BC Kidney Days 2019 Provincial Update

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Executive Director, BC Renal
Professor of Medicine, UBC

October 3, 2019

Overview

- Welcome Patient Partners!

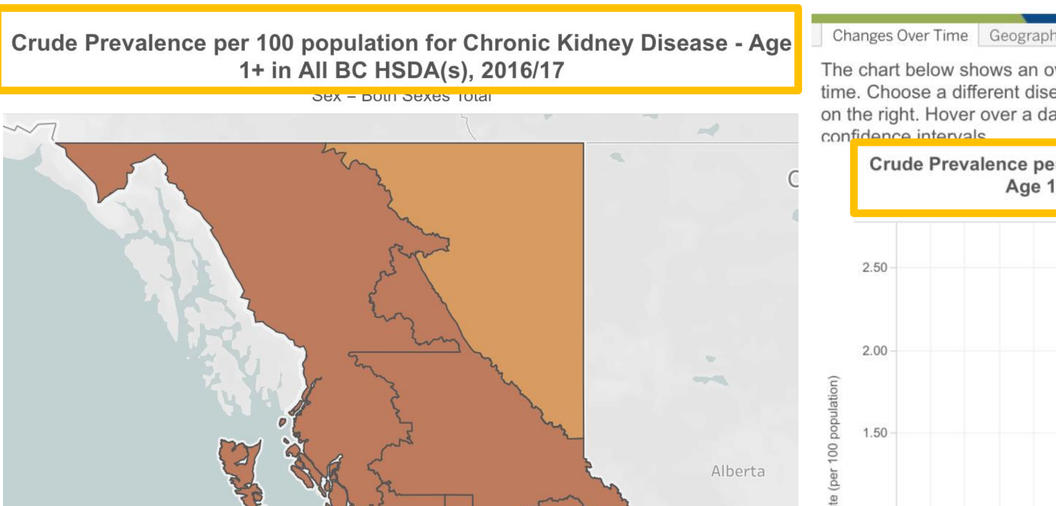
- Kidney Disease in BC & How We Serve our Patients

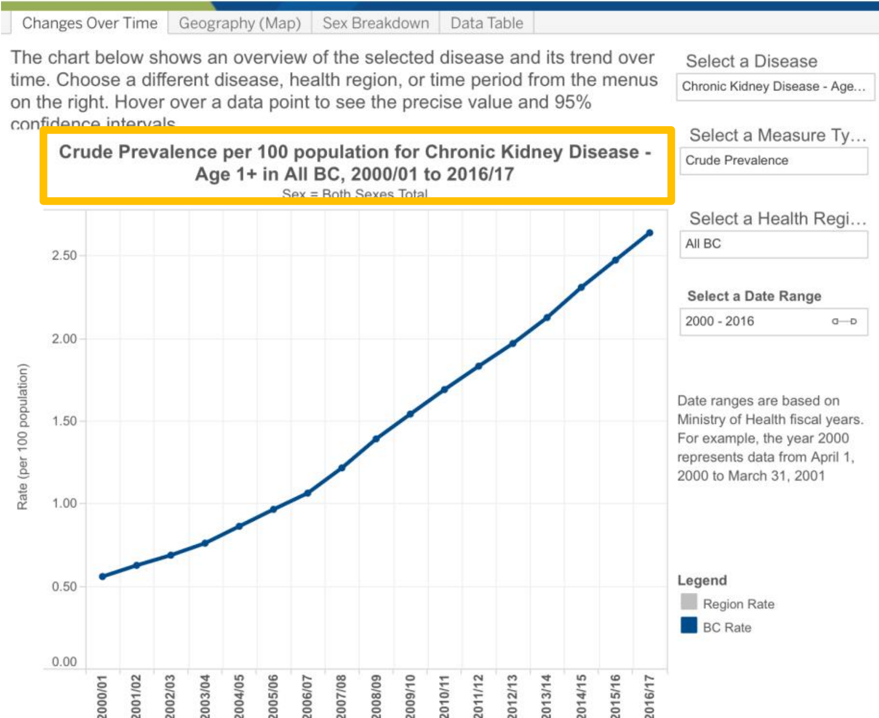
- 2019 Highlights: New Strategies, Resources and Tools to Enhance Care

- Welcomes and Thanks!

Chronic Disease Dashboard

This interactive tool provides summary statistics on variety of non-communicable diseases and conditions in BC.

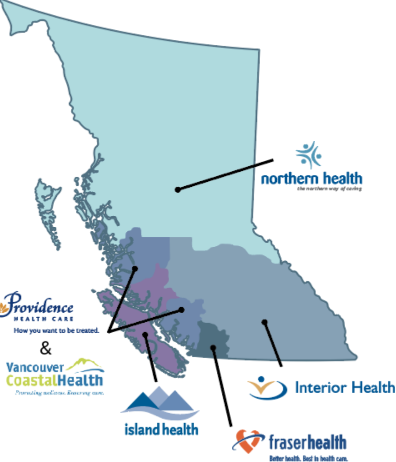




How we serve BC

Working with BC's regional health authority renal programs, BC Renal (BCR) funds and coordinates service delivery across:

- **6** health authorities
- **11** home hemodialysis training sites
- **12** peritoneal dialysis clinics
- **13** hospital dialysis units
- **14** CKD clinics - *for registered non-dialysis kidney patients*
- **28** community dialysis units

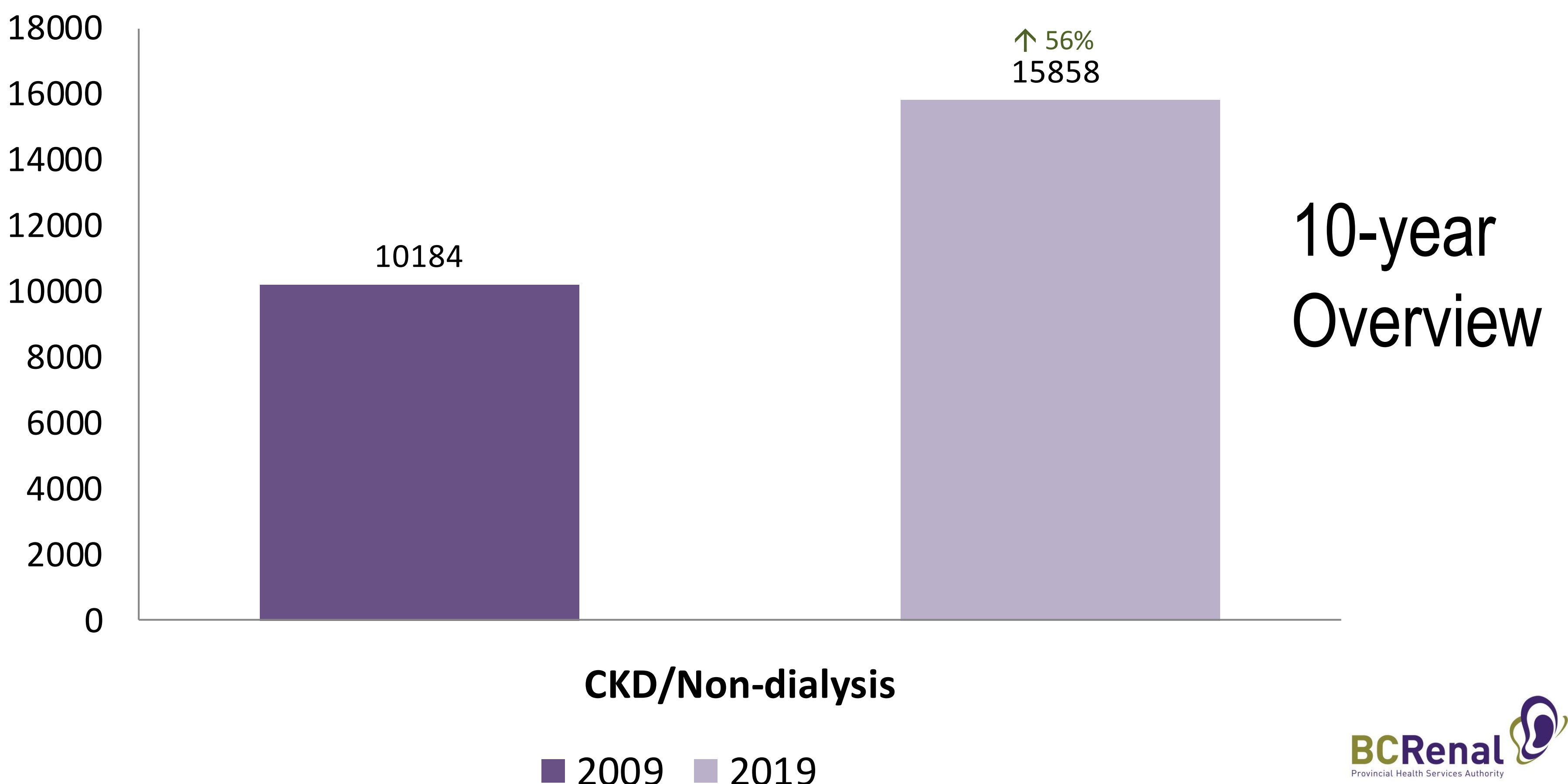


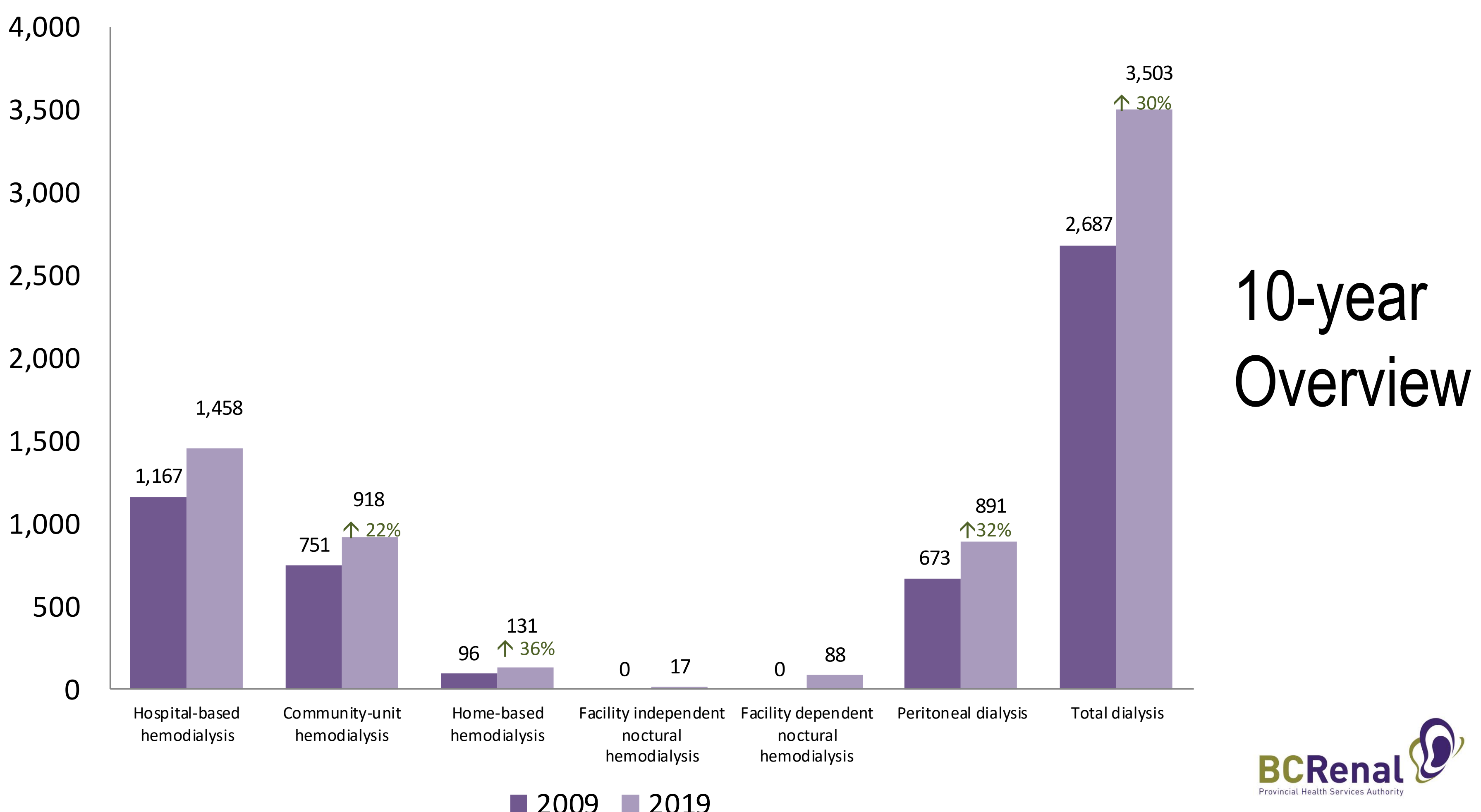
BC Children's Renal Program (Province-wide)

BCRenal
Provincial Health Services Authority

Affiliations

- BC Transplant
- Centre for Health Evaluation and Outcome Sciences
- First Nations Health Authority
- Kidney Foundation of Canada (BC Branch)
- Providence Health Care Research Institute
- Simon Fraser University
- University of British Columbia
- University of British Columbia-Okanagan
- University of Northern British Columbia
- Vancouver Coastal Health Care Research Institute


Increased Access to Care: CKD/Non-Dialysis
18000
16000
14000
12000
10000
8000
6000
4000
2000
0
10184
↑ 56%
15858
10-year
Overview
CKD/Non-dialysis
2009
2019
BCRenal
Provincial Health Services Authority



10-year Overview

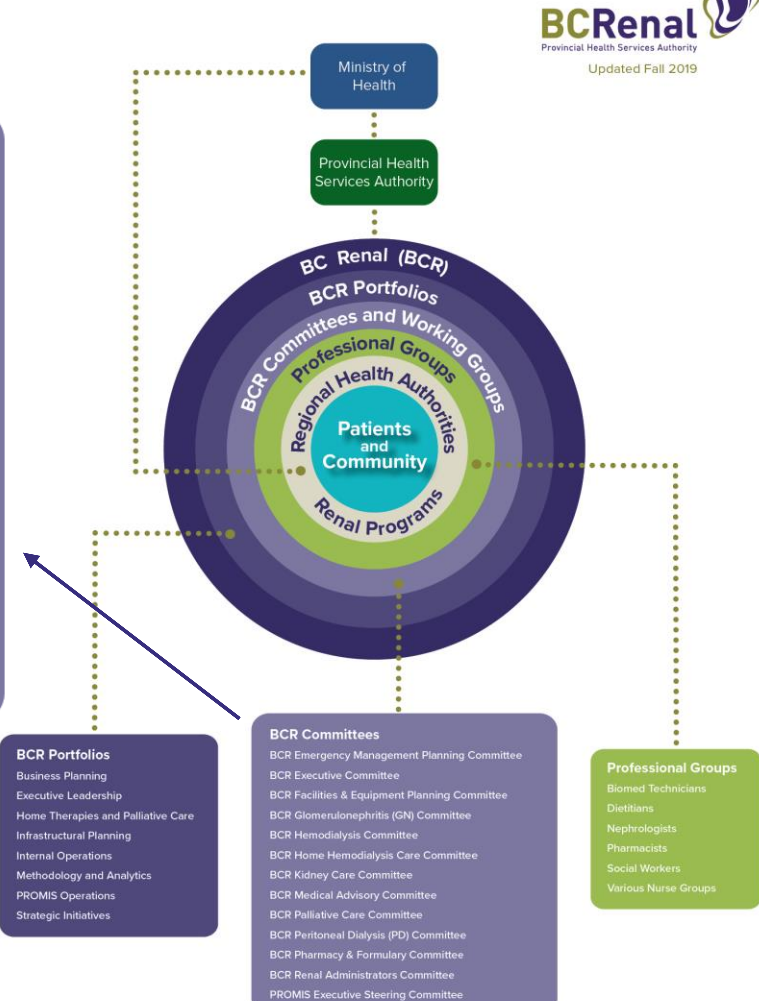
BCRenal
Provincial Health Services Authority

Provincial Committee Structure

- Multidisciplinary committees
- Cross-HA representation
- Annual work plans with clear deliverables
- Research, evaluation and CQI

BCR Committees

BCR Emergency Management Planning Committee
BCR Executive Committee
BCR Facilities & Equipment Planning Committee
BCR Glomerulonephritis (GN) Committee
BCR Hemodialysis Committee
BCR Home Hemodialysis Care Committee
BCR Kidney Care Committee
BCR Medical Advisory Committee
BCR Palliative Care Committee
BCR Peritoneal Dialysis (PD) Committee
BCR Pharmacy & Formulary Committee
BCR Renal Administrators Committee
PROMIS Executive Steering Committee



Sustainable funding solutions

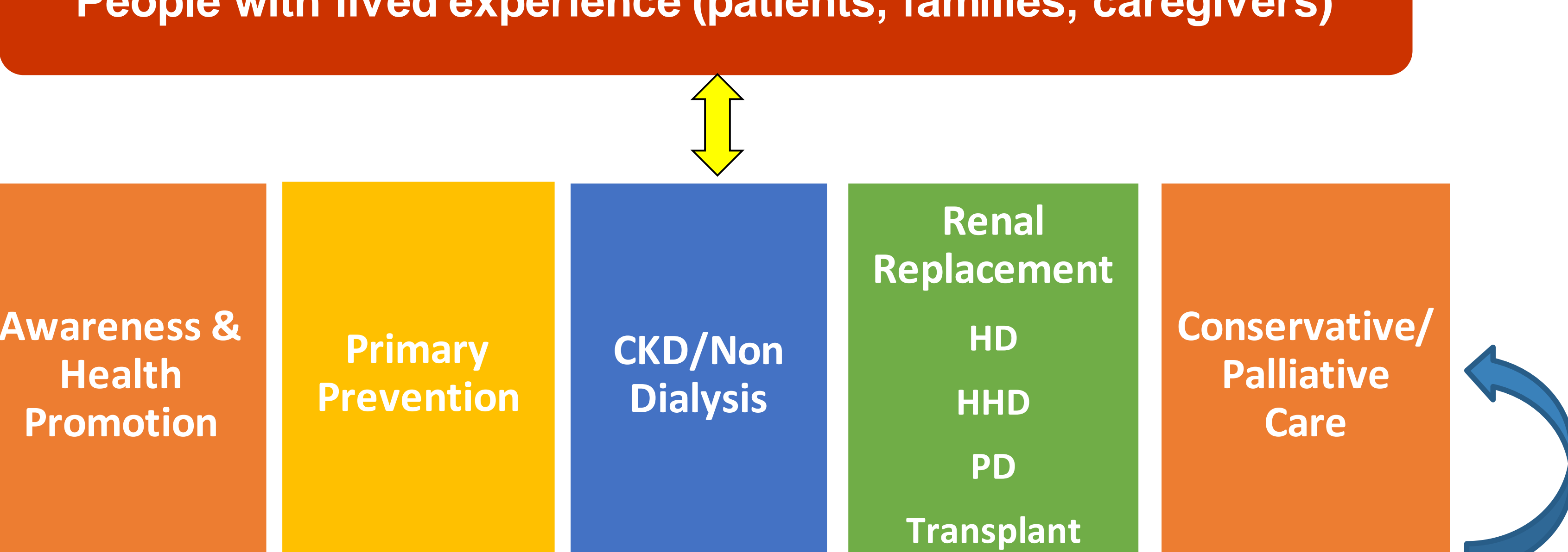
2019/20 renal budget: $189.3 million

- Direct care, CKD and dialysis (equipment, supplies and services)
- Medications (accountability and transparency)
- Vendor contracts

❖ Indirect care funded through HA global budgets:

- Hospitalizations
- OR utilization / surgical procedures
- Radiology
- Lab services

Cross continuum approach using best evidence



PHSA Draft Clinical Policy Framework - CKD Application

Improving Population Health Status

GOAL
Improve the population health status to reduce the risk of disease.

OBJECTIVES
Understand the population health status of people at risk. Describe differences in health status among populations.

Identify and address modifiable risks at the population level.

Identify and influence factors that can positively impact health equities [causes of differences in the quality of health] for people at risk or who have experienced disease.

Utilizing Evidence-Based Clinical Prevention

GOAL
Reduce the incidence of people experiencing disease through evidence-based clinical prevention strategies.

OBJECTIVES
Promote awareness and use of the Lifetime Prevention Schedule practice guide.

Identify evidence-based clinical prevention maneuvers.

Support the implementation of evidence-based clinical prevention maneuvers.

Supporting Primary & Community Care

GOAL
Ensure patients have access to appropriate primary and community care for effective disease identification and management.

OBJECTIVE
Identify and reduce delays to early identification and treatment of disease.

Support patients in the self-management of disease.

Identify, implement and monitor key clinical practice guidelines to reduce variation in care.

Delivering Quality Specialized Services

GOAL
Ensure patients have access to quality specialized and sub-specialized services across BC.

OBJECTIVES
Identify and reduce delays for patients receiving quality specialized and sub-specialized services.

Identify, implement and monitor key clinical practice guidelines to reduce variation in care.

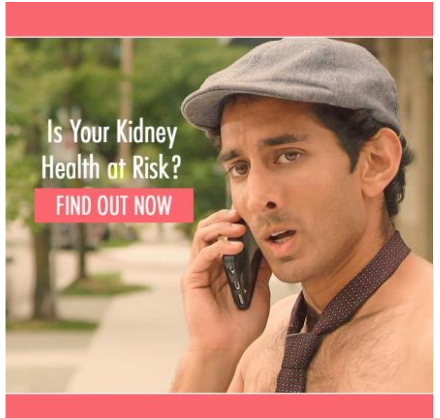
Optimize Care Coordination and Delivery
Utilize care pathways. Implement digital health strategies.

Enhance an Integrated System of Services
Create a Tiers of Service (ToS) approach for the delivery of services.

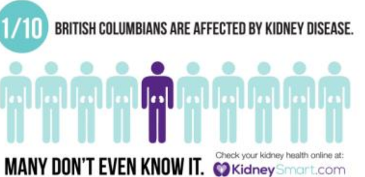
Drive Quality Through the Use of Quality Standards
Develop, implement and monitor quality standards provincially.

Strive for Excellence and Innovation Through Purposeful Partnerships
Through provincial, national, and international partnerships, lead innovation to achieve meaningful health outcomes and quality service experience.

Kidney Month & World Kidney Day

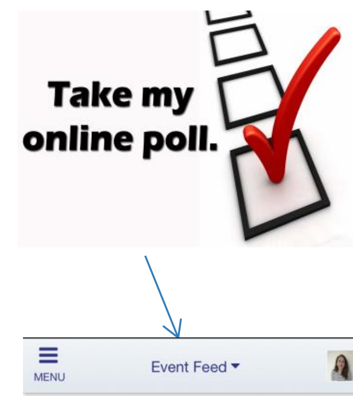


- Multi-faceted awareness building campaign: *Could you lose 80%?*
  - emphasis on high-risk groups
  - advertising (traditional & social media)
  - #kidneyhealthchallenge
  - self screening with online kidney health assessment tool (English, Chinese and Punjabi - see www.kidneyhealthcheck.ca)
- Leveraging partnerships
  - Kidney Foundation, Health Authorities, BCT, PKD Canada, BCPSQC etc



Today's #KidneyHealthChallenge: Check the sodium in your 🍞-1 slice can have up to 230mg!

#31DaystoGoodKidneyHealth

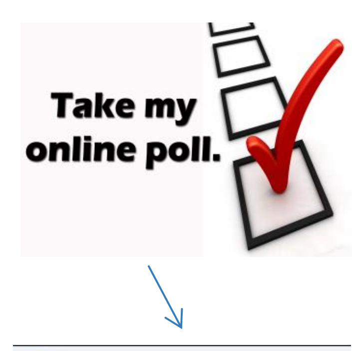


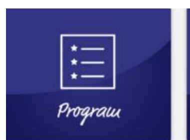
How many views did our new *"Could you lose 80%?"* video receive in March 2019?

a. > 25,000

b. > 75,000

c. > 130,000





And the answer is:

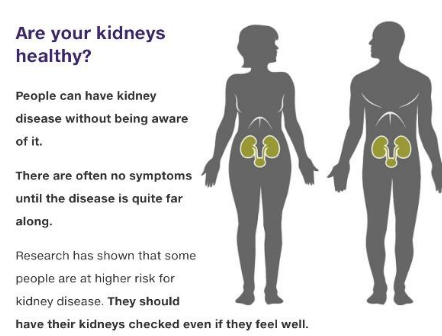
c. > 130,000

Kidney Month 2019 Campaign Outcomes

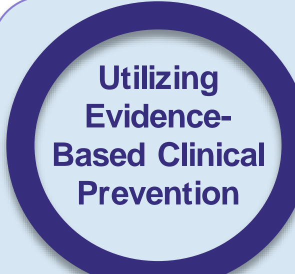
- Social media impressions > 900,000
  - Facebook, Twitter, WeChat
- Video views in March: 133,785
- Kidney assessments: > 5,390
  - 11% increase from 2018

Kidney Health Self-Assessment

BCRenal agency

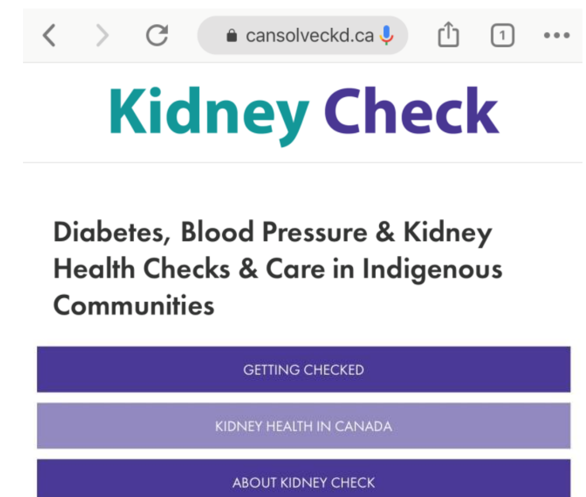


Take this test to find out if you should have your kidneys checked.



Lab Reporting & Screening

- ***Since 2003:*** eGFR standardization and lab reporting
  - First in North America
  - Simplified test results, automatic reporting
  - Combined with CKD guideline for primary care
- ***Recent highlights:*** Screening in high risk communities
  - Collaboration with Kidney Foundation of Canada (via pharmacies)
  - Collaboration with Can-SOLVE CKD - Kidney Check screening program (focus on Indigenous communities)

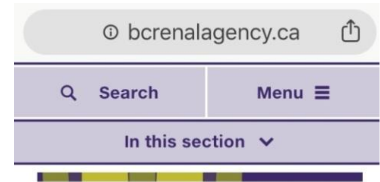


Primary Care Linkages & Strategies

- GP/Primary care engagement strategy
  - Online CME Education
- GPAC collaboration
- RACE Line (Rapid Access to Consultative Expertise)
- Telehealth strategies
- PD Assist program
- Residential care partnerships

Chronic Kidney Disease - Identification, Evaluation and Management of Adult Patients

Over the course of 2019, the BC Renal agency will host a series of one-hour CKD Education: Online CME for Primary Care.



Chilliwack: Peritoneal Dialysis in Residential Care

Chilliwack: Peritoneal Dialysis in Residential Care
7525 Topaz Dr.
Chilliwack, BC, V2R 3C9

Phone: (604) 858-1833
Fax: (604) 793-7130

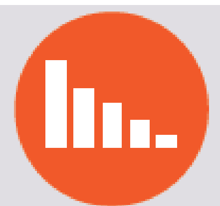
Meaningful Outcomes: First Three Categories

Improving Population Health Status

Utilizing Evidence-Based Clinical Prevention

Supporting Primary & Community Care

- Individuals with kidney disease diagnosed earlier than a decade ago
- Reduction in dialysis growth from 16% to ~ 3% per year
  - early ID/intervention (CKD guideline, physician education, KCC funding, lab strategy)
- Reduction in nephrology consultation wait times
- Increased access to medications for rare kidney diseases (GN and PKD)



BC Renal Mandate – since 1997

PHSA Clinical Policy Framework	BC Renal
Drive Quality Through the Use of *Quality Standards* Develop, implement and monitor quality standards provincially	
Optimize Care Coordination and Delivery Utilize care pathways. Implement digital health strategies.	
Enhance an Integrated System of Services Create a Tiers of Service (ToS) approach for delivery of services.	

Meaningful Outcomes

Improving Patient Quality of Life and Outcomes:

BC clinical outcomes data meet or exceed national standards

Highest survival rate in the country

Highest rates of patients on independent dialysis in Canada

Most extensive financial support for renal medications in Canada across 4 pharmacy formularies

This Year's Highlights: Kidney Care Committee

- **Transplant First** (partnership with BCT, KFOC, HAs):
  - Online resources & 2x/year province-wide patient education sessions
  - 2019 BC Healthcare Award recipient!
  - BRIDGE to Transplant Initiative: Improving LKDT Access in Indigenous Populations ($2.4M grant - Dr. Jag Gill)
- **KCC Staff Education Sessions** (Q1-Q2 months)
- **Transitions Guides**: Cross-modality initiative
  - Patient and care team resources
- **Updated Modality Choices Education Tools**
- **PKD Initiative**
  - Established PKD Advisory Commitee (standing committee)
  - Half day PKD Education Session June 2019
  - Finalizing Best Practices Paper & Tools

Considering a kidney transplant?
Thinking of donating a kidney?

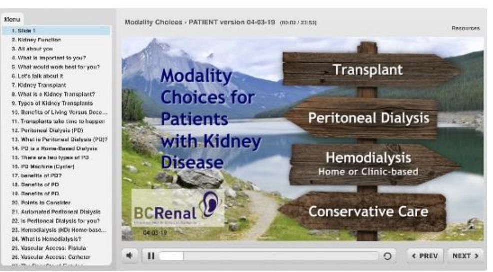
You and your family and friends are invited to a province-wide education session

Kidney Transplant & Finding a Living Donor

Wednesday, October 23, 2019
3:00 - 5:00 pm

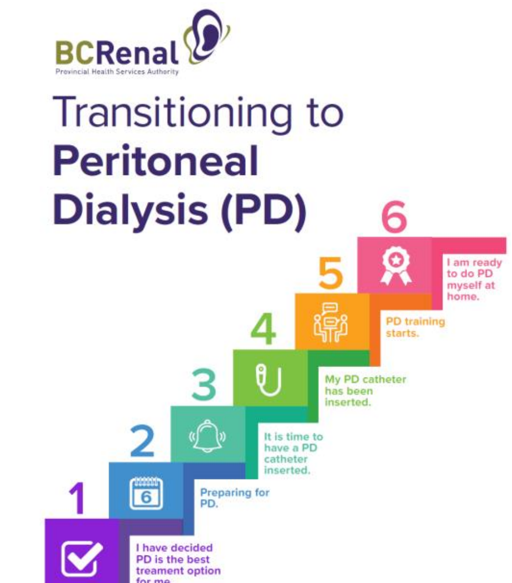
Six steps to transitioning to conservative care

MODALITY CHOICES - PUNJABI



This Year's Highlights: PD Committee

- PD Assist – growth to > 90 patients
- Transition to PD: patient and care team guides
- Pilot of new automated PD cyclers (prov rollout Fall 2019)
- Development of > 20 PD procedures with cross-program input/participation
  - All on www.bcrenalagency.ca
- Patient service improvement project
  - Collaboration with vendor



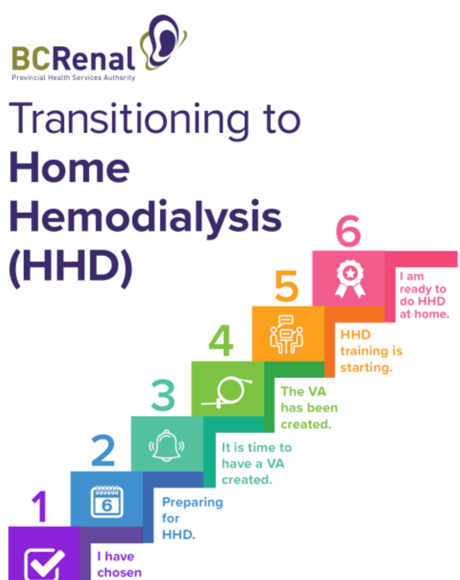
Care Team Guide:
Transition to Peritoneal Dialysis

PD can be done as self-care or care by companion/caregiver in a patient's home or care facility.
Note: * identifies tasks that may be done by the **referring Team or PD Team or link/ transition/navigator nurse or designated other.** Division of duties is arranged locally.

	Major Tasks		
Step	**Referring Team (TX, HD, HDD)**		**PD Team**
1. Identifies patients interest and eligibility for PD **Refer to Step 1 of the *Transitioning to PD* booklet**	Identifies patients who are interested and eligible for PD using basic eligibility criteria. • *See Appendix A for basic PD eligibility criteria* • *See Appendix B for information on Modality Choices* Provides Transitioning to PD booklet.		

This Year's Highlights: Home Hemodialysis Committee

- Transition to HHD guides: patient and care team tools
- Trial of new HHD bloodlines
- **Advocacy** to municipalities to waive garbage fees for HHD patients (in partnership with KFOC)

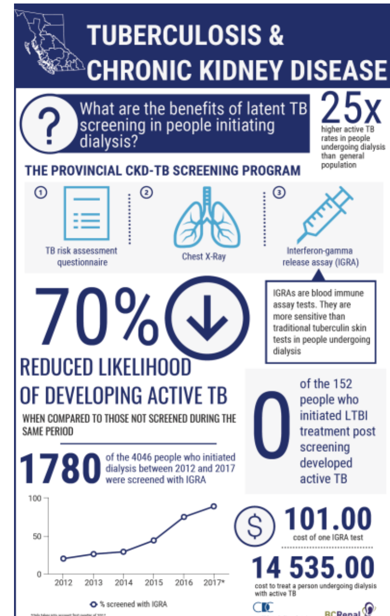


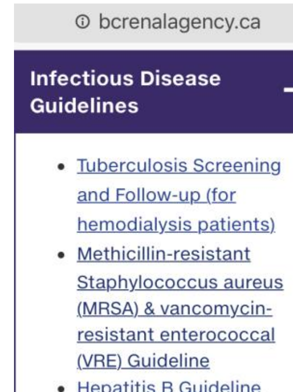
Care Team Guide:
Transition to Home Hemodialysis/ Independent HD

Step	Major Tasks		
	Home KCC, Transplant, PD or HD (In-Centre, CDU or Nocturnal) Team		Home Hemodialysis (HHD) Team
1. Modality education provided & preferred dialysis location identified **Refer to Step 1 of the *Transitioning to HHD booklet***	Identifies patients who are potential candidates (i.e., no contraindications as per Appendix) and/or show interest in pursuing HHD. HHD is considered prior to HD in-centre or CDU. Provides Transitioning to HHD booklet. Refers patient to HHD team for suitability assessment. Updates PROMIS.	➡ ⬅	If eligible, conducts HHD suitability assessment. Advises patient & Home Team of outcome. Update PROMIS using the HHD patient assessment form. If patient has not already received, provides Transitioning to HHD booklet to patient. Maintains current list of patients assessed & suitable for HHD.

This Year's Highlights:
HD Committee

- **TB screening** - all new dialysis patients
- **BC-wide infection control guidelines** (MRSA, VRE, Hepatitis B & C, HIV)
  - Partnered with prov infectious disease physicians & practitioners
  - Reduction in MRSA screens
- **Updated travelling HD patient guideline** & forms ***Used by every HD program in BC!***
- **Transitions Guides**: Cross-modality initiative
- **Acuity scale** measures – Q6 mths





Step	Major Tasks				
	Home KCC, Transplant, PD Team	HHD Team	In-Centre Team	CDU Team	Nocturnal Team
1. Modality education provided & HD setting identified	Identifies patients requiring HD. Considers PD & HHD prior to in-centre/CDU. Refer to HHD, if eligible & desired by patient (refer to transition to HHD algorithm). If not eligible for HHD, discusses expectation with patient that he/she will most likely dialyze in CDU once stabilized (see criteria https://bit.ly/2KDauFy).	Identifies patients requiring in-centre/CDU HD. Discusses expectation with patient that he/she will most likely dialyze in CDU once stabilized (see criteria https://bit.ly/2KDauFy).			

This Year's Highlights: Palliative Care Committee

- Integrated Palliative Nephrology Project
  - Enhanced clinician engagement in ACP (workshops, tools etc)
  - Serious Illness Conversation Guide training
    - >700 participants
  - Worked with external HC partners : consistent policies
  - Developed transition guides & tools
  - Evaluation & knowledge translation

Stopping Dialysis Treatment

What you need to know before deciding

What is Conservative Care?

Frequently Asked Questions about Stopping Dialysis Treatment

A guide for patients and families

This Year's Highlights: GN Committee (Network and Registry)

- **GN Atlas** (first in Canada)
  - Describes population-level epidemiology of GN in BC
- **GN formulary**
  - Modifying funding priority for rituximab in membranous nephropathy
- **Drug-specific pre-printed orders**
  - Facilitate physician prescribing of complex therapies
- **Disease-specific protocols**
  - Developing protocol for PCP prophylaxis in GN
- **Research and knowledge translation**
  - JAMA Internal Medicine, Kidney International
  - Editorials to accompany!

BCRenal
Provincial Health Services Authority

REQUEST FOR LABORATORY SERVICES
For GN patients on cyclophosphamide

Rev: Jan/19 Page 2 of 3

PATIENT INFORMATION
Name: ____
Address: ____
PHN: ____
Phone number: ____

DRUG AND FOOD ALLERGIES

● Mandatory ☐ Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.

INSTRUCTIONS:

- Complete the following blood work at **baseline** and then **every week for 4 weeks** on the following dates:
  (date): ____ (date): ____ (date): ____
  (date): ____ (date): ____

Note: Subsequent blood work frequency should be based on tolerability and safety and whether a stable dose has been determined, and should be ordered as clinically indicated.

Research

JAMA Internal Medicine | Original Investigation

Evaluating a New International Risk-Prediction Tool in IgA Nephropathy

Sean J. Barbour, MD, MSc; Rosanna Coppo, MD, FERA; Hong Zhang, MD, PhD; Zhi-Hong Liu, MD; Yusuke Suzuki, MD, PhD; Keiichi Matsuzaki, MD, PhD; Ritsuko Katafuchi, MD, PhD; Lee Er, MSc; Gabriela Espino-Hernandez, MSc; S. Joseph Kim, MD, PhD; Heather N. Reich, MD, PhD; John Feehally, FRCP; Daniel C. Cattran, MD, FRCPC; for the International IgA Nephropathy Network

Supplement

IMPORTANCE Although IgA nephropathy (IgAN) is the most common glomerulonephritis in the world, there is no validated tool to predict disease progression. This limits patient-specific risk stratification and treatment decisions, clinical trial recruitment, and biomarker validation.

OBJECTIVE To derive and externally validate a prediction model for disease progression in IgAN that can be applied at the time of kidney biopsy in multiple ethnic groups worldwide.

DESIGN, SETTING, AND PARTICIPANTS We derived and externally validated a prediction model using clinical and histologic risk factors that are readily available in clinical practice. Large, multi-ethnic cohorts of adults with biopsy-proven IgAN were included from Europe, North America, China, and Japan.

MAIN OUTCOMES AND MEASURES Cox proportional hazards models were used to analyze the risk of a 50% decline in estimated glomerular filtration rate (eGFR) or end-stage kidney disease, and were evaluated using the R^2_D measure, Akaike information criterion (AIC), C statistic, continuous net reclassification improvement (NRI), integrated discrimination improvement (IDI), and calibration plots.

RESULTS The study included 3927 patients; mean age, 35.4 (interquartile range, 28.0-45.4) years; and 2173 (55.3%) were men. The following prediction models were created in a derivation cohort of 2781 patients: a clinical model that included eGFR, blood pressure, and proteinuria at biopsy; and 2 full models that also contained the MEST histologic score, age, medication use, and either racial/ethnic characteristics (white, Japanese, or Chinese) or no racial/ethnic characteristics, to allow application in other ethnic groups. Compared with the clinical model, the full models with and without race/ethnicity had better R^2_D (26.3% and 25.3%, respectively, vs 20.3%) and AIC (6338 and 6379, respectively, vs 6485), significant increases in C statistic from 0.78 to 0.82 and 0.81, respectively (ΔC, 0.04; 95% CI, 0.03-0.04 and ΔC, 0.03; 95% CI, 0.02-0.03, respectively), and significant improvement in reclassification as assessed by the NRI (0.18; 95% CI, 0.07-0.29 and 0.51; 95% CI, 0.39-0.62, respectively) and IDI (0.07; 95% CI, 0.06-0.08 and 0.06; 95% CI, 0.05-0.06, respectively). External validation was performed in a cohort of 1146 patients. For both full models, the C statistics (0.82; 95% CI, 0.81-0.83 with race/ethnicity; 0.81; 95% CI, 0.80-0.82 without race/ethnicity) and R^2_D (both 35.3%) were similar or better than in the validation cohort, with excellent calibration.

ISN kidney INTERNATIONAL
OFFICIAL JOURNAL OF THE INTERNATIONAL SOCIETY OF NEPHROLOGY

Disease-specific incident glomerulonephritis displays geographic clustering in under-serviced rural areas of British Columbia, Canada

Mark Canney[1,2,*], Dilshani Induruwage[2], Lawrence C. McCandless[3], Heather N. Reich[4], Sean J. Barbour[1,2]

This Year's Highlights: Enhancing Person-Centered Care

- Developed Patient and Family Engagement Framework
- Patient Experience Survey Follow Up
  - Cross-province focus groups to inform strategies that support patient goal setting

Patient & Family Engagement

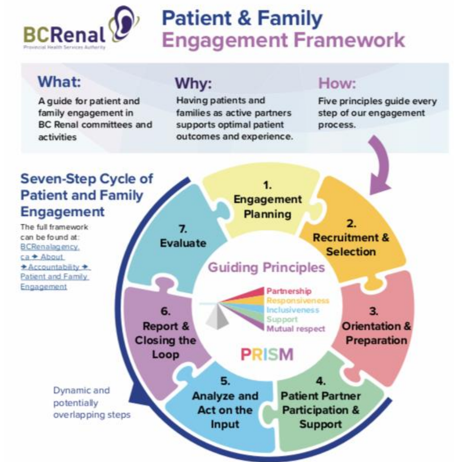
All figures as of August 1, 2019

14 patient partners in the network

11 active patient partners

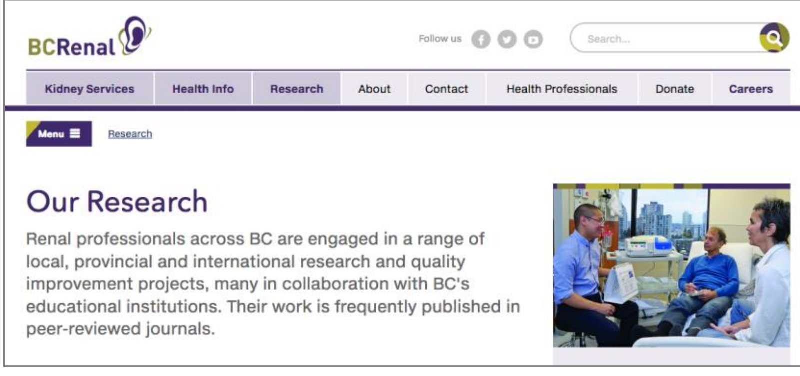
12 patient partners completed an orientation

15 engagement opportunities



Innovation and research in renal care

Key component of BC Renal mandate



Research Focus

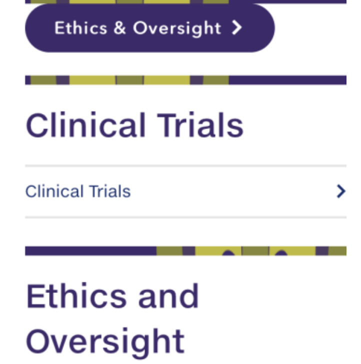
- About Our Research
- Prevention and Early Detection
- Living with Kidney Disease
- Glomerulonephritis
- Dialysis
- Kidney Transplant
- Palliative Care
- Can-SOLVE CKD Network

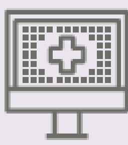
Publications

Presentations

- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013

Participate

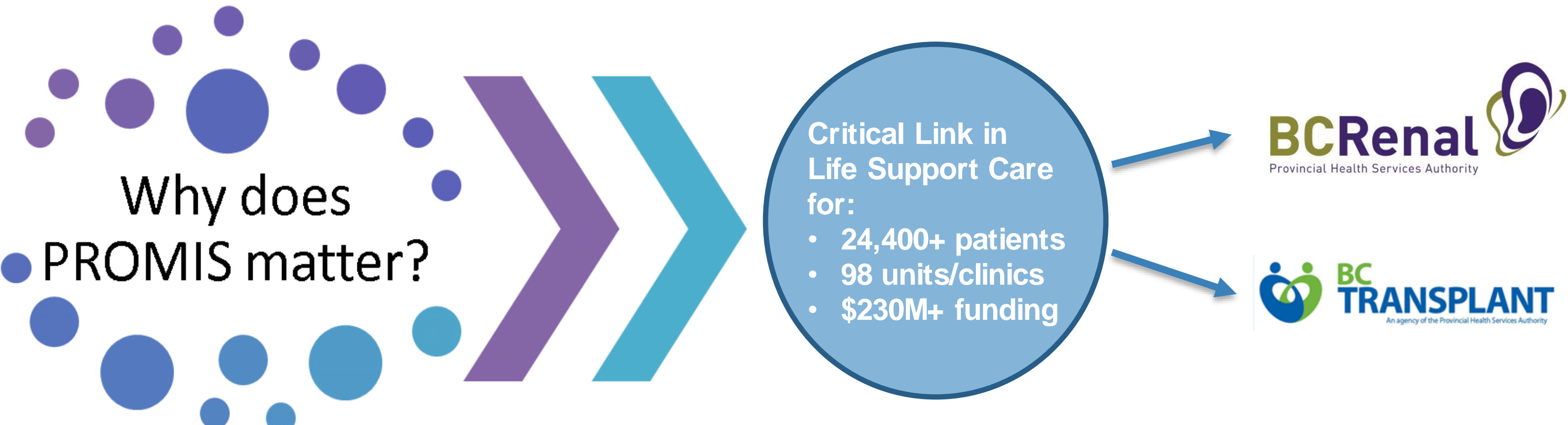


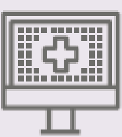


The right technology solutions

An Integrated, *Provincial* Clinical Information System

Supporting clinical, administrative, QI and research activities





The right technology solutions

Ministry of Health
-Provincial-

CTR - Canadian Transplant Registry
-National-

CORR - Cdn Organ Replacement Registry
-National-

PROMIS
-Provincial-

- Chronic disease mgmt information system
- Patient registry
- Connection to national organ transplant

- Determines funding
- Regulatory reporting
- Evaluation, QI and research

Vancouver Coastal Health/PHC
- CST Cerner

Island Health
- iHealth Cerner

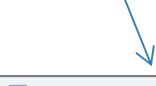
Northern Health
- NH Cerner

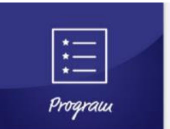
Fraser Health
- FH Meditech

Interior Health
- IH Meditech

Private services
- Private Labs
- McDonalds Pharmacies
- Medical imaging
- Other Clinical Systems
- Private Nephrologist Offices

Patients





How many labs were loaded into PROMIS over the past year?

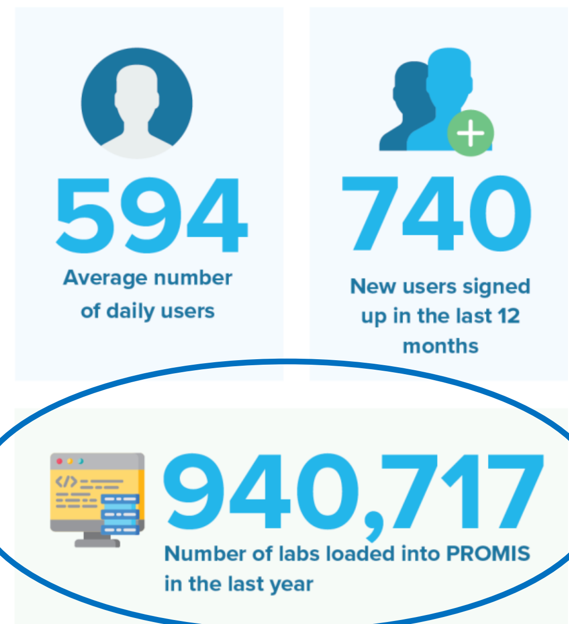
a. 340,000

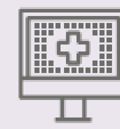
b. 640,000

c. 940,000

And the answer is…

c. 940,000 *(actually 940,717)*





The right technology solutions

Development informed by input of Clinical Design Working Group:

- 50 clinical stakeholders from across BC

June 2019 fourth release (PROMIS 4.3)

- Full migration of legacy Peritoneal Dialysis (PD) application to PROMIS 4
- Recording & viewing labs
- Lab flowsheets and graphs
- Emergency planning & reports

Coming in November 2019 (4.4)

- Continued migration of legacy reporting from Classic to PROMIS 4
- Patient-level reports
- GN immunosuppression drug application
- Physical exam / visit
- TB screening/questionnaire
- Worklist updates
- Integration with CST Cerner

Accountability: Indicators and Evaluation

- Provincial/national reporting
  - Canadian Organ Replacement Registry (CORR)
  - Ministry of Health and PHSA
- Reporting to Regional Programs
  - Clinical and management Indicators
  - Finance reports: actual costs, staff mix/FTEs by program
- Reporting to modality committees/working groups
- Research support

Management Indicators Report Dashboard

Priority Strategies	Indicators	Status	Trend	Target	Prior FY17/18	Current FY18/19
Health and Well Being						
Targeted/effective primary disease prevention and health promotion						
Ensure ongoing collaboration with provincial eGFR lab strategy and primary care	1. Level of Kidney Function (mean eGFR) at Time of CKD Registration	●	→	30-35 mL/min	30.2 mL/min	30.4 mL/min
Responsive and Effective Health Care Services (Shift to Patient-Centered Care)						
Comprehensive and Coordinated Team-based Care						
Support best practice, dialysis care in BC	2. One-year Patient Survival Rate on Dialysis	●	→	≥80%	85%	86%
Promote and support initiation of transitions in care to the appropriate modality	3. Percentage of patients participating in independent dialysis (PD and home-based HD)	▲	↓	≥32%	31.0%	30.5%
	4. Peritoneal Dialysis Intake Rate	●	↓	≥25%	34.9%	33.2%
	5. One-year Peritoneal Dialysis Attrition Rate	●	↑	≤30%	29%	27%
	6. Rapid Progression of Kidney Function	●	↑	TBD	22.3%	21.6%
	7. Level of Kidney Function at Dialysis Initiation	●	→	≤15 mL/min	11.5 mL/min	10.3 mL/min
Renewed role of hospitals - focus on improved surgical services						
Collaborate with specialists to improve access and quality of care	8. Percentage of chronic kidney disease patients followed according to standardized clinical pathway for hemodialysis access creation	●	↑	≥70%	70.3%	71.1%
	9. Percentage of patients initiating hemodialysis with appropriate access (= % incident fistula)	◆	↓	≥25%	28.8%	23.4%
	10. Percentage of prevalent HD patients dialyzed with optimal access (=% prevalent fistula)	◆	↓	>60%	51.1%	49.0%
Improve outcomes, reduce hospitalizations						
Improve quality of dialysis care	11a. Bacteremia infection rate per HD Catheter access year	●	→	<0.5 per HD Cath Year	0.067	0.063
	11b. Bacteremia infection rate per HD Fistula access year	●	→	<0.5 per HD Fistula Year	0.006	0.004
	11c. Bacteremia infection rate per HD Graft access year	●	↑	<0.5 per HD Graft Year	0.067	0.014
	11d. Peritonitis infection rate per PD patient-year	●	↑	<0.5 per PD Pt-Year	0.311	0.290
Ensure Value for Money						
Enabling IMIT and technology infrastructure and approaches to funding						
Develop multi-year application roadmap and implementation plan for PROMIS	12. Percentage of patients with modality selection available in PROMIS	●	↑	TBD	88%	93%

Regional Innovations

- Multiple quality improvement initiatives across HAs:
  - Funded through ‘value add’ $$ *(see handouts and BCKD app)*
  - Posters at BCKD

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

BCRenal
Provincial Health Services Authority

Highlights from 2018-2019

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.

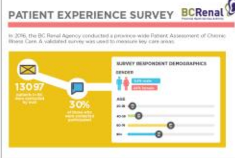
Value-Added Funds Support Provincial Initiatives

Patient Education Tools

Value-added dollars continue to support the development and enhancement of a range of patient education materials that promote patient self-management and improved health outcomes. In 2018/19, these included patient handouts and tools on a range of topics, including vascular access care, preparing to stop dialysis and palliative care, diet and nutrition, infection control, glomerulonephritis medication protocols and hemodialysis and travel.

Patient Transition Guides

Every kidney patient’s health journey includes major transition points during their disease progression, and each change requires navigating a complex health care system and interactions with various care teams. This can lead to additional stress, extended timeframes and even an inability to successfully transition to a new modality of care. To better support patients, BC Renal developed a series of complementary care team and patient guides that provide step by step information on what happens during transitions and support the active role patients have in their health care decisions. The transition guides will be rolled out in the fall 2019.



Patient Experience Survey

Over the past ten years, BC Renal has conducted three province-wide patient experience surveys. Provincial and modality-specific reports from the last survey are available on the BC Renal website, and health authority reports have been distributed to the programs. Focus groups will be held into fall 2019 to better understand the results and focus efforts on improvement across all areas of care.

Initiatives such as the patient experience survey and other patient engagement strategies help inform strategic decision-making and long-term kidney care planning, evaluation of the overall system’s performance and underpin research efforts.

AMGEN

Value-Added Dollars from PD Contract Support Innovation, Improve Peritoneal Dialysis Care

BCRenal
Provincial Health Services Authority

Highlights from 2018-2019

Value-added funds from a provincial contract negotiated by BC Renal and the Provincial Health Services Authority Supply Chain improve care for peritoneal dialysis (PD) patients and quality of work-life for clinicians across BC.

Baxter FRESENIUS MEDICAL CARE

While a portion of these funds is used at the provincial level to support PD initiatives of the BC renal network, the majority is allocated to health authority PD programs to meet diverse needs at the local level. Collectively the objective is to optimize the prevalence of PD throughout BC, and to ensure quality PD patient care and enhanced staff knowledge and expertise.

Value-Added Funds Support Provincial PD Initiatives

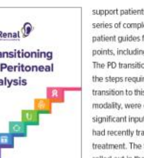
BC Renal is dedicated to ensuring all end-stage renal patients are considered for home therapies. In 2018/19, value-added funds were used to support initiatives aimed at increasing PD uptake across health authority programs, as well as to ensure high quality care.

Standardized PD Guidelines, Procedures and Patient Materials

PD value-added funds support the ongoing development and implementation of a wide range of standardized, provincial tools for PD care providers and patients, including guidelines and procedures. In 2018/19, this included documentation to support PD patients who travel, multiple PD procedures (ranging from the addition of medication to dialysate solutions to transfer set changes) and the development of transitions guides for PD patients and care teams.

Patient and Care Team Transition Guides

Every kidney patient’s health journey includes major transition points during their disease progression, and each change requires navigating a complex health care system and interactions with various care teams. This can lead to additional stress, extended timeframes and even an inability to successfully transition to a new modality of care, such as PD. To better support patients, BC Renal developed a series of complementary care team and patient guides for these major transition points, including to PD.
The PD transition guides, which outline the steps required to successfully transition to this independent dialysis modality, were developed with significant input from patients who had recently trained for and started PD treatment. The transition guides will be rolled out in the fall 2019.



Guidelines, procedures and various patient and provider tools can be found on the BC Renal website (bcrenalagency.ca) in the PD sections under ‘Health Professionals’ and ‘Health Info’.

Provincial Committee Participation

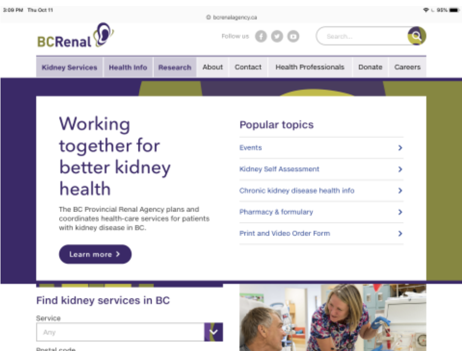
Sharing outcomes with provincial renal partners through the BC Renal network of committees can guide and consolidate practice. It also provides opportunities for engagement and networking, as well as incentives for quality improvement initiatives, and a chance to discuss current and emerging practices. Access to PD value added funds for these opportunities has been invaluable for sustainable staff training and education.

New Technology for Treatment and Education

In 2018/19, BC Renal conducted a comprehensive assessment and evaluation of a new PD cycler with remote monitoring capabilities. The funds were used to complete the evaluation from one site in BC and also

Use our Online Resources

Website



bcrenalagency.ca

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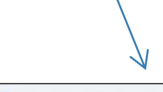
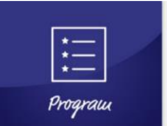




A sustainable renal community

How long have you been involved in renal or kidney transplant care?

a. Less than two years

b. 2 – 10 years

c. 10 – 20 years

d. 20+ years

BCRenal
Provincial Health Services Authority

BC Renal/UBC Supported Fellowships

Clinical Fellowships - support of UBC training program

- Aiza Waheed – ANT/CKD and HD
- Susie Hewitt – ANT, PD/HHD
- Sine Donnellan – ANT
- Kathryn Larmour – ANT
- Heather Gunning – GN

Post Doctoral Clinical/Research Fellowship

- Mark Canney

Administrative Fellowship

- Peter Birks

A sustainable renal community

Adult Nephrology

Core Training Neph Fellows

- Marianne Park (Y2)
- Amanda Cunningham (Y2)
- Tae Won Yi (Y2)
- Kevin Zhang (Y1)
- Julie Ting (Y1)
- Wayne Hung (Y1)

Pediatric Nephrology

- Blake Sandery
- Kayla Flood
- Kristen Favel

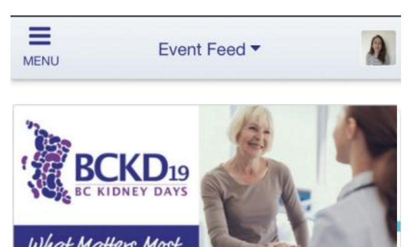
Transplant

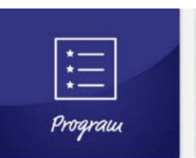
- Priya Jindal
- Umesh Varyani
- Jayna Gill

And.......Nurses, Dietitians, Pharmacists, Social Workers in training, in health authorities, exposed to nephrology ....

for your energy & commitment to people living with kidney disease

- Over 300 people actively involved in our network
- All health care team members directly contribute to patient wellness
- BC Renal is us, working together





Your feedback is important! Use the BCKD app!

Enjoy the conference!