

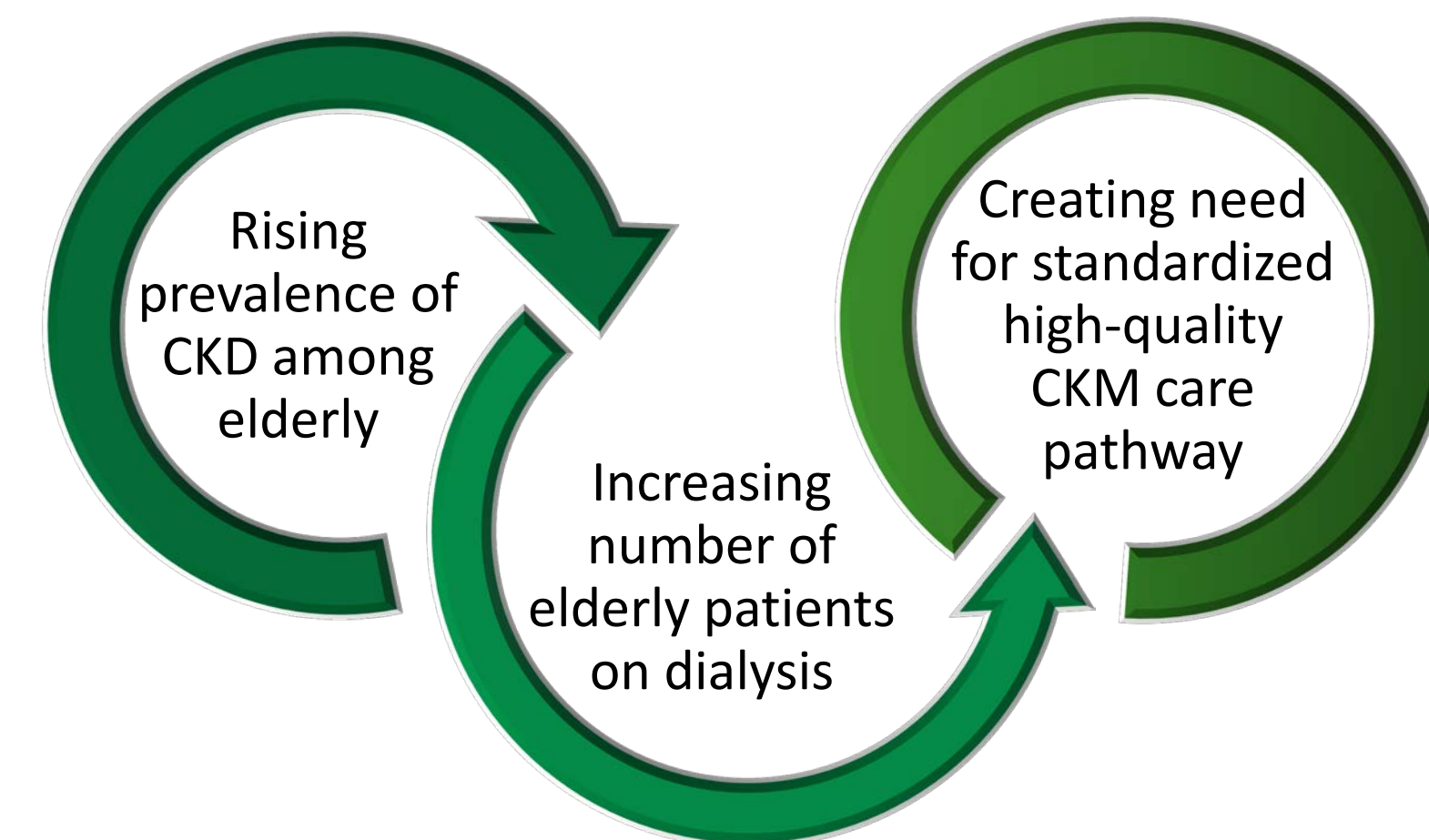
ABSTRACT

The Kidney Supportive Care Research Group launched a provincial, online Conservative Kidney Management (CKM) Pathway for patients with end-stage kidney disease unlikely to benefit from dialysis. To supplement the evaluation of the pathway, focus groups were conducted with staff at four kidney clinics utilizing the pathway as part of routine care. Focus groups were recorded and transcribed verbatim. Thematic analysis was done using line-by-line coding. Five focus groups were conducted in Edmonton and Red Deer with 25 clinicians including 8 nephrologists. Major findings were: Increased trust between nurses and doctors. Staff were supportive of the CKM philosophy and found patient resources valuable as discussion aids. There was need for shared care with community providers in managing CKM patients and clinics had some success but also shared challenges. Kidney clinic staff piloting the CKM Pathway felt it provided robust, standardized care to patients but more community awareness of CKM care on the pathway is warranted.



BACKGROUND

The prevalence of Chronic Kidney Disease (CKD) continues to rise among the elderly. Not surprisingly then, the number of elderly who are starting on dialysis is also increasing. The literature suggests that for patients with end-stage kidney disease who are frail with multiple comorbidities and poor functional status, dialysis may have limited, if any, benefit and high treatment burden.^{1,2} Conservative kidney management (CKM) is a non-dialysis treatment option for elderly patients not wishing to pursue dialysis. Alberta recently launched an online CKM Pathway that standardizes CKM care and focuses on preserving kidney function, mitigating and actively managing disease symptoms and offering holistic psychosocial support to patients and families.



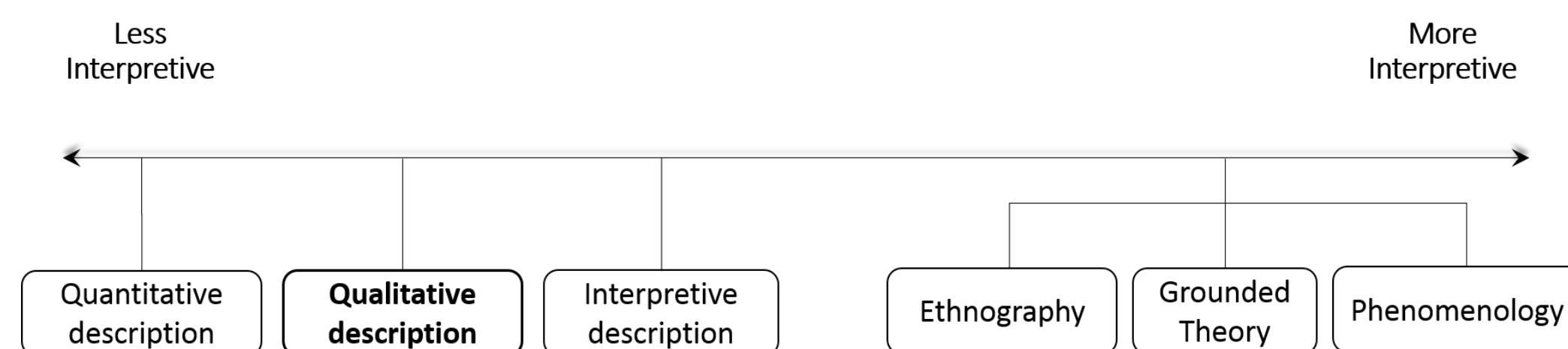
OBJECTIVES

- ❖ Characterize the experiences of front-line kidney clinic staff utilizing the new CKM Pathway to provide CKM care to +210 CKM patients across Edmonton and Red Deer
- ❖ Provide an opportunity for the four clinics in the Northern Alberta Renal Program (NARP) to reflect on their experiences while engaged in an implementation process to utilize the CKM Pathway as part of routine care
- ❖ Elicit feedback from providers on four specific aspects of CKM care on the pathway:

• Symptom guidelines	• Patient resources
• Impact on clinical practice	• Community engagement

METHODS

Comparison of qualitative methods on a spectrum of theoretical interpretation



Study type: Qualitative description, as described by Sandelowski,³ was chosen as the methodological framework for this study as it was the least theoretically-binding and enabled data-near analysis to achieve our purposes.

Data collection: Sampling was purposeful and aimed for maximum variation by inviting multi-disciplinary staff involved in CKM care delivery. Primary selection criteria was current staff in one of the four clinics implementing the pathway and having a direct role in CKM patient care. Five focus groups were conducted, recorded and transcribed verbatim.

Data Analysis: Thematic analysis was done based on Aronson's pragmatic approach using line-by-line coding and reported using COREQ guidelines.

RESULTS

The primary themes identified related to:

1) Renal clinic dynamics

Increased trust developed between nurses and doctors. More autonomous nurses were able to offer additional symptom support using the pathway.

"The nephrologists have been great to basically let us have free reign, and make suggestions..."

Nurses reported feeling more confident in providing CKM care and more able to broach sensitive but important topics with patients, such as planning a good death.

"We are way more confident about it and you can see it in the patients who choose it"

Pathway implementation initially increased time pressures in clinics. Having the additional arsenal of pathway resources, along with requirements to track key quality indicators for CKM care, led to longer patient consultations as well as more collaboration between staff.

"They may not understand why we are coming at them so often when we are getting an ESAS score over 7, we are trying to get our scores down"

2) Guidelines and patient resources

Staff were supportive of the CKM philosophy, and were at varying ends of a spectrum when it came to guidelines.

"There are people who follow guidelines and those who favor their individual anecdotal experience and I am someone who in general follows guidelines."

CKM guidelines helped to ease decision-making and provide consistent care and some nephrologists felt simplified versions may be required for primary care physicians.

"I am biased towards this but I think it is a very good way to deliver consistent care."

Staff valued the CKM patient resources as useful discussion aids in clinics and something physical to give patients as reminders. These materials were seen to fill a long-standing need and shortage of CKM resources.

"When you look back to now, it is just incredible. That is what we wanted so many years ago."

3) Shared care

Staff felt the need to involve community providers for accessing community resources and services and for keeping workloads sustainable in managing CKM patients, especially nearer the end-of-life.

"When they get to that point where they are dying I want that picture to look very good."

They had some success with coordinating care but also shared challenges working with community partners.

Community partner	Example of Success
General practitioner	"I have one [patient] and the GP is fairly involved...but that is rare, he has had this GP for a long time with a good relationship."
Palliative Care	"She is doing well now but it was frustrating...it is so hard to get palliative [care] on board."

CONCLUSION

- ✓ The CKM pathway increased CKM care quality and patient outcomes with more active management of patient symptoms, increased collaboration between kidney clinic nurses and nephrologists, and positive engagement of community care providers as partners in CKM care.
- ✓ The pathway's guidelines and patient resources were well-received by nephrology clinics and had high utility and impact. Nurses felt more empowered in delivering CKM care which translated to high patient satisfaction.
- ✓ Staff felt the pathway helped initiate communication and enhance relationships with key community partners for appropriate and timely care and access to services
- ✓ Challenges arising in shared care of CKM patients highlight the need for increased community capacity building and awareness of CKM care on the pathway



Patients and kidney clinic staff during an implementation-phase session on advance care planning.

ACKNOWLEDGEMENTS

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