Baxter’s Amia APD system

March 25, 2021
Kelli-Ann van Hest
Nurse Clinician
NRGH Home Dialysis Program
Outline

• Current Baxter APD cycler options
  ➢ Home Choice Pro
  ➢ Amia with Sharesource

• Provincial implementation plan

• AMIA key benefits

• Remote management and monitoring

• Patient requirements

• Feedback: Patient/PD clinician

• PD Assist

• Points of emphasis for KCC
Both cycler platforms will continue to be available

APD cyclers

Home Choice Pro: prevalent APD pts

AMIA: incident APD pts
Provincial implementation plan for AMIA

- Phased approach by Health Authority/PD program commenced: 2019

- Full provincial implementation process anticipated to be completed: December 2021

- PD programs who have completed the implementation process to date: VGH, IHA, VIHA, ARH

- PD programs left to complete the implementation process: RCH, SMH, SPH, UHNBC

- Training time:
  PD clinician: 4 days/clinician
  PD patient: 2 partial days/patient
AMIA key benefits

- 40% smaller and 30% lighter than the HOMECHOICE PRO
- Carrying case is designed to be convenient for travel
Key benefits: Ease of Use

Voice Guided Step-by-Step Animations

- Step-by-Step animations with voice guidance that walk patients through instructions on how to use the device
Ease of Use

- Touch screen based system with animations and large buttons provide for simple interaction
- Step by Step guides the user through therapy
Example of Step By Step Guidance and User Experience

Home Screen

10/28/2015
4:01 PM

Ready
Confirm your information, then touch GO.

Patient: Mary Smith
Ability To Enter Patient’s Pre-Weight/ BP/ Pulse

Enter Weight

Enter your current weight.

Weight

Lbs

Please enter your weight from 44 to 882 lbs.

Back  Skip  NEXT

Survey  Select Program  Edit Unlocked Setting

Home Screen  Main Menu  Pre-Treatment  Connect Supplies  Active Treatment  Post Treatment  Clinician Mode
Confirm Treatment Selection

Confirm Treatment

10/28/2015 4:01 PM

Night Therapy Time: 8 hr 0 min
Min Initial Drain Vol: 100 mL
Day Fill Volume/Cycle: 2000 mL
Total Therapy Volume: 10000 mL
Night Fill Volume/Cycle: 2000 mL
Estimated Night UF: 1000 mL
Last Fill Volume: 1500 mL

Program Settings

CONFIRM
Prepare For Treatment

Step 1 of 14:
Gather the following supplies:

- New disposable cassette
- New disconnect cuff
- New mask
Step 4 of 14
Open front door and heater lid.
During treatment information

Night Cycle 1 of 4
03/01/2015 10:15 PM

Estimated Peritoneal Volume: 1400 mL

Filling
10 minutes left

Treatment time left
8 hr 40 min

Treatment ends at
6:55 AM

Menu
PAUSE
Two-way, web-based connection between patients and the PD clinic

- The treatment dashboard provides a snapshot of daily treatment data and cycler settings

PD program can access historical treatment data

- Assists in tracking issues that may arise during home dialysis treatment
- Standard reports enable clinicians to quickly review historical treatment data

Customizable cycler programs can be adjusted remotely

- The cycler can be pre programmed with 4 different programs (Rx) that can be adjusted remotely
### Accessing historical pt treatment data

#### ShareSource

**Clinical**
- Treatment Dashboard
- Patient Search

**Reports**

**Clinic Settings**

- **Attending Physician**
- **Treatment Procedures**
- **Modality**

**Legend**
- Deviation During Treatment: 2
- Lost Treatment Time: 121 minutes
- Lost Dwell Time: 191 minutes
- Events During Treatment: 1

#### Patient Data

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Changing a patient Rx remotely

- Clinician can review and adjust therapy programs and device settings remotely
  After acknowledgement by patient, new settings will be used in next dialysis session
• clean flat surface large enough to hold the cycler and supply bags
• well lit area
• access to electrical outlet
• access to cell phone connectivity in home for modem use (patient does not require a cell phone)
• Smaller compact size
• Easy set up: audio and visual cues for set up
• Like knowing that the PD staff can see their treatment results on line at any time
• Feel more confident going home following PD training knowing that the PD staff can see their treatment results
• Feel reassured that the PD staff can quickly recommend treatment changes using Sharesource
• Like that their prescription can easily be changed remotely
• Some report calling the clinic less often because they knew that the PD staff would call if they noticed something using Sharesource that required attention
• Ease of use
• Weight/size
• Increases patient confidence and comfort knowing that the PD program can review data
• Increases staff confidence post pt training knowing that Amia will walk/talk the pt through step by step
• Sharesource data provides valuable info to assist in trouble shooting patient scenarios and proactively responding to patient issues
• Telephone follow up discussions between patients and clinic are more focussed with the addition of data from Sharesource
• Changing Rx remotely: easy
**Objective:** To provide PD Assist to all eligible patients on either HC Pro or AMIA

- Primary target: incident PDA referrals
- Prevalent PDA pts will likely stay on HC Pro

- Timeline: Nurse Next Door caregiver training to be coordinated with PD program AMIA implementation
  - VGH and SPH: completed
  - VIHA: completed
  - KGH: TBD end of March
  - KBRH: TBD end of March
  - FHA: TBD May
  - UHNBC: TBD year end 2021
• **Target patient population:** incident patients starting APD in programs that have completed AMIA implementation

• Remote monitoring capability allows easy access to patient data and Rx changes

• Requires cell phone signal to be available in the patient home
  ➢ Cell phone is not required

• Pt must consent to have their treatment data stored out of the country

• Touch screen with visual audio cues makes it user friendly
  ➢ Patient must be assessed as suitable for PD using current program criteria

• Size makes it convenient for travel
  ➢ travel case available for loan

• Patient can record BP and weight on the cycler and not rely on hand written log records

• PD assist is/will be available to support both AMIA and HC Pro by year end