Supportive Care

Driver Diagram

Updated June 2021

Key:

In order to achieve this aim..	We need to ensure...	Which requires...	Ideas to ensure this happens

Develop systems and processes to enable appropriate patients within AKCC and those already on RRT to commence a supportive care pathway as a realistic treatment offer through shared decision making. (December 2021)

50% of patients identified by SQ to be offered an ACP and conversation started with those who require it by December 2021

Develop a skilled and competent MPT who can identify those who would benefit and begin appropriate conversations and sign posting (December 2021)

90% of all staff to have completed the first level communication module by September 2021

Patients
- Identifying suitable patients in AKCC and on RRT → Scoping exercise - baseline measurement.
- patient awareness → Patient information booklet/posters
- PPI → Patient survey - co-design | Patient group convened

Workforce
- Skilled and competent → Staff survey highlighting gaps in knowledge, skills & confidence. Development/implementation of education modules
- Identified and resourced → Collate current models and workforce to show gaps. Work with the MPT and include low clearance
- Education → develop and implement a communication toolkit as part of tiered education modules

Pathways
- Agree and implement clinical pathway → Pilot implementation of ACP - initially in HD patients and then apply to pathway
- Agree data collection → Collect baseline data and agree QI measures for collection
- IT support → Develop dashboard and screens for automated reporting quarterly

An action from Peer Assist workshop – is it still relevant?

Report quarterly data on: How many supportive care patients with eGFR <15 and eGFR <10

Develop an implementation plan to collect symptom scores/burden and test it on a small cohort of patients