# Shifting attitudes & knowledge

of Renal NURSES

# Integrating ranal and palliative care

Vicky Smith<sup>1</sup>, Carita Potts<sup>1</sup>, Wendy Penney<sup>2</sup>, Sally Wellard<sup>2</sup>
<sup>1</sup>Ballarat Hospice Care Incorporated, Ballarat, Vic., 3350, Australia. <sup>2</sup> Federation University Australia, Ballarat, Vic., 3350, Australia.









Quote: from Clinical Champion 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

## **Background**

- Renal nurses challenged in planning and delivery of Advance Care Planning (ACP) and End of Life (EOL) care and family/carer's support.
- Identified gaps in service for ACP and EOL care for patients choosing either a conservative medical pathway, ceasing dialysis or deteriorating despite dialysis.
- Implemented a successful multi-professional collaboration and co-ordinated approach between renal and palliative care teams at local level Ballarat Health Services (BHS) and Ballarat Hospice Care Inc (BHCI).

### **Objectives**

Evaluate impact of integrated renal/palliative care education on haemodialysis nurse's attitudes and knowledge caring for patients/families at EOL in five rural haemodialysis satellite services within a Victorian region.

#### Methods

Ethics approval by BHS and SJOG HREC and Wimmera Health Care Group CRC.

- Mixed method research design.
- Phase 1 Focus Group to assist develop questionnaire for survey.
- Phase 2 Pre/post test survey (prior to a one day education and three months after).

In total 17 nurses completed the pre-test survey and attended the education day. Response rate of 47% (n=8) completed post-test survey.

#### Results

#### PHASE '

Focus group interviews (2) with renal nurses in a regional setting explored direction for the formation of the questionnaire.

Participants described/identified:

- discomfort at engaging in conversations about palliation and end of life care,
- expressing a desire to refer these matters to other colleagues who they perceived as more able,
- low levels of knowledge about ACP, palliative support and EOL care,
- fragmentation in nursing assessments.

#### PHASE 2

With a limited sample size (n=17) only qualitative findings are reported.

Post-test respondents:

- showed a broader definition of palliation,
- demonstrating a shift to planning and support for patients in managing illness and pain rather than limited to EOL care,
- $\bullet$  showed more willingness to include conversations about palliation into their practice,
- recognized their role in supporting families/carers,
- all post test respondents agreed (100%) they could initiate ACP, when pre-test only 58% agreed.

Evaluations (n=17) on the education day:

- introducing palliative care for patients already on dialysis was challenging,
- a need for more education on ACP and the need to take the opportunity of PEPA placements,
- appreciation for early introduction to the concepts of palliative care,
- feeling more comfortable to refer to palliative care and having open discussions with patients/families.

PRE-TEST RESULTS



POST TEST RESULTS



#### Implications for practice

This study may generate further exploration of the impact of nurses caring for haemodialysis patients at EOL in Australia to inform nursing practiced and guidelines, which is currently lacking.

CONCLUSION: Integrating renal and palliative care in regional settings is important to improve outcomes at EOL for patients/families. Can only be achieved by engaging and providing educational support for those working in satellite renal services.