

Evaluating the Implementation of a Kidney Supportive Care program – Queensland Experience

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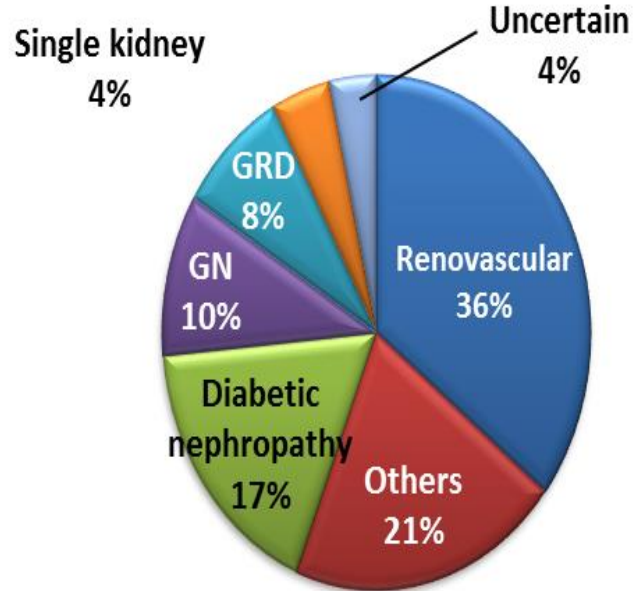
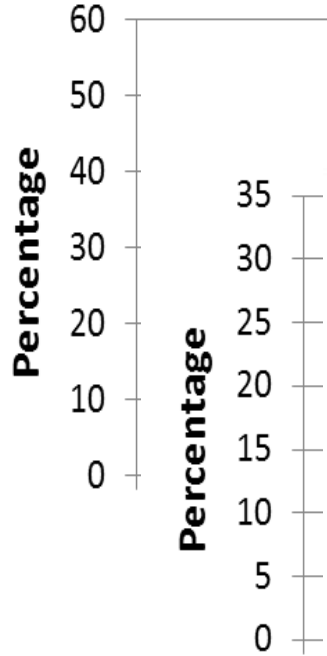
Metro North Hospital and Health Service



Distribution of age groups (%)

Distribution of CKD stages (%)

Distribution of renal diagnosis (%)

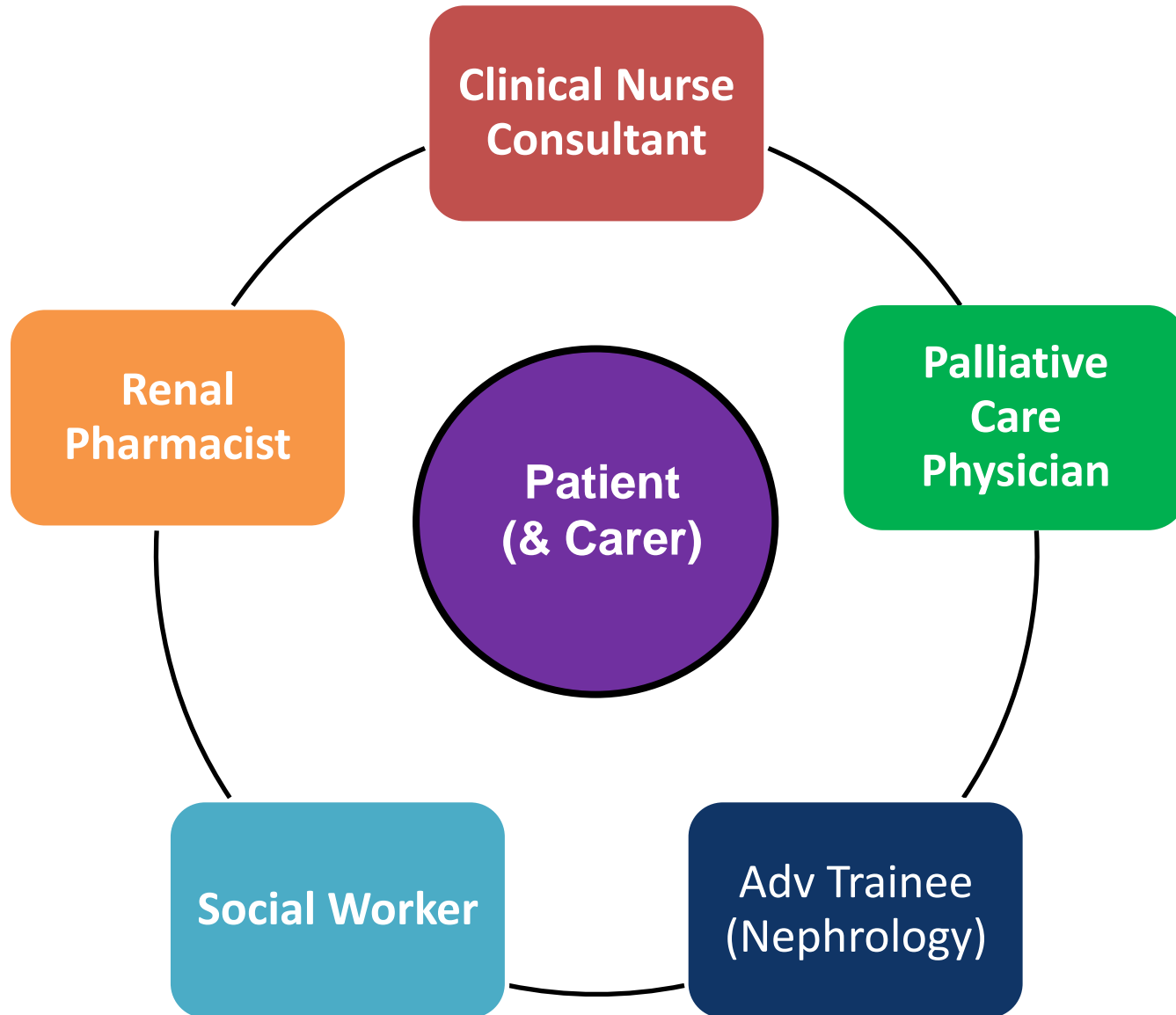


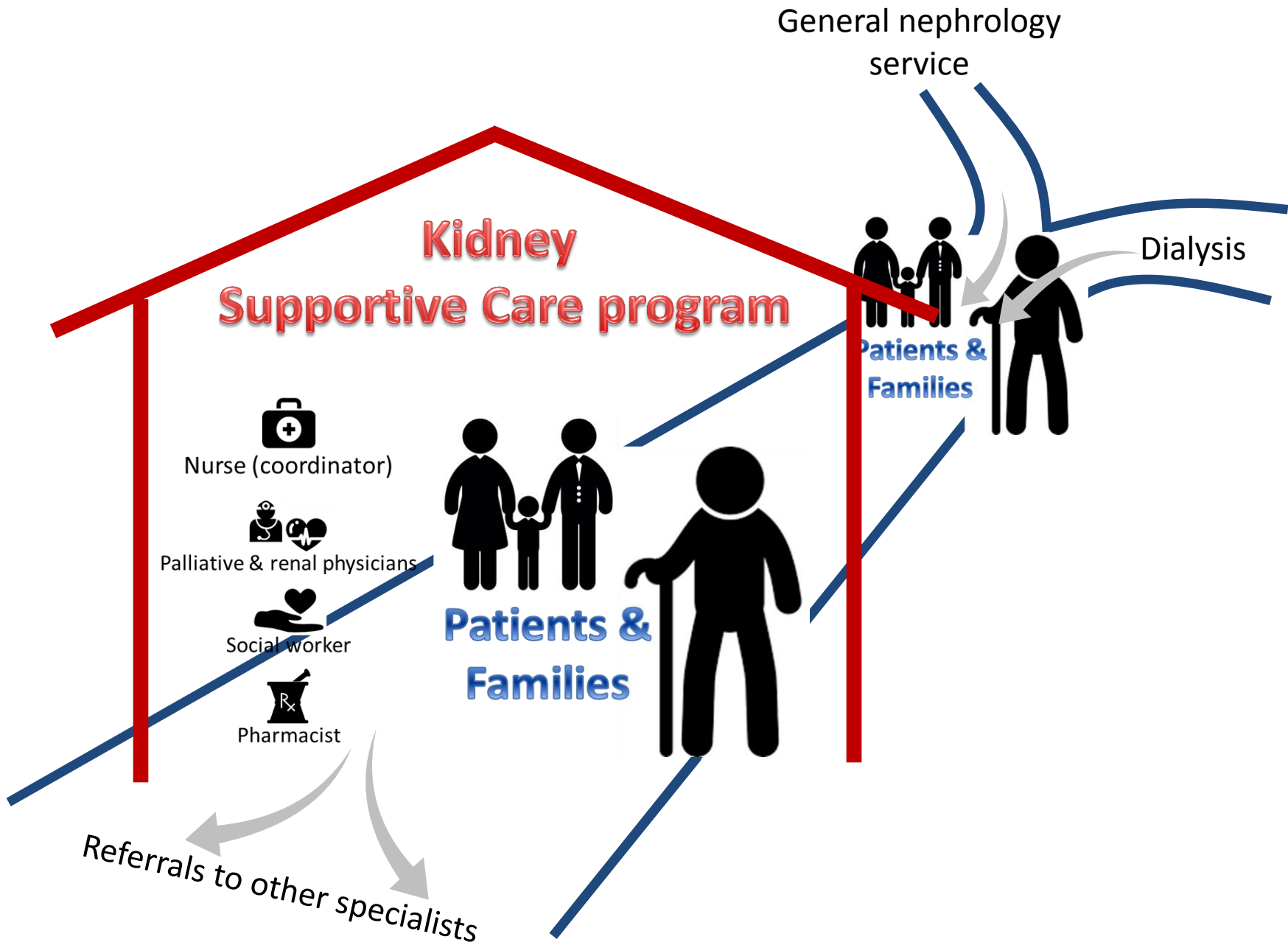
Data: CKD.QLD Registry

Kidney Supportive Care Program (KSCp)

- SEED innovation funding – MNHHS
- Collaboration between Palliative & Supportive Care Service and Kidney Health Service
- Integrated, community-based service for all of MNHHS
 - KSCp commenced Feb 2016 as a pilot program
 - Person centred-care (tailored and flexible)
 - MDT care plan communicated to GP and renal team
- KSCp referral for
 - Symptom management
 - Decision-making (conservative care; considering to stop KRT)
 - Advance care planning

Integrated KSCp





Research into KSCp



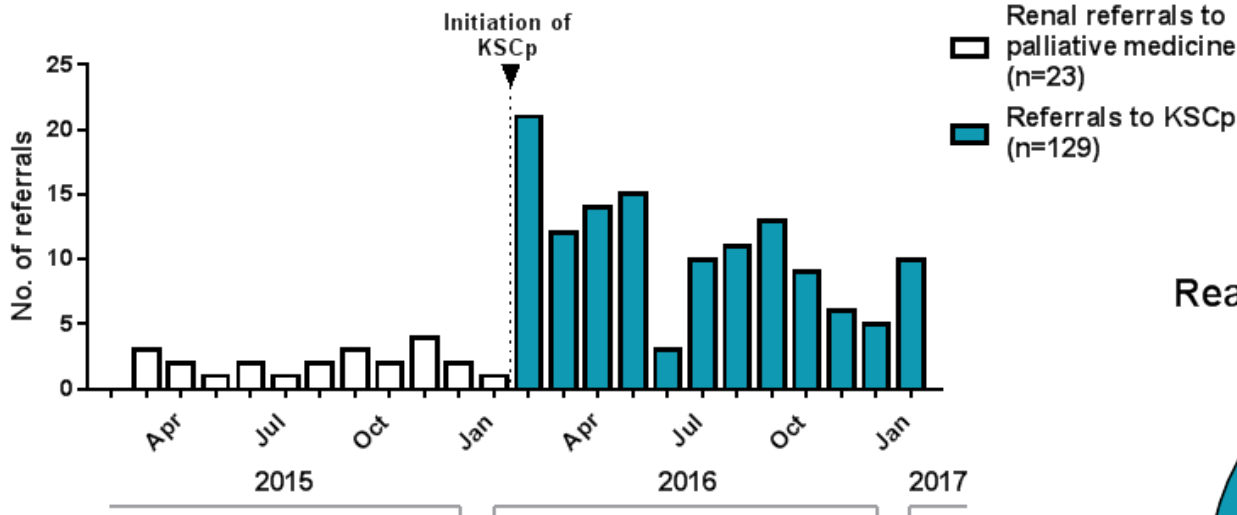
- Funded by
 - Australian Centre for Health Service Innovation (AusHSI) Implementation Grant (*CI: Bonner & Healy*)
 - CKD.CRE (*CI: Hoy, Healy & Bonner*)
- Implementation Science methodology
- Prospective, longitudinal, mixed-methods design (quantitative and qualitative data collection)
- Feedback to clinical team and executives in “real time”

Methods

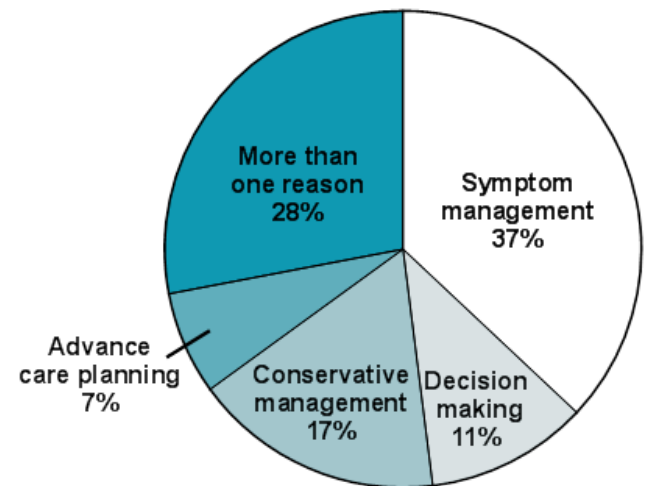
- Clinical and operational data
 - Patient-, carer- and clinician-reported measures
 - Medical records
- Staff, patient and carer perspectives
 - Semi-structured interviews (CFIR framework)
- Health economic outcomes
 - Healthcare utilisation
 - QALYs
 - Service costs and savings

Referrals to KSCp

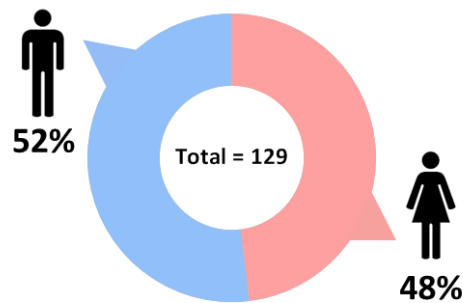
Renal referrals to palliative medicine (2015-16) and KSCp (2016-17)



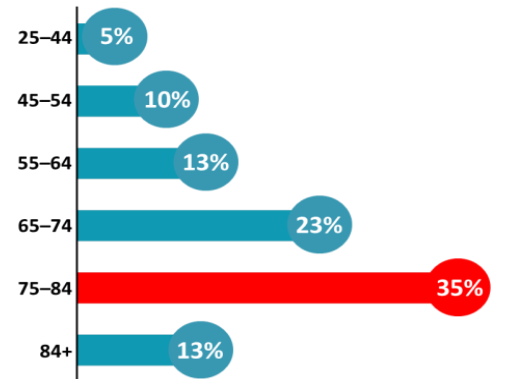
Reason for referral into KSCp



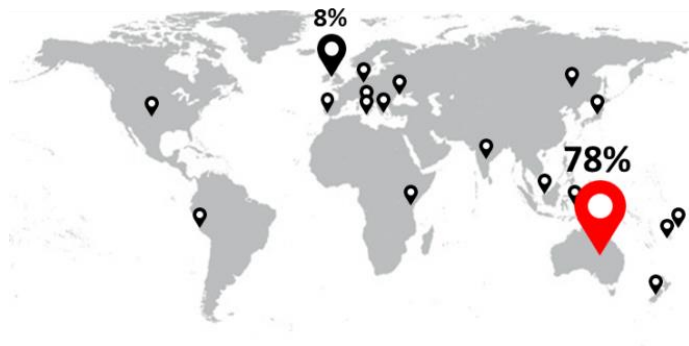
KSCp patient demographics



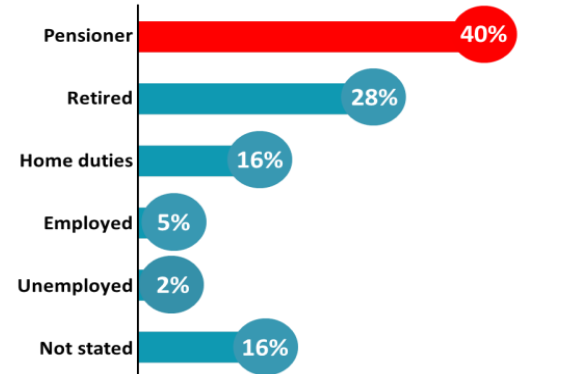
Median age = 71.3



Country of birth



Occupation

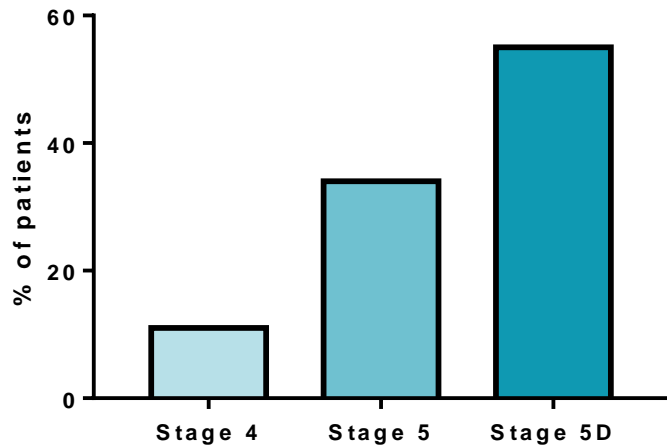


Aboriginal and Torres Strait Islander

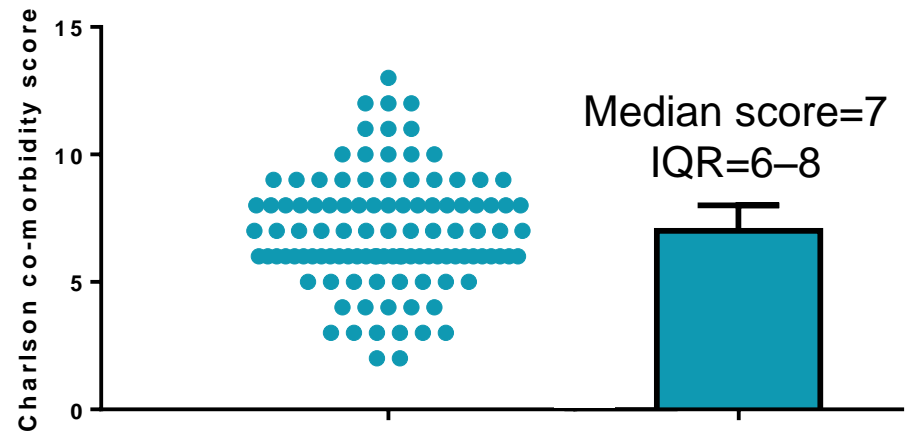
	ATSI	Total
Total number	5	129
Female/Male	2/3	62/67
Age (range)	49.6 (43.3-56.8)	74 (27.7-90.5)
CCI (median [IQR])	6.0 (4.5-6.0)	7 (6.0-8.0)
IPOS (mean \pm SD)	25.2 \pm 12.3	19.6 \pm 9.8
% KRT	80%	59%
RUG-ADL (median [range])	4 (4-4)	4 (4-18)
AKPS (median [range])	70 (60-70)	60 (40-80)
ACP documented	80%	58%

Clinical characteristics

CKD stage

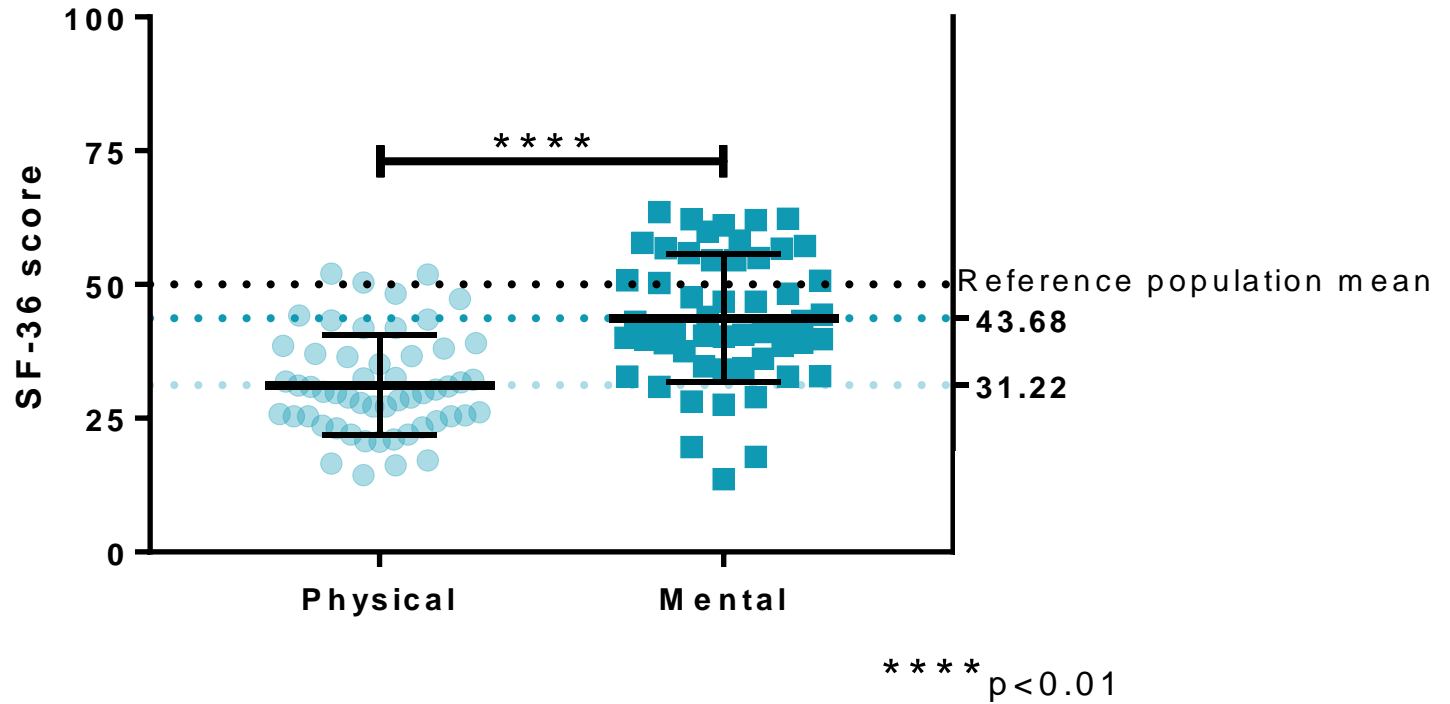


Co-morbidity score (Charlson)



Baseline health-related quality of life (SF36)

Quality of life scores at initial visit



Symptoms at baseline (IPOS-Renal)

Most prevalent symptoms



Weakness (90%)
Pain (82%)
Poor mobility (80%)
Drowsiness (74%)

Most severe symptoms



Weakness
Pain
Poor mobility
Drowsiness
Difficulty sleeping

Symptoms per patient



Median = 12
IRQ=10–14

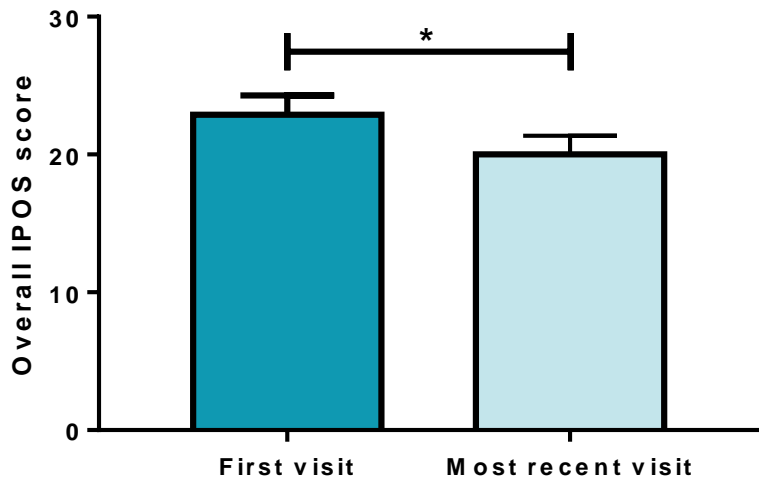
Overall symptom burden



Mean score = 22.9 ± 9.7

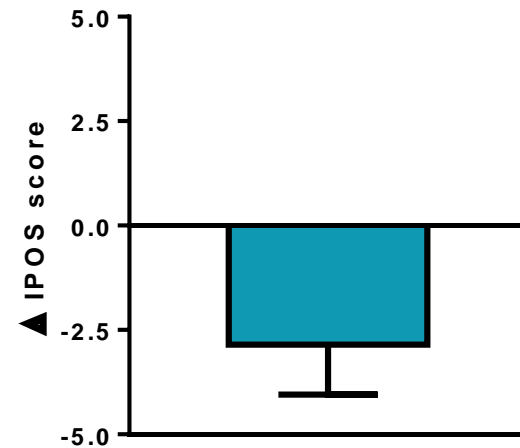
Symptom management

Change in symptom scores between visits



* p=0.02

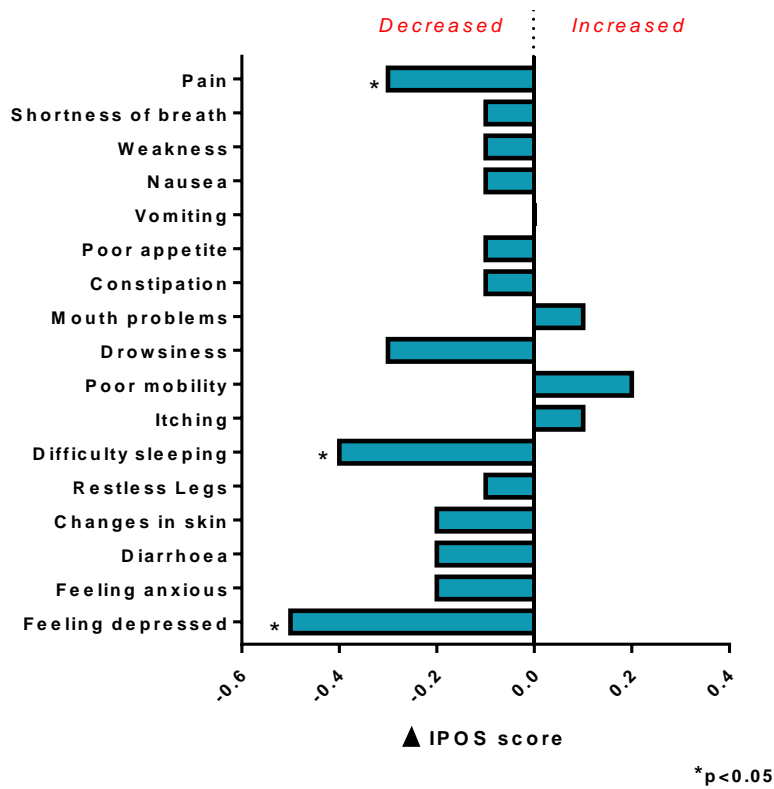
Change in symptom scores between visits



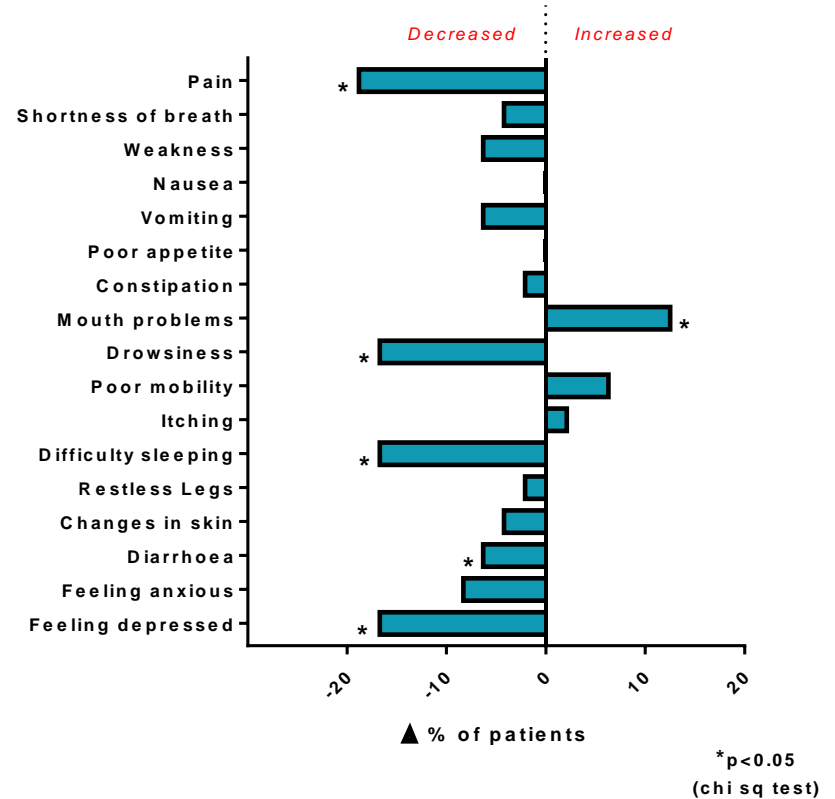
69% of KSCp patients reported improvement in overall symptom burden

Individual symptom management

Change in symptom scores between visits

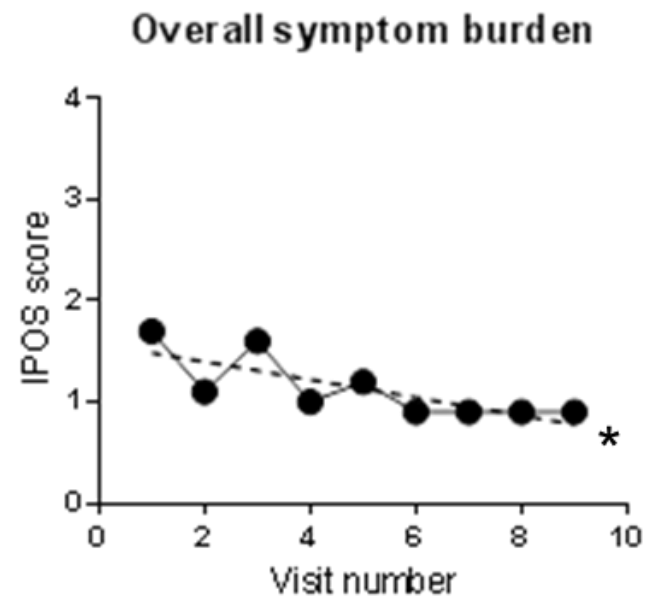
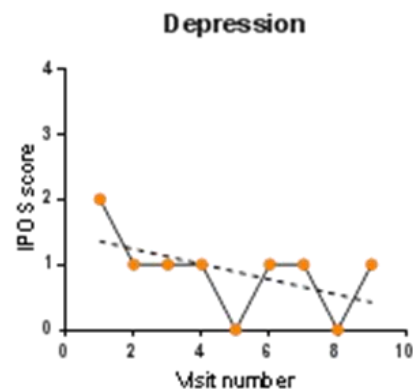
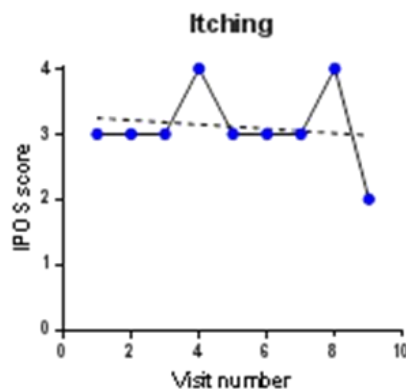
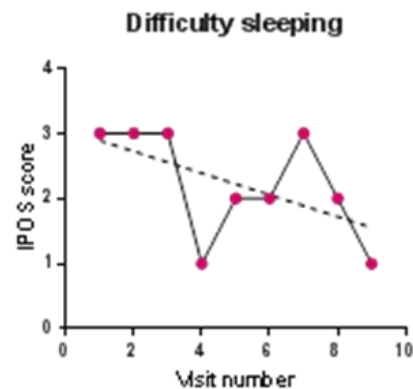
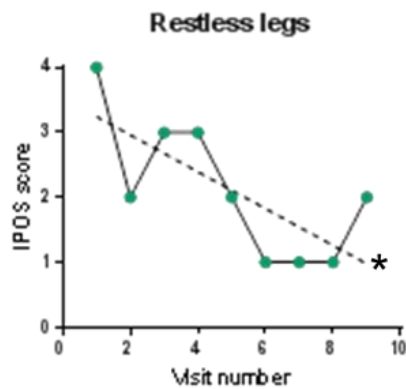


Change in % of patients with scores ≥ 2 between visits



Symptoms case report: Mr A

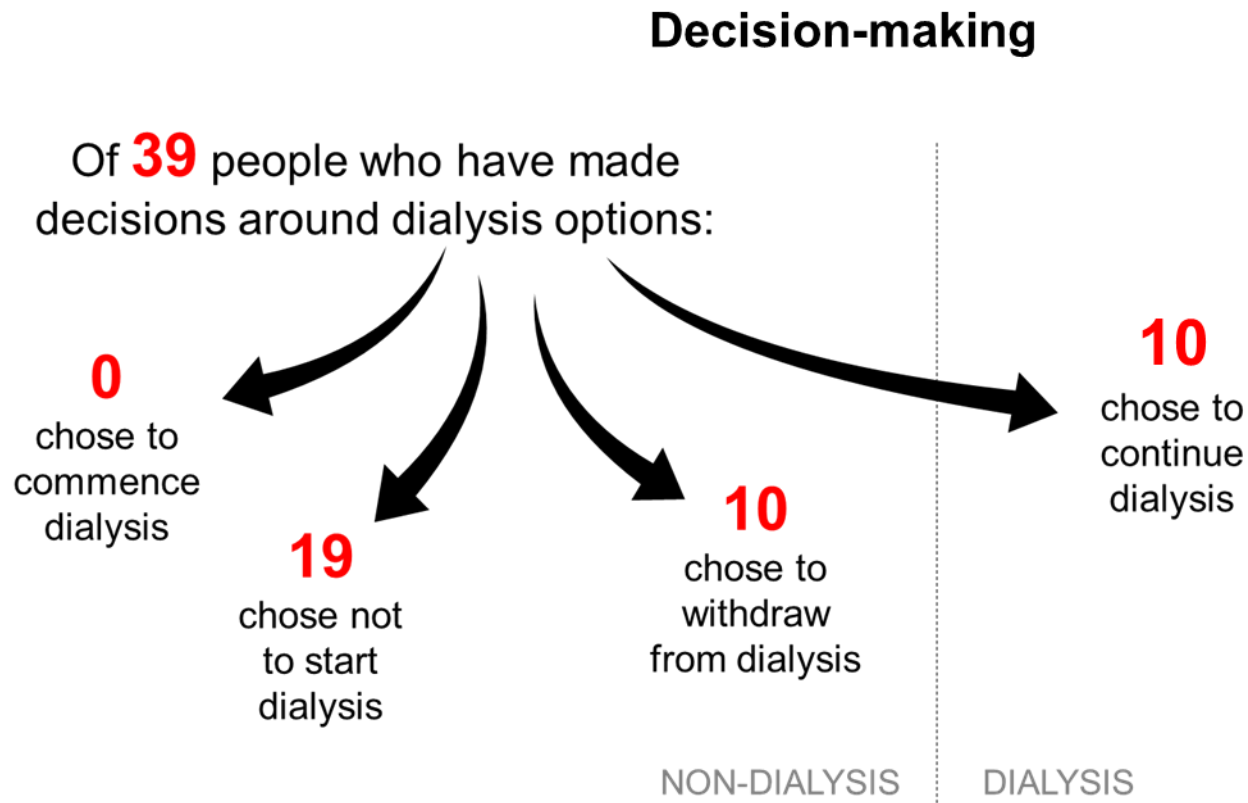
- 58 years, dialysis
- Referred for symptom management
- 9 KSCp visits over 14 months
- Continues on dialysis



* Slope significantly non-zero, $p < 0.05$

Decision-making

- 30% (n=39) patients were supported to make decisions around dialysis options

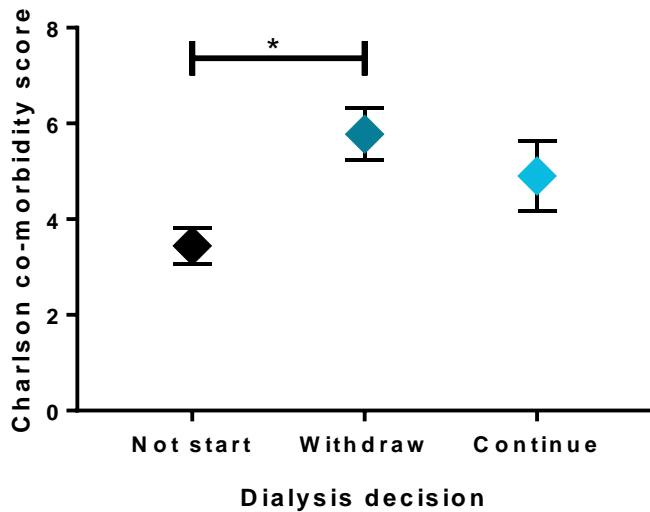


Decision-making case report: Mrs D

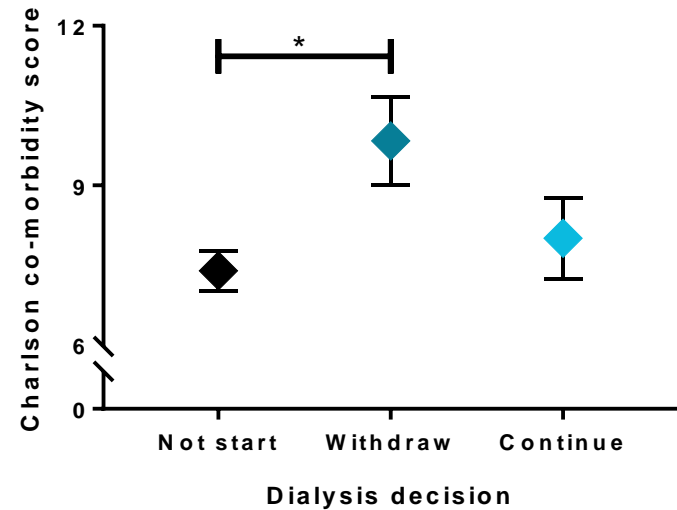
- 84 years
- Referred for decision-making
- 5 children, lives with son, supportive family
- Extensive discussions with CNC about what is important:
 - Spending time with family
 - Going for walks
 - Visiting husband every 2nd day
- Mrs D asked what it would be like to be on dialysis
- Does not fear death: “I’m 84 and I’ve had a good life”
- Decides against starting dialysis: “Let nature take its course”

Characteristics of KSCp patients making decisions

Comorbidity score in those making decisions around dialysis options



Comorbidity score in those making decisions around dialysis options



*p<0.05

Advance care planning



58% of patients have
**advanced care
planning** documented



19 deaths were
supported by the
KSCp



75% of deaths
occurred at
patients' preferred
final place of care

“Time before last when I went the question was: where do you want to die? And that was one question that I had never thought about because—what, there’s a choice?”

~Patient 5

Patient perspective of KSCp

“You don’t feel like it’s a cattle station, you don’t feel rushed. They provide you with information. They give you a sense of normality, that what you’re feeling is normal, without glossing over stuff.”

~Patient 10

Carer perspective of KSCp

“I’m grateful because we’ve done a lot of things together that we wouldn’t have been able to do because we’d be sitting at home bloody fretting. We’re going out to see the family and going out to go shopping and do stuff and things that we just weren’t going to bother doing, because what was the point?”

~Carer 1

Staff perspective of KSCp

“How do I know it’s working? Because I’m seeing that my patients are having a much better end of life. It’s making my role as their consultant or their primary clinician much easier, because I can help more people. I think it’s an innovative and fabulous idea which is actually translated into real clinical change.”

~Stakeholder 2

MNHHS Research Excellence Award



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