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P337 -What is the Benefit of Having a Geriatrician in the Low Clearance Clinic?

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Aims: The population receiving treatment for end stage kidney disease has changed over the last 30 years, and now the mean age of starting dialysis in the UK is 67 and frequently co-morbid and frail. In response to this, we established an "embedded" Care of the Elderly Consultant within our low clearance clinic service to support these patients. After initially establishing this service, referrals increased significantly over the first 6 months, and our original referral criteria (age>75 choosing dialysis but not deemed suitable for transplant) had changed. We wanted to understand how our practice had developed, and what impact this specialist review had on patients and their outcomes.

Methods: Over the first 6 months of the clinic, 30 patients had undergone review by the Care of the Elderly consultant. We undertook a notes review and tally chart exercise to investigate which patients were being reviewed in this way and what outcomes there were resulting from this review.

Results: Of the first 30 patients reviewed in the service, the mean age was 79.3 (67-89); 31% female; the median score on Rockwood Frailty Scale was 4 (range 1-7). Prior to specialised geriatric review, 51% had chosen HD, 7% chosen PD and 14% chosen conservative management (CM), with 28% having no treatment plan. As a result of review, 38% changed their decision; the change in decision varied but there was an increase in the rates of patients choosing CM after review, and only 1 patient remained undecided. Additional outcomes included a discussion of resuscitation and record of patient wishes on appropriate forms (52% DNAR and 24% choosing to receive resuscitation; the remaining patients chose not to make a decision), 43% completed an advance care plan; 1 or 2 patients had one or more of the following outcomes - referred back to GP, referred to local palliative care services, referred for other additional specialised services (eg incontinence, falls, etc). Most patients were seen twice in the clinic. All patients were seen with an additional family member, carer or other advocate. 1-2 patients had found the consultation difficult, but on the whole this type of review in clinic was well-received.

Conclusion: We believe this has been a valuable addition to the pre-dialysis assessment in the low clearance clinic. We expect the service to continue and grow. As a result of review, approximately 40% of our patients had a measurable outcome such as changing or choosing a treatment pathway, discussing resuscitation and recording the outcome of the discussion, or advance care planning. In many instances, the outcomes did not become apparent immediately after one review, but became established after 2 or more reviews in clinic, or after clinic review and a subsequent home visit. Others were referred to services (falls, incontinence clinics etc) not previously accessed by the low clearance clinic. We believe more patients ended up on an appropriate care pathway as a result of this review, and suspect other outcomes such as hospital admission may be avoided. Our referral criteria to the Care of the Elderly consultant have changed, and we now recognise 7 themes which lead to referral as described in a separate abstract. Age is a significantly less important criterion for referral than when the service was established.