

Background

- Early goals of care (GOC) conversations show improved patient outcomes. However, content and timing of these end of life discussions have been variable.
- Based on a recent needs assessment from renal care providers, the BC Integrated Palliative Nephrology Working Group has implemented a multipronged approach to improve palliative care in nephrology.
- This large-scale project requires systematic evaluation to demonstrate its efficacy

Objectives

- To assess baseline documentation and quality of GOC conversations in patients with advanced renal disease across 5 health authorities (HAs) in BC.

Methods

- Pre-implementation chart audit was performed on 30 randomly selected patient charts, 6 from each of the 5 health HAs (labelled A-E) across British Columbia (Table 1).
- The contents of the chart audit included:
 - 1) Presence and location of GOC directive and GOC discussion
 - 2) PROMIS (provincial renal data base)
 - 3) Serious Illness Conversation Guide (SICG)
- This assessment will be repeated 1 year post-implementation to evaluate improvements to the palliative care approach.

Outcomes

- Majority of patients from the chart audit had GOC documented and within the last year (Figure 1).
- Documentation regarding GOC was sparse in the provincial renal database (PROMIS) (Figures 2,3).
- GOC discussions were much less commonly documented than directives (Figure 3).
- While prognosis and patients' level of understanding was frequently documented during GOC discussions, patients' goals and involvement of family was less frequent (Figure 4).
- GOC discussion documentation varied across HAs (Figure 5).

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Table 1. Patient Demographics

	A	B	C	D	E	All Sites
Age	69.50	56.17	66.17	59.33	57.33	61.70
Dialysis Modality (# patients enrolled)						
cHD	2	2	2	2	2	10
HHD	0	0	1	1	0	2
PD	2	2	1	1	2	8
CKD	2	2	2	2	2	10
Total # of patients	6	6	6	6	6	30

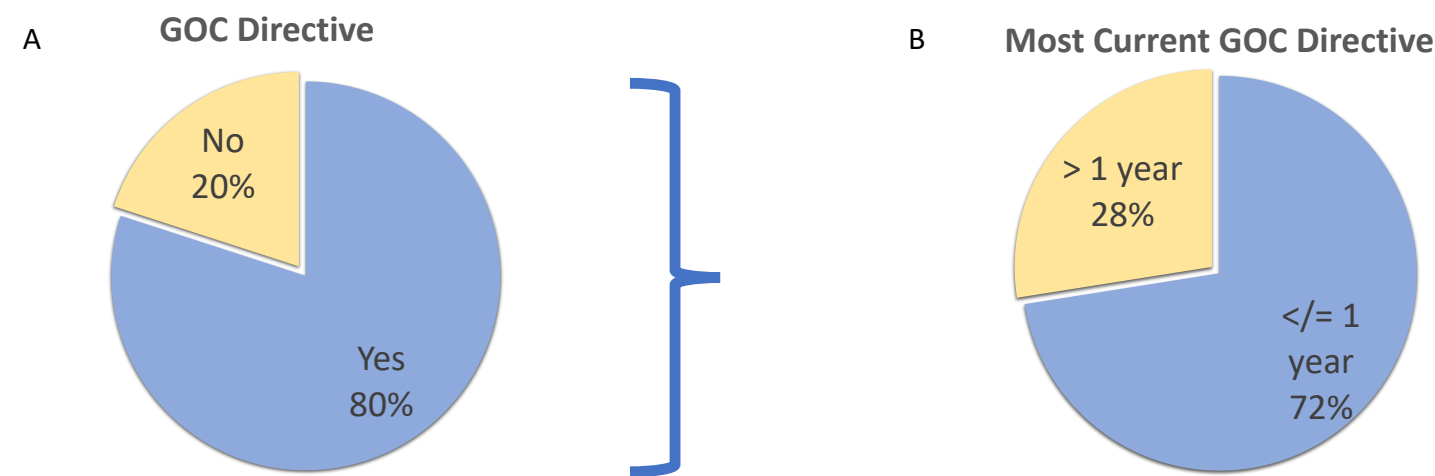


Figure 1. 80% of charts had GOC Directive (A); 72% of those were documented within the last year (B).

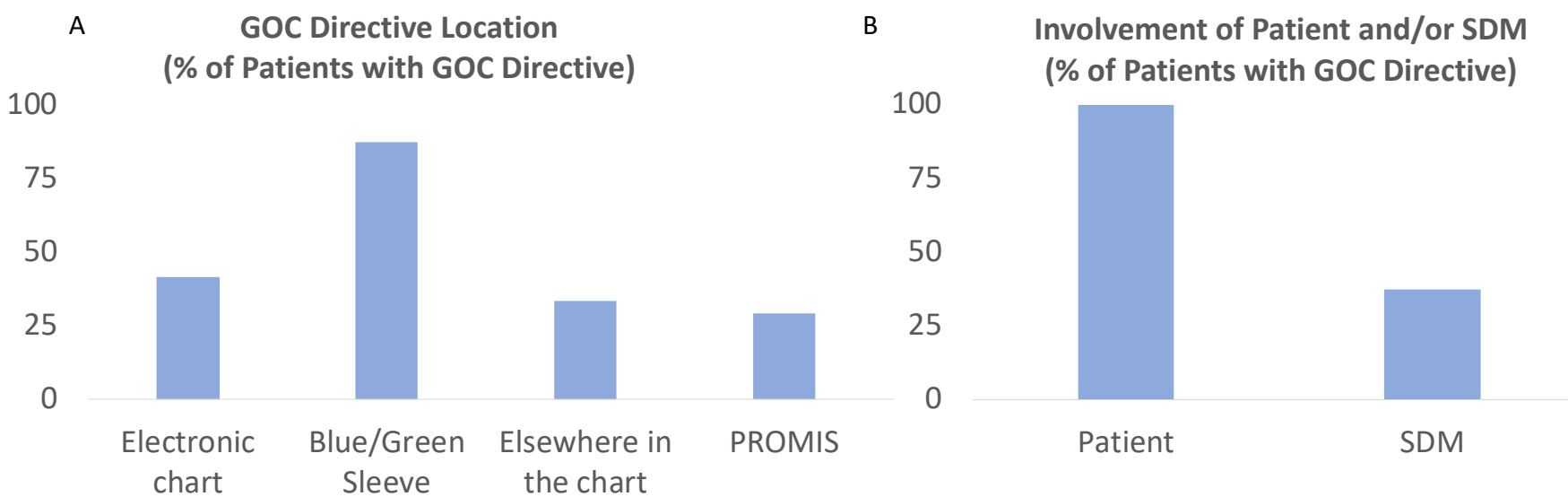


Figure 2. Majority of documented GOC Directive were found in the blue/green sleeve (A); all GOC Directives involved the patient, but less of the substitute decision maker (SDM) (B).

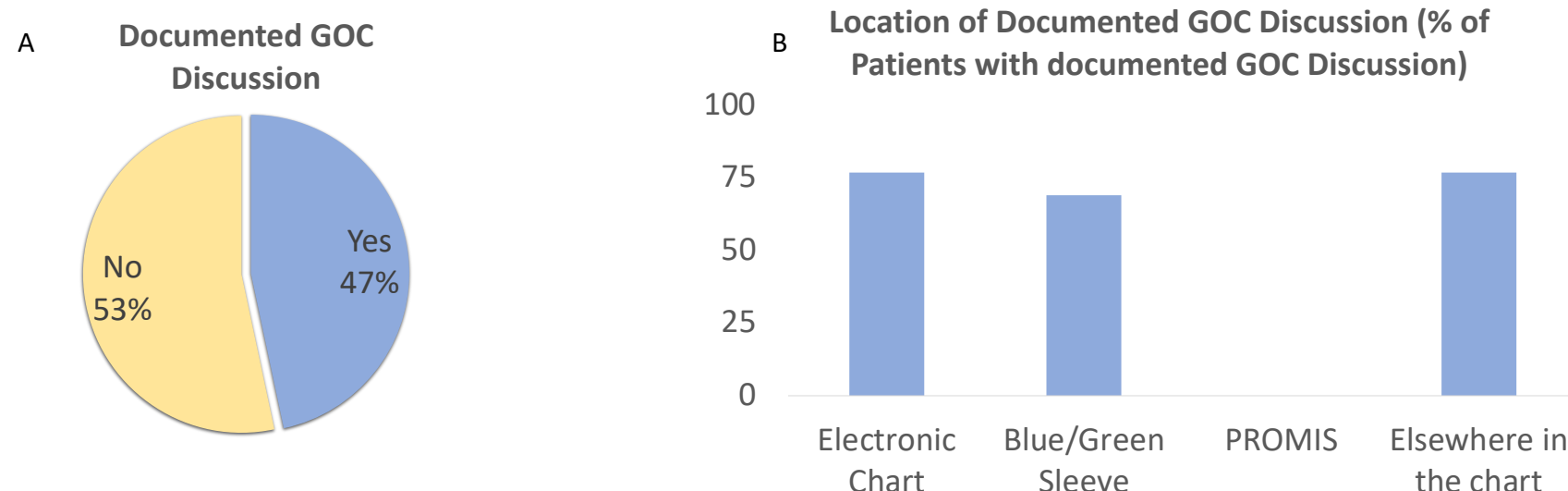


Figure 3. More than half of the charts audited did not have a documented GOC Discussion (A); none of the documentation was found in PROMIS (B).

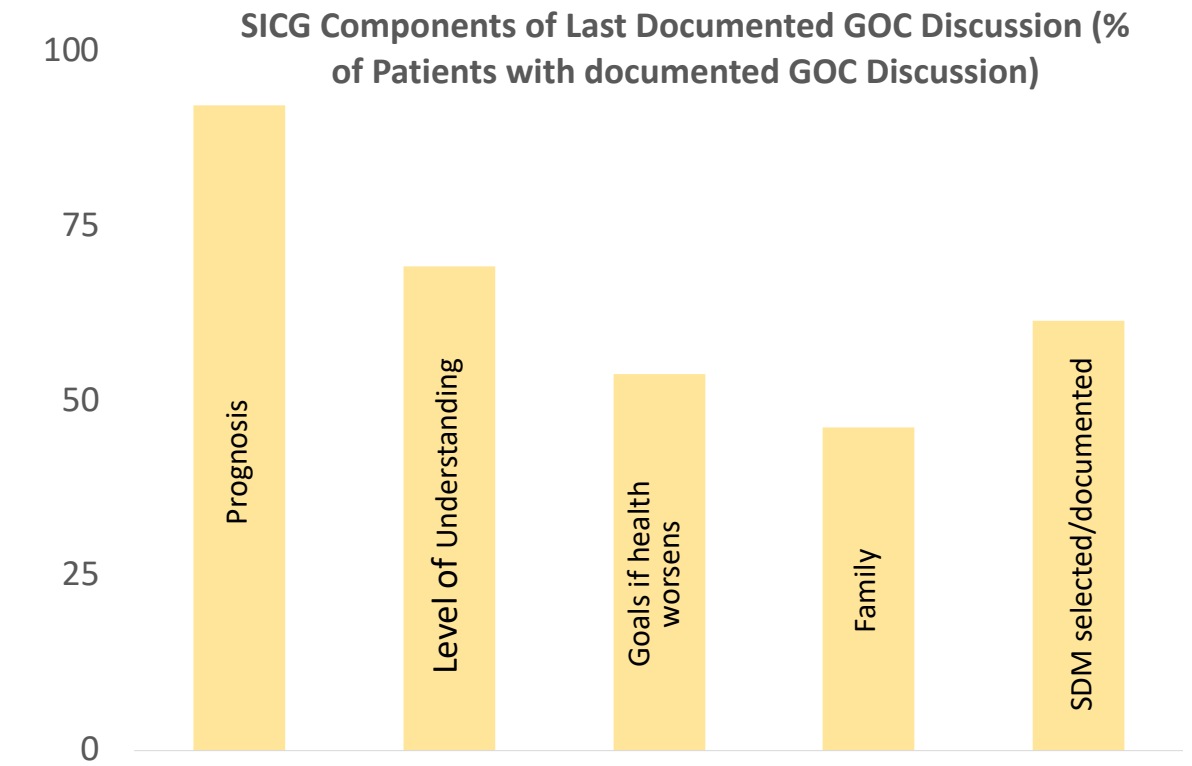


Figure 4. Prognosis was almost uniformly mentioned within a GOC Discussion.

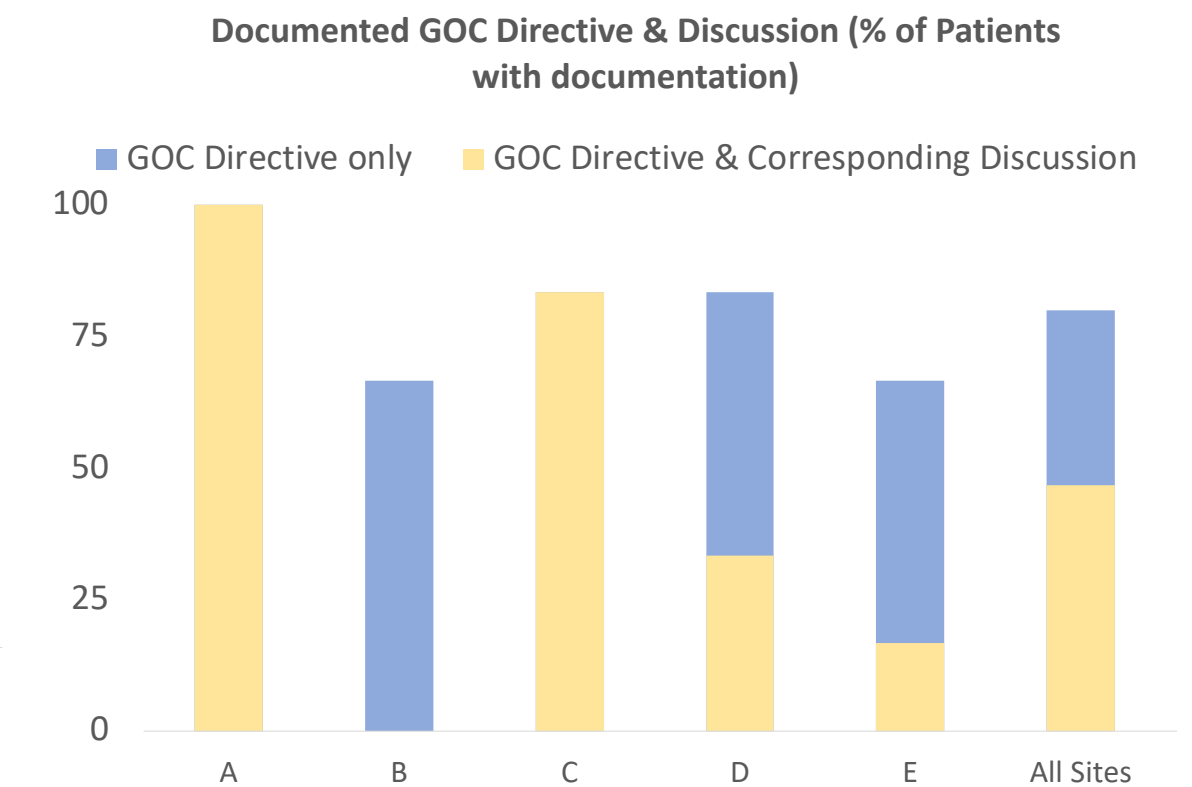


Figure 5. HAs had significant variability with their documentation of GOC Directives and Discussions.

Conclusion

- Our pre-implementation baseline assessment informs that there is room for improvement in the quantity and quality of GOC discussions as well as consistency in documentation of GOC in PROMIS.
- Evaluation of these elements in 1 year post-implementation will guide further quality improvement initiatives.

Acknowledgements

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