Palliative Care and ESRD

Dr Douglas McGregor 12 June 2008



Thanks to.....

- Sue Young, CNS, St Paul's Kidney Clinic
- Dr Alvin Moss
- Dr Sara Davison, Edmonton
- Dr Bev Spring
- Dr Neil Hilliard



Number of Deaths by Year (Sue Young, SPH)

YEAR	DEATHS
2002	117
2003	150
2004	152
2005	186
2006	182
2007 (to Oct)	126
TOTAL	913

Denominator needed: i.e. deaths/ year as % of total patients registered/ year

Does not account for growth in program (esp. CKD and HD)

Deaths/month (05/06) 15 - 16



Deaths by age grouping

20 – 29	6
30-39	14
40-49	41
50-59	86
60-69	164
70-79	294
80-89	260
90+	48

Vancouver CoastalHealth Promoting wellness. Ensuring care. Pooled data over 5 years 10 months (2002 – 2007)

? Need deaths by age by year?

Need denominator – i.e. how many patients in total in each age group

Unadjusted Survival Probabilities (%) for Incident ESRD Patients

Age	1 year	2 years	3 years	5 years
- 40	89.0	81.0	73.2	60.0
40 - 50	85.9	74.6	64.6	46.7
50 - 60	81.1	68.0	55.7	35.6
60 - 70	76.9	62.6	48.5	27.3
70 - 80	69.6	51.9	37.3	18.4
80 +	58.9	37.8	23.9	8.4



ESRD Patient Probability of Survival

Patient Population	Survival (%)
1-yr for all incident patients, unadjusted	79
1-yr for incident patients >65 yrs, unadjusted	65
2-yr for all incident patients, unadjusted	65
2-yr for all incident patients >65 yrs, unadjusted	48
5-yr for all incident patients, unadjusted	38
5-yr for incident patients >65 yrs, unadjusted	18
10-yr for all incident patients, unadjusted	20
10-yr for incident patients >65 yrs, unadjusted	3

USRDS, 2004 Annual Data Report







Patient's Concerns Regarding End-of-Life Care

- Receiving adequate pain and symptom control
- Avoiding inappropriate prolongation of dying
- Achieving a sense of control
- Relieving burden on loved ones
- Strengthening relationships with loved ones

Singer PA, et al. *JAMA* 1999; 281:163-168.

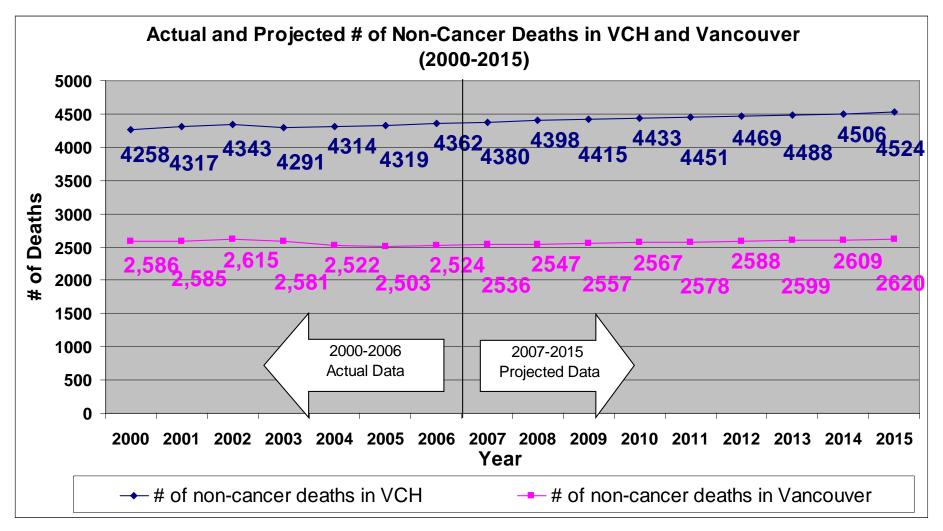


Regional Palliative Care Strategy (2005) Key Strategic Recommendations:

- 1. Regional Service Delivery Model
- 2. Defining And Expanding The Size Of The Target Population
- 3. Regional Standards For Eligibility, Access And Referral
- 4. Regional Leadership Structure
- 5. Address The Needs Of Special Populations
- 6. Develop Enabling Systems

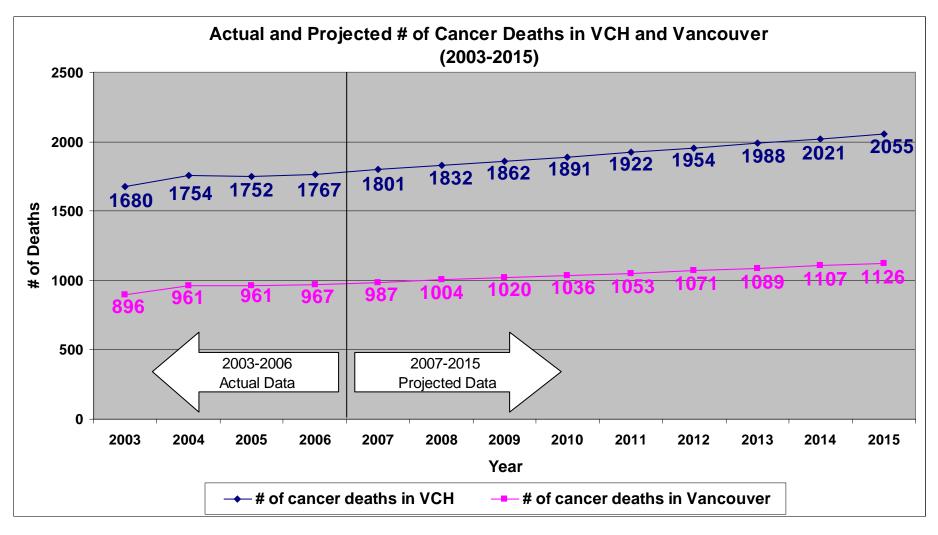


Projections: Non-Cancer Deaths

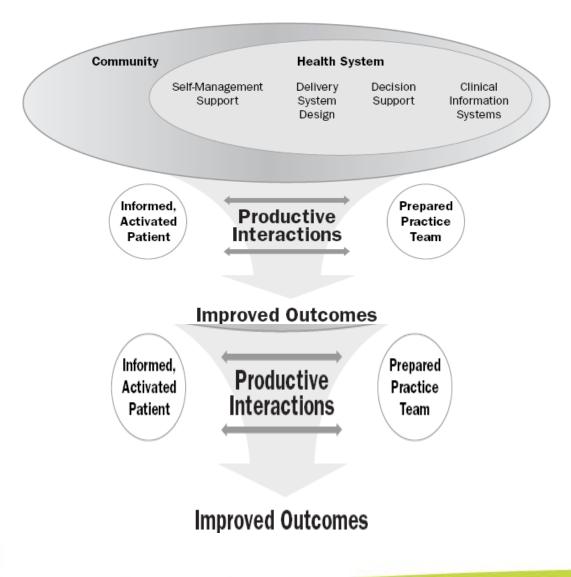




Projections: Cancer Deaths

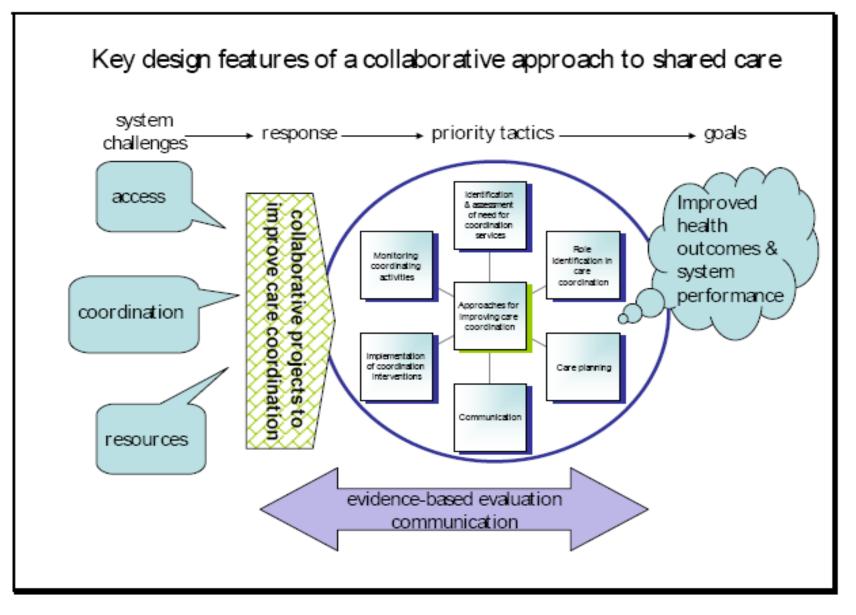






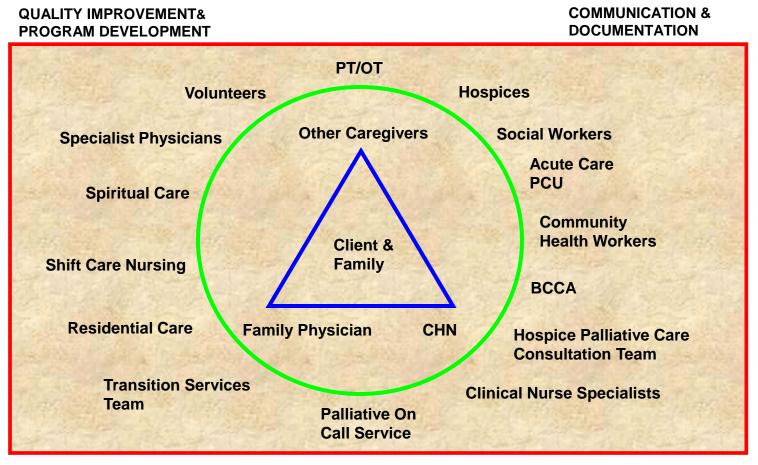








Model of VC Home Hospice



EDUCATION, RESEARCH & LEADING PRACTICES

FUNDING & OPERATIONS



How many do we care for in VC?

- 1148 unique clients received VC palliative care services in 07/08
- >500 palliative clients on any given day receiving services
- 2251 active referrals to VC professionals for palliative services in 07/08

Source: PARIS management reports



Who are your Team ?

- Vancouver:
 - SPHDr Romayne GallagherVGHDr Wendy YeomansCommunityDr Bev Spring
- North Shore Dr Val Geddes
- Richmond
 Dr Alan Nixon



Incorporating Palliative Care into Your Dialysis Unit

- Surprise question on rounds
- Educational in-services on palliative care topics
- Advance care planning
- Pain & symptom assessment and treatment protocols
- Communication of prognosis and changes in condition
- Referral to hospice when terminally ill
- QI with review of quality of death
- Memorial service



General Practice

Issues:

Changing – job satisfaction/ lifestyle

Low recruitment

Everyone is downloading

splintering







CANCER MANAGEMENT FLOW SHEET (Noncurative Intent) BCCA# _____

Patient Name	:			DOB	8:	dd-	mm-yyyy	Allergies:	
Cancer Site:				Cano	er Type:			Dx date	e:
Metastases:	□ Liver	□ Bone	🗆 Lung	🗆 Skin	□ Othe	er		Recurrence date	e:
Co-morbid Co	onditions:	□ Diabetes	\Box CHF \Box	COPD [□ Renal	□ Hepatic	□ Arthritis	\Box Depression	□ EtOH/Drug Abuse
Complication	s of Diseas	e/Rx:				-			
Medical Onco	logist:		Radiati	on Oncolo	ogist:		Pallia	tive Care Conta	ct:

Patient Encounters, Diagnostic/Clinical Data/Prognostic Data, by Date:

Review	v: Enter Review Date: dd-mm-yyyy	Baseline:	Date:	Date:	Date:	Date:
	WEIGHT	lbs kg	lbs kg	lbs kg	lbs kg	lbs kg
losti	PERFORMANCE STATUS - ECOG (0-5) / PPS (0-100)	KB	Kg	Kg	Kg	KĘ
Prognostic	Dyspnea (0-10)					
P	Cognitive Impairment/Confusion					
	Pain 1: location: type: (0-10)					
Symptoms (VAS 0-10)	Pain 2:location:type:(0-10)					
VAS	Pain 3:location:type:(0-10)					
ns (V	Nausea (0-10)					
ptor	Constipation					
) M	Other 1 (ie: fatigue)					
	Other 2 (ie: disease specific Sx - dysphagia)					
	Lungs					
	Liver					
Signs	Spine/Bone					
Si	CNS					
ļ	Nodes					
	Skin /Edema					
Lab	(use for tumour marker, Hb, INR, etc.)					
X	Systemic:					
s Anticancer Rx	Biological:					
canc	Hormonal:					
S Anti	Radiation					
ations	Other: (bisphosphonate, etc.)					
	Opioid SR:					
Med Symptom Control	Opioid IR:					
n Co	Antiemetic: (eg: metoclopramide)					
ptor	Bowel Protocol:					
Syn	Adjuvant 1: (?neuropathic pain)					
	Adjuvant 2: (?dexamethasone)					
_	DNR Home DNR form: Discussion:					
Plai	Palliative Care Benefits Form: □ Discussion: Program Referral Home care: □					
Care Plan	Advance Directive					
	Proxy: Phone:					

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Stage 1 Renal

Patier	nt Name: Do	ов:	dd-mm-yy	vyy		
Allerg		D :				
Dx da	y Disease:	Biopsy: _				
Comp	blications: □ Heart □ BP □ Bone	\Box CVS	□ Other			
Co-me	orbid Conditions: □ Diabetes □ CHF □ COPD OH/Drug Abuse □ Other Dications of Disease/Rx:	□ Hepatic □	\Box Arthritis \Box	Depression		
Nephi	rologist: Urologist/Surgeon:	Palliative	e Care Contact			
Reviev	v: Enter Review Date: dd-mm-yyyy	Baseline:	Date:	Date:	Date:	Date:
lic	WEIGHT	lbs kg	lbs kg	lbs kg	lbs kg	lbs kg
Prognostic	PERFORMANCE STATUS - ECOG (0-5) / PPS (0-100)					
10	Dyspnea (0-10)					
Ρ	Cognitive Impairment/Confusion					
(Pain 1: location: type: (0-10)					
0-10	Pain 2: location: type: (0-10)					
'AS						
N) ST	Nausea (0-10)					
Symptoms (VAS 0-10)	Constipation					
yml	Other 1 (ie: fatigue)					
S	Other 2 (ie: disease specific Sx - dysphagia)					
	BP					
	Urinalysis					
Signs	edema					
Sig	CNS					
	Skin irritation					
	tachypneoa					
Lab	eGFR etc					
Rx	Systemic:					
fic F	Biological:					
specific	Hormonal:					
	Surgical					
Re	Other:					
Medications Symptom Control Rea	Opioid SR:					
	Opioid IR:					
	Antiemetic: (eg: metoclopramide)					
	Bowel Protocol:					
	Adjuvant 1: (?neuropathic pain)					
	Adjuvant 2: (?dexamethasone)					
_	DNR Home DNR form: Discussion:					
Care Plan	Palliative Care Benefits Form: □ Discussion: Program Referral Home care: □					
are	Advance DirectiveDiscussion:					
C C	Proxy: Phone:					



General Practice

Major emphasis by Ministry to support and reverse trends PSP

Billing Codes

Complex Care Fees	14033	= \$315 pa
Follow up	14039	= \$15
Community Conf	14016	= \$40/ 15 min
Facility Conf	14015	= \$40/ 15min



General Practice

• Primary Care Charter

Integrated Health Networks "Divisions" of General Practice end of life care a priority

 Provincial Framework for EOL Care Action Plan being formulated



Advance Directives

• New legislation in BC

• The Conversation not the Form

Context – relational not hierarchical

• Regional / provincial approach



The Way Ahead

- Shared Care Models
- GP "champions"
- Combined "rounds"

