

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

From projects focused on promoting independence through home therapies to enhanced patient and staff education, value-added funds from a provincial contract negotiated by the BC Renal Agency and Provincial Health Services Authority Supply Chain improved care for peritoneal dialysis (PD) patients and quality of work-life for clinicians across BC.



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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.

Enhancing PD Care Across BC

The BC Renal Agency is dedicated to ensuring all end-stage renal patients are considered for home therapies. In 2017/18, 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.

PD Assist Provincial Program

The rollout of the PD Assist program to all health authority renal programs in BC was completed in 2018. PD Assist, which includes both respite and long-term assistance options, supports frail peritoneal dialysis patients who need help to maintain their PD care. The program has seen steady growth since its launch and had over 60 patients as of spring 2018.

PD Assist was recognized by the BC Patient Safety and Quality Council with the 2017 Excellence in Quality – Living with Illness Award, and has been published in Peritoneal Dialysis International and the European Journal for Person Centred Healthcare. Benefits of the provincial PDA program include:

- allowing frail PD patients to continue dialysis at home vs transferring to higher cost facility-based hemodialysis;
- similar or lower rates of peritonitis in this high risk population (a costly and sometimes devastating complication of PD);
- respite care for acute situations (vs hospitalization or transfer to hemodialysis);
- support for patients nearing end of life to allow planning to take

place at home, as opposed to in hospital or after a costly and disruptive transfer to hemodialysis; and

- patient-centred delivery of care.

The program represents an innovative and efficient way to use existing resources to provide enhanced patient care.

Standardized PD Guidelines, Procedures and Patient Materials

PD value-added funds support the ongoing development of provincial PD nursing guidelines and the corresponding provincial implementation of standardized procedures and tools. In 2017/18 this included a Best Practices Guideline for PD programs, development of PD travel information and letters for patients, a functional assessment tool to determine if patients are ready to perform and manage their PD care, as well as procedures for irrigation, catheter flow, catheter heparinization and capping, surgical masks and warming PD solutions.

In addition, PD value-added funds supported work to update and revise PD patient training e-modules and videos available through the BCPRA website. Guidelines, procedures and various patient and provider tools can be found on the BC Renal Agency's website (www.bcrenalagency.ca) in the PD sections under 'Health Professionals' and 'Health Info'.

Patient Attendance at ISPD

PD value-added funds were used to support the participation of several patients at the International Society of Peritoneal Dialysis congress that took place in Vancouver in May 2018. This was a rare opportunity for BC PD patients to attend and see the inner workings of one of the world's most important conferences on peritoneal dialysis that brings together leading clinicians in the field from around the world.

Provincial Committee Participation

Sharing outcomes with provincial renal partners through the BC Renal Agency's 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.

Value-Added Funds Supporting Regional PD Initiatives

At the health authority level, projects and activities supported by value-added funding in 2017/18 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.

Last year, value-added funds were used to sponsor the participation of 21 PD nurses in the BCIT advanced online PD education course. Funds were also used to sponsor health authority staff participation in the following conferences, workshops and events, among others:

- International Society of Peritoneal Dialysis
- BC Kidney Days
- Canadian Society of Nephrology (CSN)
- Canadian Association of Nephrology Nurses & Technologists (CANNT)
- Canadian Association of Nephrology Social Workers (CANSW)
- National Kidney Foundation Annual Scientific Meeting
- Northwest Dietitians Conference
- American Nurses Nephrology Association Conference
- Annual Dialysis Conference
- World Congress of Nephrology
- BC Renal Agency PD committee meetings
- BC Renal Agency PD nurses group meetings

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 advancing education and training in peritoneal dialysis for eligible patients.

Rehab Nurse Training in PD

One health authority used PD value-added funds to train rehabilitation unit nurses to provide peritoneal dialysis to PD patients that require rehabilitation. As a result, patients can now be transferred faster to the rehabilitation unit post-amputation or stroke to continue their recovery. This will help to decrease patients' length of stay in the acute care setting and potentially allow patients to return back to their homes earlier due to more focused rehabilitation services.

Skills Fair

PD value-added dollars were used to develop and implement a skills fair for medical and surgical nurses in two semi-rural communities with a focus on providing care to PD, HD and transplant patients. Through a collaborative approach with the Quality Office, the health authority renal program achieved a broad knowledge translation outcome. Overall, the renal program reported improved knowledge and care delivery by acute care staff for renal patients through the utilization of a handover tool and awareness of the importance of medications and timely lab work. The renal program plans to repeat the skills fair in six months.

Support for Home Modalities

Rural and remote communities in BC often face challenges in coordinating home therapies. A health authority opted to use PD value-added funds to build capacity for remote training of patients who would be otherwise excluded from the opportunity. The first three patients were trained on home modalities in their remote communities, without the need to travel to a bigger centre. The patients reported that being able to train within their own community (or close) was appealing and welcomed. The renal program plans to determine the need for remote training on a case-by-case basis, and believes that this possibility may improve patient recruitment and retention for home modalities.

Transition/Navigator Nurse Pilot

A mix of PD and RRP value-added dollars supported the introduction of a transition/navigator nurse role in one of the health authorities to support patients through CKD and orient them to the different dialysis modalities, including peritoneal dialysis. This approach helped ensure all eligible patients could be steered towards home modalities. The pilot demonstrated the need for an ongoing transition/navigator role in the program, and the HARP plans to extend the project for another year, with a few other programs interested in a similar approach.

Both the health authority renal programs and the BC Renal Agency 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.