

St George Hospital

HOPE: **Helping Older People with End stage kidney disease**

The team:

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Key questions for patients in whom we have uncertainty about dialysis

1. What will happen if we don't dialyse?

- dialysis may not prolong life in patients >75 with high co-morbidity

2. What will happen if we dialyse?

- hospitalisation rates twice as high in elderly dialysis patients than in those managed conservatively
- But might do well??

3. What can we do if we don't start dialysis?



Figure 3.4 ANZDATA 2011 report

Survival of Dialysis Patients by age at entry to dialysis

Age Groups at start of treatment	Median (25th and 75th centiles), years
Australia	
0-24 years	-
25-44 years	(5.15 -)
45-64 years	6.06 (2.93 -)
65-74 years	3.99 (1.80 - 6.86)
75-84 years	2.87 (1.27 - 5.03)
85-89 years	1.94 (0.73 - 3.76)

Survival worse according to co-morbidities

Perspective: 5-year survival for patients aged ~60 years*

Table 1 | 5-year survival for patients aged ~60 years*

Diagnosis	5-year survival (%)
Testicular cancer	95
Breast cancer	85
Bladder cancer	75
Kidney transplant	75
Rectal cancer	62
Cervical cancer	60
Colon cancer	54
Stage 5 CKD on dialysis	46 (10-year survival <15%)
Ovarian cancer	44

*Patients with cancer compared with patients who have stage 5D CKD and are not receiving a kidney transplant. Abbreviation: CKD, chronic kidney disease.

Another need

The symptom burden of ESKD is high

Who is expert at providing this care?



Another need

Who plans and manages EOL care for patients with ESKD?



Why the service was created

A ***new system of support*** for

- elderly ESKD patients,
- their families
- Clinicians

1. avoid the commencement of dialysis in those for whom dialysis
 - would not provide benefit, or
 - may do harm.
2. Improve symptom management for elderly dialysis patients
3. facilitate good deaths

**System : A collaboration / integration of renal
and palliative care**



Renal & Palliative Care integration St George Hospital

1. Nurse or doctor initiated referral to Renal palliative care as needed
2. **Establishment of Renal Supportive Care clinic (March 2009)**
 - **2 clinics per week and inpatient services**
 - Palliative care specialist **as part of** Renal department,
 - CNC, renal registrar
 - support by dietician & social worker
 - Integrated holistic patient care
 - **Non-dialysis and dialysis ESKD**
 - Registrar training
 - **Continuation of 'usual' nephrology care**
3. Development of 'palliative care' treatment list for ESKD



Renal Supportive Care service

Patients referred to the Renal Supportive Care Clinic are:

1. Patients on dialysis or pre-dialysis with difficult to control symptoms.
2. Patients on a conservative pathway (not for dialysis).
3. Patients who require assistance with decision making around commencing or continuing dialysis.
4. Dual diagnosis (ESKD and cancer or another life limiting disease).

5. An academic approach: Innovations, education and community

- Tutorials in Renal Supportive (palliative) Care to junior doctors.
- Renal registrar training
- Regular Presentations within renal department
- Renal Supportive Care section on the Department website including:
 - comprehensive medications chart
 - End of Life Care Pathway
 - education Reader
- Numerous lectures at venues across Australia & NZ
- Renal Supportive Care Symposium in 2010,2011,2012
 - about 500 attendees from Australia and New Zealand.
- Annual Renal Memorial Service.
- Monthly Renal Palliative Care specialist visits to Tamworth Hospital.

- UNSW
- Faculty of Medicine
- St George Renal and Hypertension Unit
- **Palliative Care Section**
 - Renal Palliative Care End of Life Drug Guidelines

Palliative Care Section

2011 Supportive Care Symposium - presentations

- [Geriatric Nephrology](#) (*Dr Amanda Mather*)
- [End of Life Care](#) (*Linda Magann*)
- [Symptom Management in CKD](#) (*Dr Frank Brennan*)
- [Nutritional Management in Advanced CKD](#) (*Maria Chan*)

2011 Workshops

- [Having Difficult Conversations](#) (*Dr Amy Waters*)
- [Introduction to Renal Supportive Care](#) (*Elizabeth Josland and Shelley Tranter*)
- [Advanced Care Planning](#) (*Anastasia Anastasiou*)

2010 Palliative Care Symposium - presentations

- [Psychosocial Aspects of Renal Disease](#)
- [Renal Conservative Care – The Victorian Perspective](#)
- [Symptom Management in ESRD](#)
- [A New Initiative- A Renal Palliative Care Clinic](#)
- [Palliative Care for Renal Clients Living in a Remote Setting](#)
- [Renal Palliative Care Medication Guidelines](#)
- [Renal Disease: Pathology, trajectory, numbers and treatment options](#)
- [The Marriage of Renal and Palliative Care and First Steps and Barriers](#) (combined talks- Dr Frank Brennan)
- [Photo Album](#)

Guidelines and Protocols

[Renal End of Life Care Drug Guidelines \(2011\)](#)

Patient Information



- [Renal Palliative Care in Australia: Time to engage - Nephrology editorial](#)
- [Advanced Care Planning](#)
- [Symptoms and Management](#)
- [Palliative Care in Renal Medicine](#)
- [End of Life Care](#)
- [Palliative Care Reader by Dr Frank Brennan 4.6MB \(Updated 30.4.2012\)](#)

6. An academic approach: Research

Prospective observational study comparing 2 groups with ESKD:

1. Pre-dialysis Clinic (i.e. Those intended to proceed to dialysis)
2. Renal Supportive Care Clinic (i.e. Those not proceeding to dialysis)

Outcome measures

1. Survival from the time of 1st visit to RSC or Pre-dialysis clinic
 - stratified by age, co-morbidities and baseline eGFR ≤ 15
2. QOL at baseline and at 6 monthly intervals
3. Symptom scores in both groups at baseline and at 6 monthly intervals
4. Patient satisfaction
5. Family satisfaction



Benefits to Patients and staff

- The Renal Supportive Care service ***integrates Renal and Palliative care*** :
 - A better (ESKD) patient and family experience
 - improves dialysis decision making consultations
 - Improves patients' symptoms – dialysis or conservative
 - Allows proper end of life care
- Patients do not have to fear 'abandonment' should they choose a conservative non-dialysis pathway.
- Greater choice and autonomy in a difficult decision pathway





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