83 ADVANCE CARE PLANNING: THE JOURNEY OF CHANGING HOSPITAL CULTURE IN AN IN-CENTRE DIALYSIS UNIT

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The mortality rate for patients with end stage renal disease is comparable to or higher than many cancer diagnoses. While dialysis provides life-sustaining treatment, kidney failure is irreversible and is often accompanied by many complications such as diabetes, cardiovascular disease and peripheral neuropathy, among others. Essentially, the treatment of kidney failure by renal replacement therapy is a long-term palliative therapy. In light of this reality, the Providence Health Care Renal program launched the Renal End of Life Initiative (RELI) in 2007 to ensure a continuum of quality kidney care from diagnosis through the terminal phase of life, including bereavement care for the patient's survivors. The RELI focuses on the individual needs of the patient and family in four main components: pain & symptom management, Advance Care Planning (ACP), palliative care training for inpatient nurses, and bereavement support. The goal of the RELI was to demonstrate that with a small amount of seed funding and the aligned commitment of physicians, staff and administrative leadership, a compassionate and integrated program of palliative and bereavement care for patients and families living with chronic disease is achievable. Focusing on ACP, specific communication tools were developed to track the progress of ACP conversations with patients and were integrated into patients' medical charts. Within less than a year almost 50% of patient records had ACP conversations documented. Viewers of this presentation will learn how a systematic approach to ACP can be used innovatively to enhance care for patients living with a chronic progressive illness.

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