WESTERN CANADA

PD DAYS

February 7th-9th, 2013

SARP UPDATE

Program Description

Southern Alberta Renal Program has a total of 228 pts – Calgary-201, Medicine Hat-10, Lethbridge-18

Prevalence rate : 27%

Staffing design

There are 21 neph in Calgary, 1 Lethbridge, 1 Med Hat and none of them are dedicated PD, they all have PD pt's and they follow all of their own pt's.

Nursing staff – Calgary- 1.0 FTE Nurse Clinician
7.8-FTE RN's
1.0 FTE Navigator/modality ed
Leth/Med Hat – 4.89 FTE's combined

Allied health – Dietician- .4FTE
Pharmacist - .5 FTE
Social Worker - .5 FTE

Patients at a Glance

Geographic catchment area – SARP covers everything south of Red Deer, east to the Sask border (including parts of SW Sask), and to the BC border on the west (including SE BC)

CAPD – 49 pts or 25% vs
CCPD – 179 pts or 75%

Average age – 60 years

Unique characteristics – Although Calgary manages the majority of the PD population, there are 2 satelite units in Med Hat and Leth that also have full PD programs. They are unique in that they are a combined CKD/PD clinic plus transplanted pts so they manage 418 CKD and 50 transplanted pts along with the 29 PD pts.

Clinical Update

Peritonitis rates: 1/65 pt mths

Our PD catheters are Laproscopic surgical placements done by the transplant/access surgeons.

We have 1 LTC facility in Calgary where we have 5 beds available for PD pt's and the staff are fully trained to care for them. Along with 1 respite bed which is now available.

We also have a LTC facility in rural Southern Alberta that we have trained staff and who are willing to take PD pts – currently we have no one admitted

We have cycler assist available through a partnership with home care. LPN's have been trained to set-up and strip cycler machines. The pt/family must still attend the training and participate by putting themselves on the machine and managing the alarms.

Areas of Focus/Success in the Past 12 Months

Last year we had a catheter failure rate of 17% which is much lower than the guidelines suggest. The surgeons were approached about this and we were able to have one of the surgeons Dr Monroy attend PDU for surgeons. This year our failure rate has improved to the acceptable 10% failure rate. We consider this a success.

We have started doing urgent starts in an outpt basis. We had some success, but found that it is a little more difficult when the pt goes home each night after treatment. About half of the urgent starts have ended up with some sort of exit site leak.

We have also developed an interactive CAPD teaching program which we have put on a tablet. We will start using this to supplement our teaching of pt's in the next month.

Areas of Focus in the Next 12 Months

We are working on trying to track how many pt's have to start on hemo, but have chosen PD as a modality. We are hoping with the introduction of buried catheters that this could decrease the number of pts who have to start on hemo on an urgent basis.

Presently we are capped at 6 pt's who can be on the cycler assist program with home care and we hope to increase this number to at least 12.

Challenges and Frustrations

Our lack of ability to easily generate measurements related to quality improvement – we will continue to advocate for this.

Lack of finances to implement additional important initiatives that can positively impact pt outcomes.

Lack of space – we are outgrowing our capacity and would like to have more clinic rooms to be able to accommodate our many nephrologists and pt's.

We are always having challenges with the Calgary Lab Services and getting consistency with our pt's Standing Order Blood Work