

# Service Priorities and Programmes Electronic Presentations

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# Intensified renal palliative clinic follow-up may reduce acute hospital admission and improve clinic attendance

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# **Introduction**

Patients with end-stage kidney disease can have a significant symptom burden with complex co-morbidities. In Hong Kong, a joint renal palliative clinic was set up in a regional hospital in recent years. It is an integrated clinic with collaboration between renal and palliative care physicians. Patients would be jointly seen by renal and palliative care team, with home care nurse, social workers and clinical psychologist back up support. In the beginning of the project, we found out that patients attending our clinic had significant default rate up to 30-50%. As previous literature suggests, symptom burden is significant in advanced renal disease and is similar to the symptom burden in advanced cancer. Patients are often admitted into acute medical ward for symptom relief, management of fluid overload, blood transfusion, functional decline and other complications related to uraemia.

#### **Objectives**

To study the impact of intensifying renal palliative care service on emergency department (ED) visit, hospital admission and clinic attendance after intensifying renal clinic follow up.

#### Methodology

We analyzed the data of clinic attendance and rate of acute hospital admission from 1st January 2013 to 30th June 2013. During the first 3 months of this period, patients attended renal palliative clinic follow-up at 4-6 weeks interval. While in the subsequent 3 months period, clinic follow-up interval was reduced to weekly or fortnightly according to medical needs.

## **Result**

In total, there were 215 consultations seen in the study period. We selected 19 patients for intensifying their follow-up schedule as they had one or more emergency department (ED) visit during the first 3 months. We found out that the emergency

attendance rate per patient over the 3-months period (2.63 vs 0.63, P<0.007) and acute hospital admission rate per patient over the 3-months period (1.59 vs 0.58, P<0.009) were significantly reduced after intensified follow-up. Moreover, the clinic attendances improved from 56% to 85 % after intensifying the follow-up frequency.