



The impact of an integrated Renal Supportive Care Service on Symptom Burden, Advanced Care Planning and Place of Death for patients with Advanced Chronic Kidney Disease managed without dialysis.



CA Douglas ¹, JM Sloan², M Witham ³, S Cathcart², L stage ³, L Frame², ME Lafferty²
 Cornhill Macmillan Centre Perth, NHS Tayside ¹, Ninewells Hospital Dundee, NHS Tayside ²

Introduction

A Renal Supportive care Service was established in NHS Tayside in 2008 for patients with Advanced Chronic Kidney Disease (CKD) being managed without dialysis (conservatively). Evaluation after two years showed that only 50% of the patients were able to attend the clinic due to frailty and geographical location.

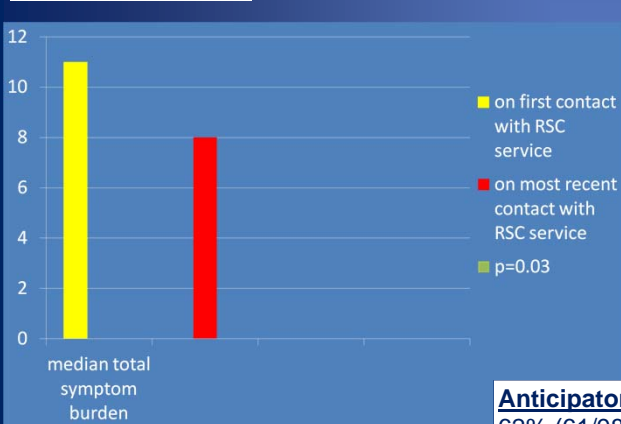
We redesigned the Renal Supportive Care (RSC) service to allow consultations to occur over a wide geographical area and within the community. The multi-disciplinary team now includes a Renal Supportive care nurse, Renal Consultant and a Palliative Medicine consultant. The main components of the service are continuing care of CKD without dialysis, symptom assessment and management as well as Advanced Care Planning.

A further evaluation of the service looks at the impact of this service.

Methods

A retrospective case-note audit was performed from April 2012 until October 2014 on all patients known to the service who had chosen conservative management. Data collected included demographics, RSC input, Palliative Care Outcome Score (POS), anticipatory care plan (ACP) information including resuscitation status and preferred place of care (PPC) and mortality data.

Total Symptom Burden



Results

Demographics

98 patients were managed conservatively during the audit period. 62% of patients were female and mean age of patients 83.7 years (range 63-94 yrs). 29% of people were living alone.

Consultations and Total Symptom Burden

72% (71/98) of the patients received a RSC consultation which amounted to 507 documented consultations. 36% (35/98) of patients received a RSC domiciliary visit. 72% (57/79) of patients who received a RSC consultation had a full assessment of symptoms using the POS with a significant improvement in total symptom burden from a median score of 11 to 8, between first and most recent consultation (p=0.03).

Anticipatory Care Plan

	Renal Supportive Care input (n=71)	No Renal Supportive Care input (n=27)
ACP in place	56(79%)	5(19%)
No ACP in place	15 (21%)	22 (81%)

P < 0.001

Anticipatory Care Planning

62% (61/98) of patients had an ACP in place. For patients with RSC input 79% (56/71) had an ACP compared to 19% (5/27) without (p<0.001). Preferred Place of Care (PPC) was documented in 68%(48/71) and 26% (7/27) in each respective group (p<0.001). For all patients with documentation, PPC was the community setting.

DNA CPR was documented in 84% (57/68) of patients with RSC input and 47% (8/17) without input (p<0.001). In all cases, DNA CPR decisions were electronically communicated to the GP.

Deaths

During the audit period 62% (61/98) of the patients died. 34% (21/61) of patients died in an acute or community hospital. 66% (40/61) died at home, a care home, a community hospital or hospice. Only 24% (8/34) of patients with documented PPC died in an acute hospital in comparison to 48% (13/27) of patients without documented PPC (p=0.04).

Conclusions

The Renal Supportive Care service achieve improvements in symptom control and provide Anticipatory Care Planning for many patients with CKD managed without dialysis. By discussing and planning for end of life, the RSC service play a role in helping patients achieve their preferred place of care and may help avoid death in an acute hospital setting.

DNA CPR Decision Documentation

	Renal Supportive Care input (n=68)	No Renal Supportive Care input (n=17)
DNA CPR documented	57(84%)	8(47%)
No DNA CPR documented	9(16%)	9(53%)

P < 0.001

Preferred Place of Care documentation

	Renal Supportive Care input (n=71)	No Renal Supportive Care input (n=27)
PPC documented	48(68%)	7(26%)
PPC not documented	23(32%)	20(74%)

P < 0.001

Acute Hospital deaths (%) n=21

