



# Nephrology DAYS 2010

October 7–8  
Hyatt Regency  
Vancouver



*Futures and  
New Horizons*



**BC Renal Agency**  
An agency of the Provincial Health Services Authority

## BC Provincial Renal Agency Update

**Oct 7, 2010**

*Dr. Adeera Levin,  
Executive  
Director*

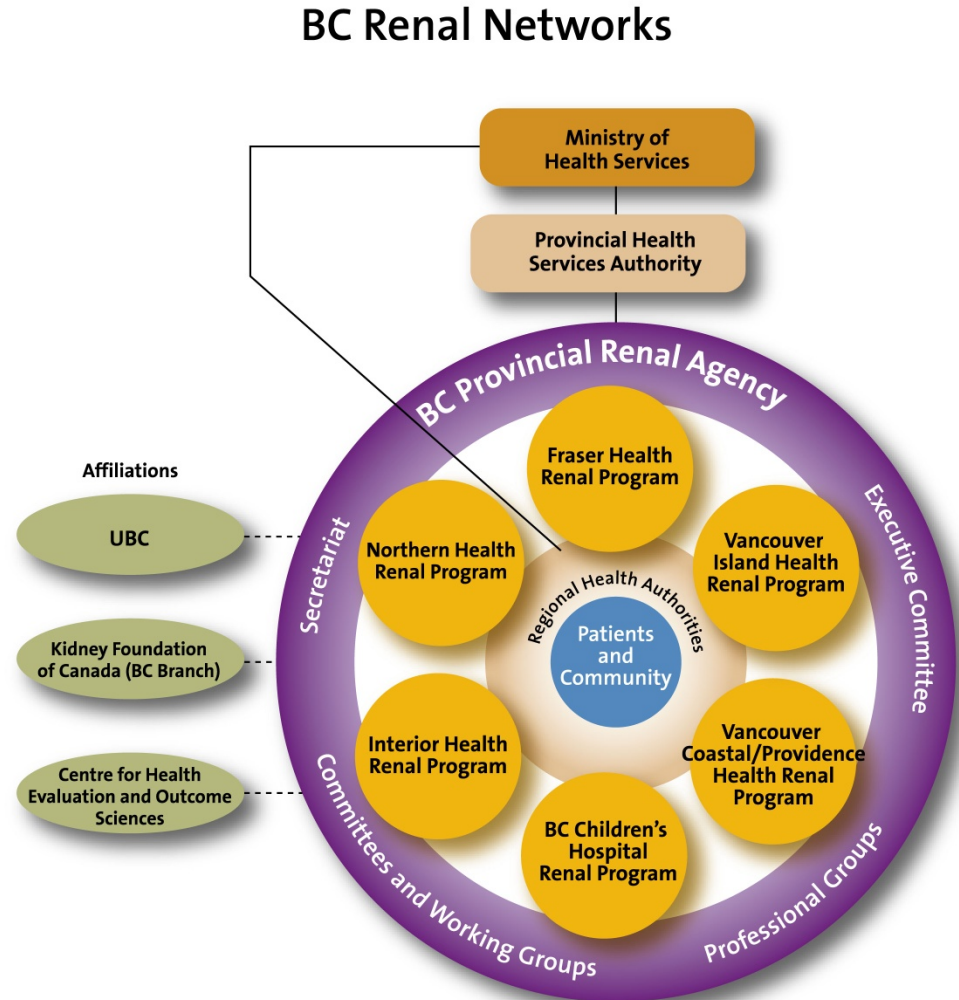
# Overview

- BC Renal Care Model:
  - a track record of success
- Highlights from Past Year
- New Faces
- World Congress of Nephrology



# BC Renal Care Structure

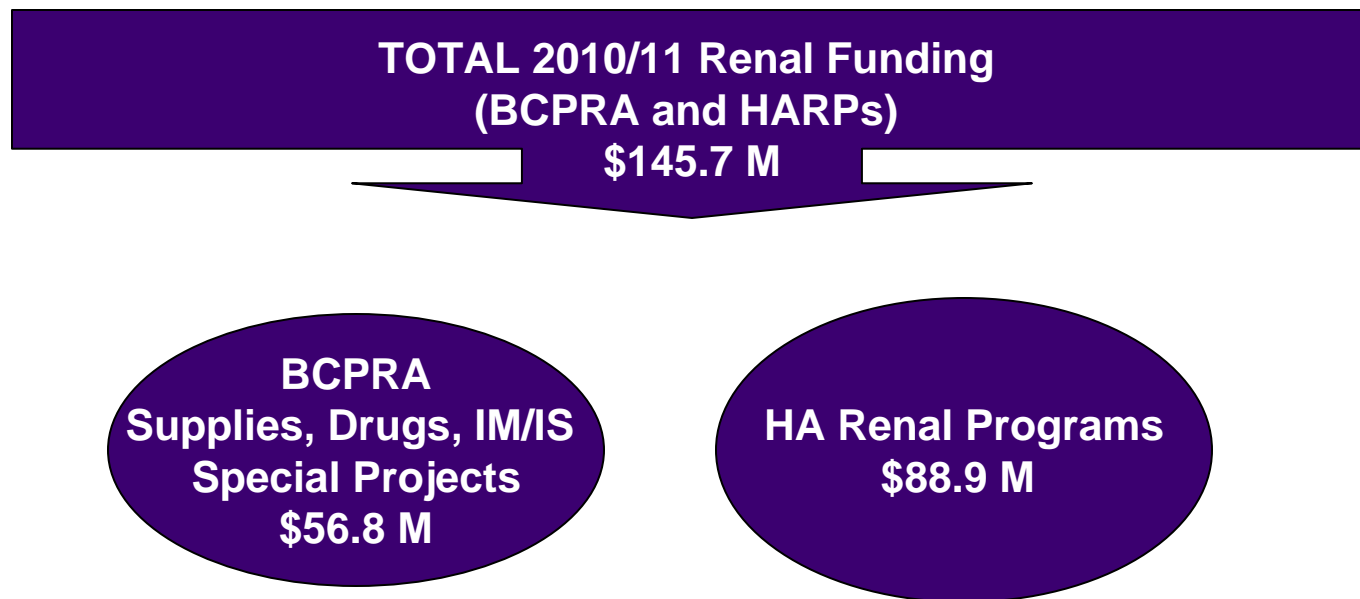
- “Virtual” provincial agency
- Health Authority Renal Programs
- Formal Committees & Working Groups
- Professional Groups
- Formal collaboration with UBC, MoHS, Kidney Foundation and others



# At a Glance: Financials

## Combined Centralized/ Decentralized Funding Model

- BCPRA is **accountable** for entire provincial renal budget, in partnership with HA renal programs



# A Track Record of Success

- BC renal care community has proven track record for:
  - improvements to patient outcomes/quality of life
  - emphasis on system sustainability/best use of health care resources
  - responsiveness to change



# Increasing Access to Care: Supporting Early Treatment, Independent Options

Increase in kidney patients	2001	2009	Average % increase per year	7 year % increase
CKD/predialysis	1,692	10,184	26%	502%
Hospital-based hemodialysis	896	1,167	3%	30%
Community-unit hemodialysis	412	751	8%	82%
Home-based hemodialysis	14	96	43%	586%
Peritoneal dialysis	482	673	4%	40%



# New/Expanded Regional Services

- Panorama/Surrey CDU (FH)
- Nanaimo In-centre (VIHA)
- Penticton Involved Care Unit (IHA)
- Richmond Kidney Function Clinic (PHC/VCH)
- VGH Nocturnal Pilot



# Strategic Interagency Partnership with BC Transplant

- To create fully integrated model of care for CKD population (world first)
  - Ongoing work on PROMIS integration
    - Phase 1: Use of PROMIS in all renal transplant clinics
    - Phase 2: transplant referral module; defining req's for all transplant groups
  - Possibilities to leverage funding across continuum of care: being explored





# Provincial Initiatives: Ongoing Work and Success

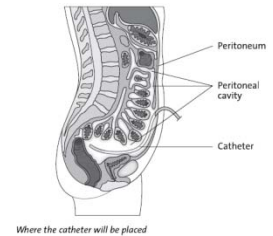
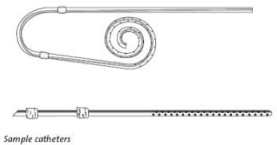
- Promotion/uptake of Independent Dialysis
  - PD: Bedside catheter insertion project
    - Expanded expertise to include 5 centres
    - Develop clinical & nursing guidelines; patient information
  - Independent hemodialysis
    - Ongoing emphasis across HA programs
    - Increased facility-based indep care options



## PERITONEAL DIALYSIS

### Bedside Insertion of a Peritoneal Dialysis Catheter: What is it? What can I expect?

- A tube (catheter) will be put into your abdomen.
- Please arrive at the hospital one hour before your procedure. The procedure will take about 45 minutes. You will stay in the hospital for about 3 hours after the procedure. Sometimes you may stay overnight.
- You will be awake during the procedure. You may be given drugs to relax you or make you feel sleepy.
- Your doctor will put local freezing (anaesthetic) into your abdomen. You should not feel pain during the procedure.
- Your doctor will make 2 small cuts near your belly button. One cut will have stitches and the other will have the tube sticking out (exit site). Your cuts will be covered by a large dressing.
- In most cases your catheter will not be used for dialysis for at least 2 weeks after it is put in (often longer) to allow healing.



A screenshot of the BC Renal Agency website. The page is titled "Independent Hemodialysis Patient Workbook". It includes a navigation menu with links like "Home", "Contact Us", "Compliments &amp; Complaints", "Site Map", "About Us", "Kidney Services", "Committees", "For Health Professionals", "For Patients", and "News". The main content area is titled "IN THIS SECTION" and lists various topics: "Dietary Information", "Health Problems / Interventions", "Independent Dialysis", "Independent Hemodialysis Patient Workbook", "Peritoneal Dialysis", "Info Sheets", "Patient Updates", "Tips for Kidney Patients", "Vascular Access", and "Videos". The "Independent Hemodialysis Patient Workbook" section is expanded, showing a list of sections: "section 1: Principles of Hemodialysis", "section 2: History of Hemodialysis", "section 3: Your Target Weight", "section 4: Your Vascular Access", "section 5: Your Fistula Needles", "section 6: Your Hemodialysis Catheter", and "section 7: Safety Devices".



# Provincial Initiatives: Ongoing Work and Success

- Vascular Access
  - Ongoing development of guidelines/tools for both providers and patients
  - Provincial rounds
  - Matching cannulators project
  - Incidence and prevalence reports



VASCULAR ACCESS FOR HEMODIALYSIS

## Your Fistula

*Some people call their fistula (vascular access) a lifeline because it makes dialysis possible. Learning all you can about your fistula is important... and this brochure is a tool to do just that. If you still have questions after reading this, talk to your doctor or other member of the health care team.*

### What is a Vascular Access?

There are three types of vascular access:

- A fistula
- A graft
- A catheter

These allow the health care team access to your bloodstream over and over again. Each time you have a hemodialysis treatment your vascular access is connected by a tube to a dialysis machine. One tube takes the blood to the dialysis machine to be cleaned. Another tube returns the clean blood to your body. This process of taking blood to and from your body to the dialysis machine is repeated many times during a dialysis run.

This brochure gives you information about fistulas and their care.



Best Practices in  
Hemodialysis Care:

Vascular  
Access  
Clinics

SEPTEMBER 26, 2007



# Fiscal Responsibility: Leveraging cost savings/benefits with provincial contracts

- Value add rebates (Ortho Biotech, Amgen & Baxter contracts)
  - **\$6.9 million in 2009/10**
  - Rebates offset cost of overall renal budget/ support HA CQI projects, educ opportunities (**See handout**)
- Other contracts: PD; CDU & Home HD supplies/services; In-centre supplies
- Community Pharmacy Partnership Program: 31 pharmacies
  - close-to-home service; consistent approach to patient care
  - Plan to extend contracts one year (to Dec 2011)

BC Provincial Renal Agency



## Rebates from Industry Support Innovation and Improve Renal Care

*Highlights from 2008/09*

*From unique projects focused on quality improvement and process redesign, to enhanced patient and staff education, financial rebates from provincial renal contracts negotiated by the BC Provincial Renal Agency, Provincial Health Services Authority and Medbuy are improving care for patients and quality of worklife for renal care providers across BC.*

Although some of the money from these rebates is used to support province-wide initiatives of the BC renal network, most is allocated to health authority renal programs to meet diverse needs at the local level.

### Unique Projects – Creative Approaches

- Initiation of province-wide VA rounds
- Incidence and prevalence rate reports
- Development of a workshop on nursing assessment, cannulation and management of AV fistulas and grafts
- Development of a program that matches difficulty of AV fistula/graft cannulation



## Proud Community Pharmacy Partner:

**Meeting the Medication Needs of People with Kidney Disease**

bcrenalagency.ca



# Strategic Areas of Emphasis: 2010/11

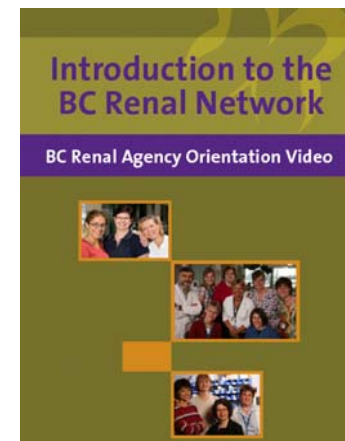
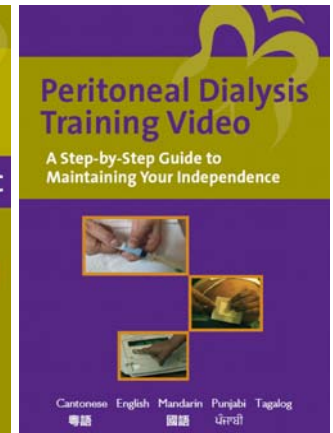
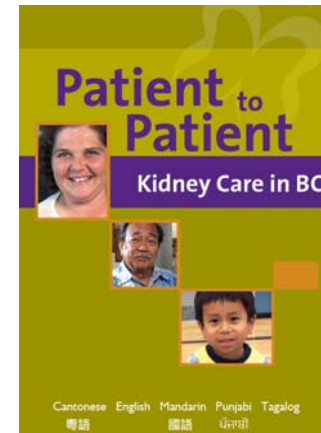
- Independent PD & HD Uptake:
  - Goal: 35% of pts
- VA: Addressing challenges with OR/radiology access; funding model
- PROMIS: Comprehensive training strategy; alignment with prov & nat'l strategies/legislation; investments in hardware/software
- Work groups to address CKD, technology assessment (TAG), med rec, and EOL

BC Renal Agency Balanced Scorecard						
	Priority Strategies	Indicators	Status	Trend	Target	Actual
Clients, Patients & Community	<b>EFFECTIVENESS</b>					
	• Define patient outcomes that rely on integrated services and work with HAs to ensure the best patient and health care system outcomes	1. One year patient survival rate on dialysis	●	→	≥ 80%	85%
	<b>ACCEPTABILITY</b>					
	2. Patient satisfaction	●	N/A	≥ 75%	78%	
	<b>WELLNESS</b>					
	• Assess education and training needs of professional, caregivers, and patients with kidney disease and ensure resources and plans are implemented to meet those needs.	3. Percentage of patients participating in independent dialysis* (PD and home-based HD)	●	↑	≥ 30%	31%
Service Coordination & Delivery	<b>QUALITY OF LIFE</b>					
	• Expand and enhance province-wide independent care model for dialysis.					
	<b>CONTINUITY</b>					
	• Improve integration of services for kidney patients within each HA through an increased understanding of the linkages and inter-relationships between acute care services, community services, and primary health care. • Build on strength of now established Health Authority Renal Programs.	4. Level of kidney function (median eGFR) at time of CKD registration	●	→	30-35 mL/min	31 mL/min
	<b>AVAILABILITY &amp; ACCESS</b>					
	Planning for capacity to meet CKD care needs.	5. Occupancy rate by dialysis unit setting	●	N/A	80% ± 5%	78%
Learning, Growth, & Innovation	<b>SAFETY</b>					
	• Planning for capacity to meet CKD care needs.	6. Number of catheter-related infections per patient month (HD and PD)	●	N/A	< 0.09 / PD mo; < 0.25 / HD mo	0.05 / PD mo; 0.13 / HD mo
	<b>APPROPRIATENESS</b>					
		7. Percentage of patients within Anemia Management Protocol target	●	→	≥ 70%	75%
	<b>EFFICIENCY</b>					
	• Continue to facilitate medication best practices across BC renal care community for an estimated cost savings of 5-10% of current renal drug budget.	8. Percentage of patients with optimized drug dose per unit of hemoglobin achieved	TBD	TBD	TBD	Mdx: 35-150 units/gt
Learning, Growth, & Innovation	<b>ACCURATE &amp; VALUABLE INFORMATION</b>					
	• Continue to modify and implement a consolidated renal/chronic disease data management system (PROMIS)	9. Percentage of patients with comorbidity assessment available in PROMIS	●	↑	≥ 80%	73%
	<b>NEW TECHNOLOGIES &amp; WAYS OF DOING THINGS</b>					
	• Ensure that education and research endeavors align to enhance care delivery and demonstrate accountability and fiscal responsibility, while ensuring state-of-the-art care for patients with kidney disease.	10. List of new knowledge translation initiatives	●	↑	> 0	6
		11. Total funding for research and health outcomes initiatives	●	↑	> 0	\$87,000-\$100,000



# Communications Tools

- Visit us online:  
[www.bcrenalagency.ca](http://www.bcrenalagency.ca)
  - Wealth of information for patients and families
- Subscribe to Renal News e-newsletter
  - For and about the BC renal care community
- Check out our videos
  - can be streamed online or order DVD copies using online order form





# Welcome Nephrology Fellows/ Clinical Scholars

## PRA Administrative Fellow

Michael Schachter

## Clinical Fellows (2<sup>nd</sup> yr)

- Melanie Brown
- Edward Lee
- Marla McKnight

## New Clinical Fellows (1<sup>st</sup> yr)

- Danny Jaswal
- Michelle Wong
- Teerawat Thanachayanont
- Scott Lyle (Oct 2010)

## Specialized Post Grad Clinical Fellows, HD

- Myriam Farah
- Jennifer Hanco (leaving Jan 2011)

## Clinical Fellows, Transplant

- Bradford Strijack
- Sarah Brown

## Clinical Research Fellow, Transplant

- Peter Chang

## Pediatric Fellows (3rd yr)

- Abullah Al-Abbas
- Chanel Prestidge (early 2011)

## Pediatric Fellows (2nd yr)

- Kathy Lee-Son

## Pediatric Fellows (1<sup>st</sup> yr)

- Nimah Dolan



# Welcome New and Almost New Nephrologists

- **Brian Forzley (Penticton; IHA)**
- **Henry Wong (Abbotsford, FHA)**
- **Anthony Booth (Nanaimo, VIHA)**
- **Alison Croome (Nanaimo, VIHA): Oct 18**
- **Fareen Din (Prince George, NHA): Nov 1**







in cooperation with the  
Canadian Society of Nephrology

WORLD CONGRESS OF NEPHROLOGY

# WCN2011

VANCOUVER / APRIL 8-12 / 2011

**Mark your calendar** for the leading international nephrology event for renal community worldwide!

## **What is WCN?**

- A world-class programme featuring internationally recognized scientists from the world of nephrology and complemented by large poster sessions and a high level exhibition
- A unique opportunity for renal professionals around the world to learn and exchange views on basic and clinical nephrology as well as the most recent advances in the field
- Attended by researchers, clinicians, academics and industry representatives from around the world (4,500 – 10,000 attendees)

## **Scientific Programme Committee**

**Richard J. Johnson - Chair**

**Adeera Levin - Co-Chair**

**Jürgen Floege - Co-Chair**

### **ISN Global Operations Centre**

Rue du Luxembourg 22-24

B-1000 Brussels, Belgium

Tel.: +32 2 213 13 67

Fax: +32 2 213 13 63

Email: [info@isn-online.org](mailto:info@isn-online.org)

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Fax: +1 703 43543 90

Email: [info@isn-online.org](mailto:info@isn-online.org)

For more information: [www.isn-online.org](http://www.isn-online.org)

# Plenary Lectures by outstanding international speakers

"Origins of Humans: Insights from Mitochondrial DNA" *Douglas Wallace*

"Preeclampsia: New Insights into the Cause and Treatment"

*Dr. S. Ananth Karumanchi,*

"Personal Perspectives on Hemodialysis and Transplantation" *Dr. Robin Eady*

"The Autoimmune Basis of Systemic Lupus"

*Dr. Carola Garcia de Vinuesa*

"The Future of Renal Transplantation: Tolerance and Xenografts?" *Dr. David H. Sachs*

"Cellular Defense System against Oxidative Stress: Mechanisms for Renal Protection"

*Dr. Masayuki Yamamoto*

"Renal Disease in Indigenous Populations: Lessons from the Australian Aborigine"

"Rare Renal Diseases: Bedside to Bench and Back" *Dr. Fiona E. Karet,*

*Dr. Wendy Hoy*

"Membranous Nephropathy: Journey from Rat to Man" *Dr. David J. Salant,*

# Themes and Special Programmes

- **Interventional Nephrology**
- **Pathology**
- **Continuing Nephrology Education (CNE)**
- **Themes: from bench to bedside**
  - Fluid and electrolytes
  - Hereditary disorders and pregnancy
  - Glomerular Disease
  - Acute Kidney Injury
  - Chronic Kidney Disease
  - Hypertension, Vascular Disease and Diabetes
  - Dialysis
  - Transplantation
- **Social Programmes**
  - Celebrating the diversity of Canadian cultures

See you there !



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[www.wcn2011.org](http://www.wcn2011.org)

Friday 5 pm to Tuesday Noon

# **Your Contribution Makes a Difference**

- **BC is only place in North America that offers a fully coordinated system of care for kidney patients**
- **No matter where a patient lives in the province, he/she has access to same level of care and a variety of treatment options**
- **Patients with kidney disease in BC have better health outcomes than patients with the same disease elsewhere in Canada**



# **Thank you for your energy and commitment!**

- **200+ people are actively involved in the renal network**
- **They participate on one or more BCPRA committees and professional groups**
- **The BCPRA is all of us!**







# Nephrology DAYS 2010

October 7–8  
Hyatt Regency  
Vancouver



***Futures and  
New Horizons***



**BC Renal Agency**  
An agency of the Provincial Health Services Authority

# Enjoy the conference!

**Today:**

**Independent  
Dialysis Myths &  
Realities Plenary  
1:30 – 2:15pm**

**Break out Sessions  
2:45 – 5:30pm**

**Wine and Cheese  
Reception  
5:30 – 7:00pm**