



Thursday, April 3<sup>rd</sup> – Friday, April 4<sup>th</sup>, 2014

# VIHA PD PROGRAM UPDATE 2014

# RJH Program Description

	2013	2014
<b>Number of Patients</b>	RJH: 65	RJH : 70
<b>Prevalence Rate</b>	RJH: 21.2%	RJH: 22%
<b>% CAPD vs % CCPD</b>	RJH: 10% CAPD, 90% CCPD	RJH: 13% CAPD 83% CCPD 4% Hybrid
<b>Staffing Design</b>		
<b># Nephrologists Dedicated to PD</b>	RJH: 7	RJH: 7
<b># Nursing Staff</b>	RJH: 1.8, 0.8 temp	RJH: 2.6
<b># Allied Health</b>	RJH: RD .5 , SW .5, UC .4	RJH: RD .5, SW .5 UC .4

# RJH Clinical Update

	2013	2014
<b>Peritonitis rates:</b>	RJH: 1 per 48.2 patient months	RJH: 1 in 38.6 patient months
<b>Dominate method of catheter placement:</b>	RJH – 50% surgical, 50% bedside	RJH: 56% surgical 44% bedside
<b>Availability of LTC facilities/unique settings to accommodate PD</b>	RJH: 1 patient receiving private home care. Company hired by patients family and nurses trained by PD clinic staff.	RJH : No

# Areas of Focus: RJH

Identified in 2013	Outcomes/Update
<ul style="list-style-type: none"><li>• Surgical PD catheter insertions done as day procedure</li><li>• Engage 1-2 new general surgeons: mentoring required</li><li>• Increase PD prevalence rate:</li><li>• Increase PD starts as percent of new RRT (nephrologist engagement)</li><li>• 'Navigator nurse' to enable patient choice to switch from HD to PD (target 'parachute start patients')</li></ul>	<ul style="list-style-type: none"><li>• Surgical PD catheter insertion by Day Procedure was a success</li><li>• Successful: one general surgeon has been engaged</li><li>• RJH PD prevalence rate has increased</li><li>• VIHA PD intake rate increased from 23.6% to 30.3% (Nephrologist engagement evident)</li><li>• Navigator nurse continues to engage all new HD starts to enable choice to switch from in-centre HD to a home modality</li></ul>

# Areas of Focus for RJH 2014-2015

- **PD Access Clinic:** General Surgical consultation, PD nurse assessment/education
- **Be My Guest :** A Pilot Project seeking affordable accommodation options for out of town patients training on home dialysis in Victoria
- To support the growing diversity in our patient population we are expanding our language resources and providing more interpretation options
- Participation in Dr. Kara Schick Makaroff research study: “Health-Related Quality of Life Assessment in Clinical Nephrology Nursing Practice”
- PDOPPS study soon to commence

# RJH Challenges and Frustrations

Identified in 2013	Outcomes/Updates
<ul style="list-style-type: none"><li>• Lack of Home PD Support</li><li>• Respite for caregivers</li><li>• Recruitment and retention of patients</li><li>• Staffing</li></ul>	<ul style="list-style-type: none"><li>• Lack of Home PD Support continues to be a challenge</li><li>• No structured program in place for respite: patient families have engaged family members and friends to assist</li><li>• PD numbers have increased and loss due to peritonitis has decreased since starting the Annual Refresher Program</li><li>• VIHA PD attrition rate 28%</li><li>• Staffing: retention of casual PD clinic nurses continues to be a challenge</li></ul>

# Current RJH Challenges and Frustrations 2014-2015

- Home PD Support and respite for caregivers
- PD support in LTC Facility
- Developing expertise as a PD Clinic Nurse takes time (1-2 years depending on exposure in clinic)
- Recruitment and Retention of casual PD clinic nurses
- Maintaining PD clinical expertise for the in-patient nurse

# NRGH Program Description

	2013	2014
<b>Number of Patients</b>	NRGH: 39	NRGH 43
<b>Prevalence Rate</b>	NRGH: 25%	NRGH 25.4%
<b>% CAPD vs % CCPD</b>	NRGH: 11% CAPD, 89% CCPD	NRGH 18% CAPD, 82% CCPD
<b>Staffing Design</b>		
<b># Nephrologists Dedicated to PD</b>	NRGH: 2	NRGH 3
<b># Nursing Staff</b>	NRGH: 1.4	NRGH 1.6
<b># Allied Health</b>	NRGH: RD .4 , SW.2, UC .3	NRGH RD .4, SW .2, UC .3



# NRGH Clinical Update

	2013	2014
<b>Peritonitis rates:</b>	NRGH: 1 per 67.6 patient	NRGH: 1 in 37.3 months
<b>Dominate method of catheter placement:</b>	NRGH - 63% surgical, 37% bedside	NRGH: 90% surgical, 10% bedside
<b>Availability of LTC facilities/unique settings to accommodate PD</b>	NRGH: No	<ul style="list-style-type: none"><li>•1 patient on cyclor in LTC in Powell River</li><li>•1 patient on cyclor with PD assist in Campbell River</li></ul>

# Areas of Focus: NRGH

Identified in 2013	Outcomes/Update
<ul style="list-style-type: none"><li>• Increase Telehealth assessment to remotely located pts</li><li>• Increase PD starts as percent of new RRT</li><li>• Examine a structured annual patient retraining program</li><li>• Emergency preparedness/Disaster planning</li><li>• Patient education structure (q 3 month themes)</li></ul>	<ul style="list-style-type: none"><li>• Telehealth visits alternating with face-to-face clinic visits for patients in Powell River and Port Hardy</li><li>• 25% of patients needing RRT are starting on PD</li><li>• Annual retraining started - 60% of pts have received training or refresher within the past year.</li><li>• Emergency preparedness/Disaster planning is now a part of focused pt education quarterly</li><li>• Rotating Education themes:<ul style="list-style-type: none"><li>• Cardiovascular Risk Reduction</li><li>• Exercise &amp; Sodium restriction</li><li>• Disaster Planning</li><li>• Advanced Care Planning</li></ul></li></ul>

# Areas of Focus for NRGH 2014-2015

- Improved access to respite
- Maintain and continue to grow prevalence rates
- Improve information flow from BCT
  - Notification when tests are ordered to avoid duplication
  - Problems with extra blood draws
- Improve patient transition from KCC and provide more PD education to KCC staff
- PDOPPS; Quality of Life Survey –research project with the University of Alberta

# NRGH Challenges and Frustrations

Identified In 2013	Outcomes/Updates
<ul style="list-style-type: none"><li>• Lack of success with anuric patients transferring from HD to PD (query utility of Navigator RN here)</li><li>• Hospital facilities not equipped to deal with volume of growth and degree of comorbidities related to admitted pts.</li><li>• Inconsistent growth in local expertise</li><li>• Retention/recruitment of PD trained ward RN's</li><li>• Communication with ED staff</li></ul>	<ul style="list-style-type: none"><li>• Referring anuric patients for consideration of HHD rather than PD. Navigator nurse assessing all new starts.</li><li>• Ongoing issue affecting all departments. LMAC developing a 5-year strategic plan and has determined key problem areas for this institution.</li><li>• Ongoing efforts to provide education to ward staff. Utilizing Baxter clinical consultant, PD clinic staff.</li><li>• Ongoing issue</li></ul>

# Current NRGH Challenges and Frustrations 2014-2015

- Maintaining adequate surgical access and recruiting more surgeons interested in providing services
- KCC education for peritoneal dialysis - Plan in place.