

Value-Added Dollars from PD Contract Support Innovation, Improve Peritoneal Dialysis Care



Over the past fiscal year, kidney care teams continued to adapt to and build upon the lessons learned from the COVID-19 pandemic, while also dealing with varied other challenges, including those posed by increasing climate-related emergencies. Through it all, care teams continued to support patients and each other, as well as seek opportunities to improve care, as reflected in this document. At BC Renal, we extend our heartfelt gratitude to everyone in our kidney care network for your resolute dedication.



Value-added funds from a provincial contract negotiated by BC Renal and the Provincial Health Services Authority improve care for peritoneal dialysis (PD) patients and quality of work-life for clinicians across BC.

While a portion of these funds is used at the provincial level to support PD initiatives of the BC renal network, the majority is allocated to health authority PD programs to meet diverse needs at the local level. Collectively the objective is to optimize the prevalence of PD throughout BC, and to ensure quality PD patient care and enhanced staff knowledge and expertise.

Value-Added Funds Support Provincial PD Initiatives

BC Renal is dedicated to ensuring anyone who experiences kidney failure is considered for home therapies. In 2022-2023, value-added funds were used to support initiatives aimed at increasing PD uptake across health authority renal programs, as well as to ensure high-quality care.

Standardized PD Guidelines, Procedures and Patient Materials

The [BC Renal PD Committee](#), which includes multidisciplinary representatives from all regional health authorities, provides leadership to a range of initiatives, including the development of [standardized guidelines, procedures](#)

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and [patient materials](#) aimed at improving PD patient quality of care and experience. The committee also monitors clinical indicators and outcomes, is a forum to discuss current and emerging practices, and supports engagement and networking.

In 2022-2023, provincial initiatives included the successful rollout of a PD quality indicators dashboard. Featuring a range of PD quality care measures, this tool will support the provincial PD Committee and the regional PD programs in benchmarking, monitoring and evaluating improvements to the quality of PD care and patient outcomes across the province.

In early 2023, the PD Committee held its first face-to-face meeting since the beginning of the COVID-19 pandemic. The meeting brought together clinicians, patient partners, administrators and other kidney health professionals from across the province to Vancouver for a full day of discussions, networking and training.

Nephrology Home Dialysis Fellows

A key component of the BC Renal mandate is to support knowledge development through research and teaching, as well as succession planning within the broader renal network. One strategy to achieve this goal is the funding of two home therapies fellowships per year. The fellowships educate clinical leaders with a particular focus on supporting home therapies, including PD, as a treatment option for kidney failure. More information is available on the BC Renal website – go to [BCRenal.ca](#) and click on ‘Careers’.

Value-Added Funds Support Regional PD Initiatives

At the health authority level, projects and activities supported by value-added funding in 2022-2023 fiscal year included the following:



Staff Education and Training

Access to ongoing staff education and knowledge exchange is a significant contributor to job satisfaction and quality of work-life, as well as the ongoing delivery of best-practice PD care. Similar to previous years, PD value-added funds were used to sponsor health authority staff participation in a variety of local, provincial, national and international conferences, workshops, meetings and team building activities, as well as journal subscriptions relevant to PD therapy. Through these opportunities, PD professionals learn about emerging practices and innovative initiatives, and are able to share this information with their renal programs.

Increasing PD Knowledge

For many years, the BCIT PD advanced online course, which provides the theoretical knowledge required to work in a PD unit, has been a key component of an educational strategy to ensure programs are staffed with knowledgeable PD nurses who can quickly orientate to their respective PD unit.

An aging workforce and the pandemic have resulted in

significant workforce changes across renal programs, with many new employees joining kidney care clinics and nurse navigator roles with limited or no knowledge of PD. Recognizing these team members play a key role in the education of patients making decisions about home dialysis, BC Renal introduced a new education strategy in January 2023, sponsoring new staff to take the BCIT PD Basic course. The goal is to build collective knowledge about PD in roles supporting modality selection education.

Patient Education and Training

A portion of PD value-added funds is consistently dedicated by health authority renal programs to support patient education through the development of patient resources that encourage patient self-management, improve quality of life and support positive health outcomes.



Ultrasound Education for PD Tube Insertionists: Part Two – Fraser Health

The Fraser Health renal program continued to invest a portion of available PD funds to train physicians who insert PD tubes in pre-procedural ultrasound investigation. In total, seven physicians were trained over the last fiscal year. The renal program indicates that conducting pre-procedural ultrasound prior to bedside PD tube insertion helps make the procedure safer. With the experience gained over the past couple of years through this training initiative, the program is now open to other sites across the province learning from the FH practice.

Increasing PD to Home HD Transition – Fraser Health

With the help of PD funds, a team in the Fraser Health renal program conducted an analysis of Home HD (HHD) screening forms for retrospective and prospective PD patients who transferred or were in the process of transferring to facility-based HD. The project team found that within the two groups, a total of 56 patients transferred from PD to HD, while 15 of those patients

were potentially suitable for HHD, and some even attended a HHD orientation, but never proceeded to an HHD assessment.

The investigators found that the reasons patients didn't move forward after HHD orientation varied significantly, including an imminent transplant, inability to manage independently, insufficient support, and patient preference for in-centre HD. Another potential issue was the up to one month lag time between referral for HHD orientation and the actual date, which may have



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impacted patient interest in trying home hemodialysis.

The project team hopes to increase awareness and trigger culture change in promotion of PD to HHD transition, and subsequently increase the number of patients transitioning to HHD instead of facility-based HD. If successful, the learnings of this initiative may be applicable to other renal programs across the province. The investigation team is planning a follow-up project focused on supporting PD to Home HD transition.

Peritoneal Dialysis in Long-Term Care – Interior Health

The Interior Health (IH) renal program pursued an initiative to provide peritoneal dialysis in long-term care (LTC) facilities. Deliverables included the process and required supporting documents to allow RNs and LPNs to administer PD in LTC, and a sample resource kit required at the LTC site to provide PD.

The team also worked with the IH Professional Practice Office to ensure LPNs are in scope and meet



the educational requirements to administer PD in accordance with governing body regulations. Going forward, standardized education for the administration of PD by acute unit and LTC nurses will be utilized across IH.

The renal program continues to engage with LTC sponsors to foster partnerships and shared goals. Standardized Clinical Decision Support Tool (CDST) and competency frameworks to support safe practice and provide the infrastructure to ensure LPNs are in scope to administer PD are utilized across the HARP and within any LTC sites that support PD patients.

Building on the lessons learned throughout the planning and implementation of this project, the IH renal program is now ready to share the new standardized education, clinical decision standard tools and competency validation frameworks with the BC renal network.

Feasibility of Providing PD in Long-Term Care Facilities – Island Health

This project focused on conducting a case study to identify local opportunities for enhanced support to patients transitioning to long-term care (LTC) facilities while maintaining their independent peritoneal dialysis regimen. Notable achievements included a comprehensive review of a prior PD patient’s transition to LTC, assessing barriers and mitigation strategies, and the development of a guide encompassing nursing considerations across multiple perspectives, such as home dialysis, LTC, acute care, community access, liaison, and home care nursing. The project also highlighted knowledge gaps in the system regarding the feasibility of independent PD in LTC facilities.

The project also engaged with



colleagues in Interior Health conducting a similar environmental scan related to PD in LTC, facilitating the sharing of findings and learnings. To enhance consistency in processes, information accuracy, and continuity of independent PD after transitioning to LTC, a practice support tool was implemented across key program areas. Moving forward, the project aims to translate its findings into practical support tools and recommendations for a future model of PD care in LTC facilities within Island Health, with a collaborative approach to optimize opportunities for seamless PD continuity when patients transition from home to facility-based care.

Experiential Cultural Safety Education in Peritoneal Dialysis – Island Health (Central Island)

With the support of value-added funds, an Island Health renal team in Central Island organized a Blanket Exercise event for 32 direct care peritoneal dialysis and hemodialysis staff in order to deliver essential cultural safety education. The event, hosted by one of the PD clinics, focused on both cognitive and emotional comprehension of Indigenous peoples’ experiences in BC, spanning from pre-colonial times to contemporary intergenerational impacts.

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Although there were challenges in accommodating participation of all team members given clinical responsibilities, the event contributed to staff’s greater understanding of Indigenous experiences and instilled hope for the future. A post-event benefit was improved staff cohesion and collaboration across multiple clinic areas.

The initiative aligns with the

organization’s commitment to Truth and Reconciliation, empowering staff with greater capacity to share knowledge and information, ultimately enhancing patient care. Central Island continues its journey of learning, exploring the potential cultural safety issues within current workflows and daily operations, and furthering education on Trauma Informed Care and addressing the negative impacts of white supremacy on both patients and staff.

Enhancing PD Care for Inpatients – Island Health

During the last fiscal year, the renal program recruited and sponsored one nurse from the Royal Jubilee Hospital (RJH) Inpatient Renal Ward to take the BCIT Basic PD course. After completing the course and her practicum hours at the RJH Home Dialysis Unit, this RN is equipped with theoretical and practical skills to assist PD inpatients, serving as a valuable resource for peers on the unit. Increasing the number of staff with formal qualifications in PD care in the program helps support Island

Health in enhancing the quality of care delivered to patients receiving PD treatment while admitted to hospital.

Creating a High-Functioning PD Team at NRGH – Island Health (Central Island)

Guided by a dedicated coach, the Nanaimo Regional General Hospital Home Dialysis Team developed a team charter to foster a cohesive and collaborative work environment. Emphasizing common goals, effective communication, continuous learning, creative problem-solving, and patient-centered care, the charter helped to notably improve the team’s ability to engage in challenging conversations, actively seek out collaboration as a strategy, and approach interpersonal conflicts arising from diverse work styles with curiosity.

Staff members have reported a stronger sense of unity within the team, where they can effectively address differences while still valuing each other as individuals.

The team’s overarching objective is to enhance patient-centered care by adopting a holistic, team-based approach grounded in communication, shared goals, and a common sense of purpose. Through this initiative, staff have identified and responded to the negative impacts of unresolved interpersonal conflicts among coworkers, and they are actively working to cultivate a flexible, supportive, and positive work environment that encourages commitment and meaningful contributions.

The team is open to sharing their experiences with other teams facing similar challenges in the post-pandemic context. They are dedicated to maintaining and reinforcing their newfound practices, scheduling regular moments to apply their learnings within the clinic, and conducting frequent check-ins to ensure alignment and make any necessary course corrections.

Both the health authority renal programs and BC Renal are committed to using value-added funds to support quality improvement in program and optimal patient care. To ensure continuity and consistency in the use of the funds, guidelines stipulate they cannot be used for ongoing operational expenses or for costs historically covered by health authority budgets.



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