

# 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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### **Renal Conferences Break Attendance, Sponsorship Records**

In early October, BCPRA hosted its most successful renal care conference to date. Nephrology Days, held in Vancouver Oct 5-7<sup>th</sup>, drew over 400 delegates from BC, across Canada and the US, as well as significantly more GPs than in past years. BCPRA was also host to Western Canada PD Day, a conference for peritoneal dialysis clinicians from BC, Alberta, Saskatchewan and Manitoba. Together, the conferences garnered well over \$100,000 in sponsorship support, and we'd like to thank our sponsors again for helping make this event a success.

You can find poster information and conference presentations on the [BCPRA website](#). And now is the time to mark your calendar for next year's conference – set for October 11-12, 2007 in Vancouver.

### **IM/IS Update: Electronic Charting for Renal**

At the provincial and national levels, significant effort and focus is being placed on the development of electronic health records (EHR)\*. As stated on the Health Canada website, "The development and implementation of effective, interoperable Electronic Health Record solutions in Canada is an immediate priority of [Canada Health Infoway Inc.](#), an independent, not-for-profit corporation initiated as the result of the Canadian federal government's announcement in September 2000 to accelerate the development and adoption of modern systems of information technology in health care."

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Working to stay ahead of the curve, the BCPRA IT team, in partnership with Interior Health IT, has developed a true electronic chart for chronic disease management, based on the work flow processes of the Penticton Integrated Health Centre. Fully interfaced with the IH Meditech system and aligned with Canada Health Infoway and provincial EHR strategies, the chart will be used primarily for CKD patients during its initial implementation, which started this month.

The next phase of this initiative will include the development and implementation of the chart for the independent hemodialysis program. Pilot sites will be selected by the end of January. The long term vision is to develop electronic charting components for all programs, and to gradually phase out paper charting.

BCPRA IT continues work on previously identified development priorities, including the Patient Clinical Summary and Designer (Flexible) Reports. The development of the electronic chart will prove valuable to the Designer Reports initiative, as the team has now ensured that all necessary data elements are captured.

*\* An EHR is a health record of an individual that is accessible online from many separate, interoperable automated systems within an electronic network.*

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## Patient Survey Measures Interest in Independent Dialysis

In late March, BCPRA in cooperation with the five health authority renal programs, distributed surveys to all BC hemodialysis and peritoneal dialysis patients (excluding pediatrics), as well as to chronic kidney disease patients likely to need dialysis within six months. The purpose of the survey was to measure:

- the level of interest in independent therapies;
- patients' perceptions as to the drawbacks or limitations of independent options; and
- their willingness to participate in research to improve the types of care and services provided.

By utilizing objective methodology across all patient groups, irrespective of individual capability or health status, the survey will assist in long term planning for individuals with chronic renal failure.

High level results include:

- A high return rate of 46.7% across patient group categories
- Interest in independent therapies is strong:
  - 28.5% of CKD patients
  - 18.4% of peritoneal dialysis patients were interested in conversion to home hemodialysis if they were no longer able to manage PD
  - 11.2% of hemodialysis patients (both hospital and community-based)

Health authority renal programs are following up with patients who expressed an interest in independent therapies.

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

## Independent HD Program Update: Expanding Facility-Based Self Care Options

In its first two years, the focus of the independent hemodialysis program has been training patients for home-based dialysis. Over the past year, the program's Steering Committee laid the groundwork for an expansion of self management alternatives for patients within facility-based units.

Identifying and addressing concerns about liability and risk was a critical first step. Working with the directors of quality and risk management across the health authorities, and with the [Health Care Protection Program](#), a provincial working group completed a comprehensive risk analysis. At the start of the process, the risk management experts emphasized that risks are inherent in every care process. They cautioned that excessive risk aversion strategies often lead to unnecessary continuation of traditional approaches that do not encourage innovation or critical thinking.

The analysis highlighted several areas that require additional mitigation strategies moving forward, but none the Steering Committee felt were insurmountable. Next steps include further analysis of staffing needs, identification of pilot sites, and the development of relevant guidelines and policies.

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

## Phase II of Vascular Access Initiative Makes Progress

Working with stakeholders across health authorities, BCPRA continues to provide leadership for a provincial vascular access (VA) initiative aimed at improving patient outcomes and quality of life.

Four working groups have made progress with respect to the use of the PROMIS renal database, development of guidelines, VA clinic best practices and VA referrals from Interior and Northern Health to tertiary centres. Specifics include:

- improvements to the vascular access module in the PROMIS database, including better reporting capacity; as well, a radiology referral form is in development;
- a cross-province analysis of VA-related data entry issues/challenges, as well as an education session for staff responsible for data entry;
- completion of one guideline and ongoing development of two guidelines, as well as development of mechanisms to support health authorities to put them into practice;
- a draft document that outlines best practices for VA clinics, including referral criteria, care goals, anticipated volumes, required resources, VA clinic flow, and useful VA clinic tools;

- agreement on guiding principles for VA referral and transfer processes between IHA/NHA and tertiary centres, and identifying desired levels of self-sufficiency within the health authorities; and
- development of new patient materials about fistula care.

*For more information: see the [VA section of the website](#) or call BCPRA at 604-806-8845.*

## Kidney Summit Projects Complete Work and Look Ahead

Four project groups formed to implement a plan developed at last year's Kidney Summit wrapped up the initial phase of their work this fall. The four projects were based on what are considered among the most critical issues for people with kidney disease, heart disease and/or diabetes.

- **Project group one** focused on promoting prevention-related policy initiatives and decisions. Their work culminated in a meeting planned for March 2007 with the Ministry of Health and health authority decision-makers, policy-makers and other leaders to discuss the development of policies to promote integration of care for the three diseases.
- **Project group two** focused on interdisciplinary collaboration among those who work in the three disease areas. The group, including representatives from the BCPRA, PHSA Cardiac Services, Canadian Diabetes Association, Kidney Foundation of Canada and the Heart and Stroke Foundation, met in November with senior Ministry of Health representatives. The topic was barriers to integration at the health authority and ministry levels, with the group proposing potential collaborative solutions.
- **Project group three** focused on clinical tools for complex patients. Group members reviewed key elements of integrated care at the clinical level and prepared a template based on those elements that can be adapted by health authorities.
- **Project group four**, focusing on patient self-management, produced a document aimed at engaging health professionals in supporting patients to self-manage.

The work of all four project groups will be the basis for the meeting in March 2007 mentioned above. The focus of the meeting will be overcoming the barriers to integration of programs and services for people with one or more of the diseases, with the end goal of shifting to a disease management cluster model. Such a model would potentially enable comprehensive funding for patients with multiple conditions, enable the development of incentives for combined care, and even address some issues related to funding of medications that improve health outcomes.

*For more information: [www.bckidneysummit.com](http://www.bckidneysummit.com)*

## Disaster Planning for Kidney Services

To date, disaster planning for kidney services has occurred on an individual health authority basis, as part of each HA's overall strategy. Recognizing the importance of a comprehensive provincial plan, BCPRA has begun discussions with renal program leaders and physicians to identify the most significant issues, as well as care delivery and communications strategies. Dr. Ron Werb will provide leadership to this work moving forward.

## Pharmacy Formulary Review Committee Update

The committee is working on the re-tendering process for contracts with over 30 community pharmacies, scheduled for the second quarter of 2007. This process will provide an opportunity to strengthen relationships with the pharmacies, to improve our close-to-home service for patients and to implement administration efficiencies.

*For more information: refer to the [Pharmacy Formulary area of the website](#) or contact Dan Martinusen ([dan.martinusen@viha.ca](mailto:dan.martinusen@viha.ca))*

## Renal Resource Management Roles Defined; Provincial Plan in Development

As mentioned in the last issue of *Renal News*, BCPRA struck a new Resource Management and Planning Steering Committee (RMPSC) to provide overall strategic direction and ensure co-ordination and integration of facilities, equipment and supplies planning for renal care services across BC (at both health authority and provincial levels). The chart on page six provides an overview of the roles and mandates of all groups responsible for renal resource management, and the general planning flow.

Through the channels outlined on the chart, and with the assistance of a provincial planner hired on contract, BCPRA is developing a comprehensive provincial plan that will capture the true funding requirements for renal care delivery in BC. It is anticipated that the plan, which will be submitted to PHSA in March, will highlight the need for increased renal care facilities and equipment funding (currently \$6 million annually). The goal is to make a compelling business case for creative solutions that could facilitate increased service delivery in the most cost-effective manner.

## Dr. Gerry Karr Receives Prestigious Internal Medicine Award

In November, Dr. Gerry Karr, Kidney Services Medical Director for Interior Health, was honoured with the prestigious Osler Award from the Canadian Society of Internal Medicine (CSIM). This award is presented annually to individuals demonstrating excellence in achievement in the field of general internal medicine (GIM), either in clinical practice, research, medical education or specialty development.

Please direct questions or comments about topics covered in *Renal News* to Gloria Freeborn ([gfreeborn@phsa.ca](mailto:gfreeborn@phsa.ca)).

Renal Resource Management (Facilities, Equipment and Supplies Planning): *Roles and Information Flow*

