



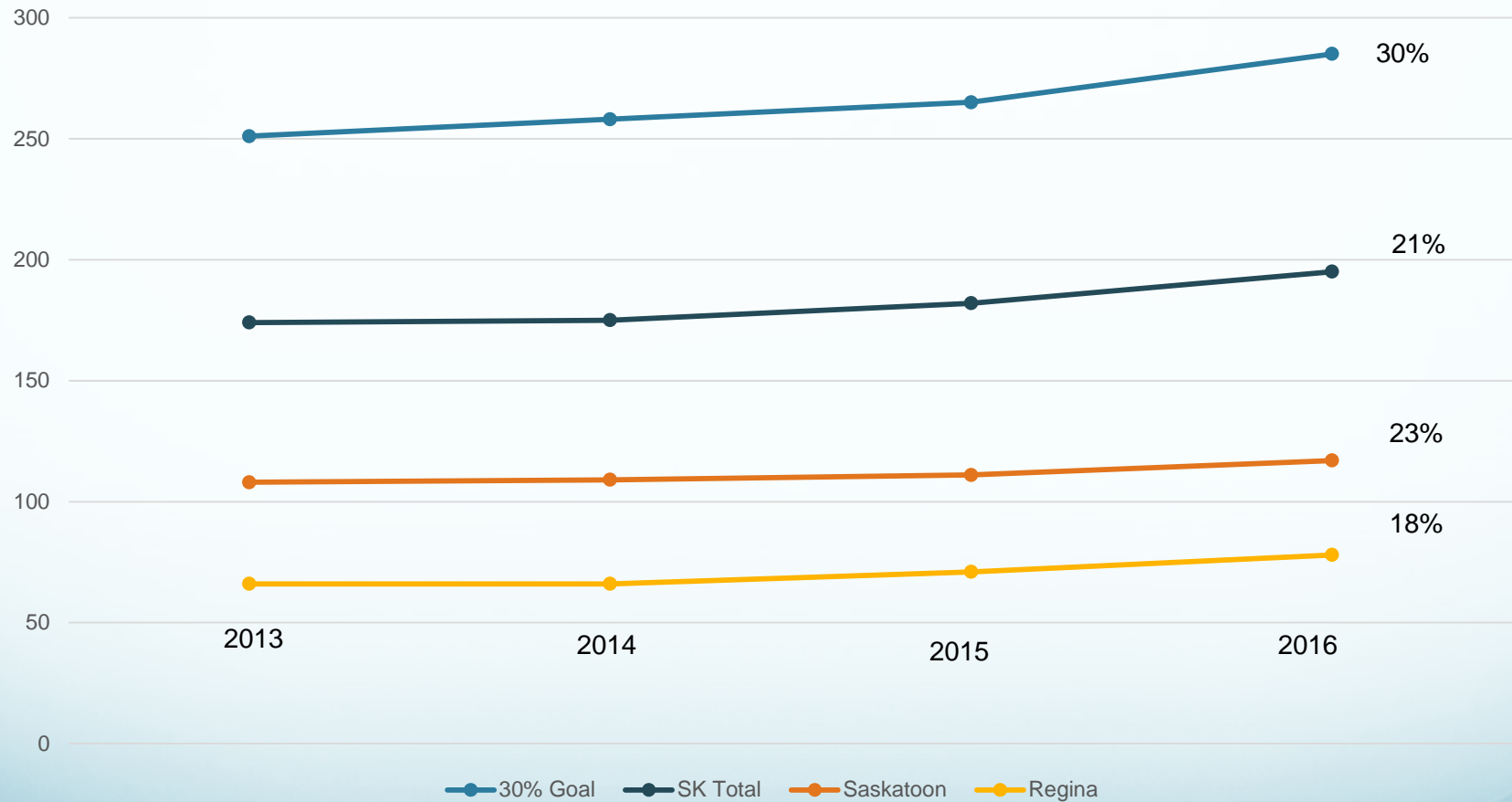
Saskatchewan

Dr. RK Stryker
Saskatoon Health Region

Provincial Updates

Province Wide Growth:

% on PD



Leaving/total

52%

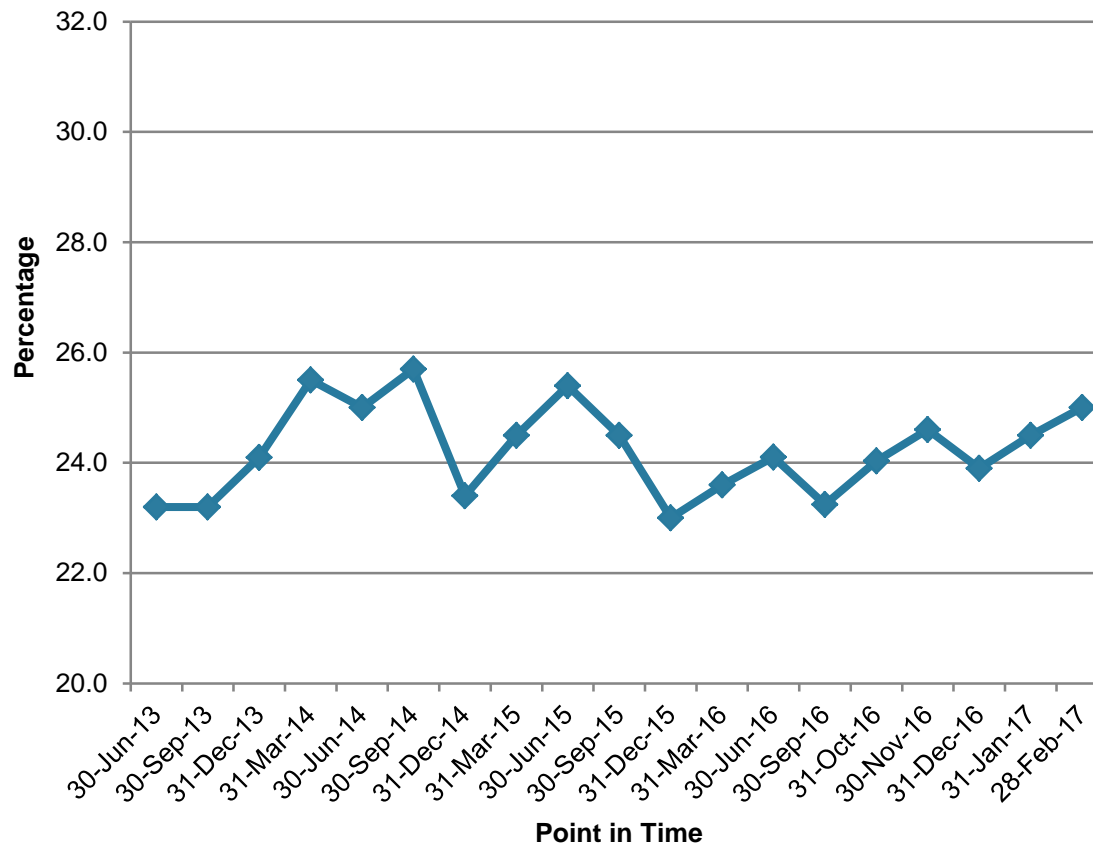
66%

45%

31%

Province Wide Growth:

**% of Dialysis Population
that is Peritoneal Dialysis - SHR**



131/524 = 25%

Exceptional projects or accomplishments:

- Poor primary and secondary non-function of PD catheters placed in Saskatoon Health Region has been a barrier to growth of the PD program
- Identified as a **region priority** by CEO, senior leadership
- New funding for
 - Interventional radiology placement
 - Laparoscopic surgical placement
- Increased number of PD catheters placed but improvement in training list management has resulted in shortened wait-time for PD training after catheter placement
- Support for parachute patients (standard education)
- Improvements in quality control for PD supply management and ordering
 - Standard provincial order form with min/max limits
 - Elimination of order entry errors have led to significant savings and cost avoidance
 - Bulk ordering for weigh scales and BP monitors

Areas of Focus for 2016-2017

- PD catheter insertion strategy
 - December 2016
 - Clinical improvement team meetings and care pathways developed
 - Define primary and secondary catheter non-function
 - Routine reporting to improve catheter function rate
- Transition from 24-hour on call PD nurse to 0800-2300H
 - Troubleshoot alternate coverage arrangements for patient issues arising after call hours
- Renovation and redesign of PD unit

Challenges and Frustrations

Identified in 2016	Outcomes/Updates
<p>Assisted PD in community, LTC not routinely available within Saskatoon</p> <p>Long training list led to excessive expenses: Catheter flushes, etc. particularly difficult for rural/remote patients</p>	<p>Home based care is a provincial and regional priority. Pilot projects being developed</p> <p>Improved standard work processes have led to significant reduction in wait list and associated expenses</p>

Priorities for 2017/2018

- Develop a culturally sensitive model of care for First Nations and Metis patients and families
 - Improve uptake of PD in rural/remote communities
 - Improve supported PD
- The increased referral to PD program have led to longer wait times for laparoscopic compared to IR insertion.
 - Balance PD insertion based on criteria for IR vs. surgical
 - Shorten wait time and improve success rate of PD catheters