

00484 **Multi-intervention Clinic for the Care of Patients With Advanced Chronic Kidney Disease – SGH Experience**

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Aims: Urgent unplanned initiation of renal replacement therapy with temporary dialysis access is associated with higher mortality risk, catheter-related complications and poor patient satisfaction. Yet, 85.4% of the incident ESKD was initiated on dialysis with temporary dialysis access in Singapore General Hospital (SGH) in 2014.

Methodology: In 2015, Low Clearance Clinic (LCC) program was set up in SGH as a multicomponent intervention program to enhance the patient decision-making process and satisfaction and improve patient clinical outcome and adherence to CKD therapy. It enrolls CKD patients with low estimated glomerular filtration rate from 11 to 20 ml/min/1.73m².

The program provides patients with timely access to comprehensive CKD management including CKD education, medication reconciliation, dietary, financial and psychosocial assessment. Regular multidisciplinary meetings are conducted and the renal coordinator monitored the patients' compliance to the program.

The LCC work process continues to evolve based on patients' and healthcare providers' feedback. New workflows were created for dialysis center tour arrangement, peritoneal dialysis nurse review, vascular surgeon referral and joint renal-palliative session in LCC.

Result: Between August 2015 and August 2017, 205 CKD patients were reviewed in LCC. Of the 60 exited the program, 44 (73.3%) started on dialysis, 2 (3.3%) underwent pre-emptive transplant and 14 (23.3%) passed away. Of those started on dialysis, 22 (50%) of those started on dialysis with permanent dialysis access and 14 (31.8%) chose peritoneal dialysis (PD). In comparison with CKD patients receiving standard care, LCC has higher rate of patient initiating on dialysis with permanent dialysis access (50% vs 18.2%), p=0.002.

Conclusion: LCC program improves the rate of patient initiating on dialysis with permanent dialysis access. Further studies have been planned to explore the effect of LCC on the compliance to CKD management, rate of renal function decline and patients' experience and quality of life.