

Peritoneal Dialysis in Long Term Care Homes Initiative

Question & Answer Summary from Information Session held Monday July 13, 2009

The Waterloo Wellington Local Health Integration Network along with the Ministry of Health and Long Term Care Provincial Peritoneal Dialysis Strategy, the Grand River Hospital Renal Program, and Waterloo Wellington Community Care Access Centre hosted a teleconference on July 13, 2009 to provide information and the opportunity to ask questions about the Peritoneal Dialysis in Long Term Care Strategy.

On the following pages is a summary of the questions and answers from that event. Any additional questions may be posed to:

- Natalie Diduch, Provincial PD Strategy and Home Dialysis Expansion Lead, Ministry of Health and Long Term Care at natalie.diduch@ontario.ca or 416-314-4169
- Peter Varga, Director, Renal Program, Grand River Hospital at peter.varga@grhosp.on.ca or 519-749-4300 ext. 2720
- Anne Macintosh Schramek, Senior Manager Client Services -Access/Hospital/LTC, Waterloo Wellington Community Care Access Centre at anne.macintosh@ww.ccac-ont.ca or 519-823-2550 ext 2226
- Toni Lemon, Senior Manager Health System Transformation, Waterloo Wellington Local Health Integration Network (WWLHIN) at toni.lemon@lhins.on.ca or 519-822-6208 ext. 206

Expressions of Interest:

Long Term Care homes that are interested in participating in the Peritoneal Dialysis (PD) in Long Term Care Homes initiative should reference the document "Provision of Peritoneal Dialysis in Long-Term Care (LTC) Homes: Process and Guidelines for Approval of LTC Homes to Provide PD Care, December 11, 2008." This document outlines details regarding this initiative as well as the process for approval of LTC homes to provide PD care.

The first step is for the LTC home to submit an expression of interest. This expression of interest should be a letter addressed to Toni Lemon, Senior Manager Health System Transformation, WWLHIN. Expressions of interest must include explicit responses to each of the self assessment considerations as listed in Table 1 of the Guidelines document. **The Expression of Interest must be signed by a person with legal signing authority for the LTC home and must be submitted by August 7, 2009.**

Questions & Answers from July 13th Teleconference:

How can I get more information on MyCareSource?

Please visit www.grandriverhospital.on.ca , and click the Login to My Care Source icon on the lower right side of the webpage. Instructions will guide the user to login. Once in, select renal as the service you wish to explore.

What has the experience been like in those LTC homes now offering PD?

In general, current homes have indicated that many patients have co-morbidities such as diabetes. Regarding the PD process itself, nurses in current facilities have reported that it is not very difficult; the patients are treated overnight, with a cyclor so they are connected before they go to sleep and disconnected in the morning.

Any of the 10 LTC homes in Ontario currently providing PD may be contacted for more information:

CKD REGIONAL PROGRAM	LTC HOME PARTNERED WITH CKD REGIONAL PROGRAM
York Central Hospital	Mariann Home Mon Sheong Richmond Hill
St Michael's Hospital	Drs. Paul and John Re kai Centre
University Health Network	The O'Neill Centre
Lakeridge Health Corporation	Hillsdale Estates
The Scarborough Hospital	Rockcliffe Nursing Home Mon Sheong Scarborough LTC Centre Yee Hong Centre – Scarborough Finch
Windsor Hotel-Dieu Grace	Extendicare Tecumseh
Orillia Soldier's Memorial	Simcoe Manor

What education is provided to LTC homes staff (initially, yearly)?

Education is organized around staff schedules at each facility. The initial training is ideally 2 days but scheduling is dependent on staff shifts at facilities. For ongoing learning, there is also an online, Learning Management System (LMS) that contains the PD learning package from GRH.

What are the standards of care? Are there any standards that wouldn't normally be met in LTC?

The standards are generally regarding training, level of competency, and treatment orders. LTC facilities would typically meet the standards already.

While the standards for the service are not yet finalized, they may include topics such as Patient's Access to Treatment, Administration of Treatment, Policies and Records, Standards of Care, and Staff Education. For further information on standards of care, contact the Grand River Hospital Renal Program contact above.

What reporting and evaluation is required by the LTC home?

The reports are included in the Guidelines. Regarding patient activity, LTC homes report weekly/monthly as per agreed frequency to the Renal Program at the hospital regarding patient activity. A separate quarterly report is sent to the Ministry which identifies any developing trends across the province.

How much storage space is required for a PD patient's supplies or equipment needs?

The hospital or regional centre coordinates shipments of materials to the LTC homes. Space needed depends on the number of PD patients, but is approximately 25 square feet per patient. A one-month supply is received at a time but supplies can be sent out more frequently if required.

Is the cost of antibiotics covered for PD patients who have peritonitis?

The Renal Program has developed a protocol and a kit for addressing peritonitis which could be administered at the LTC home at no additional cost to the LTC home.

How many residents are we obligated to care for?

Homes participating in this initiative must care for at least one PD patient.

Is there a minimum number of homes participating per LHIN?

The goal is to approve at least one LTC home in each LHIN. There is currently no maximum number of LTC homes for the initiative.

What is the timeframe from the submission of interest to approval and implementation?

The process for approval is outlined in the Guidelines document. A timeline for the process is not specified but it is expected that it will take a few months to go through all the steps in the process.

How many applicants on the CCAC Wait List would require this form of treatment?

Currently WWCCAC has one LTC applicant in acute care who requires PD. None of the PD clients supported in the community by CCAC require LTC at this time.

What is the critical mass?

Current LTC homes providing this service have not indicated the need for a critical mass of PD patients in one facility to make it worthwhile. Two of the existing homes have only one PD patient each and have found it to be successful.

Is there a preferred accommodation type for PD?

There is no preferred accommodation type. Some homes have chosen to cluster PD patients on a floor or wing to make staffing and access to supplies easier while others have not.

If a LTC home has a wait list of about 2 years right now, does it make sense to commit to the PD Initiative and undergo training now when there are currently no PD residents in the facility?

The Renal Program will make efforts to implement 'Just In Time' training so that LTC home staff are trained around the same time as an admission of a PD resident.

Are all PD patients on cyclers?

LTC patients will go on PD cyclers unless, medically, they cannot.