

Welcome to Introduction to supportive care workshop



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Workshop outline



OBJECTIVES

On completion of this workshop the participants will:

- have a basic understanding of the definition of supportive care;
- recognise patients who would benefit from the management of advanced CKD using supportive care principles;
- identify resources available for supportive care management of the advanced CKD patient;
- apply learning to clinical practice.



What is supportive care?

Supportive Care definition



“helps the patient and their family to cope with their condition and treatment of it – from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease. It is given equal priority alongside diagnosis and treatment”

The National Council for Palliative Care, 2011
National Institute for Clinical Excellence (NICE)

Palliative Care as part of Supportive Care



“Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.”

The National Council for Palliative Care, 2011
National Institute for Clinical Excellence (NICE)



Which of your patients do you think would benefit from a supportive care approach?

Patients



- People with advanced CKD;
- Patients who have advanced CKD who
 - Are elderly
 - Have co morbidities
 - Choose not to have RRTs
- People on dialysis who have symptoms;
- People on dialysis or with transplant who have other terminal diseases;
- Patients who are considering withdrawing from dialysis;



How can supportive care be provided for
our patients?

Supportive care



- Being aware of patient suffering/being patient centred
- Involving the patient and significant other in all conversations
- Links with allied health
- Shared care with GP and nephrology
- Being aware of community services
- Patient interrogation and communication skills
- Support for pts withdrawing
- Forge links to palliative care service
- Health professionals skilled in supportive care
- Meticulous symptom management
- Special models of care
- Advanced care planning
- End of life pathways

Current Practices



- **Renal Supportive Care Program**
- **Who can access this program?**
 - All dialysis patients who have complex symptom management needs
 - All conservatively managed patients who see a St George nephrologist
- **Aim of the program**
 - Support renal care
 - Reduce symptom burden
 - Improve quality of life

The Supportive Care Clinic



	Number	Percentage
NOT for Dialysis	71	58%
Dual Diagnosis	10	8%
Symptoms on dialysis	35	28%
Withdrawal	7	6%
Total	123	

Renal Supportive Care Outcomes



- Since March 2009, 122 patients have attended the supportive care clinic, approximately one new patient per week. Proportionally fewer patients in the non-dialysis group have died (28% vs. 43%), all with planned support from the team.
- On average - 28 patients per month in clinic and 30 inpatient consultations.
- Patient satisfaction surveys scored highly, a positive indicator of the overall service provided by the clinic.
- Only one patient has changed from their conservative management pathway to dialysis, indicating that with appropriate support and symptom control ESKD patients can have satisfactory management without dialysis.

Decision making



- Start conversations early and in collaboration with patient and carer;
- Education of health professionals – GPs;
- Let pt know that the decision can be revoked (within reasonable timeframe);
- Inclusion of supportive care pathway:
 - in Pre Dialysis clinic discussions
 - In brochures and information resources for RRT options

Advanced CKD Resources



- Comprehensive Pre dialysis education;
- Clear treatment choices;
- Shared Care arrangements for Supportive care:
 - Nephrologists
 - Geriatricians
 - Palliative Care
- Supportive Care Clinic – outpatients;
- Supportive Care inpatient rounds;
- Community Resources

References



- Chambers, J. Brown, E. Germain, M. 2010. Supportive Care for the Renal Patient. Second Edition.
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- Brown E et al. 2007. *End of Life Care in Nephrology - from Advanced Disease to Bereavement*, Oxford Specialist Handbooks, p. 280.
- The National Council for Palliative Care. (2011). Palliative Care Explained. Retrieved 04/07/2011.