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A Quality Improvement Project: The Development and Implementation of a Culturally Specific Chronic Kidney Disease Education Program in the Hispanic Population

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This quality improvement pilot project focused on the Hispanic population. The comorbidities of hypertension and diabetes contribute to elevated rates of chronic kidney disease (CKD) in this population (Linnell, 2005). Studies in CKD group education among the Hispanic population are limited. The incidence of progression to renal replacement therapy in Hispanics is 1.5 times greater than other ethnic groups (Lora, et.al, 2009). Prior to the implementation of this project, Hispanic patients who receive care at a nephrology practice were offered one on one education sessions with an advanced practice nurse. The education sessions were ineffective due to language barriers with the provider, lack of patient education materials, and missed appointments. The basis of this quality improvement project in CKD was to address these existing barriers to care among the Hispanic patient and promote self-management skills through culturally specific education. Educational classes were developed that focused on culturally appropriate dietary education, treatment compliance, disease process, renal replacement therapies, and strategies to decrease the progression to these therapies. A multidisciplinary team that included a nurse practitioner, dietician, and a Spanish translator implemented the classes. The classes were offered in the evening to increase the ability of patients and their families to attend the sessions. Handouts translated into Spanish were provided to improve the understanding of CKD treatment and replacement modalities. The target study group was Spanish or bilingual speaking patients of Hispanic origin ages 18 to 70 years old at stage 3 CKD or higher.

The study design was quasi experimental. A total of seven patients participated in the study. The effectiveness of this program was evaluated by the measurement of physiologic measures and self-reported knowledge questionnaires. The questionnaire utilized in this project was the Perceived Knowledge in Patients with CKD Questionnaire, it was administered both pre- and post-education sessions (Finkelstein, et. al., 2008). Questionnaires measuring self-efficacy, self-health score, and activities and limitations scale were administered at the wrap up session.

The results included an increase in knowledge regarding CKD on the questionnaire post-group education session, blood pressure stability, improved medication, diet awareness, compliance, and the increased interest in participating in future group sessions. Culturally appropriate care in diseases such as CKD is the beginning of a shifting paradigm of effective patient education as a component of quality care. The CKD project implementation was a success; it provided positive outcomes that encompassed a positive culturally linguistic educational impact with this population.

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