

# VALUE-BASED HEALTHCARE CONFERENCE 2024

22-23 AUGUST 2024





# Integrating Conservative Kidney Management in the Nephrology practice with Community Collaboration

Authors: Yeoh Lee Ying<sup>1</sup>, Teh Swee Ping<sup>1</sup>, Edwin Lim<sup>2</sup>, Lai Mee Horng<sup>2</sup>, Shashidhar Baikunje<sup>1</sup> *Department of Renal Medicine, Sengkang General Hospital;* <sup>2</sup>Tzu Chi Foundation, Singapore

## **Background:**

Supportive care for End-stage kidney disease (ESKD) patients should be integrated as part of the nephrology service. Gaps exist with current practices.

#### Aim:

This pilot project comparing nurse led community programme to support patients opted for conservative kidney management (CKM) with the current community model.

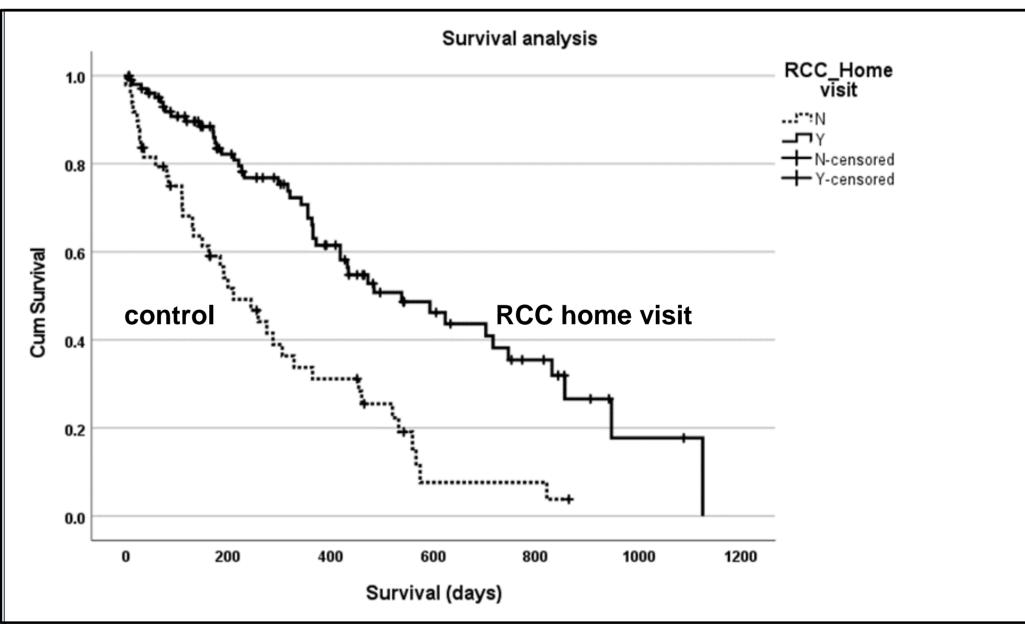
#### **Methods:**

This pilot project was supported by *Agency of Integrated Care (CHF002) and Tzu Chi Foundation,* Singapore for 3 years. This is a single centre, prospective cohort study of patients referred to renal conservative care (RCC) program from January 2020 to February 2024. The patients were follow-up till death or 29/2/2024. Baseline demographic and clinical outcomes were analysed comparing patients under RCC home visit versus standard practice as control.

Results:  Renal consei	rvative care clinic (N=178)	
	Exclude: Nursing home residents (n=8) Initiated dialysis (n=19) Transferred to other institution (n=5)	
Female (64.4 Chinese (80.8	146 patients studied: Female (64.4%) Chinese (80.8%) Sengkang-Punggol residents (50.7%)	
RCC home visit (n=103)	Control (n=43) Under home hospice program (48.9%)	

Baseline/ Outcome	Total (n=146)	RCC home visit (n=103)	Control (n=43)
Age, years	80.0 ± 7.9	79.1 ± 7.6	80.1 ± 8.7
Estimated glomerular filtration rate (ml/min)	10.2 ± 3.6	10.5 ± 3.3	9.5 ± 4.2
Charlson comorbidity index	8.5 ± 1.9	8.5 ± 1.9	8.7 ± 2.0
Demised (%)	77 (52.7)	44 (42.7)	33 (76.7)
In-patient hospice (%) *		28 (63.6)	3 (9%)
Demised at home (%) *		16 (36.4)	10 (30.3)
Median hospitalization in last 6-months of life (days, IQR)		9.5 (0, 31.5)	11 (3.5, 23.5)

\*p < 0.05



Median survival was longer for those under RCC home visit (17.7 vs. 6.3 months, Kaplan-Meier analysis, p < 0.00).

#### **Conclusion:**

Dedicated nurse led model for CKM provided more holistic care in the community allowing better healthcare utilization and goal concordance care.

## **Key findings:**

Patients opted conservative kidney management have benefited from dedicated community program.

Such model has value added to quality of care and better resource allocation.

