

Should I Prepare for Renal Replacement Therapy? A Shared Decision Making Project for Choice of Dialysis Modality

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INTRODUCTION

As renal function progresses, patients will enter end-stage kidney disease (ESKD), also known for chronic kidney disease (CKD) stage 5. At this advanced stage, it is important to determine further treatment option for renal replacement such as hemodialysis, peritoneal dialysis, kidney transplant or hospice. The decision is encouraged to share with patients as well as kidney medical staff. We therefore implement a share decision making (SDM) project to facilitate timely decision of renal replacement therapy.

AIM

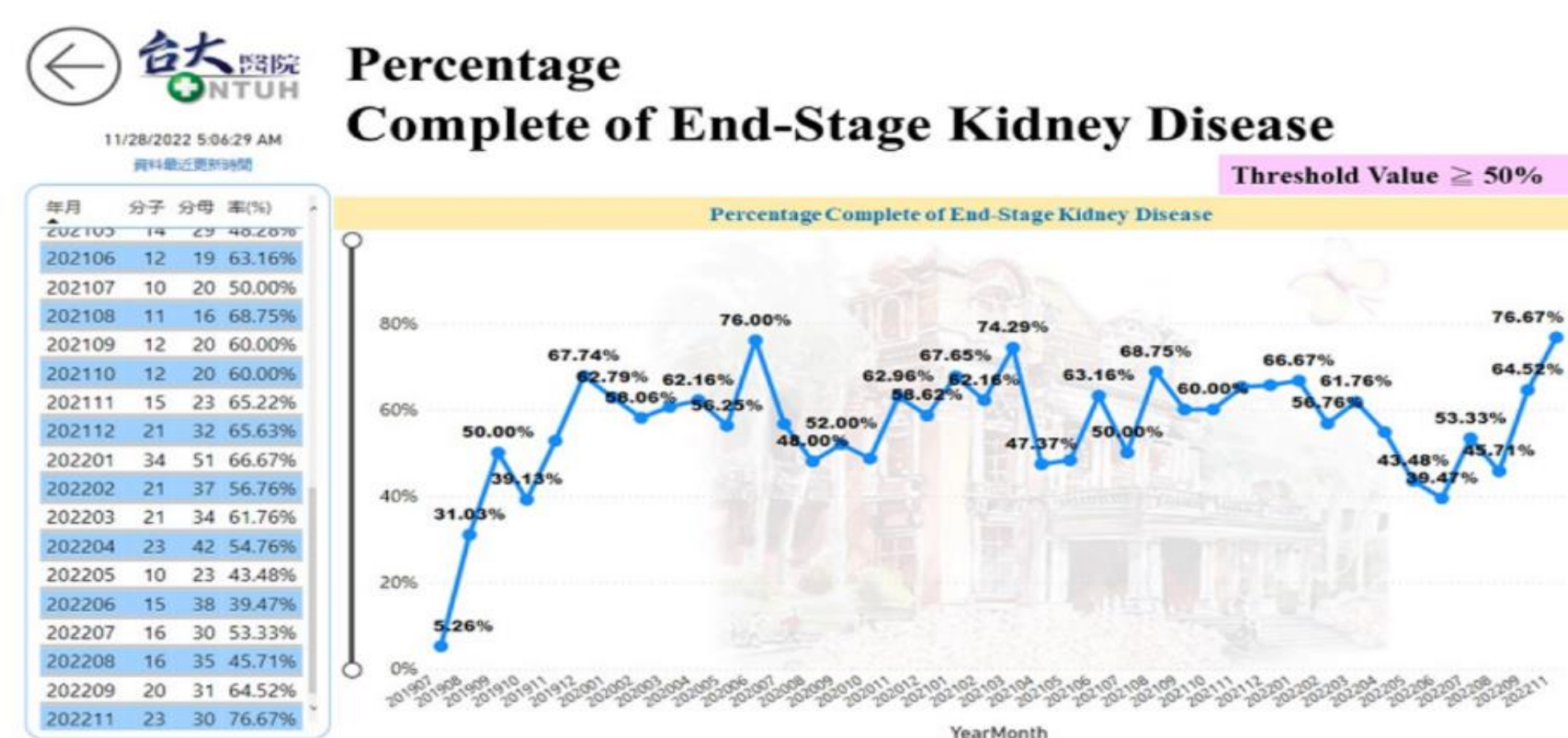
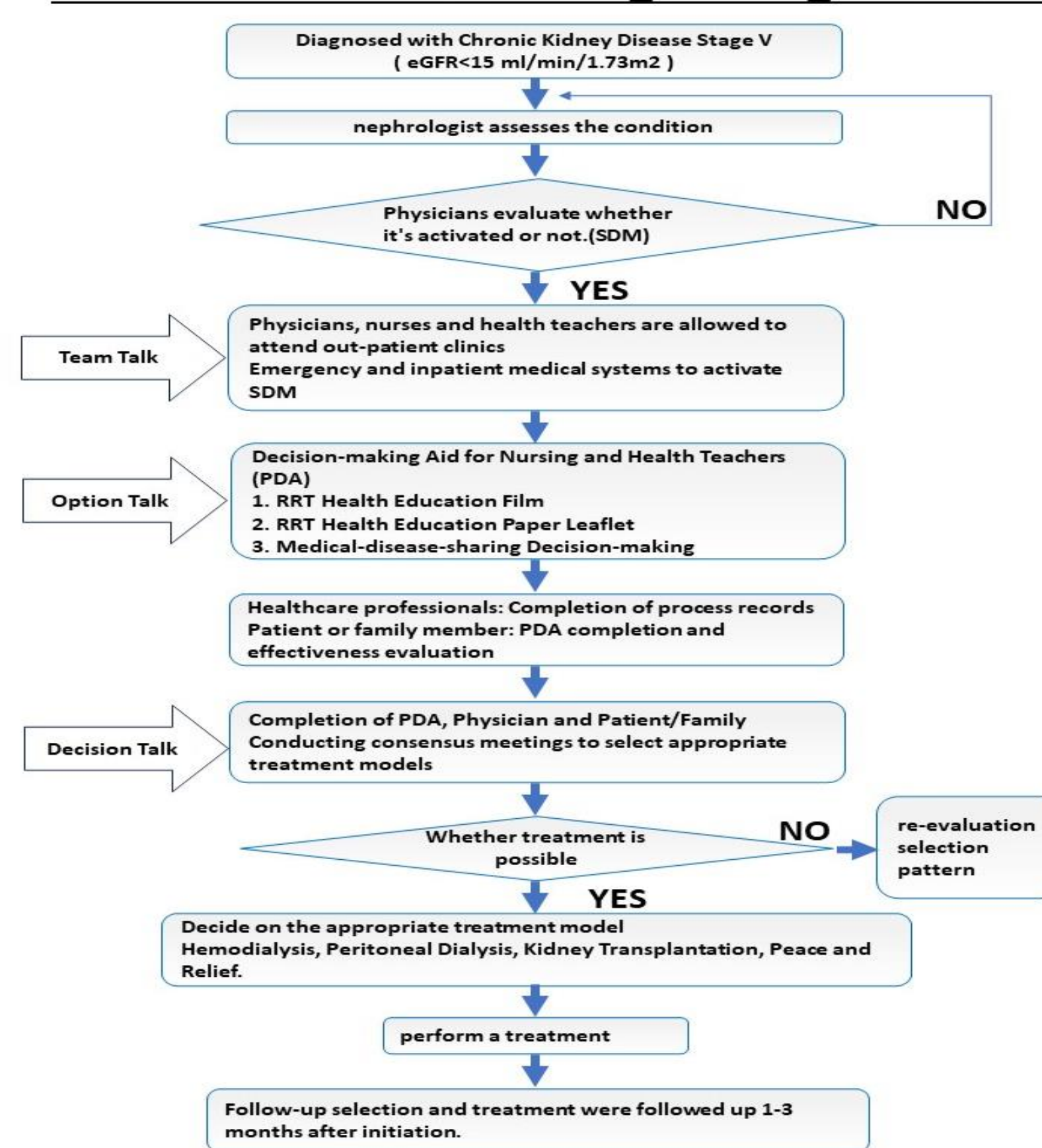
The range of application is for patients with chronic kidney disease stage 5, whose glomerular filtration rate eGFR<15 mL/min/1.73 m² lasts for more than 3 months, and who are diagnosed as CKD stage 5 (N18.5) by a physician and are ready to receive renal replacement therapy, Start the SDM, introduce the decision-making process, and grasp the changes in the condition. Some management health teachers or nurses in the recovery room use PDA auxiliary tools and health education-related information to let patients understand the timing, treatment methods and choices of endocrine replacement therapy, and assist patients and medical treatment. Communication between teams, arranging surgical evaluations in outpatient clinics, or joint care by hospice and palliative care teams.

RESULTS

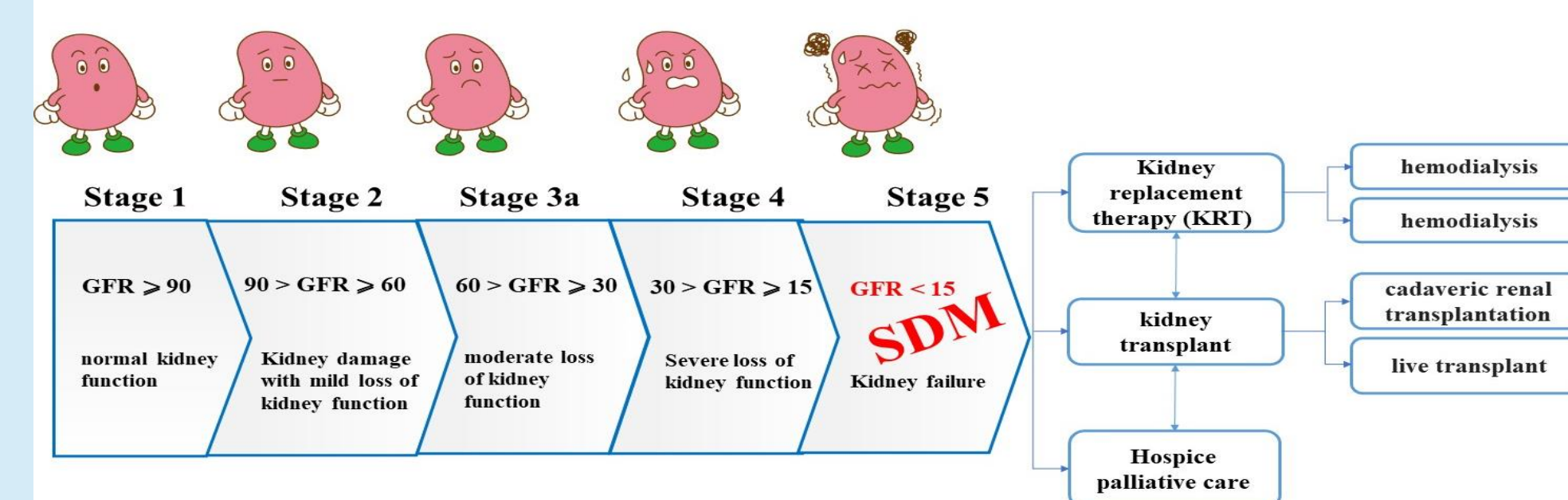
A total of 297 patients with CKD stage 5 received the SDM project. The willingness to choose peritoneal dialysis increased from 14.5% to 23% after implement of SDM project. The willingness to choose kidney transplantation increased from 2.7% to 3% after implement of SDM project. However, up to 55.8% were unable to make a decision. By questionnaire, we collected main reasons as follows: I want to discuss more with my family before making a decision; I want to discuss more with my attending physician or nurse practitioner before making a decision; the patient or family members are not ready for dialysis treatment; and the patient hesitates to make a decision.

For analysis of patient anxiety, the anxiety level decreased from 3.69 to 3.10 points out of 5 points after implement of SDM project.

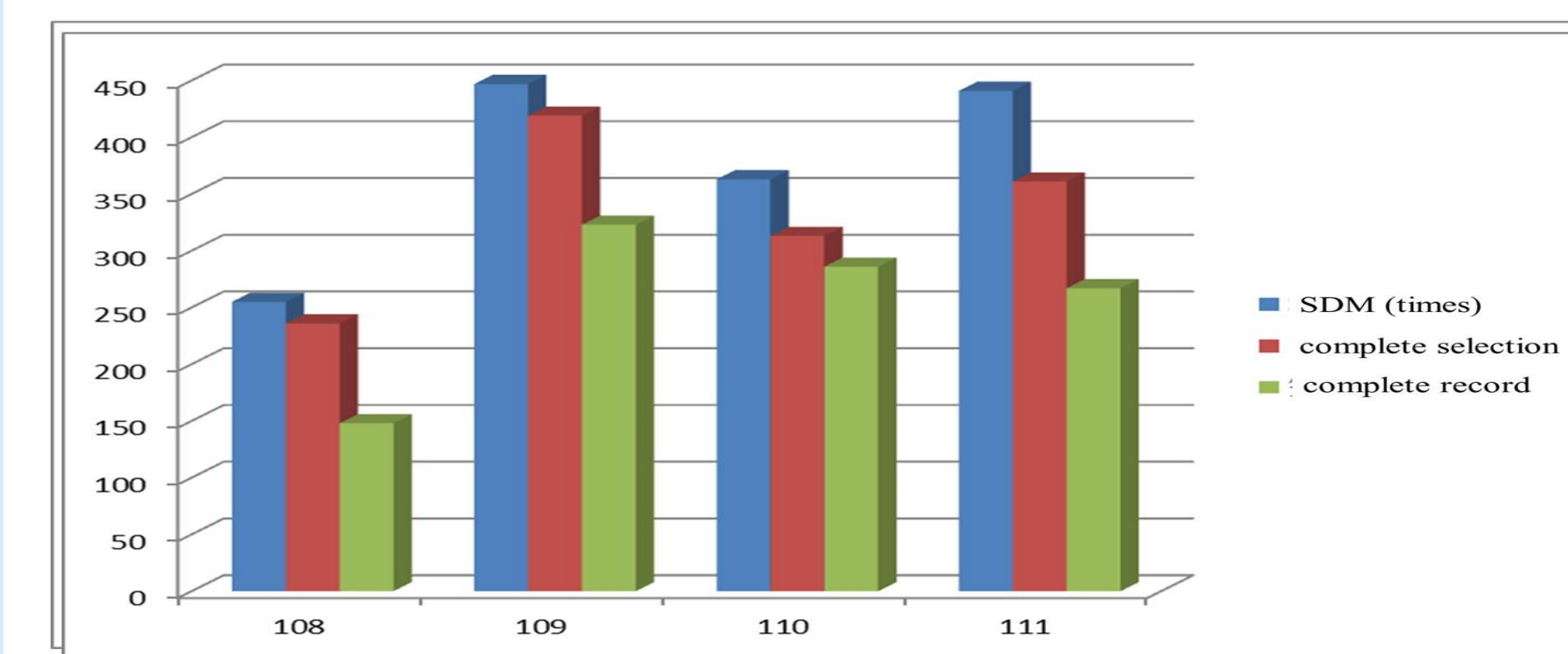
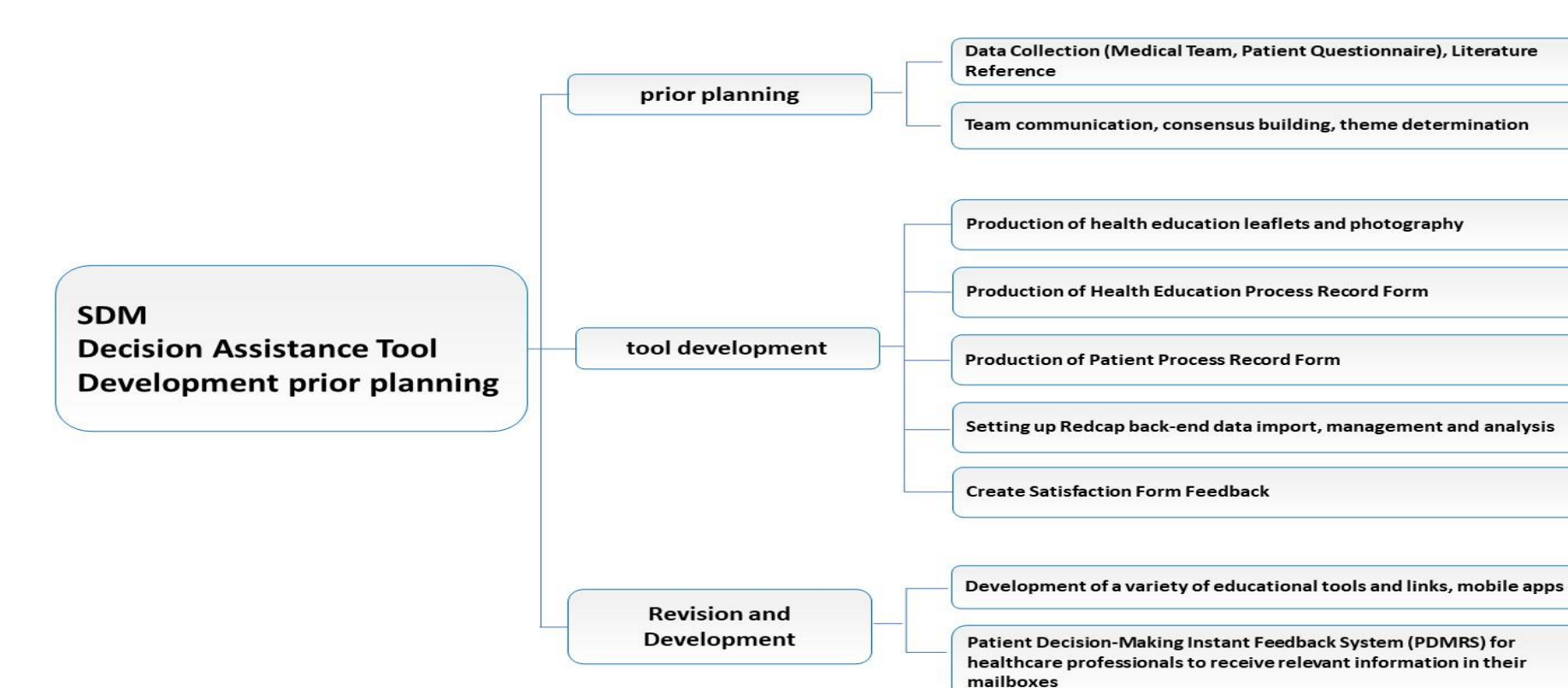
SDM clinical import process



Decision Map SDM



SDM decision support tool development



METHOD

When a patient enter CKD stage 5, defined by estimated glomerular filtrate rate (eGFR) less than 15ml/min/1.73 m², the doctor launches a SDM project through REDCap system, a secure web application for building and managing online surveys and database, and then REDCap connects with the in-hospital electronic medical record (EMR) automatically. Once activated, the patient's exclusive QR code will be printed out, and the patient can have on-site explanations step-by step. Next, the patient will bring to dialysis center for introduction and discussion about pros and cons among treatment options. Patients and family's concern will be clarified and communicated. The patient also can use mobile device such as smart phone or tablet to review video and health education materials about renal replacement therapies. Finally, after the patient decides the treatment modality, the results will report to the doctor by email or EMR. The surveillance will operate through Microsoft power business intelligent (BI) system.

CONCLUSIONS

Our SDM project helps patients and family for sharing decision making of RRT. The willingness to choose peritoneal dialysis increased, and the patient anxiety decreased substantially. Further follow-up study is still warranted to facilitate making good decision timely by our patients.

REFERENCES

Starting from renal care: clinical introduction and optimization of medical-patient sharing decision-making. Journal of Healthcare Quality, 14(1), 24-29. <https://doi.org/10.3966/199457952020011401006> Harris, P.A., Taylor, R., Thielke, R., Payne, J., Gonzalez,N., & Condee, J.G.. (2009).

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