Renal Supportive Care Clinic: Pilot Project for Conservative Care Management at KGH

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BACKGROUND

- Patients reaching end-stage kidney disease (ESKD) are increasingly electing management that does not include renal replacement therapy (RRT)
- The uniqueness of this patient population suggests the need for a care model that differs from usual care offered in the Kidney Care Clinic
- Building upon BC Renal's creation of the Conservative Care Pathway, the Kelowna General Hospital Renal Supportive Care Clinic (SCC) offered a patient-centric, holistic, palliative approach to care

OBJECTIVES

- To provide proof of concept of an NP-led interdisciplinary Supportive Care Clinic model to address the unique needs of patients electing to decline RRT as compared to usual care
- To improve patient and loved one experience, enhance care team collaboration, and to decrease patient encounters with the emergency department and overall use of acute care services
- To facilitate partnerships and goal concordant care as outlined by the patient.

METHODS

- Inclusion Criteria for care within the SCC
  - eGFR <30; AND
  - i) electing to decline RRT OR
  - ii) identified as unlikely to include RRT in management plan
- Retrospective Cohort: representative of typical care; have elected modality "conservative care" per PROMIS database
- Quantitative data:
  - SCC Cohort: collected in real time from July 31 2018 – Jan 31 2019
  - Retrospective Cohort: collected for equivalent time period from July 31 2015 – Jan 31 2016 via PROMISE audit
- Qualitative data collected through telephone survey with patient loved ones and electronic staff surveys; thematic analysis

RESULTS: Quantitative Metrics Primary Findings

Emergency Department (ED) Encounters

Total ED Encounters	Supportive Care Clinic (n=26) number	%	Retrospective Cohort (n=20) number	%
0	15	57.69	11	55.00
1	7	26.92	4	20.00
2	2	7.69	3	15.00
3	2	7.69	2	10.00

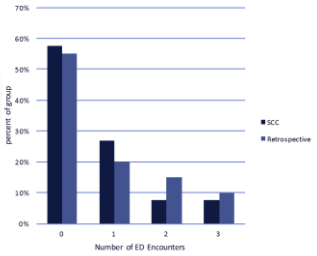
Number of Admissions

Total admissions	Supportive Care Clinic (n=26) number	%	Retrospective Cohort (n=20) number	%
0	16	61.54	11	55.00
1	8	30.77	6	30.00
2	1	3.85	2	10.00
3	1	3.85	1	5.00

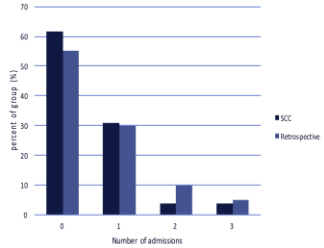
Length of Stay

LOS (days)	Supportive Care Clinic (n=10) experiencing admission number	%	Retrospective Cohort (n=9) experiencing admission number	%
1-3	2	20.00	2	22.22
4-6	2	20.00	3	33.33
7-9	2	20.00	0	0.00
10-19	3	30.00	3	33.33
20+	1	10.00	1	11.11

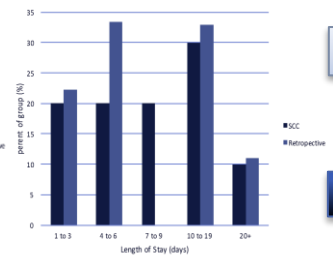
Encounters with Emergency Department (ED)



Number of Admissions



Length of Stay



SCC Cohort: n=26
Mean eGFR at initial SCC visit = 20.30ml/min
Retrospective cohort: n=20
Mean eGFR at beginning of data collection period =14.0ml/min

The SCC cohort as compared to the retrospective cohort within the defined six-month periods had

- lower incidence of multiple ED encounters,
- lower incidence of multiple admissions
- overall lower length of stay

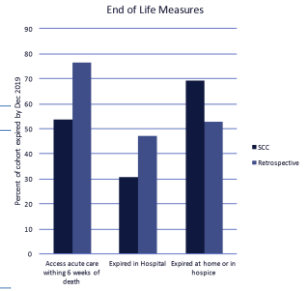
RESULTS: Quantitative Metrics Secondary Findings

- Lower proportion of SCC cohort accessed acute care within six weeks of death
- Lower proportion of SCC died in hospital; higher proportion died at home or in hospice
- Lower proportion of the SCC started RRT (3.84% : 20.00%)

Known expired as of Dec 31 2019

Measure	SCC (n=13) Number	%	Retrospective (n=17) Number	%
Access acute care within 6 weeks of death	7	53.85	13	76.47
Died in hospital	4	30.77	8	47.06
Died at home or in hospice	9	69.23	9	52.94

End of Life Measures



RESULTS: Qualitative Metrics

Patient loved one experience survey revealed themes:

- Accessible support
- Engagement in decision making
- Advocacy

> "...we didn't feel like we had to do case management stuff as much...I wish you could have seen us earlier on"

> "I think we felt a lot more validated when we would have concerns about some of the symptoms he was having and I think that for us felt, we felt very supported by that"

Staff survey revealed:

- Experiencing improved communication
- Feelings of engagement in meaningful work
- Recommendation to improve referral process

> "because of some of the great communication between the patient and loved ones and our team to then be able to reach out to the palliative care team and their services and have just such great providers available at that time, they were able to support that person"

> I think often the work we do is helping the families, so they can give permission to their loved one ; that's where the work is very meaningful"

> "And so where she may have had to go in and have a traumatic emergency visit, it turned out to be so simple that it was quite impactful for that patient and quite meaningful from my perspective"

CONCLUSIONS

- A dedicated supportive care clinic, offering a holistic team-based palliative approach to care for patients with ESRD declining RRT may decrease interactions with acute care services overall, and specifically within last six weeks of life
- Secondary findings suggest care within the SCC leads to patients being better informed in their decision making and less likely to alter their decision to continue with the conservative pathway
- May indicate improved preparation for and management of facets of the end of life experience; suggests that patients and their loved ones are better equipped to make care decisions at end of life that truly align with their wishes
- Future opportunities could consider application for geriatric nephrology care and wider cultural lens as it relates to EOL care

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