## Alteplase Usage Patterns in Hemodialysis Units

John Lee<sup>1</sup>, Clifford Lo<sup>1</sup>, Alexandra Romann<sup>1</sup>, Mirita Zerr<sup>1</sup>, Henry Wong<sup>1</sup> Surrey Memorial Hospital, Fraser Health Authority, BC, Canada

Year after year, there exists a discrepancy in alteplase usage between hemodialysis units within the FHA. In fiscal year 2013/2014, HD unit spending on alteplase in SMH, ARH, and RCH amounted to \$83,000, \$69,440, and \$27,500, respectively. Our objective was to optimize alteplase usage by first understanding the differences in practice patterns amongst FHA units. In the first phase, FHA hemodialysis nurses and nephrologists were surveyed to determine attitudes and preferences with regards to alteplase usage.

As of September 19, 2014, 80% of nephrologists and 47% of nurses responded to the survey. Awareness of current guidelines, definitions of minimum blood pump speed thresholds, administration prior to physician approval, access to VA/IR services, and catheter assessment/treatment procedures differed among HD units. Differences in practice patterns may partially explain some of the discrepancy in spending observed between health authorities and warrant further investigation into protocol deviations and their impact on patient outcomes.