



Thursday, April 3rd – Friday, April 4th, 2014

Interior Health Authority Update 2014

Program Description

	2013	2014
Number of Patients	141	121
Prevalence Rate	31.9	31.1
% CAPD vs % CCPD	35% CAPD, 66% CCPD	33% CAPD / 66.9% CCPD
Staffing Design		
# Nephrologists Dedicated to PD		
# Nursing Staff	RIH: 3 KGH: 2 PRH: 1 (part-time) KBRH: 1	Unchanged KBRH looking at increasing FTE
# Allied Health	RIH: 2 SW (shared with all renal) 1 dietitian (shared with PD, CKD, Tx) KGH: 2 SW (shared with all renal), 1 Dietitian (shared with PD & Tx) KBRH: 1 SW & 1 Dietitian PRH: 1 SW (shared with HD), 1 Dietitian (shared with PD and Tx) Pharmacist: 2 (1 for Kootney and 1 regional pharmacist)	Unchanged

Clinical Update

	2013	2014
Peritonitis rates:	Were unable to track the Peritonitis rates since the launch of the PD module. Were expecting to be able to pull rates once the PD reporting module was in production.	Since Feb 2013 – 48 Since January 2014 – 11 (2 included from 2013)
Dominate method of catheter placement:	Bedside catheter tube insertion done without fluoroscopy at RIH and KGH. Surgical placement done at PRH and Trail as volume does not support bedside insertion and OR time is accommodating.	Surgical placement at all sites in OR Gen surgeon in WL has interest in doing bedside insertions; in early discussions with Dr. Conley
Availability of LTC facilities/unique settings to accommodate PD	<p>PD nurse assists in bedside insertion. They provide, training, flushes and initial dressing change. They monitor the progress for readiness to use. Home visit is done prior to insertion or 1 week before or after training. Post peritonitis visit as well to look at technique and supplies.</p> <p>Pilot project planned for 2013/2014 in Kamloops to support PD in Residential Care Facilities (LTC).</p>	<p>Not done.</p> <p>Continues</p> <p>This project did not happen.</p>

Areas of Focus for the IHA PD Program: 2014-2015

- OT assessment by qualified occupational therapist and individualized education tools for patients who want to do PD but have barriers
 - 1 year prospective study; includes evaluation
- Education of patient care of PD patients in acute care – includes outlying community hospitals and all emergency departments
 - Focus is primarily in E/W Kootenays (2014/15)
- Peritonitis protocols for acute care/ED admitted patients

Current Challenges and Frustrations for the IHA PD Program 2014-2015

- Mal-positioned tube placements
 - Varying degrees of surgeon expertise
 - Applying dressings to stabilize tube post-op by inexperienced nurses
 - No pre-op assessment for tube placement
 - Causing variety of challenges to patients above/below average height (pain, drainage problems)
- Increased care-giver burnout
 - Lack of respite care
- Geographic challenges
 - Medical help for patients in rural communities
 - Challenge to educate/maintain education to the HCPs in outlying areas
 - Training challenges (dual training)
 - Increased workload
 - Difficult follow-ups
 - Peritonitis
 - Challenging patients who would may have otherwise not been PD candidates but due to geographics, PD had to be tried