Integrating Palliative Care into Nephrology: A 10-Year Renal Supportive Care Experience

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KEYWORDS
Renal Supportive Care; Palliative Care; Chronic Kidney Disease; Advance Care Planning; Conservative Kidney Management

EXECUTIVE SUMMARY
Over the past decade, Renal Supportive Care (RSC) at Royal Prince Alfred Hospital has integrated palliative care into nephrology, improving outcomes for patients with advanced chronic kidney disease (CKD). This interdisciplinary model supports both dialysis and conservative pathways through hybrid care (telehealth and face-to-face), outpatient and inpatient consultations, nurse-led clinics, advance care planning (ACP), psychosocial support, and home visits. Outcomes include improved symptom control, increased ACP, reduced hospital admissions, and better patient satisfaction.

INTRODUCTION
Patients with advanced CKD experience high symptom burden and complex care needs. Integrating palliative care into nephrology improves quality of life and supports goal-concordant care. RSC was established to embed these principles into routine renal practice.

HIGHLIGHTS
- 10-year established RSC service
- Integrated palliative care in nephrology
- Nurse-led clinics reducing admissions
- Home-based and hybrid care delivery
- Stepping Up program supporting mobility and falls prevention

METHODOLOGY / PROCESS
RSC is a collaborative model between nephrology and palliative care, supporting patients across all CKD stages. Care includes hybrid consultations, multidisciplinary clinics, nurse-led reviews, ACP, psychosocial support, and home visits for frail or end-of-life patients. The Stepping Up exercise program was introduced to reduce falls risk.

RESULTS / OUTCOMES
Over ten years, the service demonstrated improved symptom control, increased ACP completion, reduced hospitalisations, and high patient and caregiver satisfaction. Nurse-led ad hoc clinics contributed to avoidance of unnecessary admissions, while home visiting supported end-of-life care in patients' preferred place of care. The Stepping On program improved mobility and reduced falls risk.

CONCLUSION
Integrating palliative care into nephrology is feasible, sustainable, and effective. The Renal Supportive Care model improves quality of life, reduces hospital utilisation, and supports goal-concordant, patient-centred care across the CKD trajectory.