

Quality Initiative

1. Exploration of the Effects of Patient Priming on Patients' Experiences during Transition to Hemodialysis

Affiliation	St. Paul's Hospital, Providence Health Care
Leader	Valerie Wai
Team Members	Clare Bannon, Sunny Chou, Stacey Zheng, Leila Chinybayeva, Leilani Ocampo, Rick Luscombe
Summary	<p>According to James Prochaska and Carlo DiClemente's Transtheoretical Stages of Change model, patients when facing the progression of their illness, move along the continuum of CHANGE. The poster is about the qualitative research we are going to conduct on newly referred patients in SPH Hemodialysis unit. The research is to determine if a motivational interview [2] with positive priming influence before initiation of hemodialysis will improve patient's readiness in new encounters and facilitate patient engagement in learning. Research design and the interview methods will be described. Results will be discussed in the poster.</p>

2. Patient Driven Care of a Permcath Exit Site

Affiliation	St. Paul's Hospital, Providence Health Care
Leader	Steve Silva
Team Members	Crisa Cardente, Sandra D'Souza
Summary	<p>St. Paul's Hospital prides itself on the initiation of a Nocturnal Hemodialysis (NHD) program, which has improved positive outcomes to a cohort of underdialyzed patients. In addition to prolonged dialysis treatments, patient teaching has been integral in empowering and fostering independence amongst the HD population. One of the initiatives implemented has been the introduction of self care to cuffed tunneled central venous catheter exit sites prior to initiating NHD treatment. This poster will outline the steps taken in achieving favorable outcomes with patients not only independently caring for their exit site but also feeling the sense of comfort and confidence doing so. Satisfaction surveys were tallied to extrapolate positive feedback and determine whether the style of teaching could be utilized in other areas of patient instruction. This project has been deemed a success with 3 patients currently on the Nocturnal program that have not only graduated but have gained a positive sense of autonomy towards their own care.</p>

3. High Fidelity Simulation in Hemodialysis: A New Technique in Teaching & Learning

Affiliation	St. Paul's Hospital, Providence Health Care
Leader	Tes Parent
Team Members	Luisito Sera Josep, Leilani Ocampo, Rick Luscombe
Summary	In-centre Hemodialysis Unit of St. Paul's Hospital is embarking on a new project in the education department with the use of high fidelity simulation. This modality is being utilized to support learning through a unique hands on, close to real life experience of scenarios that may occur during a hemodialysis session. It is planned to be utilized quarterly post traditional in-servicing of their guidelines and learning needs of the staff. The high fidelity simulation allows the participant to determine their retention of knowledge and opportunity to revisit and solidify the information presented in a safe, close to real life setting. It also allows the educators to determine the effectiveness of the in-servicing and adapt to different teaching techniques. It is an exciting opportunity that we hope to develop as a regular part of our renal education department.

4. Evaluation of a Medication Education Program for Transplant Recipients

Affiliation	St. Michael's Hospital
Leader	Lucy Chen
Summary	A pharmacist-run medication education program for post-transplant patients was evaluated using a continuous quality improvement framework. An environmental scan revealed several opportunities for improvement. Then, multiple Plan-Do-Study-Act (PDSA) cycles tested for the educational effectiveness of various proposed changes. This framework was a systematic and appropriate manner to conduct continuous quality improvement.

5. Ontario Renal Network Palliative Care Report: Recommendations Towards An Approach For Chronic Kidney Disease	
Affiliation	University Health Network
Leader	Vanita Jassal
Team Members	Peter Blake, Marnie MacKinnon
Summary	<p>Palliative care was identified as a priority by the Ontario Renal Network (ORN) in its second Ontario Renal Plan (ORPII). To address the unique palliative care needs of people with CKD and their families and further provincial palliative care work within CKD, the ORN convened a committee with representation from multiple disciplines and specialties, patients, and caregivers to develop the ORN Palliative Care Report.</p> <p>This report provides a provincial framework and six recommendations to advance high-quality, integrated palliative care in Ontario for people with CKD over the next four years, regardless of chosen treatment modality. It summarizes current state and evidence reviews, regional and provincial consultations, and patient and family interviews.</p> <p>The recommendations highlight a collaborative approach to palliative care and support throughout the CKD journey, focusing on education, system accountability, shared understanding of palliative care in CKD, ongoing support and accountability for advance care planning, and standard care models.</p>

6. Evaluation of patient satisfaction with nutrition education strategies at a community dialysis unit	
Affiliation	Richmond Community Dialysis Unit, Providence Health Care
Leader	Jennifer Hrushkin
Team Members	Minja Milic, Roberta Wozniak, Frances Johnson, Jiak Chin Koh
Summary	<p>Objectives The purpose of the study was to describe patient satisfaction with the nutrition education strategies at the RCDU.</p> <p>Methods All patients at the RCDU were invited to complete an anonymous paper survey. Descriptive statistics were used to analyze the data.</p> <p>Results Twenty-nine (n=29) patients completed the survey (response rate: 56%), the majority aged 65 years and over. Respondents who indicated they were satisfied or very satisfied were as follows: frequency of speaking with the dietitian about nutrition (n=19/28), information received from the dietitian (n=22/29), taste testing's (n=7/12), nutrition posters (n=12/22) and coffee cart service (n=14/19). Suggestions for improvement included rotating the posters and speaking with the dietitian more often</p> <p>Implications and Conclusions Respondents indicated that they were satisfied with the nutrition education strategies provided at the RCDU. The results will help guide the dietitian at the RCDU in the development and improvement of future education strategies.</p>
7. Implementation of a Multi-Site Nocturnal In-Centre Hemodialysis Program – Evaluation of Outcomes and Patient Experience	
Affiliation	Surrey Memorial Hospital Renal Unit
Leader	Robin Cho
Team Members	Priti Flanagan, Gerardo Carpenito, Elaine Aure, Welman Lee, Edna Kwadzovia, Daniel Schwartz
Summary	<p>The Nocturnal In-Centre Hemodialysis Program at the Fraser Health Authority was launched in June 2013, with Surrey Memorial Hospital being the initial site of this program. It was subsequently launched at Royal Columbian Hospital in September 2014 and at Abbotsford Regional Hospital & Cancer Centre in September 2015. This study evaluates surrogate and clinical outcomes of interest in patients who have received nocturnal dialysis within the Fraser Health Authority, and highlights the results of the patient experience interviews.</p>

8. What's New in Nutritional Management of Hyperkalemia in Infants and Children	
Affiliation	BC Children's Hospital
Leader	Kirsten McFadyen
Team Members	Nonnie Polderman, Meredith Cushing
Summary	<p>One of the major challenges in pediatric kidney disease and dialysis is promoting growth and development through adequate nutrition while maintaining normal electrolyte and mineral levels. In the past, adult renal formulae had been used successfully to manage hyperkalemia in infants with chronic kidney disease. Recent formulation changes to adult renal formula have driven a need for dietitians at BC Children's Hospital to explore alternative nutritional products and management strategies. Our purpose is to describe recent experience with the introduction of a new "electrolyte and mineral-reduced" nutrition supplement and subsequent changes to clinical practise at BC Children's Hospital.</p>
9. Planning Today to Meet the Dialysis Needs of Tomorrow	
Affiliation	Ontario Renal Network
Leader	Sarah Jane Bastedo
Team Members	Amy Liu, Ali Vahit Esensoy, Jane Ip, Kieran Bergmann, Joanna Pistilli, Peter Magner
Summary	<p>The Ontario Renal Network has a mandate to ensure the Ontario kidney care system has the infrastructure required to meet the growing demand for kidney care. The prevalence of Ontario's chronic dialysis patient population continues to grow, with over 11,000 patients today. With a growing demand, and several regions in Ontario experiencing significant capacity pressures, it is imperative to proactively plan for incremental dialysis capacity. The Ontario Renal Network works collaboratively with our kidney care partners to establish a common understanding of the supply and demand for dialysis services at a regional level. This includes the development, review and validation of chronic dialysis patient forecasts, and estimated consequent need for hemodialysis stations over the next 10 years. Our capacity planning competencies are largely attributable to our strong renal network. Our approach to capacity planning allows us to anticipate, and appropriately plan for Ontario's growing demand for dialysis.</p>

10. Cold Ischemia Time and Living Donor Kidney Transplant Outcomes in the Era of Kidney Paired Donation	
Affiliation	St. Paul's Hospital, Providence Health Care and UBC
Leader	Jagbir Gill
Team Members	Caren Rose, Yayuk Joffres, William Gourlay, Matthew Kadatz, John Gill
Summary	<p>Cold ischemic time (CIT) is a unique feature of living donor (LD) transplantation involving kidney paired donation (KPD), and the impact of CIT > 8 hours (h) is unknown.</p> <p>We examined the association of CIT with delayed graft function (DGF), and allograft loss among n=48,498 living donor (LD) transplant recipients in the SRTR between 2005-15.</p> <p>DGF was higher in patients with longer CITs (CIT 0-2h: 2.9%; CIT 2.1-4h: 3.4%; CIT 4.1-8h: 4.1%; CIT 8.1-16h: 4.8%, p<0.001), but CIT was not independently associated with DGF: adjusted odds ratio for DGF in patients with CIT of 8-16h compared to patients with CIT of 0-2h was 1.29 (95% CI 0.79-2.12). In multivariate analyses CIT was not associated with allograft loss from any cause including death (ACGL) or death censored graft loss (DCGL): even among patient with CIT 8-16 hours, the risks of ACGL (hazard ratio (HR)=0.91, 95% CI 0.63-1.31) and DCGL (HR =0.89 (95%CI 0.55-1.45) were not higher than in patients with CIT 0-2 h. These findings were consistent in KPD and non-KPD transplants and in patients with LDs aged >50 years. CIT ≤ 16h was not associated with DGF or allograft loss. These findings support expanded use of LD transplantation through KPD.</p>
11. New Patient Eligibility Criteria for Pre-dialysis Clinics	
Affiliation	Ontario Renal Network
Leader	Lori Elliott
Team Members	Monisha Bhatt, Jane Ip, Camila Iraheta, Scott Brimble, Peter Magner, Gokulan Kandasamy, Jessica Moffatt, Kirk Owen, Philip Holm
Summary	<p>The Ontario Renal Network (ORN) manages the provincial delivery of chronic kidney disease (CKD) services. The ORN has implemented a new evidence-based approach for patient eligibility into pre-dialysis clinics to ensure patients with advanced CKD have timely access to comprehensive multidisciplinary care.</p> <p>The new eligibility criteria for these clinics are based on the Kidney Failure Risk Equation (KFRE) which includes four variables: age, sex, estimated Glomerular Filtration Rate (eGFR) and urine albumin to creatinine ratio (urine ACR). The criteria are either a two-year KFRE risk of needing dialysis of ≥10% or an eGFR <15.</p> <p>The KFRE is more accurate in predicting risk of end stage renal disease and will more effectively utilize resources for patients who need them most. This has been a great example of using evidence to drive appropriate utilization of public resources. The poster will describe the 3-year implementation strategy and key learnings to date.</p>

12. "Home First" - Improving Home Dialysis Rates in Ontario	
Affiliation	Ontario Renal Network
Leaders	Philip Boll and Philip McFarlane
Team Members	Mila Rogaeva, Priya Iyer, Marc Hebert, Gokulan Kandasamy
Summary	<p>The Ontario Renal Network (ORN) manages the delivery of Chronic Kidney Disease services across Ontario. Most patients who progress to end-stage renal disease and choose dialysis receive hospital-based treatment. However, home-based dialysis is associated with better patient outcomes and quality of life and is more cost-effective for the healthcare system. Given the benefits of home dialysis, one of the provincial priorities is to safely increase the number of appropriate patients receiving their dialysis at home as part of the "Home First Strategy".</p> <p>Today, 25.5% of approximately 11,200 patients are receiving dialysis at home compared to 21.9% in 2012. The poster will describe the four year positive trajectory and key contributing factors of the ORN's systematic advancement of this provincial priority. These include patient engagement, regional administrative and clinical leadership, robust data, performance management, quality improvement indicators, reporting, and funding levers. The goal in Ontario is to reach 28% by 2019.</p>