PROMIS: DIALYSIS ACCESS FORM
& MEDICATION RECONCILIATION REPORTS

NOVEMBER 5th, 2009

BC Renal Agency
An agency of the Provincial Health Services Authority

DIALYSIS ACCESS

DIALYSIS ACCESS: INTRODUCTION

- Purpose: to capture each event in the lifecycle of any given dialysis access in chronological order, from the initial referral for creation to termination and removal.

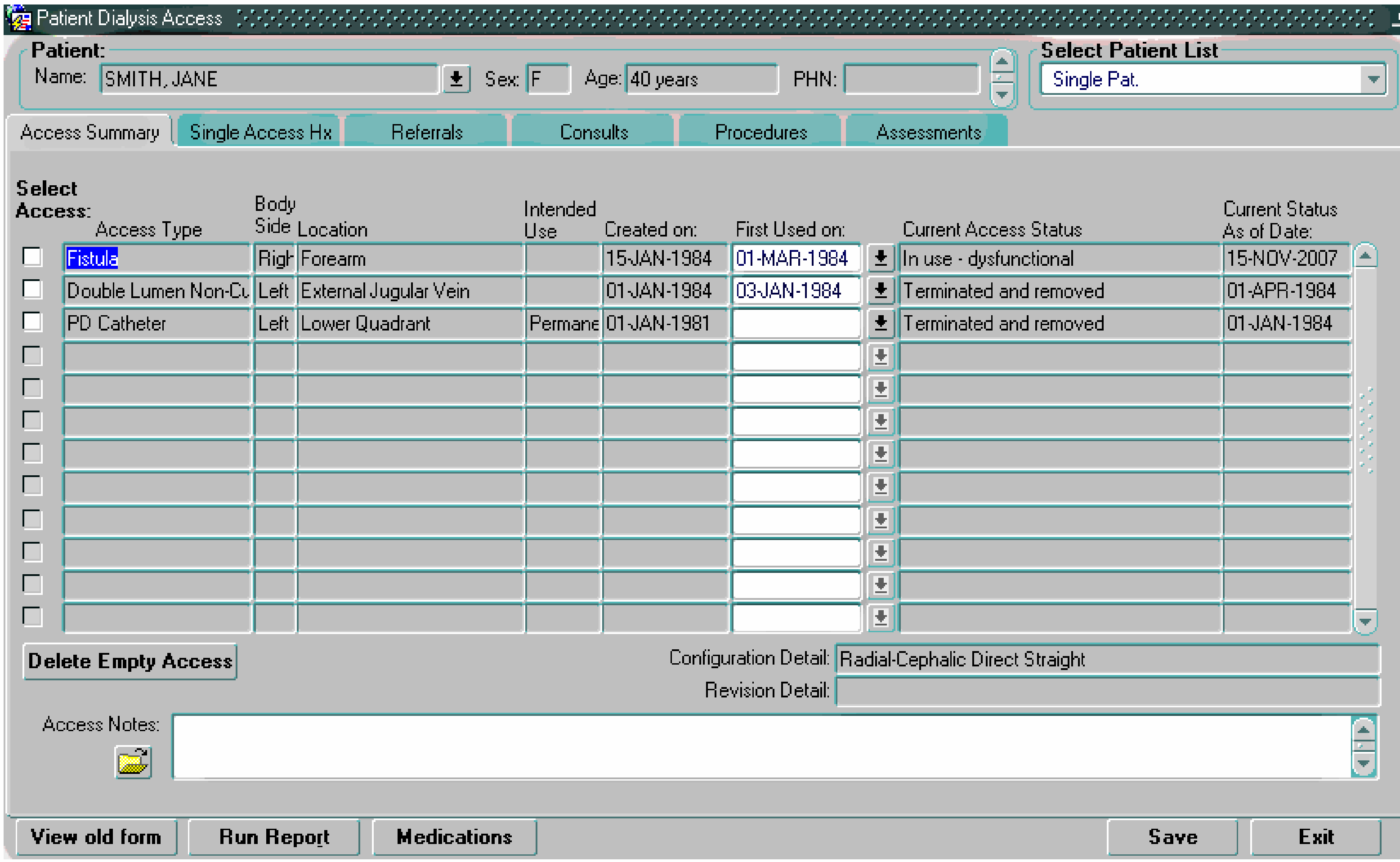
- Organized into 6 tabs: Access Summary, Single Access Hx, Referrals, Consults, Procedures, and Assessments.

- Access Summary and Single Access Hx summarize the event histories of multiple or single access records, respectively.

- Referrals, Consults, Procedures, and Assessments tabs capture the details of specific events as they were understood to be true on the date that they occurred.

- Information can then be used to drive various centre-based reports, including VA Incidence, Prevalence and Infection Rates.

DIALYSIS ACCESS: SUMMARY TAB



Patient Dialysis Access

Patient:
Name: SMITH, JANE Sex: F Age: 40 years PHN:

Select Patient List
Single Pat.

Access Summary | Single Access Hx | Referrals | Consults | Procedures | Assessments

Select Access:	Access Type	Body Side	Location	Intended Use	Created on:	First Used on:	Current Access Status	Current Status As of Date:
☐	Fistula	Righ	Forearm		15-JAN-1984	01-MAR-1984	In use - dysfunctional	15-NOV-2007
☐	Double Lumen Non-Cu	Left	External Jugular Vein		01-JAN-1984	03-JAN-1984	Terminated and removed	01-APR-1984
☐	PD Catheter	Left	Lower Quadrant	Permane	01-JAN-1981		Terminated and removed	01-JAN-1984

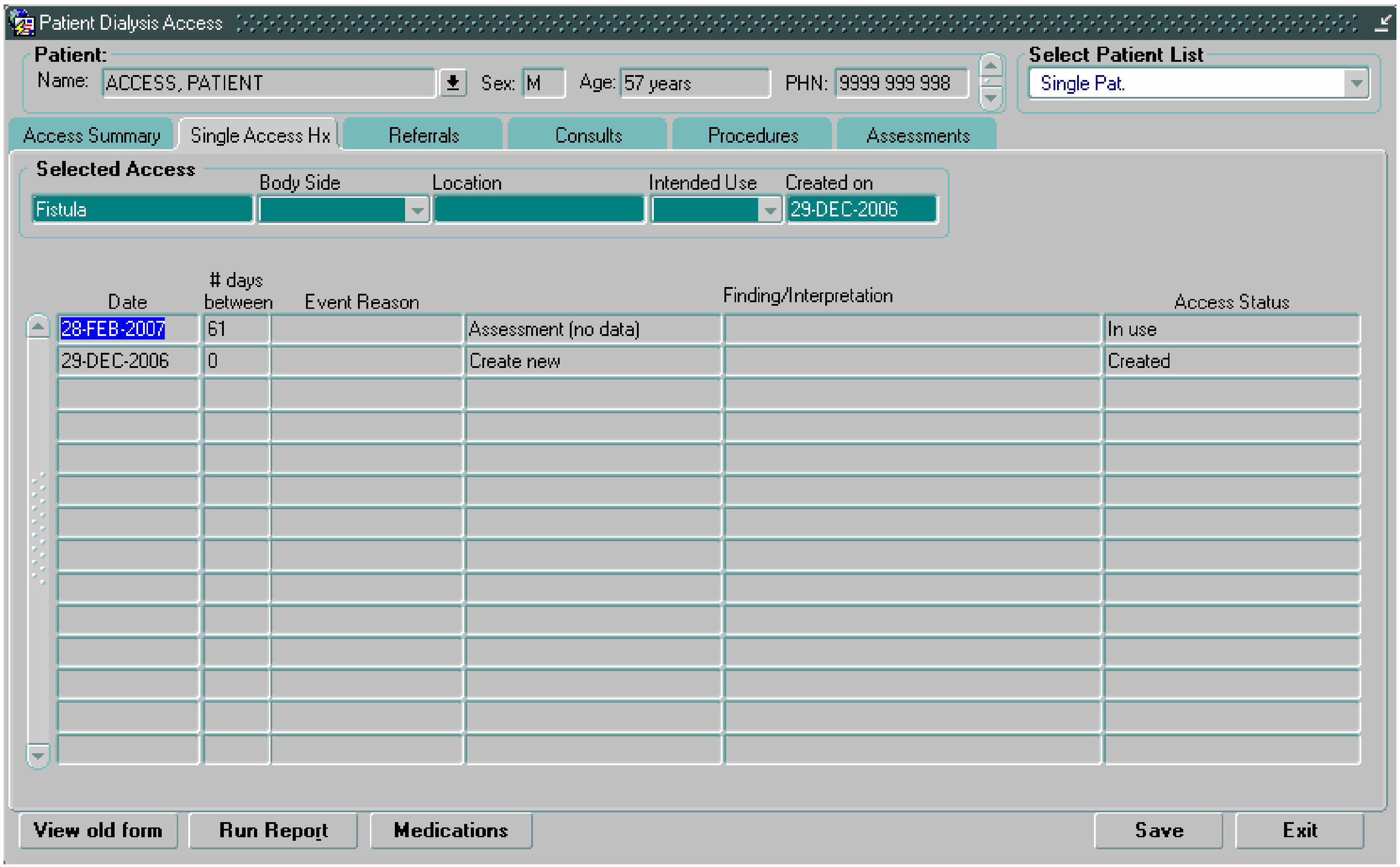
Delete Empty Access

Configuration Detail: Radial-Cephalic Direct Straight
Revision Detail:

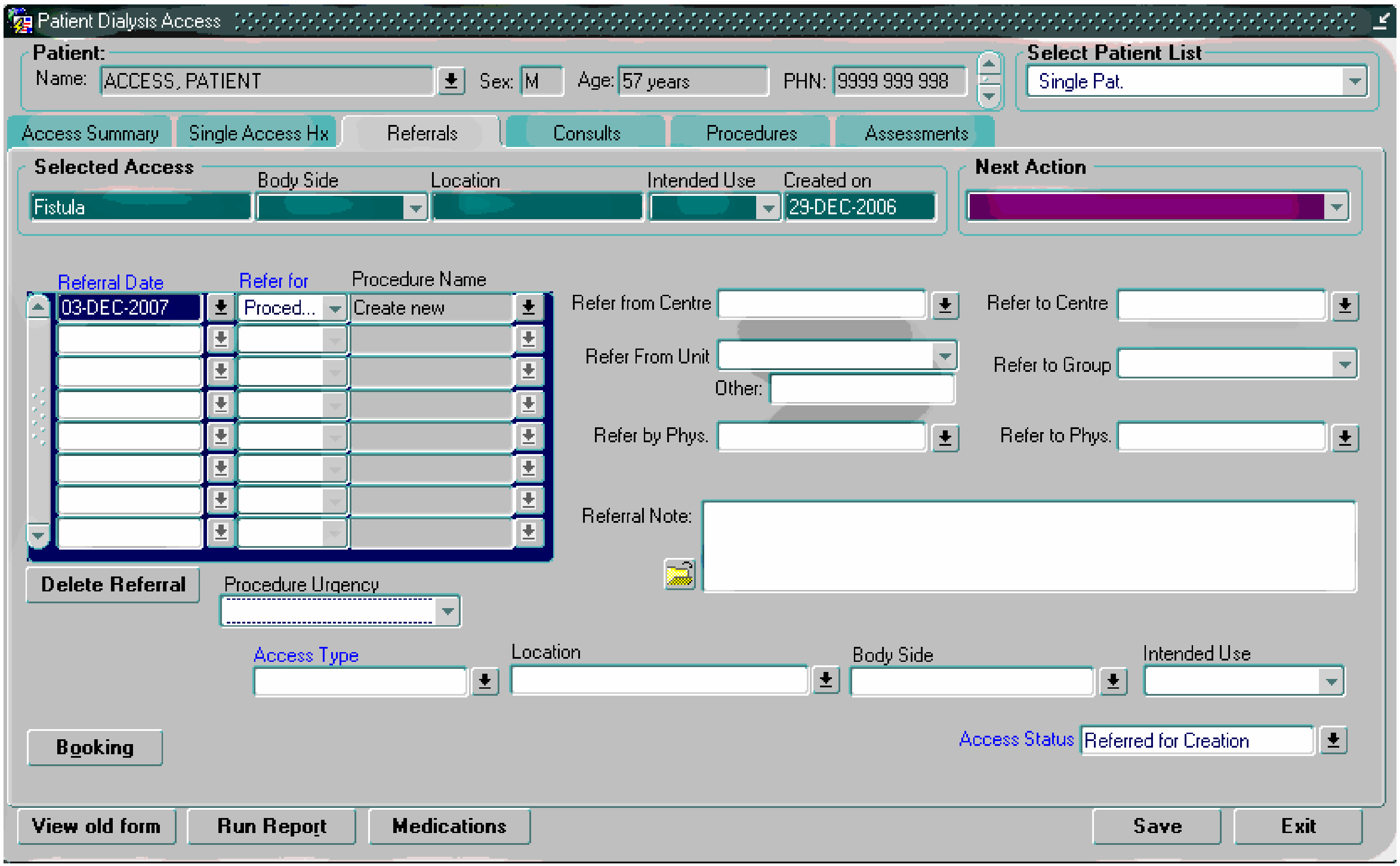
Access Notes:

View old form | **Run Report** | **Medications** | **Save** | **Exit**

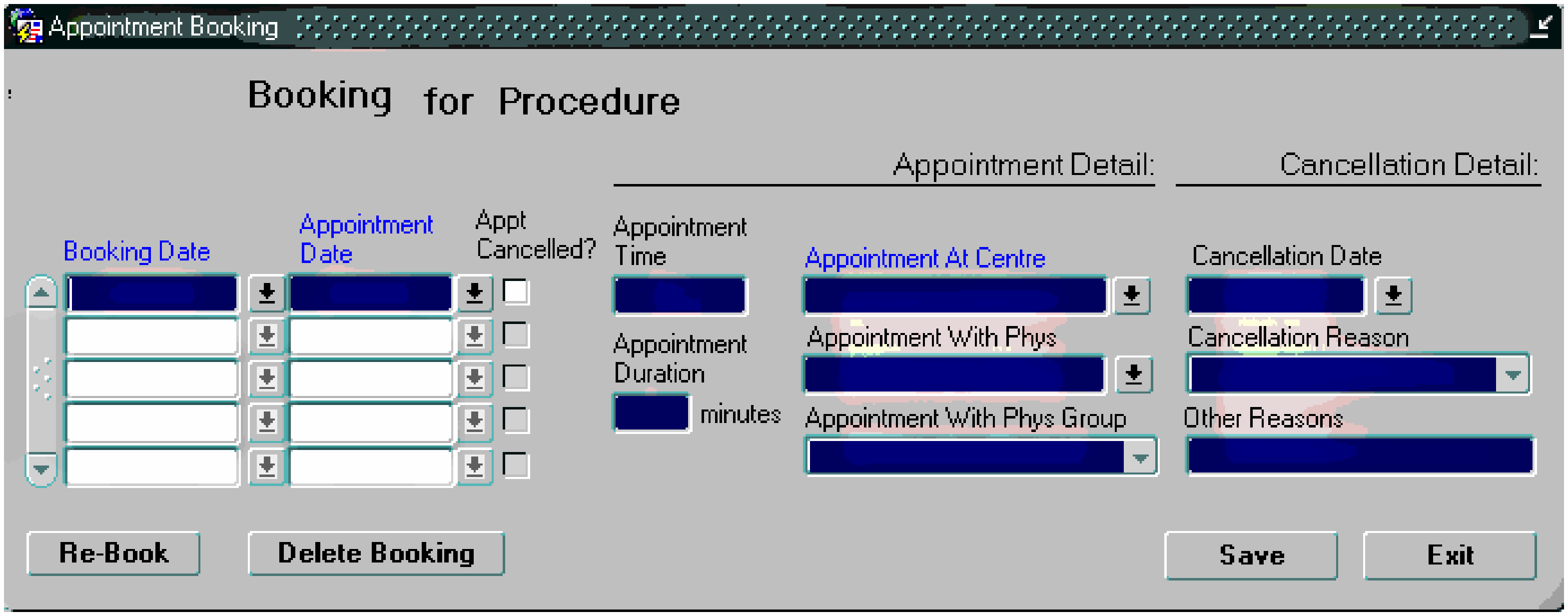
DIALYSIS ACCESS: SINGLE ACCESS HISTORY



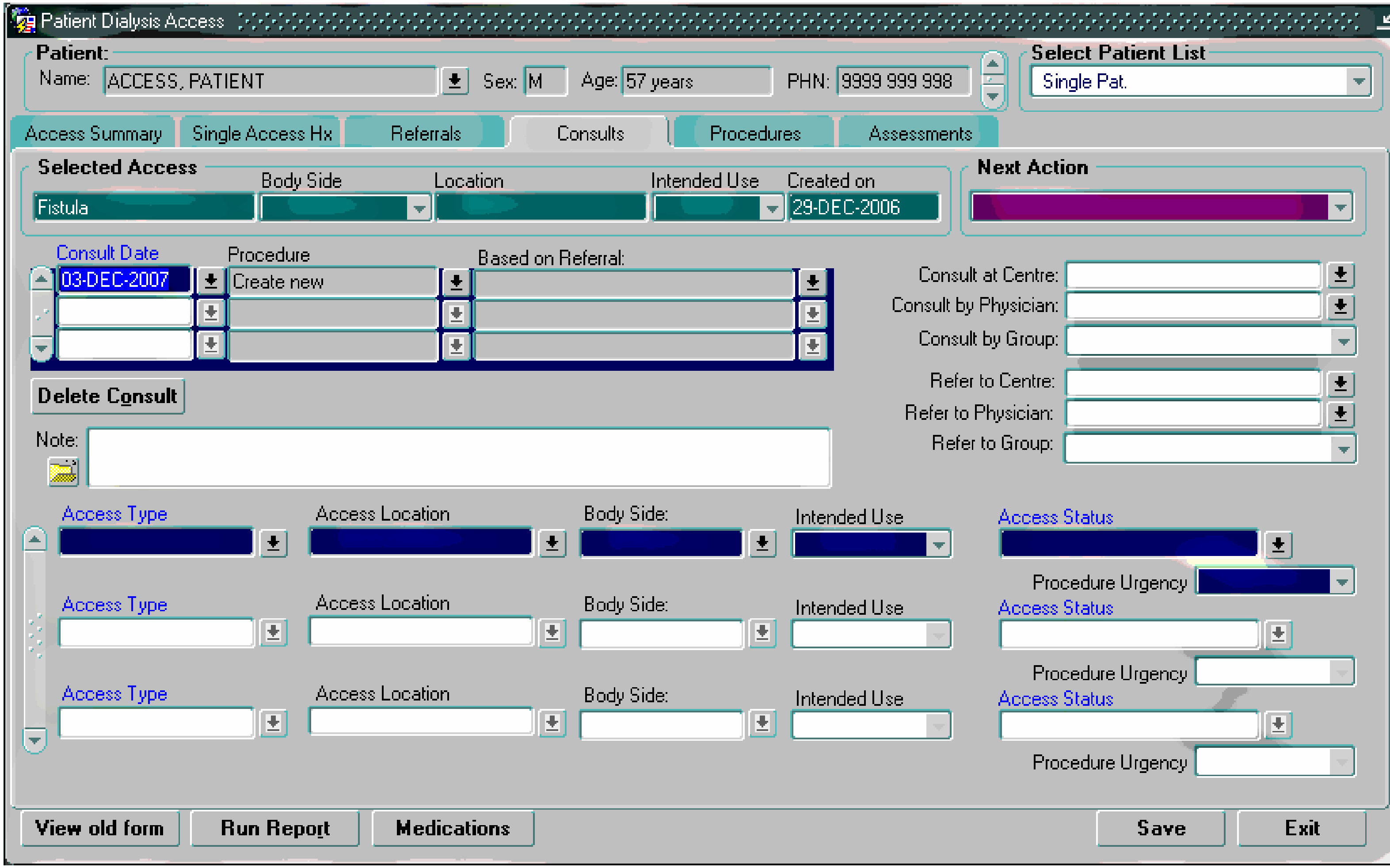
DIALYSIS ACCESS: REFERRALS TAB



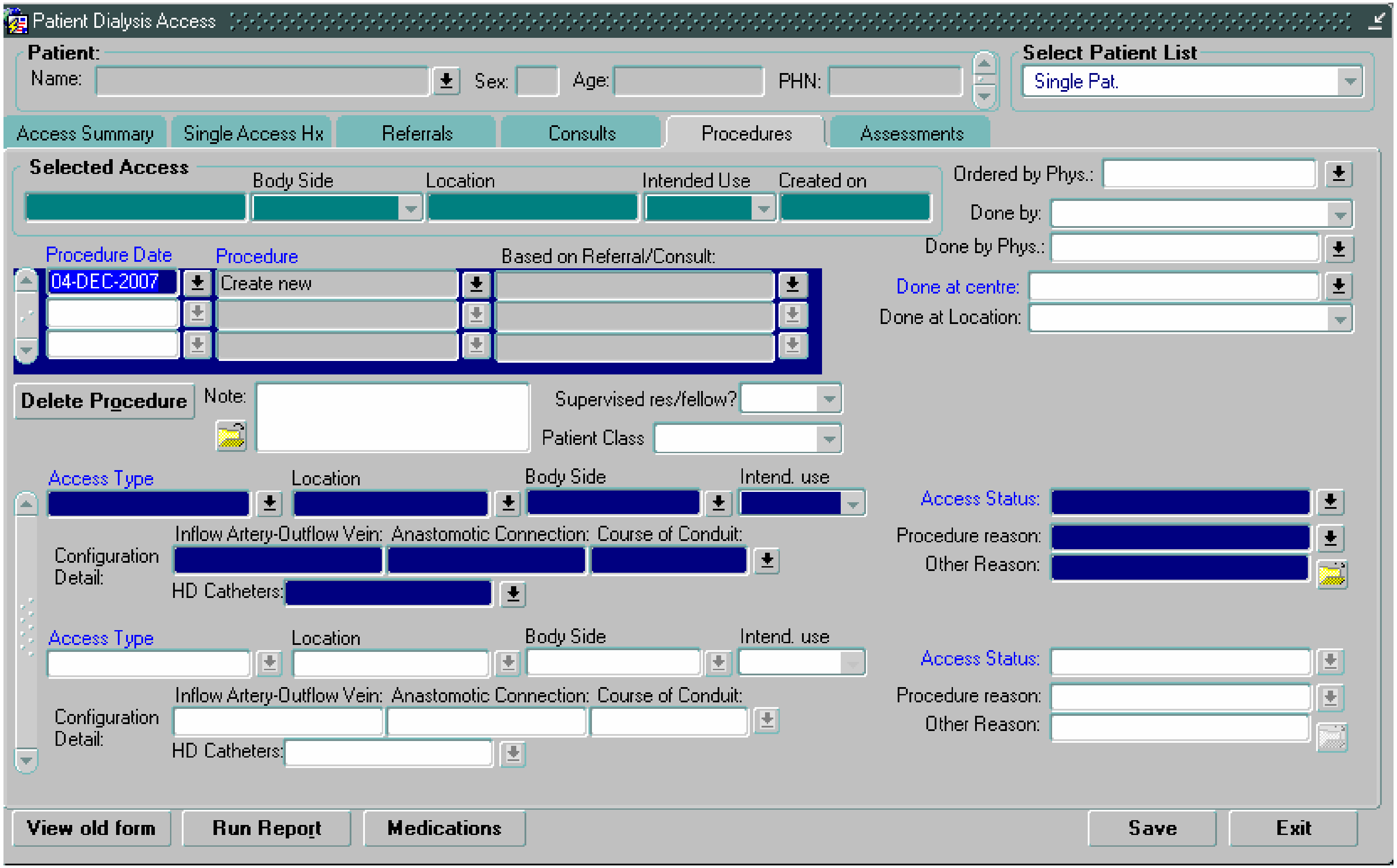
DIALYSIS ACCESS: BOOKING TAB



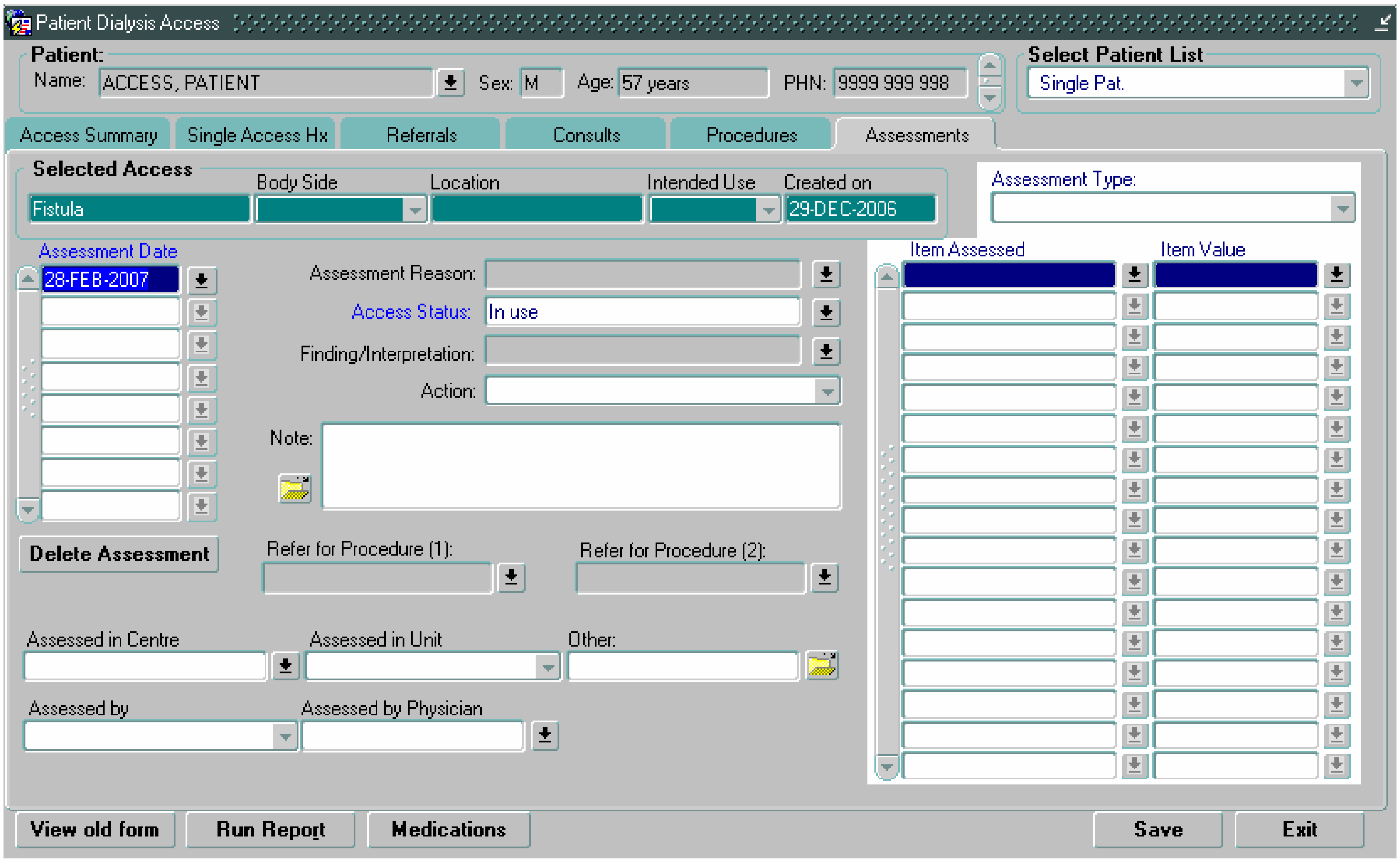
DIALYSIS ACCESS: CONSULTS TAB



DIALYSIS ACCESS: PROCEDURES TAB



DIALYSIS ACCESS: ASSESSMENTS TAB



DIALYSIS ACCESS: DATA ENTRY GUIDELINES

<u>So, what's the minimum?</u>

Basically, you are responsible for ensuring the following data is current prior to a patient transfer:

- Initial PROMIS data
    - Demographics
    - Treatment status (Dialysis and CRF Status forms)

- VA related PROMIS data
    - Add any new accesses into PROMIS
    - Status of all accesses are up to date
    - Ensure all access events (assessments, referrals, consults, and procedures) performed at your management centre or community dialysis unit are all accounted for and up-to-date.

Reason: If you do not have the above entered into PROMIS prior to the transfer, the next site may not be able to correctly enter/update any information from their end…

DIALYSIS ACCESS: REPORTS

Prevalence – Identifies total number and types of accesses in use on a specified date.

Incidence – Identifies the number and % for each type of access that was in use for a patient's first chronic hemodialysis run.

Incidence Management – More detailed version of Incidence report, including: GFR stats (total #, mean, median); pt. registration info.; primary neph and, if present, renal care coordinator; and creation events with corresponding GFR (based on date).

Infection Rate – Identifies the number and rates of access infections for chronic dialysis patients during a specified period. Includes options include or filter out patients dialyzing at home.

Antibiotic Usage Report – Help identify patients that may have had infections but have not been updated in Dialysis Access form yet.

MEDICATION RECONCILIATION / REPORTS

MEDICATION RECONCILIATION: INTRODUCTION

"Medication reconciliation demands keeping an accurate and current medication list for every patient. All members of a patient's health care team should be involved in this process: wherever a medication list is kept, the 'keeper' – including the patient – should ensure it is up to date… Ideally, the patient's pharmacist will hold the master list, and would be consulted in the event of discrepancies.

"… For renal patients, the medication reconciliation process helps prevent medication errors by:

- Ensuring that an accurate list of all the patient's home and dialysis medications is kept up to date;
- Reminding renal team members and patients to refer to that list whenever new medication orders are written;
- Standardizing a process for checking the list against the physician's admission, transfer, and/or discharge orders. This process will identify discrepancies and bring them to the attention of the physician for necessary changes."

MEDICATION RECONCILIATION: BASIC REPORT USAGE

Medication Review / Reconciliation Report

- To be done with patient/reliable source for medication history
- Actions: Reconciled/Discrepancy/Suggest Change
- Completed By (physician or non-physician)

Various Order Reports (Clinic Medication Orders; Hospital Admission/Discharge Medication Orders):

- To be handed to physician after completion of review
- Actions: Continue/Discontinue/Change
- Physician's Name/College ID/Signature

My Medications

- To be given to the patient after updating of new orders.

MEDICATION RECONCILIATION: REPORT OPTION FORM