



Nephrology DAYS 2007

Program

October 11–12
Renaissance Hotel
Vancouver, Harbourside

Expand
our horizons

Engage
our patients

Connect
with our family physicians



BC Provincial Renal Agency Update

Oct. 11, 2007

Dr. Adeera Levin,
Executive
Director

Overview

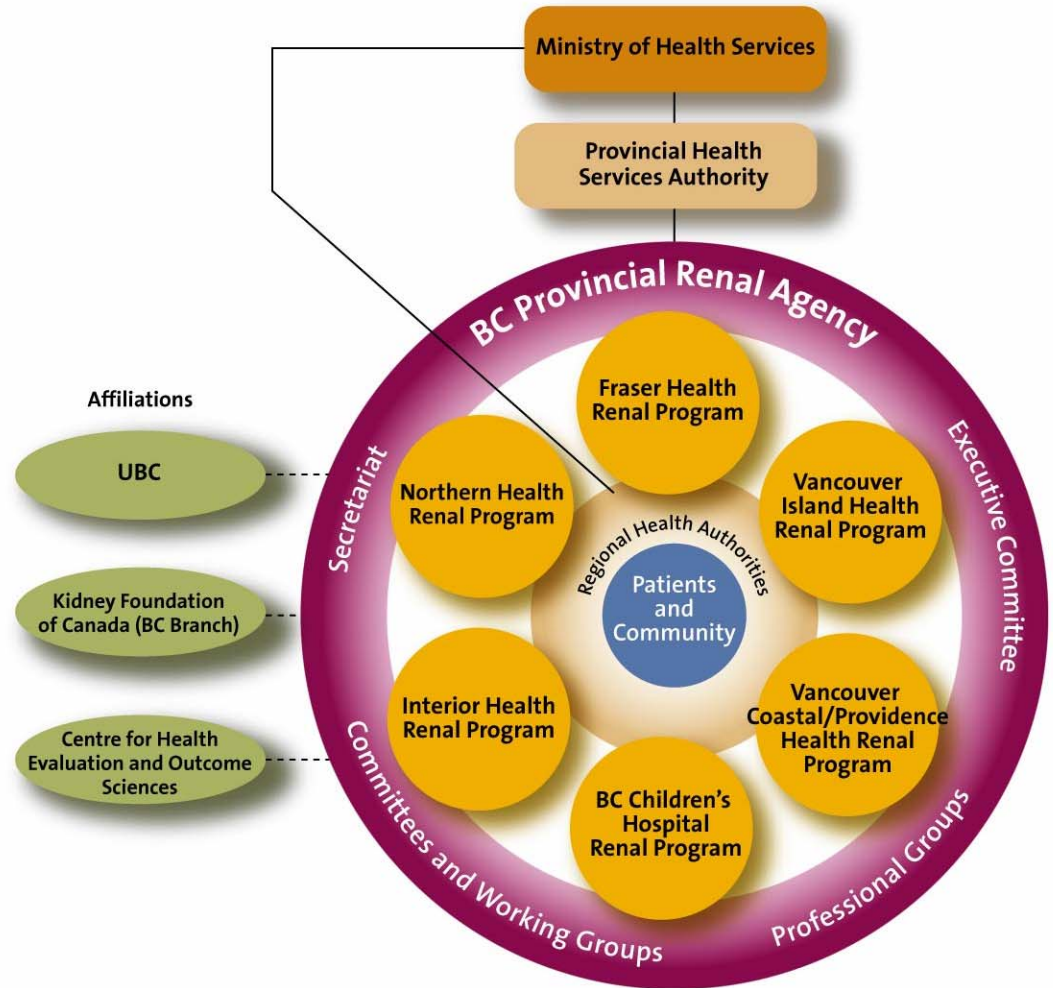
- BC Renal Care Structure
- At a Glance: Patient Stats and Financials
- Balanced Scorecard
- Highlights from Past Year
- New Faces



BC Renal Care Structure

- “Virtual” provincial agency
- Health Authority Renal Programs
- Formal Committees & Working Groups
- Professional Groups
- Formal collaboration with UBC, CHEOS, MOH, Kidney Foundation and others

BC Renal Networks

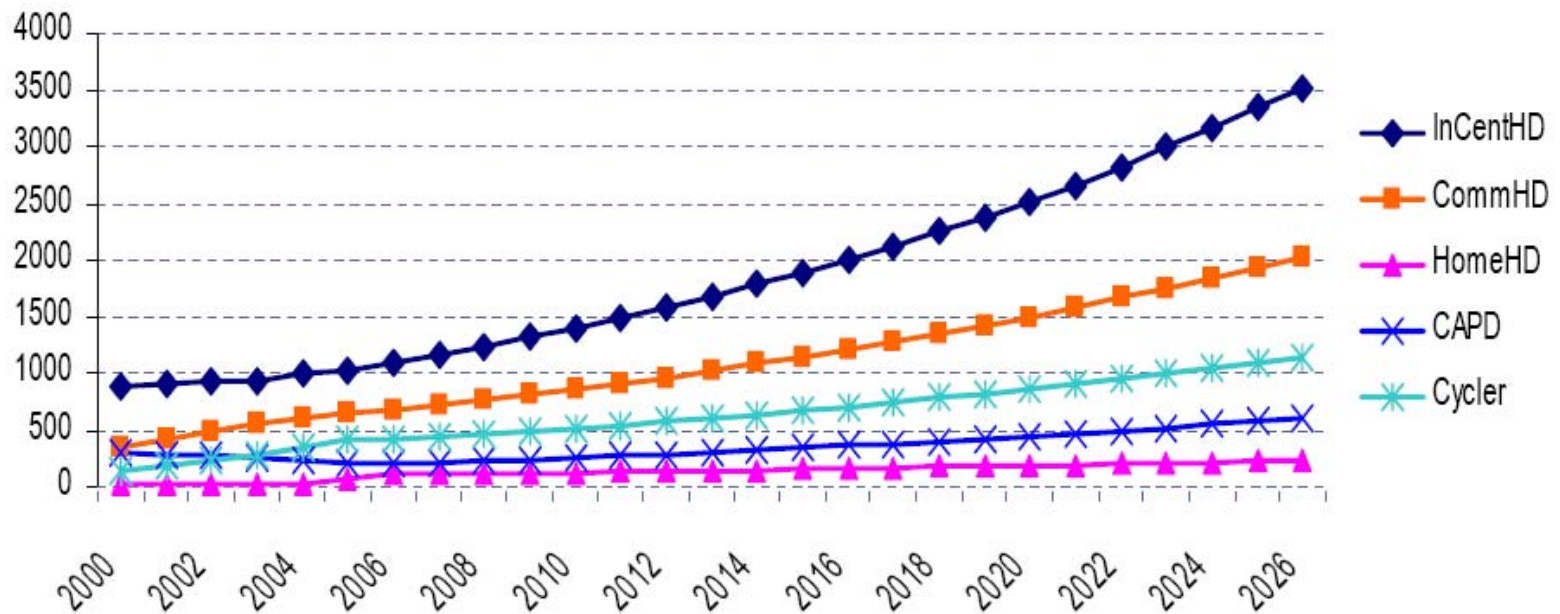


At a Glance: Patient Numbers

Increase in kidney patients	July 2002	July 2007	Average % increase per year
CKD 3-5 Non dialysis: Kidney care clinics/ MD offices	2,356	8,106	28%
Hospital-based HD	915	1,096	4%
Community-unit HD	478	690	8%
Home-based HD	20	131	65%
PD	527	645	4%



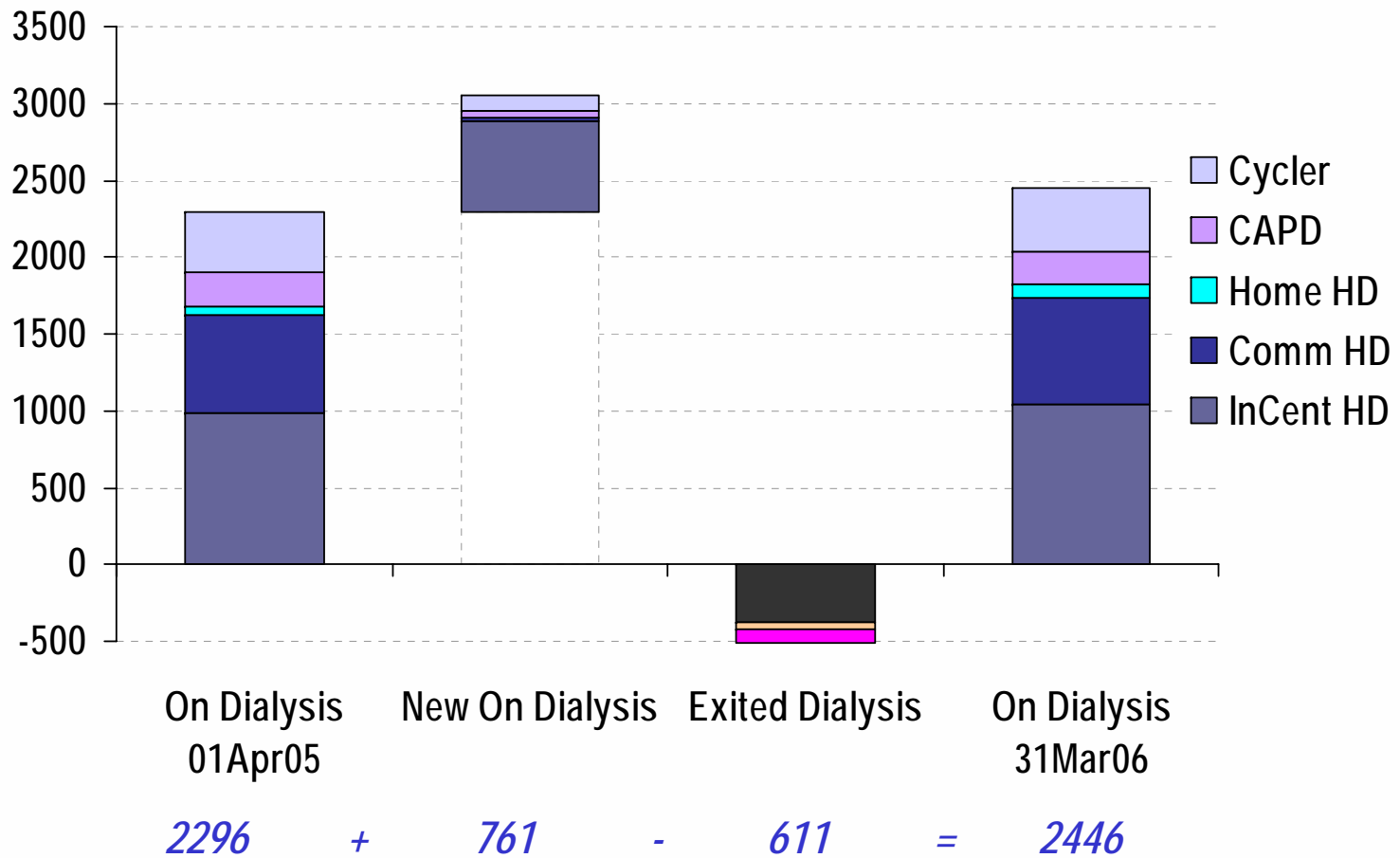
BC Dialysis Patients by Modality: based on 2006 modality distribution*



*Takes into account differential modality mix within age groups



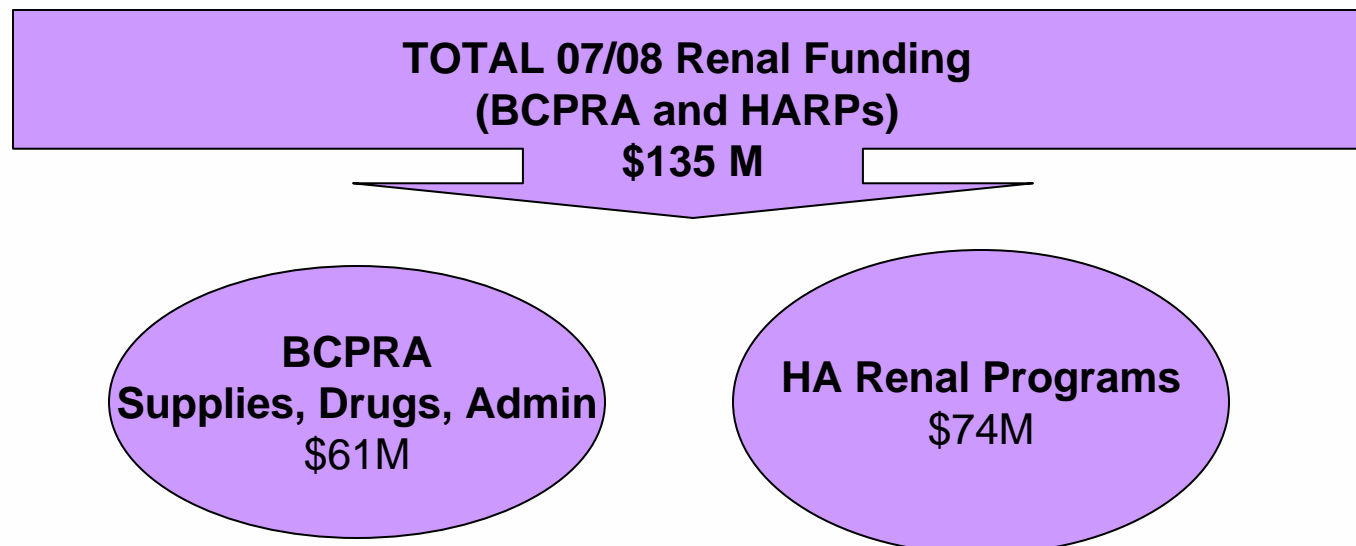
High workload required for dialysis growth



At a Glance: Financials

Combined Centralized/ Decentralized Funding Model

- BCPRA is accountable for entire provincial renal budget
- Cash flow – two streams
 - MOH to PHSA/BCPRA
 - MOH flow through PHSA to Health Authority Renal Programs



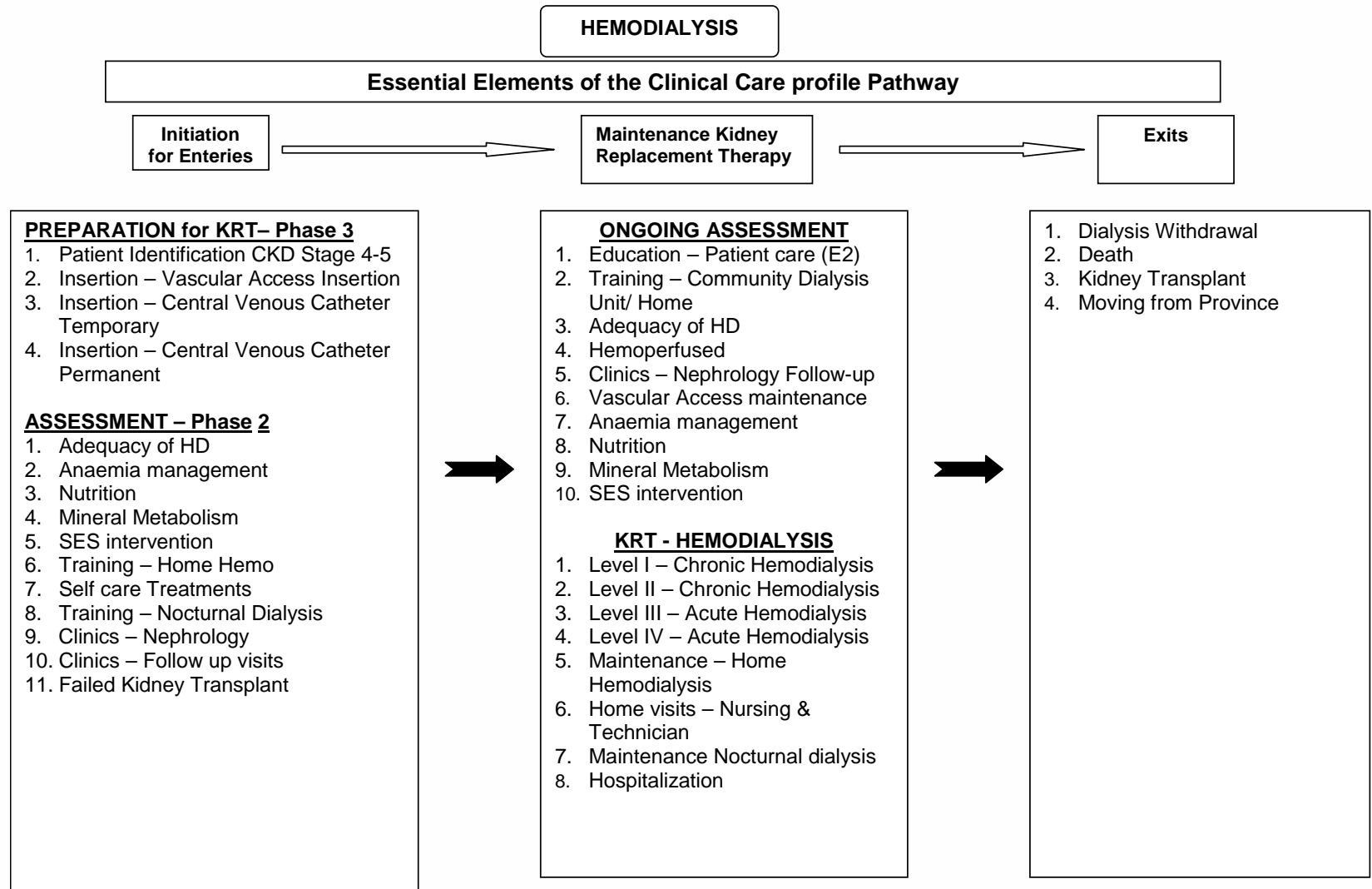
Renal Resource Mgmt Model

Unique in Canada

- Systems approach based on a multidisciplinary clinical care model and best practices
- Recognizes all variables that impact costs of services
 - Role and time allotment for all care providers/all aspects of clinical care
- Benefits:
 - Accurate assessment of costs
 - Appropriate incentives to promote early intervention, patient self care & continuity of care
 - Ensures all patients, irrespective of treatment location, can access appropriate resources (nurse, dietitian, SW etc.)



Clinical Care Pathway



Example of Clinical Care Profile Pathway --

Direct Care

- Nursing – RN's, LPN's
- Renal Technicians
- Dietary
- Social Work
- Pharmacy
- Medical/Surgical Supplies
- Renal Medications
- Erythropoietin

Indirect Care

- Clerical
- IT/ Data Management
- Vascular Access
- OR
- Radiology
- Laboratory Tests
- Surgery
- Inpatient Episodes
- Patient Transport
- Needs of patients
- Socio-economic background of patient – Social Work

Overhead

- Corporate Management
- Renal Managers
- Case Managers
- Housekeeping
- Linen

AVERAGE
RESOURCE
REQUIREMENT

➤ **Mandatory
Essential Elements
(MUST HAVE)**

➤ **Essential
elements (SHOULD
HAVE)**

➤ **Essential
elements (WOULD
HAVE where all
demand for
resources are met
100%)**



A Proven Track Record

- Year after year, BCPRA delivers accurate projections of the funding needs for a growing patient population
- Together with the HA Renal Programs, we consistently deliver on budget and continue to expand access to services:
 - Including a 25 percent increase in dialysis chairs and a four-fold increase in number of patients seen at CKD clinics since 2002



Balanced Score Card

- Comprehensive approach to track clinical, financial and HR indicators at provincial and HA levels

BC Renal Agency Balanced Scorecard

Priority Strategies	Indicators	Status ¹	Trend ²	Target	Actual	
EFFECTIVENESS:						
Clients, Patients & Community	<ul style="list-style-type: none"> Define patient outcomes that rely on integrated services and work with HAs to ensure the best patient and health care system outcomes. 	1. One year patient survival rate on dialysis	●	→	≥ 80%	85%
	ACCEPTABILITY:					
		2. Patient satisfaction	●	N/A	≥ 75%	78%
WELLNESS:						
Clients, Patients & Community	<ul style="list-style-type: none"> Assess education and training needs of professionals, caregivers, and patients with kidney disease and ensure resources and plans are implemented to meet those needs. 	3. Percentage of patients participating in independent dialysis* (PD and home-based HD)	●	↑	≥ 30%	31%
	QUALITY OF LIFE:					
		<ul style="list-style-type: none"> Expand and enhance province-wide independent care model for dialysis. 				
CONTINUITY:						
Service Coordination & Delivery	<ul style="list-style-type: none"> Improve integration of services for kidney patients within each HA through an increased understanding of the linkages and inter-relationships between acute care services, community services, and primary health care. Build on strength of now established Health Authority Renal Programs. 	4. Level of kidney function (median eGFR) at time of CKD registration	●	→	30-35 mL/min	31 mL/min
	AVAILABILITY & ACCESS:					
	Planning for capacity to meet CKD care needs.	5. Occupancy rate by dialysis unit setting	●	N/A	80% ± 5%	78%
	SAFETY:					
		6. Number of catheter-related infections per patient month (HD and PD)	●	N/A	< 0.08 / PD mo; <0.25 / HD mo	0.05 / PD mo; 0.13 / HD mo
	APPROPRIATENESS:					
		7. Percentage of patients within Anemia Management Protocol target	●	→	≥ 70%	75%
EFFICIENCY:						
	<ul style="list-style-type: none"> Continue to facilitate medication best practices across BC renal care community for an estimated cost savings of 5-10% of current renal drug budget. 	8. Percentage of patients with optimized drug dose per unit of hemoglobin achieved	TBD	TBD	TBD	Mdn: 35-150 units/g/L
ACCURATE & VALUABLE INFORMATION:						
Learning, Growth, & Innovation	<ul style="list-style-type: none"> Continue to modify and implement a consolidated renal/chronic disease data management system (PROMIS). 	9. Percentage of patients with comorbidity assessment available in PROMIS	●	↑	≥ 80%	73%
	NEW TECHNOLOGIES & WAYS OF DOING THINGS:					
	<ul style="list-style-type: none"> Ensure that education and research endeavors align to enhance care delivery and demonstrate accountability and fiscal responsibility, while ensuring state-of-the-art care for patients with kidney disease. 	10. List of new knowledge translation initiatives	●	↑	> 0	6
	11. Total funding for research and health outcomes initiatives	●	↑	> 0	\$87,000 \$500,000	



Highlights from the Past Year

- *Provincial Planning:* BCPRA and HA programs developing comprehensive provincial capital plan that will outline:
 - 20-year capacity needs across HAs
 - clinical (modality mix scenarios) and financial strategies for sustainable renal care delivery
- *Independent Dialysis:* Continue to build upon foundation of province-wide independent dialysis care model (PH and HD – approx 30% of patients BC-wide)
 - electronic charting
 - enhanced options for self-management



Highlights

- *Vascular Access Services:* Provincial, inter-HA, multidisciplinary approach to improvements in VA
 - Use of PROMIS/CQI indicators
 - Development of provincial guidelines
 - VA clinics & best practices
 - Tertiary referral processes(See www.bcrenalagency.ca for guidelines and materials)
- *Drug Utilization:* Development of project framework and implementation strategy for an initiative aimed at reducing overall variation in drug utilization across HA programs



Highlights

- *Provincial Disaster Plan*
 - To date, planning has been by individual HAs
 - Dr. Ron Werb leading committee to develop comprehensive provincial plan for renal services (linked with overall HA strategies)
- **First BC Renal Patient Satisfaction Survey**
 - Survey to be based on IHI, patient-focused approach
 - Will incorporate knowledge gained from past HA surveys, established surveys and info from Agency for Health Care Research and Quality
 - Distribution: Spring 2008



Highlights:

Contract Management

- *Community Pharmacy Partnership Program*
 - This fall, BCPRA will renew and/or award new, 3-year contracts to approx 30 cmtly pharmacies
 - Unique program provides close-to-home service
 - Ensures consistent approach to patient care
 - Opportunity for pharmacists to get involved in specialty care req'd by nephrology patients
- *Home Hemo Machine Contract (currently Gambro)*
 - Currently reviewing proposals; contract to be awarded by spring 2008



Highlights:

Contract Management *cont...*

- *Community and HHD Supplies Contract (currently Fresenius)*
 - RFP in development (timeframe: January '08)
- *PD Supplies Contract (currently Baxter)*
 - Contract to 2010
- Note: The renal community is now using a third-party software called i-Sight (provided by MedBuy) to report and track service and product issues related to these two contracts
 - links the customer (renal programs), the contracting agent (Medbuy) and the vendor (Fresenius and Baxter) so problem reports and resolutions are transparent to all



Highlights: New Website Launched

- More user-friendly and information rich; celebrates unique nature of BC's renal community: www.bcrenalagency.ca
 - Homepage profiles change monthly – we welcome your suggestions/ideas

BC Provincial Renal Agency - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.bcrenalagency.ca/default.htm> Go Links

Home | Contact Us | Site Map

BC Renal Agency 10th
An agency of the Provincial Health Services Authority 1997-2007

About Us Kidney Services Committees For Health Professionals For Patients News

Text Size: [A](#) [A](#) [A](#) Print view Search: Go

WHAT'S NEW

BC Nephrology Days 2007
October 11th-12th
[Read more...](#)

Online registration is now closed. Registration will be available at the event. Payment by cash or cheque will be accepted.

The event and accommodations will be at the [Renaissance Vancouver Hotel Harbourside](#)

View the BC Nephrology Days 2007 [FINAL PROGRAM!](#)

Kidney Summit Projects
To find out more about the Kidney Summit Projects — innovative initiatives to address the care needs of people at risk for diabetes, kidney and heart disease — go to: www.bckidneysummit.com

BCPRA 2007 COMMITTEE CALENDAR

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sep
Oct	Nov	Dec

The above files are in Adobe Acrobat format. [Download Adobe Reader](#)

Did You Know?
An estimated 145,000 British Columbians suffer from kidney disease.

Working Together for Better Kidney Health
The BC Provincial Renal Agency (BCPRA) plans and coordinates health care services for patients with kidney disease in British Columbia. We work cooperatively with a province-wide network of renal care providers, supporting new initiatives, research and education. Our goal is to improve the quality of life for those living with kidney disease, while making the best use of health care resources. [More about us...](#)

Profiles in Kidney Care

Kidney patients and health care staff alike are reaping the benefits of a unique Providence Health Care initiative. The "short stay bed" program was developed by the Providence renal team to meet the needs of patients undergoing certain



Providence Health Care, Short Stay Team: From left, Suzanne Vallieres, Short Stay RN, Madelene Fraser, CWL GB, Dr. Gary Nussbaumer, and Michele Trask, Operations Leader.

Highlights: Patient Education DVD

- Featuring real-life patients talking about every aspect of the kidney care continuum
 - diagnosis and prior to dialysis care
 - dialysis options (facility-based and independent)
 - transplant
 - end of life issues

從患者到患者
卑詩省腎臟護理須

ਬੀ.ਸੀ. ਵਿੱਚ ਗੁਰਦਿਆਂ ਦੀ ਦੇਖਭਾਲ
ਮਰੀਜ਼ ਵਲੋਂ ਮਰੀਜ਼ ਦੀ ਮੱਦਦ

Pasyente sa Pasyente:
Pangangalaga sa Sakit sa Bato sa BC

Health Authority Renal Programs: Fraser Health, Interior Health,
Northern Health, Vancouver Island Health, Vancouver Coastal Health/
Providence Health Care, BC Children's Provincial Renal Program

700-1380 Burrard Street, Vancouver, BC V6Z 2H3
Phone: 604-875-7340 email: bcpra@bcpra.ca
www.bcrenalagency.ca Produced 2007

Roaring
mouse
media

Patient to Patient
Kidney Care in BC

Digital
Education
Package

Patient to Patient
Kidney Care in BC

Cantonese English Mandarin Punjabi Tagalog
粵語 國語 ਪੰਜਾਬੀ

Highlights:

- *Health Innovation Fund: Models of Coordinated Specialty Care Project*
 - \$6.7 million funding grant to develop coordinated specialty care models in selected BC communities
 - Aimed at improving care for people with > 2 of diabetes, heart disease and kidney disease, and reducing system redundancies and inefficiencies
 - Despite evidence of the strong linkages, prevention and treatment efforts isolated
 - Specialty care models to be implemented in 5-10 communities
 - both rural and urban, starting fall '07
 - between 100 and 200 high-risk, high-service use patients per cmtty
 - Project includes:
 - Streamlining lab tests
 - Devp of clinical protocols and education/self-management tools
 - Evaluation framework



Welcome Nephrology Fellows/ Clinical Scholars

Research Fellows

- Catherine Weber
- Monica Beaulieu
- Olwyn Johnston
- Mhairi Sigrist
- Giusy Chiarelli

Clinical Fellows

- Elliott Chum
- Khalid Al Tunaiji

Pediatric Fellows

- Cherry Mammen
- Khalid Al-Hasan
- Khalid Alsheikh

New Clinical Fellows

- Michael Schachter
- Henry Wong
- Raj Narayanan
- Anas Al Yousef
- David Prchal



Welcome New Nephrologists

- Dr. Daniel Schwartz, FHA
- Dr. Chandra Thomas, IHA
- Dr. Marie Michaud, IHA
- Dr. Peter Trnka, Pediatrics
- Dr. Janis Dionne, Pediatrics
- Dr. Rachel Carson, VIHA
- Dr. Suvi Rasaiah, VIHA

Happy Retirement to:

Dr. Morrison Hurley



Thank you for your energy and commitment!

- Approximately 200 people are actively involved in the renal network by participating on one or more BCPRA committees and professional groups



Breakout Sessions

- Break out sessions
 - 2:15 – 5:15 pm
- Wine and Cheese reception
 - 5:15 – 6:15 pm





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Enjoy the
conference!



10 YEARS
1997–2007