

Silver Award Project Utility

Facility: Dialysis Clinic, Inc--Mexico

Silver Award User: Marianne Meyer

Project Status: Active



1. Description of Project:

A review of QAPI reports over the last year shows a high rate of increased fluid weight gains between treatments in the Mexico DCI clinic. Over the past year, Suzanne Hemmann, MSW, has been providing behavioral management to the patients in the clinic to help change behaviors that may lead to increased fluid intake. After much brainstorming, it was decided to "piggy-back" Suzanne's efforts with an education program focused on the dietary component that causes higher fluid gains between treatments, namely, sodium. At the beginning of the month of March, patients were given a pre-test to assess their knowledge of sodium and its relationship to fluid. Patients were then encouraged to participate in a "Spin the Wheel" challenge. Each week on Thursday and Friday, patients were invited to spin a wheel that had six questions related to sodium and its relationship to fluid gain. After answering the question, the patients were provided with a recognition as a "thank you" for participating. These recognitions were in the form of a Tootsie Pop, Starburst or other kidney friendly candy. Questions were changed after the first six weeks to provide further education for the patients. A second part of the program was checking each patient's fluid gain between treatments. Jeana Maxwell, unit clerk in Mexico, was a phenomenal help in keeping daily records of each patient's weight gain between treatments. At the end of each month, the records of each patient were reviewed. Each time a patient gained < 3.0 kg over the "weekend" (two day break between treatments) or 2 kg during the "week" (one day between treatments), their name went into a pot for a monthly drawing. Again, Jeana was instrumental in keeping track of this and placing all the names in the pot for the drawing. Also, during this time, patients were receiving chairside education by the RDN in various topics relating to sodium such as food additives, label reading and food preparation without sodium. This project continued through the middle of the last week of May with a total of three "big" winners of the monthly recognitions. The recognitions included crock pots with various low sodium seasonings to help with lower sodium cooking. At the end of the project, patients were given a study guide by the RDN to prepare for the post test. The test was the same as was given in March. Scores were assessed to see if overall knowledge improved. Also, the weekly records of fluid gains were also reviewed to see if fluid gains improved over the course of the project.

2. Outcomes Measured:

Pre- and post-tests were given to the patients. The tests were identical. Test scores were reviewed which shows a definite increase in the knowledge of the relationship between sodium and fluid. Also, weight gains were measured daily and entered onto a spreadsheet to determine if fluid gains improved over time. (See "Description of Project" for the parameters of fluid gains that were measured and kept on a spreadsheet) Sadly, the results were not as encouraging.

3. Summary of Outcomes/Results:

There are a total of fifty one patients in the Mexico clinic. Of the fifty one, thirty patients completed both exams for a percentage of 58.8%. Five only took the first test for a percentage of 9.8%, eight took only the second test for a 15.7% and eight did not take either test for a percentage of 15.7%. Overall, 84.3% took one or both tests. Reasons for not taking the test varied. There were two who refused to participate, three were new patients and only took the test once, two were either hospitalized or missed a treatment when the tests were administered, and one was not feeling well. There were eight that did not take the test for unknown reasons. It is noted that most of the patients who did not take the test were on the Tuesday, Thursday, Saturday shift. This shift is where most new patients are admitted and it is likely that the new patients didn't feel "ready" to take the test or were not feeling well the day the test was offered. Also, a couple of patients were admitted to the clinic after the first test was given, providing them with only taking the "post" test. Also, one patient has serious vision issues and it is unknown if he was given the opportunity to have the test read to him and then may have refused. Results for the thirty patients who took both tests were compared. Of the thirty, seventeen showed an improvement in their score, nine scored the same and only four showed a decrease in their score. I feel this is a positive move toward increasing the knowledge of sodium and fluid. The second piece of data that was measured was not as promising. While the data has not been completely evaluated intensely, there are definitely three distinct groups of patients: those who have few issues with fluid gain and never have over the recommended weight gain; those who have the occasional weight gain above the normal; and, those who rarely meet the recommended guideline for fluid gain between treatments. Upon reviewing the monthly spreadsheets, there appears to be little movement of one group moving to another group. Those that have high weight gains, continue to have high weight gains. This leads to the preliminary conclusion that while knowledge can improve, as evidenced by the pre- and post-test scores, implementing this knowledge is much harder to do. I think that is true for many of us!

4. Impact on Patients:

The patient participation was above what was expected. The >84% of those taking at least one of the tests was surprising. And, the fact that the scores were as good as they were was a little surprising, also. One patient expressed a little bit of frustration when she got nine out of ten stating, "Darn, I wanted to ace the test!" The majority were also excited to spin the wheel each week. Even though the recognition was small, they were happy to get a "reward". When the RDN was in the clinic on "spin" days, it was encouraging to hear some of the comments that the patients made. Many commented that they learned about things they did not know. One gentleman, who has difficulty with fluid gains, correctly chose TV dinners as the answer to the question regarding which food will NOT help with fluid gains. He went on to say that he knew they "have way too much salt"! It was truly impressive that not only did he get the answer correct, he knew why!!! The patients who "won" the drawings were truly grateful for their recognitions. Many of our patients don't have much and to get a brand new crock pot was exciting for them! The only piece of constructive criticism that was heard was that we should have provided a "big" prize for each shift stating that when someone from another shift won, those on the other shifts didn't know the winner. This person was told that this would be taken into consideration for future projects.

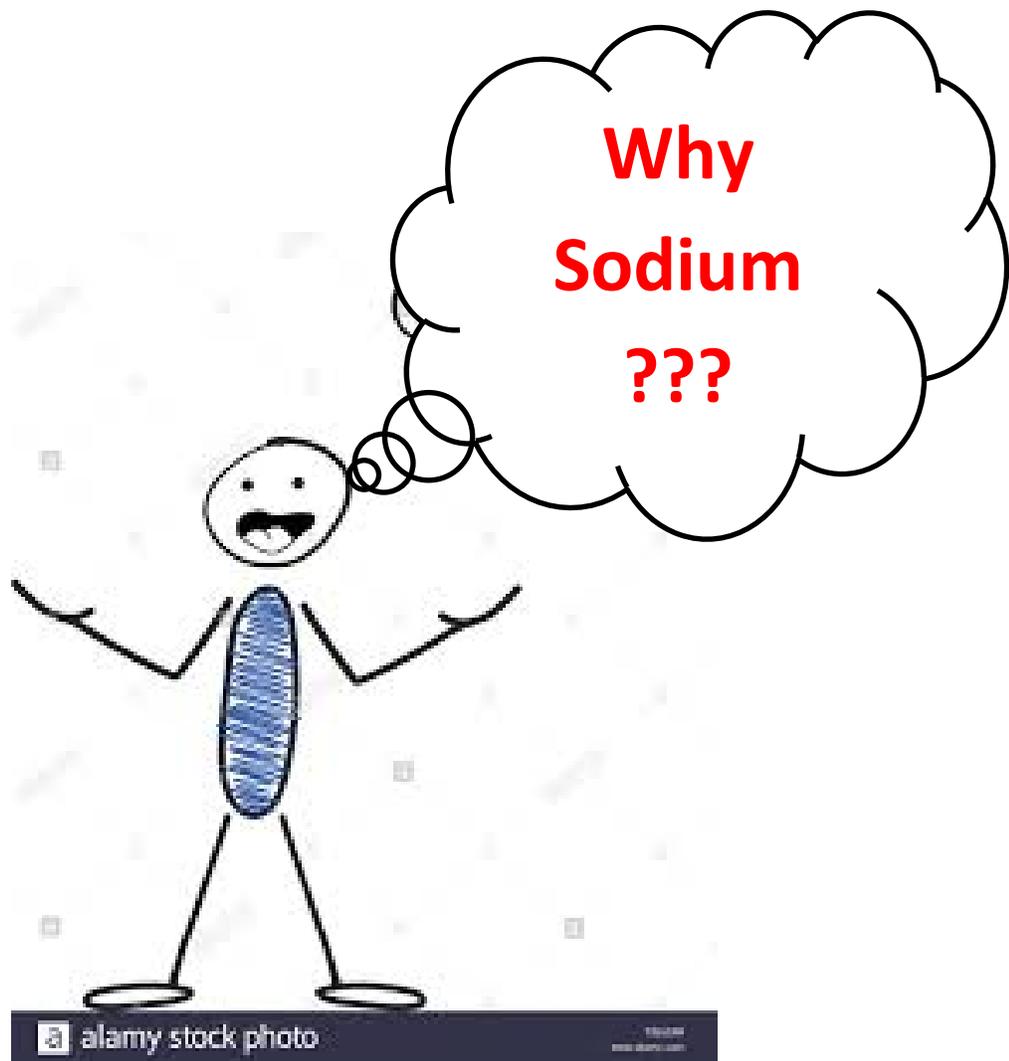
5. Lessons Learned:

A project like this takes time and effort on the parts of many staff members, especially in a larger clinic like Mexico. Bulletin boards, spinning wheels, original handouts, etc., all take time to be put together by the RDN. Our social worker laid the ground work with her previous work on behavior modification. Many thanks go to the nurses and patient care technicians for administering the test. This is one more task for them to "fit in" among their daily duties caring for the patients. Again, a big thank you to the unit clerk for compiling data to determine outcomes and for entering names into the pot three months in a row. Without her help, the project may not have been completed. Also, a big thank you to our patients who graciously took "one more" test or survey to get baseline knowledge. The fact that this group of patients had a good time learning about sodium and its effect on fluid gain made the project worthwhile. This was truly a team effort!!!

Looking back, there are things that may have been done differently. Getting started a little sooner would be one of them. However, January and February provided some dicey weather that precluded the RDN from getting to the clinic to administer the test. And, some of the patients missed treatments during those months due to weather conditions. However, in the end, it all came together, as planned. As mentioned above this was a team effort and included hard work from many staff in the clinic. As we always learn from these projects, something good is never easy!!!

Again, thank you for allowing us to provide this valuable project to our patients. They will be sad to see it end. ☑

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Most people who receive dialysis treatments need to watch their sodium intake more closely than those with good kidney function. The reasons are many. Among them are:

- **Keeps blood pressure under better control**
- **Improves shortness of breath**
- **Will help with fluid balance and swelling**

Sodium is found in many foods and is measured in grams or milligrams. **Dialysis patients should have about 2 grams (2000 milligrams) of sodium each day.**

It is important to know the difference between “salt” and “sodium”. These words are often used to mean the same thing. **Technically, they are different. In science, sodium is a separate mineral. When combined with another mineral, chloride, it becomes table salt, or sodium chloride.**

If a dialysis patient uses just one teaspoon of table salt daily, he/she would be getting 2300 milligrams of sodium!!! That is more than the total daily allowance!!!

¼ tsp salt = 575 mg sodium
½ tsp salt = 1,150 mg sodium
¾ tsp salt = 1,725 mg sodium
1 tsp salt = 2,300 mg sodium

When reading labels, it is important to know the difference. Most labels refer to “sodium”, not “salt”. By reading labels, a person will have a better understanding of how much sodium is in a food. **Many foods can be very high in sodium but not taste “salty”.** For example, many breads and cereals can be surprisingly high in sodium but not taste “salty”. This is why reading labels and being a “food detective” is very important.



Most sodium in the American diet comes from highly processed foods like canned, frozen or quickly prepared foods. For example, canned soups can contain over 800 mgs of sodium in a single serving!!! That is very scary, especially for those watching the sodium in their diet.

When buying some foods, such as vegetables, **frozen is the best option. Most frozen vegetables are sodium free while their canned counterpart can contain 300 mg of sodium in a serving.**

Avoiding sodium can help you limit your fluid intake. By watching your sodium intake, you will not be nearly as thirsty and will automatically drink less fluid. Be aware of your fluid intake and also keep an eye on your weight gains between treatments when you come into the clinic. **2.2 pounds is equal to one kilogram. This is the equivalent of one quart of fluid.** If you gain two kilograms between treatments, you are doing very well with your fluid intake. This means you are keeping your intake to one quart daily or two quarts between treatments.

If there are any questions regarding fluid intake or weight gains between treatments, please ask any of the dialysis staff. We will be happy to help answer your questions.

Name: _____

Sodium Program Post-Quiz

Mexico MOKP Project 2021

1. True or False One Teaspoon of salt has 2300 mg of sodium.
2. Which has more sodium...canned green beans or frozen green beans?
3. Most salt in the American diet comes from:
 - A) the salt shaker
 - B) the cooking process
 - C) processed foods
 - D) the natural salt in foods
4. True or False One quart of fluid equals 2.2 pounds.
5. A dialysis patient should have _____ mg of sodium each day?
 - A) 5000
 - B) 3000-4000
 - C) 2000
 - D) 500
6. True or False Salt and Sodium are the same thing.

7. Which of the following counts as fluid but is also very high in sodium?

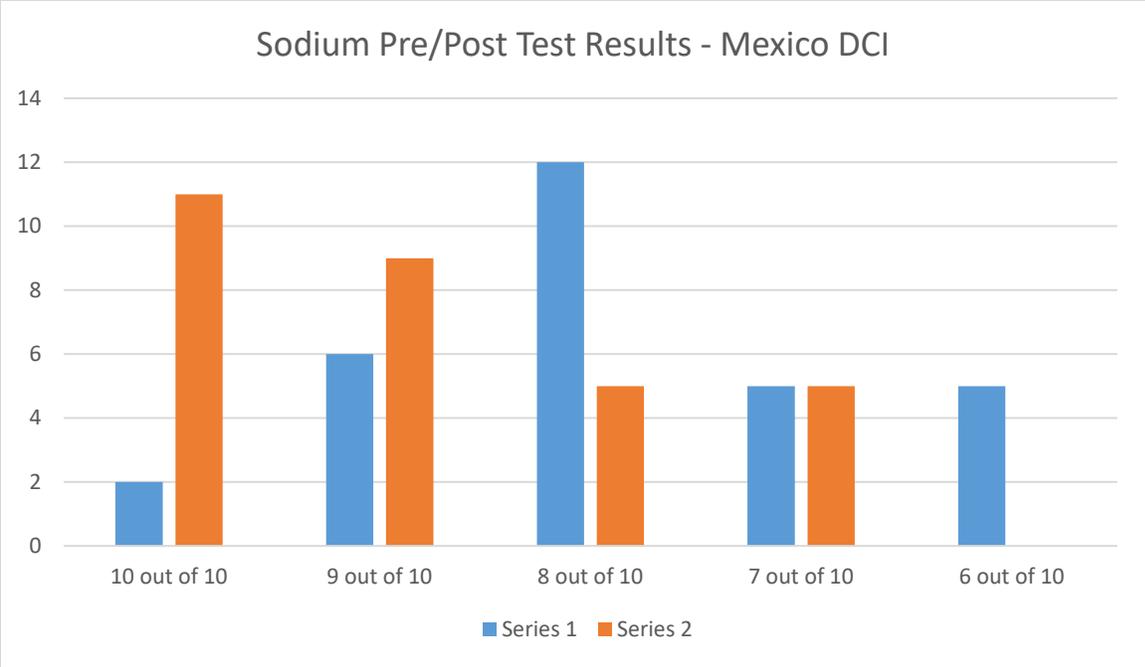
- A) Watermelon
- B) Gelatin
- C) Canned Soup
- D) 7 Up

8. Too much sodium can cause:

- A) Improved Kidney Function
- B) Weight Loss, Headaches
- C) Swelling, Shortness of Breath, Increased Blood Pressure

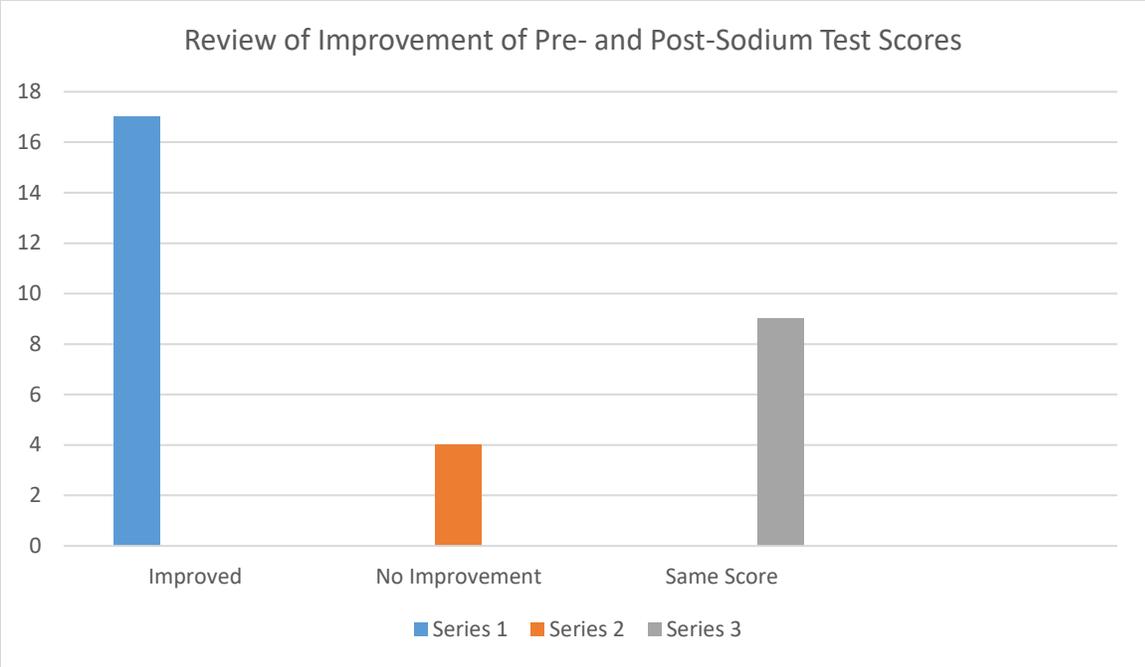
9. True or False Avoiding Salt will not help you limit fluid intake.

10. True or False Foods can have a high sodium content but not taste salty.

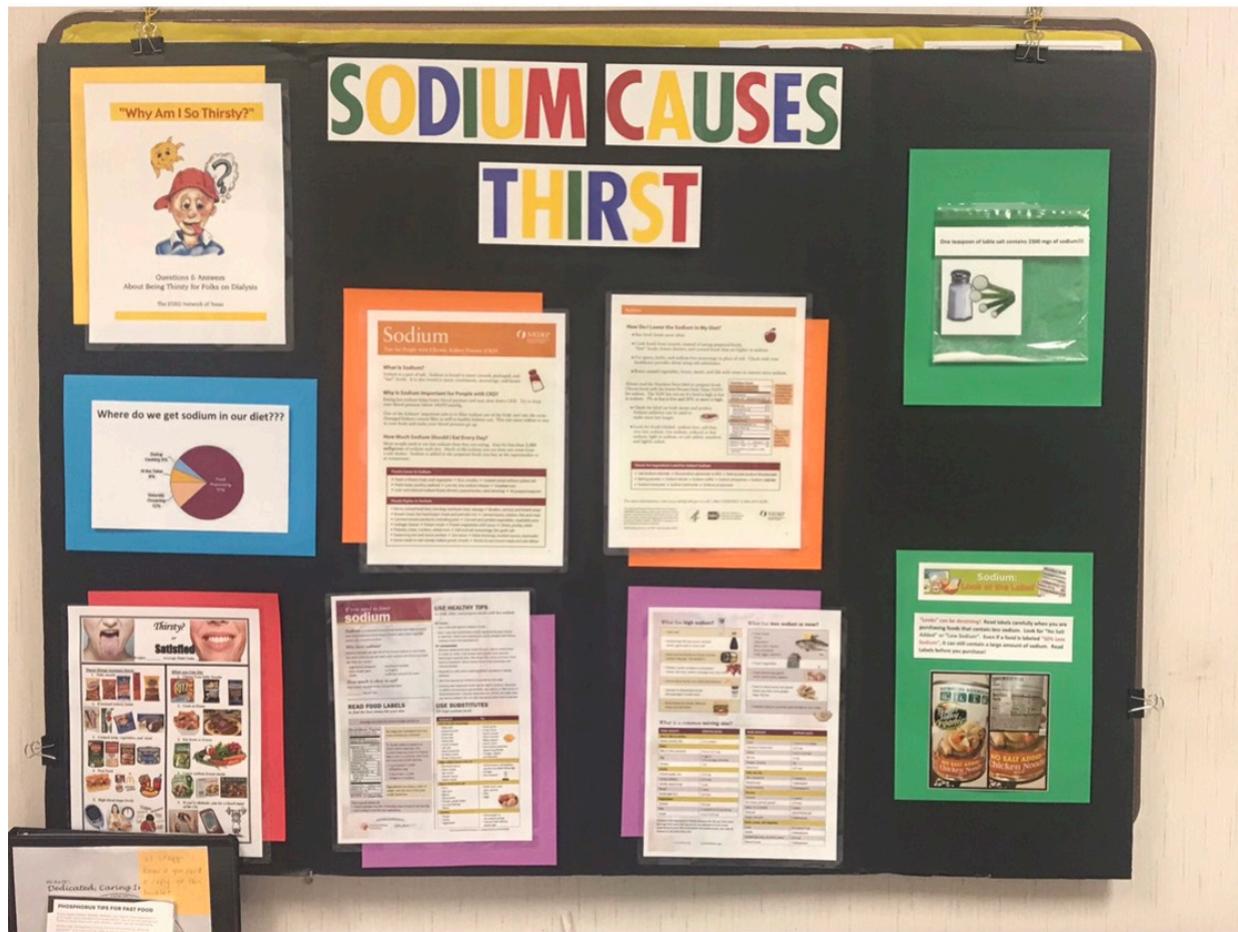


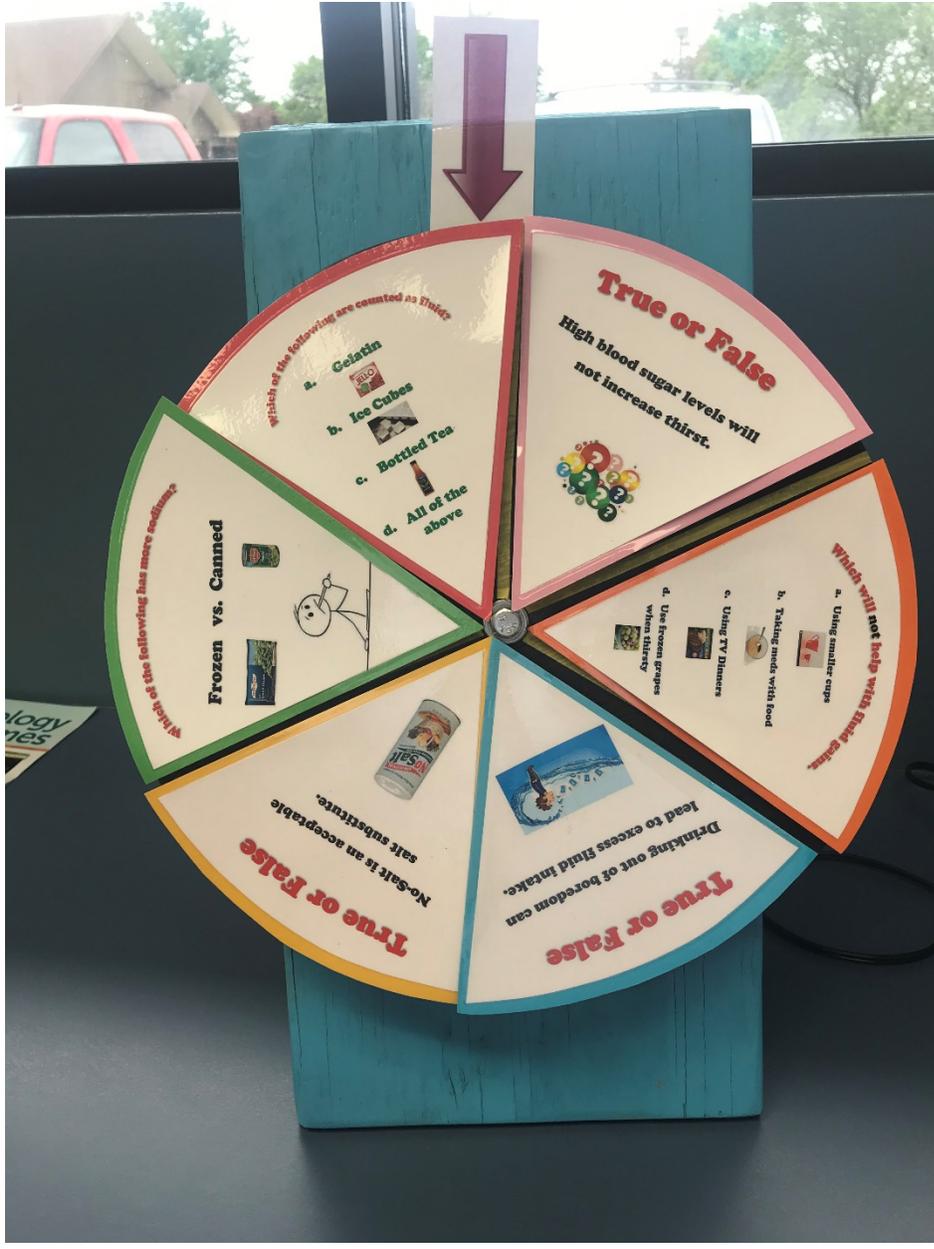
Interpretation:

This is a graph showing results of the pre- and post- sodium education of 30 patients at DCI Mexico who took both tests. The blue bars are the results of the pre-test and the orange bars are the results of the post-test. The results show that overall test scores improved. There is a large increase in the number of those who improved their scores in the nine and ten out of ten category. While the number of those who scored eight out of ten went down, those account for the increase in the scores of those with a nine or ten out of ten. It is also worth noting that there were no scores of six or less on the second test with all of those five patients showing improvement in their score.



This graph shows the overall improvement in the scores of 30 patients in the Mexico DCI who took the Pre- and Post-Sodium exam. The scores showed an overall improvement of those whose test score improved over the first test. Only four showed a decrease in their overall score while nine scores remained the same.





True or False
High blood sugar levels will not increase thirst.



Which will not help with blood glucose?

- a. Using smaller cups
- b. Taking meds with food
- c. Using TV Dinners
- d. Use frozen grapes when thirsty

True or False
Drinking out of boredom can lead to excess fluid intake.



True or False
No-Salt is an acceptable salt substitute.



Frozen vs. Canned



Which of the following are counted as thirst?

- a. Gelatin
- b. Ice Cubes
- c. Bottled Tea
- d. All of the above