Integrating Palliative Care into Our Dialysis Unit

Patricia Coutts¹, Sally-Anne Gaylor¹, Vicky Smith² ¹ Ballarat Health Services Dialysis Unit, Ballarat Vic 3353, Australia. ² Ballarat Hospice Care Incorporated, Ballarat Vic 3350, Australia.



BALLARAT HOSPICE CARE INC. Home Based Palliative Care

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

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

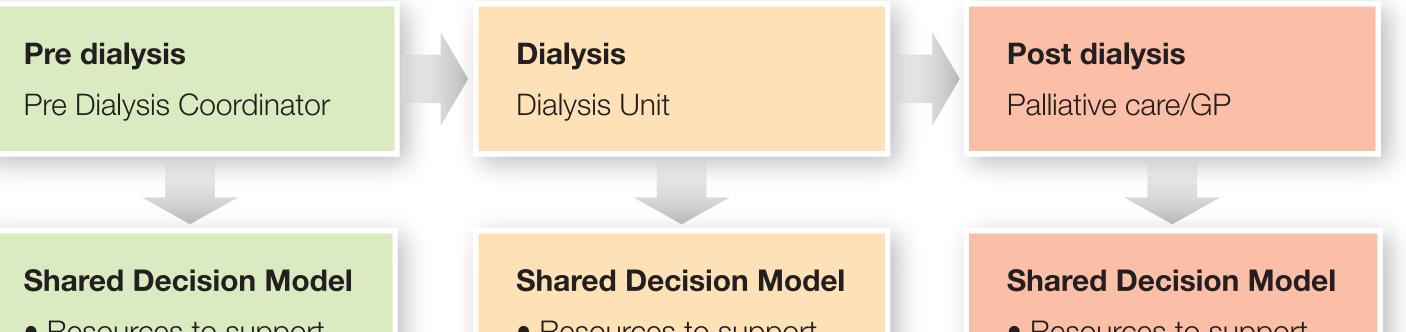
Aims

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

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 \circ > 75 age with multiple comorbidities e.g. IHD, 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

- In patient 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 speciality learning between palliative care and renal e.g. PEPA[#]

- 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

- Resources to support information consent and decisions
- Regular family meeting (annual/needs 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

symptom assessment

• Quality of life and

tool (POS-S)

• Family meeting

• Advance care plan

guide

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

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

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://passthrough.fw-notify.net/download/423980/http://www.kidneycare.nhs.uk/Library/EndofLifeCareFINAL.pdf accessed September 2011

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