Integrating Palliative Care into Our Dialysis Unit

Outcomes
- Improved collaboration with palliative care team
- Earlier identification of patients of concern enabling a supportive pathway to be in place before the decision is made to withdraw from treatment, or to support those continuing to dialyse, despite deterioration
- Improved communication and increased confidence with conversations around the palliative needs of patients and families resulting in improved outcomes of End Of Life Care

Key Message
Renal nurses CAN make a difference to improve the quality of life and the end of life care of dialysis patients, families and carers, using existing resources

Quote: from Clinical Liaison in Dialysis post PEPA placement
“I had never asked a patient if they would like to die at home”
Sally Gaylor – Registered Nurse, March 2013

Method Integrating Renal and Palliative Care: A framework for implementation

Target groups
- Patients opting not to start dialysis – conservative medical management only
- Patients deteriorating despite dialysis
- > 75 age with multi comorbidities e.g. HD, diabetes
- Dual diagnosis e.g. cancer/ESRD on dialysis

Areas of need
- Symptom control
- Psychological and social support
- Advance Care Planning
- End of life care (terminal stage)
- Bereavement

Care settings
- Inpatient care
- Community based care

Essentials for integration
- Clinical champions
- Pre-dialysis
- Dialysis
- Palliative care
- Nurse initiated referrals
- Protocols and pathways
- Communication systems e.g. meetings, IT
- Cross specialty learning between palliative care and renal e.g. PEPA

Pre dialysis
Pre Dialysis Coordinator

Shared Decision Model
- Resources to support information consent and decisions
- Family meeting
- Patient held advance care plan
- Consider referral to palliative care
- Identify patients with ‘cause for concern’

Prompts and triggers
- Prognostic indicator guide
- Quality of life and symptom assessment tool (POS-S)
- Family meeting
- Advance care plan

Dialysis
Dialysis Unit

Shared Decision Model
- Resources to support information consent and decisions
- Regular family meeting (annual/revised based)
- Review patient held advance care plan
- Consider referral to palliative care
- Identify patients with ‘cause for concern’
- Palliative care representative at monthly renal meetings

Prompts and triggers
- Prognostic indicator guide
- Quality of life and symptom assessment tool (POS-S)
- Family meeting
- Advance care plan

Post dialysis
Palliative care/ GP

Shared Decision Model
- Resources to support information consent and decisions
- Review patient held advance care plan
- Family meeting
- Refer to palliative care
- Support renal staff debriefing/feedback
- Bereavement follow-up with family

Prompts and triggers
- Prognostic indicator guide
- Quality of life and symptom assessment tool (POS-S)
- Family meeting
- Advance care plan

End of life
Needs-based care
- Care settings
- Choice of place of care
- Choice of place of death

Reference: End of Life Care in Advanced Kidney Disease: A Framework for Implementation
http://www.kidneycare.nhs.uk/Library/EndofLifeCareFINAL.pdf accessed September 2011

# PEPA is a federally funded program for practicing health professionals to experience the palliative approach
* POS-S Patient Outcome Symptom Scale

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Background
- A referral was made to Palliative Care when the decision was made that a patient withdraw from treatment
- Only a short window of opportunity existed for quality palliative care
- Patients and families faced making end of life plans under stress and conflict

Aims
- To identify early the patients of concern rather than responding to a crisis situation
- To have a supportive pathway throughout the dialysis journey

Outcomes
- Improved collaboration with palliative care team
- Earlier identification of patients of concern enabling a supportive pathway to be in place before the decision is made to withdraw from treatment, or to support those continuing to dialyse, despite deterioration
- Improved communication and increased confidence with conversations around the palliative needs of patients and families resulting in improved outcomes of End Of Life Care

Key Message
Renal nurses CAN make a difference to improve the quality of life and the end of life care of dialysis patients, families and carers, using existing resources