

## **Background**

In 2008 we established a Renal Supportive Care Service for patients with advanced chronic kidney disease (CKD) who were being managed without dialysis (conservatively). The service consisted of a shared clinic provided by a Renal consultant and Palliative Medicine consultant. Evaluation after two years showed that patients attending the clinic had a significant improvement in symptom burden, however only 50% of the patients were able to attend the clinic due to frailty and geographical location. Furthermore, the results suggested that patients not attending clinic were more likely to die in hospital.

We redesigned the Renal Supportive Care (RSC) service to allow consultations to occur over a wide geographical area and within the community. The service 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 and 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.

## **Results**

98 patients were managed conservatively during the audit period. 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 ( $p=0.03$ ).

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 ( $p<0.001$ ). PPC was community in 100%. DNA CPR was documented in 84% (57/68) of patients with RSC input and 47% (8/17) without ( $p=0.001$ ). In all patients where DNA CPR documentation occurred, the information was electronically communicated with the GP.

During the audit period, 62% (61/98) of the patients died. 43% (10/23) of those without an ACP died in an acute hospital versus 29% (11/38) of patients with an ACP ( $p=0.25$ ). 48% (13/27) of patients without documentation of PPC died in acute hospitals versus 24% (8/34) of patients with documentation ( $p=0.04$ ).

## **Conclusions**

The Renal Supportive Care team achieved improvement in symptom control and provided Advanced Care Planning for many patients with CKD managed without dialysis. By discussing

and planning for end of life care the Renal Supportive Care team play a role in helping patients achieve their preferred place of care and may avoid death within the acute hospital setting.