Palliative Approach to CKD Care

Presented by:
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OBJECTIVES

• What is the PCC?
• What is the Integrated Palliative Nephrology (IPN) project?
• Define a palliative approach to care
• Why is it important to renal care?
• How to use the palliative approach in the KCC setting
• Tools available
• Define renal palliative care quality metrics in BC
Goal of the BCPRA Palliative Care Committee (PCC)

- To ensure that all patients with CKD have access to high quality, integrated palliative care
- Works collaboratively and aligns with HA efforts in end of life care
- Close the gap between primary care physicians and nephrologists
Working together

- Provide opportunities that maximize partnerships, networking and information sharing throughout the renal network
- Continue collaboration between KCC and PCC committees

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<tbody>
<tr>
<td>Publication of protocol and algorithms for symptom management</td>
<td>Launch of online training module for symptom assessment</td>
<td>Formation of research working group to address knowledge gaps in renal palliative care</td>
<td>Environmental scan to review progress for strategizing improvement in renal palliative care</td>
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<tr>
<td>Initial use of mESAS tool (SPH, VGH, Victoria HD Units / KCC)</td>
<td>Environmental scan to review progress for strategizing improvement in renal palliative care</td>
<td>Formation of Quality Metrics Working Group leading to development of standardized reporting of mESAS for all HA renal programs via PROMIS</td>
<td>Development of ACP Module (PROMIS) with launch of broad implementation plan across all HA renal programs</td>
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<td>Conservative Care Pathway Developed</td>
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<td>Environmental scan to understand current knowledge, available resources, gaps, &amp; barriers related to integrative palliative renal care</td>
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Integrated Palliative Nephrology Project

• Develop a provincial strategy to effectively integrate a palliative approach for all Chronic Kidney Disease (CKD) patients

• Working group provides input and feedback to support decision making and next steps (monthly meetings)

• WG Membership
What are patients telling us?

• Proactive and empathetic listening
• Health care providers to assess, discuss and listen to their personal goals
• Information about treatment options and progression
• A holistic approach to care
• Good pain and symptom management
Who are our CKD patients?

- Mostly elderly average >70 years
- Multiple coexisting co-morbidities
- High symptom burden
- Challenging EOL planning and progression
- High mortality rate
The last year of life for patient with CKD-5

KPS = Karnofsky Performance Scale
Palliative approach

• Person centred care guided by the understanding that the person is on a progressive life limiting journey
Palliative approach

- Palliative approach is different from “palliative care” which is traditionally reserved for patients in their final six months of life, when they qualify for registration with the BC Palliative Benefits Program.
Palliative approach

• Living well at all stages
• Shared decision making to best suit patient needs
• Focuses on values and wishes, more than prognosis
• Provides vital elements that can inform health care decisions in the future
Importance of a palliative approach

- Improvement of QOL in all stages of care
- ACP and goals in early stages
- May prevent emotional trauma at end of life
- Reinforces patients’ right to be involved
Some ways to use a palliative approach in KCC

• Initiating conversations that will identify patient’s wishes and values

• Working as a team collaboratively to honour the values and wishes of the patients

• Encouraging patients to reflect on, communicate their values (ethnic, cultural, religious)
Some ways to use a palliative approach in KCC

• Why before and throughout journey? To understand values and goals of patient which aligns care based on goals

• Key time to have this type of conversation during modality selection or before
Conversations

• Having conversations earlier and more frequently throughout KCC journey

• I hope you will start feeling better soon....

• However, I worry that you may not improve....

• I wonder if we should look at a plan that fits with what matters most to you...
Tools to support a palliative approach to care
Health Authority /BC MOH/
National Tools

• My Voice
• Green sleeve
• MOST Form
• Advance Care Planning: Respecting Aboriginal Ceremonies and Rites
• Wallet Cards
• ACP Documents
My Symptom Checklist/mESAS

• Assessing patients using tool to support their voice and perspective

• Aim to improve symptoms care by reducing overall stress due to symptom burden

• Coming soon…
Symptom Management Guides

Palliative Care

The BC Renal Agency, working with kidney care professionals from across the province, aims to support the delivery of high-quality care for people with kidney disease in the last years, months or days of their lives, regardless of where they live in BC.

Common Symptom Guides

- Constipation
- Depression and Anxiety
- Fatigue
- Nausea/Poor Appetite
- Muscle Cramps
- Pain Management Resources
- Pruritus
- Restless Leg Syndrome

Symptom management algorithms with co-related patient resources
Conservative Care Pathway

PROVINCIAL STANDARDS & GUIDELINES

Conservative Care Pathway
Created November 2016; Updated November 2017
Approved by the BCPRA Kidney Care Committee
Recommendations to Support ESKD Patients in Their Last Days to Hours of Life

- Working with primary care practitioners
- Hospices
- Please share with your patient’s primary care provider
Serious Illness Conversation

- Workshop at BCKD
- 10 Renal SIC champions trained
- Educational Outreach visits in your health authority
- Part 2- KCC “Lunch and Learn”
In progress....

Stay tuned for more details!
Why?

• Identified need to develop an evaluation report to show strengths and gaps in renal palliative care

How?

• Consensus-building exercise with a multi-disciplinary team and patients with kidney disease
Quality metrics for renal palliative care

A report designed to inform regional/provincial quality improvement and strategic planning for end of life renal care
ACP and mESAS Module

PROMIS

ACP module tracks *reporting* of:

- ACP discussion
- if patient has any ACP documentation
- If patient has a Medical order for scope of treatment
- Substitute decision maker/agreements
ACP Module - PROMIS

### Worklist

**Overview**

- Patient Info
- Assessment
- Renal

#### ACP - ACP Documents

**Advance Care Planning**

**ACP Discussion**

- ACP discussion occurred
- Initial discussion date
- Latest follow-up discussion date

**ACP Documents**

- Does any legal ACP document exist
- Does any other ACP document exist

**Medical Order for Scope Treatment**

- Does any medical order for scope of treatment exist

#### Patient Panel

**Drug Allergies**

- SULPHA (HIVES), ASA (STOMACH UTR) 5555555

**Current Medications**

- Last Reconciliation Date: 06-Dec-2016
- DARBEPOETIN ALFA (ARANESP) IV Take 80 microgram once weekly. Started: 24 Mar 2011
- EPOETIN ALFA Subcutaneous Take 1000 unit(s) every morning. Started: 29-Oct-2012
- ESCITALOPRAM (CIPRALEX) TAB PO Take 20 mg once daily. ordered by Dr McDreamy. Started: 08-May-2011
mESAS Module - PROMIS
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**BC results – Modified ESAS assessments KCC GFR <15**

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<th>Modality</th>
<th>KCC GFR &lt;15</th>
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<td>HA</td>
<td>BC</td>
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<tr>
<td>% of mESAS assessed</td>
<td>41%</td>
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HA results - mESAS assessment
KCC GFR <15
BC results- % patient with any entry in ACP module

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<tr>
<th>ACP Module</th>
<th>18%</th>
<th>17%</th>
<th>59%</th>
<th>6%</th>
<th>0%</th>
<th>7%</th>
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ACP module data entry for KCC patient <15 GFR

ACP Module entry as of March 31, 2018
Conclusion

• Think about how to use a palliative approach to care in KCC

• When is best time to have a conversation about values and goals?

• Do the goals align with the patient’s modality choice?

• Use tools available to support this approach
Conclusion

• Seek out training opportunities to assist in having discussions about values and goals

• Update data in PROMIS ACP module regularly

• Review quality metrics to keep track of ESAS and ACP activities in your program/region
Thank you for listening

Questions??