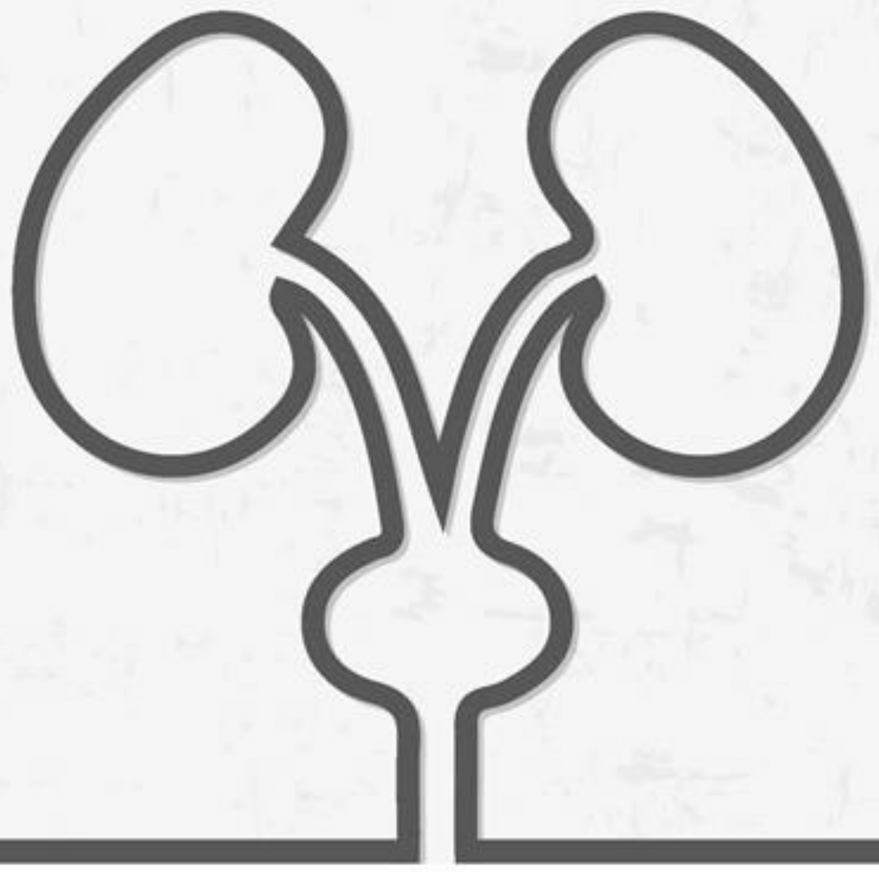

The Kidney Supportive Care Program (KSCp)-partnering with patients. Our patients, our care

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BACKGROUND:

End stage kidney disease is associated with a high symptom burden and is often treated with dialysis. [1] Over one third of newly commenced dialysis patients are aged >70 years.[2] There is new evidence that there is little survival advantage of commencing dialysis compared with conservative management of end stage kidney disease in patients >75 with 2 or more co-morbidities.[3] These elderly patients require complex health care decision making, for example, benefits of dialysis versus declining quality of life. [3] Clinicians struggle with the boundaries of benefit of dialysis, a care pathway that has not been tested in randomized control trials for this elderly population. The KSCp addresses the challenges of clinical equipoise through shared decision making with our patients and their communities of families and carers and addresses patient distress through a focus on remediating symptom burden.

AIM:

To describe the pharmacy service provided as part of an innovative model of care for end stage kidney disease patients.

Figure 1. The KSCp team supports patients and their carers by working in a transdisciplinary manner

METHOD:

The KSCp is a community based collaboration between the Royal Brisbane and Women's Hospital Palliative & Supportive Care Service and the Kidney Health Service which is staffed by a clinical nurse consultant, palliative consultant, advanced renal trainee, social worker and pharmacist. (see Figure 1). The KSCp works to remediate symptom burden and activate specific care pathways through educating patients, their families and carers in discovery of their preference, expectations and decisions. The pharmacist works collaboratively with other members of the team to advocate for best patient outcomes.

Table 1.KSCp Summary data

Baseline characteristics of KSCp patients		KSCp pharmacist outcomes across 142 consultations	
Median age (years)	74	Medication interactions identified	14
Mean no. of symptoms per patient	10	New medications initiated	63
Median Charlson Co-morbidity score	7	Non-drug therapies initiated	41
		Other services provided:	
Mean current no. of medications	18	Dose review/change	9
Mean no. of medications ceased	6	Webster Pack support	8
		Medication review/counselling	15

INNOVATION IN PRACTICE AND PROCESS:

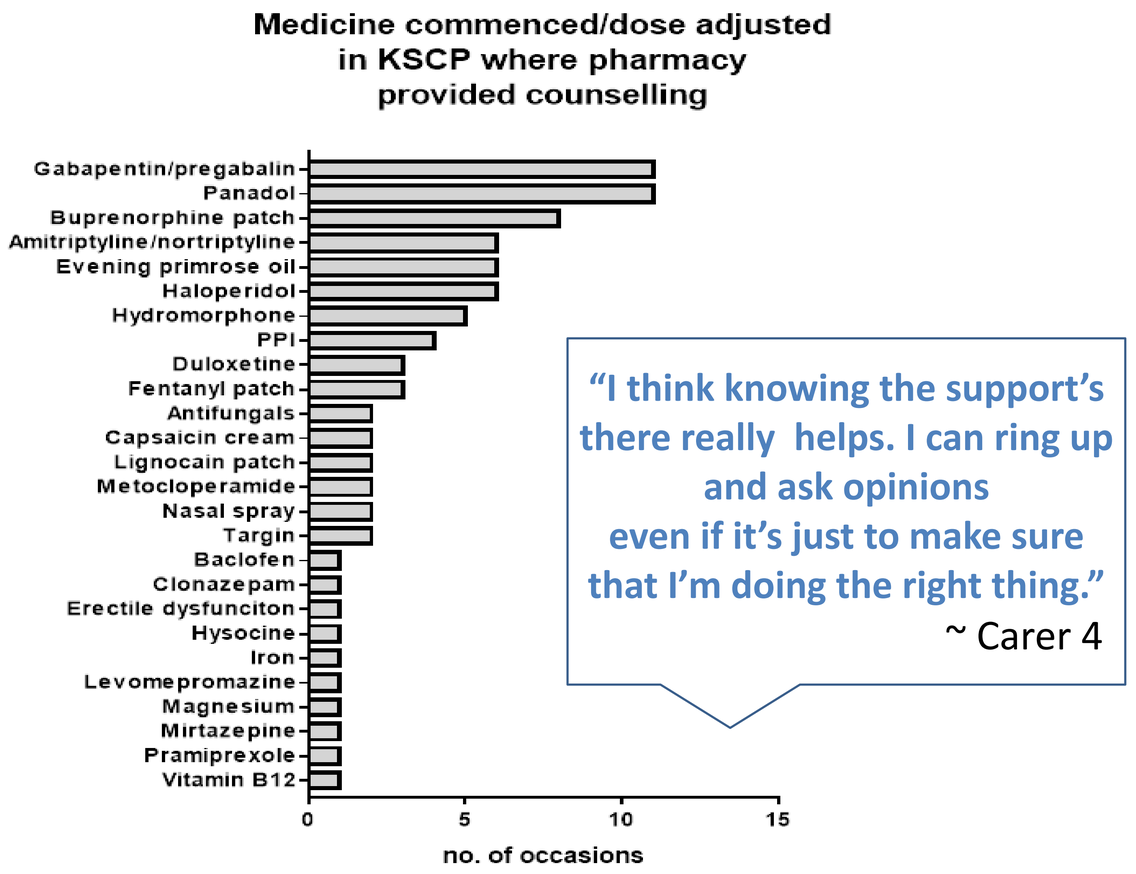
Some key innovations in practice of in the KSCp include:

- focus on patient self-discovery of preferences and expectations,
- extending person centred care to include patients' families and/or carers
- acceptance of inclusivity of care pathways i.e. patient may be on a dialysis pathway and a KSCp pathway
- located outside the acute hospital sector in local communities
- team interactions are evolving into transdisciplinary care e.g. medical mix is a palliative care consultant and kidney advanced trainee

RESULTS:

There was good acceptance of the program with nephrologists referring 129 patients to KSCp compared with 27 referrals to palliative care in the preceding 12 months. Patient and carer surveys report that 95% and 100% respectively were satisfied with the care provided by KSCp. Changes in overall symptom burden were assessed in all patients. Of those who attended more than one KSCp appointment, an improvement in overall symptom burden was reported by 69%.

Medication burden plays a significant role in morbidity of these patients (Table 1). The role of the pharmacist is to optimise medication regimens, provide medication counselling and ensure accurate information is available to assist in decision making. (Figure 2.) The pharmacist has also supported accessing medicines through formulary applications and the Special Access Scheme. KSCp patient resources focusing on non drug treatments were created by the pharmacist to assist with symptom burden management for key symptom areas e.g. dry mouth.



"I think knowing the support's there really helps. I can ring up and ask opinions even if it's just to make sure that I'm doing the right thing."
~ Carer 4

Figure 2. Outlining the medicines where pharmacy was involved in providing patient support

CONCLUSIONS:

This is the first dedicated Kidney Supportive Care transdisciplinary program in Queensland, focusing on the person and their quality of life.
The inclusion of a pharmacist in this team has provided additional support to patients and this is unique to our model of care. Collectively the outcomes of the program and its evaluation are a compelling case, from patients', clinicians' and health systems perspectives.

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