

Areas of Change: Implementing Innovations

Independent Dialysis

BC Nephrology Days

October 6, 2011

CLIENTS, PATIENTS, AND COMMUNITY

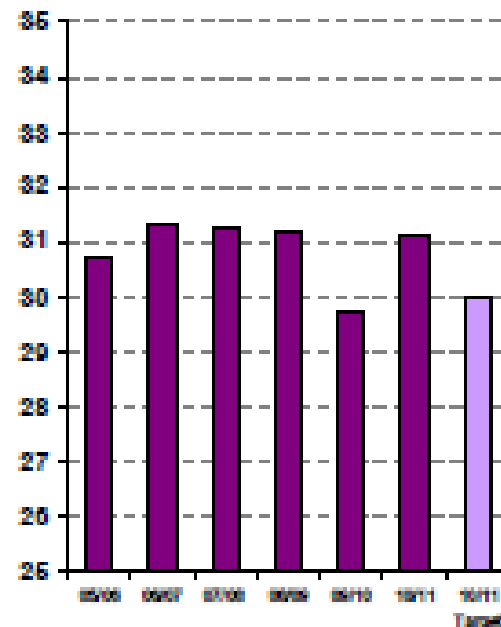
Wellness

Updated: May 2011

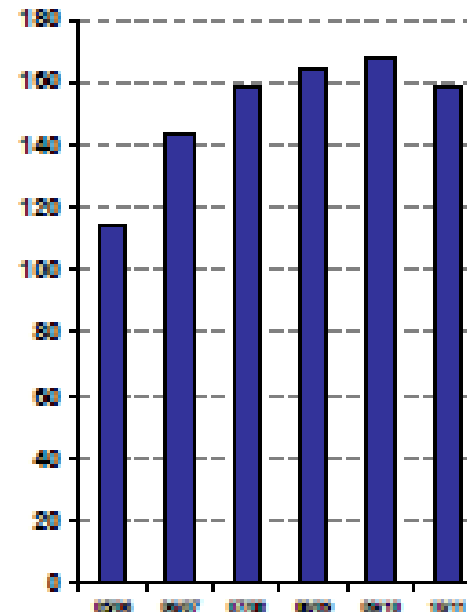
Status	Trend	Target	Actual
●	→	≥ 30%	31.1%

2. Percentage of Patients Participating in Independent Dialysis

Percentage of patients on Independent dialysis (PD, home or Independent facility-based HD)



Number of patients participating in home or Independent facility-based HD



Areas of Change: Implementing Innovations

- Strategies to maximize independent therapies uptake...
- Strategies to minimize independent therapies attrition...
- Increase utilization of facility-based independent dialysis strategies...





Strategies to maximize independent therapies uptake...



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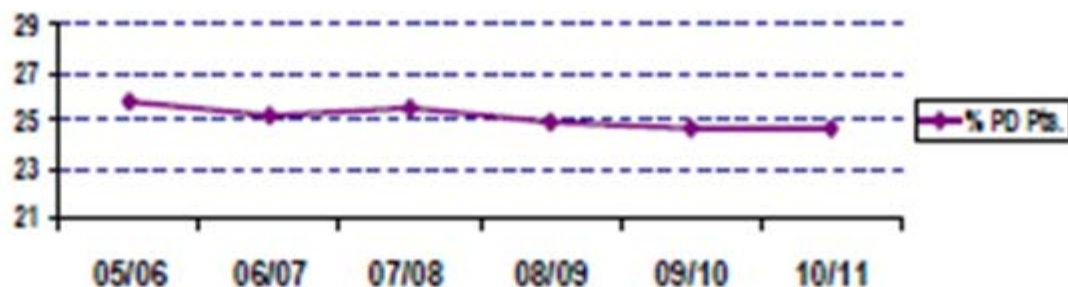
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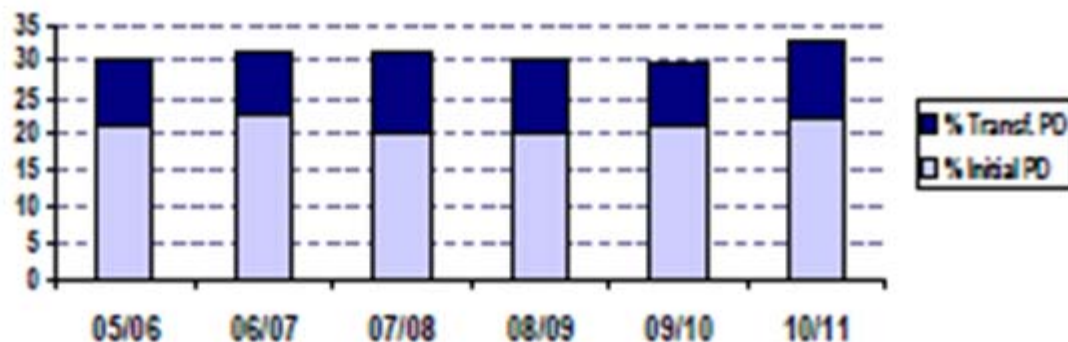
Status	Trend	Target	Actual
●	→	≥ 25%	32.9%

3. Peritoneal Dialysis Intake Rate

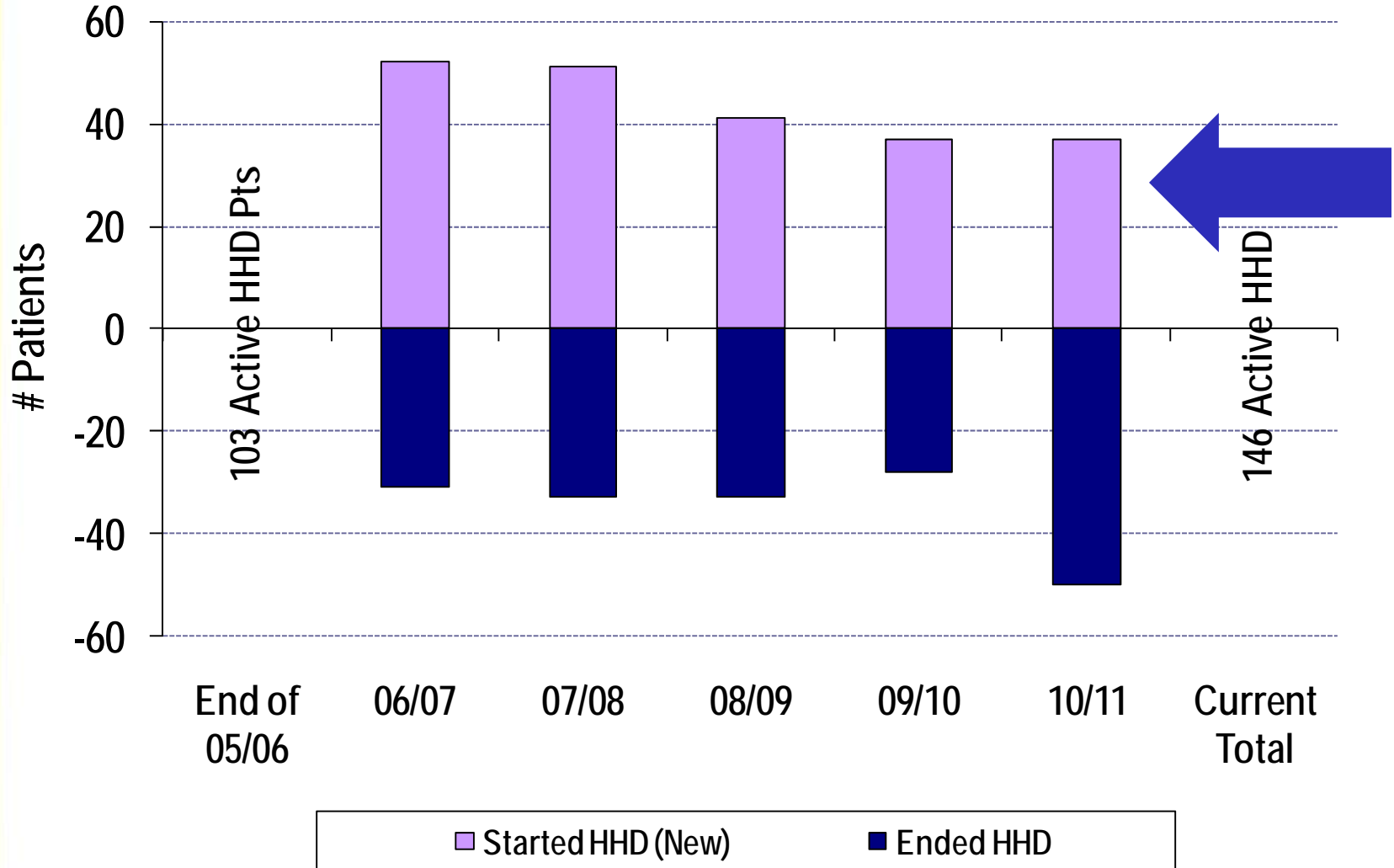
Percentage of Peritoneal Dialysis Patients at Year End



Percentage of Patients who Initiated Peritoneal Dialysis During Year



Home HD Activity by Fiscal Years



Method to Assess Treatment Choices for Home Dialysis (MATCH-D)

www.homedialysis.org/match-d

Suitability Criteria for *Self* Home Hemodialysis: Conventional, Daily, Nocturnal

Strongly Encourage Home HD (HHD)
<input type="checkbox"/> Any patient who <i>wants</i> to do HHD or has no barriers to it
<input type="checkbox"/> Employed full- or part-time
<input type="checkbox"/> Drives a car – skill set is very similar to learning HHD
<input type="checkbox"/> Caregiver for a child, elder, or person with disability
<input type="checkbox"/> Lives far from clinic and/or has unreliable transportation
<input type="checkbox"/> Student – grade school to grad school
<input type="checkbox"/> Needs/wants to travel for work or enjoyment
<input type="checkbox"/> Wants a flexible schedule for any reason
<input type="checkbox"/> Has rejected a transplant
<input type="checkbox"/> Has neuropathy, amyloidosis, LVH, uncontrollable BP†‡
<input type="checkbox"/> Obese/large; conventional HD or PD are not adequate †‡
<input type="checkbox"/> Can't/won't follow in-center HD diet & fluid limits†‡
<input type="checkbox"/> Is pregnant or wants to be †‡
<input type="checkbox"/> Frail/elderly with involved, caring helper who wants HHD*
<input type="checkbox"/> Wants control; unhappy in-center
<input type="checkbox"/> No longer able to do PD

Encourage HHD After Assessing & Eliminating Barriers
<input type="checkbox"/> No employer insurance – not a barrier to nocturnal 3x/week HHD, which Medicare & Medicaid cover
<input type="checkbox"/> Unkempt – provide hygiene education; assess results
<input type="checkbox"/> Has pet(s)/houseplants (carry bacteria) – bar from room at least while cannulating/connecting access
<input type="checkbox"/> Frail or can't walk/stand – assess lifting ability, offer PT*
<input type="checkbox"/> Illiterate – use pictures to train, return demonstrations to verify learning, tape recorders for patient reports
<input type="checkbox"/> Hearing impaired – use light/vibration for alarms
<input type="checkbox"/> Depressed, angry, or disruptive – increased control with HHD may help
<input type="checkbox"/> No helper & clinic requires one – reconsider policy, monitor remotely, use LifeLine device to call for help
<input type="checkbox"/> Rents – check with landlord if home changes needed
<input type="checkbox"/> Can't/won't self-cannulate – use patient mentor, practice arm, local anesthetic cream, desensitization*
<input type="checkbox"/> No running water, poor water quality, low water pressure – assess machine & water treatment options
<input type="checkbox"/> Limited space for supplies – visit home, 2x/mo delivery, consider machine with fewer supply needs
<input type="checkbox"/> Drug or alcohol abuse – consider HHD after rehab
<input type="checkbox"/> Bedridden and/or has tracheostomy/ventilator – assess self-care and helper ability*
<input type="checkbox"/> Rx drugs impair function – consider drug change

May Not Be Able to Do HHD (or Helper Must Do More)
<input type="checkbox"/> Homeless; consider PD if storage is available
<input type="checkbox"/> Can't maintain personal hygiene
<input type="checkbox"/> Home is health hazard, will not correct
<input type="checkbox"/> No or unreliable electricity
<input type="checkbox"/> Brain damage, dementia, or poor short-term memory*
<input type="checkbox"/> No use of either hand*
<input type="checkbox"/> Uncontrolled psychosis or anxiety*
<input type="checkbox"/> Blind or severely visually impaired – consider PD*
<input type="checkbox"/> Uncontrolled seizure disorder*
<input type="checkbox"/> No remaining HD access sites – consider PD
<input type="checkbox"/> Reduced awareness/ability to report bodily symptoms
<input type="checkbox"/> Has living donor; transplant is imminent – consider PD

Check all the boxes that apply.
Keep a copy of the MATCH-D in patient record.



* May be able to do with a helper
† Consider nocturnal HHD
‡ Consider daily HHD



Home Based Dialysis Options



Peritoneal Dialysis

- ✓ Preserves remaining kidney function
- ✓ No fluid restrictions
- ✓ Can dialyze during the day (4x day) with a simple procedure (takes 30 min) OR overnight which allow free days and a flexible schedule
- ✓ Can travel
- ✓ No need to come to a hospital or clinic 3 x week for treatment (no commuting, parking or waiting)
- ✓ It is easy to set up and take down (20 min to set up and 10 min to clean up)
- ✓ One on one training with a nurse (1-2 weeks)
- ✓ Easy to learn
- ✓ 24 hour machine and nursing telephone support
- ✓ Full medical support including: Nephrologists, Nurses, Dieticians, Social Workers, Pharmacists – Clinic visits every 1-3 months
- ✓ Excellent delivery service of dialysis supplies

Home Hemodialysis



- ✓ Use less medications
- ✓ People feel better with more dialysis
- ✓ Unrestricted diet (when dialyzing >24 hours/ week)
- ✓ No fluid restrictions
- ✓ Can dialyze overnight or on your own schedule (3-6 treatments/week)
- ✓ No need to come to a hospital or clinic 3 x week for treatment (no commuting, parking or waiting)
- ✓ Control of needling using buttonhole techniques (no or little pain)
- ✓ Typical set-up/take down time (up to 1 hour to set up and 30 min to clean up)
- ✓ Can swim or bathe with AVF (Arteriovenous fistula)
- ✓ One on one training with a nurse (3 days a week for 6-8 weeks)
- ✓ 16 hours /day machine and nursing telephone support
- ✓ Full medical support including: Nephrologists, Nurses, Dieticians, Social Workers, Pharmacists – Clinic visits every 1-3 months
- ✓ Excellent delivery service of dialysis supplies

You are not alone with this decision
please contact: _____
Phone: _____
Email: _____

Home Based Dialysis Options

Things to consider about Peritoneal Dialysis

- Will need convenient storage space (50 boxes)
- Will need to have clean technique to prevent infections
- Ability to lift supplies (5-12 lbs)
- Some dietary limitations (salt and phosphorus foods)
- Extra garbage
- If a machine breaks down it will be replaced in 24 hours
- Swimming or taking a bath is not advisable
- Some restrictions on travel will need 2 months notice

Things to consider about Home Hemodialysis

- Will need convenient storage space (10-15 boxes)
- More complicated than Peritoneal dialysis
- Will need to have clean technique to prevent infections
- Ability to lift supplies (5-10 lbs)
- Traveling for long periods (more than a weekend) is challenging
- Some dietary limitations (salt)
- If the machine breaks down it will be repaired in 24 hours
- Extra garbage and recycling
- Some additional costs: Electricity and water bills (20 -50 dollars a month - can write off on taxes)

More information regarding home based dialysis therapies can be found from the BC renal agency at: www.bcrenalagency.ca

The Kidney foundation has peer support groups and can be found at: www.kidney.ca



Strategies to minimize independent therapies attrition...



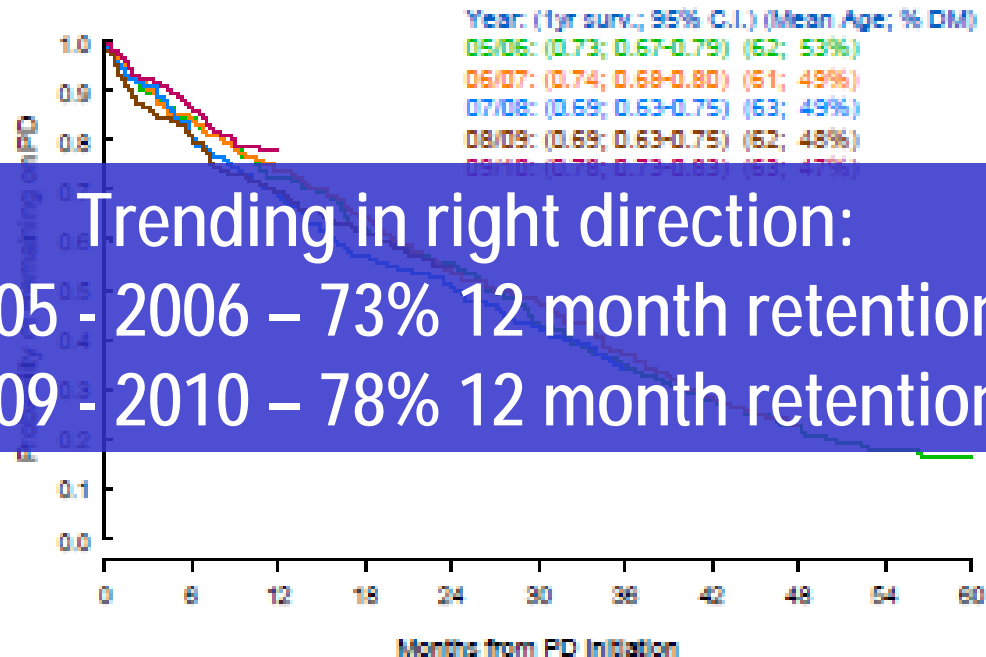
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Wellness

Updated: May 2011

Status	Trend	Target	Actual
●	→	≤ 30%	22%

4. One-Year Peritoneal Dialysis Attrition Rate



Trending in right direction:

2005 - 2006 – 73% 12 month retention

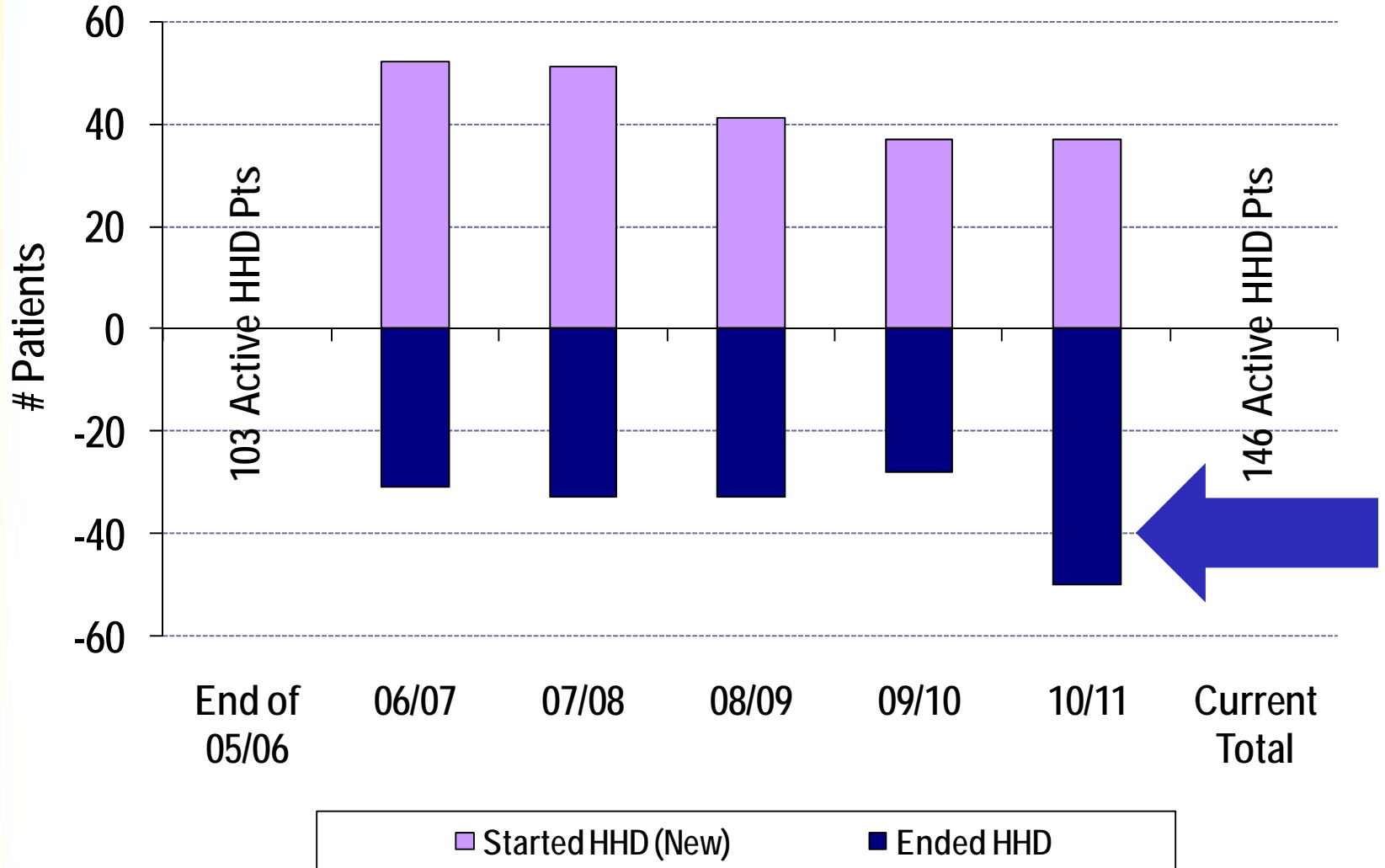
2009 - 2010 – 78% 12 month retention

Test for adjusted HR* for Year of PD Initiation: Chi-sq=5.1462, p=0.2727

*Adjusted for age, gender, diabetes, PD as initial or transferred modality, HA at PD initiation

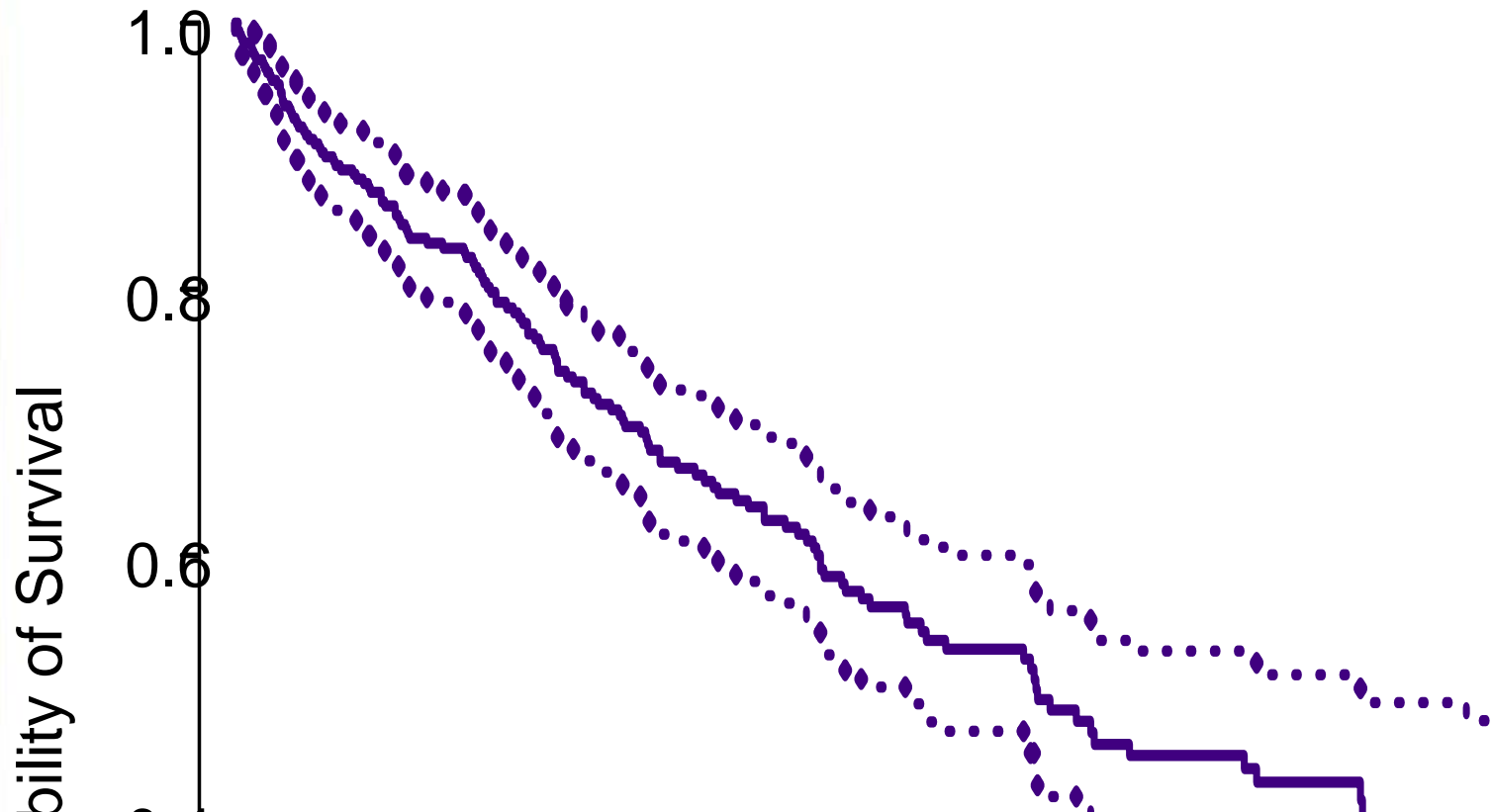


Home HD Activity by Fiscal Years

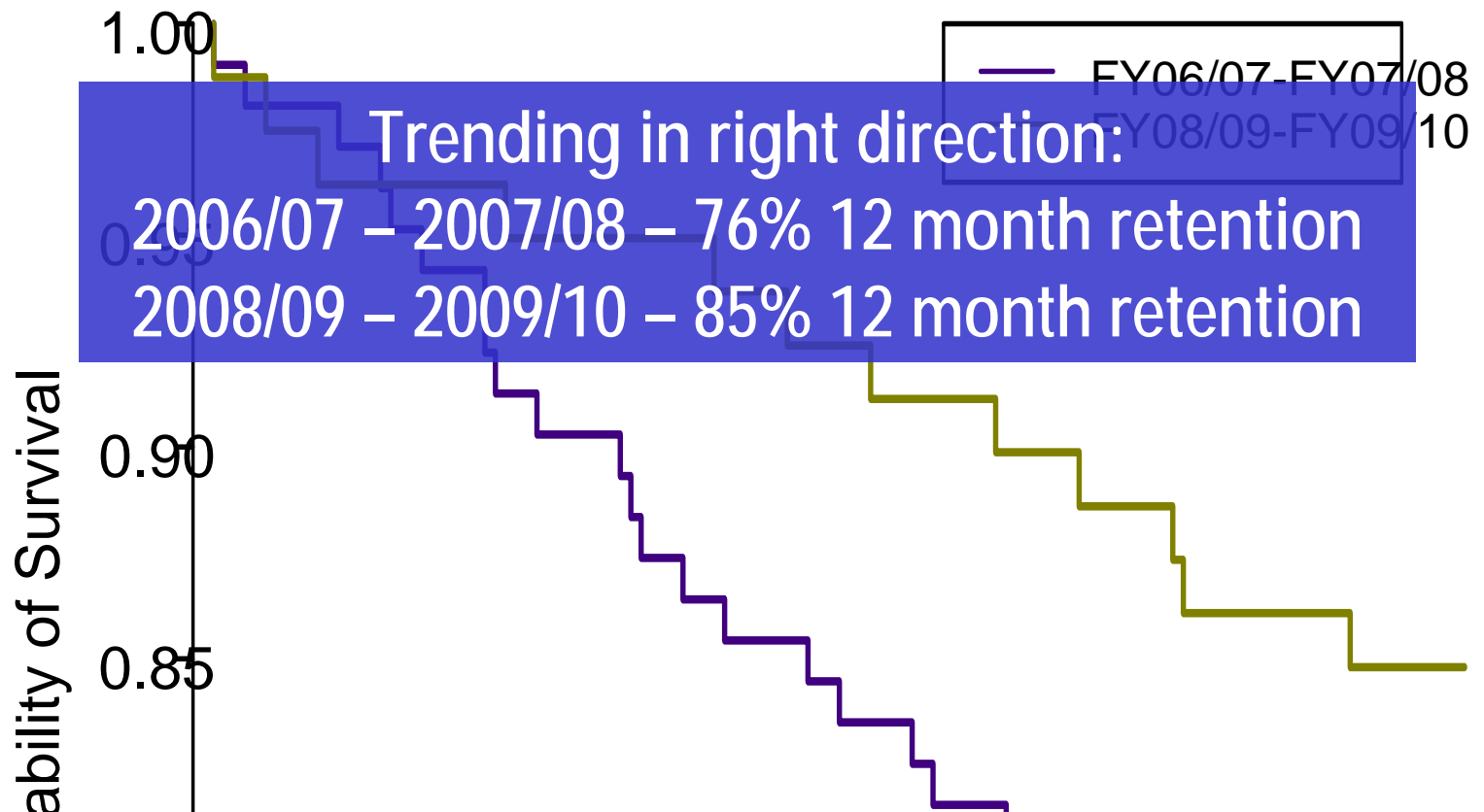


Home HD Survival

(censored for transplantation)



1-Year Home HD Survival by Cohort Year (all termination reasons)



HHD End Reasons

	Current Stat [# Patients (%)]	Apr 2010 Stat [# Patients (%)]	↑ Since Last Report
Total	196	158	38 (24%)
Transplantation	58 (30%)	47 (30%)	+11
Deceased	35 (18%)	31 (19%)	+4
Complication -> Death	12 (6%)	9 (6%)	+3
Dialysis Withdrawal	3 (1%)	3 (2%)	0
Medical Reasons	47 (24%)	37 (23%)	+10
Family/Patient's Request	13 (7%)	10 (6%)	+3
Geographical Reasons	13 (7%)	11 (7%)	+2
Moved Out of Province	4 (2%)	4 (3%)	0
Recovered Function	2 (1%)	2 (1%)	0
Other Reasons: no support, hygiene problems, unspecified, etc	9 (4%)	4 (3%)	+5



Potentially Modifiable HHD End Reasons

Medical Reasons	47 (24%)
Family/Patient's Request	13 (7%)
Geographical Reasons	13 (7%)
Moved Out of Province	4 (2%)
Recovered Function	2 (1%)
Other Reasons: no support, hygiene problems, unspecified, etc	9 (4%)



Possible options upcoming...

- We are exploring ways to stabilize the human resource pool to enhance training and longitudinal care
 - Would require additional and novel funding
 - This is currently under review
 - Goals would be to meet needs of patients to support independence via:
 - in-home respite provision
 - In-home training
 - In-home treatment assistance





Increase utilization of facility-based independent dialysis strategies...



Several options currently available

- NHA: Independent HD Unit
- IHA: Penticton Involved Care Unit
- VCH: VGH Independent NHD Program
SPH Incentre NHD Program

- All regions – some degree of greater patient autonomy (assistance in machine setup, self-cannulation, alarm response assistance)



The Future...

- Ministry of Health has set target of Independent Therapies at 32%
 - Current status: PD + Independent HD = 31.1% (June 2011)
- To increase this will require:
 - Ongoing commitment to maximizing independent uptake
 - Minimization of modality attrition



The Future...

Why Not Independence?

Age < 65

Non-diabetic

No identified cardiac disease



never
never
never
give
up

(winston churchill)

