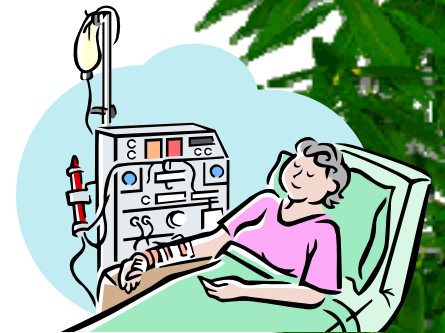
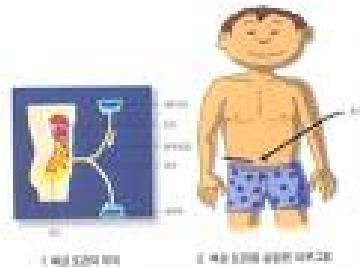


Diane Watson, RN, MSc, C Neph (C)
APN, Nephrology, UHN

Welcome to...

Modality Island



Meet the Contestants

Team Hemo

Hemo In Centre

Hemo Self Care

Hemo Home

Hemo Nocturnal

Hemo CCC



Meet the Contestants

Team PD

PD CAPD

PD NIPD

PD CCPD

PD HomePlus

PD Nursing Home



IMPORTERS WANTED OFF THE ISLAND?



Challenges for Our Contestants

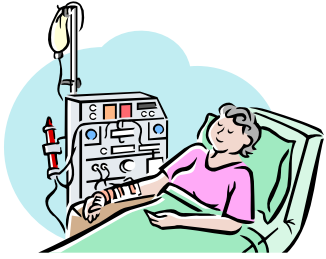
- ★ Frequency
- ★ Ouch factor
- ★ Environment
- ★ Cost
- ★ Ease
- ★ Who gets in the club?
- ★ Efficiency
- ★ Impact on Life



Teamo Hemo

Hi Tech Rocks!!

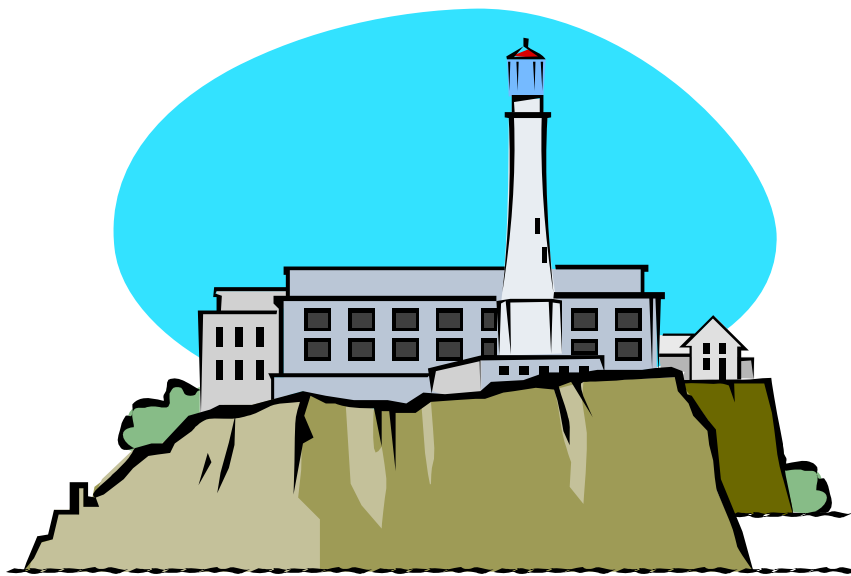




Hemo In Centre

- * 3x/week 4 hrs/treatment, inflexible schedule 👎
- * Needles 👎
- * Overcrowded Units, fast paced 👎
- * Costly 👎
- * High Tech, requiring RN's 👍
- * Most people able medically or socially 👍
- * 18-20% GFR 👍
- * Intrusive in Lives, travel to Unit 👎
- * Impacts Quality and Quantity of Life !! 👎







Sheppard
Centre
Self Care
Dialysis
Unit

4881 Yonge Street
Suite 200
Willowdale, Ontario
M2N 5X3
Tel: (416) 223-2013
Fax: (416) 223-3321

Sussex
Centre
Self Care
Dialysis
Unit

90 Burnhamthorpe Road West
Suite 208
Mississauga, Ontario
L5B 3C3
Tel: (905) 272-8334
Fax: (905) 272-4534

Hemo Self Care

- * 3x/week, 4 hr, slight flex in schedule
- * Needles
- * Nice environment
- * Less costly than In Centre
- * Still travel to unit
- * Learning curve, English, capable
- * 18-20% GFR
- * Intrusive
- * Less impact than In Centre, no data re survivorship



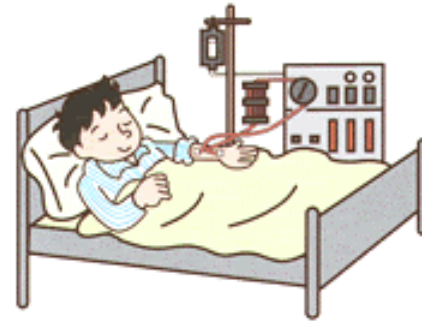
Hemo Home

- ★ 3x/week, 4 hr 👎
- ★ Needles 👎
- ★ Home environment 👍
- ★ Less costly than In Centre 👍
- ★ No travel for treatment 👍
- ★ Learning curve, capable 👍
- ★ 18-20% GFR 👍
- ★ Intrusive, but less than In Centre 👍
- ★ Less impact than In Centre 👍











Hemo Nocturnal

- ★ 5x/week, 8 hr 👎
- ★ Needles 👎
- ★ Home environment 👍
- ★ Less costly than In Centre 👍
- ★ No travel for treatment 👍
- ★ Learning curve, capable, English, Cantonese 👎
- ★ Probably ~GFR 30 👍 👍
- ★ Intrusive, but less than In Centre 👍
- ★ Higher QoL than In Centre, likely higher survival 👍



Hemo CCC

- * 3x/week 4 hrs/treatment, inflexible schedule 
- * Needles 
- * Small unit 
- * Costly 
- * Less Travel 
- * Less Burdensome than In Ctr 
- * Intrusive in Lives 
- * Generally shorter survival 












Team P.D.

*Pretty Durn Good
Treatment!!*












PD CAPD

- * 4x/day, continual 
- * No Needles 
- * Home environment 
- * Less costly than In Centre 
- * Minimal travel for clinics 
- * Learning curve, capable –medically, socially 
- * 20% GFR, preservation 
- * Intrusive 
- * Less impact than In Centre, slight survival advantage over In Centre (CORR, CIHI, 2005) 












PD NIPD

- * Nightly APD 
- * No Needles 
- * Home environment 
- * Less costly than In Centre 
- * Minimal travel for clinics 
- * Learning curve, capable –medically, socially 
- * 18% GFR, preservation 
- * Less Intrusive 
- * Less impact than In Centre, slight survival advantage over In Centre (CORR, CIHI, 2005) 












PD CCPD

- * Nightly APD + Daytime exchange 
- * No Needles 
- * Home environment 
- * Less costly than In Centre 
- * Minimal travel for clinics 
- * Learning curve, capable –medically, socially 
- * 20% GFR, preservation 
- * More Intrusive than NIPD 
- * Less impact than In Centre, slight survival advantage over In Centre (CORR, CIHI, 2005) 












PD HomePlus

- * Nightly APD with assistance 
- * No Needles 
- * Home environment 
- * Likely as costly as In Centre 
- * Minimal travel for clinics 
- * Minimal Learning curve, medically able 
- * 20% GFR, preservation 
- * Minimally Intrusive 
- * Less impact than In Centre, no data re survival 



PD Nursing Home

- ★ APD or CAPD with assistance 
- ★ No Needles 
- ★ Institutional environment 
- ★ Less costly than In Centre, more than home 
- ★ No travel for clinics 
- ★ No Learning curve, medically able 
- ★ 20% GFR, preservation 
- ★ Minimally Intrusive 
- ★ Less impact than In Centre, no data re survival 



Importers: Women of the Islands?





The REAL Modality Reality Show

Vast majority of dialysis patients in
Canada on Hemodialysis

16,056 HD vs 3,684 PD (CORR, CIHI, 2005)

No data regarding where modality takes place.



Prevalence of Renal-Replacement Therapies (per million population)

Country	RRT	TX	PD	Facility HD	Home HD (% HD)
Australia	685	299	92	255	39.0 (13.2)
Canada	927	384	109	427	7.2 (1.7)
Finland	658	390	58	202	8.8 (4.2)
Netherlands	678	359	90	222	6.2 (2.7)
New Zealand	715	291	192	174	58.4 (25.2)
Scotland	726	336	79	283	8.7 (3.0)
United States	1554	441	89	1021	4.6 (0.4)

Busko, M. (2006) *Nephrol Dial Transplant*. 2006;21:1934-1945



Table 9 Unadjusted Three-Month, One-, Three- and Five-Year Survival in Dialysis Patients, Canada, 1996 to 2000, With Follow-up Until 2005

	Survival Time	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
All Dialysis	N	3,457	3,856	4,132	4,420	4,619	4,871	4,904	4,994	5,051	5,012
	3 Months	94.2	94.1	94.3	94.2	94.1	93.9	93.8	94.5	94.7	94.7
	1 Year	82.4	82.8	82.5	81.9	82.3	81.9	82.3	83.4	83.5	
	3 Years	57.2	57.9	58.1	56.4	58.6	57.2	58.1	60.1		
	5 Years	37.1	38.8	39.6	37.7	40.5	39.5				
HD	N	2,509	2,991	3,214	3,450	3,660	3,906	4,001	4,117	4,080	4,043
	3 Months	93.3	93.2	93.4	93.1	93.0	93.1	93.0	93.7	93.7	93.7
	1 Year	80.3	81.5	80.7	80.1	80.3	80.1	80.4	81.6	81.7	
	3 Years	56.2	56.6	56.8	55.3	56.7	55.5	56.2	57.7		
	5 Years	36.0	37.6	38.4	36.3	38.7	37.7				
PD	N	948	865	918	970	959	965	903	877	971	969
	3 Months	96.8	97.1	97.5	98.0	98.1	97.3	97.4	98.3	98.5	98.6
	1 Year	88.3	87.2	88.6	88.1	90.0	89.3	90.7	91.7	90.9	
	3 Years	59.6	62.3	62.8	60.0	66.1	64.3	66.4	71.3		
	5 Years	40.1	42.8	43.7	42.8	47.7					

Note:

* Patients are censored at the time of their first kidney transplant or when it is determined that they are lost to follow-up.

(CORR, CIHI, 2005)





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	3 Months	96.8	97.1	97.5	98.0	98.1	97.3	97.4	98.3	98.5	98.6
	1 Year	88.3	87.2	88.6	88.1	90.0	89.3	90.7	91.7	90.9	
	3 Years	59.6	62.3	62.8	60.0	66.1	64.3	66.4	71.3		
	5 Years	40.1	42.8	43.7	42.8	47.7					

Note:

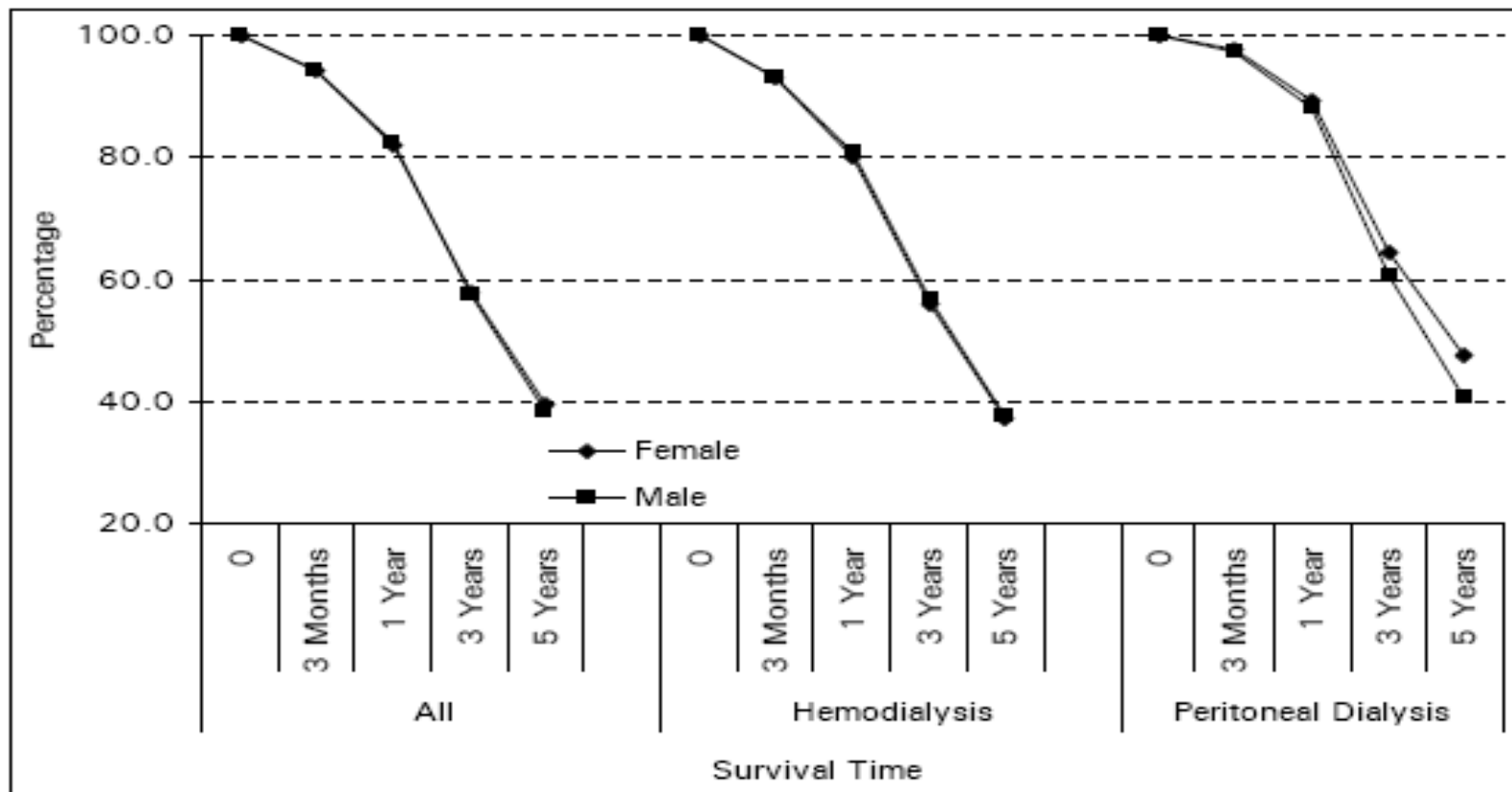
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(CORR, CIHI, 2005)

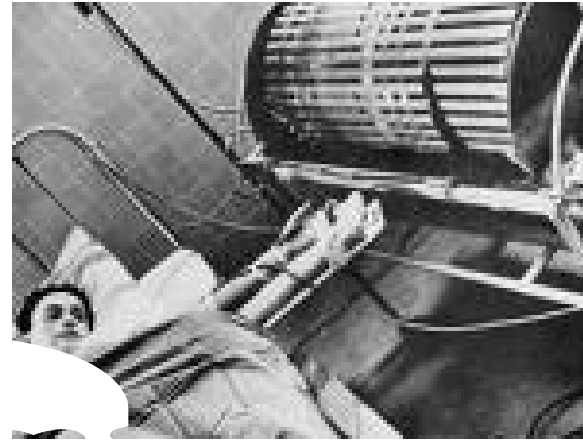




Figure 8 Unadjusted Three-Month and One-, Three- and Five-Year Survival in Dialysis Patients, by Treatment Type and Sex, Canada, 1996 to 2000 (Followed to 2005)



(CORR, CIHI, 2005)

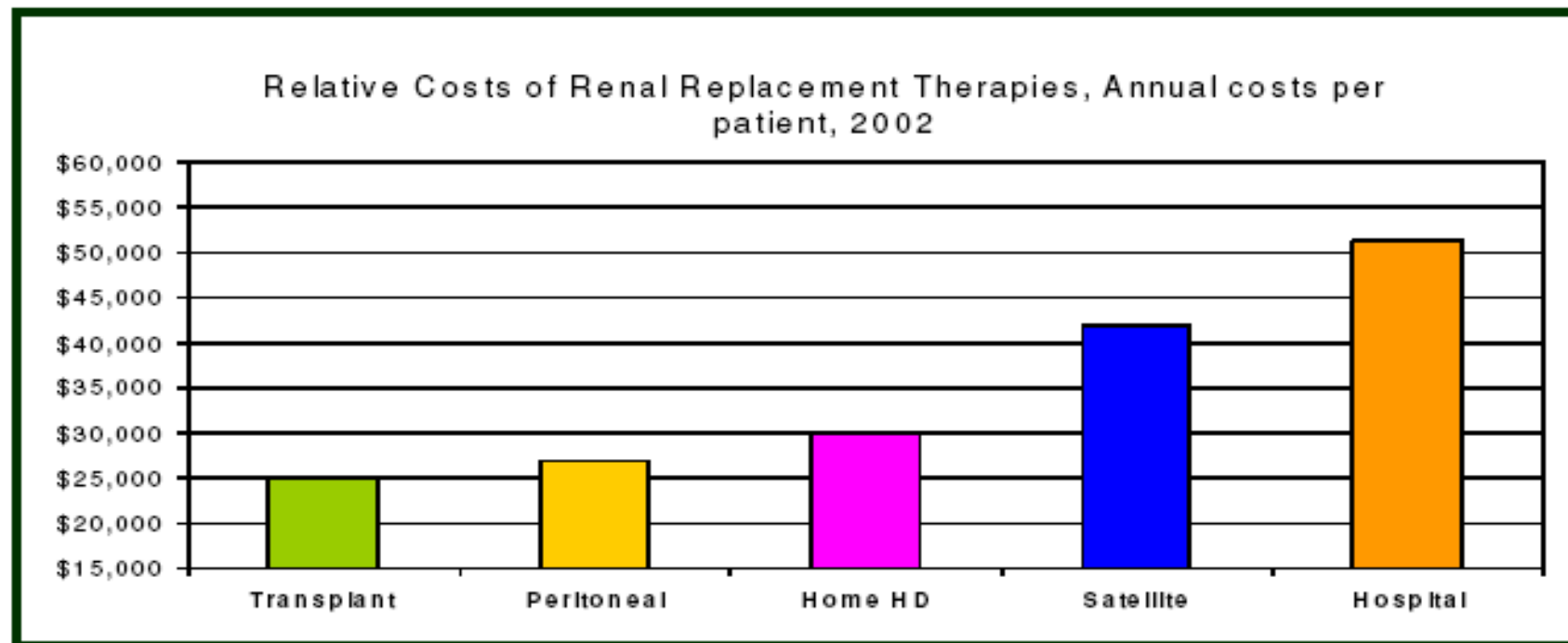


Impact of CKD and Dialysis

- ★ Impact on Individual
 - Chronic illness and treatment
 - Decreased life expectancy
- ★ Impact on Health Care System
 - In centre HD - \$50,000
 - Home HD - \$30,000
 - Home PD - \$28,000
- ★ Impact on Society
 - Workforce
 - Disability
 - Rise in CKD annually



COSTS OF RENAL REPLACEMENT THERAPIES



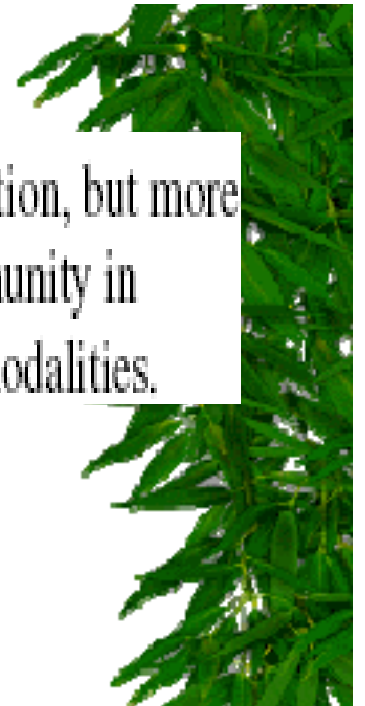
Sources: Lee et al, 2002; McFarlane et al, 2002

MOHLTC Provincial PD Joint Initiative



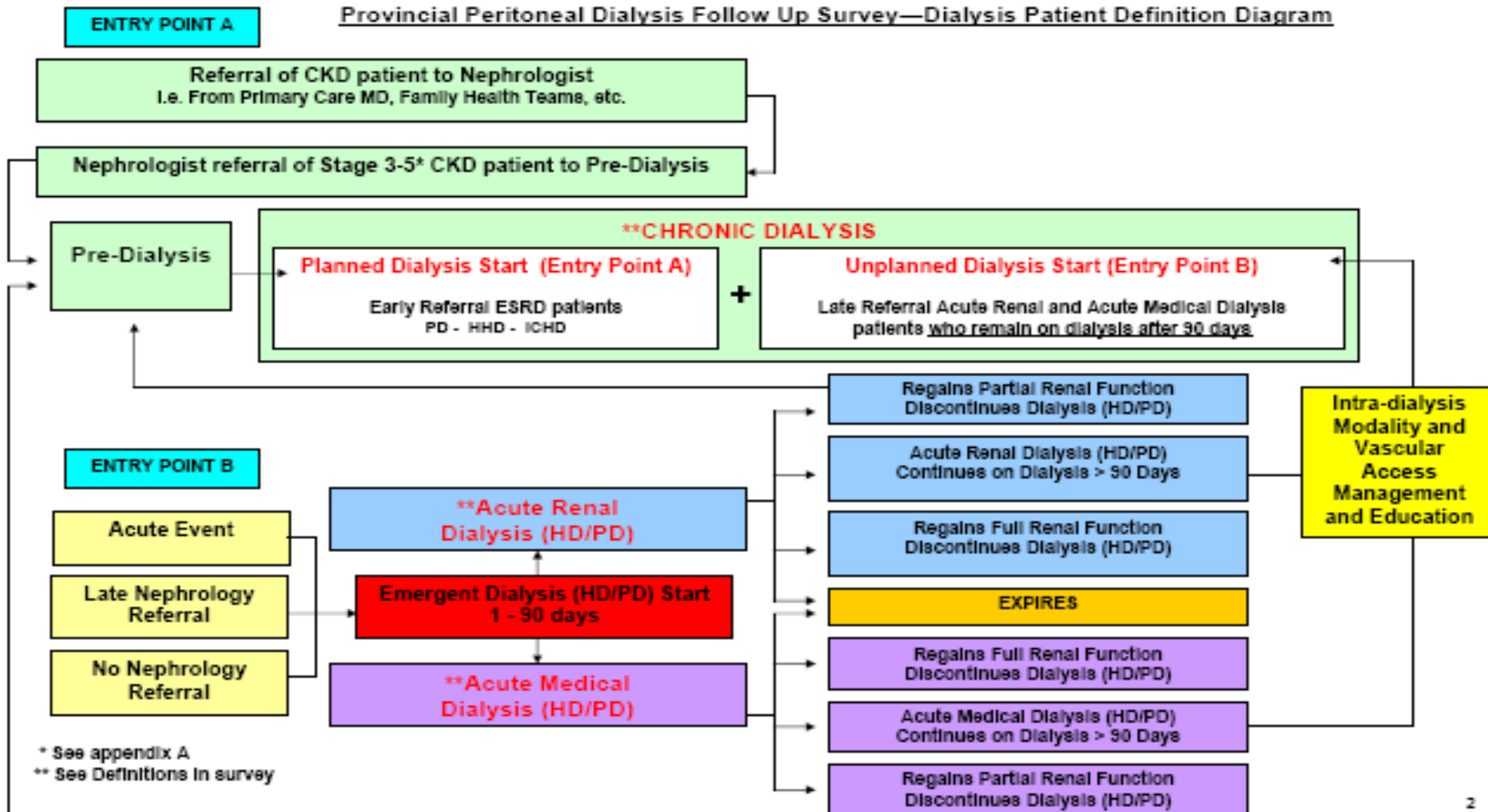
The goal of the Provincial Peritoneal Dialysis (PD) Initiative is *to increase the use of PD in Ontario from the present 17% to 30%¹ by 2010* and to promote a standardized, consistent, and integrated delivery of PD services throughout Ontario.

The intention of this initiative is not to merely promote PD as the only home dialysis option, but more importantly to develop a process that makes improvements within the nephrology community in partnerships with community stakeholders to support and encourage all home dialysis modalities.



MOHLTC Provincial Initiative

Provincial Peritoneal Dialysis Follow Up Survey—Dialysis Patient Definition Diagram



"Entry Point A" Pre Dialysis

- ★ Stage 3-5 CKD
- ★ Referral from Nephrologist
 - Primary Care MD
 - Primary Health Team



Pre Dialysis CKD management clinics

- Credit Valley
- Halton Region
- Humber
- Lakeridge
- Royal Victoria
- Scarborough
- Soldiers
- St. Joseph's
- St. Michael's
- Sunnybrook
- Toronto East General
- Toronto General
- William Osler
- York Central



Renal Management Clinic

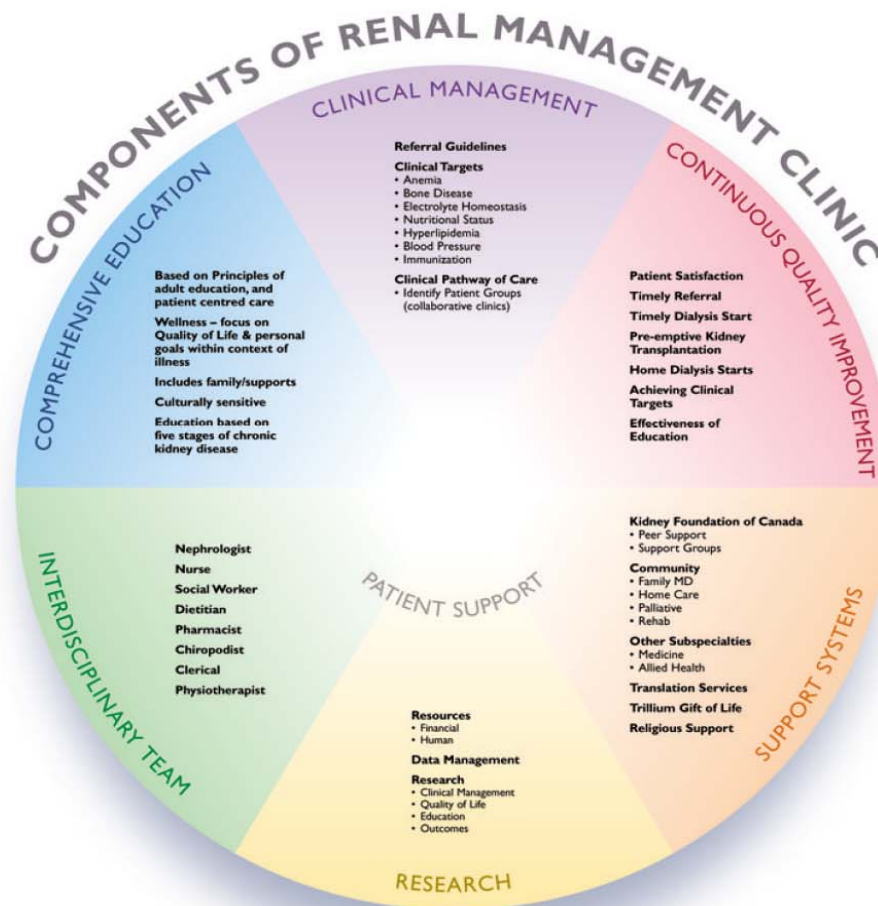
Vision Statement

To be internationally recognized as a centre of excellence in the management of individuals with chronic kidney disease.

Mission

The Renal Management Clinic is an interdisciplinary team dedicated to promoting the optimum health of individuals with chronic kidney disease through expert clinical management,

education and emotional support along the continuum of the disease process. This is achieved through early identification, ongoing monitoring, evaluation and research.



Vital components of Clinic

- ★ Maintaining Wellness at Home
 - Education for self care
 - Medications
 - Monitoring
- ★ Options for RRT
 - Education
 - Preparation
 - Ideally planned dialysis start



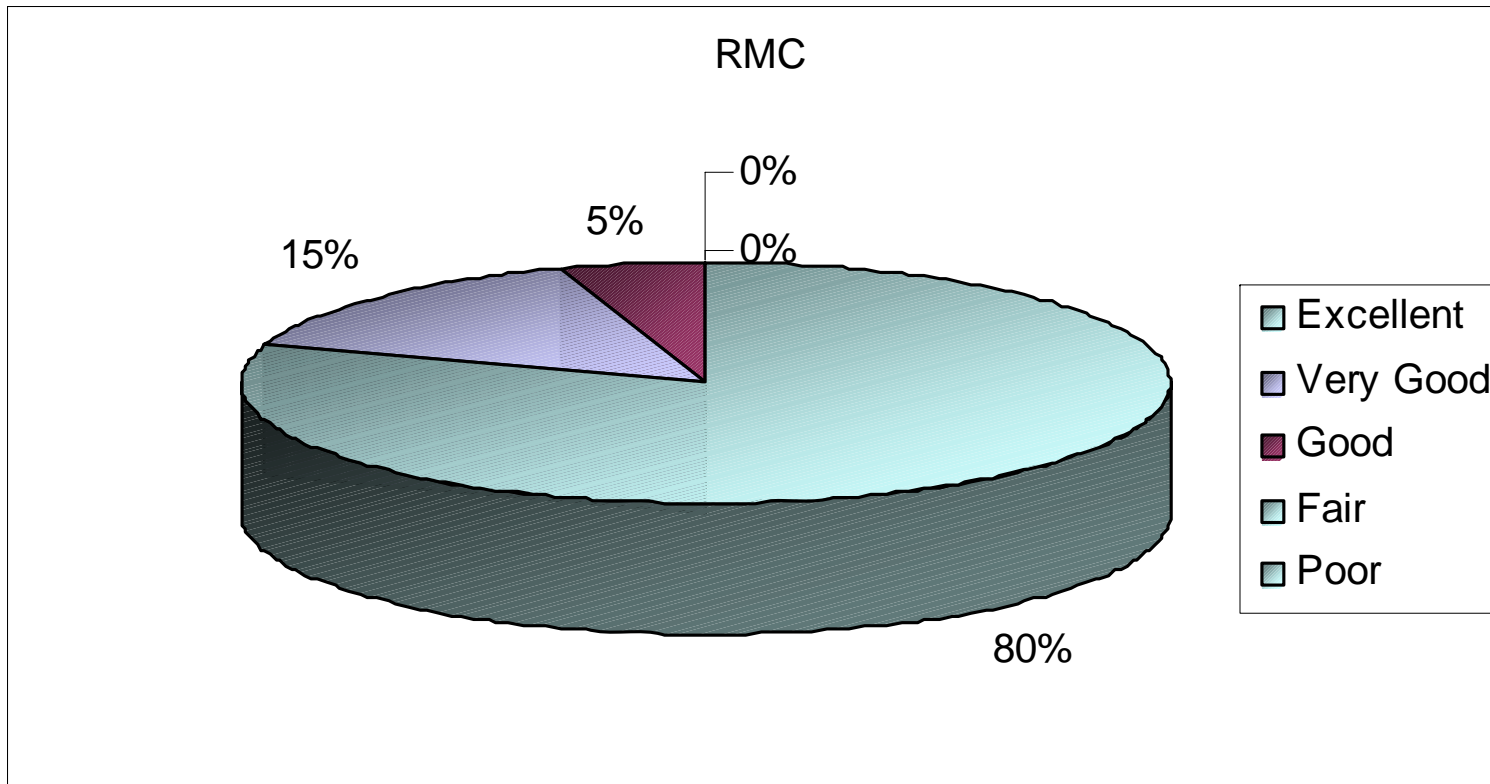
Advantages of Clinic

- ★ Multi-disciplinary focus with patient at the centre
- ★ Longitudinal co-management
- ★ Trusting relationships
- ★ Increased length of time to dialysis start



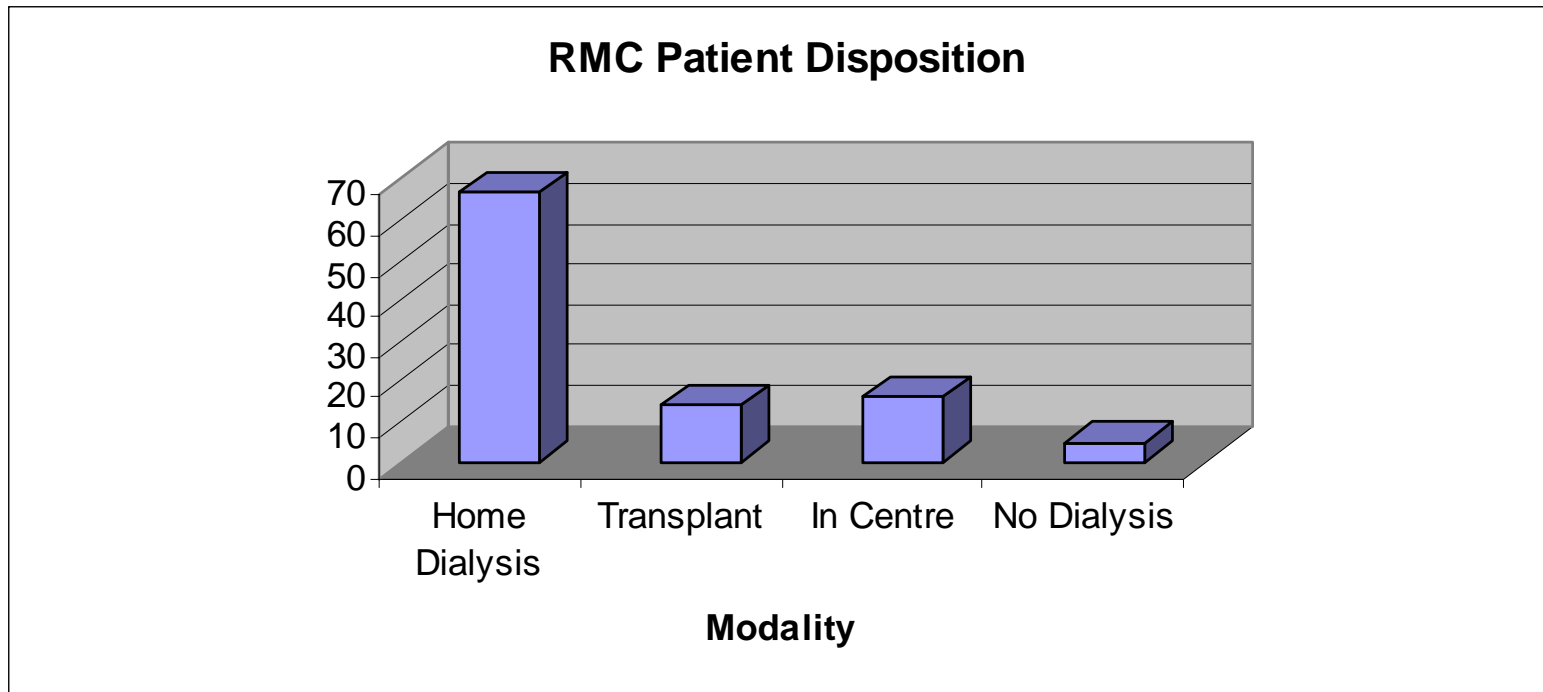
Results of RMC

High Patient Satisfaction



Results of RMC

High Selection of Home Dialysis Modality



"Entry Point B" Emergent Dialysis

- ★ Acute Event
- ★ Late Referral to Nephrologist
- ★ No Referral to Nephrologist
- ★ No Preparation



UHN

- ★ 50% started dialysis acutely “crash starts”
- ★ 87% of UHN emergent starts stayed on In-Centre HD at TGH.
 - Overcrowding – in pt waiting for spots
 - Backup into ER, other resources
 - Unable to transfer to peripheral units
 - Underutilization of Home programs



In patient Referrals for Dialysis

- ★ ICU, CCU, Neuro ICU – TG, TW
- ★ High risk OBS – Mt Sinai
- ★ Oncology - PMH
- ★ GIM, Rheum, Urology, Cardiology
- ★ Transplant – liver, lung, heart, kidney



In Patient Education

- ★ Dedicated practitioner (cAPN) to address emergent dialysis starts
- ★ Provide education regarding dialysis options
- ★ Provide support and logistics to attain modality choice
- ★ Supportive of Home Dialysis



Assessment

- ★ Medical Issues
 - Course in hospital
 - Abdominal Surgeries
 - Ostomies
 - Vasculopathies
- ★ Abilities, Disabilities



Assessment

- ★ Social situation
 - Housing
 - Employment
 - Responsibilities
 - Distance to hospital
 - Family / assistance available



Assessment

- ★ Values
 - Independence
 - Dependence
 - Travel
 - Family
 - Work
 - Cottage
 - Significant Events
- ★ Goal Setting

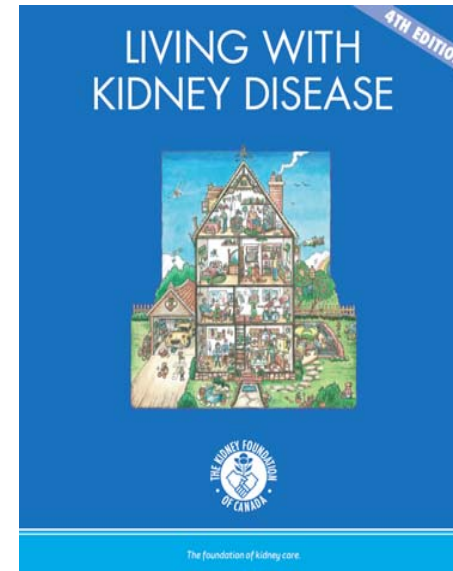


Education

- ★ Basics of renal function
- ★ Impact of renal failure
- ★ Forms of RRT
 - HD
 - PD
 - Tx
 - No dialysis



Education



* Vary media

– KFC manual

- * Manual
- * CD-ROM
- * Video / DVD
- * Book on Tape



– Baxter DVD – Choices/Enjoying Life

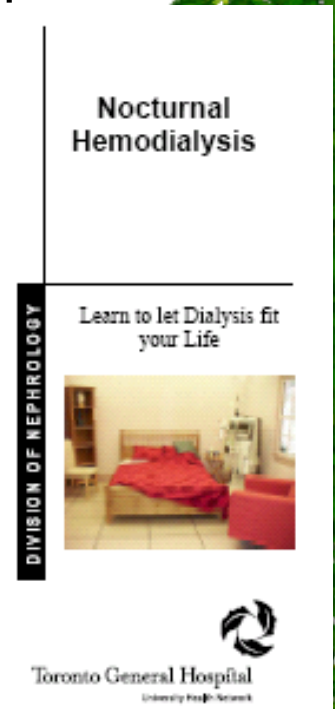
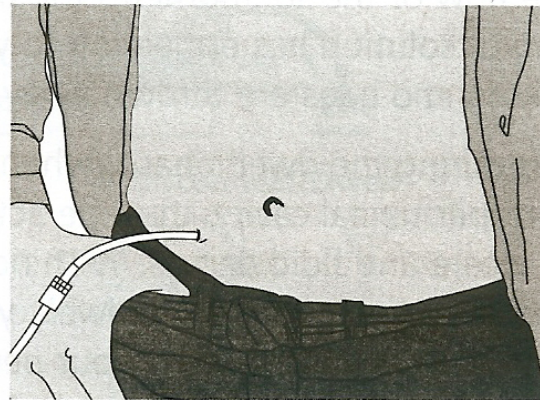
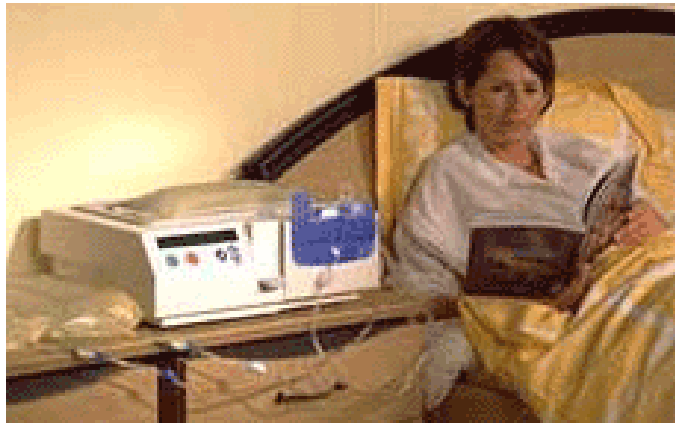
– Calgary DVD – Modality Choice for RRT

– BC Renal Agency DVD's - multilingual



Pamphlets

- ★ When Kidneys Fail
- ★ Peritoneal Dialysis: Is it the best Choice for me?
- ★ KFC pamphlets
- ★ Nocturnal Hemodialysis



Education

- ★ Perspectives
- ★ Adequacy of each modality
- ★ Advantages / Challenges
- ★ Impact of chronic illness
- ★ Tour of HD, home unit, PDU
- ★ Offer Peer support

- ★ Introduction to “Our World”



Logistics

- ★ Plan and refer for PD catheter
- ★ Plan and refer for AV access
- ★ Assess and plan for Discharge/rehab/ALC
 - Rehab with dialysis
 - ALC with HD
 - ALC with PD
 - HomePlus CCPD
- ★ Referral to other centre as appropriate



Results

- ★ 233 patients and families seen
- ★ Education and follow up
- ★ 119 remained on chronic dialysis at UHN
 - (+6 to CCC)
- ★ Others transferred, died, recovered, left AMA or referred to RMC

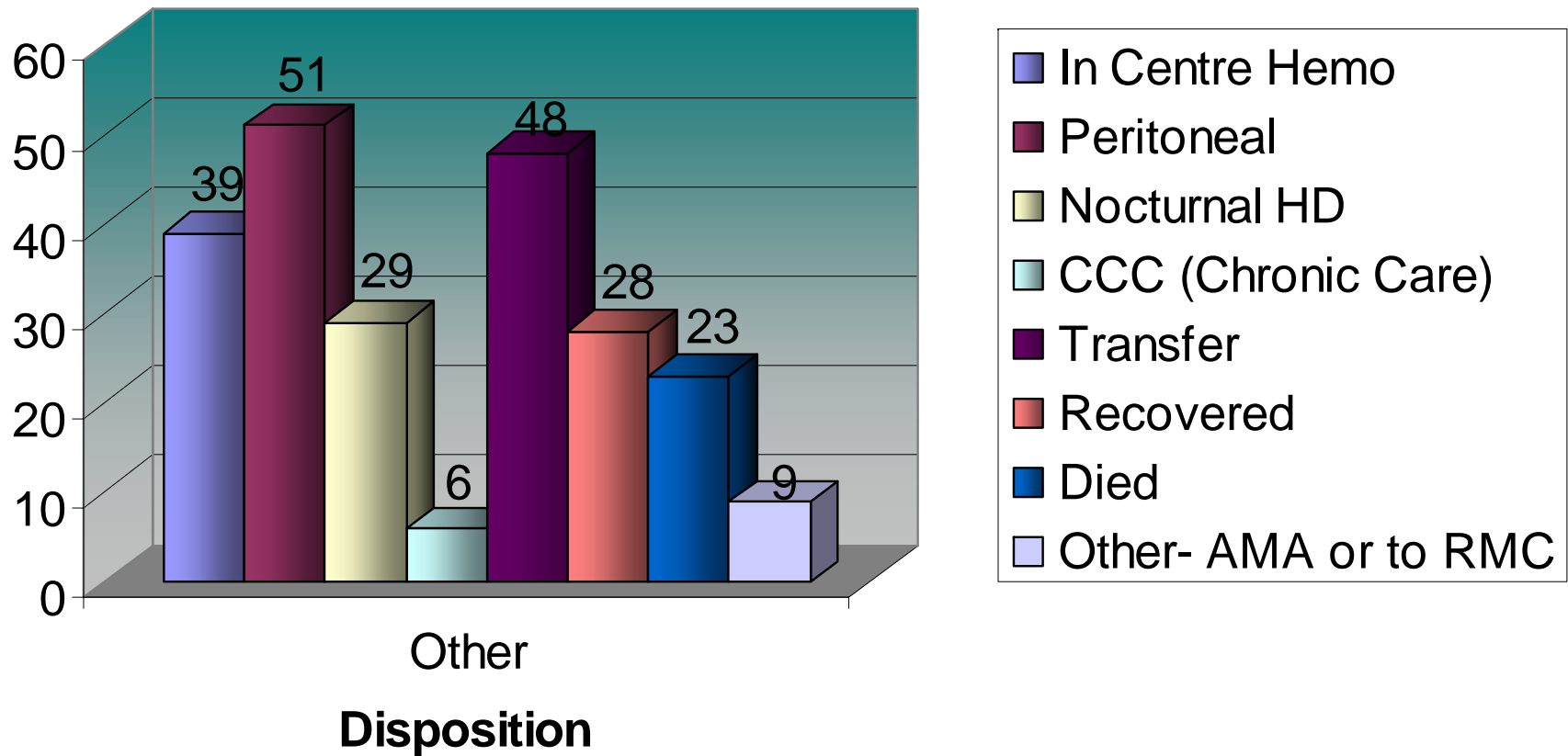


Results

- ★ 33% (39/119) chose In Centre HD
- ★ 43% (51) chose PD
- ★ 24% (29) chose Home Nocturnal HD

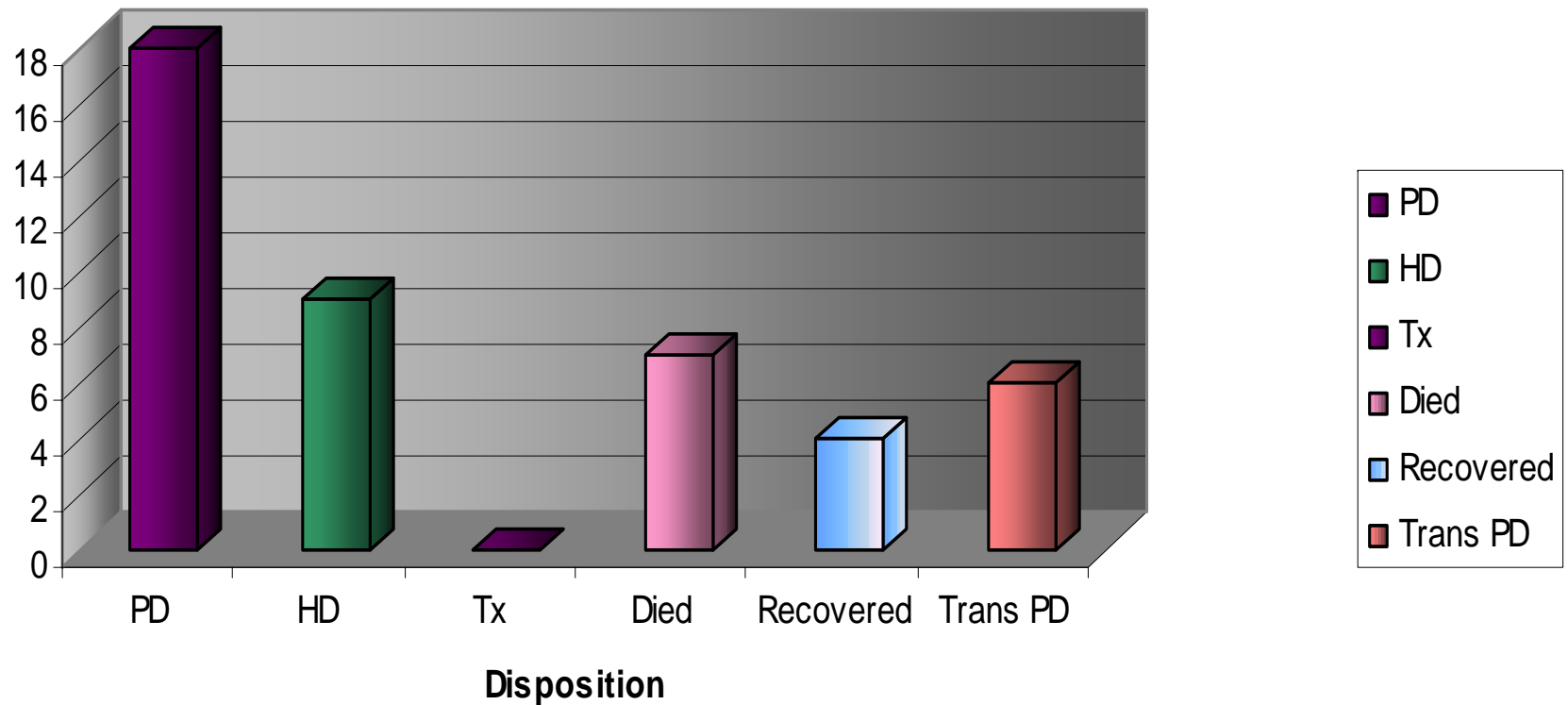


Nephro cAPN Mar 05-Oct 07



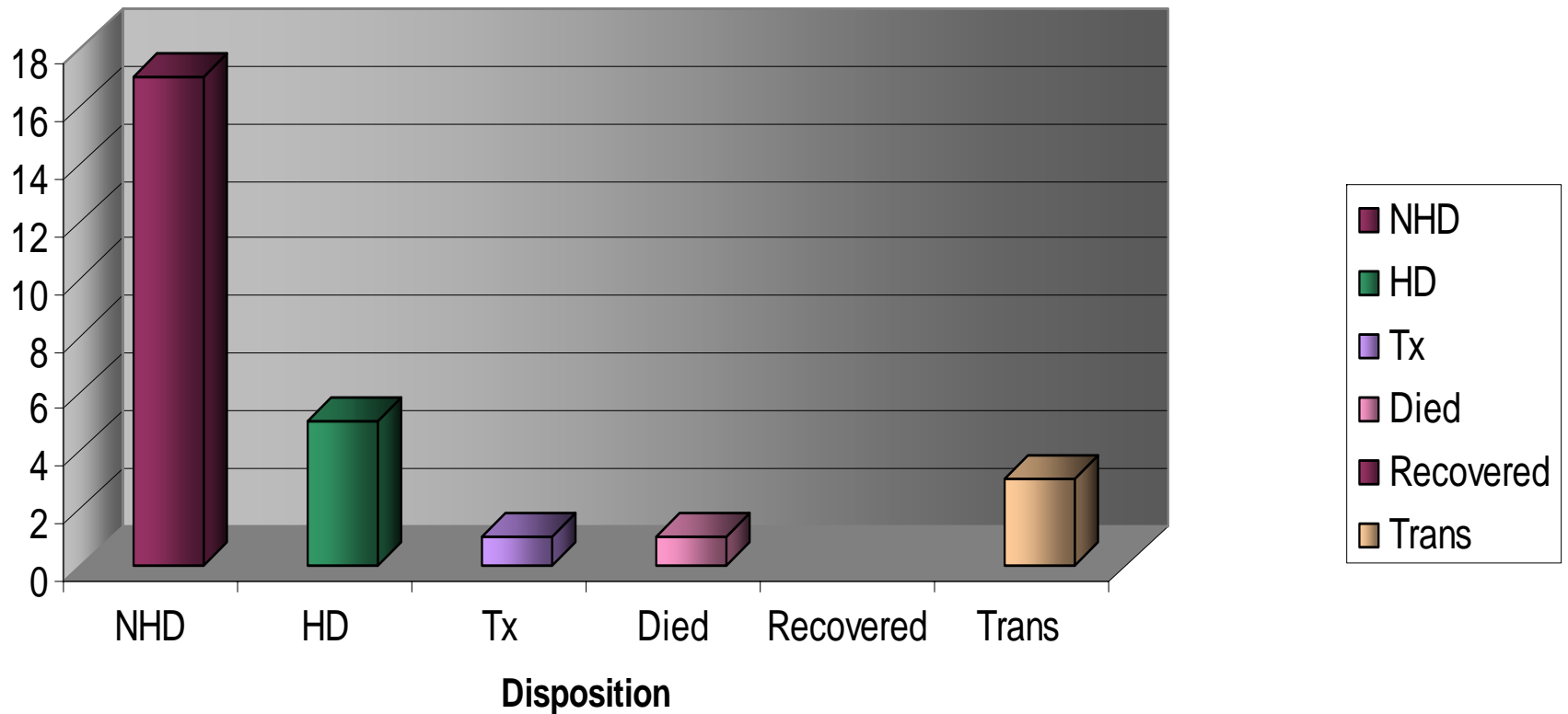
Where they are now...PD

Disposition as of Oct 2007



Where they are now...NHD

NHD Disposition as of Oct 2007



Modality Choice for All Patients

- ★ Informed Choice
 - Education
 - Peer Support
- ★ Values
- ★ Lifestyle



Shifting from



Based Philosophy...



To a



"Make it Right !!"

Home Based Philosophy



**The Island is called
HOME**

