



Sandi Vanderzee
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Provincial Updates - Alberta

Alberta Kidney Care (AKC)

Creation of a unified Provincial Renal Program with two operational units:

- South - SARP
- North - NARP

Leadership Teams in Peritoneal Dialysis

SARP

Janice Stewart – SOO



Carol Easton – Executive Director



Vanda MacFarland – Manager



Kin Tam – Unit Manager

Dr. G. Vitale – Medical Director

Dr. D. Ward – Associate Director

NARP

Cathy Osborne – SOO



Sandi Vanderzee – Director,
Patient Care



Tony Chacon – Manager




Frances Reintjes – Unit
Manager

Dr. K. Jindal – Medical Director

AKC Operations partners with Kidney Health Strategic Clinical Network (SCN)

SCN Vision: Optimal kidney health for all Albertans.

SCN Mission: The Kidney Health SCN partners with Albertans to achieve excellence in sustainable quality kidney care and outcomes. Through innovation and best practice evidence, we will optimize prevention, early identification and appropriate management across all ages and stages of kidney health.

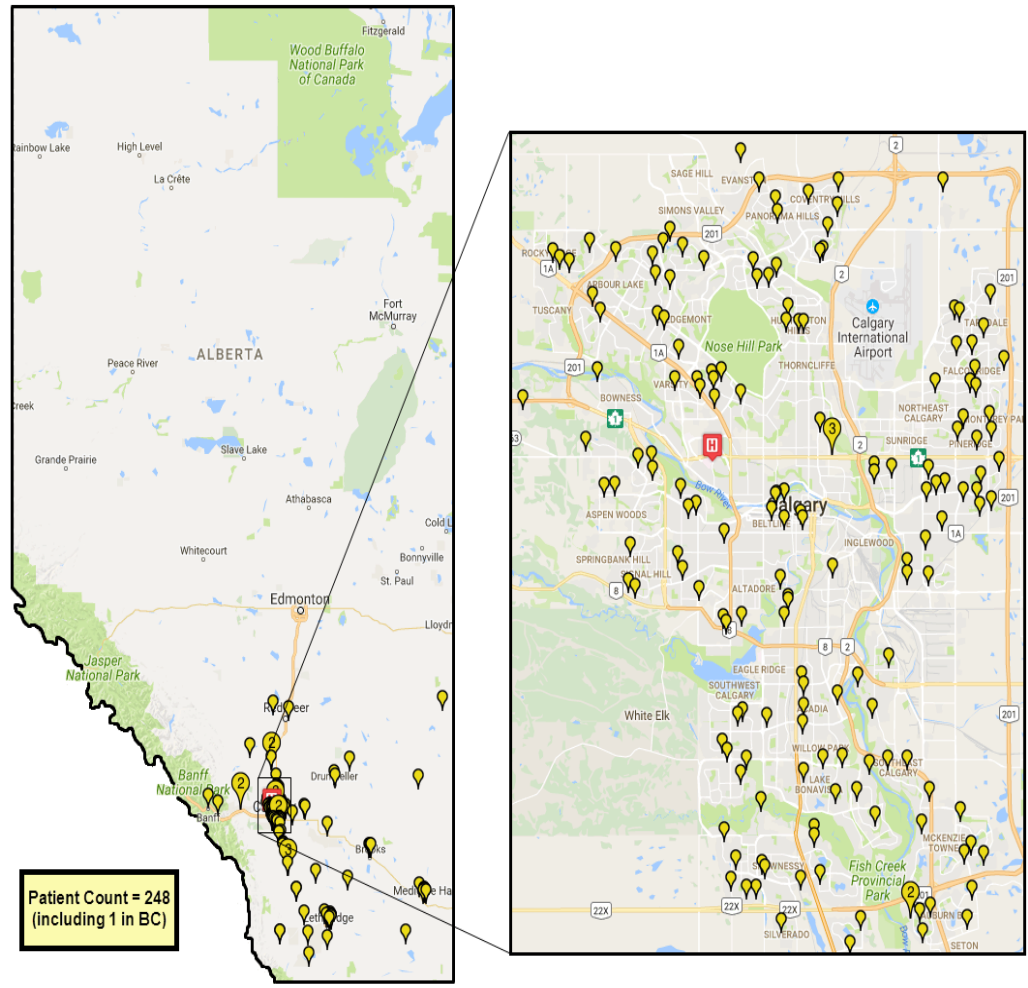


One of the primary goals of AKC and the Kidney Health SCN are to optimize the use of home dialysis, and increase the incident rate of PD by five percent.

PD Clinic Locations in Alberta

- Edmonton
- Red Deer
- Calgary
- Lethbridge
- Medicine Hat

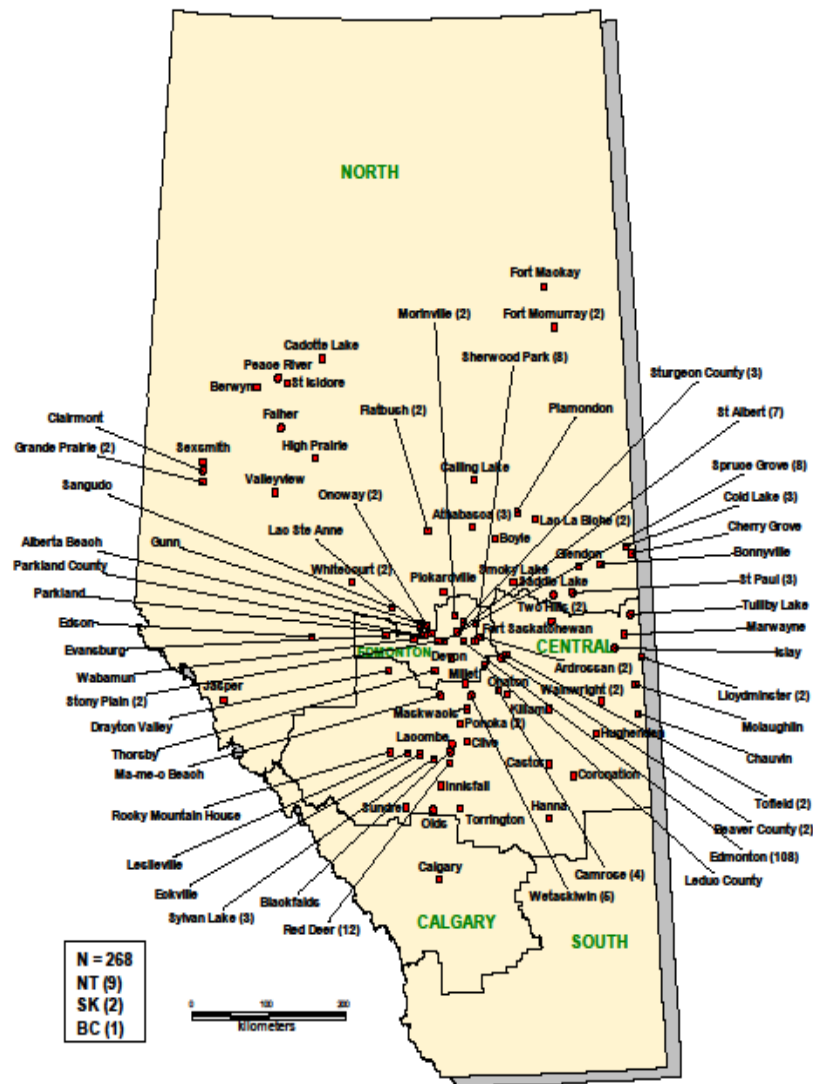
Geographic Distribution - SARP



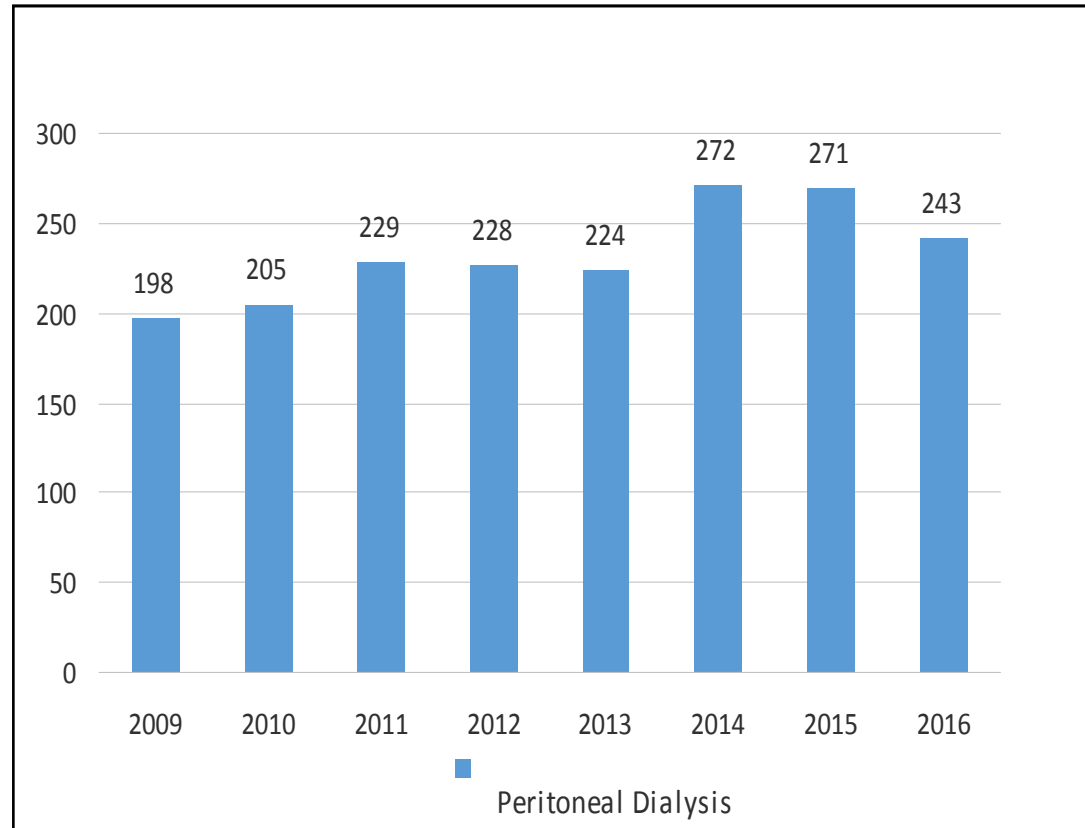
at March 29, 2017

Geographic Distribution - NARP

Northern Alberta Renal Program Peritoneal Dialysis Locations as of December 31, 2016

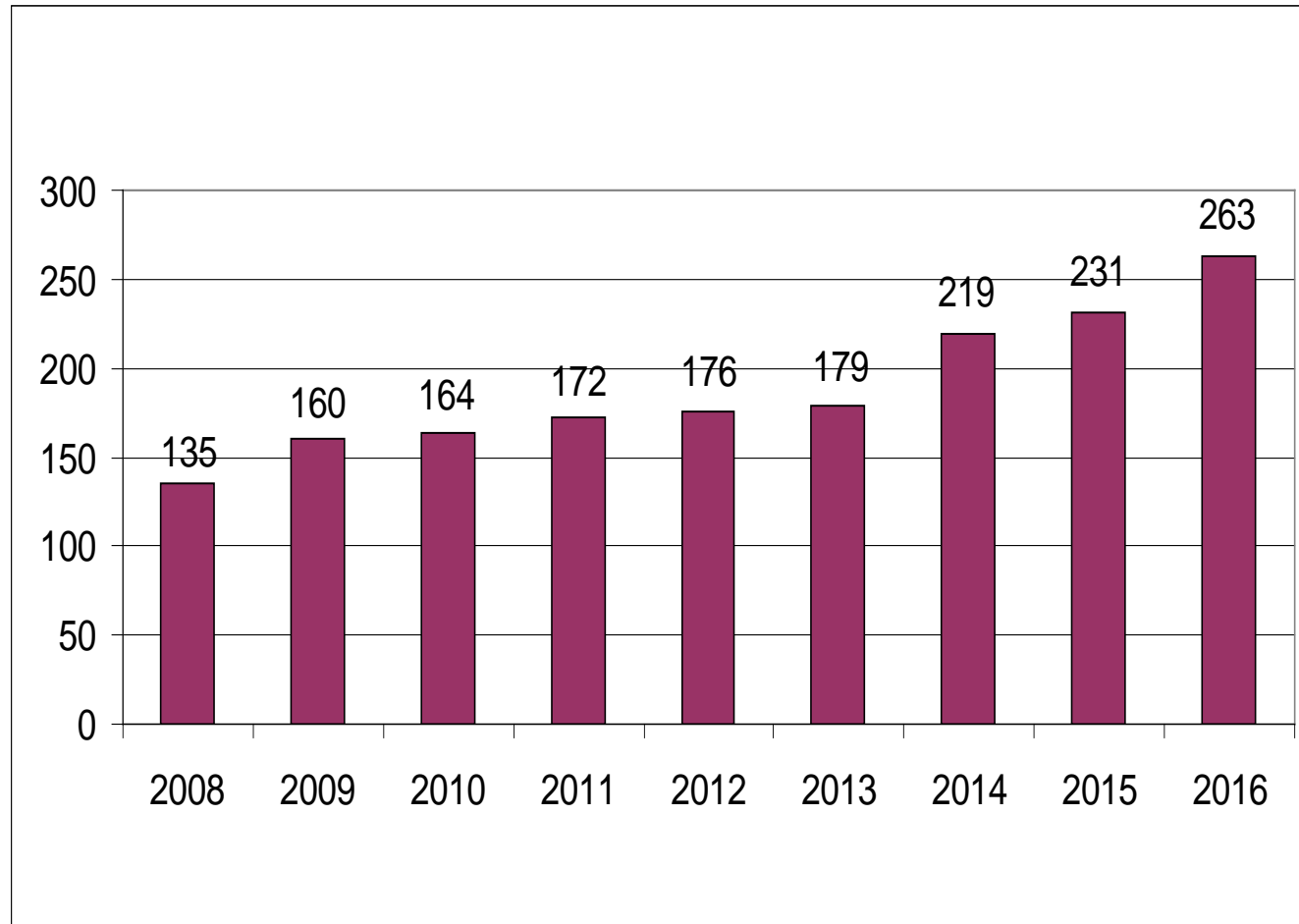


Patient Numbers – SARP



Total number of patients Mar/17 = 243

Patient Numbers – NARP



Total number of patients Mar/17 = 285

2016 Ins and Outs (= clinical work):

SARP: started 103 patients; 100 left

- Transplant 19
- Death 25
- HD 54

NARP: started 158 patients (58.9% from CKD); 120 left

- net growth 13.8% over last year
- Transplant 27 (22.5%)
- Death 23 (19.3%)
- HD 59 (49.2%) of which
 - 14 Unable to cope (23.7% of discharges to HD)
 - 6 Inadequate dialysis (10.2% of discharges to HD)
 - 18 Infection (30.5% of discharges to HD, or 15% of all PD discharges)

Challenges and Frustrations - SARP

Identified in 2016	Outcomes/Updates
<p>High incidence of off-schedule charges</p>	<ul style="list-style-type: none">• Working with the vendor to implement the outward bound call model
<p>Able to surgically bury catheters but no demand</p>	<ul style="list-style-type: none">• Working with the vendor to provide online ordering through the ShareSource patient portal
<p>Too many patients starting on HD urgently despite choosing PD</p>	<ul style="list-style-type: none">• Number of buried catheters are increasing now to prevent the patients from having to start urgently on hemodialysis with a CVC
<p>Respite – needed at acute care sites without trained staff + short term respite for patients in their home</p>	<ul style="list-style-type: none">• Increasing numbers of patients being started on PD urgently in hospital and continuing in outpatient clinic until the exit site is healed enough to train.
<p>Respite – needed at acute care sites without trained staff + short term respite for patients in their home</p>	<ul style="list-style-type: none">• Providing PD staff support on weekends to the acute sites as well as up to 2 weeks full time PD respite for patients/family

Current Challenges and Frustrations 2016/2017 for NARP

Vendor challenges: customer and patient service issues; and supply disruptions related to summer plant shut down (differential impacted due higher prescribing pattern of PD101)

Challenges associated with training and supporting paediatric patients in an adult program

Broad geographic distribution of patients

Current Challenges and Frustrations 2016/2017 for AKC

No increases in funding to support PD growth

Limitations of staff and space impact training capacity.

- SARP number of trains per week are capped and therefore triage criteria to prioritize wait list
- NARP also triages 1) paediatrics; 2) CKD/failed transplant; and 3) HD patients

Exceptional projects or accomplishments for SARP:

Fresenius Sleep Safe Harmony cyclers: 4 patients started providing another option for pain on infusion and drain.

Urgent PD start (within 2 weeks of PD catheter insertion)

Exceptional projects or accomplishments for NARP:

Initiatives targeting home dialysis growth:

- Modality RNs
- Home Dialysis Advanced Education Class: bi-monthly patient education class specific to home dialysis
- Home Sweet Home event: semi-annual patient home dialysis education from home dialysis patients (and staff)
- Home Dialysis Navigator role



HOME DIALYSIS

Exceptional projects or accomplishments for AKC:

START - Starting dialysis on Time At home on the Right Therapy (5% target)

- utilizing DMAR platform

Aligning provincial Practice Direction Documents

Peritonitis rates:

- SARP: 1 in 58 patient months
- NARP: 1 in 58.5 patient months

Areas of Focus for 2016-2017

SARP - increase numbers of patients on the Fresenius Sleep Safe Harmony cyclers using a program specific criteria guide

SARP - increase the Home Care Cycler Assist program capacity to allow more patients to remain on a home modality as long as possible

NARP - development of PD expertise “hubs” to support emergent PD care needs

NARP - development of pre-PD education modules to begin PD education while awaiting PD training spot (HD patients)

Areas of Focus for 2016-2017 for AKC

Managing ongoing growth and capacity

First province in Canada to pilot the Baxter AMIA
cyclor and ShareSource platform

eProKidney - Electronic Patient-Reported Outcomes
in Clinical Kidney Practice

Dr. Joanne Bargman PD staff education day on
October 20th



Questions/Comments?