

**Patient Dialyzing in In-Centre Hemodialysis Unit**

**Patient's Death**

**Patient Identification**

“Would you be surprised . . . if this patient were to die within the next year?”

**QI**

- ◇ Establish Nephrology Palliative Care database
- ◇ Compare our data with published parameters (e.g. prognostication)

**Patient Focused, Symptom-Based Care**

*Start Pilot*

**Advance Care Planning**

- ◇ Surrogate DM
- ◇ Resusc status
- ◇ Dialysis discontin.
- ◇ AD: ? trial “My Voice” AD document

**QI**

- ◇ Audit # AD, SDM, DNR in place/verified/ updated
- ◇ Pt & family satisfaction with ACP

**Goals of Care**

- ◇ Patient values & goals, “HOPEs”
- ◇ Understanding of illness/ care, needs +/- Interpreter

**Symptom Management**

- ◇ All spheres
- ◇ Protocols req'd
- ◇ Prioritize development

**QI**

- ◇ Evaluate protocol(s)

*Start Pilot*

**Symptom Assessment**

- ◇ Trial ESAS
- ◇ Self-identified symptom impact & prioritized need for care

**QI**

- ◇ Explore correlation with HRQOL
- ◇ Evaluate use of ESAS tool for wider use in HD unit

**Bereavement Support**

**Bereavement Support Program**

- ◇ *Family: Phone Call, Condolence Letter (done)*
- ◇ Team: Comm. around patient deaths
- ◇ HD Unit: Acknowledge patient death
- ◇ ? **Annual Memorial Service:** Explore need/possibilities with team

**QI**

- ◇ ? **M&M rounds:** *Process: care review, Death Apgar scoring, family feedback (1st talk done)*
- ◇ ? **Mortality stats:** determine parameters to

**Anticipatory Grief Support:** Provide support for patients, families, and staff when anticipatory grief emerges related to patient-specific care

**Information Systems:** Linkages with provincial renal database, PROMIS and hospital IS, Sunrise Clinical Manager

**Palliative Care Focus:** Education Communication Psychological & Spiritual Support Healing Environment

**Resources:** Human Material Fiscal