



How you want to be treated.



Advancing Peritoneal Dialysis Care in Residential Care Settings

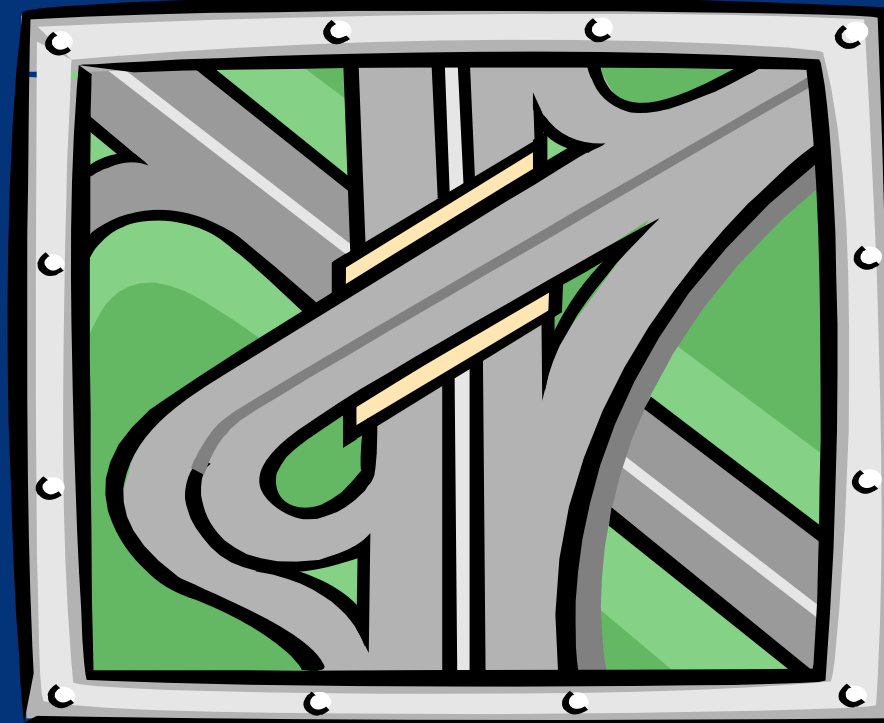
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Kick Starting a PD Program in Residential Care



Our journey



Overview

- Goal
- Aim of PD service
- Service Delivery needs
- Background – 2001- 2007
- Key Issues
- Demand/Rates
- Next steps
- Lessons Learned

Goal

Through a partnership of regional renal programs (VCH & PHC) and community care, establish a program for individuals with ESRD requiring dialysis to provide:

- Long term admission for residential care of individuals requiring
 - Peritoneal dialysis
 - Hemodialysis and whose needs are complex
- Short term residential care admission for respite care of individuals requiring either PD or HD

Aim of PD Service

Phase 1: To provide facility placement for peritoneal dialysis patients who can no longer manage at home

- Service will allow patient to be maintained on his/her choice of treatment



Service Delivery Needs

- Provide patients with a range of options for choice and control for self-management of their dialysis
- Improve the coordination of care across acute, community & primary care networks
- Decrease the use of acute and emergency services for dialysis patients
- Provide respite care service for patients on dialysis at home

Background - 2000

- Identified need for residential and respite care
- Needs assessment done at PHC
 - Review of ALC patients
 - Review of patients on HD in residential care facilities

2001

- Developed proposal for program development
- Formed SPH/VGH Residential Care for PD working group
 - Literature review
 - Environmental scan
 - Site visit to Hawthorne Lodge
 - Drafted service proposal
- Complex care case involving MOH, CCN, and PHC team
 - Patient on dialysis in acute care bed > 3 mos. Requiring residential care with additional nursing support

2003

- Residential Care for PD Working Group
(regional renal and community care)
 - Defined patient profile
 - Site visit to Hawthorne Lodge
- Business case fully developed with costing
 - 6-8 residential beds for PD patients

2004



- Funding submissions through BC Provincial Renal Agency/ PHSA and PHC
- Increased involvement of Community Care Network

2005

- Updated business case with working group
 - Updated costing based on staff mix model (RN/LPN, RN/RCA)
- Request for funding submitted to VCH
- Site visit to Deltaview
- Site tours/meetings with several facilities in VCH considering business case (Campus of Care)

2006

- Presentations to VCH Community Care and At Home Committee
- Ongoing needs for PD patients – liaison with FHA
- CCN issued an EOI to identify an appropriate site
- Response received from Three Links Centre (Nov)

2007

- CCN allocated funding for increased staff support at Three Links starting 07/08
- Residential Care PD Implementation Planning Group formed
 - PD program staff, Three Links, Priority Access, TST, CCN
- Site visit to Three Links Centre
- Staff training in September
- Start patient transfers November

Key Issues

- Funding
- Process for identifying patients and accessing facility
- Education plan
- Operational policies and procedures

- Medical coverage
- Key contact information
- Communication – documentation
- Performance indicators

Next Steps

- Establish ongoing process for identifying and referring patients
- Strengthen partnerships with community and home-based services, and community agencies
 - At Home, Assisted Living and Transitional Care
- Engage in planning Residential Care respite and haemodialysis services



Lessons Learned

- Team work
- Sustaining momentum in a change process
- Increased understanding of Community Care Network
- Balancing capacity with patient need

However beautiful the strategy, you should occasionally look at the results.

(W. Churchill)

Acknowledgements

- PHC/VCH Residential Care for PD Working Group
- Residential Care PD Implementation Planning Group
- Baxter

