Advancing End of Life Care Provision
A Provincial Framework

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BACKGROUND INFORMATION

British Columbia (BC) has a population of 4.5 million people and as of Dec 31, 2010 there were 2,791 dialysis patients (all modalities), 11,219 registered CKD pts, and 2,500 kidney transplant patients, receiving care across 5 health authorities (HAS). Renal care delivery in BC is spread across the five geographic HAS at 13 hospital programs and 26 community dialysis units. Province-wide delivery of care is planned, monitored and funded through the BC Provincial Renal Agency (BCPRA). The network structure of the BCPRA enables clinical input from members of the nephrology teams that provide direct patient care.

METHODS

Utilizing the BC renal network structure, a formal working group was established to systematically develop and implement an evidence-based EOL framework to provide a standard approach to EOL care accessible to all BC renal patients. Through an iterative process involving multi-disciplinary representation and a linkage to the Provincial Palliative Program, the Renal EOL Working Group defined the following evidence-based elements as essential to providing quality end-of-life care to patients. These included:
1. Patient identification
2. Symptom Assessment and Management
3. Advanced Care Planning
4. Care of the Dying Patient/Bereavement

3. PROVINCIAL EOL FRAMEWORK

This four-year learning process culminated in the publication of the framework report, "END-OF-LIFE FRAMEWORK - Recommendations for a Provincial End of Life Care Strategy" in Dec 2009. (Available on the BCPRA website: www.bcrenalagency.ca). This document includes identification of consistent guidelines and tools to assist in caring for patients requiring EOL care, development of a sustainable education strategies, integration of renal EOL strategies with those of the Ministry of Health, provincial and regional palliative care strategies.

RESULTS

Under the direction of the BCPRA EOL Working group, each of the five HA renal programs (HARPs) has now adopted the framework. In addition to forming a Renal Program EOL group, each of the five programs have embarked on a series of projects and initiatives aimed at implementing the four elements at the local level.

It is recognized that the role of "EOL Champions" within each of the HARPs is critical. Equally critical is ensuring each of these champions feels well supported from a knowledge and educational perspective. Embedding skills in day-to-day practice across the professional disciplines and sustaining knowledge and skills among staff are key considerations in the ongoing work of the EOL group. A final area of attention was incorporating PROMIS as the information system to help track patient needs and outcomes and to establish metrics for future program evaluation.

CONCLUSIONS

The provincial framework and documents have permitted significant changes in care strategies. To our knowledge, this is the first province-wide, comprehensive initiative for EOL care in a CKD population. Evaluations of the impact on patient outcomes are ongoing.