

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

Highlights from 2019-2020

*Value-added 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.*



*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 (HARPs) to meet diverse needs at the local level.*

## Value-Added Funds Support Provincial Initiatives

### 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. In 2019-2020, these included patient handouts and tools on a range of topics, including vascular access care, polycystic kidney disease, diet and nutrition, peritoneal dialysis and hemodialysis.

### Supporting Patient Transition

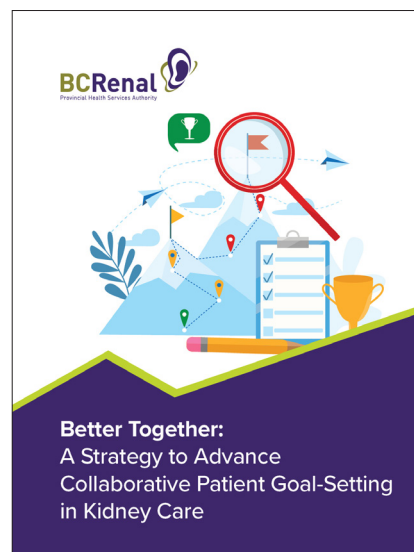
Throughout the year, BC Renal continued to roll out a new series of [complementary care team and patient guides](#) aimed at better supporting patients through their health journey, specifically the major transition points as kidney disease progresses. The guides provide step-by-step information on what 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 a survey of over 13,000 kidney patients across BC, patient goal setting was identified as an area of improvement across all modalities of care. Over the past year, BC Renal held a series of focus groups and an action planning workshop, including patients and kidney care providers from across the province, to better

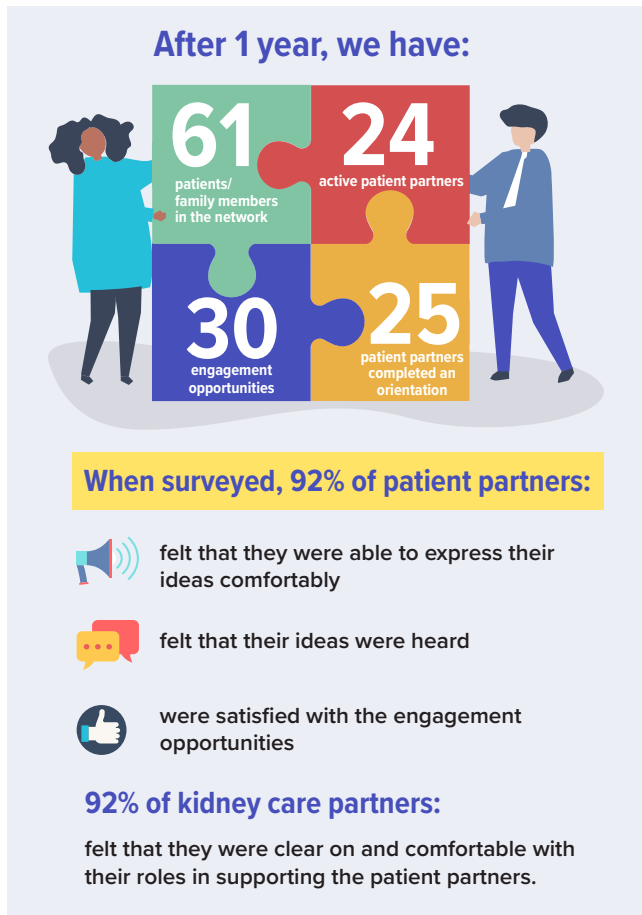
understand these findings and determine next steps. In late 2020, we synthesized our learnings in a strategy document and companion checklist. These new tools, which provide a framework and actionable ideas that can be adapted to the needs of local care settings, are designed to advance collaborative patient goal-setting in kidney care.

In parallel with the above activities, BC Renal worked to raise awareness and understanding of collaborative goal-setting and the tools available through articles in Renal News Express, social media posts, a province-wide rounds education session and the development of self-management web sections for both [health professionals](#) and [patients](#).



### Supporting Meaningful Patient Engagement

2019-2020 was the first year BC Renal adopted a formalized approach to patient and family engagement as described in the [BC Renal Patient and Family Engagement Framework](#). We formed a network of patient partners, and purposefully created opportunities for patients, kidney health professionals and staff to work together in improving kidney care. Patient partners also attended and spoke at educational events and co-led efforts in advancing patient and family engagement. We now have 61 patients and family members in our network and 24 active patient partners.

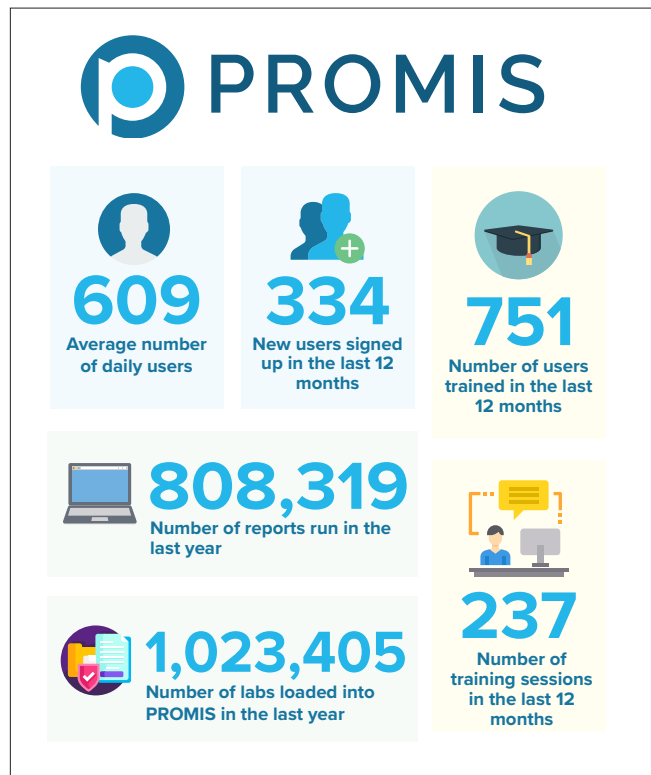


### BC Renal Website

Value-added dollars continue to support ongoing development of the [BC Renal 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](#). Both the website and our YouTube videos are trusted sources of information for kidney care providers and patients, not only across BC but around the world. Last year, our website had nearly 350,000 page views and reached over 60,000 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 TB services, patient infectious status and immunizations, transplant historic results and much more. The team also responded to emerging priorities, including updates to support the COVID-19 response and the polycystic kidney disease initiative.



### BC Kidney Days Supports Knowledge Translation

Value-added funds support the annual [BC Kidney Days \(BCKD\)](#) conference, jointly hosted by BC Renal and BC Transplant. BCKD brings 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 pandemic, the planning team had to pivot to a virtual event this 2020-2021 year.

### Support for Provincial Committee Initiatives

Value-added funds support the ongoing work of a range of BC Renal [provincial committees](#) (Glomerulonephritis, Kidney Care, Hemodialysis, Home Hemodialysis, Peritoneal Dialysis, Palliative, Pharmacy, 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 [bcrenalagency.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 at [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 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 all types 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. We recently engaged patient partners in a review of our emergency preparedness resources and are currently implementing changes based on their feedback.

### 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, home therapies, palliative 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 [bcrenalagency.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 the provincial direction. Around the province, regional and local projects and activities funded in part with value-added dollars in 2019-2020 fiscal year included the following:

#### Supportive Care Clinic, Phase III – Interior Health

Over the past two fiscal years, the Interior Health renal program has run a supportive care clinic for kidney patients facing their end of life to ensure a more coordinated and person-centred system of care. This year, the renal program continued to offer the clinic to kidney patients considered to have “higher needs,” including frail elderly, those with multiple, hard-to-manage comorbidities, those with dementia, and those electing to decline kidney replacement therapy. In addition to continuing the work already in progress, phase III of the project aimed to finalize the outstanding components of the project’s evaluation strategy and proceed to final evaluations, data analysis and report writing. The program continued to observe that patients and their loved ones have been vocally receptive to the approach focused on symptom management and quality of life. The overall goals of the project have been to contribute to the provision of efficient, effective services to kidney patients that are linked across a coordinated system of care and to help in the development and enhancement of external relationships to support patients nearing the end of life.

#### 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 CKD 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 and the point person for modality education. In addition, before the COVID-19 pandemic, the transition nurse was heavily involved in local implementation of the provincial CRASH Curriculum project, which provides education about home dialysis modalities to “unplanned

dialysis start” patients. NH plans to increase the navigator nurse’s hours in order to provide consistent and available service in a timely manner, and hopes to make the role permanent in the future.

### **Bloodstream Infection (BSI) Complicating Renal Disease Study, Phase III – Interior Health**

In the third and final year, this Interior Health (IH) renal program project continued to explore the population-based distribution of BSI with various stages of CKD. Key learnings include:

- BSI is associated with higher mortality;
- higher number of comorbidities and low albumin increase the risk of BSI; and
- iron IV is not associated with BSI.

The results of the study have been shared in a poster presentation and a peer-reviewed publication in the journal *Infectious Diseases*.

### **Renal Tech 2 Leadership Trial – Providence Health Care**

The St. Paul’s Hospital renal program dedicated part of the available value-added dollars to retain a Renal Tech 2 supervisor to determine if having a leadership position within the tech group improved processes and standards of practice. Under the new model, the supervisor supports a large group of renal techs over multiple sites, who in turn work more closely with the nurses and support patient care in the unit. Having a leader in the group for questions and troubleshooting proved to be valuable, which was additionally demonstrated by improved workflows, and the renal tech group being able to assume new duties and assist the dialysis unit as a whole, minimizing downtime during the day. Overall, the renal program observed an improvement and a more consistent approach in how the renal techs operate as a team. With the COVID-19 pandemic, the renal techs have taken on some additional patient care tasks within their scope. The St. Paul’s Hospital renal program plans to share learnings from this successful project with other renal programs considering the introduction of a similar renal tech supervisor role.

### **LEAN Initiatives: Electronic Document Storage and Communication – Interior Health**

This Interior Health renal program initiative developed a standardized repository of communication tools across all renal services in the region. The templates, guidelines and standard communication processes will enable consistent workflows and information-sharing among key stakeholders with the goal of supporting better patient care across the spectrum of renal services. This project has been the latest in the string of LEAN initiatives implemented by Interior Health with the help of value-added dollars in recent years.

### **Improving Access to Nephrology Services in North Island – Island Health**

Approximately one third of patients in the Nanaimo kidney care

clinic reside in North Island communities. In the previous fiscal year, the Island Health renal program began preparation work to develop a new kidney care clinic in North Island to provide services closer to home for those patients. Following community engagement and consultations with stakeholders, a kidney care clinic was established in an existing chronic disease management clinic space at the North Island Hospital in Comox Valley. With the opening of the new clinic, the renal program observed larger than anticipated patient volume growth (build the service, and they will come), along with some other operational challenges. People living with kidney disease in North Island now have significantly improved access to CKD services, and the renal program gained invaluable experience from setting up a new regional health service. This experience can be later applied to similar projects in Island Health and elsewhere in the province.

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

BC Children’s Hospital renal program is unique among the provincial programs due to the specifics of its patient population and 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 on dialysis, etc. In particular, the ABPM program 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.

### **Patient Coffee Cart – Providence Health Care**

Staff at the St. Paul’s Hospital renal program observed that patients often feel isolated and alone while waiting for appointments or undergoing dialysis treatments in the unit. The program decided to use part of the value-added funds to introduce a coffee cart for patients in the unit. The cart provided patients an opportunity to find someone to talk with while waiting or undergoing therapy, and contributed to decreasing the overall feeling of isolation that some patients may feel. Because of the pandemic-related restrictions, the renal program had to discontinue the coffee cart in March 2020, but hopes to reintroduce it later.

### **Overcoming Language Barriers and Improving Health Accessibility among Kidney Patients – Fraser Health**

English is not the first language for a significant portion of the kidney patient population in Fraser Health (FH), and the FH renal

program has observed that health literacy is especially challenging to attain for these patients. In the busy environment of a renal unit, staff who may speak a patient's language are routinely requested to interpret, which often distracts staff from their regular duties, creates an additional workload, and makes them uncomfortable overall. To help alleviate this situation, the FH renal program designed a pilot project to provide assessment and services to patients in their native language, starting with Punjabi. The renal program adapted a pictorial assessment tool in Punjabi, acquired two cell phones and trained staff to work with Provincial Language Service, which provides free phone interpretation services in some BC health regions. While this project has brought a significant culture shift to the pilot renal unit, and a lot of change management work is ongoing, the program has concluded that the use of professional medical interpreters in health care is vital.

#### **Patient Engagement Framework – Island Health**

The Island Health renal program continued to build on patient engagement work completed in previous fiscal years. Following the provincial roll-out of the BC Renal Patient and Family Engagement Framework, Island Health worked to align its own framework with the provincial one as a program-wide guidance document. The framework is being gradually implemented across Island Health kidney care units and teams, and will ultimately entail a shift in culture, particularly at the program planning and service redesign levels. One of the learnings from this process has been the need for a key steering group for project governance and to manage stakeholder feedback efficiently for overall project success.

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

BC Children's Hospital 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. Last year, the team completed another leg of the project, with 16 new NS diagnoses made in 2019 alone. Among other things, the funding has supported the production of a number of publications, most recently the manuscripts titled *Practice variation influences cyclophosphamide response in child nephrotic syndrome* and *Dietary intakes of children with nephrotic syndrome*.

Value-added funds also supported the development of a clinical pathway related to congenital anomalies of the kidney. This project focused 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. The pathway team recently published their approach to this type of pathway development (Predicting outcomes and improving care in children with congenital kidney anomalies. Matsell DG, Catapang M. *Pediatr*

*Nephrol.* 2020 Jul 8. doi: 10.1007/s00467-020-04677-2), with two additional manuscripts in preparation.

Information and education materials, clinical pathways, handbooks and workbooks developed by the BCCH team 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.

#### **Nutrition Analysis of Common Asian Herbs and Soups – Providence Health Care**

A group of renal dietitians from across the province led by the renal dietitian team at St. Paul's Hospital undertook the nutrition analysis of common Asian herbs and soups to better understand their impact on people living with chronic kidney disease. The results of the project support dietary education related to potassium and phosphorous for kidney patients who consume soup regularly. As a side benefit, the project team reported acquiring knowledge beyond clinical skills through this initiative. Specifically, the team learned how to compile the analysis data, results and literature reviews into a scientific paper and approach peer-reviewed journals.

#### **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. As a result of these efforts, the program 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 now plans to embed the survey within the standard quality management processes, and will develop it in an online platform approved by Island Health (e.g. REDCap) and ensure adequate user testing prior to launch. No paper delivery is planned at this time, and lessons learned will be properly captured and reviewed to support improvements over time.

#### **Bringin' It Home – Northern Health**

With its vast and rugged geography, Northern Health traditionally has put a specific focus on fostering connections with patients, via virtual and in-person channels and events. Last fiscal year, the renal program hosted its first patient modality education event, Bringin' It Home, with a focus on home-based dialysis modalities. Events like this have been met with significant enthusiasm by people living with kidney disease in the North. The renal program plans to continue offering such education and interaction opportunities to patients, including virtual and smaller-size events in light of the ongoing pandemic.

### **Regional Renal Strategic Planning Meetings – Interior Health**

The Interior Health renal program used some of their value-added funds to support regional face-to-face strategic planning meetings for the leaders from across this geographically large and decentralized region. The meetings enable renal leadership and service teams (PD, HD, KCC, Transplant) to collaborate, brainstorm, and generate work plans that align with BC Renal and Interior Health strategic directions, with a primary focus on improving patient care. This in turn generates a circle of knowledge, contributes to team unity and mutual understanding, and promotes a culture of identifying opportunities to deliver high-quality, sustainable kidney care.

### **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 will enable LTC residents who require dialysis to have their treatments within their building of residence and will eliminate the need for regular transport to and from the hospital dialysis unit. This new model will also enable more integrated care planning between the renal and LTC care teams. The renal program has observed that the main success factors behind the Summit unit development included effective collaboration between the renal team 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. With the planned launch of the dialysis unit in the fall of 2020, Island Health plans to formally evaluate the impact on patient quality of life and mortality, with results subsequently presented to the BC renal community and published in peer-reviewed journals.

### **Integrated Palliative Approach to Care – Fraser Health and Vancouver Coastal Health**

The Fraser Health and Vancouver Coastal Health renal programs have 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. Renal staff were trained and prepared to have sensitive advance care planning and end-of-life conversations with patients. Training included the basics of the Serious Illness Conversation Guide (SICG) as well as teaching staff to better identify patients who may benefit more from a palliative approach to care. The programs observed that training was helpful to staff in making them more comfortable with the role of recognizing and addressing cues in the moment and referring patients to experts for the SICG. The programs plan to continue working on making the palliative approach to care a part of their kidney care culture.

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

Over the past few years, the Interior Health renal program has trialed a model of having a dedicated coordinator to manage and/or oversee 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. 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.

### **Transitional Care – Vancouver Coastal Health**

Patients who plan to transition to home modalities (HD, PD) as their preferred kidney replacement therapy usually have to spend several weeks in an in-centre dialysis unit receiving training for their chosen home modality. Vancouver General Hospital implemented a pilot project that centralized transitional care in the Independent Dialysis Unit (IDU) and assigned a renal triage nurse to focus on the training of future home patients. Patients who receive training in the IDU are provided with a sense of comfort with staff, equipment and routines required in home therapies. They are exposed early to related self-care activities such as blood pressure monitoring, weight checks and treatment monitoring performed semi-independently in the unit. Expected benefits include increased self-confidence and potentially a shorter overall training duration. It is also hoped that early repatriation to the IDU will decrease the number of patients who grow comfortable in the in-centre unit and decide to forgo independent dialysis. In total, 15 patients received training in the IDU's transitional care area in 2019-2020.

### **Workforce Strategy and Care Model Redesign – Island Health, Fraser 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 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. This work is ongoing, with the ultimate goal of helping renal programs across the province to introduce alternative care provider roles, 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.

### Seamless Transitions: From KCC to KRT – Island Health

The Island Health renal program identified the need for a standardized approach to all aspects of patient modality choices across kidney care clinics, including ongoing review, education and documentation, in order to facilitate seamless transitions in care. Through current state analysis and process mapping, a key gap was identified with respect to PD referral processes. The program relied on early and strong physician engagement to build shared understanding and shift readiness among staff. The program also utilized the A3 Thinking approach and model for improvement to plan and structure the project and support system-oriented solutions. Through this initiative, the process for PD referrals, including urgent PD starts, was streamlined, and the PD clinical order set and guidelines were updated. The overall intent is to shift from HD being the default urgent start modality for those who have PD as chosen modality. Changes to process and documentation will seek to incorporate checks and flags to minimize bias and build patient-centred systems that embed an “independence first” approach.

### 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.

Using value-added funds, health authority renal programs are able to support a range of staff training, learning and development

activities across disciplines, including attendance at conferences, workshops and professional events:

- American Nephrology Nurses Association (ANNA)
- BC Kidney Days
- Canadian Association of Social Workers (CANSW)
- Canadian Association of Nephrology Nurses & Technicians (CANNT)
- National Kidney Foundation Annual Scientific Meeting
- Northwest Dietitians Conference
- Annual Dialysis Conference
- International Transplant Nurses Society
- NATCO (transplant conference)
- World Congress of Nephrology




Value-added funds also enabled BC Renal and 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.*



**BC Renal  
(BCR)**

Phone: 604-875-7340  
Email: [bcpra@bcpra.ca](mailto:bcpra@bcpra.ca)  
Web: [BCRenalAgency.ca](http://BCRenalAgency.ca)

 [Facebook.com/BCRenalAgency](https://www.facebook.com/BCRenalAgency)  
 [@BCRenalAgency](https://twitter.com/BCRenalAgency)  
 [Youtube.com/BCRenalAgency](https://www.youtube.com/BCRenalAgency)

#### Health Authority Renal Programs

BC Children’s Provincial Renal Program  
Fraser Health  
Interior Health  
Island Health  
Northern Health  
Vancouver Coastal Health/  
Providence Health Care

