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Title

Do clinical teams have the knowledge, skills and confidence to deliver Supportive Care as a feasible treatment option?

Introduction

Although some elderly co-morbid patients benefit from dialysis, observational evidence suggests that dialysis in this group may not always improve survival and can be associated with reduced quality of life, increased hospital admissions, reduced access to hospice care and a lower likelihood of dying in their chosen setting ¹.

The supportive care option offers an alternative pathway associated with less treatment burden and a higher quality of life. Supportive care principles may also benefit older frailer renal replacement patients for whom quality of life has become the main goal of care.

The recent GIRFT report recommends access to supportive care be available for all suitable patients. Despite these recommendations, delivery of supportive care is highly variable across units ². This survey explored whether low levels of knowledge and confidence in explaining and delivering this pathway might contribute to variation.

Methods

In 2019 as part of the South London Renal Clinical Alliance, a multi-disciplinary supportive care improvement work stream was established across 4 South London Renal units. Support was provided by KQuIP using improvement methodology.

An anonymous electronic survey was developed and sent to all clinical staff across 4 units. 15 questions used a Likert type scale to assess levels of confidence in describing and using supportive care, discussing prognosis and ceilings of care and use of advance care plans. Further questions explored perceived barriers to delivery of supportive care, current staffing of this work and previous teaching offered. Results were used to design an education programme on supportive care.

Results

253 responses were received of which 61% were from nurses, 21 % doctors, 10% unspecified and 8% allied health professionals. Respondents were drawn from the Advanced Kidney Care Clinic, all renal replacement modality clinics and from staff caring for inpatients.

The survey results (figure 1) showed limited confidence in all staff groups in describing supportive care as a treatment option, in addressing ceilings of care and resuscitation and in estimating prognosis on dialysis. More than 50% of staff lacked confidence to undertake an advance care plan (ACP) and less than 20% had actually completed one. Over 60% of staff had found an ACP completed by another member of staff helpful. Barriers to discussing supportive care and ACP were time, lack of confidence in understanding the principles and a lack of dedicated staff.

159 (63%) of staff had not received previous training and 215 (85%) of staff indicated that they would be interested in support and training in this area and communication skills.

Conclusion

This survey demonstrates a lack of knowledge and confidence about multiple aspects of supportive care. This may be a significant contributor to the variation that exists in the delivery of supportive care. A bespoke education package (table 1) aimed at specific professional groups is being developed and will be rolled out over the next 12 months.

1. Carson et al : Clin J Am Soc Nephrol ; 2009 Oct;4(10):1611-9.
2. Ikumi Okamoto et al : Clin J Am Soc Nephrol ; 2015 Jan 7;10(1):120-6.