HOME HEMODIALYSIS IN BC

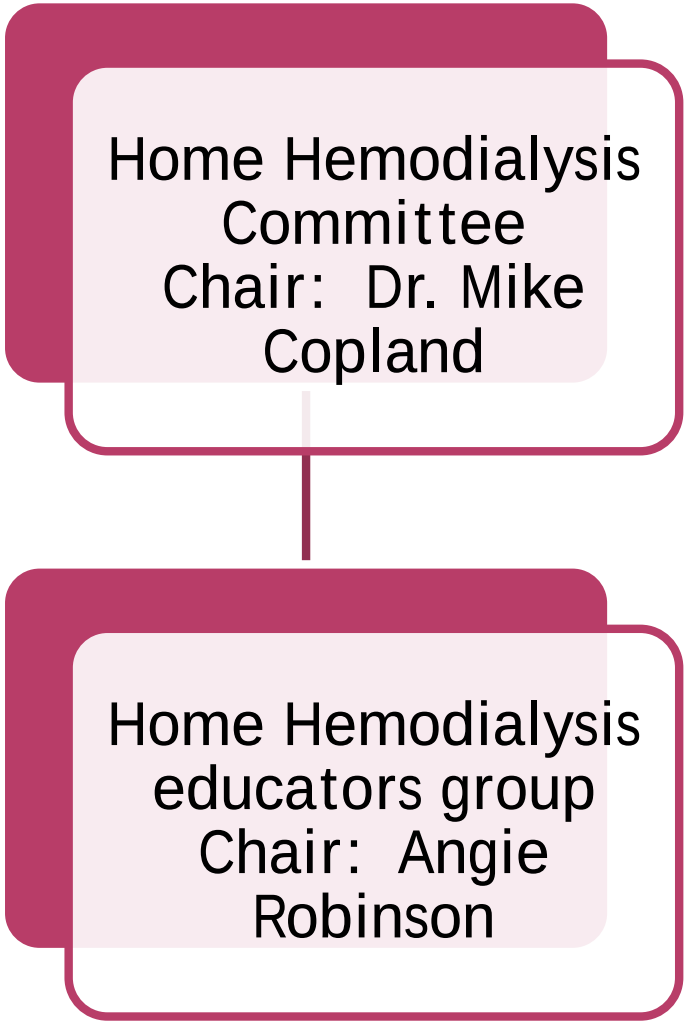
September 29, 2016

Presented on behalf of the BCPRA HHD committee

HHD OVERVIEW

- Introduction
- HHD committee
- HHD provincial program
- Current stats
- Patient's perspective
- When can KCC team engage with the HHD team?
- Transition from KCC to HHD
- Myths of HHD

HOME HEMODIALYSIS COMMITTEE



BC HOME HEMODIALYSIS PROGRAM

- Initiated in 2004
- Independent hemodialysis as a modality to renal patients- home or in a self care facility
- Provincial contract for purchase of machines/supplies
- Activity based funding model
- Goal: to increase the % of HHD patients from 5.3% to 10 % in 5 years
- Two machine model in BC

- In 2016, 160-170 HHD patients in BC
- 11 HHD sites in BC
- Each patient has a Home hemodialysis educator and team as a support and resource
- Home hemodialysis nurses are trained on the Baxter/Gambro AK 96 or NxStage machines

WHAT DO PATIENTS THINK OF HHD?

- Can schedule hemodialysis into their life
- Can increase the frequency of dialysis=feeling better
- No travel to a dialysis unit- of benefit for rural and remote patients
- More control over life

WHEN SHOULD A KCC NURSE ENGAGE THE HHD TEAM?

- If a kidney care patient is showing interest in Home Hemodialysis, regardless of GFR
- If a patient has received teaching about treatment modalities and is interested in home hemodialysis.
- If a patient parachutes into dialysis through Kidney care clinic and shows potential for home hemodialysis
- If an established KCC patient (with interest in HHD in past) unexpectedly starts hemodialysis

BEST OUTCOMES FOR TRANSITION TO HHD

- Well timed HHD start
- Communicate with the HHD team early and regularly if patient status changes through the years
- Allow time for the Kidney care patient to establish a relationship with the HHD nurse (face to face, phone call, clinic appt)

- First visit with the HHD nurse- basic assessment (home, support system, lifestyle, vascular access) open discussion to build relationship

WHAT HAPPENS TO YOUR KCC PATIENT WHEN THEY START HHD?

- Start HD in an incentre HD unit to ensure stability (access, dialyzer, medically stable) approx 1 week
- Home assessment and water testing
- Pt Training- standardized across BC; 6-8 weeks
- MDT assessment during training and ongoing
- HHD nurse- home visit on initial run at home
- Follow up appts in clinic and phone calls
- Ongoing assessment based on individual needs (case management)- phone calls