

Establishing an Integrated Population-based Approach to Renal Palliative Care

Helen Chiu¹, Donna Murphy-Burke¹, Ronald Werb², John A. Duncan², Gaylene M Hargrove², Adeera Levin^{1,2} and Mohamud A. Karim²

¹BC Provincial Renal Agency, Vancouver, BC, Canada, ²University of British Columbia, Vancouver, BC, Canada

BACKGROUND: Chronic kidney disease (CKD) is characterized by high symptom burden and poor life expectancy at advanced stage. Functional and cognitive decline results in difficult end-of-life (EOL) conversations involving patients, families and care providers. An integrated approach to timely advance care planning (ACP) and EOL care spanning the CKD care continuum is needed.

METHODS: Utilizing the provincial renal network in BC, Canada, an expert panel was formed to create an evidence-based renal EOL Framework that articulates 4 pillars of renal palliative care: patient identification, ACP, symptom assessment & management, and care of the dying patient & bereavement. EOL champions from the 5 regional renal programs led the local implementation of the Framework. Education and support tools were developed provincially to facilitate uptake and capacity creation among frontline care providers. Progress over a 5 year period was verified with surveys and semi-structured interviews across the province.

RESULTS: The 4 pillars of the EOL Framework were adapted across BC in ways that matched local needs and resources. Formal processes in ACP and symptom control with use of standardized assessment have been established in all renal programs. In a recent survey for frontline nephrologists and staff, 61% of respondents had EOL care training with 50% felt that they need more education to stay current. Enabling an organizational culture open to integrate palliative approach into routine renal care remains a challenge, and cementing relationships with palliative services is key.

CONCLUSIONS: Contextualizing the EOL Framework is crucial to integrating supportive care into daily renal care. To promote quality EOL care, there is a need to develop a person-centred evaluative rubric for continual improvement and research activities that bridge the knowledge gaps in renal palliative care.

