Evaluation of joint working between the renal and palliative care teams in an acute hospital

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Introduction

Identifying dialysis patients who are deteriorating and require a palliative care approach is challenging. Few have Advance Care Planning (ACP) discussions and the majority die in hospital. Joint working between the Dialysis team and the Specialist Palliative Care team (SPC) Barts Health and St Joseph's Hospice was introduced following the recommendations of the UK End of Life Care Strategy.¹

Proposed interventions

1. Create a “Cause for Concern” register
2. MDT meeting and MDT clinic and for the most complex patients
3. Training for the renal team on delivering palliative care

We aim to evaluate the impact of renal / SPC joint working.

Results – Dialysis cohort pre and post

Since the introduction of the joint working, the proportion of dialysis patients being offered an ACP discussion increased by 3-fold (chi² p-value = 0.02).

There was also an increase in the proportion of patients having
• ACP discussed and documented
• Cordinate My Care (CMC) record created
• Cardiopulmonary resuscitation (CPR) documented

However, the changes were statistically insignificant.

No Preferred Place of Death (PPD) was documented.

Results – Deaths 2016 / 2017

<table>
<thead>
<tr>
<th></th>
<th>April - June</th>
<th>2016</th>
<th>2017</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialysis stopped electively</td>
<td></td>
<td>0.0</td>
<td>9.1</td>
<td>1.0</td>
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<tr>
<td>SPC referral</td>
<td></td>
<td>0.0</td>
<td>27.3</td>
<td>0.52</td>
</tr>
<tr>
<td>PPD documented</td>
<td></td>
<td>0.0</td>
<td>9.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Actual place of death - hospital</td>
<td></td>
<td>50.0</td>
<td>81.8</td>
<td>0.56</td>
</tr>
</tbody>
</table>

Conclusion

• Joint working between SPC and the renal dialysis team significantly improved some aspects of care, e.g. offer of ACP discussions (3-fold increase)
• Other aspects, e.g. number of referrals to SPC, have increased but findings were not statistically significant.
• There is evidence that SPC / Renal collaboration has improved the delivery of palliative care to dialysis patients even over a short period following implementation.
• Findings have been communicated to the teams and tweaking of the shared care model continues. A further evaluation, including a qualitative component, is planned for early 2018.

REFERENCE