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# PROMIS – Connecting Data to Dollars

Tina Kenyon, Data Management Coordinator,  
IHA Renal Network

# Overview

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Funding from BCPRA is based on data entry into PROMIS program. All statistics for renal programs are pulled from PROMIS. Projection numbers are based on this information.

# How PROMIS links to Projections

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- Complete patient registration
- Program entries and exits
- Patient activity
- Met criteria of patient activity (essential data entry elements)

# Essential Data Entry Elements

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- Demographics
- Treatment Status
- Medications
- Comorbidities
- Acuity Scale
- Laboratory Data
- Physical Exam
- Access
- Scheduling

# Demographics

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- CORR data entry for accreditation (race and diagnosis code)
- Primary vs. Temporary management centre

# Treatment Status

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- CRF registration for CKD patients must include follow up location – funding will be impacted without proper status
- Dialysis Status for dialysis patients must be updated every time the status changes

# Medications

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- All medications must be entered – even one time orders
- Medications must be verified at least qyearly
- Medication Verification report
- Linked to Accreditation and funding model
- Used for research purposes

# Comorbidities

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- 90% of patients must have at least one entry
- Entered upon initial program entry and updated qyearly
- CORR data requirement for accreditation
- Primary renal diagnosis must be entered

# Acuity Scale

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- 80% of all patients for funding
- Not required for home therapy patients
- All Incentre Hemodialysis patients must have at least one acuity assessment per year and after hospital admissions and significant changes to acuity
- Blended funding model percentages

# Laboratory Data

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- Entered q3monthly for dialysis patients
- Qyearly for CKD patients
- Autoloads from Meditech for IHA
- eGFR report for CKD patients comes from here

# Laboratory Data (continued)

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eGFR for CKD funded by 3 categories:

- Category 1: patients with egfr >30
- Category 2: patients with egfr 15 to 30
- Category 3: patients with egfr <15

# Physical Examination

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- 80% of all patients
- Q3monthly for dialysis patients
- Qyearly minimum for all CKD patients
- Includes height, weight and BP
- Funding and accreditation requirement

# Dialysis Access

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VA program coordinator and assistant are funded through data entry.

# Access – what we track:

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- Incidence and Prevalence rates
- Infection Rates
- OR wait times
- eGFR Priority report

# Dialysis Scheduling

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- All hospital and CDU dialysis patients
- All catheter flushes
- Home dialysis (PD and HD) are not entered in schedule
- 90% of hospital and community based dialysis patients must be entered for funding

# Dialysis Scheduling – what's tracked

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- Funding based on 156 dialysis runs per patient per year (4 hour run x 3 days per week x 52 weeks = 1 hemodialysis patient year)
- Dialysis >5 hours counts as an additional run
- Unit capacities
- Reconciliation report generated to compare dialysis schedule to dialysis status for adequate funding

# Acute Dialysis Patients

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- Not known to nephrology prior to acute renal failure.
- Not Provincial Renal Agency program patients.
- Other Renal Program patients.
- Funding is part of the blended model. No additional funding is provided for acutes

# Chronic Dialysis Patients:

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- Known to nephrology prior to dialysis
- Have chronic renal failure
- Provincial Renal Agency program patients living in BC > 3 months
- Funding:
  - Essential data elements
  - Acuity assessment
  - Dialysis status

# Transient Patients

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- Visitors from out of province who are on hemodialysis
- Are not funded by BCPRA
- Tracked in Meditech for Interior Health

# Summary

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Data entry into PROMIS is essential not only for funding but for tracking patient health and projecting program growth. This data plays an important role in kidney disease research both provincially and federally.



Questions?