



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

Northern Alberta
Renal Program (NARP)
Alberta Health Services
Update 2014

Program Description

	2013	2014
Number of Patients	170 adults, 8 children	180 adults, 4 children
CAPD vs. APD	44% CAPD, 56% APD	42.5% CAPD, 57.5% APD
Staffing Design		
# Nephrologists Dedicated to PD	<p>4 nephrology services providing PD care:</p> <ul style="list-style-type: none"> • 3 tertiary hospital services and paediatric service • 20 different physicians • Majority of patients are shared by University of Alberta Hospital Service with nephrologists rotating through every 2 weeks 	No changes
# Nursing Staff	<ul style="list-style-type: none"> • Nursing model case management • 8.4 Nursing FTE, shared CNE 	Increase to 10.6 Nursing FTE
# Allied Health	1 adult Social Worker (shared with home hemo), 0.5 paediatric Social Worker (shared), 4 Dietitians (shared)	No changes

Clinical Update

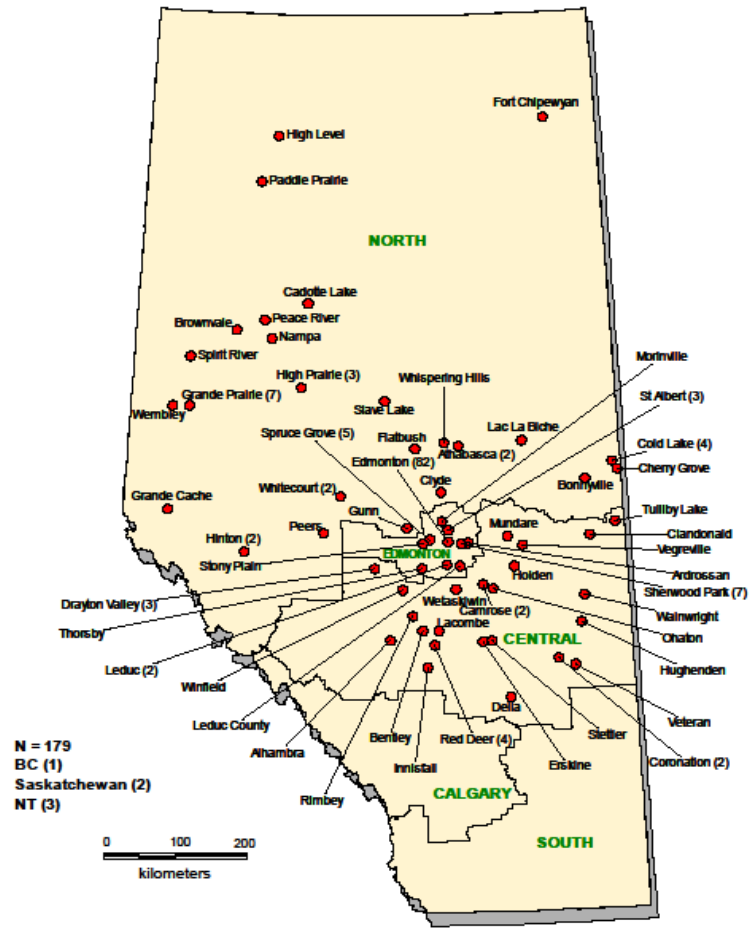
	2013	2014
Peritonitis rates:	2012 Adult 1:29.3 2012 Pediatric 1:33.4	2013 Adult 1:28.2
Dominate method of catheter placement:	<ul style="list-style-type: none"> • Adults all have surgically buried catheters. • Children have a mix of buried and open catheters. 	No changes
Availability of LTC facilities/unique settings to accommodate PD	<ul style="list-style-type: none"> • 1 auxiliary hospital (LTC) provides preferential placement of PD patients. Funded for 7 beds. • PD nursing staff provide on-call service to 2200 h daily including weekends and statutory holidays to patients and healthcare professionals in outlying communities (EDs, rural hospitals). 	No changes

Areas of Focus:

Identified in 2013	Outcomes/Update
<ul style="list-style-type: none">• E-survey of all NARP staff for knowledge and education needs regarding the home dialysis programs.• Group adult modality education class for Renal Insufficiency Clinic patients.• Strategies for growth! New funding for additional 1 FTE nursing for PD (2 FTE nursing for home hemo).	<ul style="list-style-type: none">• E-survey completed.<ul style="list-style-type: none">• Staff know benefits and believe in the value of home dialysis; need education and resources.• <u>Home Dialysis Champions Day</u> in September 2013. Over 100 NARP staff attended. On-unit home dialysis resources and advocates.• <u>Kidney Treatment Choices</u> class: patient group modality education class held twice monthly. Co-taught by RNs from Renal Insufficiency Clinic and PD. First class in October 2013.• New Red Deer (Central Zone) PD RN placed in October 2013. Improved access to services. Less travel time for patients for training and follow up.

Challenges and Opportunities:

Northern Alberta Renal Program Peritoneal Dialysis
Patient Locations as of December 31, 2013



Challenges and Opportunities 1:

Identified in 2013	Outcomes/Updates
<ul style="list-style-type: none">• Greatest Challenge: Children account for up to 20% of nursing workload.• Opportunities: Renal services review; opportunities for collaboration with SARP.• No new HD units being built; home dialysis programs the only capacity for growth in NARP.	<ul style="list-style-type: none">• Large program: broad geographic base including Central, Edmonton, and North zones in AB, NWT, NT, and SK (pediatrics)• Clinical care, planning, and coordination:<ul style="list-style-type: none">• New inpatient Clinical Nurse Educator; improve PD competencies on inpatient units and at other hospitals.• Good “Gets”: 53% PD admissions from Renal Insufficiency Clinic• Good program losses: 31.4% PD discharges to Transplant

Challenges and Opportunities 2:

Identified in 2013	Outcomes/Updates
<ul style="list-style-type: none">• Greatest Challenge: Children account for up to 20% of nursing workload.• Opportunities: Renal services review; opportunities for collaboration with SARP.• No new HD units being built; home dialysis programs the only capacity for growth in NARP.	<ul style="list-style-type: none">• Need for exclusive modality RN. Narrow the gap between general knowledge and specific referral.• Collaboration with SARP for development of certain province-wide policies.• Capacity continues to be a challenge; home dialysis programs (both PD and Home Hemodialysis) remain the only capacity outlet for growth in NARP.

Contact Information

Questions? Comments?

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