

Integrating Systematic Symptom Assessment & Management Using *My Symptom Checklist* Routinely in Advanced Chronic Kidney Disease Care

Why is symptom assessment and management important in patients with advanced CKD?

- Symptom burden in patients with advanced CKD is high and often under-reported

What is the purpose for systematic symptom assessment & management using *My Symptom Checklist*?

- To routinely identify and manage the symptoms that are bothersome to the patients so as to ultimately enable them to live as well as they can with advanced CKD

Symptom assessment: What is *My Symptom Checklist*? Why are we using it in BC?

- It is a standardized tool recommended in the [End-of-Life Framework](#) for screening physical and psychological symptoms that are common in patients with end-stage kidney disease. It is also referred to as the Edmonton Symptom Assessment System-revised: Renal (ESAS-r: Renal) that has been validated in patients on dialysis.
- It is a patient-reported tool meaning that it is meant to be filled out by the patient.
- The tool is available in multiple languages (Traditional and Simplified Chinese, Punjabi, French).
- Data capture and individual patient trending of symptom burden over time are supported on PROMIS 4.
- An information sheet for staff/ physician and more information are available at www.bcrenal.ca →Health Professionals→Symptom Assessment & Management

Symptom management: What are the resources available to support the symptoms that are identified?

- Effective symptom management may take a multi-disciplinary team approach.
- Algorithms for managing common symptoms are available at www.bcrenal.ca →Health Professionals→Symptom Assessment & Management
- Patient teaching tools and drug information sheets are available at www.bcrenal.ca →Health Info→Symptom Assessment & Management
- You may also want to identify any relationship between multiple bothersome symptoms. For example, restless legs may cause or worsen sleeping problem and tiredness.

Lessons learned: What benefits have we observed from routine systematic symptom assessment & management using *My Symptom Checklist*?

- Routine systematic symptom assessment & management using *My Symptom Checklist* helps health professionals identify and manage symptoms that are bothersome to patients. Those symptoms may have been missed historically.

- The process using *My Symptom Checklist* helps activate patients in their care. Thus, it is also an opportunity to enhance person- and family-centred care. Involving patients in their care and care decisions is best practice. As a result, evidence of this process may serve as support for an upcoming accreditation survey.
- In places where the symptom assessment takes place before a clinical interaction, it helps the health professionals understand what matters (or what is bothersome) to the patient. As such, it enables the clinic visit and/or patient-centred goal-setting with the patient accordingly.
- Aligning systematic symptom assessment & management using *My Symptom Checklist* with routine medication reconciliation enables more effective medication management.
- In kidney care clinics, the routine symptom assessment seems to help guide transition to renal replacement therapy.

Lessons learned: What has been working for seamless and effective integration of systematic symptom assessment & management using *My Symptom Checklist*?

- Integrating routine symptom assessment and management first begins by having members of the care team i) understand its true intent and purpose (as above); and ii) examine the existing workflow to explore how it can adapt to fit seamlessly in practice.
- To serve its ultimate purpose, the process should link with effective communication and management of the symptoms. To mitigate potential ‘survey fatigue’, patients should be informed of the purpose of routine symptom screening and how the completed form will be followed up. Some patients may prefer more active involvement in their symptom management. Thus, you may ask patients if they would like to see the trending of their symptoms.
- Communications among members of the multi-disciplinary team as well as between health professionals and patients is key. Consider how communications need to flow in integrating or improving the process. For example, even when various symptom management strategies may have been exhausted without effective relief, the patient may still appreciate an honest update of the circumstance.
- Involve patient partners in the planning and improvement for the process in your specific care setting to ensure that it can yield its intended purpose. More about patient and family engagement at www.bcrenal.ca/patientandfamilyengagement.
- Routine assessment is about the comprehensive and systematic approach to symptom assessment and management to better quality of life in patients with advanced CKD. *My Symptom Checklist* and the symptom management tools are only parts to the clinical process that can offer much more value if well integrated. Inviting patients to share their symptom profile with *My Symptom Checklist* periodically is also about inviting them in taking a more proactive role in person-centred care and self-management. To integrate or improve the process, test various ideas along the workflow with a small group of patients in the specific care setting using Plan-Do-Study-Act (PDSA) cycles.
- Make visible the progress of symptom assessment and management to the whole care team locally and regionally. The BC Renal Palliative Care Committee reports the uptake of routine symptom assessment using *My Symptom Checklist* across BC by health authority and by modality every 6 months. Connect with your regional representative to explore how this can work.

Case: Symptom assessment and management in Hemodialysis Unit at the Royal Jubilee Hospital

Assessing a patient's symptom burden is good routine practice. Understanding and reconciling a patient's medications is also good routine practice. In fact, linking symptom assessment with a medication reconciliation is very helpful. At the Royal Jubilee Hospital in Victoria and satellite units in Victoria, this has been the practice for a number of years now.

The role of the renal pharmacy technician includes creating a "best possible medication history" through review of the patient chart, PROMIS, PharmaNet and patient interview. A review of allergies and drug intolerances is conducted at the same time.

The clinical pharmacist then takes this "truth", as discovered by the pharmacy technician, and assesses therapy for appropriateness given the lab work and the clinical history of the patient. Based on the up-to-date medication and allergy history, the pharmacist can then arrive at a set of recommendations for the nephrologist.

By adding the symptom assessment using *My Symptom Checklist* to the information collected by the pharmacy technician, the clinical pharmacist and nephrologist have a much improved picture of how the medications taken for symptom relief are performing. There are a number of possible reasons patients have high symptom burden:

- 1) Medications that could help to reduce the symptom score are not taken because
 - a. Symptom relieving medications are not prescribed.
 - b. Symptom relieving meds are prescribed but not tolerated, or the patient does not understand what the medications are for (and so the patient does not take them).
- 2) The medication is taken, but:
 - a. An increase or change of medication is required to address the symptom.
 - b. The symptoms are no longer responding to medication. The team has little more to offer.
 - c. Non-drug therapy measures are not being pursued.

Many medications for symptoms are taken on an "as needed" or "PRN" basis. As such, it is often only through interview can we understand how much and how often our patients take these medications. If we see much pain or pruritus, for instance, we can have a conversation around those areas specifically when we sit down to reconcile medication and improve care.

In Victoria, the standard is to reconcile a patient's medications at least every six months. When we couple that with the symptom assessment using *My Symptom Checklist*, we are assured that both these important functions are part of routine practice.



How may systematic symptom assessment and management using *My Symptom Checklist* add value to the routine care of patients at your kidney care setting?

Is there any way to couple the process with an existing priority to enhance effectiveness and/or efficiency in the clinical workflow?