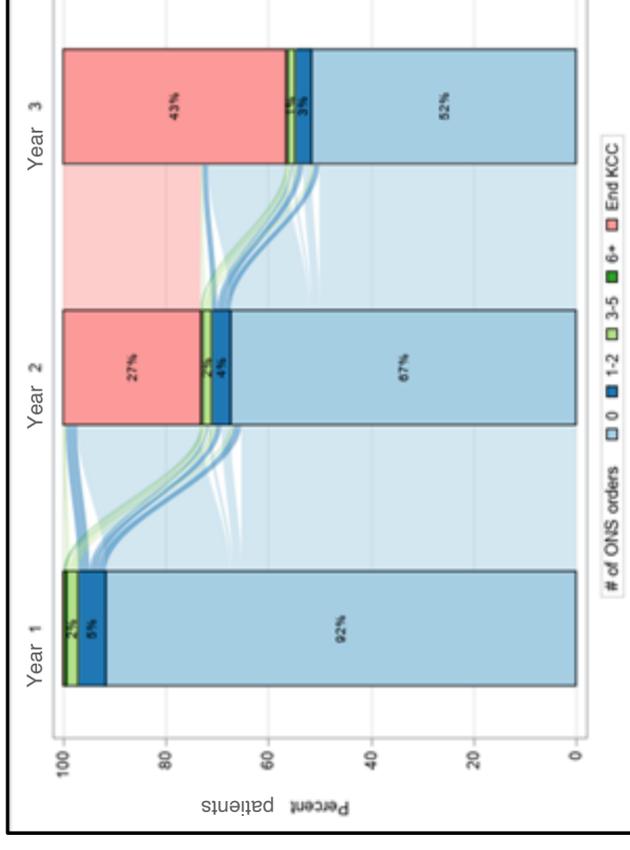


Figure 1: Longitudinal ONS prescription patterns among all CKD-ND patients over 3 years from KCC entry (N=7611)

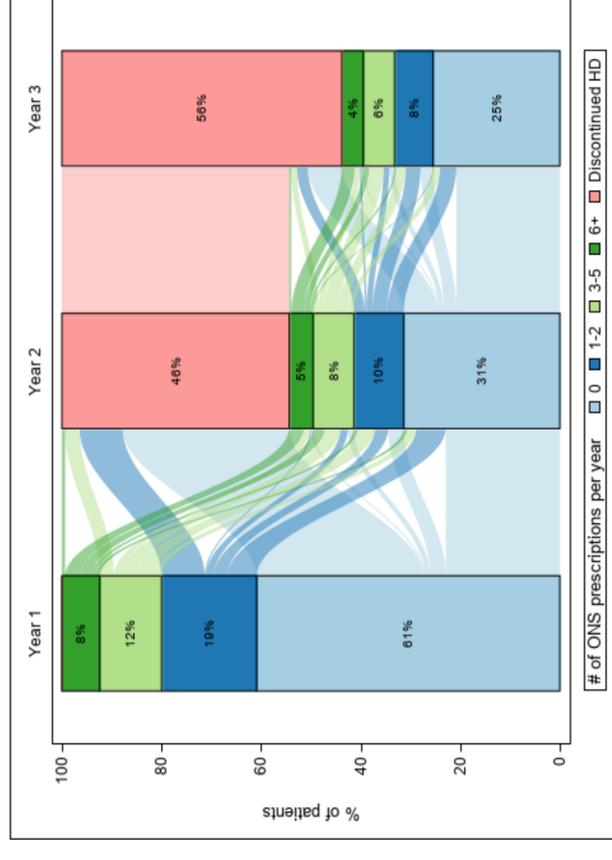


Figure 2: Longitudinal ONS prescription patterns among all incident HD patients over 3 years from HD initiation (N=3404)

2022

NORTHWEST RENAL DIETITIANS

NWRD ANNUAL CONFERENCE

Virtual Event

Date: March 3+4 (Pacific Time)

Northwest
RENAL DIETITIANS

Helping Patients
Build
Their Health



with special emphasis
on Basque culture

2022 NWRD Exhibitor Prospectus

Connect with Experts in Renal Nutrition!

Build new customer relationships

Strengthen your brand

Grow your business

Northwest Renal Dietitians (NWRD) invites you to participate as an Exhibitor at

2022 NWRD Annual Conference – Virtual Event!

with special emphasis on Basque culture

Dates: March 3 + 4, 2022 (Pacific Time)

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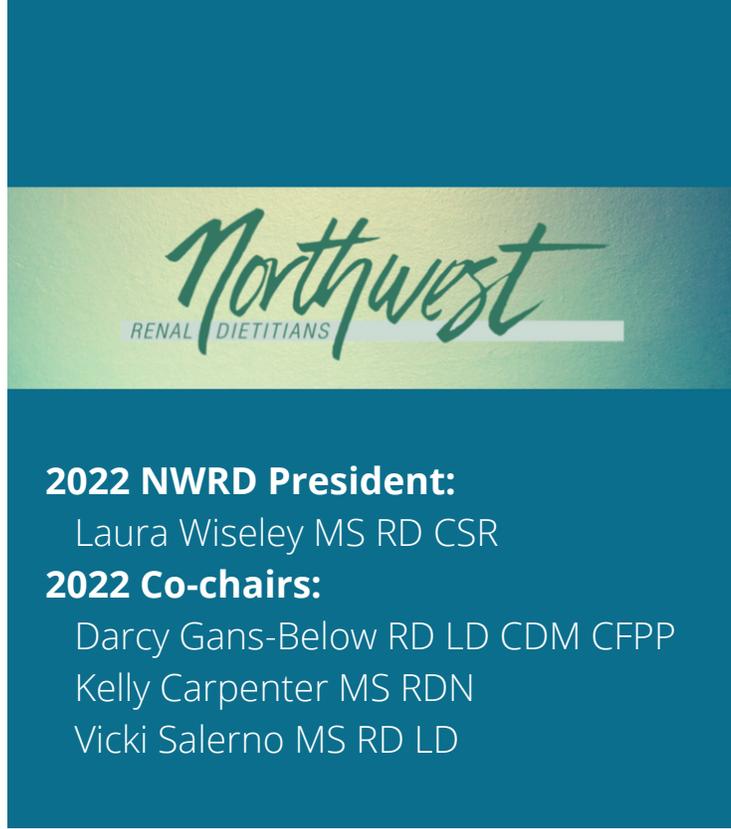
NWRDonline@gmail.com

About NWRD

Northwest Renal Dietitians (NWRD) is a non-profit organization comprised mostly of renal dietitians practicing in the Pacific Northwest (PNW) and beyond. Given the proximity to our northern border, NWRD also collaborates with renal dietitians in Canada's West Coast.

Our sole purpose is to provide **networking** and **continuing education** for renal dietitians via an interactive annual conference.

Each year, NWRD hosts this **two-day event** (virtual and/or in-person) focusing specifically on topics of interest to renal professionals who provide nutrition care to people with chronic kidney disease (CKD).



What attendees say:

"This was an excellent conference. I've attended several national virtual conferences during the pandemic and NWRD is the best out of all of them."

Target Audience

NWRD's membership includes approximately **400 Registered Dietitians** (RDs) and other professionals who work in the field of kidney disease.

Members work in dialysis clinics, hospitals, nephrology practices, transplant centers, private practice, public health organizations and more.

2022 NWRD Conference Format

The NWRD conference is held in rotating host cities around the PNW.

Last year, in response to the COVID-19 global pandemic, NWRD pivoted the conference platform from in-person to virtual.

The virtual event proved to be a **great success**, reaching even **more** attendees than ever before.

What attendees say:

"Impressive topics, speakers, and booth exhibits. Thank you for extending the conference to RDs in other states."

2022 NWRD
will again
be held
as a
virtual
event.



Why Exhibit at NWRD

Connect and **engage** with experts who use your products and services!
Build visibility for your brand and **strengthen professional relationships** for your company.

There are **37 million** Americans (that's **1 in 7** people) with CKD, and more than **600,000** people on dialysis. Nutrition therapy is **VITAL** to their treatment and you'll have the opportunity to connect with dietitians who are able to effectively influence medical care, as well as individual behaviors.

At the conference, plan on reaching **more than 150 renal dietitians** from Oregon, Washington, Idaho, Montana, Alaska, British Columbia and BEYOND.

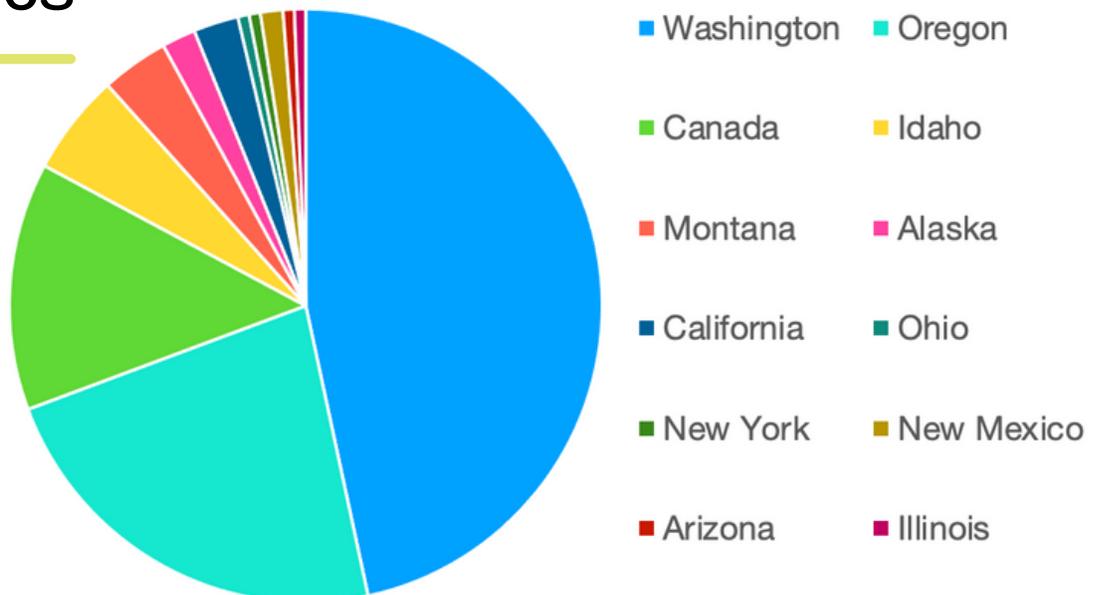
Meet with attendees looking to learn about **your products and services** so they can recommend these in their practice.

What attendees say:

"Powerfully good conference! Enjoyed watching the exhibit videos. I always come away inspired with up-to-date information, so it's worth the price."

Analytics

Past
NWRD
Attendees



NWRD Exhibitor Eligibility

NWRD EXPO Hall is open to exhibitors whose products, programs and services relate specifically to the **profession of nutrition** and/or **kidney disease**.

Products, programs and services must be consistent with NWRD's mission, be **based on current and scientifically valid information**, and comply with the state and federal rules, regulations and guidelines.

NWRD does not endorse any programs, products, or services in the EXPO Hall. Attendees use their **professional judgment** to evaluate exhibitors' products, programs or services.

EXPO Hall Hours

Exclusive EXPO Hall hours are scheduled into the program agenda in the mornings and afternoons of **both conference days**. These time slots will be **without concurrent speaker sessions** and will be advertised prominently on the program.

Additionally, attendees will have access to your booth **prior** to the live opening, **during** the entire live conference, and for 30 days **post** conference.

Exhibitor Participation Levels

Refer to the table below for **participation levels** and features included in each **EXPO booth package**. The Platinum level will get the **most exposure** in the EXPO Hall and in NWRD's media.

For representatives who are Registered Dietitians, we offer the following complimentary conference registration tickets and **CPEUs** (not included for base level exhibitors or poster presenters).

- Platinum and Gold exhibitor levels include **two complimentary** conference registration tickets.
- Silver and Bronze exhibitor levels include **one complimentary** conference registration ticket.

EXPO Hall Booths for Exhibitors and Poster Presenters

PARTICIPATION LEVEL & BOOTH FEATURES	EXHIBITOR PREMIUM PLUS	EXHIBITOR PREMIUM	EXHIBITOR BASE	POSTER PRESENTER
Participation Level	Platinum (\$4500+)	Gold (\$3500) Silver (\$2500) Bronze (\$2000)	Base (\$600)	POSTERS (No cost)
Booth Size	Large Booth	Medium Booth	Small Booth	Small Booth
Booth Location in EXPO Hall	At Top of Expo Hall	In Middle of Expo Hall	At Bottom of Expo Hall	At Bottom of Expo Hall
Logo Displayed in Carousel Banner	Yes	No	No	Yes
Live Video Streaming Inside Booth	Yes	Yes	No	Yes
Premium Banner Across Booth	Yes	Yes	No	Yes
Logo & Background Image	Yes	Yes	Yes	Yes
Company Description	Yes	Yes	Yes	Yes
Number of Company Reps <small>(Total for both days of conference)</small>	Up to 10	Up to 10	Up to 5	Up to 5
Number of Conference Registration Tickets Included <small>(For Reps who are Registered Dietitians seeking CPEUs)</small>	Up to 2 tickets for Platinum	Up to 2 tickets for Gold	Up to 1 ticket for Silver Bronze	None
Company Reps Contact Information	Yes	Yes	Yes	Yes
Social Media Links	Yes	Yes	Yes	Yes
Document Sharing <small>(Each file size 10mb)</small>	Up to 20 files	Up to 20 files	Up to 20 files	Up to 20 files
Chat Box Feature	Yes	Yes	Yes	Yes
Meeting Request	Yes	Yes	Yes	Yes
Offer Links	Yes	Yes	Yes	Yes
Promo Video URL <small>(YouTube, Vimeo, Wistia)</small>	Yes	Yes	Yes	Yes
Gamification with Attendees	Yes	Yes	Yes	Yes
Pre-Event Exhibitor Training via Webinar	Yes	Yes	Yes	Yes
IT Support / NWRD Concierge Assistance	Yes	Yes	Yes	Yes
Analytics	Yes	Yes	Yes	Yes



Program

- 7:30 – 7:50** **Welcome & Virtual Tour of Acelevents Platform**
NWRD President: **Laura Wiseley MS RD CSR**
- 8:00 – 9:00** **Opportunity and Choice: A History of the Basques in Idaho**
John Bieter PhD
*Co-founder & Professor Basque Studies Program, History Department
Boise State University
Boise, ID*
- 9:10 – 10:10** **Plant-Based Diets & Potassium in Kidney Disease**
Shivam Joshi MD
*Clinical Assistant Professor, Nephrologist, and Plant-based Physician
Department of Medicine, NYU School of Medicine, NYC Health & Hospitals/Bellevue
New York, NY*
- 10:10 – 11:00** **Exhibits (50 minutes)**
- 11:00 – 12:00** **Alleviating the Progression of CKD: Proactive Nutrition Strategies**
AnnaMarie Rodriguez RDN LD FAND
*Nutrition Directions LLC
Dietitian/Nutrition Consultant, Expert in Plant-Based Nutrition, CKD Nutrition Intervention
Sturtevant, WI*
- 12:00 – 1:00** **Lunch (60 minutes) - Visit EXPO Hall, Library Lounges, and with other attendees**
- 1:00 – 2:00** **Cook-Along: Learn to Cook Basque Cuisine, the Kidney-Friendly Way**
Chef Asier Garcia, Executive Chef
*Leku Ona Restaurant
Boise, ID
with videographer Tom Fitzsimmons, Fitzsimmons Media, Boise, ID*
- 2:00 – 3:00** **Exhibits (60 minutes)**
- 3:00 – 4:00** **The National Kidney Diet – Newly Revised!**
Rachael R Majorowicz RDN CSR LD FNKF
*Dialysis Dietitian, Mayo Clinic Dialysis Services
Assistant Professor of Nutrition, Mayo Clinic College of Medicine and Science
Rochester, MN*
- 4:10 – 5:10** **Management of Hyperphosphatemia: The Past, Present and Future**
Arnold L Silva MD PhD
*Director of Clinical Research
Boise Kidney & Hypertension Institute
Meridian, ID*

Northwest
RENAL DIETITIANS

THURSDAY, MARCH 3, 2022



Program

- 7:30 – 7:50** **Welcome & Virtual Tour of Accelevents Platform**
NWRD President: Laura Wiseley MS RD CSR
- 8:00 – 9:00** **Value Based Care in Nephrology**
Mary Dittrich MD FASN
Executive Vice President and Chief Medical Officer
U.S. Renal Care
- 9:00 – 9:40** **Exhibits (40 minutes)**
- 9:40 – 10:40** **Medical Ethics in the COVID-19 Pandemic: Experience of a Hospital and Lessons Learned**
Kenneth Prager MD FACP
Professor of Medicine, Director of Medical Ethics, and Chair of Medical Ethics Committee
Columbia University Medical Center
New York, NY
- 10:50 – 11:50** **Dental Care in Elderly and CKD Population**
Stephenie Dickie DDS MS
Geriatric Dentistry, Mobile Care Dentistry, Private Practice
Nampa, ID
- 11:50 – 1:00** **Lunch (70 minutes) - Visit EXPO Hall, Library Lounges, and with other attendees**
- 1:00 – 2:00** **Lifestyle as Medicine**
Jennifer Shalz MD
Internal Medicine Physician & Medical Director
Department of Lifestyle Medicine
St. Luke's Health System
Meridian and Nampa, ID
- 2:00 – 2:30** **Exhibits (30 minutes)**
- 2:30 – 3:30** **Diversity Competency to Improve Patient Engagement**
Felicia Speed PhD LMSW
Vice President, Social Work Services
Fresenius Kidney Care
Greenville, SC
- 3:40 – 4:40** **Training on the 7-Point Subjective Global Assessment (SGA)**
Linda McCann RDN CSR
Nephrology Nutrition Consultant / Speaker
Eagle, ID
- 4:45 – 5:00** **Wrap Up and Expo Challenge Winner**
Password for Online Evaluation & CPEU Certificates

Northwest
RENAL DIETITIANS

FRIDAY, MARCH 4, 2022

EXPO Challenge

The virtual platform has an **interactive EXPO Challenge feature**, which enhances attendees' experiences during the virtual event by encouraging them to **engage** with all aspects of the exhibitors' booths.

Attendees are enrolled in the EXPO Challenge **automatically**, and will be awarded points for **interacting with exhibitors** and poster presenters.

The **leaderboard** can be viewed in the virtual lobby to see who is winning in real time. The top three attendees with the most points at the end of the event will receive a **prize**.

Points are awarded for:

- each time they visit the booth
- chatting with the representative
- sending messages to the representative
- watching videos
- clicking on links inside the booth
- downloading materials

What attendees say:

"Virtual platform was very user-friendly. I appreciated being able to connect and 'chat' with others."



Next Steps

1) SIGN-UP as an Exhibitor

- Sign-up and pay to become an Exhibitor through the NWRD website www.NWRDonline.org - click on EXPO Hall
- **DUE DATE: DECEMBER 31st**

2) LEARN the FEATURES of your booth

- Once your company is signed up, NWRD will activate your virtual booth via Accelevents platform. Each company representative will receive an email with a link button to create a password to access your booth.
- Enroll in Accelevents' free Exhibitor Training webinar to learn how to maximize your booth set-up and engagement features.
- This webinar is held weekly, and you may enroll in it here: [Exhibitor Training webinar](#)

3) BUILD your booth

- Build your booth by adding videos, web links, document downloads, images, social media links, contact information, polling questions, and anything else you'd like to share with NWRD attendees.
- The more interactive you make your booth, the better!
- **DUE DATE for booth completion: FEBRUARY 25th**

2022

NORTHWEST RENAL DIETITIANS

NWRD ANNUAL CONFERENCE

Virtual Event

Date: March 3+4 (Pacific Time)

Northwest
RENAL DIETITIANS

For More Information

For assistance, please contact the 2022 NWRD Exhibitor Concierges via

Email: NWRDOnline@gmail.com

- **Erin Dickerson RD CSR CD**
- **Amy Higbee RD**
- **Geri Jennings RD CD**

2022 NWRD Board & Planning Team

President:	Laura Wiseley MS RD CSR
Vice President:	Emily Greenough RDN CSR CD
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The logo for Northwest Renal Dietitians features the word "Northwest" in a large, elegant, cursive script. Below it, the words "RENAL DIETITIANS" are written in a smaller, clean, sans-serif font. The entire logo is set against a light green background with a subtle gradient.