



The past year has been one of unprecedented challenge and hardship. The impact on the health system and those who work in it has been profound. Across BC, kidney care teams continued to put the needs of patients first, adapting to constant change along the way. They also continued to seek opportunities to improve care, some of which are described in this document. At BC Renal, we extend our heartfelt gratitude to everyone in our kidney care network for your continued dedication.

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Highlights from 2020-2021

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



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

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 anyone who experiences kidney failure is considered for home therapies. In 2020-2021, value-added funds were used to support initiatives aimed at increasing PD uptake across health authority renal programs, as well as to ensure high-quality care.

Standardized PD Guidelines, Procedures and Patient Materials

The [BC Renal PD Committee](#), which includes multidisciplinary representatives from all regional health authorities, provides leadership to a range of initiatives, including the development of [standardized guidelines](#), [procedures](#) and [patient materials](#)



aimed at improving PD patient quality of care and experience. The committee also monitors clinical indicators and outcomes, is a forum to discuss current and emerging practices, and supports engagement and networking.

In 2020-2021, initiatives included planning for and rolling out the provincial implementation of a new PD cyclor with remote monitoring capabilities, exploring the expansion of the PD Assist program, implementation of guides to support patients as they transition towards independent dialysis, and development of staff resources for clinicians in rural and remote health care facilities who provide care to PD patients.

Nephrology Home Dialysis 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 home therapies fellowship. More information is available on the BC Renal website – go to BCRenal.ca and click on ‘Careers’.

Value-Added Funds Support Regional PD Initiatives

At the health authority level, projects and activities supported by value-added funding in 2020-2021 fiscal year included the following:

Staff Education and Training

Access to ongoing staff education and knowledge exchange is a significant contributor to job satisfaction and quality of work-life, as well as the ongoing delivery of best-practice PD care. By participating in education programs, team-building activities, attending conferences, workshops and provincial meetings, as well as having access to journal subscriptions, PD professionals learn about emerging practices and innovative initiatives, and are able to share this information with their renal programs.

Due to the ongoing COVID-19 pandemic, educational opportunities have generally moved to virtual modes of delivery, with PD value-added funds used to sponsor health authority staff participation in a variety of local, provincial, national and international

conferences, workshops and events relevant to the PD therapy.

PD Nurses Training

The challenge of an aging workforce continues to impact PD programs across BC. The BCIT PD advanced online course, which provides the theoretical knowledge required to work in a PD unit, has been a key component of the educational strategy to ensure programs are staffed with knowledgeable nurses who can quickly orientate to their respective PD unit.

Patient Education and Training

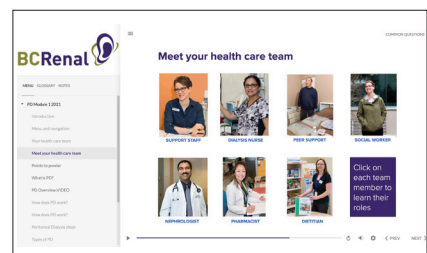


Image: PD Patient Training Module

Ensuring quality in all aspects of patient education helps encourage patient self-management, improves quality of life and supports positive health outcomes.



A portion of PD value-added funds is consistently dedicated by health authority renal programs to advancing education and training in peritoneal dialysis for eligible patients.

Implementation of the AMIA APD System – Island Health

The AMIA with Sharesource APD system, which is being rolled out province-wide by BC Renal, enables staff to remotely monitor PD patient

treatments to better support assessment and evaluation of care. Island Health implemented the AMIA system in their Victoria and Nanaimo home dialysis programs. The use of remote patient monitoring and the ability to make changes to the PD cyclor settings remotely has been especially relevant during the COVID-19 pandemic, as fewer patients were seen in person. Training for staff was also conducted virtually due to the pandemic, with in-person clinic visits planned for the near future to provide staff advanced user support education. This mode of PD delivery – with remote monitoring and program settings changes – has now become the default option for PD therapy in Island Health.

Culinary Medicine Sessions for PD Clients – Interior Health



Renal dietitians at Kelowna General Hospital made use of PD value-added funds to support a program of dietary education for PD patients in the region. The sessions resulted

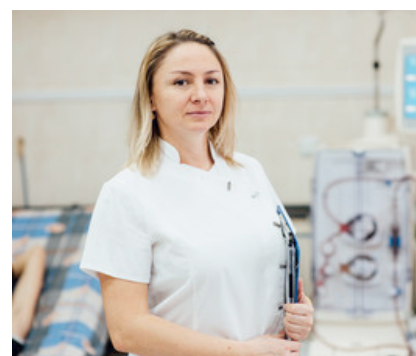
in a significant increase in patients checking specifically for phosphate levels or phosphate-containing ingredients on food labels, as well as an increased willingness among participants to try new food products. Simultaneously, it was observed that some participants were resistant to changing dietary behaviours. The KGH renal dietitians will share learnings from this project with RDs regionally and provincially, and are currently planning phase II of the initiative, which will involve two patient partners in the working group, and will expand to include a selection of CKD patients.

PD Ancillary Supplies – Interior Health

Interior Health renal program used some of the available funds to purchase valuable PD supplies not routinely found on the approved vendor PD order list. The supplies, which helped to improve quality of life for patients on PD, were distributed among four regional PD clinics according to patient volumes. Specifically, PD patients in need received portable IV stands and “Secure Way” catheter holders. While quantities were limited to remain within budget, based on positive patient feedback, they may be considered for inclusion in the BC Renal PD supplies list or recommended for patients according to their needs in other PD clinics within the health authority.




Enhancing Care of PD Patients – Island Health

Island Health has continually dedicated a portion of the PD value-added funds to support nurses working within inpatient acute care environments to gain formal training in PD care through the specialized BCIT course. Last year, two acute care nurses from RJH and NRGH took the course. While the Island Health renal program has observed a gradual reduction in interest among acute care staff to take specialized PD training, the program continues to report substantial benefits. For example, on training completion, acute care nurses use their new knowledge, skills and competencies to become “PD champions” within their inpatient areas and act as a PD care resource for staff and patients.



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