

Quality Initiative

1. Kidney Friendly Cooking	
Affiliation	Fraser Health & Island Health
Leader	Eileen Carolan
Team Members	Gillian Kelly, Rose Gelinas and Kara Dawson
Summary	<p>Our goal was to create a collection of recipes that are simple to prepare, taste good, and are appropriate for people at any stage of chronic kidney disease. This four year process involved the review, nutrient analysis and kitchen testing of over 300 recipes.</p> <p>We learned the value of testing recipes before giving them to patients. Many recipes were revised and retested several times to improve the taste and/or nutrient content.</p> <p>We discovered the inaccuracies of simply entering ingredients into the nutrient analysis software in their raw form. Nutrient retention can be affected by cooking and ingredients must be entered into the analysis program in the form they are consumed.</p> <p>Potassium and phosphorus values are lacking for many foods. We had laboratory analysis performed on several of our common ingredients - no salt added broth, rice beverage and almond beverage.</p> <p>Kidney Friendly Cooking offers 192 recipes. Recipes are in large print with easy to follow instructions, and include tips, cautions and educational notes.</p>

2. Friendly Challenge Improves Documentation Across Four Community Dialysis Units	
Affiliation	St. Paul's Hospital, Providence Health Care
Leader	Lora J. Jensen-Almic
Team Members	Keira St. George
Summary	<p>Documentation has long needed improvement in our organization. A chart-audit in April 2013 showed incomplete or missing documentation for medications-administered, patient-histories, and assessments.</p> <p>In order to correct this in our four Metro Vancouver Community Dialysis Units (CDU), the four CDUs challenged each other to improve their documentation over a four-month period. The winner would be given a gourmet lunch by the leaders of the defeated units.</p> <p>During the four-month challenge period, each CDU managed to introduce new ways to improve documentation, for example, by arranging third-party checks on all documentation before filing. Weekly emails to the competitors emphasized major problems in documentation. The Providence Health Care (PHC) Risk Management Leader and a representative from the College of Registered Nurses of BC (CRNBC) provided documentation in-services. The Clinical Nurse Educator or Leader reviewed each nurse's documentation one-on-one. Each CDU was given highlights of its specific weaknesses, as shown by the pre-challenge audit.</p> <p>After four months, the post-challenge audit showed significant improvements in documentation among all four CDUs.</p>

3. Clinical Pathway Development: Nutrition for Nephrotic Syndrome	
Affiliation	BC Children's Hospital
Leader	Meredith Cushing
Team Members	Nonnie Polderman
Summary	<p><u>Purpose</u> To describe the dietitian experience in the development of a multidisciplinary clinical pathway for nephrotic syndrome (NS) management at BC Children's Hospital, Vancouver, BC.</p> <p><u>Background</u> Clinical pathways are one of the main tools used to manage quality in healthcare. The Childhood Nephrotic Syndrome Pathway developed by the Pediatric Nephrology Program is the work of physicians, registered dietitians, nurses, students, families and children at BC Children's Hospital who are involved in the care and management of patients with NS. There is limited evidence-based information regarding nutrition care for children diagnosed with NS. Our recommendations are based on the best and most current evidence as well as on our own clinical experience. The diet and fluid guidelines were developed to provide clear and consistent information to parents of children with NS.</p> <p><u>Process</u> The literature was reviewed for the most current recommendations regarding nutrition management of NS. Areas identified as having the most significant nutrition influence include sodium and fluid management. Sodium, fluid, and estimated energy requirements began as the main focus and guidelines were established as part of the clinical pathway. Based on average heights, weights, age and gender a table was developed to help guide practitioners in determining appropriate sodium and fluid restrictions along with energy requirements. Recognizing that steroid therapy impacts bone health, calcium and vitamin D recommendations were made based on Health Canada's recommendations for daily intake. Physical activity is encouraged to promote management of side effects of steroid therapy. Completion of food intake records at 12 weeks and one year to assess calories, fluid, sodium, calcium and vitamin D intake are part of the protocol. Most children with NS do not require admission to the hospital and may be seen in the family doctor or pediatrician's office. Our tools were developed to help providers and families navigate the course from first day of being diagnosed through relapses that might occur. We see many patients in our clinic but also provide outreach support using our published resources.</p> <p><u>Implications for Practice</u> Our easy to follow recommendations for sodium, fluid and energy are well accepted and generally followed. Many patients require ongoing reminders regarding the importance of adequate calcium and vitamin D. Growth data indicate that alterations tend to coincide with relapse and periods of steroid use. Growth is closely monitored and documented and height is evaluated using SDS scores. We have received very positive feedback from families and community practitioners regarding the use of our tools. Modifications were made to the first publication based on feedback. We continue to seek feedback and further refine our pathway for use on a Province wide basis. Nutrition is fully embedded in the pathway and has been recognized as an important component of management of NS. Time will allow for the continued collection of data and will lead to further areas of research</p>

4. The Kootenays Pave the Way for a Formalized Telehealth Clinic for Post-Renal Transplant Patients	
Affiliation	Kootenay Boundary Regional Hospital Transplant Clinic, Interior Health
Leader	Teresa Buckley
Team Members	Dr. Chi Zhang, Georgina Winger, Connie Polin, Cindy Hoolaeff, Staci Carey, Margaret Daum, Kim McDuff, Maureen Mooney, Christine Topley
Summary	<p>The Kootenay Boundary Regional Hospital transplant centre provides service to patients from Grand Forks to the Alberta border with a travel distance as far as 350kms one way. Kidney transplant recipients require close medical follow up and can be travelling to clinic appointments every two weeks which can lead to significant stress, cancelled appointments and financial burdens.</p> <p>With collaboration from BCT, Telehealth appointments were offered for the first time for post-transplant patients. A pilot project ran from November 2014 to May 2015 where patients were given the option to attend their clinic appointment in Cranbrook and connect to the multi disciplinary team in Trail via Telehealth.</p> <p>Patients benefited from decreased costs, decreased time away from work and decreased stress. The transplant clinic and staff benefited from no cancellations due to winter road conditions increasing the efficiency of the clinic and continuity of care for the patients.</p>

5. Patient Lab Reports: A Tool to Educate, Engage and Promote Self-Management for Patients Requiring Renal Replacement Therapy	
Affiliation	Royal Inland Hospital, Interior Health
Leader	Dawn Benwell
Team Members	Joslyn Conley, Janet Dabner, Marg Daum, Amelia Lyne, Christine Topley
Summary	<p>Renal care plans for patients on renal replacement therapy (RRT) include providing education, encouraging engagement and ultimately require a patient to take responsibility for fluid and diet choices in order to achieve health related goals.</p> <p>Patients on RRT in Thompson Cariboo Shuswap Renal Program (TCS) receive routine lab results via a "Patient Lab Report". The purpose of this project was to obtain feedback from patients as to whether the Patient Lab Reports were felt to be of value and if the intended purpose of promoting self-management was achieved.</p> <p>Using a patient survey, we confirmed that patients liked receiving their laboratory results (97%, 97/100); they both understood and liked the Patient Lab Report format (95%, 96% respectively). What's more valuable is that patients use the information to modify their behaviour (81%, 81/100). Patient Lab Reports are a simple tool to educate, engage and promote self-management in the renal replacement population.</p>

6. Supporting Peritoneal Dialysis in a Remote Community: One Clinic's Experience	
Affiliation	Nanaimo Regional General Hospital, Island Health
Leader	Peggy Peppard
Team Members	Kelli-Ann Van Hest
Summary	<p>People with End-Stage Renal Disease who require renal replacement therapy often have the choice whether to initiate a home based therapy such as peritoneal dialysis. For the patient living in a remote community, this home-based therapy may be the only choice for them if they wish to remain living in their community, even though the challenges can seem insurmountable.</p> <p>The NRGH Home Dialysis Program would like to share the challenges faced and rewards gained during our experience supporting a PD patient who lives in a tiny, remote island community off northern Vancouver Island.</p> <p>Our poster will outline the challenges we faced and share the strategies we employed to help support our patient, complete with photos!</p>

7. Characteristics on Natural Health Product users in British Columbia	
Affiliation	St. Paul's Hospital, Providence Health Care
Leader	Judith Marin
Team Members	Sharon Leung, Matthew Morrison, Marianna Leung, Karen Shalanski
Summary	<p>In North America, there was a dramatic increase in the use of natural health products (NHPs) in the general population, during the past two decades. The common belief among consumers is that NHPs are safe to use solely because they are "natural." A 2003 survey of NHP use among dialysis patients in northwestern Ohio revealed many similarities in usage when compared to the general population. Usage of NHPs in British Columbia (BC) has not been reviewed.</p> <p>In BC, services for CKD patients are coordinated by BC Provincial Renal Agency (BCPRA). Patient's clinical information, including medication and natural health product regimen, is entered into BCPRA's Patient Records and Outcome Management Information System (PROMIS). The usage of NHPs in the CKD population can be explored using the PROMIS database.</p> <p>The objective of this project is to research the characteristics of the NHPs users versus the non-NHP users in BC CKD patients.</p>