

## AUDIT OF PATIENT OUTCOME FOLLOWING REFERRAL TO A PRE DIALYSIS COUNSELLING TEAM.

J Bate, S Moore, J Nicholas, J Shears  
New Cross Hospital, Wolverhampton

**PROBLEM.** Pre dialysis counselling is necessary to facilitate the physical and psychological adaptations which a person with esrf will need. Although the pre dialysis counselling service (PDCS) is available to all patients, not every patient receiving dialysis has been referred to the PDCS.

**PURPOSE.** To study the outcome of the PDCS and to identify factors which have contributed to patient non referral.

**DESIGN.** A single centre, incident cohort of patients receiving dialysis between 2001 and 2003 were selected. All pre dialysis counselling activity, demographic, diagnostic, co morbid and dialytic information has been collected prospectively in a computer database and has been audited.

**FINDINGS.** 272 patients commenced dialysis, with 66% being referred to the PDCS. These individuals received 2.9 months of support from the counselling team. 93 patients were not referred (NR) to the PDCS and these individuals had pre dialysis nephrological care for a median on 1.1 months. Although late referral to a nephrologist was a factor in NR, 36% of the NR patients had been under nephrological care for a median of 20.9 months. NR was not affected by co morbidity, gender or ethnicity. Following corrections for co morbidity, patient survival was adversely influenced by non referral to the PDCS. (hazard ratio of 1.6, 95% confidence intervals of 1.1 to 2.6,  $p < 0.05$ ).

**CONCLUSION.** A PDCS is required to prepare patients for renal replacement therapy and all dialysis patients should be referred. subsequent to this audit, protocols have been adjusted to ensure that all patients are referred to the PDCS.

**RELEVANCE.** This audit highlights the impact a PDCS can have upon patient outcome following dialysis commencement. Patients can present late to a nephrologist, which is usually beyond the control of a renal service. However, if all the patients are offered a comprehensive counselling and support service, this action may overcome some of the problems of late presentation and improve patient survival.