

## Meeting the needs of frail patients with Chronic Kidney Disease (CKD): Patient and staff perceptions.

Ms Jackie McNicholas<sup>1</sup>, Dr Louise Ryan<sup>1</sup>, Dr Mary Wells<sup>1</sup>, Dr Edwina Brown<sup>1</sup>, Dr Shuli Levy<sup>1</sup>

<sup>1</sup>Imperial College Healthcare NHS Trust, London, United Kingdom

**PROBLEM:** Frailty is common amongst patients with kidney disease with a prevalence in dialysis patients of up to 73%. (1). Little is known about patients' perceptions of frailty or staff knowledge and confidence in managing frailty in this patient group.

**PURPOSE:** The purpose of our study was to ascertain the perceptions of patients and staff of the problems that frail renal patients experience and how these are addressed by healthcare providers. We also aimed to identify the educational needs of staff in relation to frailty, to inform the design of dedicated resources and a local support pack to assist staff in managing frailty.

**DESIGN:** Two separate questionnaires were designed, one for staff and one for patients. The patient questionnaires were administered by the nurse specialist whilst patients attended for their clinic appointments. The staff questionnaire was distributed both electronically and in paper format across the renal directorate. Patients perceived as frail were identified by members of their teams for inclusion in the study. Patients who did not have mental capacity or who could not speak English were excluded. Analysis was completed with SmartSurvey and Excel.

**FINDINGS:** 100% of patients agreed to take part (N=60). The demographics of patients are outlined in Table 1. The most common problem reported by frail patients was with mobility (80%), with 37% reporting falls. Mobility issues were most prevalent in patients receiving RRT (100% of PD patients, 81% of patients with a transplant and 79% of HD patients) but also affected 67% of frail patients with CKD. 45% reported memory problems with 7% finding this negatively impacted their medical care.

55% were worried about their future. The most common fears were of losing independence and burdening their families. Overall only 35% thought the multidisciplinary team were aware of their issues and only 15% felt these issues were addressed either very well or quite well. 40% thought their issues were not very well addressed at all.

The staff response rate was 27% (N=93). Figure 1 demonstrates the professional groups who participated. The mean number of years of renal experience was 13.6 (range 0.3-38). Staff's confidence in assessing and managing frailty was rated at 5/10 on average (range 0-10). 42% of staff did not know of any frailty assessment tools. 71% reported no previous training in assessing frailty while 78% reported no training in managing frailty. Staff felt that frailty assessments would be most beneficial in haemodialysis, followed by in-patients, then PD, CKD and transplant clinics.

### CONCLUSION & RELEVANCE:

We identified a large unmet need amongst our frail renal patients. This was consistent with a large proportion of staff reporting a lack of awareness and training in this area. Increasing staff knowledge and confidence in relation to frailty in our renal department through a range of education strategies and resources, will aim to empower staff to identify, assess and manage the issues most important to our frail, renal patients.

