

## A COLLABORATIVE APPROACH TO MANAGING PATIENTS NOT WISHING TO HAVE DIALYSIS.

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**PROBLEM:** We have an increasing aging population, many of whom have complex medical problems and are not suitable for dialysis. These patients are also expressing a wish not to have dialysis when the time comes. These patients lacked structured support and care during this time and were being seen routinely in the renal clinics, often travelling long distances. The need to improve the care and support of these patients was identified.

**PURPOSE:** To meet the holistic needs of these patients and their family/carers during this time. To have a key team member who would take responsibility for the management of patients not wishing to have dialysis. To change the environment in which patient was seen and care received, to meet the individual needs of the patient/carer.

**DESIGN:** With the employment of a Nurse Consultant and Pre-Dialysis Nurse Specialist this area was addressed by setting up a multidisciplinary Conservative Management Team. The renal clinic offered fragmented care due to the rotation of medical staff and patients often felt pressurised into dialysis because of this. Patients needed to be seen elsewhere, have more time and be seen by the same health care professional. To accommodate this, a clinic in a cottage hospital and home visits are being introduced.

**FINDINGS:** The introduction of the multi disciplinary Conservative Management Team, comprising of Nephrologist, Nurse Consultant, Pre Dialysis Nurse Specialist, renal counsellor and renal social worker, has enabled patients to receive a collaborative approach to care, with the benefit of each patient having an assigned a key worker. This has improved communication between the team and the renal staff across all modalities. Links with the Palliative care teams & local Hospices have been forged, with huge benefits for all involved, along with links with the GP and community nursing teams. Family/carers receive lot of support both during and after the care of the patient. Patients and carers value the individualised care that they receive, especially in the form of home visits.

**CONCLUSION:** This change in practice has impacted on the service that we provide for patients and their family/carers, giving us valuable links with the Palliative Care Teams. Patients not wishing to have dialysis can be seen outside of the acute hospital setting, empowering them and aiding them to have a quality of life away for the restraints of dialysis with their families in their own homes.

**RELEVANCE:** A change in practice for patients not wishing to have dialysis. A collaborative approach to a managing the need of this growing population, which accommodates choice.