

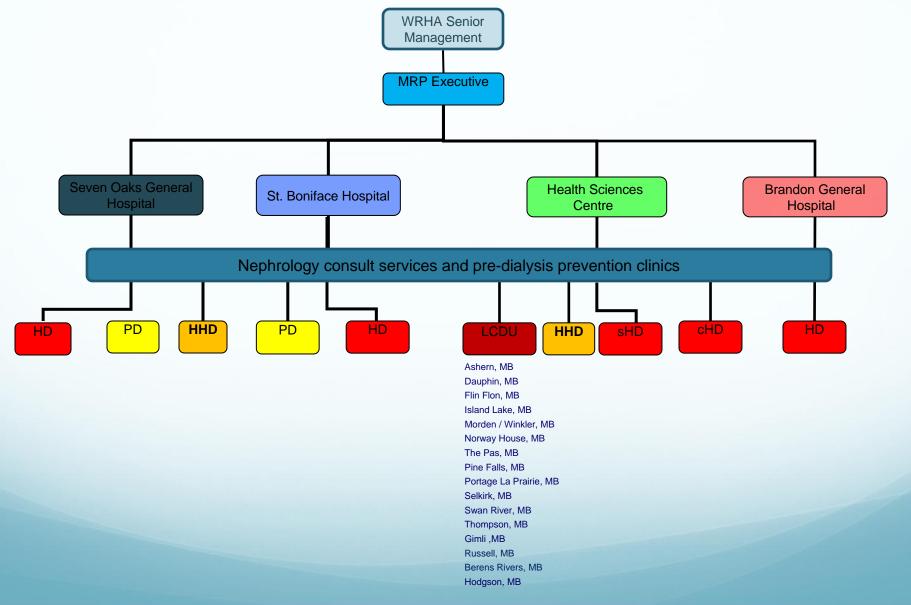


February 7th-9th, 2013

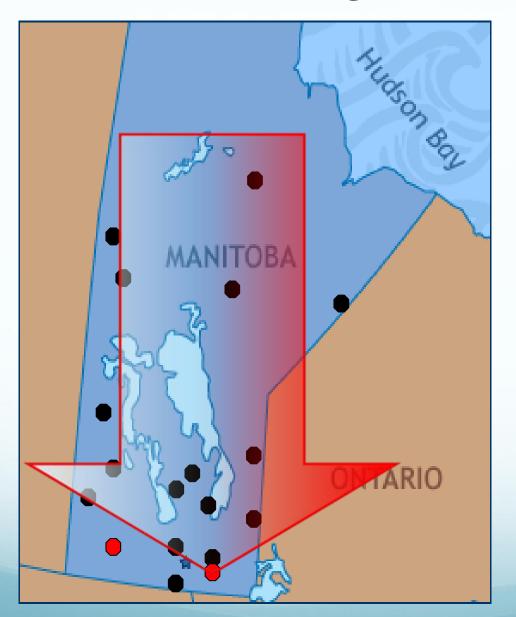
Manitoba Renal Program

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Manitoba Renal Program Services



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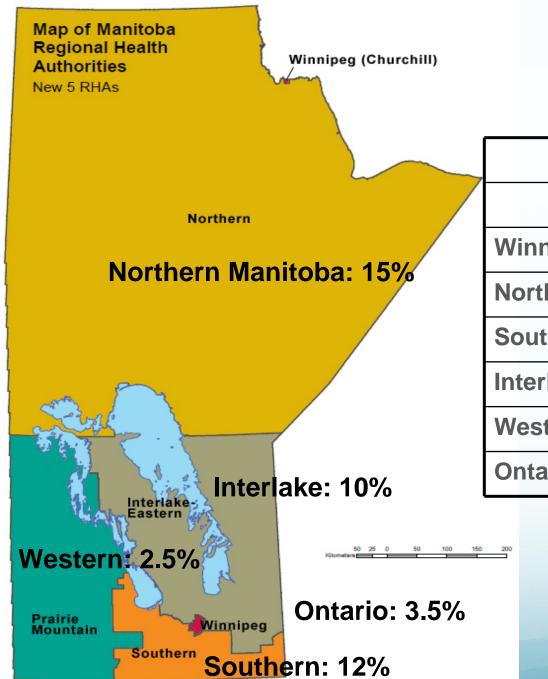




- Urban
- Local Centres (HD only)

Manitoba Renal Program PD

- Provincial population 1,267,000 (01/07/2012)
- Winnipeg population 730,000 (2011)
- ~ 20% utilization since 2008
- Jan. 2013 252 total patients



SOGH

SBH

***43% of Manitoba's PD population resides outside of Winnipeg

Patients at a Glance

	Seven Oaks	St. Boniface
Caucasian	48	88
Aboriginal	29	51
Asian	14	12
African	5	3

Patients at a Glance

	Seven Oaks	St. Boniface
Number of Patients	96	154
Average Age	55.9	55.8
Max Age	84.5	94.1
Min Age	20.9	20
Prevalence	7.4%	12.7%
# on CAPD	24 (24%)	35 (23%)
# on CCPD	73 (76%)	119 (77%)

Staffing Design

	Seven Oaks	St. Boniface
Nephrologists	4	5
Nursing Staff	1.0 EFT CRN	1.0 EFT CRN
	1 x 1.0 EFT RN	5 x 1.0 EFT RN
	1.6 EFT RN's (3 postions)	3 x 0.6 EFT RN
Allied Health	1.0 EFT Unit Clerk	1.0 EFT Unit Clerk
	0.4 EFT Unit Clerk (RH&PD)	0.4 EFT Unit Clerk (RH&PD)
	0.8 EFT Pharmacist	1.0 EFT Pharmacist
	0.4 EFT Dietician	1.0 EFT Dietician
	1.0 EFT Social Worker (PD/RH/HHD)	1.0 EFT Social Worker

^{**}Available as needed: Occupational Therapist, Pastoral Care, Aboriginal Services

Clinical Update

	Seven Oaks	St. Boniface
Peritonitis Rates	1:34.5	1:32.8
Catheter Insertion	Bedside (SOGH): 33	Surgical (SBGH): 100
PD Assist Program	6	7

LTC Facility: Deer Lodge Center – 4 beds available to assist PD patients

Seven Oaks Successes

- Continued PD growth.
- Reduced wait time since bedside PD catheters initiated.
- Acute PD in hospital starts.
- Ability for direct hospital admission from PD Unit.
- Full PD care provided by in-patient Medicine nurses after PDU inservice (CAPD & Cycler).
- ER now manages peritonitis protocol and bag exchanges;
 with support from PDU and/or on-call PD nurse

St. Boniface Successes

- New workspace which integrates, PD, Renal Health
 & Hemodialysis Units seamless transition, patient centric.
- Focus on practices to reduce risk of peritonitis:
 - Patient reviews at 6 months
 - Reviewing handwashing and technique at clinic visits

Combined Vision/Focus

- Sustain/grow PD numbers; includes reviewing patient assessments and keeping the undecided population interested
- Enabling patients currently on PD to stay on modality longer
- Seamless transitions to PD from Hemodialysis or Renal Health
- Looking at increasing # of LTC facilities available to care for PD patients

Challenges and Frustrations

- Lack of dedicated general anesthesia OR time
 - Unpredictable timing of catheter salvage
 - GA surgical wait times lengthy
 - Cause of patient loss to HD
- Primary catheter non-function rates in ever increasing complex patient population.
- Current structure of Assisted PD program not meeting needs of PD community