



WESTERN
CANADA

PD
DAYS

February 7th-9th, 2013

Interior Health Authority

Program Description

Number of patients

- ❖ Peritoneal Dialysis (PD): 141
- ❖ Royal Inland (RIH) PD: 54
- ❖ Kelowna General (KGH) PD: 47
- ❖ Penticton Regional (PRH): 16
- ❖ Kootenay Boundary (KBRH): 24

Prevalence rate

- ❖ 31.9% of patients on PD

Program Description Cont.

Staffing design

Nephrologists dedicated to PD

Nursing staff

- ❖ RIH: 3
- ❖ KGH: 2
- ❖ PRH: 1 (part-time)
- ❖ KBRH: 1

Allied health

- ❖ RIH: 2 SW (shared with all renal), 1 Dietician(shared with PD, CKD & Tx)
- ❖ KGH: 2 SW (shared with all renal), 1 Dietician(shared PD & Tx)
- ❖ KBRH: 1 SW & 1 Dietician
- ❖ PRH: 1 SW (shared with HD), 1 Dietician(shared PD & Tx)
- ❖ Pharmacist: 2 (1 for Kootenay and 1 regional pharmacist)

Patients at a Glance

Geographic catchment area

- ❖ KBRH: East and West Kootenay's (pts in Golden, Fernie etc.)
- ❖ PRH: South Okanagan (pts in Oliver and Princeton, Osoyoos)
- ❖ RIH: North Okanagan (pts in Williams Lake, Lillooet, Salmon Arm)
- ❖ KGH: Central Okanagan (pts in Armstrong, as far as Golden)

% CAPD vs % CCPD

- ❖ Total pts on CAPD: 50 Percentage of pts on CAPD 35%
- ❖ Total pts on Cyclus: 91 Percentage of pts on Cyclus 66%

Average age

Unique characteristics (i.e. ethnic diversity)

Clinical Update

Peritonitis rates:

Since the launch of the new PD module we haven't been able to track the Peritonitis rates. Once the PD reporting module is in production then we'll be able to pull peritonitis rates.

Bedside catheter tube insertion done without fluoroscopy at RIH and KGH. Surgical placement done at PIH and Trail as volume does not support bedside insertion and OR time is accommodating.

Pilot project planned for 2013/2014 in Kamloops to support PD in Residential Care Facilities (LTC).

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.

Areas of Focus/Success in the Past 12 Months

- Identified as “Leaders” in Accreditation Canada. Submitted leading practice initiatives for recognition of: Renal Water Standards, Medication Reconciliation, Involved Care and Vascular Access Outreach in EK/KBRH.
- Water guidelines/standards developed and implemented throughout IH, which addressed quality gaps and practice inconsistencies. An Internet “Sharepoint” was developed to track water results which are signed off by the nephrologist monthly.
- Medication Reconciliation Project continues to develop throughout the program.
- Community pharmacy integration project continues throughout the program, which is aimed at improving the quality of CKD patients
- Involved Care focuses on patient and family centred care in CDU’s and next step will be in-centres.
- Vascular Outreach project supports hard to reach patients.

Areas of Focus in the Next 12 Months

- Continue implementation of Involved Care through all CDU's and in-centres
- End of Life project which incorporates ACP, pain management, palliation and bereavement. Supports independence and identifies gaps in patient's plan of care.
- CKD Re-design supports pre-dialysis care, provides a continuum of care and identifies any gaps.
- Phase 2 Medication Reconciliation, includes outcomes and evaluation.
- Phase 2 Water standards, identifies trends or gaps in water sampling through routine audits.
- Standardization of Renal documents on a "Shared" file to support a "Regional" focus of our program.
- Reviewing renal patient activity in all programs to ensure the resources/support is where the patient needs it and meets the key deliverables of the Ministry, BCPRA and IH.

Challenges and Frustrations

- Challenges with aligning EOL program to meet deliverables.
- Human resource challenges. Currently vacant Renal Manager position at KGH and KBRH/EK and 1 vacant Regional Clinical/Project lead. 2 vacant PCC positions. One in Penticton and the other at KBRH.