

## **Palliative Care Service Utilization among End-Stage Renal Disease Patients on Hemodialysis: 5-years retrospective analysis**

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Integration of palliative medicine into dialysis programs offers opportunities to improve the quality of end-of-life (EOL) care. Hospice services (HS) are underutilized in the end-stage renal disease population. This retrospective study evaluates the palliative care (PC) and HS involvement in hemodialysis (HD) population. We reviewed medical records of deceased patients who had dialyzed at a single dialysis unit between 2010 to 2015. Timing and frequency of palliative/hospice consults and location of death were analyzed. 114 deaths were reviewed; 58% were men and median age 79. PC and HS were involved in 72% and 8% of the cases respectively. PC has increased from 38% (2010) to 92% (2015). HS also increased from 0% (2010) to 17% (2015). Median timing for PC referral was 91 days prior to death and 16.5 days for HS. 98% of first PC consultations were done in the inpatient setting. There was no difference in location of death between those who received PC versus who didn't. However, patients who had PC involved were less likely to receive life sustaining measures (i.e. cardiopulmonary resuscitation, mechanic ventilation or pressors) prior to death (9% vs 33%;  $p < 0.001$ ). PC and HS utilization has increased over the past 5 years in this unit. They may help improve the quality care by ensuring that patients' care matches their goals as evidenced by fewer patients receiving aggressive treatment in the peri-mortal period. Systematic approach to proactively identify patients with poorer prognoses is necessary to determine goals of care and maximize EOL quality.