

## **Implementing a provincial framework for End of Life (EOL) Care in British Columbia**

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There is increasing recognition that EOL care and Advance Care Planning (ACP) are integral aspects to the continuum of care in complex chronic conditions. It is increasingly accepted that EOL and a palliative approach are essential for comprehensive care of CKD patients.

We report here the steps and progress made over a 5 year period leading to the implementation of a framework for the delivery of EOL and Palliative Care to CKD patients in BC.

The BCPRA supports this initiative with project management and financial support for education and meetings, data collection and analysis.

From 2005-2007 planning and education of key opinion leaders was undertaken. From 2007 to the present, a formal framework was developed with the following key steps:

1. Creating awareness of the need and a common language and approach to EOL care
2. Creating a formal provincial multi-disciplinary structure to oversee the initiative
3. Establishing MD leadership and training of experts provincially, from each geographical region in the province
4. Establishing regional health authority (HA) groups for local implementation and problem identification
5. Establishing goals and metrics for each region
6. Educating front-line staff

Specific activities included:

1. Province-wide formal education workshops delivered over an initial 18-month period
2. Posting of formal presentations, slides and full repository of reading and background materials on the [BCPRA website](#)
3. Creation of a framework for Quality EOL and Palliative care incorporating patient identification, advance care planning, pain and symptom management, care of the dying patient, and bereavement
4. Formal training of multidisciplinary team members underwritten by local HA specific to ACP
5. Administration of Edmonton Symptom Assessment Score (ESAS) to large % of BC patients and subsequent development of pain algorithms and tools
6. Development of evaluative framework (including indicators of success)

Across 5 geographical HAs in BC, there is variation in implementing this initiative; however, all HAs now have a recognized infrastructure within renal programs for ACP/EOL activities.

Future plans include measurement of 'quality of death' using recognized tools (Death APGAR) serially as a 'hard outcome' to evaluate success of the framework. We believe this framework is a model for implementation in this complex patient group.