

**Value-Added RRP Dollars from Industry Support Innovation, Improve Renal Care**



The past year has been one of unprecedented challenge and hardship. The impact on the health system and those who work in it has been profound. Across BC, kidney care teams continued to put the needs of patients first, adapting to constant change along the way. They also continued to seek opportunities to improve care, some of which are described in this document. At BC Renal, we extend our heartfelt gratitude to everyone in our kidney care network for your continued dedication.



Value-added regional renal program (RRP) funds from provincial renal contracts negotiated by BC Renal (BCR) and the Provincial Health Services Authority improve care for patients and quality of work-life for kidney care providers across BC.

**Value-Added Funds Support Provincial Initiatives**

**COVID-19 Pandemic and Value-Added Funds**

Due to the COVID-19 pandemic, some planned provincial and regional projects and initiatives for the 2020-2021 fiscal year were put on hold or timelines were extended. Value-added funds were used to support a number of pandemic-focused provincial projects, including: the development of an ethical decision-making framework for dialysis care allocation in the event of inadequate supplies, human resources or equipment; an evaluation of shifting from in-person clinical visits to mixed virtual and in-person care across BC's kidney care clinics; continued development of a toolkit to enhance team-based and collaborative models of care in BC's dialysis units.

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

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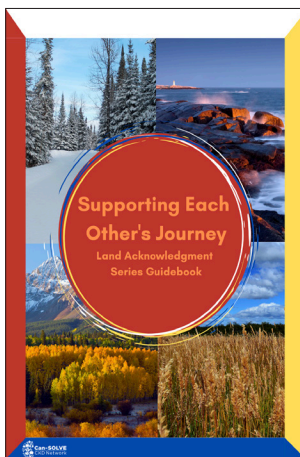
to resume testing, and completed virtual training for in-community RNs to enable screening activities to resume. The team continues to support referral to follow up care as needed for previously tested individuals.

### Patient Education Tools

Value-added dollars continue to support the development and enhancement of a range of patient education [resources](#) that promote patient self-management and improved health outcomes. These include patient handouts and tools on a range of topics, such as vascular access care, polycystic kidney disease, diet and nutrition, hemodialysis, including home HD, palliative care and COVID-19-related materials.

### Land Acknowledgement Video and Webinar Learning Series

Funded by BC Renal, the Can-SOLVE CKD network (with 10 Indigenous Knowledge Keepers from across Canada) completed a set of webinars and a guidebook to support authentic, purposeful territorial land acknowledgements at meetings and gatherings. The webinars and guidebook assist non-Indigenous people in the proper use, delivery, and understanding of Territory Acknowledgements, going beyond just saying the words. This resource can be accessed from: <https://cansolveckd.ca/wabishki-bizhiko-skaanj/land-acknowledgment>.



### Kidney Check: Identifying Kidney Disease and Diabetes in Indigenous Communities

BC Renal continues to collaborate with the Can-SOLVE CKD network, First Nations Health Authority and HA renal programs to execute the screening program to rural and remote Indigenous communities. Screening activities were on-hold due to COVID-19 and are now resuming. The Kidney Check screening program includes kidney, diabetes and blood pressure monitoring, as well as culturally appropriate, individualized follow-up and support to rural and remote Indigenous communities, with the goal of screening 1,000 participants by the end of March 2023. Embedding cultural safety and humility in the delivery of these services is a key objective. Prior to the declaration of the COVID-19 pandemic, 133 participants were screened in BC (13% of the total target). An additional 27 participants were screened by the end of the 2020-2021 fiscal year. The Kidney Check team maintained regular communication with the participating First Nations communities to assess the safety and readiness of those communities

### Supporting Patient Transition

Throughout the year, BC Renal continued to roll out a new series of [complementary care team and patient guides](#) aimed at better supporting patients through their health journey, specifically the major transition points as kidney disease progresses. The guides provide step-by-step information on what happens during transitions and support the active role patients have in their health care decisions.

### Strategy to Advance Collaborative Patient Goal-Setting in Kidney Care

In late 2020, BC Renal synthesized learnings from a series of focus groups and an action planning workshop with kidney patients and care providers about how we might collectively advance collaborative patient goal-setting in kidney care. Throughout the year, BC Renal aimed to increase awareness and utilization of the resulting [strategy document and companion checklist](#), which provide a framework and actionable ideas that can be adapted to the needs of local care settings.

These resources and more can be found on BC Renal's self-management web sections for [health professionals](#) and [patients](#).

### Supporting Meaningful Patient Engagement

Guided by the *BC Renal Patient and Family Engagement Framework* published in 2019, BC Renal continued to support and advance meaningful patient engagement across our provincial committees and key activities, and captured feedback through two patient engagement experience surveys – one for patient partners and a second for committee chairs, project managers and staff.



Despite the challenges of the pandemic, 73 patients and family members signed up to our network contact list, with 25 actively involved as members of BC Renal committees and groups between April 2020 and March 2021. Survey responses from patient partners were extremely positive and encouraging. All patient partner respondents indicated they were satisfied with their engagement opportunities, 95% felt their ideas were heard and 96% thought the work of their respective provincial committee or group would make a difference. Responses from the committee chairs, project managers and staff also provided valuable insights. Key improvement opportunities identified from the surveys included better internal communication about the process and activities of patient and family engagement in BC Renal, as well

as enhanced communication and technical support for patient partners.

The annual evaluation shows the breadth of ways in which people impacted by chronic kidney disease have contributed their voices and influenced the work of BC Renal committees and key activities. It also indicates greater appreciation of patient partners working alongside health professionals and staff, as well as how these collaborations have grounded collective efforts to optimize patient- and family-centred kidney care.

### BC Renal Website

Value-added dollars continue to support ongoing development and improvement of the [BC Renal website](#). New information and tools for patients and care teams are added to the website on a regular basis, as well as our [YouTube channel](#).



Both our website and YouTube videos are trusted sources of information for kidney care providers and patients, not only across BC, but around the world.

This year, our website had over 315,000 page views and reached over 53,000 new users. Our YouTube videos were collectively watched over 172,000 times.

### PROMIS Enhancement

PROMIS is an integrated provincial registry and clinical 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, QI 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. Over the past year, work continued on the migration from Classic to PROMIS 4, including functionality related to medications, dialysis prescriptions, and transplant donor information. Independent privacy and security reviews were commissioned, inclusive of all recent application updates.

### BC Kidney Days Supports Knowledge Translation

Value-added funds support the annual [BC Kidney Days](#) (BCKD) conference. Pre-pandemic, BCKD brought together up to 500 clinicians and administrators from across BC, other parts of Canada and the United States to discuss the latest research, trends, clinical treatments and surgical breakthroughs in kidney patient care. The conference provides education, networking and knowledge-sharing opportunities that support the delivery of optimal care to patients with kidney disease. Due to the ongoing pandemic, the planning team had to pivot to a virtual event once again this year.

### Support for Provincial Committee Initiatives

Value-added funds support the ongoing work of a range of BC Renal [provincial committees](#) (Kidney Care, Hemodialysis, Home Hemodialysis, Palliative, Pharmacy, Glomerulonephritis, Renal Administrators, etc.). These committees provide a forum for province-wide, multidisciplinary collaboration and knowledge sharing related to kidney disease care and management. The committees are involved in a

range of projects and produce a variety of evidence-based, provincial guidelines that help improve the care of kidney patients in BC. Guidelines and patient education tools developed by these committees are available on the BC Renal website at [bcrenal.ca](http://bcrenal.ca) in the 'Health Info' and 'Health Professionals' sections.

### Kidney Month Campaign and World Kidney Day

During Kidney Health Month every March, BC Renal collaborates with The Kidney Foundation of Canada – BC and Yukon Branch on a multifaceted kidney health public awareness campaign, with a focus on at-risk populations. The primary goals of the campaign are to:

- increase kidney health awareness in BC, with the message that you could lose up to 80% of your kidney function and not show any symptoms;
- direct people, especially at-risk populations, to complete our online kidney health self-assessment: [kidneyhealthcheck.ca](http://kidneyhealthcheck.ca); and
- increase awareness about risk factors and that kidney disease affects 1 in 10 people.



This year, the campaign included ads on Facebook, the Aboriginal Peoples Television Network (APTN), public transit and in Asian / South Asian publications.



### Emergency Preparedness

A number of years ago, BC Renal and health authority renal programs jointly developed a [Provincial Renal Emergency Management and Business Continuity Plan](#). The plan is designed to address a range of hazards – natural, man-made, or health emergency – that could occur anywhere in the province and impact care delivery to kidney patients. During Emergency Preparedness Month each May, BC Renal helps raise awareness about emergency preparedness among kidney care teams and patients through weekly quizzes, social media posts and [promotion of tools](#), including an emergency preparedness booklet and wallet card. A number of these resources were updated this past year based on review and feedback from patient partners, and we launched a new [emergency preparedness video for dialysis patients](#), with English, subtitled, Chinese and Punjabi versions.

### Nephrology Fellows

A key component of the BC Renal mandate is to support knowledge development through research and teaching, as well as succession planning within the broader renal network. One strategy to achieve this goal is the funding of a number of clinical (advanced nephrology, palliative care, glomerulonephritis care), administrative and research fellowships. Funding is also provided for short-term administrative course work. More information is available

on the BC Renal website – go to [bcrenal.ca](http://bcrenal.ca) and click on 'Careers'.

### Value-Added Funding Supports Regional Programs and Local Innovation

The needs of kidney patients are diverse, and the use of value-added funds at the renal program level supports local initiatives in tune with community needs, while staying aligned with provincial direction. Around the province, regional and local projects and activities funded in part with value-added dollars in the 2020-2021 fiscal year included the following:

#### Equipment to Support Research in Pediatric Kidney Care – BC Children's Hospital

The BC Children's Hospital (BCCH) renal program is unique among the provincial programs due to its patient population and their needs. The program has relied on value-added dollars to ensure children living with kidney disease have access to therapies and up-to-date equipment not otherwise covered by life support budgets, while allowing pediatric nephrologists to conduct scientific research. As part of this initiative, among other things, value-added funds continue to support minor equipment purchases and leases for improved pediatric kidney care, an ambulatory blood pressure monitoring (ABPM) program for children with chronic kidney disease and dialysis, etc.



In particular, last year's value-added funds helped the BCCH renal program better meet the pandemic-induced increase in the need for virtual care delivery.

Furthermore, the ABPM program benefited from enhanced courier services. As noted previously, the ABPM program had identified patterns that could not be found with clinic blood pressure measurements, such as nocturnal hypertension, masked hypertension, and nocturnal non-dipping. This in turn supports improved blood pressure management in children with kidney disease, which may potentially reduce the burden of kidney failure and cardiovascular disease in adulthood.

#### **Pathway Development Projects – BC Children's Hospital**

The BCCH renal program traditionally spends a portion of its allocated value-added dollars to support its pathway development team in a variety of ways. The childhood nephrotic syndrome (NS) pathway was initiated in 2013, and provides standardized, evidence-based, multidisciplinary and prescriptive clinical care for children with this common chronic kidney disorder. In 2020, the pathway team enrolled 27 children with new onset nephrotic syndrome, the highest intake since the inception of the pathway in 2013. RRP value-added funding support allowed the team to publish, in March 2021, a novel report describing the dietary intake of children with nephrotic syndrome. Results from this study will be used to

improve the pathway's dietary recommendations. Furthermore, the team has been collaborating with emergency physicians, CTU physicians, and inpatient nurses to develop standardized pathways for nephrotic syndrome patients seen in the emergency department and inpatient hospital wards, extending the use of the pathway beyond the Division of Nephrology and supporting continuity of care between different services. Finally, last year, the team also conducted an online survey of pediatricians across BC to better understand their awareness of the pathway and assess their comfort level with various aspects of nephrotic syndrome care. Results suggest that although the pathway is appreciated by and useful to pediatricians, further work needs to be done to make it more accessible. Specific activities have been planned in this regard for the current fiscal year.

Value-added funds also supported the development of a clinical pathway related to congenital anomalies of the kidney. This project focuses on defining the long-term outcomes of the BCCH patient population and determining risk factors for outcomes at early age to enable stratification of care. In the previous year, based on BCCH's own dataset of 230 children diagnosed with a solitary kidney, the project team published a report showing that being born with one kidney (as opposed to losing a kidney due to multicystic disease), and having multiple anomalies in this solitary kidney, are independent risk factors for developing chronic kidney injury over time. The project team is now exploring the impact of kidney size as a risk factor for poorer clinical outcomes, and will later work on developing a model to predict which children are at highest risk to progress to kidney injury. This model will help to standardize the care of patients according to their projected level of risk, with

higher risk patients being seen more frequently and with more extensive investigations than lower risk patients.

Information and education materials, clinical pathways, handbooks and workbooks developed by the BCCH team, including two of the most essential pathway tools to date, the Nephrotic Syndrome Parent and Physician Handbooks, are distributed to patient families, general practitioners and pediatricians across the province and have been shared with programs across Canada. The nephrotic syndrome team members have become Canadian experts and are invited to national initiatives to provide their expertise.

#### **First Responder Fellowship Training – BC Children's Hospital**

The BCCH renal program used part of the available value-added funds to initiate an in-house first responder fellowship training program. While the pandemic impacted the project's forward momentum to some degree, last year, one nephrology fellow completed the first year of training and was able to move into the Royal College of Canada certification track. The fellow will complete a quality assurance project within the BCCH renal program during their second year of training.

#### **Enhancing Renal Dietitian Patient Teaching Through Use of Food Models and Sample Devices – Fraser Health**

With the help of value-added funds, Fraser Health (FH) renal dietitians acquired a range of food models and sample devices to use for patient education. The dietitians observed that kidney patients benefited significantly

from being able to visualize actual portion sizes with the help of models and samples. Patients were more receptive to the education around their kidney disease diet and portion sizes; those on a vegetarian diet were able to have a better understanding of portion sizes relative to their actual diet. Though most patients were assessed and educated via Telehealth and other video visit options for part of the year due to the pandemic, the renal program found the models and samples continued to be highly beneficial. Using the models during in-person education in the later part of the fiscal year was observed to be even more effective. Based on this positive experience, the FH renal dietitians plan to continue using the acquired food models and sample devices, with plans to expand education to group sessions involving patients and family members.

### **Kidney Palliative Medicine Clinic – Fraser Health**



The Fraser Health renal program has strategically aligned with the provincial integrated palliative nephrology project to ensure a palliative approach to kidney care becomes an integral part of the care culture. In addition to providing training to kidney care staff in previous years on the basics of the Serious Illness Conversation Guide (SICG) and having advance care planning

and end-of-life conversations with patients, Fraser Health invested in dedicated palliative medicine care clinics across Fraser North. The program noted that kidney patients in various care modalities (HD, PD, KCC) benefited significantly from the clinics, with improved mESAS scores and changes to MOST orders recorded. The program observed that conversations were challenging when conducted during a HD treatment, but went better via virtual channels while not dialyzing. The need for palliative care access in non-cancer settings was highlighted, transcending end-of-life reasons. The Fraser Health renal program has since expanded the palliative medicine clinic to the Fraser South region, with the support of RRP value-added funds, to ensure more equitable access to services for all parts of the region. Seeking sustainability, the renal program is in discussions with the health authority and the palliative care program to secure a dedicated, full-time resource to cover all three regions across the HA in the longer term. The program believes that once sustainable funding is secured, the clinic may provide a model and a precedent for other HARPs to adopt.

### **Workforce Strategy and Care Model Redesign – Fraser Health, Island Health and BC Renal**

With qualified clinical staff shortages, evolving technologies and ever-growing patient care needs, the BC renal network has been working hard to adapt the existing patient care model to continue to provide the highest quality care while effectively using human resources. The Island Health and Fraser Health renal programs have been at the forefront of this work, spearheaded by BC Renal. The initiative has included the development of a toolkit to efficiently and safely introduce alternative care provider roles, such as LPNs, into the care teams of in-centre units, in a standardized way,

while supporting RNs to practice at the top of their scope, and allowing for customized implementations to match the needs of local care teams and environments. This initiative has become even more relevant during the COVID-19 pandemic, with renal programs across the province (e.g. Fraser Health, Island Health) applying the toolkit or its components to assist with the introduction of the Employed Student Nurse and/or LPN role into the care team or optimizing and expanding the renal technician role, among other uses.

### **Quality Improvement Initiatives Coordinator – Interior Health**

Over the past few years, the Interior Health (IH) renal program has trialed a model of having a dedicated coordinator to manage and/or oversee some or all ongoing quality improvement initiatives, including LEAN projects. The model has proven highly successful, allowing the program to centralize accountability for all projects under one senior resource and helping to accomplish a large number of initiatives in a timely, effective and efficient manner, with a high success rate and measurable, positive impact on patient care. IH continued to partially rely on this model in 2020-2021, with revisions to the number, scope and nature of projects due to the COVID-19 pandemic. The program has shared learnings with partners across the province, and other HARPs have expressed strong interest in trialing a similar approach on a proof-of-concept basis to improve their QI initiative accomplishment and success rates.

### **Ultrasound-Guided Cannulation Training – Interior Health**

Ultrasound-guided cannulation has been reported to improve arteriovascular fistula and graft (AVF and AVG) outcomes and patient experience. Interior Health implemented a training program at the Kelowna General Hospital's

renal unit to train their HD nursing staff from across the region on this method of cannulation. Even though training had to be delivered on a smaller scale due to the ongoing COVID-19 pandemic, IH observed a significant reduction in missed cannulations and an increase in AVF prevalence in some regional HD units. The HARP has concluded that it would be beneficial to integrate ultrasound-guided cannulation into the training for all new HD nurses.

### **Collaborative Supportive Care Phase 1 – Interior Health**

The Interior Health renal program identified missed opportunities to support patients in shared decision-making at key moments of transition along the kidney care journey. Delivery of care aligned with decisions made through meaningful, patient-centred conversations could sometimes be disrupted by incongruent messaging from team members. The Kootenay Boundary Regional Hospital renal program identified ways to improve care team members' collaboration in delivering consistent messaging and collaborative decision-making support to patients during critical transitions in care. As a related additional initiative, two training sessions on the Serious Illness Conversation Guide were delivered to staff by IH's current certified SIC trainers. Phase 2 of the project, planned for next year, will focus on team educational opportunities and supporting care team members in identifying patients who are approaching key transition moments and could benefit from shared, patient-centred decision-making for the next steps in their care plan.

### **Hemodialysis Unit at the Summit – Island Health**

With this innovative project, Island Health has been working to establish a first-ever hemodialysis unit within a long-term care (LTC)

facility on Vancouver Island and in BC. A new Victoria LTC facility called The Summit was chosen as the location for the 4-bed HD unit, which enabled LTC residents who require dialysis to have their treatments within their building of residence and eliminated the need for regular transport to and from the hospital dialysis unit, thus having a positive impact on the patients' quality of life and care experience. This new model also enabled more integrated care planning between the renal and LTC care teams.

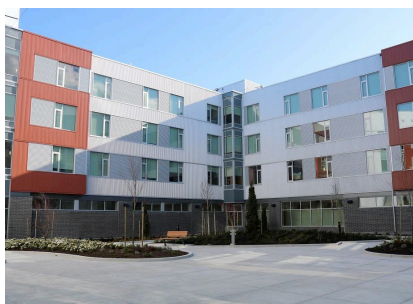


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The Summit unit opened in 2020, about three months ahead of the original schedule, and the renal program has observed that the main success factors behind the unit development included effective collaboration between the renal team (direct care and leadership) and the LTC facilities and operations teams, as well as various other groups (HR, IT, infection control, pharmacy, etc.). A clearly identified governance structure was also critical. Taking a phased approach with patient transitions into the unit enabled staff to learn and adapt at a sustainable pace in the new environment, and to improve the workflows that were unique to The Summit unit and different from the Royal Jubilee Hospital in-centre unit where staff come from.

The challenges that Island Health observed during the implementation of the project resulted mainly from the fact that the renal program did not have an active stakeholder status in all building design consultation

processes from the very beginning. Due to the unit's small size, the nurse-to-patient ratio is smaller than in other Island Health units, and to improve utilization of the chairs and the workforce, the renal program plans to open the unit to additional community-based patients once the pandemic conditions allow.

Island Health plans to conduct a formal evaluation of the unit during this fiscal year to understand the impact on patient clinical outcomes and quality of life, patient and staff experience, care planning and delivery processes, as well as financial sustainability in order to inform decisions around potential investments in similar facilities in the future.

### **Patient Reported Experience Measures (PREMs) – Island Health**

The Island Health renal program has looked for ways to introduce a multidimensional approach to understanding patient experience, and identified the current NHS renal PREMs survey as the best validated instrument that required only minor modifications to reflect the local context within Island Health (i.e. updates to terminology and some demographic information). The program collected the first round of patient responses during the past fiscal year exclusively via electronic means in dialysis units, with no paper surveys distributed. The program used a soft launch approach, beginning in one community dialysis unit, and troubleshooting or adapting the process as required prior to launch in additional units. Facing a lack of centralized patient email distribution lists and consents, alternative information

distribution methods were used to minimize barriers for any patients who may not have a device or internet access. The data collected via the survey is being analyzed and reported widely to patients and families, staff, nephrologists and leadership in Island Health. The results will be used to support decision-making and prioritization with regard to work planning and improvement initiatives. In addition, reporting on patient experience has been added as an annual topic for presentation and discussion at Island Health's Renal Quality Council.

### **Process Redesign – Island Health**

To improve the patient and staff care experience, and to address ongoing staffing challenges, Royal Jubilee Hospital has trialed several changes in renal unit processes and workflows with the support of value-added funds. This included such initiatives as assignments based on acuity and intensity, turnover of beds when empty rather than at planned times, shorter breaks with partner coverage, utilizing staff as floats rather than having a specific assignment, and implementation of super-users (members of the care team who are especially skilled and passionate about a specific aspect of the HD therapy or unit processes). With each of these initiatives, the program noted specific advantages and downsides that were carefully analyzed, with adjustments recommended to the unit's processes and workflows.

Through these initiatives, the program gained valuable experience and better insight into staff's comfort level with change, ability to manage

multiple concurrent changes in procedures and staffing levels due to the pandemic, ability of clinical nurse leaders to utilize different workflows depending on staffing levels, experience and the benefits and downsides of each workflow. Island Health plans to share detailed learnings from each of the initiatives via regional and provincial forums.

### **Team Safety Huddle – Island Health**

Island Health used part of the available value-added funds to conduct a care safety huddle for staff in one of the units. The program made a variety of useful observations from the exercise, including the difference in expectations of staff compared to those of the clinical nurse leaders, the difference in the needs and wants for each role in the department, etc. The huddle will lead to improved communication within the team, supported by the utilization of different forms of communication to ensure all staff have the information they need to provide quality care for their patients.

### **Renal Quality Management System – Island Health**

With the support of value-added funds, Island Health undertook an initiative to design, develop and implement a systematic and consistent approach to quality management activities across the HARP in alignment with BC Renal and Island Health objectives and priorities. This will support shared understanding and purpose across the renal team and enable greater efficiency and accountability for quality through meaningful measurement and evaluation of processes and outcomes. Operationally, these changes will be most visible in how the Island Health Renal Quality Council sets its agenda and utilizes time, brings topics forward for information, review and approval by the council, includes the voice of patients and

families in the renal program work, and monitors outcomes via the collection and review of quality indicator data. Even though the COVID-19 pandemic necessitated a slower pace in some of the intended activities of the project, Island Health made significant progress toward conceptualizing the quality management framework components and intended outcomes, identifying opportunities to standardize, streamline and simplify quality management work, centralizing and coordinating the information flow and engaging staff in the process. Island Health will continue to build upon this foundational work, including establishment of visual quality indicators and management dashboards for each program area and development of additional standardized workflows that support effectiveness and efficiency in the HARP's quality management activities.

### **Implementation of Doctors Orders Hemodialysis Prescription (DOHP) Database – Island Health**

To improve the reliability and consistency of patient-specific dialysis machine setup information for renal technicians, Island Health worked to introduce a DOHP database and encouraged its sites to transition from paper-based prescriptions to electronic data entry. The program observed that workflow efficiency improved with the use of the database, with larger sites now using the database to reduce runsheet prescription errors. More work is needed to fully transition the workflows at smaller units, as well as act on the highlighted need of a fully electronic medical record that includes machine setup information and disinfection status. Island Health has requested that this information is incorporated into the patient record by the Cerner team.





### **Supporting Renal Program Modality Transitions – Northern Health**

Since the 2017-2018 fiscal year, the Northern Health (NH) renal program has been developing a pilot transition/navigator nurse role to support patients through their non-dialysis CKD care and orient them to the different dialysis modalities, as well as assist “parachute” patients who have to start dialysis abruptly. Importantly, the navigator nurse has helped to ensure all eligible patients receive information about the benefits of home modalities and the transplant process. Last year, NH continued to develop the navigator role, which has become a key member of the kidney care team. In addition, before the COVID-19 pandemic, the transition nurse coordinated local implementation of the provincial CRASH Curriculum project. The CRASH curriculum provides standardized education about home dialysis modalities to “unplanned dialysis start” patients. Since the start of the pandemic, the transition nurse has proven critical in continuing to provide consistent education to and assessments of eligible CRASH patients. Based on the positive impact of this pilot project, NH is working toward

making the role permanent in the future by introducing the navigator role as part of regular operations.

### **Supporting Virtual Patient Care Visits – Northern Health**

Defined by its vast and rugged geography, Northern Health has been a pioneer in providing care to its kidney patients living remotely via virtual means such as Telehealth. The COVID-19 pandemic added impetus and momentum to further integration of virtual visit options into kidney care in the health authority. In order to limit the spread of the virus and decrease the financial and physical burden on patients and families due to travel for care appointments, the HARP invested part of the available value-added funds in the purchase of equipment to facilitate video visits. The program leveraged bulk equipment ordering via Northern Health IT to decrease costs, and obtained a virtual platform license at no cost via Northern Interior Rural Divisions of Family Practice and Northern Health’s Regional Physician Quality Program. The HARP observed that enhanced virtual care options improve the care experience of both patients and providers, while increasing

the flexibility and spectrum of available support. Virtual care options will continue to be utilized routinely in the provision of kidney care beyond the pandemic.

### **Enhanced Staff and Patient Education**

Providing kidney care staff with ongoing access to training and education is a significant contributor to job satisfaction, quality of work-life, and helps ensure the highest standards in patient care.



Value-added funds continue to help team members to engage in ongoing professional development, discuss emerging trends and stay current on the latest evidence-based renal care practices and standards.




Due to the ongoing COVID-19 pandemic, educational opportunities have generally moved to virtual modes of delivery, with RRP value-added funds used to sponsor health authority staff participation in a variety of local, provincial, national and international conferences, workshops and events relevant to chronic kidney disease and therapies. Funds were also used to support staff taking the CNeph(C) examination.

Value-added funds also enabled BC Renal and the health authority renal programs to produce and distribute a variety of patient safety and education materials (such as DVDs, online videos and pamphlets).

*Both the health authority renal programs and BC Renal are committed to using value-added funds to optimize patient care. To ensure continuity and consistency in the use of the funds, guidelines stipulate they cannot be used for ongoing operational expenses or for costs historically covered by health authority budgets.*



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### Health Authority Renal Programs

