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Hemodialysis Committee Update

Provincial HD Committee - Role?

Established in 2014 and provides a forum for:

- Development of a **common approach** and framework for HD care across BC
- Develop evidence-based resources to support excellence in HD care in BC
    - guidelines, protocols, patient handouts, etc.
- Supporting **local implementation** of provincial strategies and initiatives
- Promoting research activities in HD, including the evaluation of current and new HD therapies (e.g., Literature review & practice considerations for HDF)

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Who are we? How often do we meet?

- Reps from all BC HAs & all disciplines:
  - Nurses
  - Social worker
  - Dietitian
  - Nephrologists
  - Nurse Practitioner
  - Pharmacist
  - Renal technician
  - Biomedical engineering
  - Data coordinator
  - Managers
  - Educators
  - VA RNs

- Videoconference Q 2mos & Face-2-Face once/yr
- Chair: Dr. John Antonsen; Project Support: Yuriy Melnyk & Janet Williams
- Sub-committees: Technical Committee, Renal Educators Group (REG) and Vascular Access Educators Group (VAEG)
- Working groups: Time limited, topic-specific as required

Do you know who represents your HA & discipline on the BC HD Committee?

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Recent Achievements

1. CDU Best Practices Paper

2. BCPRA Acuity Scale - implementation

3. Provincial TB Screening Program
   (partnership with BCCDC)

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CDU Best Practices

Why?

- Common philosophy of care across BC's CDUs
- Maximize and optimize the utilization of BC's CDUs through identifying
  (1) common criteria for selection of appropriate patients
  (2) innovative strategies to encourage appropriate patients to choose CDU over in-centre HD care
- Describe the types of services appropriate to be offered in a CDU
- Help patients stay in their home community for as long as possible

✓ BCPRA Strategic Priority:
Optimal patient experience & outcomes

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Hemodialysis Guideline

Community Dialysis Units: Description, Selection Criteria, Services & Transitions ("Best Practices")

FINAL June 28, 2018

Contents

CDU Best Practices Paper

What?

- Province-wide guideline: www.bcrenalagency.ca/resource-gallery/Documents/Guideline%20Best%20Practices%20CDUs%20FINAL.pdf

What next?

- Continue to work with HAs to implement the guideline

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BCPRA Acuity Scale

Why?

- Acuity scale (v2.0) was rolled out province-wide in May 2017
- At a **system level**, the acuity scale helps to:
  - Provide demonstrable, reliable, repeated measure of HD patient stability while on HD
  - Understand & track changes in the HD population across units & over time. Supports BCPRA's accountability to the MOH
  - Inform funding allocations within the BCPRA facility-based funding model.

- At a **HA/HD unit level**, the acuity scale helps to:
  - Identify in-centre patients who may be candidates for community dialysis units
  - Measure changes in the profile of patients on a unit over time
  - Analyze patient care processes, workload and resource requirements relative to the profile of patients on a unit
  - Stratify patients with low vs high care needs (may be useful in assigning staff)

✓ BCPRA Strategic Priority:
Sustainable funding solutions & sustainable renal community

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ACUITY SCALE CHART REVIEW 2014

HEMODYNAMICS							
1.	Hypotension	2.	Hypertension	3.	Cardiac Status	4.	Fluid Management
	None		None		None		None
	Basic		Basic		Basic		Basic
	Moderate		Moderate		Moderate		Moderate
	Advanced		Advanced		Advanced		Advanced
	Complex		Complex		Complex		Complex
	Very complex		Very complex		Very complex		Very complex

INDEPENDENT FUNCTION
None
Basic
Moderate
Advanced
Complex
Very complex

ACCESS					
1.	Current Access Type Used in Dialysis	2.	Access Complications	3.	Percent Reduction Urea
	AVF		None		None: 70% and greater
	AVG		Basic		Basic: 65-69%
	Permanent catheter		Moderate		Moderate: 60-64%
	Temporary catheter		Advanced		Advanced: 55-59%
	Dual access: one in use, one assessed		Complex		Complex: 50-54%
	Dual access: two types used simultaneously		Very complex		Very complex: <50%

TREATMENT					
1.	Medications	2.	Respiratory Therapy	3.	Specialized Treatments
	None or ESA only		None		None
	Basic		Basic		Basic
	Moderate		Moderate		Moderate
	Advanced		Advanced		Advanced
	Complex		Complex		Complex
	Very complex		Very complex		Very complex

NURSING INTERVENTIONS					
1.	Patient Monitoring	2.	Infection Control	3.	Individualized Needs
	None: Q hourly		None		None
	Basic: Q 30 mins		Basic		Basic
	Moderate: Q 20 mins		Moderate		Moderate
	Advanced: Q 15 mins		Advanced		Advanced
	Complex: Q 5-15 mins		Complex		Complex
	Very complex		Very complex		Very complex

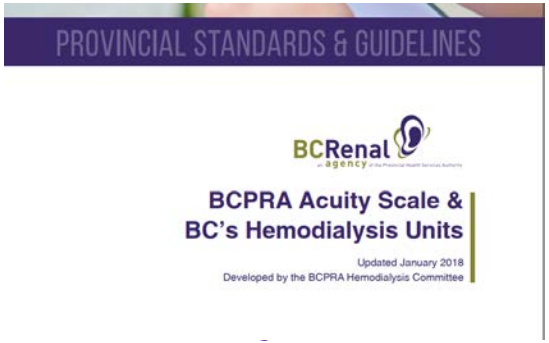
PSYCHOSOCIAL EMOTIONAL FACTORS
None
Basic
Moderate
Advanced
Complex
Very complex

See attached acuity scale parameters for definitions and descriptions

BCPRA Acuity Scale

What?

- Province-wide implementation started Nov 2017
- Assessments are completed twice/yr (April & Oct)
- Data has been collected for 3 time periods so far (May 2017, Nov 2017 & Apr 2018)



BCPRA Acuity Scale

HA	Dialysis Centre	Mean Acuity Level		
		May 2017	Nov 2017	**Apr 2018**
BC	**In-Centre Units**	2.8	2.9	**2.9**
	Urban CDUs	2.3	2.5	**2.4**
	Rural/Remote CDUs	2.6	2.7	**2.9**

In-Centre Unit = Hospital Dialysis Unit

Urban CDU = <50 km from primary management centre

Rural/Remote CDU = >50 km from primary management centre

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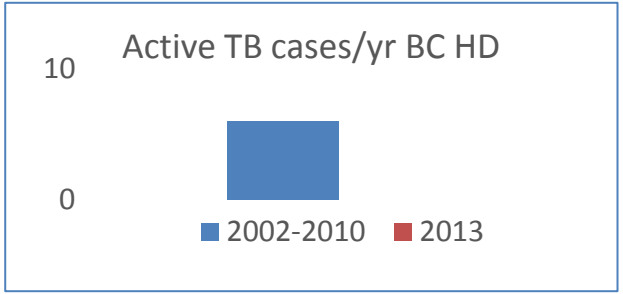
TB Screening

Why?

- Reduce active TB in Dialysis patients
- 15-20% could be TB carriers (estimate)
- Identify carriers requiring treatment
- Reduce the risk of TB transmission in BC dialysis population (and beyond!)



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TB Screening

What?

- 2015 - New guideline for TB screening in HD & PD
- New electronic tools (TB screening form and chest x-ray and IGRA blood test reqs) incorporated into PROMIS
- www.bcrenalagency.ca/resource-gallery/Documents/Tuberculosis%20Screening%20and%20Follow%20Up.pdf

Tuberculosis Screening & Follow-Up

Created: November 2015
Updated: October 2016
Approved by the BCPRA Hemodialysis Committee

✓ BCPRA Strategic Priority:
Optimal patient experience & outcomes

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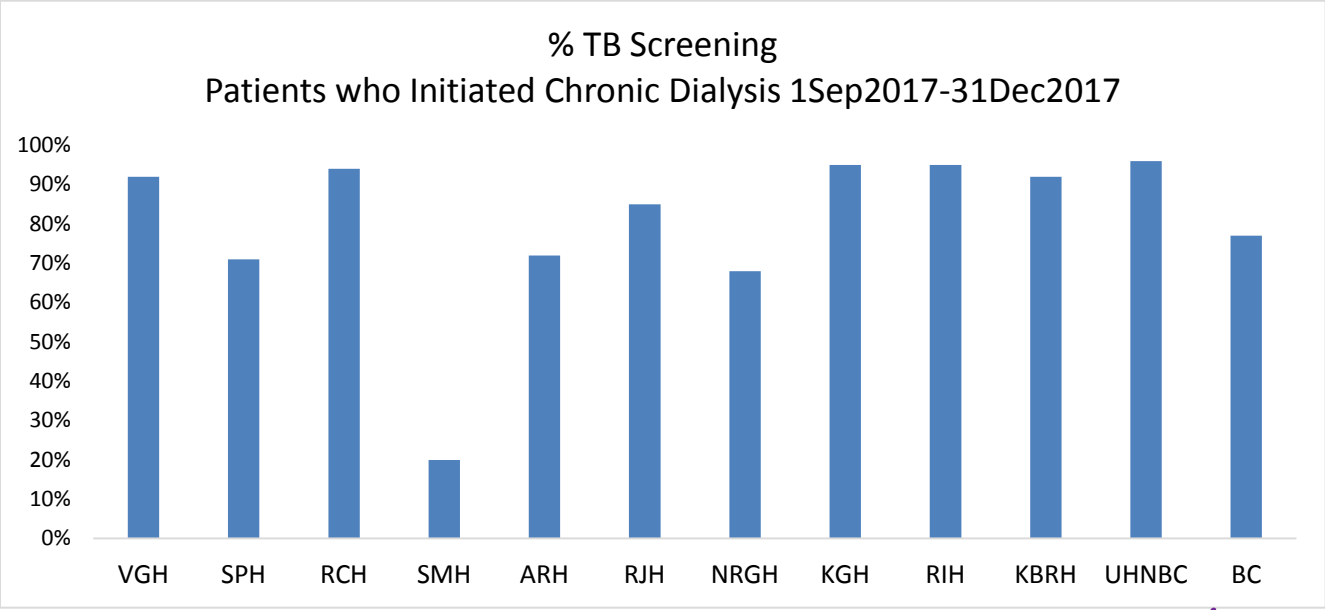
TB Screening: How are we doing?



Note: PRH not shown on the graph because sample size too small

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TB Screening: So What?

New “chronic” patients starting HD/yr		700
Completing TB screening	80% (goal: 100%)	560
Positive screens	13%	73%
Accepting treatment	70%	50

50 less TB carriers per year in the dialysis population!!!

Eventually ..... No TB carriers in the dialysis population!!!!

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Other Achievements

- Province-wide response to **critical incidents** (e.g., machine contamination)
- New patient guide: **Welcome to the HD Unit**
- Nocturnal HD Program implementation guide
- Development of multiple evidence-based guidelines – BCPRA website:
  - Infection control-related:
    - Prevention of disease transmission in HD units
    - MRSA, VRE, Hepatitis B, Hepatitis C & HIV
    - Cleaning and disinfecting HD machines & stations
  - Visiting patient guideline & tools
  - Missed appointments & no shows
  - Readiness to leave the HD unit post-treatment
  - Urea testing pre & post HD
  - Technical/biomedical guidelines
    - microbiology & endotoxin sampling of water & dialysate)

No more swabs!!

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What's Next?

- Fewer but larger initiatives ... more significant impact?
- emphasis on **EVALUATION**
- Supporting local **IMPLEMENTATION**
- Further development of provincial quality HD indicators
- Updating evidence-based guidelines & tools Q3 yrs
- Patient & Family engagement

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