

P077

## P077 -ASSESSING SYMPTOM ASSESSMENT AND MANAGEMENT PROCESSES FOLLOWING THE ADMINISTRATION OF A PATIENT-REPORTED OUTCOME MEASURE TO HEMODIALYSIS PATIENTS IN ONTARIO

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### Background:

People receiving hemodialysis commonly experience symptoms that healthcare providers may not routinely assess and/or manage. To address this gap in hemodialysis care, the Ontario Renal Network pilot tested a standardized provincial approach to symptom screening, assessment, and management using a patient-reported outcome measure, the Edmonton Symptom Assessment System Revised: Renal (ESAS-r:Renal).

### Objective:

To assess the results of ESAS-r:Renal administration on symptom assessment and management processes through a chart audit.

### Methods:

A total of 1,459 patients were included in the pilot project from 8 dialysis units in Ontario and completed the ESAS-r:Renal every 4 to 6 weeks. The chart audit randomly sampled completed ESAS-r:Renal screens, stratified by symptom severity, for six symptoms (anxiety, depression, itching, tiredness, pain, shortness of breath). Data was abstracted on whether the symptoms were discussed and what management approach was utilized.

### Results:

In total, 1,207 ESAS-r:Renal screens were reviewed between June-August 2018. Of these, 66% of screens had a documented assessment conversation (44% were symptom specific and 22% were general symptom conversations) and 50% had a documented symptom management approach. The proportion of documented assessment conversations and symptom management approaches increased with symptom severity. The most common documented symptom management approaches were patient education and lifestyle changes (25%), continuation of ongoing interventions (24%), new medications or prescriptions (13%), and referrals to allied health (5%). In 17% of screens, patients declined the symptom management approach recommended by their healthcare provider.

### Conclusions:

Documented assessment conversations and management approaches increased with increasingly severe self-reported symptoms on the ESAS-r:Renal. The effects of these conversations and management on patient experience, symptom burden, and health resource utilization require further study.