

# BC Kidney Days 2018 Provincial Update

Dr. Adeera Levin MD FRCPC CM  
Executive Director, BC Renal Agency

Professor of Medicine UBC

November 1, 2018



**Personalized** Kidney Care

# Overview

- Kidney Disease in BC
- BC's Kidney Care Model: Unique Nationally & Internationally
  - Structure and Function
- A Renewed Strategic Focus
  - ✓ Optimal Patient Experience and Outcomes
  - 🔬 Innovation and Research in Renal Care
  - 💰 Sustainable Funding Solutions
  - 🖥️ The Right Technical Solutions
  - 🌐 A Sustainable Renal Community



Check your kidney health online:



# KIDNEY DISEASE IN BRITISH COLUMBIA



15581

Registered, non-dialysis kidney patients in BC

3264

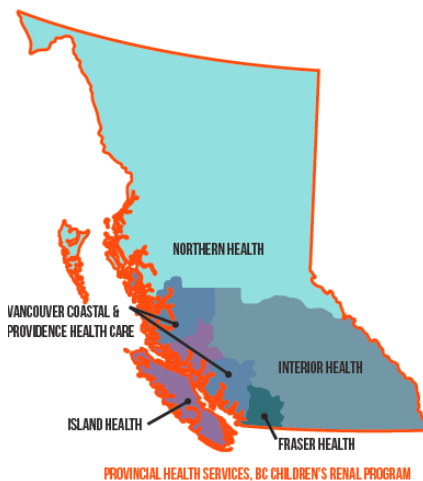
Kidney disease patients on dialysis in BC

50

years ago, kidney failure was a death sentence. Today, people with kidney disease can live productive, fulfilling lives, thanks to breakthroughs in research and treatment.

## OUR NETWORK

Working with BC's regional health authority renal programs, the BC Provincial Renal Agency (BCPRA) funds and coordinates service delivery across:



6

HEALTH AUTHORITIES

11

HOME HEMODIALYSIS TRAINING SITES

12

PERITONEAL DIALYSIS CLINICS

13

HOSPITAL DIALYSIS UNITS

14

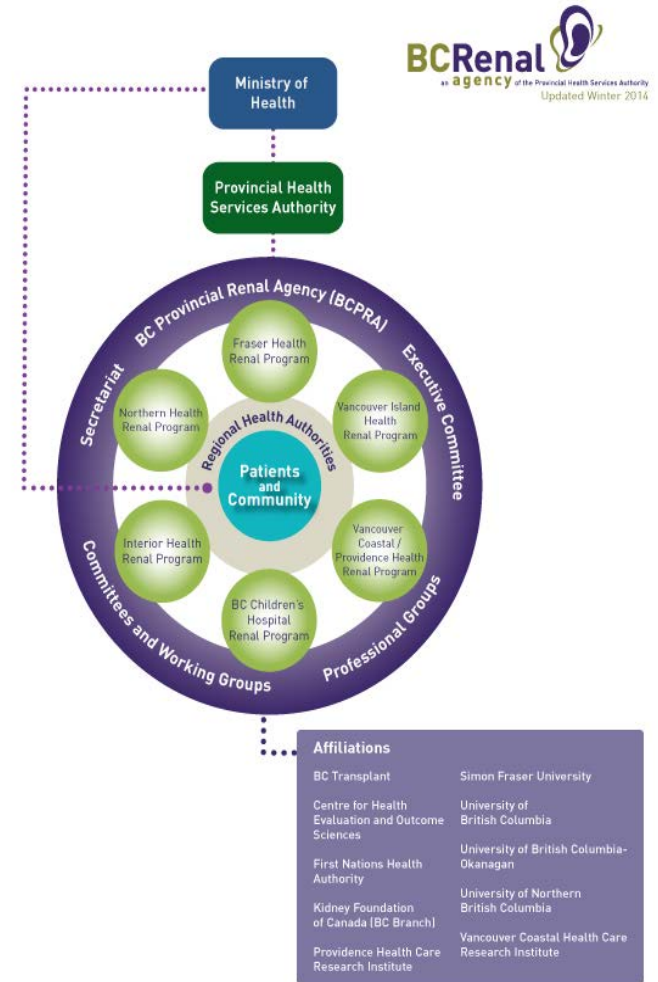
CKD CLINICS  
For registered, non-dialysis kidney patients

27

COMMUNITY DIALYSIS UNITS

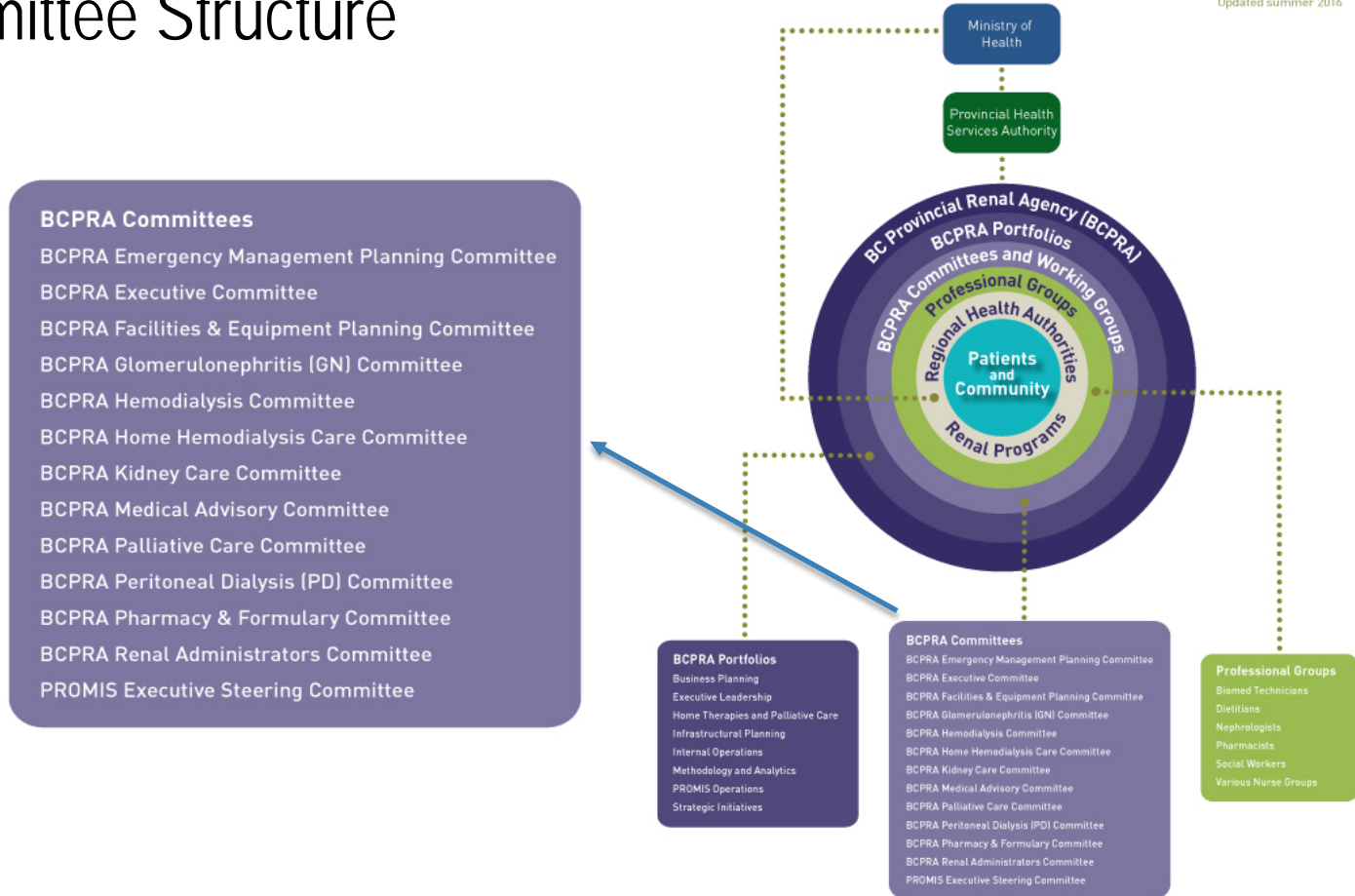
# Form Follows Function

- Patients at centre of org chart
  - Health authorities responsible for program delivery
  - BCPRA provides overarching support for programs and is accountable to PHSA & MOH for outcomes

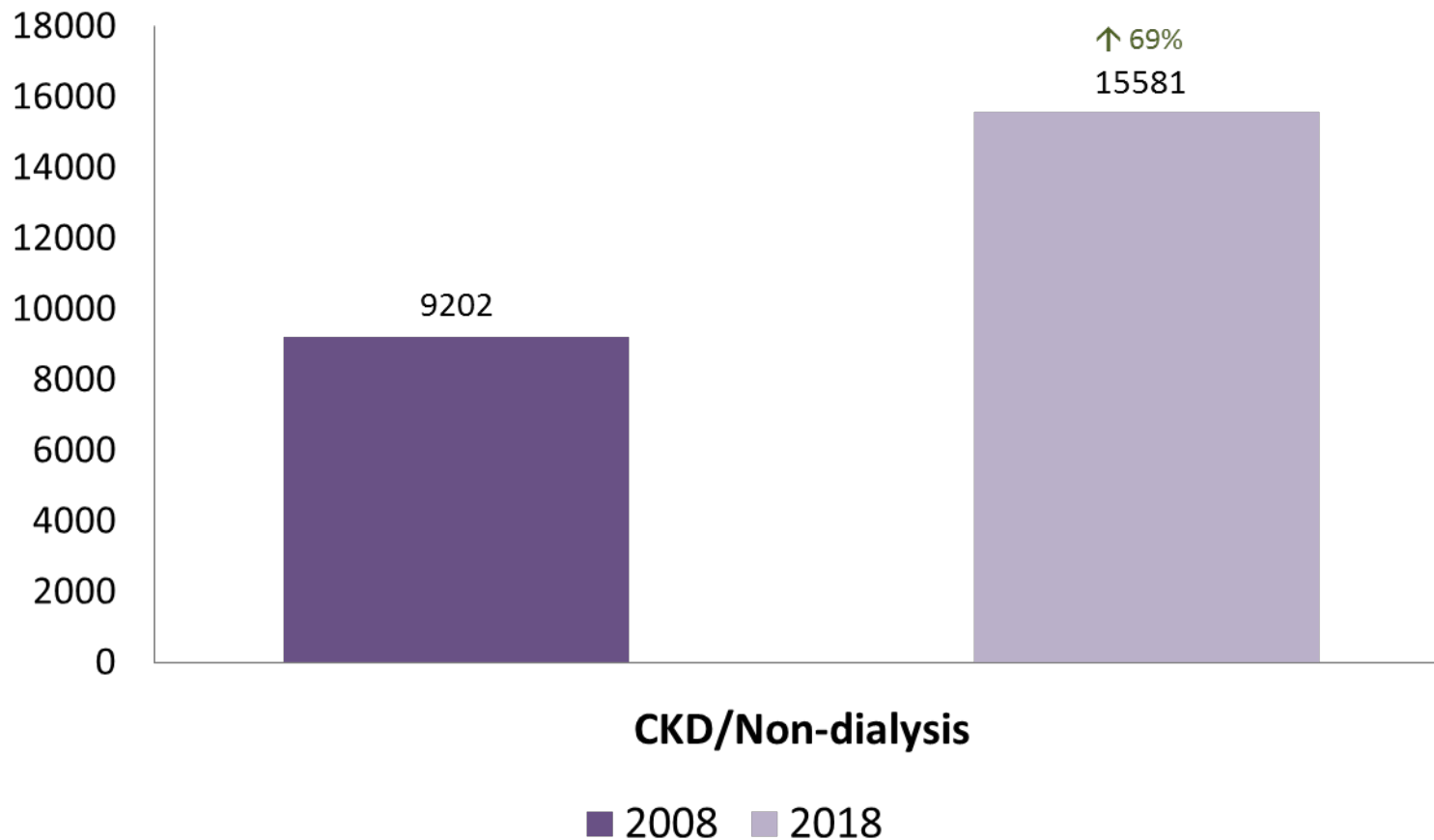


# Provincial Committee Structure

- Multidisciplinary committees
- Cross-HA representation
- Annual work plans with clear deliverables
- Research, evaluation and CQI

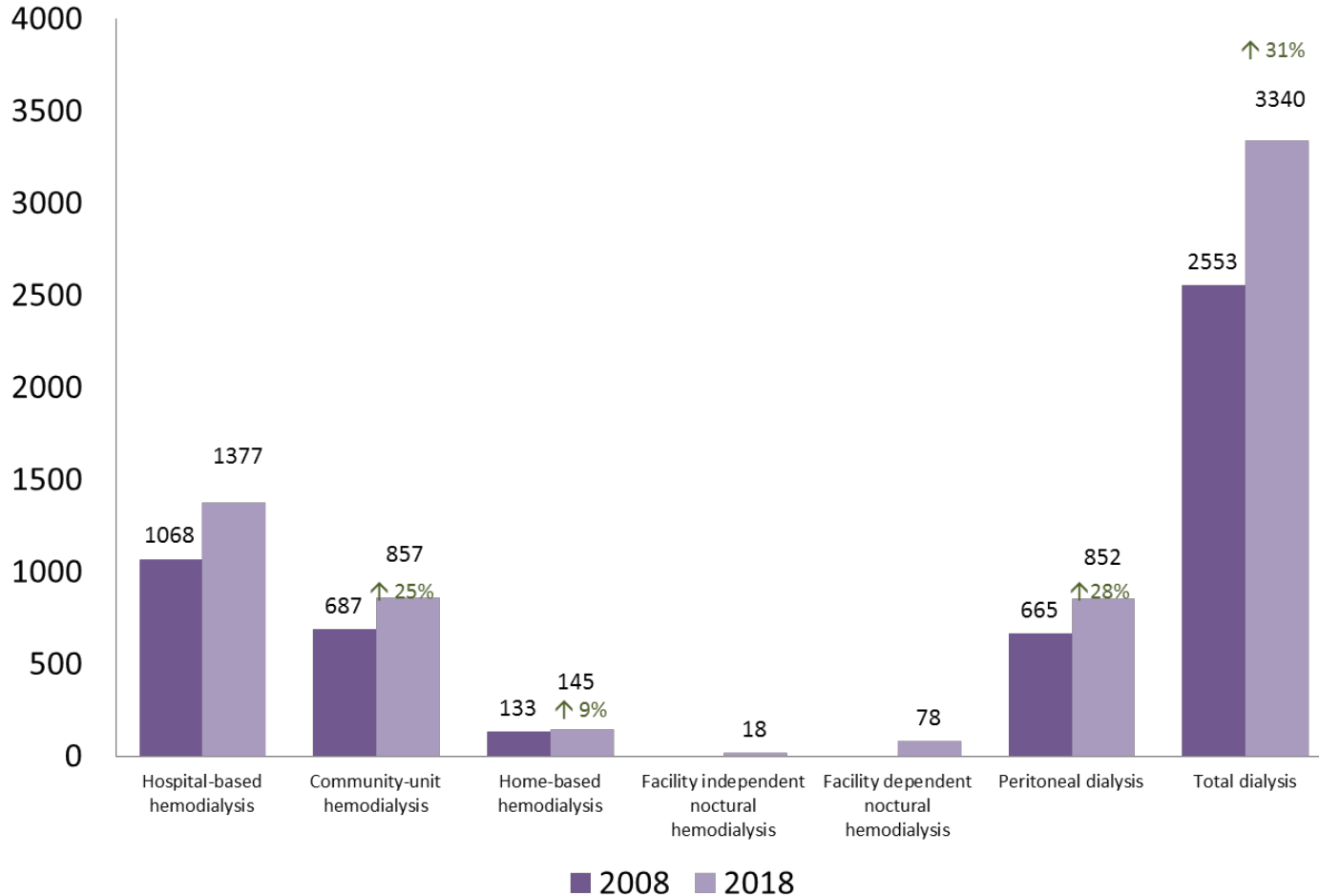


## Increased Access to Care: CKD/Non-Dialysis



10-year  
Overview

# Increased Access to Care: Dialysis



10-year  
Overview

# A Renewed Strategic Plan



## Working Together for Better Kidney Health

### Our vision

People with kidney disease in BC have access to the highest quality, person-centred care, enabling them to live their lives to the fullest.

### Our mission

The BC Renal Agency is responsible for the coordination and funding of outstanding kidney patient care, and acts as a catalyst for research, knowledge translation and innovation.

### Our core values

People • Collaboration • Knowledge • Creativity •  
Team-Focused

## Strategic Priorities 2018-2021



Optimal patient experience and outcomes



Innovation and research in renal care



Sustainable funding solutions



The right technology solutions



A sustainable renal community





In the last province-wide patient experience survey, what percentage of BC kidney patients rated the overall quality of services as excellent or very good:

- a. 24%
- b. 75%
- c. 82%



And the answer is:

b. 75%



## PATIENT EXPERIENCE SURVEY



In 2016, the BC Renal Agency conducted a province-wide survey to measure patient perceptions about key areas of care. The survey was previously distributed to patients in 2009 and 2012.



**13 097**

patients in BC  
were contacted  
by mail



**30%**

of those who  
were contacted  
took the survey

### WHO TOOK THE SURVEY:

#### GENDER



44% female

54% male

#### AGE

20-39 2%

40-59 13%

60-79 54%

80+ 31%

*Longitudinal patient  
experience data  
across the entire  
kidney population  
(13,000+)*

*PACIC-validated  
chronic disease survey  
tool (2009, 2012,  
2016)*



# Optimal patient experience and outcomes

## OUR STRENGTHS



Providing  
Well-Organized  
Care



Enabling Patient  
Participation



Managing Health  
Beyond Medical Care

## RESULTS



## NEEDS IMPROVEMENT



Goal-setting  
with Patients

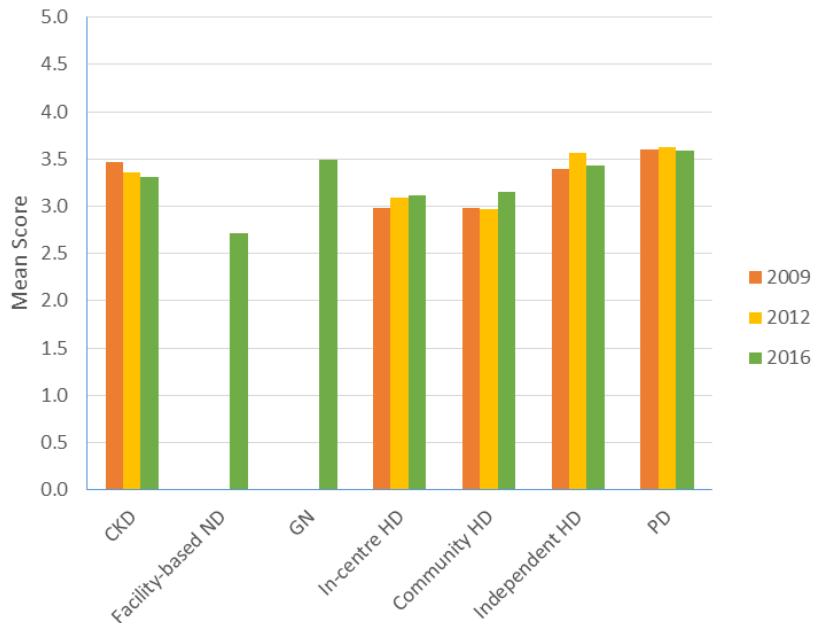


Linking Patients  
with Other Health  
& Community  
Services

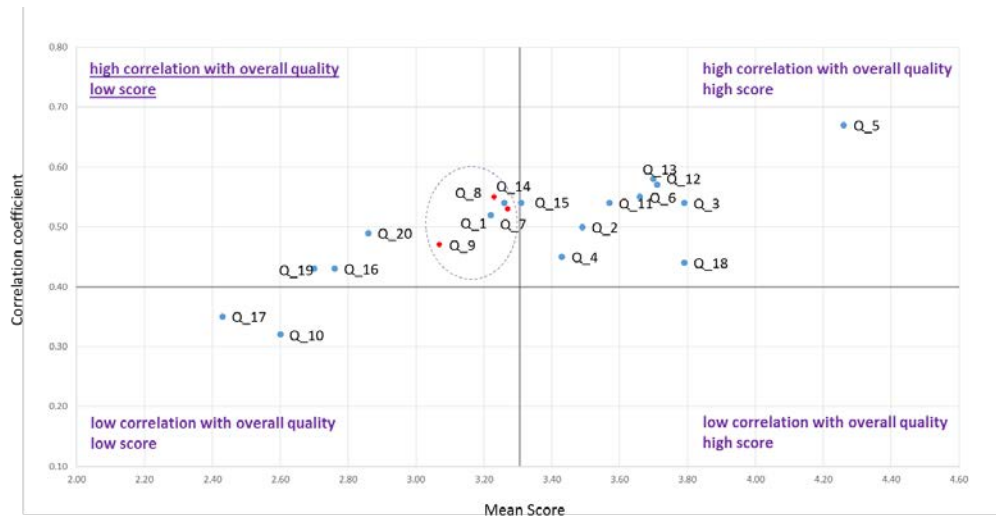


# Optimal patient experience and outcomes

Overall results of survey vary by modality



Priority matrix is used to identify areas for improvement in each modality





## Next steps:

- Working with patients, provincial committees and renal programs to:
  - Review provincial, modality and HA data to establish common understanding of findings
  - Identify and implement practical changes
  - Advance culture change for person-centred care





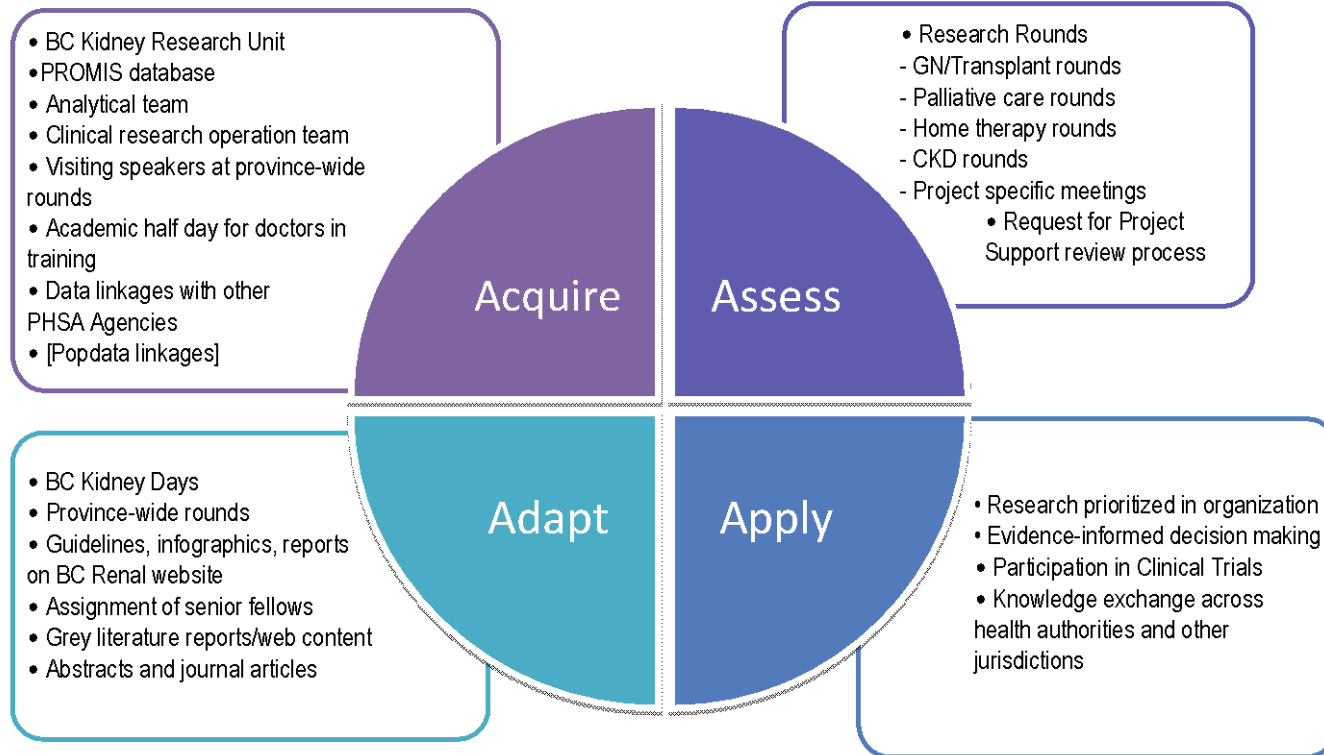
## Our Renal Research Mandate

- Facilitate/conduct quality research studies
- Knowledge translation
- Foster local, national and international research collaborations
- Facilitate training and mentoring of young physicians and scientists

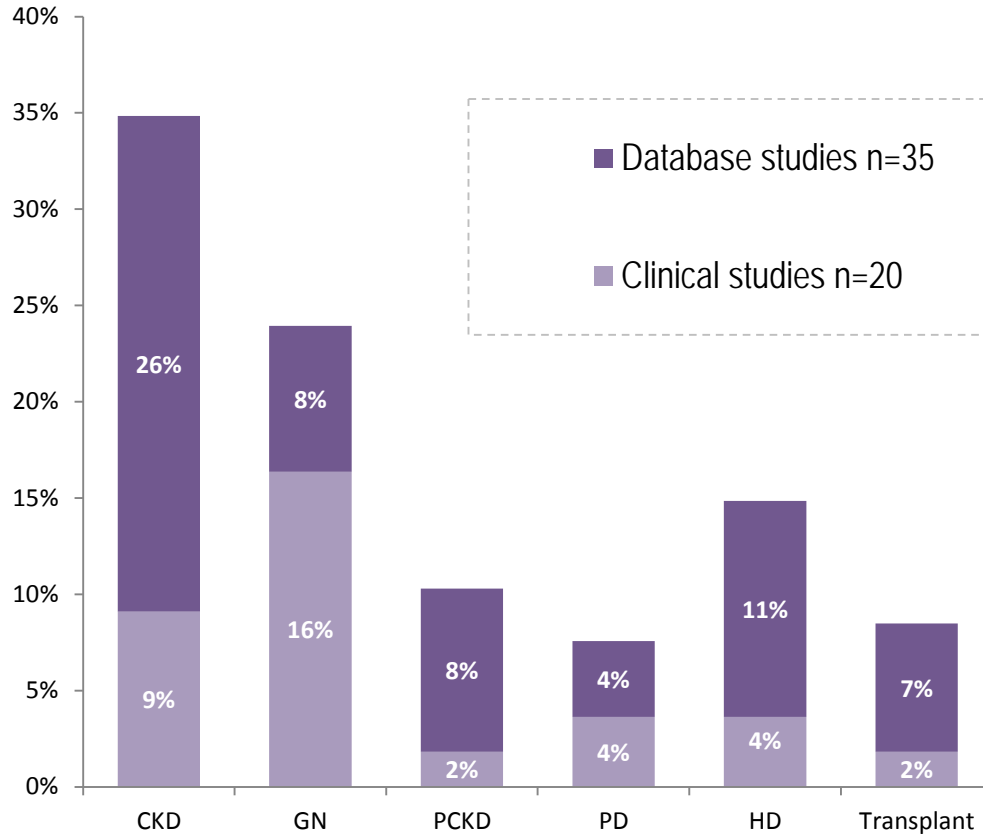




## Our Research and Knowledge Translation Cycle







## Types of Studies by Area



Between 2015-2017 how many journal articles were published by BC renal researchers?

- a. < 50
- b. > 50
- c. > 100



And the answer is:

c. > 100 (117 to be precise)



## Knowledge Sharing & Translation: Publications and Presentations

### Publications

	2013	2014	2015	2016	2017
Journal articles published by Division Members	37	38	33	47	37
Journal articles linked to project	6	7	6	7	7
Impact factor, median	2.85 [1.52, 9.197]	8.56 [3.58, 35.29]	4.98 [1.12, 8.56]	5.68 [4.12, 6.80]	4.1525 [2.37, 4.64]
Abstracts linked to project	16	7	9	6	7
Abstracts-oral presentations	2	4	1		

PubMed Search term

Full text

### Prevalence-Based Targets Underestimate Home Dialysis Program Activity and Requirements for Growth.

Bevilacqua MU, et al. Perit Dial Int. 2018 May-Jun.  
[Show full citation](#)

#### Abstract

**BACKGROUND:** Many renal programs have targets to increase home dialysis prevalence. Data from a large Canadian home dialysis program were analyzed to determine if home dialysis prevalence accurately reflects program activity and whether prevalence-based assessments adequately reflect the

PubMed Search term

Full text

### An update on the treatment of IgA nephropathy.

Review article

Barbour S, et al. Curr Opin Nephrol Hypertens. 2017.  
[Show full citation](#)

#### Abstract

**PURPOSE OF REVIEW:** The treatment of IgA nephropathy (IgAN) has been limited by several controversies in the literature, including the benefits of corticosteroids in addition to optimized

Original Article

### External validation and clinical utility of a prediction model for 6-month mortality in patients undergoing hemodialysis for end-stage kidney disease

Brian Forzley<sup>1,2</sup>, Lee EP, Helen HL Chiu<sup>1</sup>, Ognjenka Djurdjević<sup>1</sup>, Dan Martinussen<sup>1</sup>, Rachel C Carson<sup>1,4</sup>, Gaylene Hargrove<sup>1,4</sup>, Adeera Levin<sup>1,2</sup> and Mohamad Karim<sup>1,4</sup>

Abstract

**Background:** End-stage kidney disease is associated with poor prognosis. Health care professionals need to prepare to address end-of-life issues and identify those at high risk for dying. A 6-month mortality prediction model for patients on dialysis derived in the United States is used but has not been externally validated.  
**Aim:** We aimed to assess the external validity and clinical utility in an independent cohort in Canada.  
**Design:** We examined the performance of the published 6-month mortality prediction model, using dissemination, calibration, and decision curve analysis.  
**Setting/participants:** Data were derived from a cohort of 274 prevalent dialysis patients in two regions of British Columbia, Canada, which included serum albumin, age, peripheral vascular disease, dementia, and answers to the "worse question" ("Would I be surprised if this patient died within the next year?").  
**Results:** The observed mortality in the validation cohort was 1.55 at 6 months. The prediction model had reasonable discrimination (c-statistic 0.70) but poor calibration (calibration-in-the-large = -0.08; 95% CI: -0.08, -0.10; calibration slope = 0.57 [95% confidence interval 0.31, 0.83]) in our data. Decision curve analysis showed the model only has added value in guiding clinical decision in a small range of threshold probabilities (0.5-0.9).  
**Conclusions:** Despite reasonable discrimination, the prediction model has poor calibration in this external study cohort; thus, it may have limited clinical utility in settings outside of where it was derived. Decision curve analysis clarifies limitations in clinical utility not apparent by receiver operating characteristic curve analysis. This study highlights the importance of external validation of prediction models prior to routine use in clinical practice.



### MOBILIZING CULTURE CHANGE FOR QUALITY PALLIATIVE CARE IN PATIENTS WITH CHRONIC KIDNEY DISEASE IN BRITISH COLUMBIA

Chiu HHL<sup>1</sup>, Hargrove GP, Saunders SJ, Dong JF, Murphy-Burke D, Clouston D, Levin A<sup>1,4</sup>, Karim MP on behalf of the BC/PA Palliative Care Consortium  
<sup>1</sup>BC Provincial Renal Agency, Vancouver, BC; <sup>2</sup>Department of Medicine, Faculty of Medicine, The University of British Columbia, Vancouver, BC, CANADA

**Introduction**

Chronic kidney disease (CKD) is characterized by high symptom burden and poor life expectancy in advanced stages. Despite technological advances, mortality rates in patients with kidney disease remain high. An integrated approach to timely advance care planning and palliative care spanning the CKD care continuum is required.

- Working with the regional health authority renal programs (Health of British Columbia (BC), Canada, the BC Provincial Renal Agency (BC/PA) funds and coordinates service delivery across the province.
- In BC, as per the Patient Records and Outcome Management Information System (PROMIS), the mortality rates of patients who are on dialysis and not on dialysis remain quite stable over time. However, more deaths over the years, especially among non-dialysis patients, may have resource and operational implications.

**Objectives**

To enable an integrated palliative approach to renal care in BC

**Results**

- Implementation of the EOL Framework varies across the renal programs with each having formalized strategies to facilitate ongoing growth in palliative care. Prominent opportunities have been shown in symptom care & management and advance care planning.
- Symptom Assessment & Management**
  - More renal care units have adopted routine symptom assessment using the modified Edmonton Symptom Assessment System (ESAS) over the years
- Symptom assessment practice varies by HSA/PA**

Program	Province	Region	Province	Province	Province
Regional palliative care	BC/PA	BC/PA	BC/PA	BC/PA	BC/PA
Programs	10 renal care units	10 renal care units	10 renal care units	10 renal care units	10 renal care units
Target for review	10 renal care units	10 renal care units	10 renal care units	10 renal care units	10 renal care units
Updated or not updated	Program team	Program team	Program team	Program team	Program team

- Phoniatric update of routine symptom assessment using the ESAS is generally improving across modalities.
- Monitoring the mESAS scores of common symptoms experienced by patients on hemodialysis helps identify particular symptoms that are problematic and guides interventions to more effectively manage them across the population, e.g. enhance access to specific symptom management algorithms and interventions.

Original Research Article

### A Survey of Canadian Nephrologists Assessing Prognostication in End-Stage Renal Disease

Brian Forzley<sup>1,2</sup>, Helen H. L. Chiu<sup>1</sup>, Ognjenka Djurdjević<sup>1</sup>, Rachel C. Carson<sup>1,4</sup>, Gaylene Hargrove<sup>1,4</sup>, Dan Martinussen<sup>1,4</sup>, and Mohamad Karim<sup>1,4</sup>

Abstract

**Background:** Patients with end-stage renal disease (ESRD) frequently have a relatively poor prognosis with complex care needs that depend on prognosis. While many means of assessing prognosis are available, little is known about how Canadian nephrologists practice prognostication, whether they routinely share prognostic information with their patients, and how this information guides management.  
**Objectives:** To guide improvements in the management of patients with ESRD, we aimed to better understand how Canadian nephrologists consider prognosis during routine care.  
**Design and methods:** A web-based multiple choice survey was designed, and administered to adult nephrologists in Canada through the e-mail list of the Canadian Society of Nephrology. The survey asked the respondents about their routine practice of estimating survival and the perceived importance of prognostic practices and tools to patients with ESRD. Descriptive statistics were used in analyzing the responses.  
**Results:** Less than half of the respondents indicated they always or often make an explicit attempt to estimate and/or discuss survival with ESRD patients not on dialysis, and 25% reported they do so always or often with patients on dialysis. Survival estimation is most frequently based on clinical gestalt. Respondents endorse a wide range of issues that may be influenced by prognosis, including advance care planning, transplant referral, choice of dialysis access, medication management, and consideration of conservative care.  
**Limitations:** This is a Canadian sample of self-reported behavior, which was not validated, and may be less generalizable to non-Canadian health care jurisdictions.  
**Conclusions:** In conclusion, prognostication of patients with ESRD is an important issue for nephrologists and impacts management in fairly sophisticated ways. Information sharing on prognosis may be adoptable.





## Knowledge Sharing & Translation: Website

**BCRenal**

Follow us

Search...

Kidney Services Health Info **Research** About Contact Health Professionals Donate Careers

Menu Research

### Our Research

Renal professionals across BC are engaged in a range of local, provincial and international research and quality improvement projects, many in collaboration with BC's educational institutions. Their work is frequently published in peer-reviewed journals.

Publications	
2018	+
2017	+
2016	+
2015	+
2014	+
2013	+
2012	+
2011	+

### Presentations

2018	+
2017	+
2016	+
2015	+
2014	+
2013	+
2012	+
2011	+

## Participate

Ethics & Oversight >

## Clinical Trials

Clinical Trials >

## Ethics and Oversight

## Research Focus

About Our Research >

Prevention and Early Detection >

Living with Kidney Disease >

Glomerulonephritis >

Dialysis >

Kidney Transplant >

Palliative Care >

Can-SOLVE CKD Network >



## Synergy: Largest kidney research grant in international history

- One of 5 chronic disease networks
- BCPRA is a collaborative partner: in-kind contributions
- **Vision: By 2020, every Canadian with or at high risk for CKD will receive best recommended care, experience optimal outcomes, and have the change to participate in studies with new treatments**
- Patients are partners throughout the research process:
  - research priority setting
  - study design and execution
  - dissemination and implementation of study results



## 2018/19 renal budget: \$189.2 million

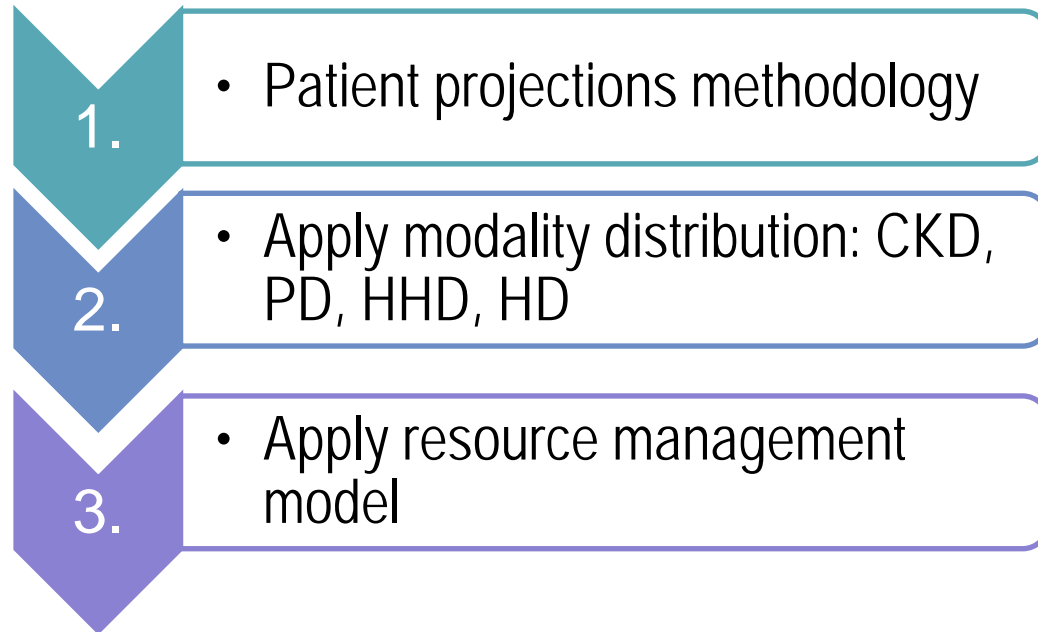
- Direct care, CKD and dialysis (equipment, supplies and services)
  - Medications (accountability and transparency)
  - Vendor contracts
- 
- ❖ Indirect care funded through HA global budgets:
    - Hospitalizations
    - OR utilization / Surgical procedures
    - Radiology
    - Lab services





## Activity-based funding model:

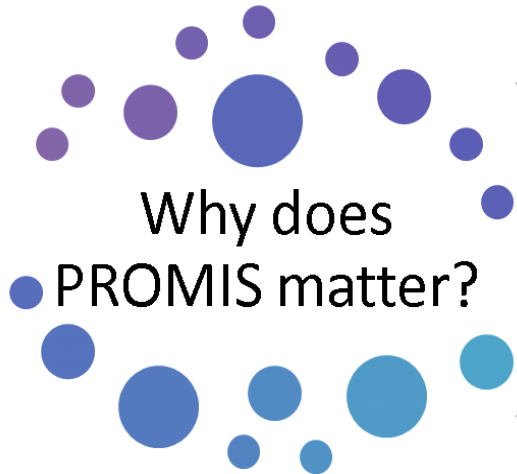
- Systems approach: multidisciplinary
- Funding follows patient
- Incentives: early intervention, self care
- Equitable access
- Reduced practice variation



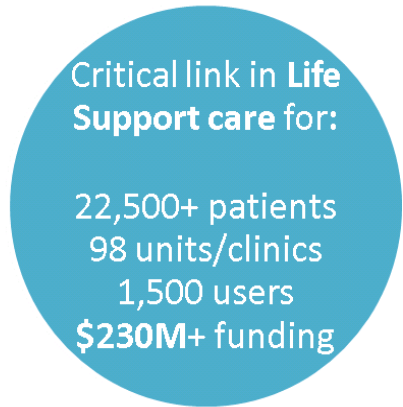




An Integrated, *Provincial* Clinical Information System  
*Supporting clinical, administrative, QI and research activities*



Why does  
PROMIS matter?



Critical link in Life  
Support care for:

22,500+ patients  
98 units/clinics  
1,500 users  
\$230M+ funding





Ministry of Health  
*-Provincial-*

CTR - Canadian Transplant Registry  
*-National-*

CORR - Cdn Organ Replacement Registry  
*-National-*

- Chronic disease mgmt information system
- Patient registry
- Connection to national organ transplant

**PROMIS**  
*-Provincial-*

- Determines funding
- Regulatory reporting
- Evaluation, QI and research

**Vancouver  
Coastal  
Health/PHC**

- CST Cerner

**Island Health**

- iHealth Cerner

**Northern  
Health**

- NH Cerner

**Fraser Health**

- FH Meditech

**Interior  
Health**

- IH Meditech

**Private services**

- Private Labs
- McDonalds Pharmacies
- Medical imaging
- Other Clinical Systems
- Private Nephrologist Offices

**Patients**

# Touches Every Aspect of Patient Care

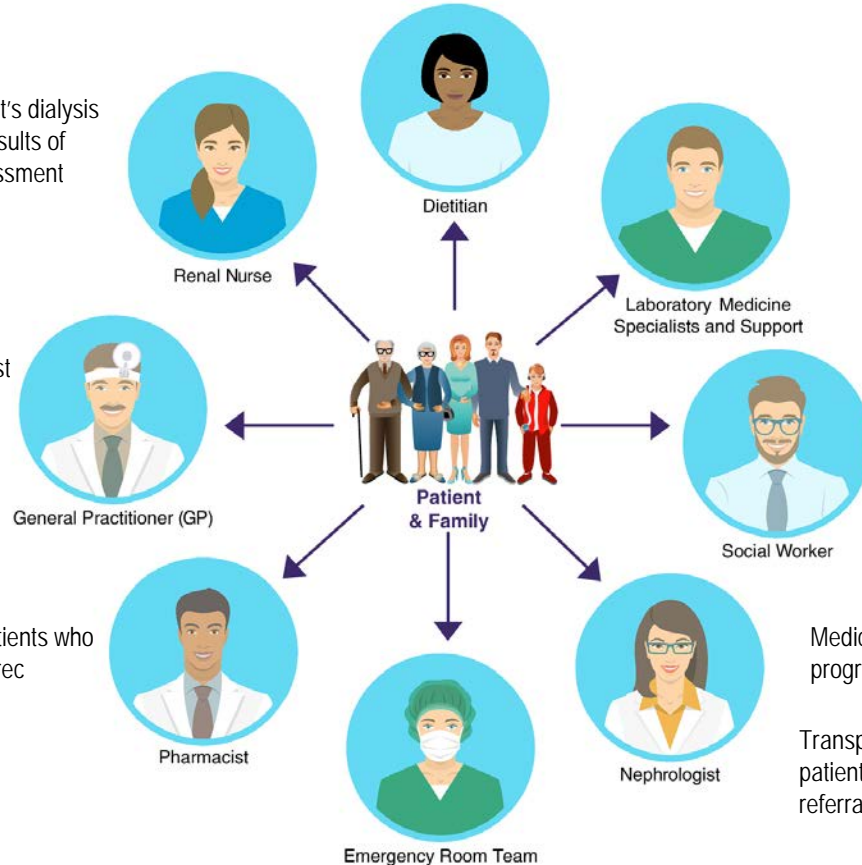
## Team members behind the scenes:

- A finance analyst pulls data for period end reconciliation
- A data analyst pulls a custom report for a program administrator
- Transplant information automatically updated in the national registry
- Regulatory reports automatically sent to national repositories
- A researcher updates clinical trial information

Reviews patient's dialysis prescription, results of symptom assessment

Consults with specialist about patient referral

Assesses patients who require med rec



Medical director assesses program's KPIs

Transplant neph checks patient's online transplant referral status



## 2018 Highlights

Development informed by input of Clinical Design Working Group:

- 50 clinical stakeholders from across BC

March 2018: First release (4.0) on new platform

- ESAS, modality selection, patient overview

July 2018: Second release (4.1)

- Patient registration, demographics, enrollment

November 2018: Third release (4.2)

- New icons show if patient is enrolled in renal, transplant or cardiac
- Patient and physician searches improved
- New PD Assist and Classic centre reports added
- Patient chart pages can be printed or saved as PDFs
- New help link opens online PROMIS user guide

# Accountability: Indicators and Evaluation

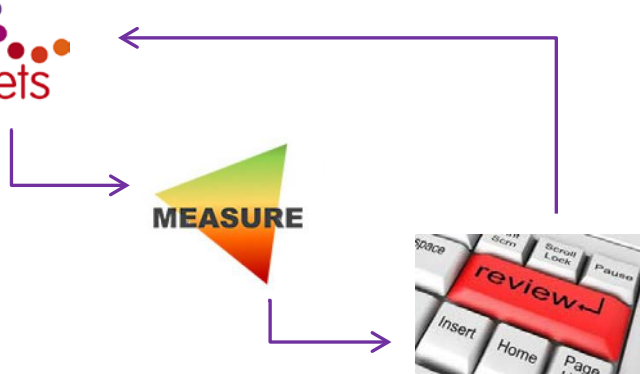
- BCPRA provincial/national reporting
  - Canadian Organ Replacement Registry (CORR)
  - Ministry of Health
  - PHSA Quality and Safety
- Reporting to Regional Programs:
  - Clinical and management Indicators
  - Finance reports – actual costs, actual staff mix/FTEs by program
- Reporting for provincial modality committees and working groups
- Research support



## Management Indicators Report Dashboard

Priority Strategies	Indicators	Status	Trend	Target	Prior FY16/17	Current FY17/18
<b>Health and Well Being</b>						
<i>Targeted/effective primary disease prevention and health promotion</i>						
Ensure ongoing collaboration with provincial eGFR lab strategy and primary care	1. Level of Kidney Function (mean eGFR) at Time of CKD Registration	●	→	30-35 mL/min	29.4 mL/min	30.2 mL/min
<b>Responsive and Effective Health Care Services (Shift to Patient-Centered Care)</b>						
<i>Comprehensive and Coordinated Team-based Care</i>						
Support best practice, dialysis care in BC	2. One-year Patient Survival Rate on Dialysis	●	→	≥80%	83%	83%
Promote and support initiation of transitions in care to the appropriate modality	3. Percentage of patients participating in independent dialysis (PD and home-based HD)	▲	→	≥31.5%	30.8%	31.0%
	4. Peritoneal Dialysis Intake Rate	●	→	≥25%	34.7%	34.9%
	5. One-year Peritoneal Dialysis Attrition Rate	●	→	≤30%	30%	30%
	6. Rapid Progression of Kidney Function	●	↑	TBD	23.1%	
	7. Level of Kidney Function at Dialysis Initiation	●	→	≤15 mL/min	10.2 mL/min	

- Comprehensive approach to indicators (provincial and HAs)
- Mapped to MOH and PHSA strategic priorities



<b>Renewed role of hospitals - focus on improved surgical services</b>						
Collaborate with specialists to improve access and quality of care	8. Percentage of chronic kidney disease patients followed according to standardized clinical pathway for hemodialysis access creation	●	↓	≥70%	72.1%	70.3%
	9. Percentage of patients initiating hemodialysis with appropriate access (= % incident fistula)	●	↑	≥25%	24.7%	28.8%
	10. Percentage of prevalent HD patients dialyzed with optimal access (= % prevalent fistula)	◆	→	>60%	51.4%	51.1%
<b>Improve outcomes, reduce hospitalizations</b>						
Improve quality of dialysis care	11a. Bacteremia infection rate per HD Catheter access year	●	↓	<0.5 per HD Cath Year	0.049	0.067
	11b. Bacteremia infection rate per HD Fistula access year	●	→	<0.5 per HD Fistula Year	0.005	0.006
	11c. Bacteremia infection rate per HD Graft access year	●	↓	<0.5 per HD Graft Year	0.022	0.067
	11d. Peritonitis infection rate per PD patient-year	●	↓	<0.5 per PD Pt-Year	0.282	0.311
<b>Ensure Value for Money</b>						
<i>Enabling IMIT and technology infrastructure and approaches to funding</i>						
Develop multi-year application roadmap and implementation plan for PROMIS	12. Percentage of patients with modality selection available in PROMIS	●	→	TBD	89%	88%

# Provincial Accomplishments: Highlights

- Only province with systematic symptom assessment (modified ESAS)
  - Protocols and symptom guides
  - Patient teaching handouts and pharmacy info sheets
- First-in-kind programs
  - Pharmacy formularies (*most extensive financial support in Canada*)
  - GN network and registry
  - PKD registry (1,000 patients)
  - Provincial PD assist service
  - TB Screening for all new dialysis patients
- In development: transition algorithms & patient guides

**MY SYMPTOM CHECKLIST (MODIFIED ESAS)**

**PATIENT INFORMATION/LABEL**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

It is important that your care team understand and monitor your symptoms over time. This checklist helps us do this. For more information please see letter on the other side of this form.

Date: \_\_\_\_\_ (DD-MM-YYYY)  
 Time: \_\_\_\_\_ (HH:MM)

Please circle the number that best describes how you have been feeling over the PAST WEEK with each symptom.

	0	1	2	3	4	5	6	7	8	9	10	
No pain												Worst possible pain
Not tired												Worst possible tiredness
Not decreased interest in things												Worst possible loss of interest
Not decreased ability to do things												Worst possible loss of ability
Not depressed												Worst possible depression
Not anxious												Worst possible anxiety
Not dizzy												Worst possible dizziness
Not short of breath												Worst possible shortness of breath
Not dry mouth												Worst possible dry mouth
Not swollen legs												Worst possible leg swelling
Not swollen feet												Worst possible foot swelling
Any other symptom or concern? Please specify:												
No symptom												Worst possible symptom

This section to be completed by staff:  
 Date completed by: \_\_\_\_\_  
 Staff member: \_\_\_\_\_  
 Date: \_\_\_\_\_

More highlights in today's Provincial Committee showcase

## Symptom Assessment and Management

- My Symptom Checklist (modified ESAS)
- Punjabi
- Traditional Chinese
- Simplified Chinese
- Large-Print English



ADPKD Registry

New Imaging Tools

Tolvaptan for ADPKD

BC has developed a first of its kind registry that aims to include all British Columbians with polycystic disease, regardless of disease or treatment status. The comprehensive clinical data made available through the registry will support improved individual patient care and improve our understanding of the disease, which will benefit all people living with ADPKD.

- My Symptom Checklist Information Sheet (Staff, Physician)
- Common Symptom Guides
- Constipation +
- Depression and Anxiety +

Q Search

Menu ☰

In this section ▾

## Glomerulonephritis

The GN network & registry aims to improve our understanding and treatment of glomerulonephritis.

# Regional Innovations

## Multiple quality improvement initiatives across HAs:

- Funded through 'value add' \$\$ (see handouts and BCKD app)
- Posters at BCKD

### Value Add Dollars from Industry Support Innovation, Improve Renal Care



Highlights from 2017-2018

From projects focused on quality improvement and process redesign, to enhanced patient and staff education, value-added funds from provincial renal contracts negotiated by the BC Provincial Renal Agency (BCPRA) and Provincial Health Services Authority Supply Chain improve care for patients and quality of work-life for kidney care providers across BC.



Although a portion of these funds is used to support cross-provincial initiatives of the BC renal network, the majority is allocated to health authority renal programs to meet diverse needs at the local level.

At the provincial level, funds were used for a number of projects aimed at improving delivery of care and supporting future program development and sustainability.

#### Patient Education Tools

Value-added dollars continue to support the development and enhancement of a range of patient education materials that promote patient self-management and improved health outcomes. In 2017/18, these included patient handouts and tools on a range of topics, including dialysis and travel, home dialysis, diet and nutrition, self-cannulation and symptom assessment and management.

#### Patient Experience Survey

Value-added dollars from industry previously supported a patient experience survey of all registered kidney patients (2,000+) in the province. Results of the survey have since been analyzed, with provincial and mortality-specific reports completed, published on the agency's website and disseminated within the renal community. For a high-level overview, refer to the survey infographic on the BCPRA website. Next steps include completion of health authority-specific reports and working with patients and care teams to identify opportunities for improvement. Initiatives such as the patient experience survey and other patient engagement strategies help inform strategic decision-making and long-term kidney care planning, evaluation of the overall system's performance and underpin research efforts.

#### Transplant First Initiative

Transplant First is a joint initiative between the BC Renal Agency's Kidney Care Committee and BC Transplant to promote pre-emptive transplants for patients considering renal replacement therapies. Pre-emptive transplants are those that occur before the person requires dialysis therapy to start. The focus of the initiative, launched in October 2017, is to promote living donation, which involves patients recruiting volunteer kidney donors. A provincial coordinator was hired to support the kidney care clinics and a range of patient and provider support materials were developed. Print and video resources can be accessed on the BC Transplant and BC Renal Agency websites (go to [www.bcrenalagency.ca](http://www.bcrenalagency.ca), click on Health Info or Health Professionals and then select Transplant).

#### Agency Website

Value-added dollars continue to support ongoing development of the BC Renal Agency's website, to ensure intuitive navigation and enhanced search functionality. New information and tools for patients and care teams are added to the website on a regular basis, as well as our YouTube channel. In fact, our most popular documents have been viewed between 30,000-50,000 times over the past two years.

#### PROMIS Enhancement

PROMIS is an integrated, provincial information system for renal and transplant care provided to over 22,500 patients in BC. It provides real-time, accurate data to over 1,500 users, supporting a broad range of clinical, administrative, OI and research activities, all of which are focused on two key outcomes: better health for kidney and transplant patients, and the best use of healthcare resources. The PROMIS team, working with a clinical design working group of 50+ stakeholders from all health authority renal programs, continues to work on a comprehensive rebuild



### Value-Added Dollars from PD Contract Support Innovation, Improve Peritoneal Dialysis Care



Highlights from 2017-2018

From projects focused on promoting independence through home therapies to enhanced patient and staff education, value-added funds from a provincial contract negotiated by the BC Renal Agency and Provincial Health Services Authority Supply Chain improved care for peritoneal dialysis (PD) patients and quality of work-life for clinicians across BC.



## Baxter

While a portion of these funds is used at the provincial level to support PD initiatives of the BC renal network, the majority is allocated to health authority PD programs to meet diverse needs at the local level. Collectively the objective is to optimize the prevalence of PD throughout BC, and to ensure quality PD patient care and enhanced staff knowledge and expertise.

#### Enhancing PD Care Across BC

The BC Renal Agency is dedicated to ensuring all end-stage renal patients are considered for home therapies. In 2017/18, value-added funds were used to support initiatives aimed at increasing PD uptake across health authority programs, as well as to ensure high quality care.

#### PD Assist Provincial Program

The rollout of the PD Assist program to all health authority renal programs in BC was completed in 2018. PD Assist, which includes both respite and long-term assistance options, supports frail peritoneal dialysis patients who need help to maintain their PD care. The program has seen steady growth since its launch and had over 60 patients as of spring 2018.

PD Assist was recognized by the BC Patient Safety and Quality Council with the 2017 Excellence in Quality - Living with Illness Award, and has been published in Peritoneal Dialysis International and the European Journal for Person Centred Healthcare. Benefits of the provincial PDA program include:

- allowing frail PD patients to continue dialysis at home vs transferring to higher cost facility-based hemodialysis,
- similar or lower rates of peritonitis in this high risk population (a costly and sometimes devastating complication of PD),
- respite care for acute situations (vs hospitalization or transfer to hemodialysis),
- support for patients nearing end of life to allow planning to take

- place at home, as opposed to in hospital or after a costly and disruptive transfer to hemodialysis, and
- patient-centred delivery of care.

The program represents an innovative and efficient way to use existing resources to provide enhanced patient care.

#### Standardized PD Guidelines, Procedures and Patient Materials

PD value-added funds support the ongoing development of provincial PD nursing guidelines and the corresponding provincial implementation of standardized procedures and tools. In 2017/18 this included a Best Practices Guideline for PD programs, development of PD travel information and letters for patients, a functional assessment tool to determine if patients are ready to perform and manage their PD care, as well as procedures for irrigation, catheter flow, catheter heparinization and capping, surgical masks and warming PD solutions.

In addition, PD value-added funds supported work to update and revise PD patient training e-modules and videos available through the BCPRA website. Guidelines, procedures and various patient and provider tools can be found on the BC Renal Agency's website ([www.bcrenalagency.ca](http://www.bcrenalagency.ca)) in the PD sections under "Health Professionals" and "Health Info".

#### Patient Attendance at ISPD

PD value-added funds were used to support the participation of several patients at the International Society of Peritoneal Dialysis congress that took place in Vancouver in May 2018. This was a rare opportunity for BC PD patients to attend and see the inner workings of one of the world's most important conferences on peritoneal dialysis that brings together leading clinicians in the field from around the world.

#### Provincial Committee Participation

Sharing outcomes with provincial renal partners through the BC Renal Agency's network of committees can guide and consolidate practice. It



# Emergency Response

- Wildfires and other climate-related events are an ongoing challenge
- Renal Emergency Management Committee:
  - Maintaining & implementing provincial renal emergency response plans
  - Ongoing promotion and education: Emergency prep month – May

## B.C. wildfires 2018: This season now second worst in province's history

BY THE CANADIAN PRESS

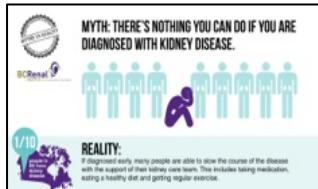
ORIGINALLY PUBLISHED: AUG 26, 2018



# Public Outreach & Awareness

## ➤ World Kidney Day/Kidney Smart Campaigns

- Social media
  - Facebook advertising
  - #KidneyHealthChallenge
- Advertising: Van Sun/Province, public transit, ethnic media
- WKD promotion
  - "Day at Dialysis" social media event



**KidneySmart.com**

Today's  
#KidneyHealthChallenge:  
Check the sodium in your  
-1 slice can have up to  
230mg!

#31DaysToGoodKidneyHealth

**BCRenal**  
an agency of the Provincial Health Services Authority



## Kidney Health Self-Assessment



### Are your kidneys healthy?

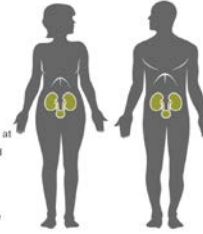
People can have kidney disease without being aware of it.

There are often no symptoms until the disease is quite far along.

Research has shown that some people are at higher risk for kidney disease. They should have their kidneys checked even if they feel well.

Take this test to find out if you should have your kidneys checked.

Start quiz



## Punjabi and Chinese versions



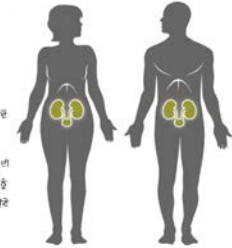
### ਕੀ ਤੁਹਾਡੇ ਗੁਰਦੇ ਸਿਹਤਮੰਦ ਹਨ?

ਸੰਘ ਤੋਂ ਗੁਰਦੇ ਦੀ ਬੀਮਾਰੀ ਹੋ ਸਕਦੀ ਹੈ ਤੇ ਉਹਨਾਂ ਨੂੰ ਪਤਾ ਦੀ ਨਹੀਂ ਹੁੰਦਾ।

ਅਕਸਰ ਕੀ ਇਹਦੇ ਕੋਈ ਲੱਛਣ ਨਹੀਂ ਹੁੰਦੇ ਜਦੋਂ ਕਿ ਬੀਮਾਰੀ ਵਧੀ ਹੋ ਜਾਂਦੀ ਹੈ।

ਸੋਚ ਤੋਂ ਪਤਾ ਲਗਾ ਹੈ ਕਿ ਕਈ ਸੰਘ ਨੂੰ ਗੁਰਦੇ ਦੀ ਬੀਮਾਰੀ ਦਾ ਚਿੰਨ੍ਹਾ ਪਤਾ ਨਹੀਂ ਹੋ ਸਕਦਾ ਤੇ ਉਹਨਾਂ ਨੂੰ ਠੀਕ ਠੀਕ ਠੀਕ ਠੀਕ ਕੀ ਗੁਰਦੇ ਚੈਕ ਕਰਵਾਉਣੇ ਚਾਹੀਦੇ ਹਨ।

ਇਹ ਟੈਸਟ ਲੈਣ ਅਤੇ ਪਤਾ ਕਰੋ ਕਿ ਕੀ ਤੁਹਾਡੇ ਗੁਰਦੇ ਚੈਕ ਕਰਵਾਉਣੇ ਚਾਹੀਦੇ ਹਨ।





Over a two-year period, which of these documents was the most accessed from the BCPRA website?



- Antidepressant use in Adults with CKD
- Diabetes Kidney-Friendly Shopping List
- Cleaning and Disinfecting HD Machines/Stations



### Diabetes Kidney-Friendly Shopping List

May 2016  
Created by the BC Renal Registered Dietitian's Group



### Cleaning & Disinfecting Hemodialysis Machines & Stations

Created: August 2016  
Approved by the BCPRA Hemodialysis Committee

### PHYSICIAN/NURSE PRACTITIONER INFORMATION SHEET ANTIDEPRESSANT USE IN ADULTS WITH CHRONIC KIDNEY DISEASE

Your patient has chronic kidney disease (CKD). This handout provides information about dosing adjustments required. The information is provided as a guide. If you have a patient-specific question, please contact your patient care team. References can be found in the full guideline, "Depression and Anxiety: The Role of Kidney Care Clinicians".

Medications	Dosing adjustment in renal failure				Comments
	eGFR 30-60 mL/min	eGFR 15-30 mL/min	eGFR less than 15 mL/min	Dialysis (PD or HD)	
<b>1<sup>st</sup> line therapies</b>					
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>					
Citalopram	No adjustment	No adjustment	No adjustment	No adjustment (HD not removed)	<ul style="list-style-type: none"> <li>Risk of QTc prolongation (max 40 mg/day or 20 mg/day with strong CYP2D6 inhibitors).</li> <li>Half as potent as escitalopram, treatable NCI encephalopathy.</li> </ul>
Escitalopram	No adjustment	SD: 10 mg/day	SD: 10 mg/day	SD: 10 mg/day	<ul style="list-style-type: none"> <li>Risk of QTc prolongation</li> <li>Twice as potent as citalopram, treatable NCI encephalopathy.</li> </ul>
Fluoxetine	No adjustment	No adjustment	No adjustment	No adjustment	<ul style="list-style-type: none"> <li>Risk of QTc prolongation</li> </ul>
Fluvoxamine	No adjustment	No adjustment	No adjustment	No adjustment	<ul style="list-style-type: none"> <li>Many potential drug interactions</li> <li>Most non-sedating SSRIs</li> </ul>



And the answer is...

## c. Cleaning and Disinfecting HD Machines/Stations



50,382 views

### Cleaning & Disinfecting Hemodialysis Machines & Stations

Created: August 2018  
Approved by the BC/PRA Hemodialysis Committee

PHYSICIAN/NURSE PRACTITIONER INFORMATION SHEET  
**ANTIDEPRESSANT USE IN ADULTS WITH CHRONIC KIDNEY DISEASE**

Your patient has chronic kidney disease (CKD). This handout provides information about dosing adjustments if antidepressants are required. The information is provided as a guide. If you have a patient specific question, please contact your patient's nephrologist or care team. References can be found in the full guideline, "Depression and Anxiety: The Role of Kidney Care Clinics" at [bcrcna.org/ckd](#).

Medications	Dosing adjustment in renal failure				Comments
	eGFR 35-43 mL/min	eGFR 15-30 mL/min	eGFR less than 15 mL/min	Dialysis (PD or HD)	
1 <sup>st</sup> line therapies					
Selective Serotonin Reuptake Inhibitors (SSRIs)					
Citalopram	No adjustment	No adjustment	No adjustment	No adjustment (if not removed)	• Risk of QTc prolongation (max 40 mg/day or 20 mg/day with strong CYP2D6 inhibitors) • Half as potent as escitalopram, flexible NCI electrocardiogram
Escitalopram	No adjustment	50-10 mg/day	50-10 mg/day	50-10 mg/day	• Risk of QTc prolongation • Take as prior to dialysis, flexible NCI electrocardiogram
Fluoxetine	No adjustment	No adjustment	No adjustment	No adjustment	• Risk of QTc prolongation
Paroxetine	No adjustment	No adjustment	No adjustment	No adjustment	• Many potential drug interactions • Most neurostimulating SSRI

35,702



23,364

### Diabetes Kidney-Friendly Shopping List


May 2016  
Created by the BC Renal Registered Dietitian's Group



# Make use of our Website and YouTube Resources

[bcrenalagency.ca](http://bcrenalagency.ca)

The screenshot shows the BCRenal website homepage. At the top, there is a navigation menu with links for Kidney Services, Health Info, Research, About, Contact, Health Professionals, Donate, and Careers. A search bar is located in the top right. The main content area features a large banner with the text "Working together for better kidney health" and a sub-headline "The BC Provincial Renal Agency plans and coordinates health-care services for patients with kidney disease in BC." Below this is a "Learn more" button. To the right of the banner is a "Popular topics" section with links to Events, Kidney Self Assessment, Chronic kidney disease health info, Pharmacy & formulary, and Print and Video Order Form. At the bottom left, there is a "Find kidney services in BC" section with a search box for "Service" (containing "Any") and a "Postal code" field. A small image of a woman and a man is visible in the bottom right corner of the website screenshot.

 [Youtube.com/BCRenalAgency](https://www.youtube.com/BCRenalAgency)

- **Over 150 videos**
- **Almost 300,000 views**

The screenshot shows the BCRenal YouTube channel page. The channel name is "BCRenalAgency" with 990 subscribers. The page displays a grid of video uploads. The first row includes "Eggs in a Mug" (280 views, 1 month ago), "Renal Cooking - 30 Minute Meals" (225 views, 1 month ago), "Transplant Options for Patients Choices and Consequences" (45 views, 10 months ago), and "Providing Equitable Access to Care An Open Forum" (17 views, 10 months ago). The second row shows several smaller video thumbnails, including one titled "BCKD BC KIDNEY DAYS". The bottom navigation bar includes icons for Home, Trending, Subscriptions, Inbox, and Library.

# Follow us on Twitter and Facebook

 @BCRenalAgency

3:23 PM Thu Oct 11

Provincial Health Services Authority  
Province-wide solutions. Better health.

Follow us!

- @PHSAofBC
- @PHSA\_Careers
- @CDCofBC
- @BCCancer
- @BCChildrensHosp
- @BCWomensHosp
- @BC\_EHS
- @BCHealthEM
- @MobileMedicalBC
- @BC\_Transplant
- @PerinatalBC
- @BCCResearch

This account is monitored Monday to Friday, 8:30 AM to 4:00 PM, Pacific Time. (Except holidays)



 Following

## BC Renal Agency

@BCRenalAgency Follows you

BC Quality Forum, Mila, Int. Soc. for Peritoneal Dialysis, and 36 others follow

Planning + monitoring the delivery of province-wide #kidney care services in #BC, Canada. Follows/RTs are not endorsements. Privacy/data: [phsa.ca/privacy](https://phsa.ca/privacy)

📍 Vancouver, British Columbia [bcrenalagency.ca](https://bcrenalagency.ca)

📅 Born on November 12 📅 Joined October 2011

1,307 Following 1,708 Followers

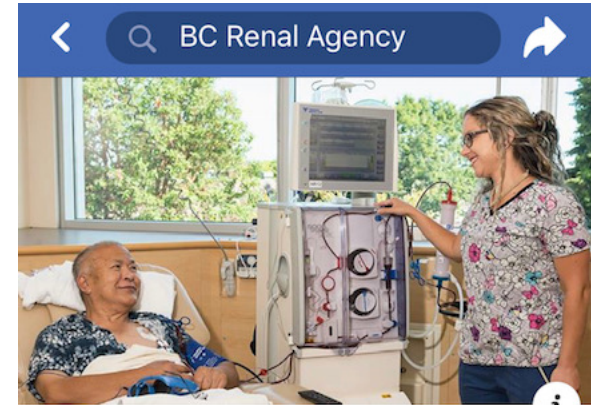
Tweets Tweets & replies Media Likes



**BC Renal Agency** @BCRenalAgency · 39m  
Reflecting on food choices after Thanksgiving? Thinking of going on a vegetarian diet or recommending one? To learn more, we're excited for Veena Juneja's Nov 1 BC Kidney Days talk "Vegetarian Diets and CKD: Way to Go?" #BCKD18 @bc\_transplant @cansolveckd @KidneyBC @PHSAofBC



Facebook.com/BCRenalAgency



## BC Renal Agency

Government Organization

Open Now · 9 AM - 5 PM



Liked



Send Message



Akhtar and 1,277 others like this

Home

Posts

Community

Videos



# A sustainable renal community

How long have you been involved in renal or kidney transplant care?

- a. Less than two years
- b. 2 – 10 years
- c. 10 – 20 years
- d. 20+ years



## *PRA and UBC supported Advanced Training Fellowships (ANT)*

### ➤ **Clinical Fellowships** - support of UBC training program

- Ibrahim Ismail – ANT
- Susie Hewitt – ANT, Home Hemo/PD
- Jenny Chen – Home Hemo/PD
- Kris Poinen – Home Hemo/PD

### ➤ **Post Doctoral Fellowships**

- Mark Canney – Research

### ➤ **Administrative Fellowship**

- Peter Birks







## Welcome

### Adult Nephrology

#### Core Training Neph Fellows

- Abdul Alkandari (Y2)
- Justin Gill (Y2)
- Priya Jindal (Y2)
- Aiza Waheed (Y2)
- Amanda Cunningham (Y1)
- Marianne Park (Y1)
- Tae Won Yi (Y1)

### Pediatric Nephrology

- Pratchi Kadam
- Blake Sandery
- Kayla Flood
- Kristen Favel

### New Nephrologists

- Claire Harris
- Aleisha Hatakka
- Morgan Lam
- Elizabeth Lee



- BC Patient Safety and Quality Council 2018 Quality Award, Coping with End of Life Category:  
[BCPRA's Palliative Care Committee](#)
- UBC Department of Medicine 2018 Clinical Teaching Excellence Award, Honour Roll:  
[Drs. Monica Beaulieu, James Lan and Gerald DaRoza](#)
- Canadian Society of Transplantation 2018 Research Excellence Award: [Dr. Jag Gill](#)
- UBC Dean Kehler letter for Outstanding Academic Performance: [Dr. Sean Barbour](#)
- BC Health Care Awards, 2018 Dianna Mah-Jones Award of Excellence, Person-Centred Care:  
[Aimee Morry and Eileen Carolan](#)



Thank  
you!!

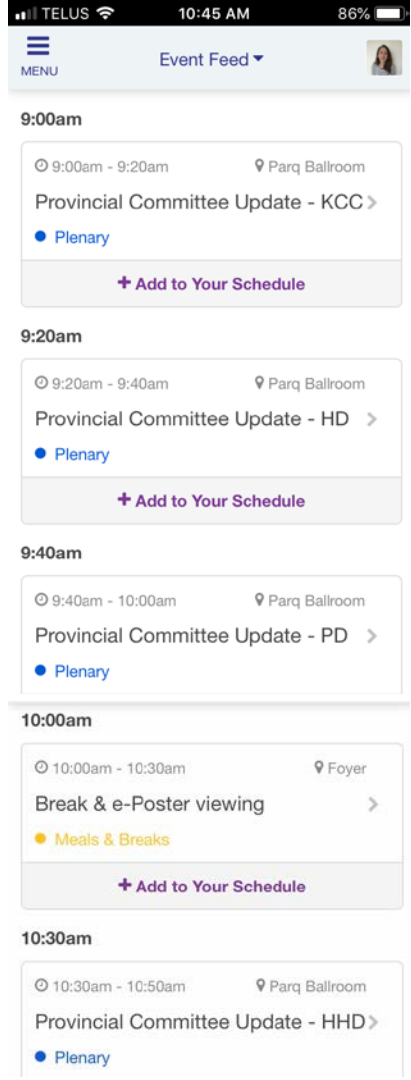
*for your energy & commitment to people living  
with kidney disease*

- Over 300 people actively involved in our network:
- All health care team members directly contribute to patient wellness
- The BCPRA is us, working together



# Next up: Provincial Committee Showcase

- 9:00-9:20am Kidney Care Committee
  - Dr. Monica Beaulieu
- 9:20-9:40am Hemodialysis Committee
  - Dr. John Antonsen
- 9:40-10:00am Peritoneal Dialysis Committee
  - Dr. Suneet Singh
- Break
- 10:30-10:50am Home Hemodialysis Committee
  - Dr. Michael Copland





Your feedback is important! Use the BCKD app!



Enjoy the conference!