



BC Renal Agency

An agency of the Provincial Health Services Authority

Strategic Directions 2006-2008: BC Innovative Approaches to Management of Hemodialysis (IAMHD)

Context

In October 2004 the BCPRA, in partnership with the 5 health authority renal programs (HARPs), launched a province-wide independent hemodialysis program, inclusive of home-based alternatives and enhanced patient self management care within dialysis units. The broad scope of the Innovative Approaches to Management of Hemodialysis (IAMHD) program marked a North American first in terms of scope.

The drivers for this innovative program were the patients' desire for more choices and enhanced self-management, optimal patient care as evidenced through the clinical benefits to patients whom receive more dialysis¹ and system sustainability given the consistent yearly provincial growth in demand for all dialysis therapies of 7-8%.

The program holds potential for direct costs savings, not only within renal life support funding, but also to global health authority budgets through fewer ER visits and hospitalizations. As well, if successful, it could ease the need for costly dialysis unit expansions over time. Indirect cost benefits would include enhanced patient satisfaction with their care, their improved sense of health, and reduced personal costs incurred through travel/lessened sick time.

The focus during the first 18 months of IAMHD operation has been the training of individuals to conduct dialysis within their home settings, inclusive of nocturnal, short- daily, and conventional treatment regimes. Currently there are 100+ patients throughout BC hemodialyzing in their homes, which is an increase of 178% since program initiation. It is recognized that the primary focus of the IAMHD program has been augmentation in numbers of home hemodialysis patients efforts now need to be directed towards expansion of self management alternatives in the structured dialysis settings (community or hospital based) as per the original goals of the IAMHD program.

In order to ensure future growth and continued maturation of the provincial IAMHD program, a revised governance structure was implemented in January, 2006. This new structure includes a provincial IAMHD steering committee, an operations group, a clinical educators group and a business group.

This strategic plan will form the roadmap for these groups, outlining key objectives and specific deliverables for the next two years. The most critical component of phase two of the program will be the ability of the renal programs and BCPRA to address systemic barriers and issues, and to collectively promote and foster independence among their patient populations.

Strategic Analysis of Internal and External Environments relating to the IAMHD program

Program Strengths – External

- Outside of the world of renal care provision marked attention is being given to Chronic Disease Management regionally, provincially, and federally. Key to the success of chronic disease management is the emphasis on the patients' right to self-determination and self-management. The philosophy of the IAMHD program is in concert with this approach.
- Various research projects are continuing to provide the clinical evidence regarding enhance patients outcomes for patients who receive more dialysis – which is a fundamental goal of enhancing the independence of patients
- The Ministry of Health as well as the Provincial Health Services Authority are in support (philosophically and financially) of innovations in care, that move away from the traditional format

Program Strengths – Internal

- There already exists a small, but highly supportive and cohesive group of renal care providers that are willing to be, and have been the champions for the program
- Recent provincial patient survey conducted to identify level of patient interest in dialysis options that emphasize personal freedom, personal responsibility, and self management

- Initial cost benefit analysis of the first 18 months of operations indicate that IAMHD is financially viable alternative
- PROMIS is the accepted electronic data base and IM/IT renal information management tool among all HARPs. Module development that supports the electronic capture and flow of information is feasible
- The IAMHD program financial parameters have been closely tracked by the business component of the BCPRA, thereby providing regular, and reliable financial data.

Program Weaknesses – External

- Funders receive multiple competing demands for dollars, and there will be close scrutiny as to the economic viability of the IAMHD program
- The newness of the IAMHD program in the world of renal care means that there are limited peer settings to help establish benchmarks, standards, and guidelines related to program quality and longevity.
- Some of the logistical issues that need to be addressed, such as Labour Relations and Human Resource concerns, may span across Health Authorities as well as various union jurisdictions. Working in a collaborative, inclusive fashion across all sectors of the health care landscape will be necessary, but it is also time consuming and riddled with communication needs

Program Weaknesses – Internal

- Encouraging patient self management and heightened patient freedom/responsibility represents a significant paradigm shift for the majority of renal care providers. It is not uncommon to receive the philosophical support for the program, but to receive minimal practical support as providers wait for evidence based, outcome focused, patient centered information.
- System wide concerns around risk management/liability are frequently touted as impediments to further program enhancement.
- Patient and family knowledge of the availability of home hemodialysis, or enhancement of self-management in structured care settings largely relies upon dissemination of information by renal care providers. This can lead to these alternatives being provided to only a select group of patients, bringing the equity of the program into question.
- Currently documentation is largely paper based, and has experienced site by site modification. Although the individuality of programs is encouraged standardization of certain parameters is essential to ensure quality care for patients.
- Reliable and systematic tracking of patients from expression of interest, through assessment, and finally training is done in an ad hoc manner at the local program level. Consequently it is difficult to ascertain numbers of patients being assessed, number

of patients found to be unsuitable (as well as reasons for this determination). Consequently it is difficult to comment upon whether supply of training and demand of patient numbers is matching up or whether the system is either over resourced or under resourced.

- Documentation of guidelines, policies and procedures has been unsystematic and includes areas such as process and timelines for patient re-certification.
- Criteria and methodology for the initial education, ongoing educational support, and skill set maintenance for the “home hemodialysis educators” has not been developed
- Currently training and follow-up of patients is offered in English. This may limit program expansion into the ethnic groupings.

Program Opportunities – External

- Manpower analysis done at both the HARP and the MOH level indicate we are on the brink of significant labour shortages among Health Care Professionals and hence new approaches to care are supported at a senior administrative level. For the IAMHD program these new approaches focus upon enhancement and encouragement of patient independence, for as long as possible, in every setting where dialysis occurs
- Given the strong, and growing, multi-layered support of chronic disease management, inclusive of the role of the patient in the management of their disease/chronic treatments, the IAMHD program is well positioned to be an industry leader in this area.

Program Opportunities – Internal

- The IAMHD program has already received national and international attention and continued program development would allow BC to remain an industry leader in the provision of independent dialysis
- Increasing pressure to in-center units and community dialysis units through sheer numbers are encouraging practice change.
- As the program matures more patients/families are likely to hear of the benefits from a patient perspective, leading to enhanced demand
- Early analysis of the IAMHD program from clinical and financial perspectives is positive.
- Effective and ongoing communication regarding the objective success of the program inclusive of patient/family satisfaction and quality of life assessment, clinical and financial parameters will assist in program gain confidence throughout the renal community.
- There exists opportunity to develop a multi-lingual program, culturally tailored to the unique cultural groups that reside in British Columbia. Paramount in the development of such a program would be patient safety.

- Innovation in care options that match the needs of varying age groups of dialysis patients may be needed, which would further the programs' mandate of unique, supportive care strategies while enhancing patient independence.

Program Threats – External

- Success of program does depend upon constant demand from patients for both home hemodialysis and enhanced self management in structured settings. This demand can be difficult to accurately forecast, and could have regional variations
- Change in direction or philosophy within the Ministry of Health could affect funding availability.
- International, national and provincial statistics indicated that the age groupings with the strongest growth rates in numbers are those over 65-74, and >75. There is uncertainty as to how well independent dialysis will match the social, psychological, practical, and physical needs of the older dialysis patient.

Program Threats – Internal

- Potential for minimal growth of support for IAMHD from health care providers, due to the relatively small professional community involved in the IAMHD regional programs, and the historic issues around communication within the health care industry.
- Failure to adequately address ongoing educational needs of the renal care providers (primarily the home hemodialysis trainers) and to have succession planning in place could influence the quality (and hence patient safety) of the program.
- Frontline staff reservations regarding enhanced patient self management within structure settings and the subsequent impact on their work environments may stifle, and could even prevent wide spread implementation of the program.
- Current lack an effective and efficient mechanism to track and monitor the number of patients that have received training to maximize their ability to self-manage their care. This makes it difficult to set reasonable deliverables or outcomes.

Setting the Direction

In both the initial development of the IAMHD program, and now in the maturation process of the program it is clear that the program supports the four strategic objectives of the BC Provincial Renal Agency. These are:

- Improve the continuum of care
- Provide cost efficient and cost effective care
- Ensure integrated access to information
- Improve relationships with regional health authorities

Although a range of factors will contribute to the overall and ongoing success of the provincial program, a number of fundamental elements should be considered critical drivers, and will set the direction for the operation plan of the IAMHD program. Key areas as per the SWOT analysis for system development/refinement are:

- Information and Data Management
- Education and Training – Patients and Professionals
- Finance and Planning
- Best Practices and Research
- Communications/Awareness Building

Key objectives for each of these elements are outlined below; detailed operational plans will be developed by the corresponding working groups, with specific accountabilities and timelines.

Area of Emphasis: Information and Data Management

Objective #1 Process for accurate assessment of demand

Provincial Responsibilities

- Ensure an effective, cyclical process is in place to accurately assess (on an ongoing basis) the true demand for independent dialysis in BC across identified patient groups (CKD, current dialysis patients) from a patient perspective

Provincial Work Plan

- a. A provincial survey, centrally administered and collated, to be conducted every 2 years targeting all patients registered in PROMIS that are currently receiving “full care” hemodialysis in acute and community settings, all PD patients, CKD with a eGFR of <15 which will assess patients desire for enhanced independence.
- b. Data from this survey to be collected, collated and reported back to each HARP, highlighting results of the survey for their own area to be used for planning of services, resource allocation
- c. Data from this survey to be used in the planning and forecasting as per the BCPRA annual budgeting process

WORK PLAN 2006/07

<p>KEY AREAS OF FOCUS ACCURATE ASSESSMENT OF DEMAND</p>	<p>QUARTER 1 SURVEYS TARGETTING CKD PATIENTS WITH GFR < 15, PD PATIENTS, AND HEMODIALYSIS PATIENTS NOT ON HOME HEMODIALYSIS CENTRALLY MAILED</p>	<p>QUARTER 2 DATA ENTRY RE SURVEY RESULTS, ANALYSIS OF RESULTS, AND DISTRIBUTION OF INFORMATION TO THE HARPs</p>	<p>QUARTER 3 REVIEW OF INFORMATION IN RELATION TO PATIENT DEMAND AND CURRENT TRAINING OPTIONS. DEVELOPMENT OF STRATEGIES TO ADDRESS ISSUES</p>	<p>QUARTER 4 USE OF SURVEY DATA FOR PLANNING AND BUDGETING PURPOSES AS PER THE ANNUAL BUDGETING CYCLE</p>
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HARP Responsibilities

- Ensure an effective, continuous process is in place to accurately assess every patients’ desire/demand/ability for independent dialysis across identified patient groups (CKD, current dialysis patients, failing transplants)

HARP Work Plan

- a. Consistent use of registration and evaluation programs in PROMIS for all registered patients
- b. Consistent use of various educational tools to ensure patients/families are aware of the options pertaining to enhanced independence and self management especially in CKD settings
- c. Cooperative work with organizations such as the Kidney Foundation of Canada to work to improve the grassroots knowledge of IAMHD

Objective #2 CQI Approach to IT/IM

Provincial Responsibilities

- Ensure development and support of an ongoing process, with adequate and dedicated IT/IM resources, of continuous quality improvement within the renal/chronic disease data management system (PROMIS) modules that support IAMHD. This investment will provide important timely clinical, educational, qualitative, financial, administrative and research data pertaining to IAMHD patients
- Ensure a bi-directional feedback mechanism between PROMIS designers and end users that emphasize cooperative approach to improvement
- Provide a model for chronic disease management databases and health outcomes research initiatives which enable British Columbia to become a national resource for benchmark and data and models of care delivery
- Develop set of minimum system hardware requirements for HARP's

Work Plan

- a. Focused work on the PROMIS module development to support Home Hemodialysis clinics, training summary, and patient assessment
- b. Develop a process for end user training, as well as training updates the PROMIS modules
- c. Develop a plan to review program interfaces with multiplicity of systems, to reduce duplication of data entry.

WORK PLAN 2006/07

KEY AREAS OF FOCUS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
PROMIS module	Define requirements through prototyping	Build new aspects of needed module Begin testing of module in select sites	Continuing testing with modifications as needed Implement on larger scale	Post implementation follow-up. Enhancement based on user feedback

HARP Responsibilities

- Commitment to and support of the effective utilization of the PROMIS system as a primary mechanism of IAMHD patient documentation. This investment will provide important timely clinical, educational, qualitative, financial, administrative and research data pertaining to IAMHD patients within the HARP

HARP Work Plan

- a. Focused implementation of PROMIS within work environment as compliment to , and not additional work
- b. Develop a process for end user training, locally
- c. Ensure local IM/IS aware of need for awareness of essential nature of PROMIS program.

Area of Emphasis: Education & Training

Objective #1 Development of Education/Training for Patients/Families

Provincial Responsibilities

- Ensure comprehensive education and training tools/programs are developed to support caregivers and patients involved with the independent dialysis program. These tools/programs are developed and promoted in partnership with health authorities, non-profit agencies and the private sectors, as appropriate.
- Coordinate the periodic and thorough review of various tools/programs to guarantee accuracy of information, quality of information, utilization of tools

Work Plan

- a. Assess current tools related to education and training needs of patients
- b. Develop and encourage a coordinated approach to assessment of patient/family capabilities pertaining to IAMHD
- c. Assist as appropriate the integration of programs and educational activities pertaining to IAMHD within each HA through linkages with central education team,

WORK PLAN 2006/07

KEY AREAS OF FOCUS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Education/Training for Patients Families	Continued refinement of "patient binder" including patient focus group Collation of other tools related to patient education	Distribution of binder to all current independent home hemodialysis patients through clinic visitations Development of mechanism for potential independent dialysis patients to receive binders in a pre-training GAP analysis of needed tools	Continued distribution Development of identified tools	Continued distribution Assessment of utility of binder from user populations as well as educators Development of identified tools

HARP Responsibilities

- Ensure the provincially developed education and training tools/programs are implemented so as to highlight the availability of IAMHD to the patients/families within each HARP
- Participation in the periodic and thorough review of various tools/programs to guarantee accuracy of information, quality of information, utilization of tools

Work Plan

- a. Implement education and training tools in appropriate locations throughout the HA with adequate dedicated resources

- b. Integrate services and educational activities within the spectrum of continuum of care (ie metered education at each stage of CKD through to dialysis)
- c. Implement a provincial approach to assessment of patient capabilities and capture information within PROMIS

Objective #2 Determination and Management of Waitlists

Provincial Responsibilities

- Ensure there is a consistent mechanism throughout BC to determine all pertinent parameters around the true start time for “waiting for training” that reflects the patients “readiness” from both the HCP perspective, as well as the individuals patients perspective. Time and effort will be needed to arrive at an accepted definition of “readiness” that is inclusive of a number of contributing variables.
- As per the results of the data collection pertaining to the true wait lists develop a strategy and mechanism for collaborative training across and between Health Authorities
- Collaboratively establish provincial standards around acceptable waiting times, that ensure equitable access throughout BC for all patients interested and suitable for IAMHD

Work Plan

- a. Close collaboration with the HARP, likely in the form of a needs assessment to determine the criteria for readiness re training
- b. Liaison with the PROMIS team to ensure mechanism for data entry and data tracking regarding waiting times
- c. Q 6 months reports around wait times for training to be submitted to the IAMHD Steering Committee

WORK PLAN 2006/07 AND 2007/2008

	<p>QUARTER 1 07/08 Develop strategies and mechanisms to allow for minimal waiting times for training across BC</p> <p>Development of communication strategies regarding training demands and HARP resources</p>	<p>QUARTER 2 07/08 Implementation of strategies regarding length of time “ready” patients wait training</p> <p>Monitor and report waiting times as per PROMIS data,</p> <p>Continued application of processes with modification as needed</p>	<p>QUARTER 3 07/08 Monitor and report waiting times as per PROMIS data,</p> <p>Continued application of mechanism and processes with modification as needed</p>	<p>QUARTER 4 07/08 Monitor and report waiting times as per PROMIS data,</p> <p>Continued application of mechanism and processes with modification as needed</p>
	<p>QUARTER 1 07/08 Develop strategies and mechanisms to allow for minimal waiting times for training across BC</p> <p>Development of communication strategies regarding training demands and HARP resources</p>	<p>QUARTER 2 07/08 Implementation of strategies regarding length of time “ready” patients wait training</p> <p>Monitor and report waiting times as per PROMIS data,</p> <p>Continued application of processes with modification as needed</p>	<p>QUARTER 3 07/08 Monitor and report waiting times as per PROMIS data,</p> <p>Continued application of mechanism and processes with modification as needed</p>	<p>QUARTER 4 07/08 Monitor and report waiting times as per PROMIS data,</p> <p>Continued application of mechanism and processes with modification as needed</p>

HARP Responsibilities

- Implements local strategies to ensure continual and efficient training of patients with goal of meeting or surpassing the provincial standards (yet to be set)

Work Plan

- a. Timely PROMIS data entry to ensure accurate evaluation of waiting times in real time
- b. Development of timely internal communication tool so all HCP involved in the patient care , as well as the patient/family, are aware of the plans and timing regarding training

Objective #3 Expansion of Patient self management of Hemodialysis in Structure Settings

Provincial Responsibilities

- Through effective collaboration with risk management, unions and other stakeholders broad provincial guidelines are developed which support patient self-management within structured dialysis settings, enabling patients to receive more hours of care without added human resources supports from the renal program.

Work Plan

- a. Obtain an objective assessment of true areas of risk and liability from a provincial perspective
- b. Develop a provincial risk matrix and mitigation strategy
- c. To communicate results of the risk assessment, risk matrix and mitigation strategies to all relevant stakeholders within the HARPS with particular attention to individuals whose scope of influence is inclusive of system redesign and practice change
- d. As requested by various HARP's assist in the development of implementation plans inclusive of scheduling prototypes which maximizes patient self care
- e. As programs progress in this area provide a method to ensure there is timely and accurate communication of successes and challenges, the resulting strategies and outcomes.

- f. Determination of relevant indicators assessing the health/safety/satisfaction of the patient, as well as the impact on the health care system, and ensure ability to track, measure, analyze, and comment of the impact of the practice change

WORK PLAN 2006/07 AND 2007/2008

KEY AREAS OF FOCUS Expansion of Self Management into Structure Settings	QUARTER 1 06/07 Define barriers (perceived or real) to enhancement of patient self-management and heightened independence in structure settings	QUARTER 2 06/07 Review of strategies that allow for innovations in care delivery being cognizant of risk, human resource issues, patient preference	QUARTER 3 06/07 Identification and selection of pilot sites. Continued work with key areas (such as HR and LR) re pilot implementation. Identification of key outcome indicators.	QUARTER 4 06/07 Implementation of pilot with attention to data entry on all levels, but with specific focus on data related to key outcomes indicators
	QUARTER 1 07/08 Continued pilot implementation	QUARTER 2 07/08 CONTINUATION OF PILOT Review of key outcome indicators as well as any other issues/barriers that limited program success	QUARTER 3 07/08 MODIFY PROJECT IMPLEMENTATION WITH THE LEARNINGSACHIEVED FROM THE PILOT. BROADER PROVINCIAL ROLL OUT TO CDU THAT HAVE EXPRESSED INTEREST	QUARTER 4 07/08 CONTINUED ROLL OUT TO CDU MONITOR AND ASSESS WITH MODIFICATIONS AS NEEDED

HARP Responsibilities

- Advance the provincially developed guidelines pertaining to risk management and liability within each HARP
- Plan, develop and implement scheduling and processes in which patients can receive more hours of care without added human resources supports from the renal program.

Work Plan

- a. Utilizing work done collaboratively at the provincial level operationalize the processes in which patients can receive more hours of care plans within the local environment
- b. Monitor outcomes of patients

Objective #4 -Location of the Start of Chronic Hemodialysis

Provincial Responsibilities

- To ensure that chronic hemodialysis patients commence dialysis in the location most suitable to their medical, social, and geographical needs

Work Plan

- a. analyze the current policies (medical and nursing) pertaining to where dialysis is initiated for areas where more latitude can be given to both patients and renal care providers
- b. Collaboratively develop medical/nursing and other criteria which would dictate location and timing of first dialysis for patients
- c. Thorough review of perceived risks with attention to risk mitigation from a provincial system
- d. Determination of relevant indicators assessing the health/safety/satisfaction of the patient as well as the impact on the health care system and ensure ability to track, measure, analyze and comment on the impact of the practice change. Looking to the PROMIS system to have all relevant data tracked in this provincial data base

WORK PLAN 2006/07 AND 2007/2008

KEY AREAS OF FOCUS	QUARTER 1 06/07	QUARTER 2 06/07	QUARTER 3 06/07	QUARTER 4 06/07
Location of dialysis start is the most appropriate for the patient			PROVINCIAL ASSESSMENT OF CURRENT PATTERNS, INCLUSIVE OF RATIONALE FROM MEDICAL & ALLIED HEALTH PERSPECTIVE LITERATURE REVIEW OF CURRENT STANDARDS OF PRACTICE	PROVINCIAL ASSESSMENT OF CURRENT PATTERNS, INCLUSIVE OF RATIONALE FROM MEDICAL & ALLIED HEALTH PERSPECTIVE LITERATURE REVIEW OF CURRENT STANDARDS OF PRACTICE

KEY AREAS OF FOCUS	QUARTER 1 07/08	QUARTER 2 07/08	QUARTER 3 07/08	QUARTER 4 07/08
Location of dialysis start is the most appropriate for the patient	DEVELOPMENT OF DRAFT OF PROVINCIALY ACCEPTED CRITERIA FOR HD STARTS IN NON ACUTE SETTINGS ENHANCE INDEPENDENCE, WORKING WITH THE MAC OF THE BCPRA	DEVELOPMENT OF DRAFT OF PROVINCIALY ACCEPTED CRITERIA FOR HD STARTS IN NON ACUTE SETTINGS ENHANCE INDEPENDENCE, WORKING WITH THE MAC OF THE BCPRA	IDENTIFICATION OF PILOT FOR CONTROLLED IMPLEMENTATION OF NEW CRITERIA AND GUIDELINES	PILOT EXECUTION

HARP Responsibilities

- Local implementation of guidelines that ensure that chronic hemodialysis patients commence dialysis in the location most suitable to their medical, social, and geographical needs

Work Plan

- a. Impact analysis of change in practice within local units/staffing and offer appropriate support/education to the front line care providers as needed.
- b. Monitor the impact of the practice change through effectively/timely data collection within PROMIS

Objective #5 – Development of Education/Training for Professionals

Provincial Responsibilities

- Coordination and development (as needed) of educational tools/process to ensure the skills needed to teach self management and the technical aspects of patient self care are available, and easily accessible throughout BC.
- Continuing support for frontline access to the HARP RRP funds for attendance at pertinent conferences/workshops

Work Plan

- a. Ensure programs are aware of various educational activities (such as annual machine training as per the provision of the GAMBRO contract) and coordinate attendance
- b. Review and refine current form used by patients to assess training approach and process, and to encourage use throughout all training programs
- c. Facilitate mentorship and training through the Patient Educator Group
- d. As the staffing of the IAMHD programs expands to include representation from allied health professions such as pharmacy, social work, and nutrition ensure that these groups receive support for ongoing professional educational development

WORK PLAN 2006/07 AND 2007/2008

KEY AREAS OF FOCUS	QUARTER 1 06/07	QUARTER 2 06/07	QUARTER 3 06/07	QUARTER 4 06/07
Education and Training for Independent Hemodialysis Educators	Coordination of GAMBRO machine training Regular conference calls among the educators to facilitate practical knowledge exchange	Review and refine current form for patients to assess training Regular conference calls among the educators to facilitate practical knowledge exchange Development of online "Tool Kit" for Educators	Regular conference calls among the educators to facilitate practical knowledge exchange Development of online "Tool Kit" for Educators	Regular conference calls among the educators to facilitate practical knowledge exchange Development of online "Tool Kit" for Educators

HARP Responsibilities

- Each HARP is aligned with overall recruitment, retention and succession plans for renal health care professionals and allied health care professionals within the larger context of their health authority.
- Each HARP supports the ongoing education and skill development of the HCP through accessing educational dollars as needed and appropriate

Work Plan:

- a. Liaison with the appropriate HR team in each HARP as needed
- b. Planning and support of the education./training needs of the entire team working with IAMHD patients
- c. Utilization of patient/family feedback to ensure quality and effectiveness of teaching tools and approaches

Area of Emphasis: Finance & Planning

Objective #1– Sound Fiscal Oversight

Provincial Responsibilities

- Provide economic evaluation and analytical review of the IAMHD program for each renal program and Health Authority respectively.
- To ensure the renal resource management model continues to be a robust tool that addresses any potential changes in the financial demands of the IAMHD

Work Plan

- a. Production and distribution of regular reports for the IAMHD Steering Committee and for the HARPs itemizing patient activity, program costs (actual vs budget), variance analysis for relevant parameters
- b. Monitoring of activities within the IAMHD program to ensure workload is accurately reflected in the RRMM

WORK PLAN 2006/07

KEY AREAS OF FOCUS	QUARTER 1 06/07	QUARTER 2 06/07	QUARTER 3 06/07	QUARTER 4 06/07
Finance and Planning	GAMBRO performance meetings	GAMBRO performance meetings	GAMBRO performance meetings	GAMBRO performance meetings
	Generation of appropriate reports with analysis of programs financial status	Generation of appropriate reports with analysis of programs financial status	Generation of appropriate reports with analysis of programs financial status	Generation of appropriate reports with analysis of programs financial status
	Review of RRMM to ensure funding of program at adequate levels	Review of RRMM to ensure funding of program at adequate levels	Review of RRMM to ensure funding of program at adequate levels	Review of RRMM to ensure funding of program at adequate levels

HARP Responsibilities

- Accurate data entry through the PROMIS system, to ensure provincially generated financial reports/analysis are correct
- Regular review of financial reports, and patient activity levels

Work Plan

- a. Ongoing support for accurate timely data entry
- b. Systematic team review of financial reports for early identification of trends
- c. Collaboration with BCPRA financial and planning staff to add in ongoing system improvements

Area of Emphasis: Best Practices and Research

Objective #1– Alignment of education and research

Provincial Responsibilities

- Provincial educational and research initiatives are aligned to support enhancement of care delivery and fiscal responsibility

Work Plan

- a. Participation in the NIH study to the best of the provinces ability
- b. Development of appropriate research studies

WORK PLAN 2006/07

KEY AREAS OF FOCUS Alignment of education and research	QUARTER 1 06/07 PARTICIPATION IN THE NIH STUDY PRESENTATION OF IAMHD AT APPROPRIATE CONFERENCES	QUARTER 2 06/07 PARTICIPATION IN THE NIH STUDY PRESENTATION OF IAMHD AT APPROPRIATE CONFERENCES	QUARTER 3 06/07 PARTICIPATION IN THE NIH STUDY PRESENTATION OF IAMHD AT APPROPRIATE CONFERENCES	QUARTER 4 06/07 PARTICIPATION IN THE NIH STUDY PRESENTATION OF IAMHD AT APPROPRIATE CONFERENCES

HARP Responsibilities

- Education and research endeavors are incorporated into the fabric of the local units.

Work Plan

- a. Senior level support for education and research, accessing RRP funds as appropriate

Objective #2 – Maximization of patient and system outcomes

Provincial Responsibilities

- Collaborative definition of relevant patient outcomes that rely on integrated services, maximizing patient and health care system outcomes.

Work Plan

- a. Identification and reporting of key clinical outcome indicators for periodical assessment of efficacy of IAMHD program, to be reported back to the Steering Committee as well as the Executive Committee of the BCPRA
- b. Tracking, monitoring, and reporting the financial impact of the IAHMD program on costs directly associated with BCPRRA (such as medication usage) as well as impact to the HARP through indicators such as admissions to acute care/year

WORK PLAN 2006/07

<p>KEY AREAS OF FOCUS Maximization of patient and system outcomes</p>	<p>QUARTER 1 06/07 PRESENTATION AT BCPRA EXECUTIVE COMMITTEE MEETING PRESENTATION TO STEERING COMMITTEE RE ABOVE</p>	<p>QUARTER 2 06/07 Review of key outcome indicators pertinent to IAMHD program</p>	<p>QUARTER 3 06/07 Review of key outcome indicators pertinent to IAMHD program</p>	<p>QUARTER 4 06/07 Review of key outcome indicators pertinent to IAMHD program</p>

HARP Responsibilities

- Utilization of provincially agreed upon patient and system indicators for patient outcome and program enhancement

Work Plan

- a. Regular team review of outcomes for information on areas of excellence as well as areas where more attention, modifications may be needed
- b. Support for accurate timely data entry into PROMIS

Area of Emphasis: Communications/Awareness Building

Objectives

1. Renal care providers:
 - are aware of and support the independent hemodialysis program: both the strategic objectives & implementation plan;
 - feel comfortable discussing options for independent hemodialysis modalities with patients and their families; and
 - have the knowledge to educate patients about independent hemodialysis modalities.
2. Patients:
 - are aware of independent hemodialysis modality options and their benefits; and
 - if an independent HD modality is appropriate for them, are able to access training and other needs to either switch to one of these options or, for CKD patients, to begin dialysis on an independent modality.
3. Other key audiences (see below) are aware of and support IAMHD: both the strategic objectives and implementation plan.
4. Positive media coverage increases public awareness of risks of kidney disease and options for independent care.

PRIMARY AUDIENCES

- Care team (nurses, patient educators, dietitians, social workers, biomedical technicians, pharmacists, renal technicians)
- Nephrologists
- Patients and families
- Family physicians
- Kidney Foundation of Canada
- Other patient advocacy groups (Chinese Renal Association, Shuswap Kidney Action Group etc)
- Academic partners
- PHSA Executive and Board
- Health authorities (various levels)
- Ministry of Health Services

SECONDARY AUDIENCES

- MLAs
- General public via media

Provincial Responsibilities

- BCPRA Communications ensures formal, ongoing communication about the independent hemodialysis program with all key stakeholders
- BCPRA Communications develops tools that help promote and raise awareness about the independent hemodialysis program, and help support the work of the clinical educators.

WORK PLAN 2006/07

<p>KEY AREAS OF FOCUS Ongoing communication about the independent hemodialysis program with all key stakeholders</p>	<p>QUARTER 1 06/07 Updates in Renal News, Nephrology Bulletin, agency website, PHSA Corporate Cmns and Govt Relations Tools, KFOC publications/website, media relations, support for presentations as needed</p>	<p>QUARTER 2 06/07 Updates in Renal News, Nephrology Bulletin, agency website, PHSA Corporate Cmns and Govt Relations Tools, KFOC publications/website, media relations, support for presentations as needed</p> <p>Enhance Independent Dialysis Resource Centre on BCPRA website</p>	<p>QUARTER 3 06/07 Updates in Renal News, Nephrology Bulletin, agency website, PHSA Corporate Cmns and Govt Relations Tools, KFOC publications/website, media relations, support for presentations as needed</p>	<p>QUARTER 4 06/07 Updates in Renal News, Nephrology Bulletin, agency website, PHSA Corporate Cmns and Govt Relations Tools, KFOC publications/website, media relations, support for presentations as needed</p>
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WORK PLAN 2006/07

Work plan may be modified/expanded when the Clinical Educators Group completes an education tool gap analysis.

KEY AREAS OF FOCUS Develop tools that help promote and raise awareness about the program, support the clinical educators' work	QUARTER 1 06/07	QUARTER 2 06/07 Patient manual (distributed to all current and new patients) via home hemodialysis educators	QUARTER 3 06/07 Promotional poster for "independent care"	QUARTER 4 06/07 Promotional brochures (abbreviated version of current brochure with pictures; ability for programs to personalize)

HARP Responsibilities

- Information and updates about the program are shared with all members of renal care teams, both on a formal and informal basis as appropriate.

ⁱ Ting GO, Kjellstrand D Freitas, Carrie, BJ, Zarghamee S. American Journal of Kidney Disease 2003 Nov, 42(5) 1020-1035