

P010

P010 -Service development of kidney patient focussed counselling: 26 years of experience in a tertiary renal unit

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Background:

There is increasing recognition of the mental health comorbidity in patients with kidney disease and co-existing mental illness which substantially impacts on outcome. However, understanding of the demand and nature of focussed support specific for kidney patients is limited. We have offered individualized counselling for all patients within our renal unit since 1992, with standardised data collection from 2007 and annual patient feedback questionnaires commenced in 2010 which have led to service changes.

An 'acute counselling service' was established in 2013 to provide early psychological support for all inpatients presenting with acute kidney injury (AKI) including 'crashlanders' and those with AKI on chronic kidney disease (CKD) and renal transplants. The service is introduced to patients within 48 hours of admission without ward staff referral. All patients are given written information and contact details on the first meeting in the ward. If counselling is declined, they are aware of how to self-refer. All patients are offered a follow-up session post admission, usually within two weeks.

Aims:

- i) To describe changes in counselling service provision over 10 years
- ii) To quantify work load for counsellors including acute counselling services
- iii) To define psychological strategies and tools required to meet patient need
- iv) To report service improvements informed by patient questionnaires

Methods:

Renal counselling databases were explored to extract information regarding number of patient sessions from 2007 and acute counselling service contacts from 2014 onwards. Full-time equivalent (FTE) staffing numbers were assessed per year. Annual questionnaires were sent to all patients with an average of 27% completion. Themes from questionnaires which led to service changes are described.

Results:

Numbers of referrals and counselling sessions delivered are presented in Figure 1. FTE increased from 1.0 in 2007 to 2.0 in 2010 and then to 2.8 in 2014. Median number of sessions delivered per FTE per year was 825 (Range 724 to 946). The acute counselling service provided initial support for 1019 patients (2014-8) of which 364 (35.7%) patients have received ongoing counselling, have been re-referred or self-referred and been seen by the same counsellor. Counselling and psychological methods used include psychodynamic, existential, cognitive behavioural therapy and person-centred counselling.

Four patient feedback questionnaires were conducted during the assessment period and led to the following service changes:

- Patients were able to self-refer,
- Patients have counsellor continuity regardless of current renal modality
- Counselling became routine practice for inpatients
- Counselling services were extended to all satellite units
- Counselling was offered to all patients presenting with acute kidney injury or inpatient admission starting dialysis

Discussion:

In keeping with the expansion of our renal service, demand for kidney focussed counselling has exponentially increased over the last two decades. Provision for support for acute kidney injury patients, inpatients and satellite units has been informed by patient feedback questionnaires. Diverse therapy skills are required to meet the needs of kidney patients with complex psychosocial needs.