



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

Vancouver General
Hospital, DTU or IDC
Update 2014

Program Description

	2013	2014
Number of Patients	78	71
Prevalence Rate	25% (home 33%)	27 % (home 30-31)
% CAPD vs % CCPD	71% cyclor (time dependent)	73%
# Nephrologists Dedicated to PD	5	5
# Nursing Staff	4.5 FTE * In-flux training RN/PD Nurses	4 -4.5 FTE
# Allied Health	Clerk 0.5 FTE SW: 0.6 FTE Dietitian: 0.6 FTE Data Manager	Pharmacy 0.3

Clinical Update

	2013	2014
Peritonitis rates:	1/34 patient months No pseudomonas or fungal Catheter removal--4	1/34 patient months 1 Fungal 3 Catheter removals
Dominate method of catheter placement:	85% Non peritoneoscopic bedside insertion	90% bedside
Availability of LTC facilities/unique settings to accommodate PD	No training at home Home visits post training and post infx/hospitalization	No home training Preassessment clinic Home visits

Areas of Focus:

Identified in 2013	Outcomes/Update
<ul style="list-style-type: none">• Providing PD patient care in the hospital<ul style="list-style-type: none">• Emergency, medical units• Return to primary nursing• Focus on outcomes/Quality initiatives• Research<ul style="list-style-type: none">• Home dialysis fellows• Outcomes after PD failures	<ul style="list-style-type: none">• Have educated two medical wards• ED starting peritonitis protocol• Primary nurses 1:25• Reevaluate protocols• Research—Fellows—hybrid HD vs. full transition to HD

Areas of Focus for 2014-2015

- Continue to promote PD availability and comfort level in the hospital
- Primary nursing:
 - Focus on excellence in training –retraining
- New initiatives
 - Bioimpedence
 - Diabetologist in clinic
 - Research/Quality improvement
 - TB screening in PD patients
 - Role of IPD

Challenges and Frustrations

Identified in 2013	Outcomes/Updates
<ul style="list-style-type: none">• Ongoing nursing education and back up• Approach to transitions<ul style="list-style-type: none">• Hybrid patients• PD home assistance• Implementation of new PROMIS module and data in general• Useful work measurements to understand factors for program growth	<ul style="list-style-type: none">• Need to keep up crosstraining to care for PD patients 24/7• Amalgamating different sources of info—promis, pcis, paper....• Promoting PD amongst health care professionals—nursing, trainees• Home assist—loss of nursing home facility• NO rehab beds• No respite

Current Challenges and Frustrations 2014-2015

- QI—finding time to review our own program
 - Data acquisition
- Moving-protecting space
- Managing patients in transition