

Dialyzing Patient

Patients' Death

**Patient Identification**

- Serum albumin
- Modified Charlson Co-morbidity index (CCI)
- Surprise Question  
*"would you be surprised if this patient died within a year"*
- Age
- Co-morbid Conditions
- Nutritional/functional status
- Sentinel events
- Process Indicators**
- Utilization of PROMIS for documentation of indicators

**Advanced Care Planning**

- Optimize pt understanding of prognosis & treatment options
- define Pt key priorities for care & develop care plan. Includes discussion regarding wishes re DNR
- if appropriate identify substitute decision maker

**Process Indicators**

- Identified pts will have ACP discussion with documentation
- renal staff to have training of indicators
- monitor outcomes for further development

**Symptom Management**

- Most severe symptoms reported are pain, decreased well being, poor appetite, anxiety & depression. Pts under report symptoms.

**Process Indicators**

- Pain algorithms, including use of opioids
- Protocols utilized -Staff education

**Symptom Assessment**

- Modified Edmonton Symptom Assessment System (ESAS)
- Modified Patient Outcome Scale (POS)
- Screening for symptom burden-use team approach
- Process Indicators**
- documentation of assessment results, with plan of care

**Care of the Dying Patient and Bereavement**

- Effective pain & symptom management, no unwanted prolongation of life
- use of community resources such as hospice
- Acknowledgement of death through a phone call, letter, card
- Create opportunities for staff and affected patients to discuss and reflect upon the loss. Support for cares & family
- Process Indicators:**
- Morbidity & Mortality rounds locally and provincially
- Post death follow-up with family re quality of death

**Foundational Principles**

Work is rooted in strong linkages with Palliative Care, primary care, and community supports. Care is coordinated and includes physical, psychological, and spiritual. Ethical decision making is a result and is supported by patient focused care – informed by patients' wishes – that is compassionate, respectful and culturally appropriate. Commitment to education/training/mentoring of EOL champions throughout the HARP. Information system (PROMIS) modules to be developed/refined to facilitate ongoing indicator development and monitoring. Resources (human, material, fiscal) will be needed.

