

COVID-19 AND INTEGRATED PALLIATIVE NEPHROLOGY

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on behalf of BC Renal Palliative Care
Committee



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Context and Framework

- Established EOL Framework: Four Pillars
 - Patient Identification
 - Pain and Symptom Management
 - Advance Care Planning
 - Grief and Bereavement
- How COVID-19 Changes things:
 - For patients already near EOL, death may be more imminent → need for Goals of Care documentation
 - Resource allocation may influence outcomes
- What should remain unchanged:
 - ACP starts with learning about patient's values and goals ("what matters most....")

Context and Framework

- “Pandemic palliative care: beyond ventilators and saving lives” *Downar, J et.al. CMAJ 2020.doi:10.1503/cmaj.200465*
 - “...The COVID-19 pandemic will likely strain our health care system beyond capacity, and palliative care services will be needed across all care settings (incl. ICU)”
 - “...Failing to provide Canadians with effective palliative care would compound the tragedy the pandemic has already caused worldwide”

The tragedy to avoid:

- Patients who choose not to have life-sustaining treatment (or are denied due to overwhelmed resource capacity) are not provided optimal symptom control; psychosocial supports are inadequate
- “They die at the wrong time, in the wrong place, and alone.”**

Tools and Skills

- Communication – ACP
 - Serious Illness Conversation – COVID-19 tailored
 - Video (SIC) – Providence Health
 - BC Centre for Palliative Care website
 - Pallium Canada – Dr. M. Lam (video)
 - VitalTalk
- BC Renal Website
 - “Stopping Dialysis” resources
 - “Documenting your Goals of Care” – patient letter and implementation guide

Palliative Care

BC Renal, 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.

Guidelines & Tools

Resources



Documenting your Goals of Care

Effective Date: March 27, 2020

Dear Patient,

In light of the serious outbreak of the COVID-19 virus, we are asking you to reflect on your advance care planning: wishes, goals and fears. We understand you have been faced with many changes over the past days to weeks – thank you for your patience and understanding as we strive to provide the best possible care according to a thoughtful, organized plan developed by your multi-disciplinary team of renal care providers.

Those of you living with chronic kidney disease are potentially more vulnerable to severe complications of COVID-19 infection. This is why it's important for your care wishes to be documented clearly now, should your health status change during this time.

Over the next few weeks we will be approaching you to update your wishes in the Medical Order Scope of Treatment (MOST), which is a plan of care reflecting your treatment and care requests. Having conversations regarding what matters most to you through your illness journey is part of our high standard of care. Specifically, this refers to ensuring your wishes regarding the level and intensity of treatment are expressed, heard, respected and clearly documented.

These are uncertain times, but you can be certain, and reassured, that your renal care team will continue to support you through whatever challenges lie ahead.

Respectfully yours,

Your Renal Care Provider Team



Guidance for Implementation Advance Care Planning COVID-19

Background

Proactive discussions about patient wishes, advance care planning, end of life care, and shared decision making around associated risks with treatment, is an essential part of routine renal care and more vital in a pandemic situation.

Clinicians should ensure patients receive the care they want, aligning the care that is delivered with the patient's values and goals. The importance of goal concordant care is not new or even substantially different in the context of this pandemic, but its importance is heightened.

Advance care planning before an acute severe illness related to COVID-19 and discussions about goals should be a high priority for three reasons.

1. Clinicians should strive to avoid intensive, life-sustaining treatments when unwanted by patients.
2. Avoiding non-beneficial or unwanted, high-intensity care becomes especially important in times of stress on healthcare capacity.
3. The provision of non-beneficial or unwanted, high-intensity care may put other patients, family members, and health care workers at higher risk of transmission of COVID-19.

Suggested Implementation Plan

Steps	Suggested Steps	Description	Responsible
1	Who would most likely benefit from an ACP discussion in a pandemic?	Copies will be made and distributed in HD Unit to identified patients	Shared responsibility
Identify Patients	Patients deemed highest priority receive "Documenting Your Goals of Care" letter- see Appendix 1	Copies available in English, Chinese and Punjabi	
	Suggestions for Identifying patients: Surprise Question - Would you be surprised if your patient died in 6-12 months?		
	Frailty scale 4 and above:		

Guidance for Implementation: Advance Care Planning Discussions: COVID-19

April 14, 2020



Frequently Asked Questions about Stopping Dialysis Treatment

A guide for patients and families

Unique Challenges in COVID Times

- Virtual visits and physical distancing
 - Lack of privacy
 - Risk losing authenticity/sensitivity
 - For Indigenous patients – need to use a trauma-informed lens
 - Lack of sufficient time
 - Inability to engage all members of the health care team simultaneously
 - Zoom platform may help to overcome
- 'NO VISITOR' policy
 - Patients face end of life alone
 - May be 'negotiated' with staff/managers if confirmed COVID -ve

Unique Challenges in COVID Times

- ACP Discussions and the 'Service Model' of care delivery
 - Physicians may be meeting a patient/family for the first time; primary nephrologist not available on the front line
 - Trusting relationship takes time to establish
 - Messaging/communication from other clinicians may be discordant → leads to confusion/mistrust
- Practical Tips
 - Take time to get to know what is important to this patient; connect with family members
 - Communicate clearly and frequently with the interdisciplinary team, as well as other physicians, incl. primary nephrologist
 - Remember to maintain the art and humanity in our practice

Dialysis Resource Optimization Framework Guidelines for Emergency Triage

- Purpose:

- To assist dialysis health care providers in determining what type of care each patient will receive in the event of a pandemic, when the need for staffing or other resources may exceed available supply

- Scope:

- Adult population; focuses on hospitalized patients with acute kidney injury (AKI) in both critical care and non-critical care locations, with impact on chronic HD patients also taken into consideration
- A robust ethical framework is utilized to guide decision-making

Conclusions

- Advance care planning discussions should be integrated into the routine care of all patients with CKD
 - The COVID-19 pandemic heightens the importance/urgency
- Our patients value relational, continuous, consistent and ethical care now more than ever

