BCKD18

BC KIDNEY DAYS

Peritoneal Dialysis—Provincial update

PD committee

- Representatives of all disciplines
- Representatives of all health authorities/programs
- Meet quarterly

BCKD 2017
BC KIDNEY DAYS

The work force

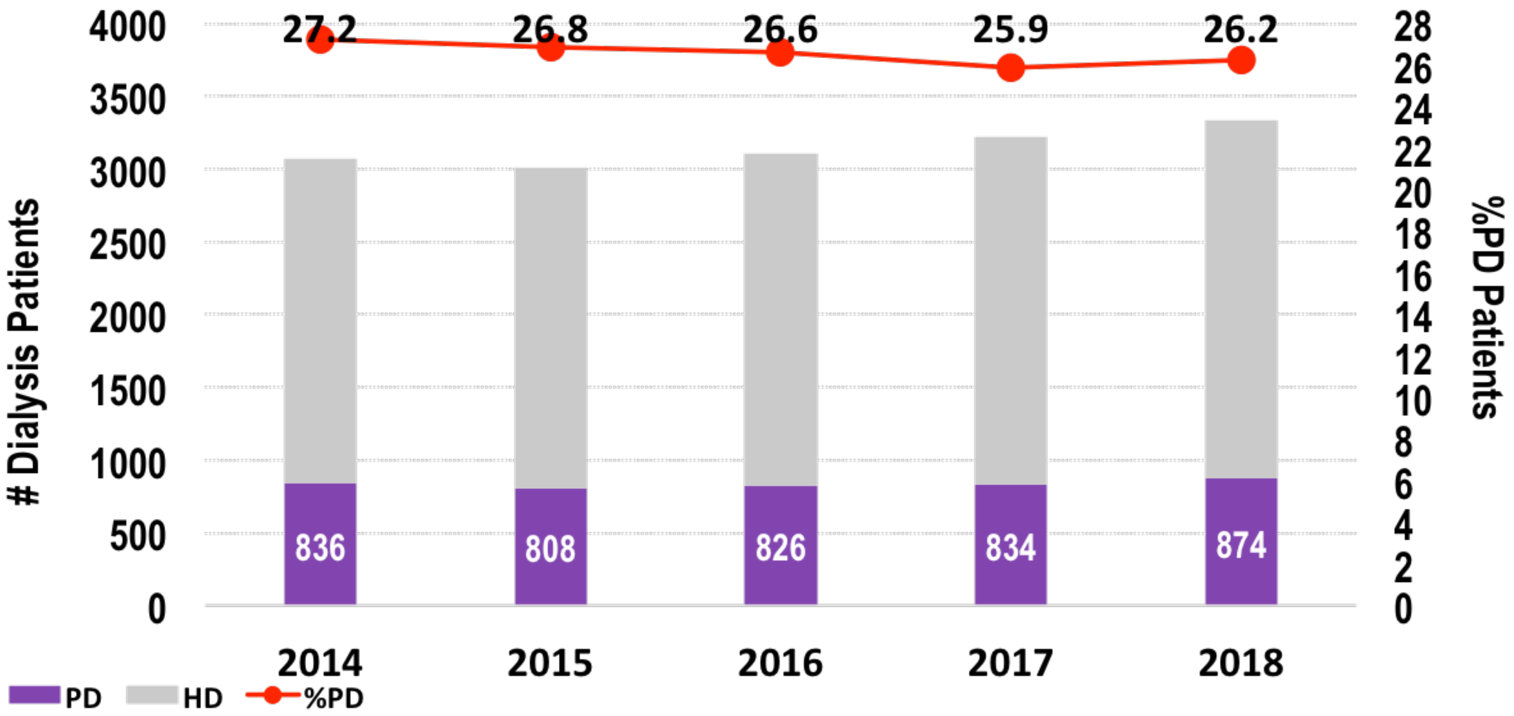
- Sue Saunders
  - Strategy lead: Home Therapies and Palliative Care
- Sarah Thomas
  - Project manger, Clinical, BC Renal Agency
- Linda Turnbull
  - PD Project Manager, BC Renal Agency
- Lee Ur
  - Statistician, BC Renal Agency

Goals

- Improve the quality of care and access to care for all patients on Peritoneal Dialysis
- Promote education and quality improvement initiatives amongst health care providers
- Liase with other committees—especially KCC and Hemodialysis to facilitate transitions between modalities

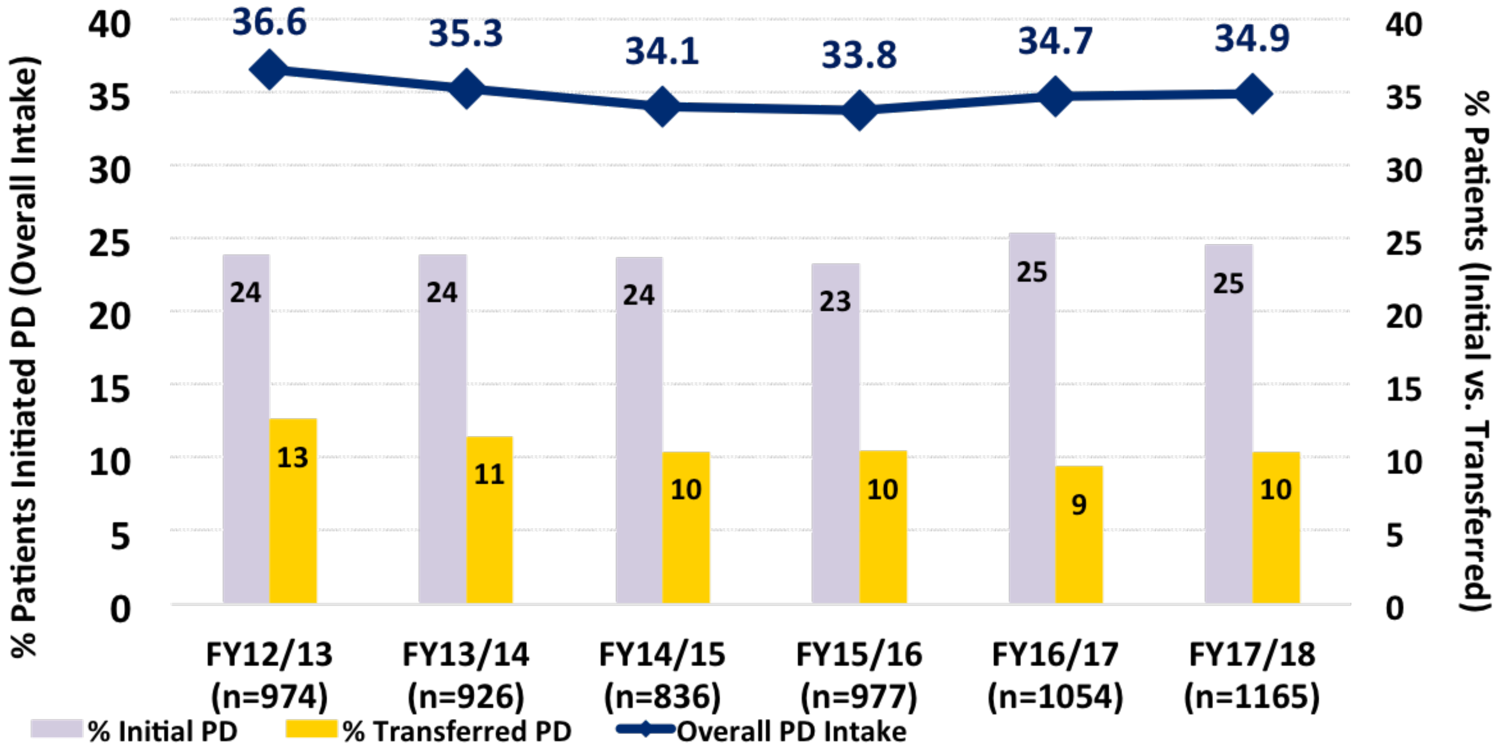
Provincial stats

Prevalent PD in BC Over Time



Reported statistics as of March 31 of respective years

BC PD Intake* Over Time



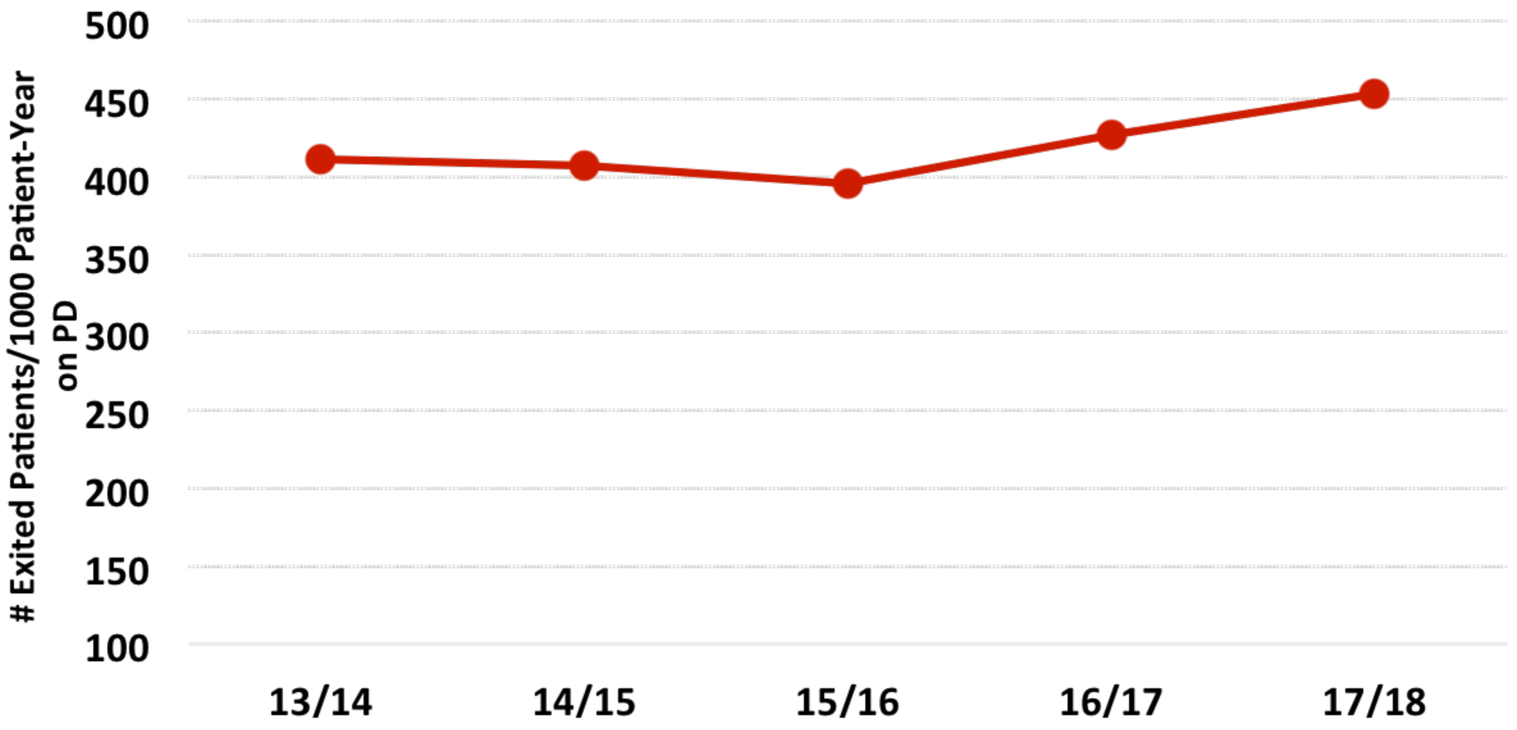
* Any PD starts

KCC† patients started chronic dialysis with PD as preferred ESRD modality choice: Did they start on PD?

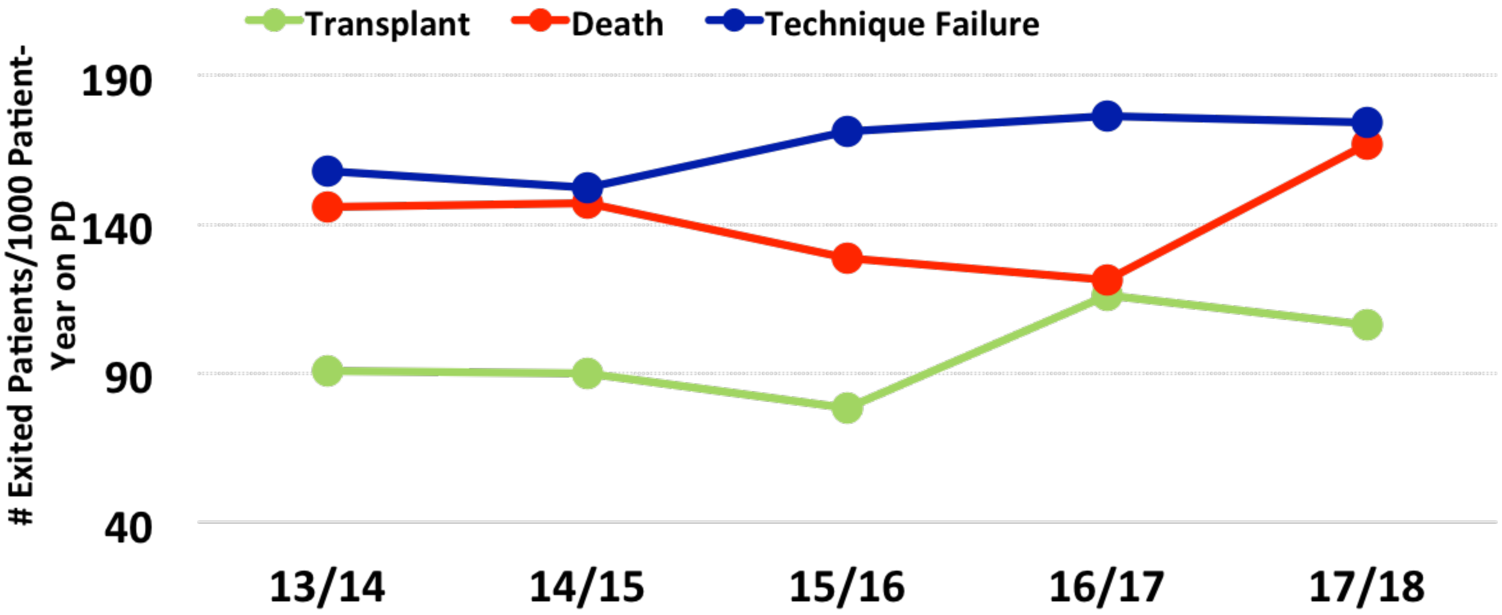
	FY13/14	FY14/15	FY15/16	FY16/17
# KCC Pts Starting Chronic Dialysis	636	564	657	709
% Pts chose PD as preferred dialysis modality	36% (n=230)	37% (n=210)	39% (n=259)	44% (n=309)
Of those who chose PD, dialyzed on PD*?				
No PD	19%	16%	19%	20%
On PD: Day 0-90	78%	77%	73%	76%
On PD: Day 91-365	2%	6%	7%	3%
On PD: > Day 365	1%	1%	1%	1%

† any duration on KCC
** follow-up end date: March 31 2018*

BC: Annual All-cause PD Attrition Rate



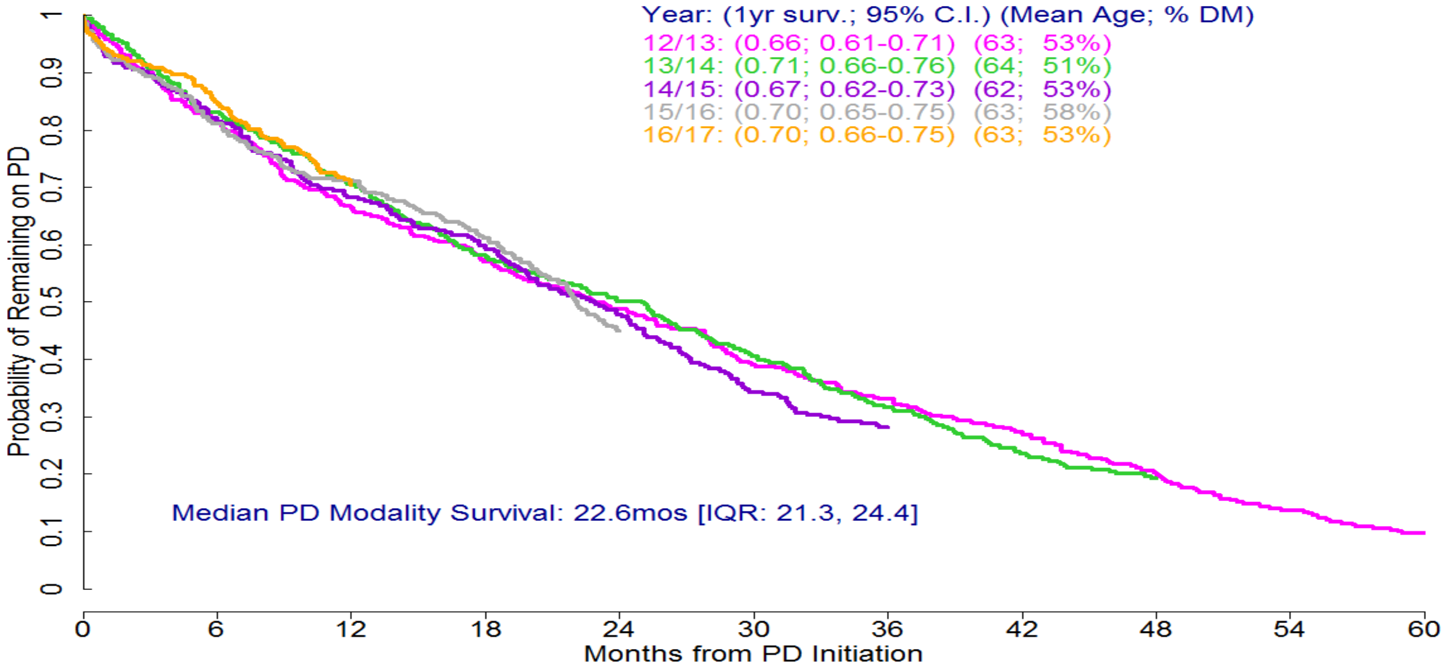
BC: Cause-Specific Annual PD Attrition Rate



Death: Included Dialysis Withdrew or Death on PD or Death within 1 mo of transferring to HD
Technique Failure: Included reasons other than Transplant, Death, Move out of Province/Country and Lost-to-Follow-up

No differences in PD modality survival by PD initiation year

(All causes of PD attrition were considered)



Test for adjusted HR* for Year of PD Initiation: Chi-sq=2.5229, p=0.6405
*Adjusted for age, gender, diabetes, PD as initial or transferred modality, HA at PD initiation

Bottom line

- Number of patients entering and exiting is the same
  - Exits more likely due to transplant rather than death
  - “technique failure” remains a substantial contributer

Accomplishments

Created 2018

Approved by the BCPRA Peritoneal Dialysis Committee

Table of Contents

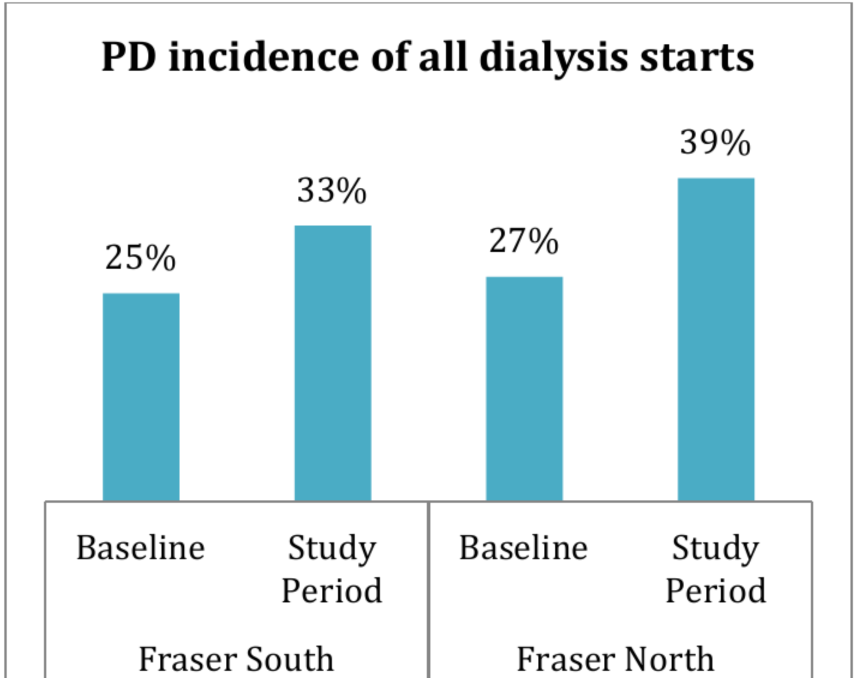
BPG

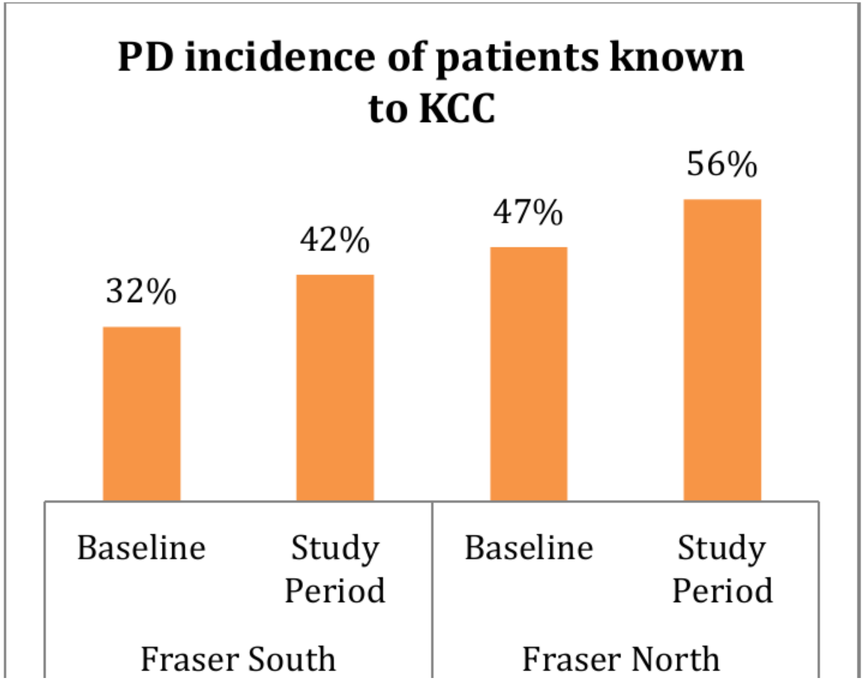
- Promote development of quality improvement initiatives, identifying gaps in care
- Describing standards that will “survive” new staff—clinical and administrative
- Ongoing updates as research and QI informs

Ongoing initiatives

- PD transition guidelines--FHA
- PD assist—provincial roll out
- Trials of new equipment—Fresenius and Baxter—many centres
  - Privacy issues/ IT issues
- Provincial Dialysis Access initiative—along with Hemodialysis committee
- PROMIS PD module
- Provincial fellows—evaluating process of "PD loss" from KCC to PD—Dr. Kris Pionen

South Fraser Interim PD program





Conclusion

- The PD committee: Use the BPC and focus on small projects within programs that we can share province wide.

- Work with other committees to identify themes across all modalities