

INTEGRATING RENAL AND PALLIATIVE CARE TO SUPPORT PATIENTS NEARING END OF LIFE

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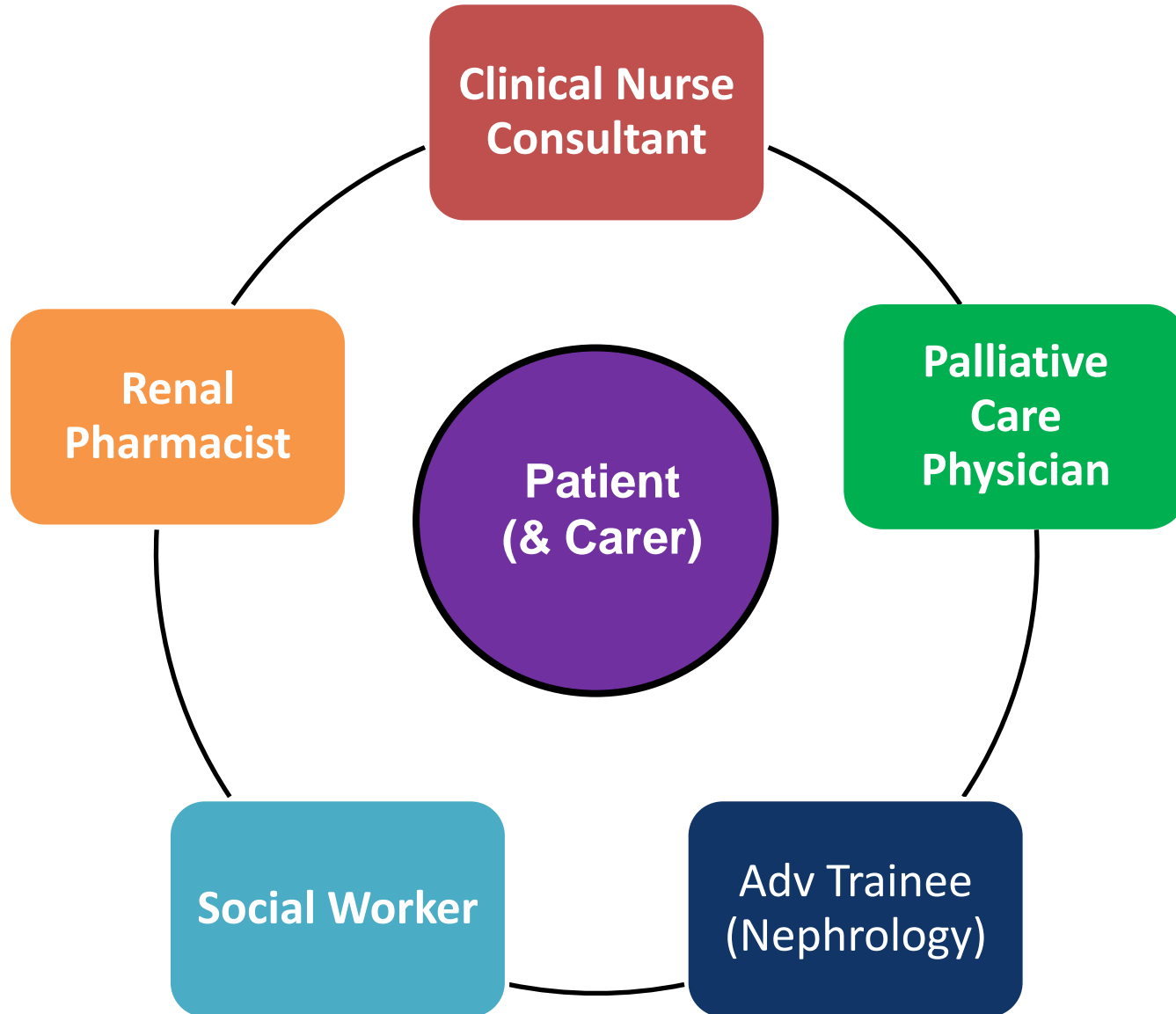
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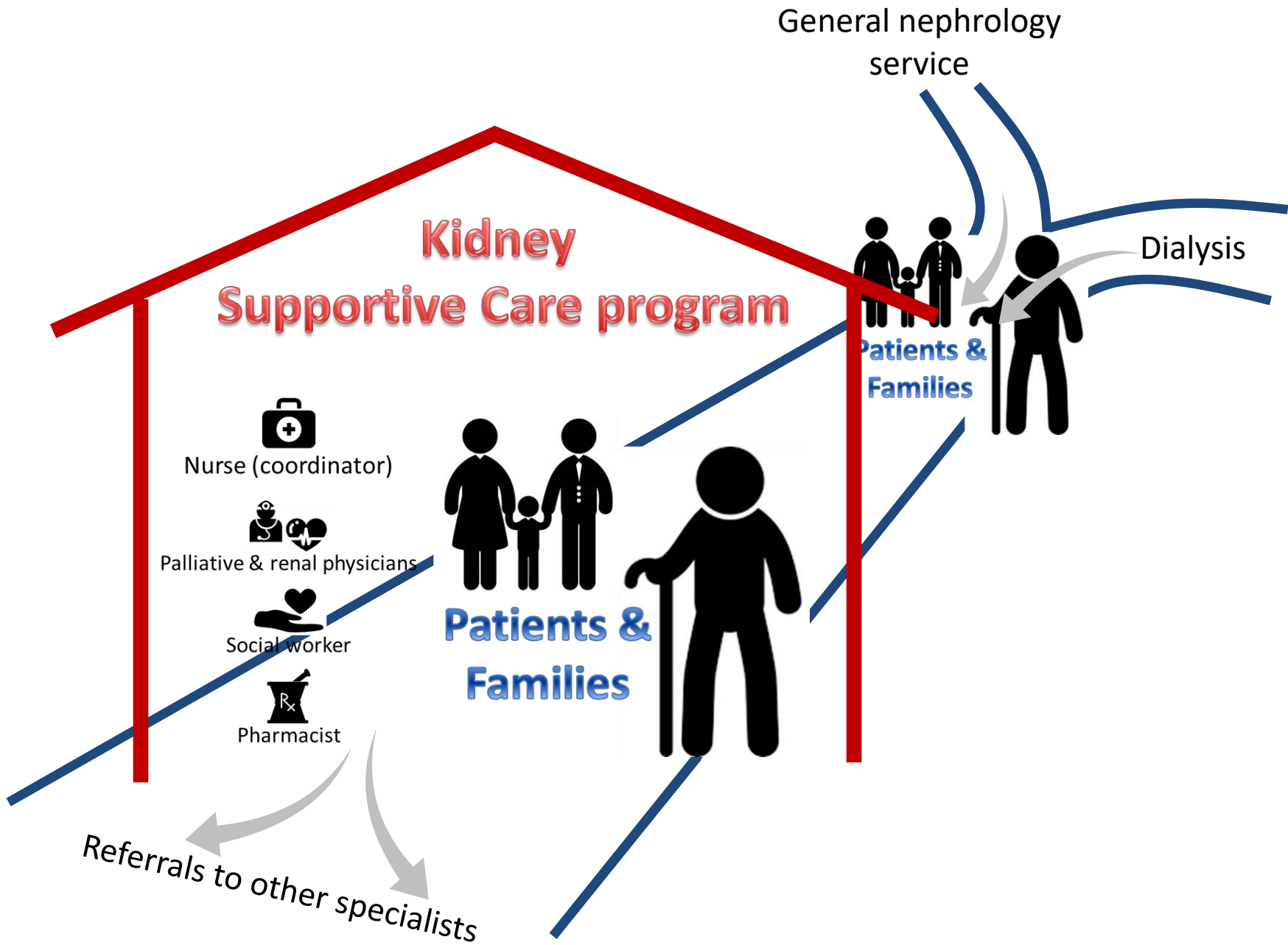


Kidney Supportive Care Program (KSCp)

- Collaboration between Kidney Health Service and Palliative & Supportive Care Service (Brisbane, Australia)
 - KSCp commenced Feb 2016 as a pilot program
- Integrated, community-based (outpatient) service for all of MNHHS
 - Person centred-care (tailored and flexible)
 - MDT care plan communicated to GP and renal team
- Patients with CKD 4 or 5 (including ALL RRT) referred for
 - Symptom management
 - Decision-making (conservative care; considering to stop RRT)
 - Advance care planning

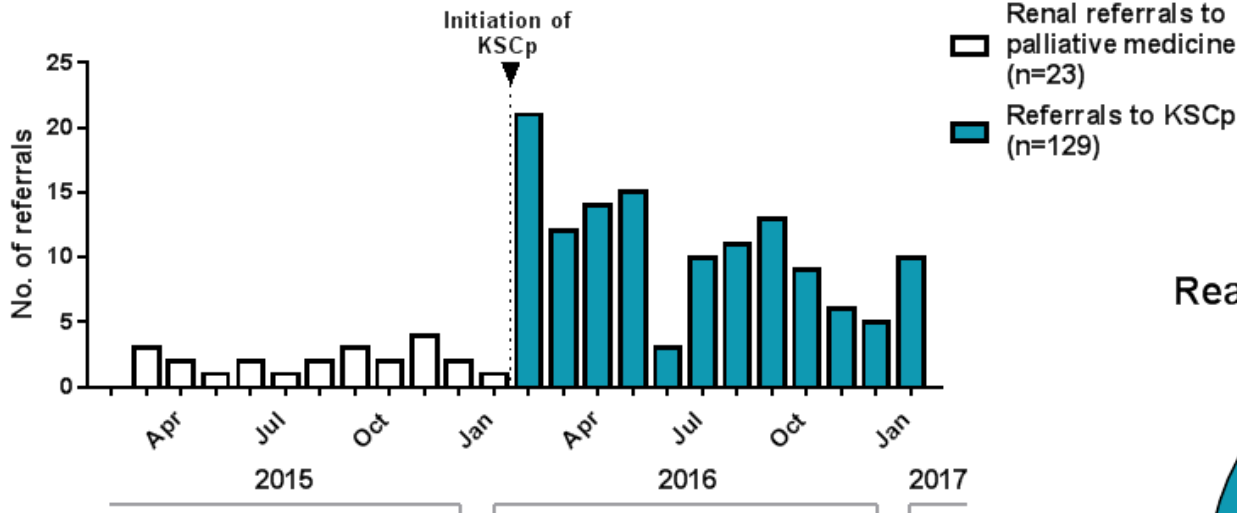
Integrated KSCp



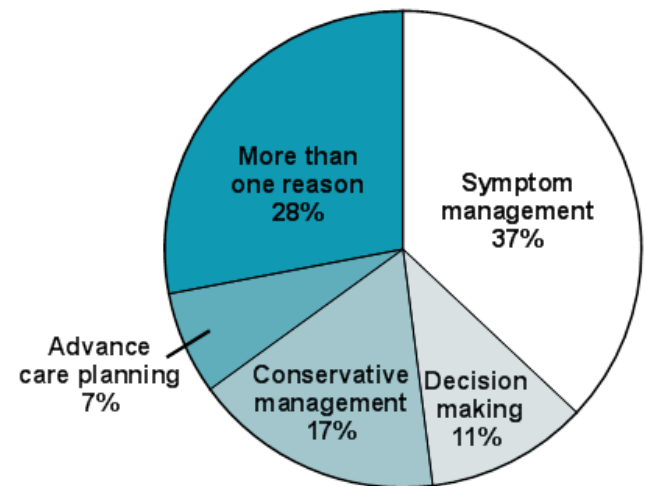


Referrals to KSCp

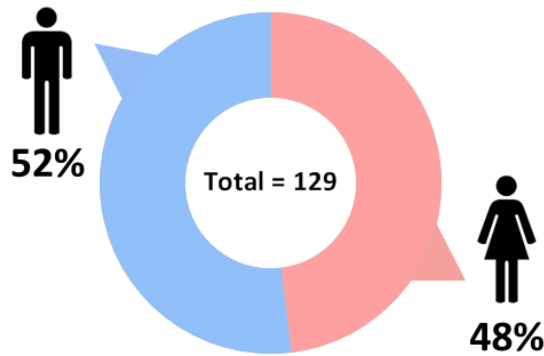
Renal referrals to palliative medicine (2015-16) and KSCp (2016-17)



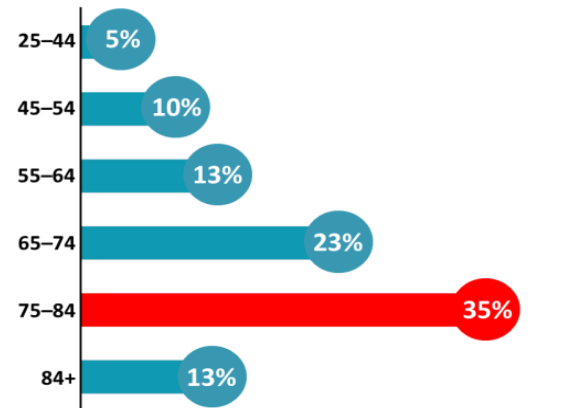
Reason for referral into KSCp



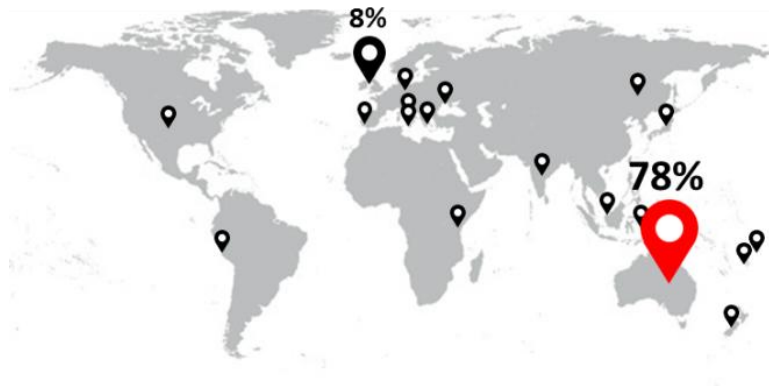
KSCp patient demographics



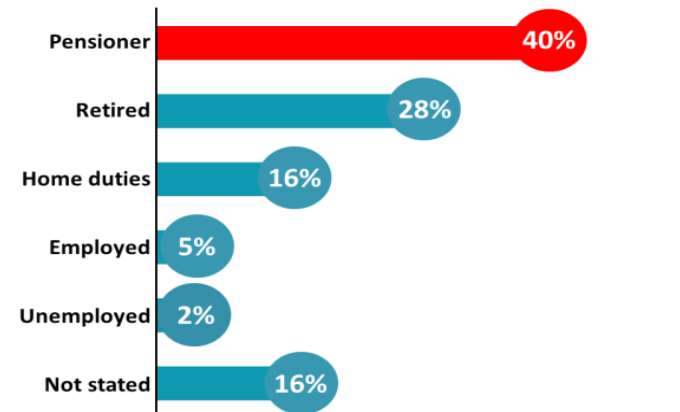
Median age = 71.3



Country of birth

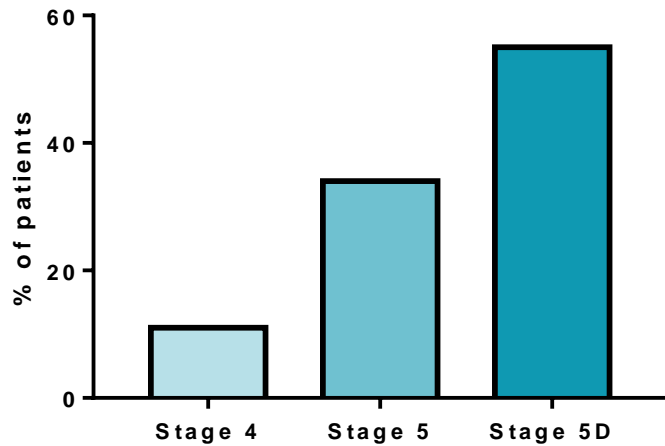


Occupation

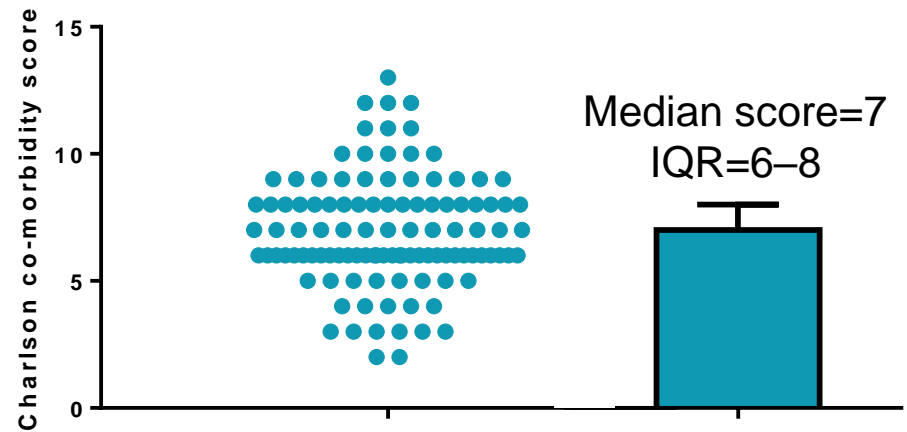


Clinical characteristics

CKD stage



Co-morbidity score (Charlson)



Symptoms at baseline (IPOS-Renal)

Most prevalent symptoms



Weakness (90%)
Pain (82%)
Poor mobility (80%)
Drowsiness (74%)

Most severe symptoms



Weakness
Pain
Poor mobility
Drowsiness
Difficulty sleeping

Symptoms per patient



Median = 12
IRQ=10–14

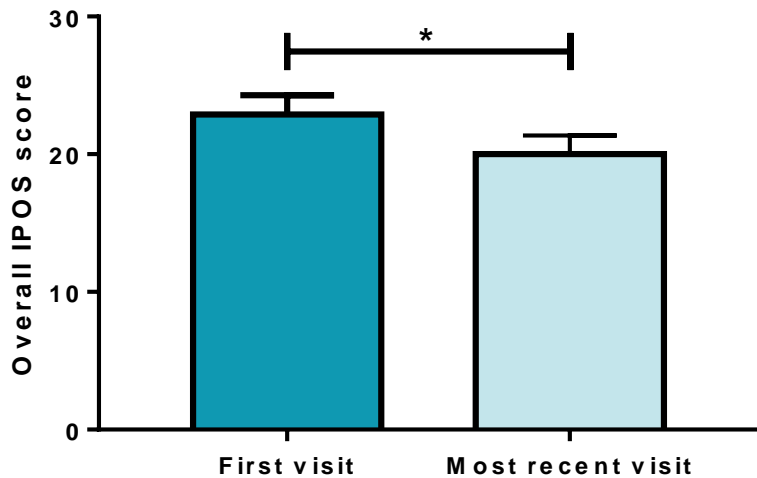
Overall symptom burden



Mean score = 22.9 ± 9.7

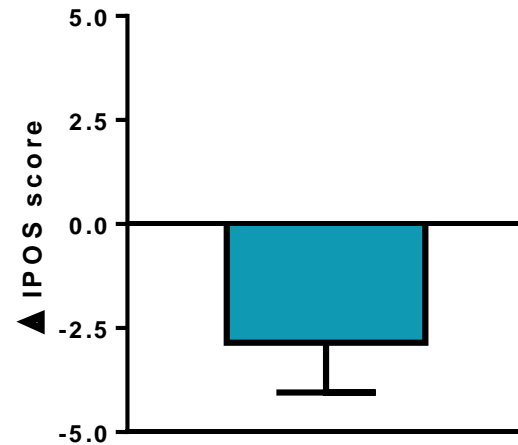
Symptom management

Change in symptom scores between visits



* p=0.02

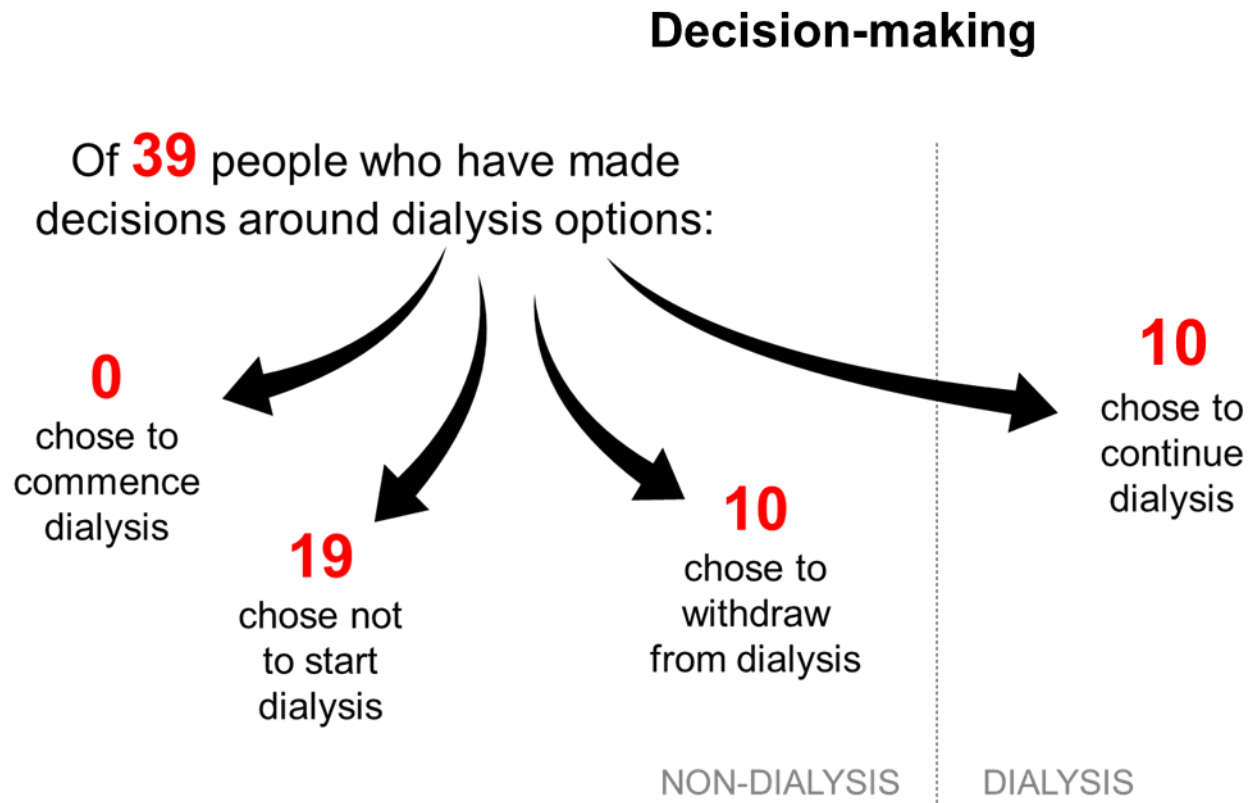
Change in symptom scores between visits



69% of KSCp patients reported improvement in overall symptom burden

Decision-making

- 30% (n=39) patients were supported to make decisions around dialysis options



Advance care planning



58% of patients have
**advanced care
planning** documented



19 deaths were
supported by the
KSCp



75% of deaths
occurred at
patients' preferred
final place of care

Poster ID: 79

Augmented reality
–Scan the barcode
–Listen to the stakeholders tell why the KSCp is important

ECTNA 2017

Examining stakeholders' perspectives of the implementation of an integrated kidney supportive care program

Ann Bonner^{1,2,3}, Louise Purtell^{1,2,3}, Helen Healy^{2,3,4}, Ilse Berquier², Carol Douglas⁵, Belinda Chaplin¹, Wendy Hoy^{3,4}

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Objective

To identify factors enabling or impeding the implementation of a new integrated kidney supportive care program from a hospital staff perspective.

Background

A kidney supportive care program (KSCp)¹ was introduced in Brisbane, Australia in 2016. This operates as a single-site transdisciplinary clinic and is targeted to people with advanced kidney disease who are pursuing a conservative pathway or for whom dialysis is burdensome or likely to become unviable. The team is led by an advanced practice renal nurse and includes a renal trainee, palliative care physician, social worker and renal pharmacist.

Methods

Using a prospective, longitudinal mixed methods design informed by the Consolidated Framework for Implementation Research (CFIR)², 18 stakeholders were interviewed about the implementation and operation of the KSCp. Stakeholders included clinical (medical, nursing and allied health) and senior hospital executive personnel. Transcripts were analysed deductively according to the five CFIR constructs (intervention characteristics, characteristics of individuals, outer setting, inner setting and process) (Figure 1).

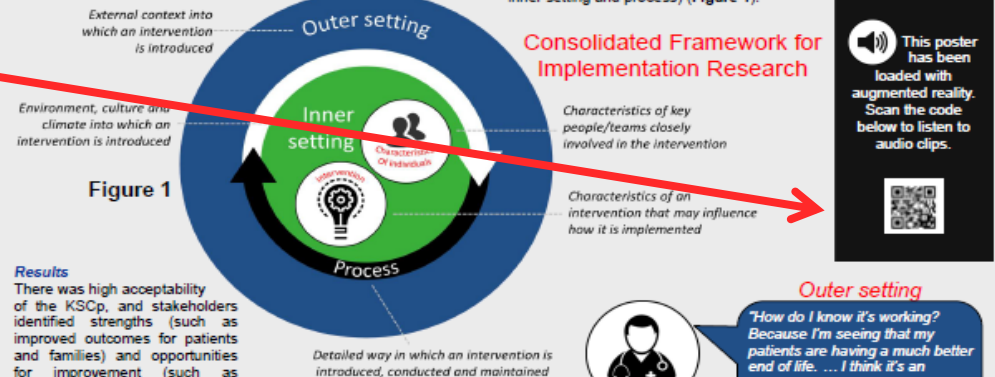


Figure 1

Results

There was high acceptability of the KSCp, and stakeholders identified strengths (such as improved outcomes for patients and families) and opportunities for improvement (such as communication between clinical staff and executive decision-makers).

Intervention

"It's about giving [patients] a meaningful and realistic alternative [to dialysis] path that is clinically sound, clinically safe, valid, but also respecting their own choices and respecting their own wishes."
~Stakeholder 6

Characteristics of individuals

"What we do is very different, it's very forward thinking, I think at the core of everything that [KHS] is trying to achieve is focusing on what's best for the patient but, at the same time, what's best for the health service and society in general. So I think that the ethos is very big picture, but the patient is the one that we're most concerned about in terms of providing the benefit."
~Stakeholder 9

Consolidated Framework for Implementation Research

This poster has been loaded with augmented reality. Scan the code below to listen to audio clips.

Outer setting

"How do I know it's working? Because I'm seeing that my patients are having a much better end of life. ... I think it's an innovative and fabulous idea which is actually translated into real clinical change."
~Stakeholder 2

Inner setting

"Up till now dialysis patients have really had no one to turn to. They go to the psychologist when we identify the stress signal, but by that stage it's equivalent to having fallen over. And that's bad—that's rescue management."
~Stakeholder 4

Process

"We had ... executive support, and then there's a big gap between that and the service. And so I and some collaborators embarked on a purposeful strategy of multiple engagements at multiple levels."
~Stakeholder 18

Conclusions

In the current setting, the KSCp was highly acceptable throughout the organisation, and seamlessly integrated the renal and palliative care teams. This KSCp model may be transferable internationally.

Conclusion

- The KSCp is delivering a care pathway that matches individual patient needs to the right health skill set.
- It is highly acceptable by patients, carers and other clinicians.
- It seamlessly integrates renal and palliative care teams.
- Supports exploration of complex decision-making around end of kidney life.
- KSCp model may be transferable internationally.



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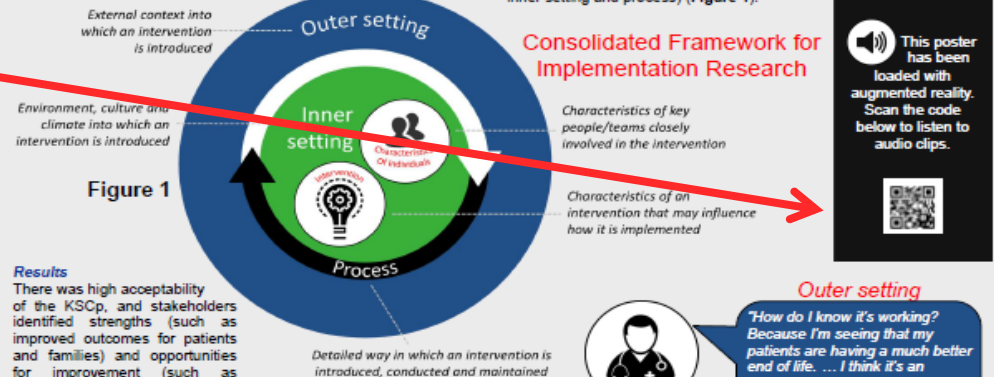


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Consolidated Framework for Implementation Research

Characteristics of key people/teams closely involved in the intervention

Characteristics of an intervention that may influence how it is implemented

Detailed way in which an intervention is introduced, conducted and maintained

Outer setting

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