

Addendum B to Model Policy and Procedure for DNR Orders in Dialysis Facility

Recommendations for Advance Preparation for Death*

Patients who request a DNR order in the dialysis unit are encouraged to provide the following information to their health care agent, family, close friends, and executor (where applicable):

1. A will.
2. Signed advance directive (living will, health care proxy, durable health care power of attorney, and/or an out-of-hospital DNR order) in accordance with applicable state law (provided also to dialysis unit, physician, and hospital).
3. A durable power of attorney complying with applicable state law (one that survives incompetence and death) designating someone to act on the patient's behalf on all matters other than medical, including legal, financial, banking and business transactions. The power of attorney can be made effective immediately or upon the occurrence of a defined set of circumstances.
4. An inventory, including the location of her/his bank, brokerage and other financial accounts, stock and bond holdings not in brokerage accounts, real estate and business records and documents, medical and other insurance policies, pension plans, and other legal documents.
5. A list giving the names, addresses and telephone numbers of the attorney, accountant, family members, close friends, and/or business associates who should be notified of the death or may have information that will be helpful in dealing with estate affairs.
6. Documentation and instructions concerning burial or cremation, including choice of funeral home, preferences for the funeral ceremony, and any decisions about organ, tissue, or body donation.
7. Written or video or audio taped message to the family, close friends, or business associates.

* Adapted and reprinted with permission from "Initiation or Withdrawal of Dialysis in End Stage Renal Disease: Guidelines for the Health Care Team" © National Kidney Foundation, Inc.

The Renal Palliative Care Initiative Memorial Service

The Renal Palliative Care Initiative was a demonstration project to integrate palliative care into the dialysis and transplantation settings. It was supported by the *Promoting*

Excellence in End-of-Life Care national program of The Robert Wood Johnson Foundation, and its medical director was Lewis Cohen, MD. This report was composed by Anne Woods, LICSW.

Introduction

The Service of Remembrance is an annual non-denominational program designed to remember the patients who have died during the year. It unites members of the renal community: family members, doctors, nurses, social workers, dietitians, technicians, van drivers, fellow patients and others impacted by the death. It is a collaborative effort to meet the bereavement needs of all. Remembrance can be simple or elaborate. It can be confined to one unit or area or cover a broader area. It should be designed in whatever format is thought to be appropriate for the needs of the bereaved community.

The following outline briefly describes components of the Service of Remembrance that is held in the Greater Springfield Area. This annual program includes participation of both a hospital-based dialysis facility and six freestanding treatment centers in the Connecticut River Valley region of New England. The service is intended to be an avenue of support for all that attend. Diversity of culture, ethnicity, religious belief, professional identity, age, and connectedness to the deceased is taken into consideration in developing the program. It is intended to be inclusive and welcoming.

Beginning

Once the participating facilities have been defined, committees can be formed and program planning can begin. An effort was made to include committee members representing each of the participating facilities. For the program to be a success, all members of the renal community need to feel a part of the process. It is also necessary at this point to consider resources. A budget is needed.

Committee Decisions: Planning the Event

Once a committee is formed, there are a number of decisions that are best made by the committee as a whole. First the population needs to be determined. Location is another major consideration. The facility needs to be large enough to accommodate the potential number of attendees, including loved ones, staff and patients. The final committee decision before breaking up into smaller task groups involves the consideration of symbols that touch upon remembrance. Some examples are candles, roses, rosemary, and bittersweet. Lists of patients to be remembered need to be obtained from whatever facilities are involved. The invitation needs to be drafted so it can be printed and mailed in a timely fashion. Printing arrangements for the programs need to be considered. Finally, evaluations and their stamped, addressed envelopes need to be prepared.

The Service

Program Committee decisions will be key in establishing the tone and content of the remembrance service. Inclusion of pastoral care, social work, administrative and nursing disciplines provide a balanced cross section of education and work experiences to contribute diversity of included elements. Drawing upon the various religious, ethnic and

racial backgrounds of members establishes the basis of a program with meaning to all participants and invitees.

Room Set Up

The room designated for the service should be media equipped if large enough to require microphones for speakers and musicians.

Equipment

Podiums are helpful for the readers so that they may have a place to put script to maximize eye contact with the audience. Table coverings, candleholders for large tapers, matches and a candle lighter and snuffer will be needed.

Service Participants

All service participants should arrive approximately 1½ hours before the scheduled time of the service. Participants will have their rehearsal during this time period. A group will also be needed to ensure that resources are collected and the facility is secure, neat, and clean after the event.

Welcome

As guests enter the facility, greeters and escorts should be available. The hospitality greeters' welcome will help to put guests at ease and set the tone for participants. If family members have a photograph for the **Collage of Loved Ones**, greeters take the photograph at this time. A quick check to make sure the name of the loved one is on the back of the picture will ensure its safe return. Family members are encouraged to retrieve their pictures at the close of the service. The guests may then be directed or assisted to the **Welcome Table** to sign the **guest books**. Guests requiring assistance can then be seated in the main room by a hospitality greeter. An ample number of greeters for the expected number of guests insure that people are transitioned smoothly.

The **welcoming speech** that begins the service is an important mechanism to bring together participants and guests by highlighting the role of the remembered loved ones in uniting the group.

Music will be a key piece of the service.

Readings - scripture, prayer, poetry, quotations may be interspersed with the musical selections to vary the tempo of the service.

Candle lighting as names of loved ones remembered are read provides a powerful symbol of love and hope.

At the conclusion of the service, program greeters are again stationed at exit doors to provide each family with an **evaluation form** in a self-addressed stamped return envelope.

The **Resource Table** requires staffers to assist families in selecting the materials most helpful for them.

The first Renal Palliative Care Initiative Service of Remembrance took place in Springfield on October 24, 1999. Anne Woods, LICSW, chaired the Organizing Committee, and the committee met repeatedly over the year. Deborah Hayes, LICSW, had organized earlier versions of a memorial service in Greenfield, MA during the previous several years.