

Developing PD Expertise with Residential Care Staff

- The FHA Experience -



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Better health.
Best in health care.

Development of Staff Expertise



Start-up Training and Start-up Support

- Organizing a Training Schedule
- Consideration of Staff Composition
- Creation of a Training Plan (four days)
- Initial Support Immediately Post-training (first six months)

Ongoing Training and Ongoing Support (long term)

- Updating Knowledge and Re-training of Essential Skills
- Continuing Staff Support
- Client Assessment and Follow-up

Start-up Training and Start-up Support



Initial Training Schedule

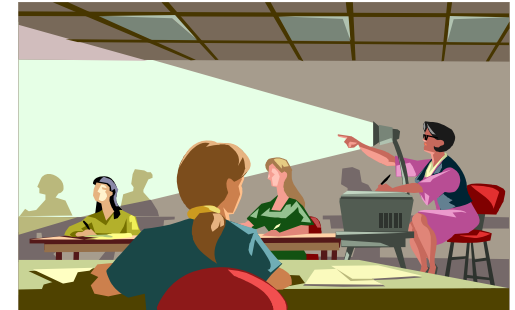


Week One

Four full days of training aimed at development of PD theoretical knowledge and practice skills

Week Two (post-training)

Visit by RCH PD RN (60 minutes) to meet with staff and patients & phone calls



Week Three and Four

Occasional telephone calls (2 to 3 per week about 10 minutes) and weekly RCH RN visit with staff and patients



Months Two, Three, Four, and Five

Occasional telephone calls (1 to 2 per week about 10 minutes) and occasional RCH RN visit with staff and patients

Month Six

Visits or telephone calls with staff as needed

Refresher educational session for a half day (did not occur)

Staff Composition



- **Day Shift** – one Registered Nurse (RN), one Licensed Practical Nurse (LPN), and four Residential Care Aides (RCA)
- **Evening Shift** – one RN, one LPN and four RCA
- **Night Shift** – one RN and one RCA
- **Weekly (every Tuesday)** – General Practitioner visits for four hours



Training Plan

Day One



Topic	Knowledge/Skill	Time
Function of the Kidney	Basic anatomy & physiology	0900 - 0930
Treating the Whole Pt	Benefits of PD	0930 - 1000
Peritoneal Membrane	Concepts of solute & fluid removal	1000 - 1030
Coffee Break		1030 - 1100
Peritoneal Dialysis Catheter	Exit site dressing change, showers, minicap, transfer set change, catheter repair	1100 - 1215
Lunch		1215 - 1300
PD Solutions	Dianeal, Extraneal, Nutrineal, Physioneal	1300 - 1400
Assessing Fluid Balance	PD prescription and fluid removal	1400 - 1500

Training Plan



Day Two

Topic	Knowledge/Skill	Time
Types of PD	Modality overview: CAPD & CCPD	0900 - 0930
Twin Bag Exchange	Explanation and demonstration of twin bag exchange	0930 - 1030
Coffee Break		1030 - 1100
Twin Bag Exchange (continued)	Practice skills for doing an exchange with apron	1100 - 1200
Lunch		1200 - 1245
CAPD Documentation	Significance of daily record, Blood pressure, goal weight, solution use	1245 - 1330
PD Trouble-shooting	Poor drains, fibrin, fluid overload, peritonitis, bloody effluent, pain	1330 - 1430
Renal Care in BC	Provincial Renal Agency	1430 - 1500

Training Plan

Day Three



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Topic	Knowledge/Skill	Time
Home Choice Cycler	Explanation and demonstration of operation of cyclers	0900 - 1030
Coffee Break		1030 - 1045
Cyclers Set-up & Alarms	Practice cyclers programming, setting-up, and answering alarms	1045 - 1200
Lunch		1200 - 1245
Cyclers	Understanding cycling results and documentation	1245 - 1330
Laboratory Tests & Immunization	Significance of lab results and Hepatitis/Influenza vaccinations	1330 - 1400
Renal Diet	Sodium, potassium, calcium, and phosphate binders	1400 - 1500

Training Plan

Day Four



Topic	Knowledge/Skill	Time
Renal Medications	Anemia management, diuretics, antihypertensives, anticoagulants, neuropathic, mineral metabolism, etc.	0900 - 1030
Coffee Break		1030 - 1045
Review Twin Bag Exchange	Procedure, dressing change, transfer set change, repair of catheter, fluid status	1045 - 1200
Lunch		1200 - 1245
Peritonitis Protocol	Signs & symptoms, effluent collection, intraperitoneal antibiotics, follow-up	1245 - 1330
Review Cyclus Operation	Programming, answering alarms, & Kt/V collections	1330 - 1400
Review PD Complications	Catheter contamination, cramps, pain, itchiness, BP issues, leaks, hernias, etc.	1400 - 1500

Initial Support Following Training



- Telephone calls (as discussed in the initial training schedule)
- PD Unit RN visit (once weekly for first few months)
- Nephrologist's visits (as determined by each individual client's doctor)



Ongoing Training and Ongoing Support (long term)



Updating Knowledge and Re-training of Essential Skills



Education Day (6 hours) –January 2008

- Theory review (e.g. dialysis solutions, importance of hand washing, renal diet, PD complications)
- New Training Tools (e.g. CAPD flip chart, PD training DVD)
- Demonstrations and practice of essential skills (e.g. exit dressing change, transfer set change, repair of damaged catheter)



Continuing Staff Support



- Supportive telephone (e.g. discuss client concerns about diet or meds, give advice about PD solutions, assist with prescription changes)



- Transfer to PD Unit for assessment or admission if client condition indicates

- Conference telephone calls to discuss *Degree of Intervention of Care* or *End of Life Issues*



- Encourage and fund staff attendance at BC PD Workshops and Renal Conferences

Client Assessment



- Schedule clients for RCH PD Clinic visits where they are assessed by Primary Nephrologist and the PD team (e.g. dietitians, social workers, diabetic nurse, PD RN)
- Organize family meetings with Health Care Team to discuss a client (e.g. meet with future client and tour facility, make specific care plans for a client)



Site: _____

DOCTOR'S ORDERS**MUST BE FILLED IN ON THE FIRST PAGE OF CHART**

Diagnosis: _____

Allergies (IF NONE, INDICATE THIS): _____

**FHA RESIDENTIAL CARE CENTRES
ADMISSION/RE-ADMISSION ORDERS FOR PERITONEAL DIALYSIS RESIDENTS**
Cross out orders not indicated (initial), place (✓) in boxes as appropriate

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Date: _____ Time: _____

- Goal Weight _____ Weigh Daily or _____
- CAPD Routine: Use 2L or 2.5L volume and a combination of 0.5%, 1.5%, 2.5% and 4.25% as required to maintain goal weight OR follow regime below
If fibrin strands or clumps are visualized in dialysate, add ONE mL of **HEPARIN** 1,000 units/mL to dialysate bags until clear for 4 exchanges.

- Blood pressure daily and PRN

• **MEDICATIONS:**

Renal vitamin _____ Iron _____

Erythropoietic agent _____

Antihypertensives _____

Phosphate Binder(s) _____

Laxative(s) _____

Topical Antibiotic (exit site) _____

Other _____

- Renal Diet _____
- May follow the Residential Care Physician's Routine Orders EXCEPT Indigestion and Bowel Protocols
- Monthly blood work as per RCH Peritoneal Dialysis Protocol
- Review/Degree of intervention: Maintain current Level Change DOI [spell out]
- If cloudy bag and/or abdominal pain, send drained dialysate STAT for cell count with differential, gram stain and C&S. Commence 2L 1.5% in and out rinses with ONE mL of **HEPARIN** (1,000 units/mL) per bag
- Notify Nephrologist on call.



PD Expertise in Residential Care



Two Step Process:

- 1. Start-up training and support for staff**
 - ✓ Initial training schedule and training plan for staff
 - ✓ Initial support post-training (first 6 months)
- 2. Ongoing training and support (long term)**
 - ✓ Updating knowledge and re-training of some skills
 - ✓ Continuous staff support
 - ✓ Ongoing client assessment and follow-up