

Renal News



Shaping the future of kidney care

The work of provincial renal committees & working groups

Renal care providers from across the province work together on a variety of committees and groups with the goal of improving care for kidney patients in BC. This update is designed to keep you informed about plans being discussed and decisions being made that will make a difference to you and your patients.

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Record Attendance and Sponsorship for BC Nephrology Days

Held October 20 - 21st at the Vancouver Convention and Exhibition Centre, BC Nephrology Days 2005 surpassed all expectations, with over 400 attendees and double the previous year's sponsorship dollars. Planning is already underway for 2006.

For more information or to get involved: Dr. Gerry Karr (gkarr@shaw.ca)

Accreditation a Success

BCPRA completed its first CCHSA accreditation in early November. Due to the unique structure and operations of the Renal Agency, CCHSA developed new standards called "Coordination and Partnerships" as a pilot. Feedback from the surveyors was very positive, particularly with respect to PROMIS and the extensive medication coverage for renal patients through the provincial Renal Formulary. Two key suggestions were for BCPRA to increase GP involvement and to work more closely with BCTS to integrate kidney transplant patients into PROMIS as CKD patients where applicable, to improve the continuum of care. A final written report from the Accreditation team is expected in December.

Vascular Access Pilots Improve Care, Reduce Costs

The results from three pilot projects in Vancouver Coastal/Providence, Interior and Northern Health provide ample evidence that vascular access interventions can make a significant difference both to quality of care and costs. By adopting a set of principles and processes that support a "Fistula First" approach, the projects achieved an overall 15 percent reduction in the use of perm catheters in the first six month period, and an increase of 10 percent in AVF creation.

The projects also reduced costs by about 15 percent, due to reductions in the use of catheters, thrombolytic therapy (tPa) and antibiotics, as well as pharmacy and nursing

time. This initiative, conducted in collaboration with the health authorities, saved dollars allocated within the global HA budgets (e.g. radiology, catheters, tPa).

In order to hold the gains made and sustain improvements over time, the Provincial Vascular Access Services Team and the pilot project teams are shifting their focus to sustainability. Watch for more on this in future issues of *Renal News*.

For more information: Joanne Cozac (jcozac@northernhealth.ca)

New Structure to Support Growth of Independent Hemodialysis Program

With a robust independent hemodialysis (HD) program now in operation across BC, the IAMHD Committee recognized the need for a revised governance structure. This new structure will include:

- *Provincial Program Steering Committee*: provides a strategic plan and guides the development and maturation of the provincial HD program to ensure high quality, safe, equitable patient care; reports to the BCPRA Executive.
- *Operations Group*: assists HARP's with successful integration and enhancement of independence for HD patients by ensuring processes, procedures and tools exist that facilitate timely access to home HD or alternate approaches to care in structured settings.
- *Clinical Educators Group*: enhances and fosters excellence in the provision of education processes and materials to facilitate the achievement of patient independence.
- *Business Group*: provides financial support, information and advice regarding all aspects of the provincial IAMHD program, inclusive of contract monitoring with vendors.

For more information: Donna Murphy-Burke (dmurphy-burke@providencehealth.bc.ca)

Renal Program Guidelines Supported by Ministry of Health

Provincial renal program guidelines, which provide a methodology and set of principles for health authorities and institutions to follow in the management and ongoing development of care programs, have been formally endorsed by the Ministry of Health – marking a national first. These guidelines support equitable distribution of high quality renal care to patients across BC. They are posted on the BCPRA website at <http://www.bcrenalagency.ca/WhoWeAre/KidneyCare/Renal+Program+Guidelines.htm>

Capital Planning Update

As requested by the PHSA and the Ministry of Health, BCPRA has completed a 10-year capital funding plan. The process used was the same as for all renal capital project planning: Health Authority Renal Programs submitted to our Facilities and Equipment Planning Group (FEPG) their prioritized business cases based on projected capacity needs over the next ten years. The FEPG includes representation from all health authority renal programs, and uses a rigorous evaluation process to rank capital funding needs. This 10-year capital plan was approved by the BCPRA Executive Committee.

The Executive Committee also approved FEPG recommendations for replacement and growth equipment (including home HD machines), as well as the following capital

projects for 2006/07 and 2007/08: expansion of the hemodialysis unit at Surrey Memorial Hospital; a new Surrey CKD Clinic; installation of an elevator at the Fort St. John community dialysis unit; expansion of renal services at Vancouver General Hospital; upgrades and expansion at Providence Health Care; a CKD Clinic at Nanaimo Regional General Hospital.

For more information: contact your HA renal manager/director or your regional FEPG representative.

Resource Management Committee to Support Strategic Decision Making

The current BCPRA structure includes a number of committees with separate mandates for capital planning, operational planning, materials management and contract management. Recognizing the overlap between these groups, and their collective impact on both fiscal management and care delivery at both the health authority and provincial levels, the Agency plans to create a new Resource Management and Planning Steering Committee. This new committee will enhance strategic decision making with respect to resource allocation, and support fiscal responsibility and accountability, as well as timely access and quality of care.

Members of the Steering Committee will include renal medical directors and clinical administrators, senior health authority representatives from finance, capital planning and materials management, as well as a capital planning representative from the Ministry of Health. A number of current committees (e.g. Medical Supplies, Facilities and Equipment Planning, Funding Methodology) will be collapsed into this new structure, and will re-evolve in slightly modified form as working groups with health authority and multidisciplinary expertise for specific tasks/input as required.

For more information: Jay Makwana (jmakwana@providencehealth.bc.ca)

BCPRA Supports Integrated Health Care

Integrating clinical care:

Given the strong linkages between kidney disease, heart disease and diabetes, an increased focus on integrated care is required. BCPRA is providing support to a number of health authority initiatives, including Kidney Care Initiatives on Vancouver Island and in Fraser Health, as well as two integrated clinics (in Penticton and at St. Paul's Hospital/Providence). This support is primarily through our PROMIS database and evaluative expertise, although in some cases it is also with funding. (BCPRA provided \$200,000 in operational funding to the Penticton clinic in 04/05.) The two integrated clinics will provide important data on the value of shared care and patient self management in the prevention and treatment of the "vascular" cluster of diseases.

Integrating strategies and plans:

In addition, a number of projects that stemmed from the Kidney Summit in June 2005 will address the integration of health care as it pertains to the complex patient group with kidney disease, cardiac disease and diabetes. These projects encompass strategies for policy change, patient self management, development of tool kits for patients and shared strategies between cardiac, diabetes and kidney care providers.

Changes to Fresenius Provincial Contract (Community Dialysis Services/Supplies):

In January 2005, PHSA/BCPRA awarded a provincial contract for community hemodialysis supplies and services to Fresenius (the previous contract was held by Baxter). The change in vendor necessitated a switch in bloodlines for all machines in community units across BC, including Baxter machines. The transition to different bloodlines proved to be a challenge.

Despite an outstanding and sustained effort to resolve the issue by Fresenius, BCPRA's Medical Supplies Advisory Group, Renal Managers, PHSA Risk Management, as well as Risk Management and Materials Management at other Health Authorities, a decision was made in November to alter the contract with Fresenius and revert to Baxter bloodlines for all community machines in the province. The decision was based on the logistics issues and the complexity of the conversion in some regions, which were not anticipated.

Key points:

- Although a separate agreement will be signed with Baxter for the Baxter bloodlines, the new contract arrangement will not change any processes currently in place. All supply orders, including for Baxter bloodlines, will continue to be made through Fresenius. Fresenius will ensure shipment of the bloodlines with HD supplies.
- The machines that were recalibrated for the use of Medisystems bloodlines will need to be recalibrated back for the Baxter bloodlines. To ensure this conversion is seamless, it will be managed by Baxter.
- While this decision has a financial implication (loss of potential savings), the overall outcome is neutral relative to previous costs, as the revised contract is similar financially to that held with Baxter.
- It is important to note that Fresenius was awarded the contract in large part due to their superior products and services, and the renal community will continue to benefit from both.

With the exception of the bloodline difficulty, the transition to Fresenius has been a smooth one, thanks to the collective efforts of everyone involved.

For more information: Jay Makwana (jmakwana@providencehealth.bc.ca)

Pediatric Program Medical Director Appointed

Dr. Doug Matsell has been appointed to the new position of Medical Director, Kidney Services Pediatric Program. Role descriptions for Kidney Services Medical Directors are posted on the BCPRA website at

<http://www.bcrenalagency.ca/WhoWeAre/OrganizationStructure/>

Questions or comments about topics covered in *Renal News* can be directed to Gloria Freeborn (gfreeborn@phsa.ca).