SA-P0781

Current Practice of Advance Care Planning in New Zealand and Australia

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Background: Recent guidelines emphasise the need to improve advance care planning (ACP) for patients with chronic kidney disease (CKD). Little is known about current ACP practice in Australian/New Zealand renal centres. We aimed to describe current practice and barriers to ACP from the perspective of renal clinicians.

Methods: A cross-sectional survey was administered online to nephrology nurses, nephrology social workers between July 2014 and January 2015. Surveys covered the topics of experience, skills, knowledge and understanding regarding ACP, workplace policies and procedures concerning ACP, perceived barriers and facilitators to ACP, and perceived need for new CKD-specific ACP programs and materials.

Results: Surveys were completed by 53 participants from all Australian states and territories and New Zealand. 57% indicated that ACP was performed in their workplace on an ad-hoc basis; 22% reported that there was a formal program; 13% reported that ACP hardly ever occurred; and 8% were unsure.61% reported that ACP was done poorly, 32% well, and 7% were unsure. Perceived barriers to ACP included patients' family discomfort with the topic (84% of respondents), difficulty engaging families and lack of clinician expertise (83% each), lack of clinician time (82%), health professional discomfort (72%), cultural/language barriers (65%), environmental problems such as lack of space (61%) and lack of formal policy/procedures (60%). While discouragement from colleagues or managers was identified as a barrier in only 19% of cases, narrative comments on the survey emphasised the gate-keeping role played by nephrologists.

Conclusions: ACP in Australian/New Zealand renal centres is subject to health system, provider and patient related barriers. Given the volunteer effect associated with online surveys, the study may underestimate the need for ACP support. Targeted interventions are needed to improve ACP in Australian and New Zealand renal centres.

Funding: Private Foundation Support

SA-P0782

Nephrology Leadership Required to Address Unmet Palliative Care Needs in Dialysis Centres

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Background: Because of high symptom burden, numerous comorbidities, and shortened life expectancy, dialysis patients are increasingly recognized as appropriate candidates for early and continuous palliative care needs. 

Methods: In 2013 the Coalition for Supportive Care of Kidney Patients conducted an online survey of dialysis professionals and administrators using ESRD Network and Renal Physicians Association email lists to determine perceptions about how well patient palliative care needs are met. Differences among disciplines were assessed by chi-squared testing and one-way ANOVA.

Results: The 487 respondents included 41 nephrologists, 152 nurses/physician assistants, 199 social workers, and 95 dialysis center administrators. There was a significant difference by discipline in reported unmet palliative care needs for symptom management, care coordination, and family bereavement support, with administrators least likely to view each need as unmet (all p < 0.02). In rating possible barriers to providing high quality palliative care in their centers, mean scores differed by discipline for 7 items, and nephrologists were most likely and administrators least likely to perceive them as barriers (all p < 0.05). “Guidelines to help with decision-making in seriously ill patients” was selected as the top priority for change by each discipline (37% overall, p=0.47 by discipline). Nephrologists were most likely to be aware that a dialysis guideline already existed and to have used it (43.9% vs 3.3% RN/PA vs 10.6% MSW vs 8.5% administrator, p < 0.001).

Conclusions: Nephrologists report more unmet palliative care needs, barriers, and resources than the administrators who oversee dialysis centers. Because the respondents were self-selected, a study limitation, the results likely underestimate unmet palliative care needs. To better address palliative care needs, nephrologists need to lead interdisciplinary collaborations, including administrators, to implement palliative care pathways already established in evidence-based clinical practice guidelines.

SA-P0783

Hospice and Race for End-of-Life Care in U.S. Dialysis Patients

Robert N. Foley, Scott Reule, Donal J. Sexton.

Background: While hospice use is increasingly used for end-of-life care in dialysis patients, we hypothesized that important racial disparities may be present.

Methods: To address this hypothesis, we examined USRDS files to characterize end-of-life care for deaths occurring between 2006 and 2011.

Results: During this 5-year period, the proportion of deaths in hospice increased from 14.7% to 24.2%; grouped by age at death, the following trends were observed: 6-65 years-11.5% to 15.0%; 65 to 79 years-19.1% to 26.1%; 80-89 years-24.9% to 34.3%; ≥ 90 years-25.9% to 39.6%. As shown in the accompanying Table, associations of hospice use among decedents included more recent calendar year, older age and female sex. Hospice use varied substantially with race: compared to whites, adjusted odds ratios of hospice use were 0.56 and 0.57, respectively, in patients of African American, Native American and Asian race.

Conclusions: While end-of-life care in hospice settings is growing rapidly in the US, substantial, unexplained racial disparities exist.

Funding: Private Foundation Support

SA-P0784

Palliative Care Perspectives of Latinos with End-Stage Renal Disease

Lilia Cervantes, I Stuart L. Linas, Stacy M. Fischer.

Background: Latinos are the fastest growing minority and have a nearly 2-fold faster progression from chronic kidney disease to end-stage renal disease (ESRD). Despite the high symptom burden and mortality suffered by patients with ESRD, there is limited palliative care research and Latinos are underrepresented in existing palliative care studies. The purpose of our study is to provide the first description of the Latino palliative care perspective.

Methods: Observational descriptive survey of adult English and Spanish speaking Latinos with ESRD from a safety-net hospital and two private dialysis centers. We modified Davison’s 2010 End of Life Care Preferences and Needs Survey to include known barriers to palliative care in the Latino community. The survey was translated to 3rd grade Spanish and then back-translated to English.

Results: Participants (n=61) had a mean age of 59 years ± 12, mean Charlson Comorbidity Index of 6.5 ± 2.5, and a dialysis vintage mean of 43.3 months ±44.8. The majority (77%) spoke Spanish and reported limited understanding of hospice and palliative care. We found that 60 (98%) want to be informed about their prognosis and 55 (90%) want to be prepared and plan ahead; however, only 16 (26%) had discussed prognosis and only 10 (16%) had discussed end-of-life care with their nephrologist. The majority of participants stated that it was their doctor’s choice (68.8%) to start dialysis; however, few (14.7%) regret the decision to start dialysis. Participants reported a preference to have advance care planning conversations on a routine basis (86.8%), after starting dialysis but before becoming ill (85.2%), and while receiving dialysis (47.5%) or at home (37.7%). Participants want their family to have a central role in medical decision-making (93.4%) and caring for patients (95%).

Conclusions: Our findings provide the first description of the palliative care perspectives of a predominantly Mexican Latino population with ESRD. By understanding the palliative care perspectives and barriers experienced by Latino patients with ESRD, we can move toward a value-based and patient-centered model of palliative care.

Funding: Private Foundation Support

SA-P0785

Symptom Burden Amongst Latinos with End-Stage Renal Disease

Lilia Cervantes, I Stuart L. Linas, Stacy M. Fischer.

Background: All patients with end-stage renal disease (ESRD) experience a high symptom burden. Although Latinos represent 19% of the US ESRD community, little research is available on their symptom burden. The purpose of our study was to provide the first description of symptom burden prevalence and severity amongst Latinos with ESRD.

Methods: Observational descriptive survey of adult English and Spanish speaking Latinos with ESRD from a safety-net hospital and two private dialysis centers. We used Davison’s ESAEs-r Renal tool which measures physical and psychological symptom distress and contains 11 symptom items on a Likert scale of 0-10. Moderate = 4-6 and severe = 7-10. We asked three questions about symptom treatment preferences.

Results: Participants (n=61) had a mean age of 59 ±12 years, mean Charlson Comorbidity Index of 6.5 ±2.5, and a dialysis vintage mean of 43.3 ±44.8 months. The majority were born in Mexico (90.2%), spoke Spanish only (77%), and had a less than high school education (72.2%). Overall, Latinos experience a substantial symptom burden with a mean of 6.8 ± 2.9 symptoms of which 5.1 ± 2.8 are moderate or severe symptoms. Tiredness

Key: TH - Thursday; FR - Friday; SA - Saturday; OR - Oral; PO - Poster; PUB - Publication Only

Underline represents presenting author.

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