



Over the past fiscal year, kidney care teams continued to adapt to and build upon the lessons learned from the COVID-19 pandemic in order to continue supporting patients and each other. They also continued to seek opportunities to improve care, as reflected 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 2021-2022

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 2021-2022, 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 2021-2022, provincial initiatives included the successful rollout across all health authorities of a new PD cyclor with remote monitoring capabilities as well as 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 two home therapies fellowships per year. The fellowships aim to educate clinical leaders with a particular focus on supporting home therapies, including PD, as a treatment option for kidney failure. More information is available on the BC Renal website – go to [BCRenal.ca](https://www.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 2021-2022 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.

In the wake of the COVID-19 pandemic, which saw many educational opportunities move to virtual modes of delivery, in-person and hybrid (virtual and in-person) educational events began to restart in 2021-2022. Similar to previous years, PD value-added funds were used to sponsor health authority staff participation in a variety of local, provincial, national and international conferences, workshops and events relevant to PD therapy.

Increasing PD Knowledge

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 an educational strategy to ensure programs are staffed with knowledgeable nurses who can quickly orientate to their respective PD unit.

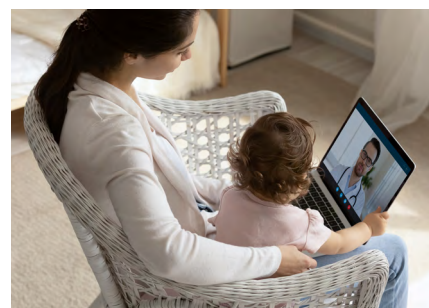
Patient Education and Training

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 support patient education through the development of patient resources.

Equipment for Patient Teaching and Virtual Care – BC Children’s Hospital

As part of the recent pandemic-induced focus on providing a portion of care virtually where possible, the renal program at BC Children’s Hospital used some of the available funds to purchase a patient teaching/training laptop for clinical and virtual use. With this additional equipment, the program expects to improve teaching and access to virtual care for pediatric patients, particularly those who reside in remote areas of BC and in the Yukon, the two jurisdictions where BCCH provides services.



Improving Conversion from PD Choice to Initiation – Fraser Health

A team at Fraser Health undertook a project to design a better process to assess in-hospital candidacy to start peritoneal dialysis as an alternative to hemodialysis. While admissions involving acute kidney injury are generally unavoidable, the team identified specific actions that can lead to better PD uptake. In particular, routine review and ongoing, timely education for patients with a low eGFR can help ensure their chosen modality is still feasible. Recognizing that cardiac events requiring drug-eluting stents (stents coated with a slow-release medication to help prevent blood clots) can be a barrier in transitioning patients to PD, the project team plans to develop a process to identify this patient population early on in their HD treatment and reassess their candidacy for PD. This process will also apply to patients who are still candidates for PD, but are deferred for one year, due to their drug-eluting stent(s). In the future, the team plans to retrospectively analyze the new processes developed from the outcomes of this project and review their efficacy.



PD Ancillary Supplies – Interior Health

In the past, the Interior Health renal program used some of the available funds to purchase PD supplies not routinely found on the approved vendor PD order list. This year, the program continued to invest a portion of the funds to purchase additional equipment and supplies that helped enhance daily peritoneal dialysis care for

patients, promote sustainability of their current lifestyle, fostered independence and improved quality of life. Specifically, this year, the program acquired one PD medical supply cart, 40 night exchange holders, 60 scales to measure dialysis effluent, etc. Similar to the previous year, the items were distributed among regional PD clinics based on patient volumes and needs.

Decreasing Environmental Footprint in HD Patient Clinics – Island Health



The Island Health renal program undertook an initiative to identify and reduce the environmental footprint of its HD patient clinics. The program was disappointed to find that the sites were quite limited in terms of recycling opportunities, even compared to what was happening in the greater community. Given that recyclables such as soft plastics and mixed paper are not accepted for recycling, it was challenging for the renal program to identify ways to improve the practice within the clinics, but the project did identify paper waste as the “lowest hanging fruit”. Workflow changes to reduce printing recommended by the project align with and will prepare the clinics for the rollout of the EHR to ambulatory areas in the future and can be used by other outpatient clinics within Island Health to begin moving to a more electronic-based, “print-less” system. The renal program will continue to engage staff and conduct regular chart audits with feedback to staff to identify “drift” from the new

“print-less” practice. Annual reviews of spend reports will be used to identify successes and opportunities for improvement.

Understanding PD Early Exits – Island Health

With independent therapies being a high priority for all BC renal programs, Island Health worked to better understand the reasons behind early exits from PD. A PROMIS (the BC renal and transplant information system) chart review was completed for all PD early exits in the program between January 1, 2018 and September 30, 2021. Early exits were defined as those within 6 months of starting PD, and a total of 45 exits were observed during the review period. The program also developed a patient experience survey and distributed it to 19 current kidney patients in Island Health identified as prior early PD exits.

In the course of this analysis, the program encountered several challenges to data interpretation and conclusion drawing. Specifically, there was variation in data entry between clinics and high use of the “other” option in PROMIS for end reasons, which made initial data difficult to interpret, requiring further manual chart review to clarify details. The renal program has since effectively corrected these deficiencies across its clinics. The response rate to the patient survey was 31.6% (six surveys were completed out of the 19 sent). While the low numbers prevented generalization of findings, it was helpful to understand the experience of these individuals.

The renal program plans to share the project findings with the Island Health Home Dialysis Quality Sub-Committee to further interpret results and identify potential opportunities for additional practice/process improvements to optimize retention on PD. The program will also continue focusing attention on

addressing modifiable barriers to sustaining PD.

CRASH Project – Control Site – Island Health

The Island Health renal program continued to serve as the control site for the provincial CRASH project, which aims to reduce unplanned dialysis starts and improve the uptake of independent therapies. Last year, the program followed the provincial CRASH project standard operating procedures and activities to support accurate and timely patient identification, data collection and reporting to the provincial project team. The program, along with the broader renal community in BC, is currently awaiting the final report and recommendations from the provincial CRASH project team.

Enhancing Care for PD Inpatients at RJH and NRGH – 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 basic BCIT 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. This past year, one learner from each hospital site (Royal Jubilee Hospital and Nanaimo Regional General Hospital) participated in the program. On completion of training, nurses become “PD champions” within their in-patient area. As such, they become a resource of PD care for staff and patients by utilizing and sharing their new knowledge, skills and competencies. They also get to know PD staff working in the Home Dialysis Clinics during their “preceptorship” experience, which opens the door to future collaboration between team members, improving handover and communication on patient



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needs as individuals are admitted/discharged from hospital for a range of reasons. The program has also benefited from the camaraderie by successfully recruiting former participants into vacant positions in the Home Dialysis Clinic.

The renal program will continue to partner with the leaders in hospital acute care units in the coming year to determine how best to support the development of PD competencies for inpatient nurses, especially recognizing that many of these units are staffed with a majority of new grad nurses. Acting on past learnings, the program plans to redesign the “preceptorship” portion of the training, seeking a way to minimize costs while also ensuring learners are participating in more value-added activities.

Feasibility of Bedside PD Catheter Insertion at Nanaimo Regional General Hospital (NRGH) – Island Health

Island Health and other renal programs in BC routinely track quality indicators such as the number and type of PD catheter insertions, timeliness of insertions, complications, and function of catheters from year to year. Last year, the Island Health renal program reviewed data for the previous two years to determine how many insertions could potentially have been done locally at NRGH using the bedside percutaneous technique. The program used BC Renal guidelines to identify patients who were appropriate for bedside catheter insertion.

Based on the review, Island Health found the following:

- From November 1, 2019 through October 31, 2020, 38 of 39 inserts for NRGH patients were surgical (97.4%), of which 16 patients (42.1%) had no contraindications to bedside insertion.
- From November 1, 2020 through October 31, 2021, 19 of 19 inserts were surgical, of which only 2 patients (10.5%) had no contraindications to bedside insertion.

The program reported that a total of 18 of the surgical PD catheter insertions during this two-year time period could potentially have been completed as bedside procedures

without the use of surgical resources. It is challenging to draw a definitive conclusion regarding potential ongoing demand given the variation year-to-year between both the annual volumes of total inserts, and the proportion of patients meeting criteria for bedside insertion. Island Health plans to continue to monitor and track surgical PD catheter insertions among NRGH patients over the next few years to more accurately assess when demand for bedside insertions meets the minimal requirements for maintaining skills of the team members if the HARP started to offer this procedure in NRGH. Until then, the program will explore the feasibility and interest of the NRGH interventional nephrologist who have previous training and wish to maintain their competency, to travel to Victoria to maintain skills.

Implementation of the AMIA APD System – Northern Health

Following an almost two-year delay caused by the COVID-19 pandemic, the Northern Health renal program was able to deliver AMIA APD system training to their PD team of three full-time and one casual employee. Staff has been training new patients on the AMIA cyclor for several months already, and the program reports very positive experience from both staff and patients with regard to the ShareSource technology that enables support of patients in real

time. A total of 19 patients have been trained between November 2021 and July 2022. Overall, the AMIA cyclor has proven a good option for appropriate patients affected by Northern Health's remote geography, and the program will continue providing this treatment option in the future.

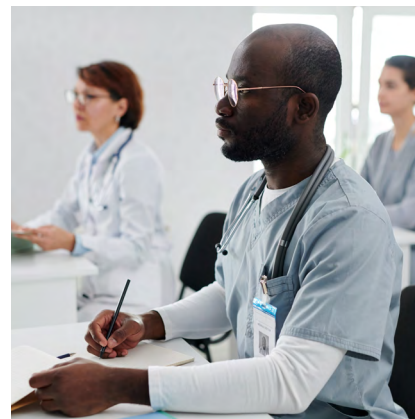
Rural and Remote Project – Northern Health

Northern Health is geographically a very large, remote and challenging jurisdiction. The Northern Health renal program has relied on PD funds to support training and education of staff in a number of rural and remote health care facilities. Specifically, the program's PD lead and Clinical Nurse Educator delivered four virtual sessions to health care facility staff in Fort St John, Dawson Creek and Kitimat, with a total of 23 attendees; they also delivered two in-person sessions in Prince George for regional ER nurses, with a total of 17 attendees. The program reported very positive feedback about the sessions from rural nurses who appreciate the education and direct contact with the PD nurses when they have questions or issues with patients who require support. The renal program will continue collaborating with the regional acute care teams to meet their PD education needs, and the PD lead and CNE are developing a Learning Hub course

based on the sessions they currently offer.

BCIT PD Basic Fundamentals for Nursing Training – Providence Health Care

The renal program at Providence Health Care invested part of the available PD funds into educating some of its Kidney Care Clinic nurses on the fundamentals of PD through the respective BCIT course. The nurses expanded their knowledge base, obtained skills, experience, and attitudes to support PD as treatment option for kidney failure and provide high-quality care to people living with kidney disease and their families. The learnings from this project were shared with renal program managers provincially, with many supporting the idea of using the funds to better educate their frontline staff on PD and help increase the proportion of patients who choose home therapies.



Both the health authority renal programs and BC Renal are committed to using value-added funds to support quality improvement in program and optimal 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.



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