Healthcare professionals report lack of confidence and training in approaching advanced care planning discussions during renal inpatient admissions

Kashif Anwari, Antonia Hamilton-Shield, Abdul Azeez Lawal, Scott Henderson, Aine Burns, Alex Riding, Jo Wilson.
Royal Free London Hospital NHS Foundation Trust, London (UK)

Introduction: Renal inpatients include a co-morbid and frail cohort that are vulnerable to clinical deterioration.[1] Our renal team have invested in advanced care planning (ACP): use of departmental electronic records, frailty/palliative care multi-disciplinary team meetings (Priorities MDT), and the appointment of a dedicated Frailty Matron. Despite this, inpatient ACP can be overlooked. We sought to assess confidence, attitudes and practices relating to ACP amongst healthcare professionals (HCP) working within the inpatient department of the Royal Free Hospital (RFH).

Methods: An anonymous survey of 22 questions on ACP was distributed to all HCP working within inpatient renal services at RFH.

Results & Discussion:
30 staff responded to the survey (9 consultants, 10 junior doctors, 10 nurses, 1 therapist); 87% had been involved in ACP decisions in the last year (Feb 2021-2022). Only 33% reported prior relevant ACP training.

Recognition: Most (76%) identified that a treatment escalation planning (TEP) should be established on admission or during the post take ward round (PTWR), *Figure 1*. Almost all (90%) identified that an early TEP was at least very important to good patient care (*Figure 2*).

Figure 1: Ideal time to establish TEP

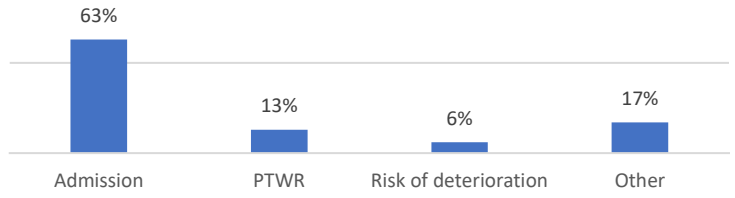


Figure 2: Importance of establishing an early TEP

Figure 3: Factors cited to hinder ACP

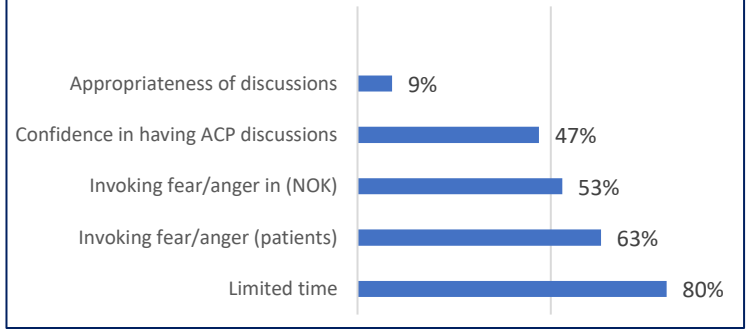
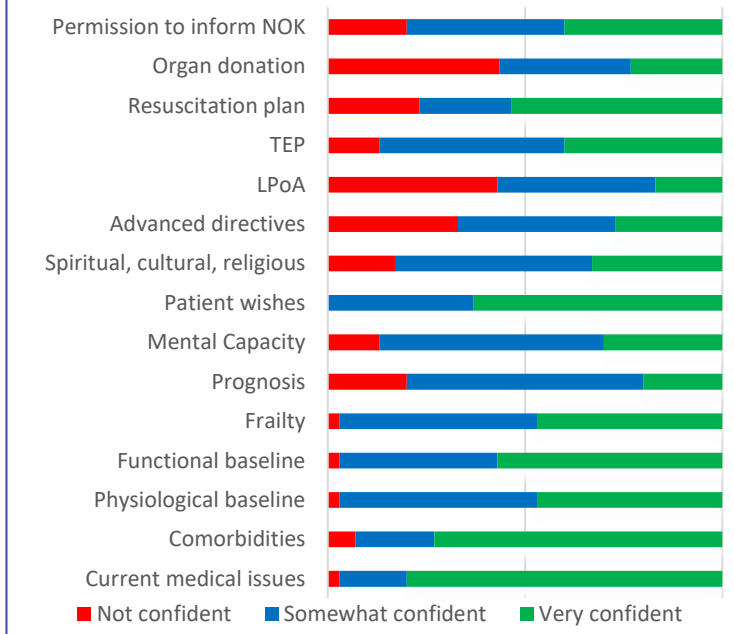


Figure 4: Confidence relating to aspects of ACP



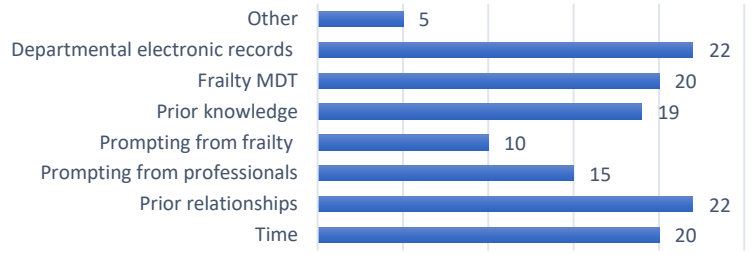
Results & Discussion

Barriers to ACP: Multiple barriers identified including time, confidence and anxieties relating to discussions (*Figure 3*). Only one respondent felt that they did not need further training in ACP.

Confidence approaching ACP: We identified multiple areas where HCP lack confidence when approaching ACP discussions, particularly in assessing physiological baseline, frailty, prognosis and knowledge of the mental capacity act (*Figure 4).*

Facilitating ACP: Prior knowledge and relationship with the patient, frailty MDT, departmental electronic records and prompting from other professionals were the commonest aids to ACP discussion (*Figure 5*).

Figure 5: Factors cited to facilitate ACP



Conclusions:

- Establishing early TEP is considered ideal, yet HCP demonstrate under confidence when approaching ACP for renal inpatients
- Barriers to ACP discussions include limited time and fear of provoking anxieties in patients or close contacts
- Audit of inpatient TEP discussion & documentation is currently in progress to inform training.
- Training in recognising frailty and impact on prognosis is required to improve the confidence and quality of TEP completed
- Local training to improve documentation and communication will be critical to avoiding unnecessary or harmful treatments in the frail and vulnerable

References: 1) Lorenz EC, Kennedy CC, Rule AD, et al. Frailty in CKD and Transplantation. Kidney Int Rep 2021;6:2270-80.

Med22 RCP annual conference
NHS Royal Free London NHS Foundation Trust