

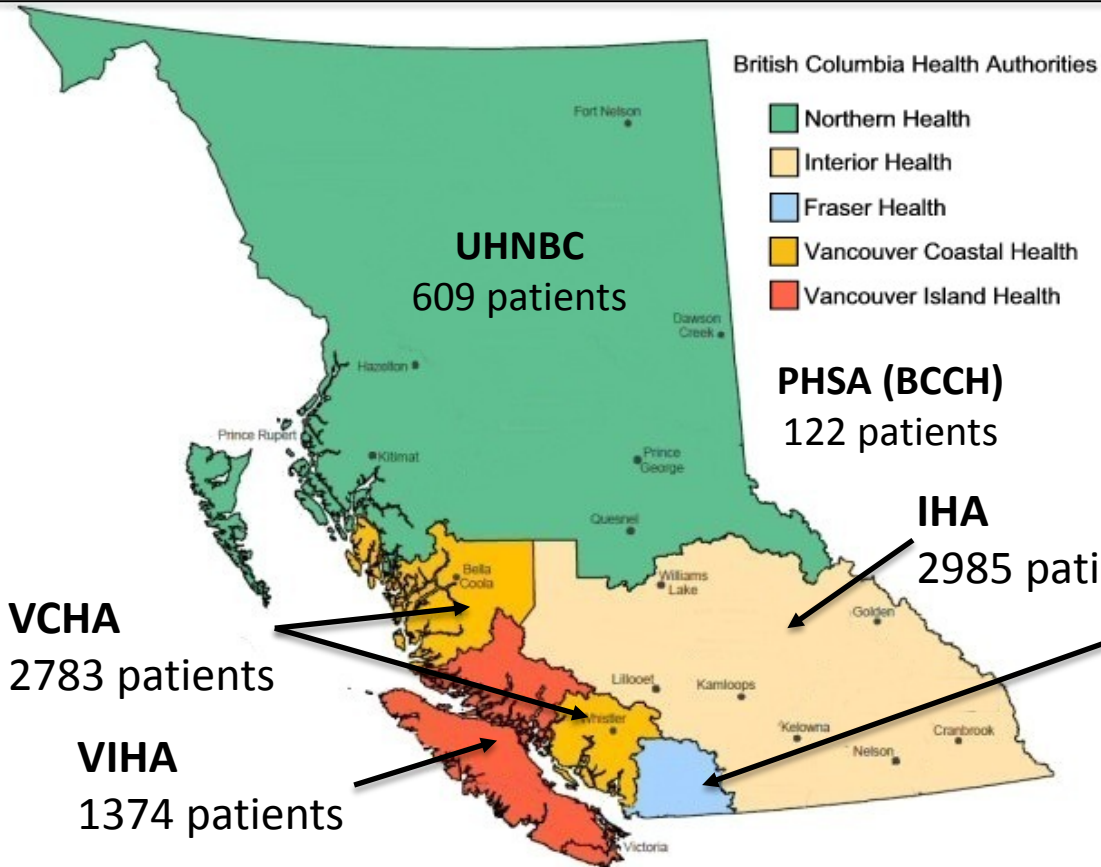


BCKD₁₈
BC KIDNEY DAYS

Kidney Care Clinic (KCC) Committee Update

Monica Beaulieu, MD FRCPC MHA
KCC Committee Chair

Who we serve



- 14 KCC clinics in BC
- Over 11,000 patients
- Growing every year

Test your KCC clinic knowledge

- Adult KCC with the youngest patients **VCH**
 - Average age VCH 67 yrs vs FHA 73 yrs
- Adult KCC with the most female patients **NHA**
 - NHA 52% female, vs 40% VCH
- Most growth over last 10 years **FHA**
 - Almost 100% increase in patients
- Highest percentage of CKD patients followed in KCC clinic model **IHA and Childrens**
 - 96 - 99% of patients with CKD registration followed in KCC
- Most pre-emptive transplants in last 6 month report **VIHA and IHA**
 - Each program had 4 preemptive tx's in last 6 months!

Role of the Provincial KCC Committee

The Provincial KCC Committee was established in 2011 and provides a forum for:

- Advising on provincial priorities for CKD care and programming
- Developing CKD standards/guidelines/tools/teaching resources
- Establishing and monitoring quality indicators
- Supporting local implementation of provincial strategies and initiatives

The Committee:

- Links closely with other aspects of CKD care such as transplant, dialysis, vascular access, conservative care
- Aligns its activities with other provincial initiatives and committees such as chronic disease management, advance care planning and palliative care



Who we are

- Provincial KCC Committee membership includes reps from all BC HAs and all disciplines:
 - Patient partners
 - Nurses
 - Social workers
 - Dietitians
 - Nurse Practitioners
 - Pharmacists
 - Data management coordinators
 - Statisticians
 - Nephrologists
 - General Practitioners
 - Managers
 - Administrative support

What we do

- Meet by teleconference every 2mos and F2F once/yr
- Active membership — usually 20 – 25 per meeting
- Chair is transitioning from Dr. Monica Beaulieu to Dr. Mike Bevilacqua
- Project Support: Janet Williams
- Administrative Support: Alexis Whatley
- Working groups: Time limited, topic-specific as required (e.g., Transplant First)



- First of its kind!
- Recently updated
- Other provinces are developing similar documents

BEST PRACTICES: KIDNEY CARE CLINICS

Spring 2014

Submitted by the Kidney Care Advisory Committee



Completed activities

- Guidelines:
 - Ordering, reviewing and follow-up of lab work
 - Conservative care pathways
 - Depression and anxiety guidelines
 - Medication reconciliation
- Symptom assessment and management protocols (expanded to all modalities)
- Multiple patient handouts (non-prescription medications, renal sick day rules, etc)



BEST PRACTICES: KIDNEY CARE CLINICS

Symptom Assessment and Management

[My Symptom Checklist \(modified ESAS\)](#)

- [Punjabi](#)
- [Traditional Chinese](#)
- [Simplified Chinese](#)
- [Large-Print English](#)

[My Symptom Checklist Information Sheet \(Staff/Physician\)](#)

Common Symptom Guides

| | |
|---------------------------|---|
| Constipation | + |
| Depression and Anxiety | + |
| Fatigue | + |
| Nausea/Poor Appetite | + |
| Muscle Cramps | + |
| Pain Management Resources | + |
| Pruritus | + |
| Restless Leg Syndrome | + |

Examples of current activities

1. Quality Indicator Report every 6 mos
2. Transplant First (BCT Partnership)
3. Modality Choices education for patients

Examples of current activities

1. Quality Indicator Report every 6 mos
2. Transplant First (BCT Partnership)
3. Modality Choices education for patients

| Indicator | | October 1, 2017 - March 31, 2018 | | | | | | | | | | | | | Target | Status | |
|--|------|----------------------------------|------|------|------|------|------|-------|----------|------|------|------|-------|------|--------|--------|----|
| | | IHA | | | | FHA | | | PHC/VCHA | | VIHA | | NHA | BCCH | | | BC |
| | | KGH | PRH | RIH | KBRH | RCH | SMH | ARHCC | VGH | SPH | RJH | NRGH | UHNBC | | | | |
| Prevalent KCC Patients as of March 31, 2018 (i.e., Current Patients as of Period End Date) | | | | | | | | | | | | | | | | | |
| KCC patients ⁽¹⁾ | # | 982 | 302 | 1062 | 520 | 1129 | 1502 | 838 | 1295 | 1474 | 597 | 737 | 620 | 124 | 11,182 | | |
| Age ⁽²⁾ | mean | 69.8 | 72.2 | 71.5 | 70 | 73 | 72.9 | 74.1 | 67.3 | 66.6 | 71.2 | 73.7 | 71.7 | 9.7 | 71 | | |
| Comorbidity assessment in PROMIS | % | 91.8 | 100 | 95.2 | 95.4 | 90.3 | 97.1 | 98.9 | 95.3 | 90.4 | 93.1 | 98.4 | 90.8 | 94.4 | 94% | | |
| eGFR at CKD registration | mean | 36.3 | 34.4 | 37.1 | 41.1 | 33.7 | 30.8 | 28.3 | 37.5 | 37.3 | 32.7 | 29.9 | 30.4 | 56.8 | 34 | | |
| eGFR missing in PROMIS | % | 21.9 | 11.3 | 7.1 | 8.8 | 11.2 | 11.1 | 7.5 | 21.6 | 11.3 | 7.2 | 4.6 | 16.8 | 6.5 | 12% | | |
| On ESA for ≥3 mo with Hgb 95 - 115 g/L ⁽³⁾ | % | 90.6 | 100 | 90.9 | 87.5 | 85.3 | 89.6 | 88.9 | 80 | 73.7 | 88.2 | 89.9 | 95.2 | 100 | 86% | 80% | ● |
| eGFR <20 mL/min & modality decision documented: ⁽⁴⁾ | % | 59.4 | 75.5 | 71.7 | 64.2 | 86 | 83.8 | 85 | 69.1 | 68.4 | 79.3 | 75 | 88.2 | 50 | 76% | 85% | ◆ |
| Peritoneal Dialysis | % | 38.9 | 32.5 | 39.4 | 44.1 | 36.6 | 43.7 | 61.9 | 32.2 | 41.8 | 43.7 | 45.8 | 45.7 | 100 | 43% | | |
| Home Hemodialysis | % | 5.3 | 2.5 | 4.5 | 0 | 1.7 | 0.7 | 1.1 | 3.3 | 1.5 | 3.4 | 0.7 | 2.9 | 0 | 2% | | |
| Hemodialysis | % | 31.6 | 25 | 27.3 | 26.5 | 39.5 | 31.7 | 23.9 | 37.2 | 24.4 | 31.9 | 26.4 | 20 | 0 | 39% | | |
| Conservative care | % | 24.2 | 40 | 28.8 | 29.4 | 22.1 | 24 | 13.1 | 27.3 | 32.3 | 21 | 27.1 | 31.4 | 0 | 25% | | |
| eGFR <15 mL/min with HD as choice & preemptive AVF in place ⁽⁵⁾ | % | 72.7 | 20 | 75 | 20 | 61.5 | 52.4 | 55 | 54.3 | 40.5 | 66.7 | 47.6 | 58.3 | | 54% | | |
| eGFR <15 mL/min & assessed for symptoms (mESAS) within the 6-month period | % | 62.5 | 40.7 | 66.7 | 12.5 | 0 | 0 | 30.9 | 71.8 | 42 | 58.5 | 84.8 | 36.2 | | 42% | | |
| KCC Patients that Started on Dialysis/Transplanted During Current 6-Month Period | | | | | | | | | | | | | | | | | |
| KCC patients that started dialysis | # | 21 | 2 | 20 | 8 | 37 | 58 | 31 | 37 | 58 | 27 | 15 | 24 | 1 | 339 | | |
| eGFR at start of dialysis: | mean | 6.4 | 13.5 | 8.9 | 10.8 | 9.3 | 11.5 | 11.7 | 9.3 | 9.3 | 9.6 | 9.6 | 13.5 | 0 | 10.0 | | |
| Pts starting on HD | mean | 6.3 | 0 | 8.5 | 10.8 | 7.8 | 12.1 | 10.8 | 8.5 | 9.4 | 9.1 | 7.8 | 14 | 0 | 9.7 | | |
| Pts starting on PD | mean | 6.8 | 13.5 | 10 | 10.7 | 11 | 10.2 | 13.2 | 10.6 | 9.1 | 11.1 | 11.7 | 12.3 | 0 | 10.6 | | |
| Started on dialysis & modality decision was documented ⁽⁴⁾ | % | 85.7 | 100 | 75 | 62.5 | 91.9 | 87.9 | 90.3 | 91.9 | 89.7 | 88.9 | 93.3 | 79.2 | 100 | 88% | | |
| Chose HD & started on HD | % | 100 | 0 | 100 | 100 | 93.8 | 96.3 | 100 | 94.4 | 100 | 100 | 100 | 100 | 0 | 98% | 85% | ● |
| Chose PD & started on PD | % | 55.6 | 100 | 83.3 | 100 | 88.9 | 62.5 | 58.8 | 80 | 76.9 | 77.8 | 77.8 | 70 | 0 | 73% | 85% | ◆ |
| Started on an independent modality (PD or IHD) | % | 38.1 | 100 | 25 | 37.5 | 48.6 | 34.5 | 35.5 | 40.5 | 37.9 | 33.3 | 60 | 29.2 | 100 | 38% | 35% | ● |
| % of HD starts that were outpatient | % | 43.8 | 0 | 53.3 | 20 | 60 | 45 | 30 | 70.8 | 44.7 | 65 | 50 | 23.5 | 0 | 48% | | |
| % of HD starts with functional AVF/AVG | % | 53.8 | 0.0 | 25.0 | 25.0 | 26.7 | 35.9 | 29.4 | 47.4 | 25.0 | 39.1 | 28.6 | 50.0 | | 34% | 50% | ◆ |
| KCC pts receiving pre-emptive transplant | # | 1 | 1 | 1 | 0 | 1 | 4 | 2 | 3 | 8 | 2 | 2 | 2 | 2 | 29 | | |
| Incident KCC Patients (i.e., New Patients During Current 6-Month Period) | | | | | | | | | | | | | | | | | |
| New KCC patients | # | 115 | 31 | 165 | 75 | 160 | 140 | 73 | 127 | 137 | 79 | 99 | 82 | 2 | 1,285 | | |
| eGFR for new KCC pts | mean | 28.6 | 31 | 38.5 | 45.5 | 31.9 | 29.8 | 25.4 | 32.5 | 35.2 | 31.4 | 30 | 31.2 | 45 | 32 | | |

KCC Quality Indicator Report:

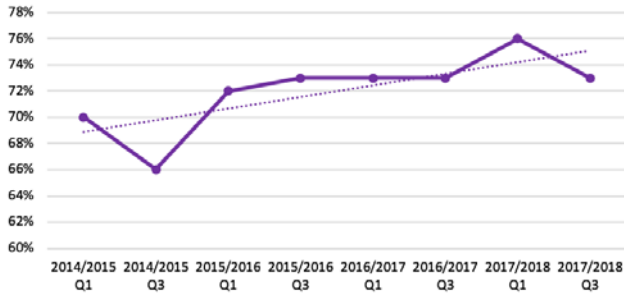
A record of improvement

- Started on an independent modality
29% in 2011 vs. 40% in 2018
- Chose PD and started on PD
66% in 2015 vs. 75% in 2018
- HD starts that were outpatients
36% in 2011 vs. 48% in 2018
- HD starts with a mature AVF/AVG
28% in 2011 vs. 38% in 2018
- eGFR <15 with HD as choice and pre-emptive AVF
52% in 2015 vs. 58% in 2018
- eGFR<15 and mESAS completed
18% in 2015 vs. 42% in 2018

✓ BCPRA Strategic Priority:
Optimal patient experience &
outcomes

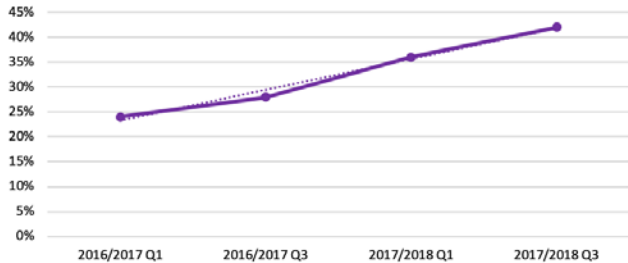
KCC Quality Indicator Report: A record of improvement

Choose PD, started on PD (%)

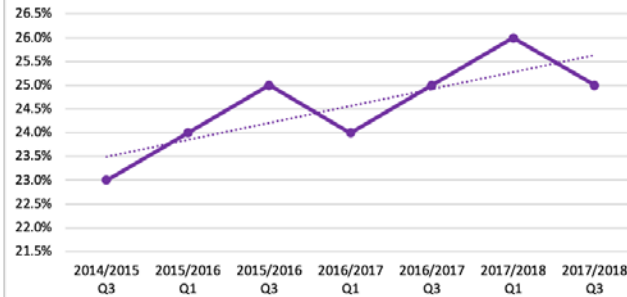


✓ BCPRA Strategic Priority:
Optimal patient experience & outcomes

eGFR <15 mL/min & assessed for symptoms within period, %



Conservative Care chosen, %



Examples of current activities

1. Quality Indicator Report every 6 mos
2. Transplant First (BCT Partnership)
3. Modality Choices education for patients

Transplant First – a BC Renal Agency / BCT Partnership

Goal: To increase the number of preemptive transplants

✓ BCPRA Strategic Priority:
Optimal patient experience & outcomes

Activities completed:

- KCC Patient Journey Map & Modality Choices education updated to reflect a “transplant specific” stream
- Multiple staff and patient resources developed to support living donor transplants
- Living donor volunteers added to Kidney Connect Peer Support Program
- PROMIS modality selection module updated
- KCC indicators being updated to incorporate transplant-specific indicators
- Staff education provided to all KCCs in multiple venues



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SHARE



Kidney Transplant

For patients with end-stage kidney disease, there are two courses of treatment: dialysis and kidney transplant. A kidney transplant is an operation (surgery) in which a person with kidney failure receives a new kidney.

About kidney transplant

What you need to know

Kidney transplant resources

Why are kidney transplants done? +

What are the different kinds of kidney transplants? +

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SHARE



Transplant

For patients with end-stage kidney disease, there are two courses of treatment: dialysis and kidney transplant. A kidney transplant is an operation (surgery) in which a person with kidney failure receives a new kidney.

People Considering a Kidney Transplant

People Considering Becoming a Living Donor

About the Kidney Transplant Process +

Finding a Donor +

Video Resources +

In this section

[Transplant](#)

[Transplant Tourism](#)

Quick Links:

- Thinking about a kidney transplant? More information is available at www.transplant.bc.ca/health-info/organ-transplant/kidney-transplant
- Thinking about being a living kidney donor? More information is available at www.transplant.bc.ca/health-info/organ-donation/living-donation

Examples of current activities

1. Quality Indicator Report every 6 mos
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Modality Choices Education

- Updated in 2018
 - After formal feedback process from patients/providers
- Created a 2 step process:
 1. eGFR <25 and/or at risk of rapidly progressing
➡ Transplant Education
 2. eGFR ~15-20 and/or at risk of rapidly progressing ➡ All Modalities Education
- Currently working on creating on-line version in multiple languages

✓ BCPRA Strategic Priority:
Optimal patient experience &
outcomes



The Preferred
Treatment for Most
Patients with Kidney
Failure

Information for
Patients

July 2018



1

All Modalities Education →

[http://www.bcrenalagency.ca/health-professionals/clinical-resources/chronic-kidney-disease-\(ckd\)](http://www.bcrenalagency.ca/health-professionals/clinical-resources/chronic-kidney-disease-(ckd))

← Transplant Education

A scenic landscape featuring a mountain range, a calm lake, and a dirt path leading towards the water. In the foreground, a wooden signpost with four directional arrows is mounted on a post. The arrows point in different directions and contain text. The background is a clear blue sky with some clouds.

**Modality
Choices for
Patients
with Kidney
Disease**

- Transplant
- Peritoneal Dialysis
- Hemodialysis
Home or Clinic-based
- Conservative Care

BCRenal
an agency of the Provincial Health Services Authority
July 2018

What's Next?

- Ongoing work on transplant first initiative
- Polycystic Kidney Disease Best Practices document
 - working group to commence shortly
- Reviewing information provided to patients on conservative care pathway (in partnership with integrated palliative care initiative)
- Update existing guidelines, patient handouts, papers every 3 years or as new information becomes available