

**The Provincial
Peritoneal
Dialysis (PD)
Strategy**

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

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1. Introduction

PD is a dialysis treatment that can be reasonably provided outside of acute care settings. This gentler form of dialysis involves the instillation of dialysis solution into the patient's abdomen, where it is left for about 4 hours. The solution is then drained along with excess fluid and wastes from the body. This cycle of "fill, dwell, drain" is repeated throughout the day. This treatment can be done either manually during the day (Continuous Ambulatory Peritoneal Dialysis, or CAPD) or via a small cycling machine during the day or night (Continuous Cycler-assisted Peritoneal Dialysis, or CCPD).

1.1 The Provincial Peritoneal Dialysis Joint Initiative

In November of 2005, the Provincial Peritoneal Dialysis (PD) Initiative was launched by the Ministry of Health and Long-Term Care (MOHLTC) in response to:

- The continued rise in End Stage Renal Disease (ESRD)
- The escalating pressure needed to sustain current dialysis modality utilization practices
- The need for evidence-based, cost effective care
- Needed improvement to meet the needs of the elderly population and
- Continued decline in the use of PD in Ontario

The treatments for ESRD include dialysis or transplantation. Both forms of dialysis modalities Hemodialysis (HD) and Peritoneal Dialysis (PD) are considered equally effective; however PD has the advantage of being a treatment that is associated with an equal or, in some aspects, a better quality of life than in-centre HD and is a more cost efficient and less capital and labor intensive treatment.¹

The PD Initiative's goal is to increase PD use in Ontario to 30%, by 2010. Successful achievement of this ambitious goal is dependent upon innovative strategies and partnerships among Chronic Kidney Disease (CKD) Regional Centres, Local Health Integration Networks (LHIN), community stakeholders, and the MOHLTC. The MOHLTC has worked with CKD Regional Programs in the CKD Regional Centres and stakeholder groups to develop and implement strategies to achieve this goal. Increased access to PD treatments in MOHLTC designated long-term care (LTC) homes² is one of the strategies.

To increase access to PD services in Ontario, the MOHLTC is allocating additional funding to LTC homes approved to provide PD services to facilitate the delivery of PD care in these homes.

¹ Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Strategy on Increasing PD Use in Ontario*. Ministry of Health and Long-Term Care.

² Only MOHLTC approved LTC homes are eligible for enhanced PD funding. Retirement homes and other community care facilities that are not regulated under LTC home legislation are not eligible for MOHLTC enhanced PD funding.

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CKD care in Ontario is delivered using a *Hub and Spoke* CKD Model of Care. Under this model, the CKD Regional Centres are responsible for CKD care throughout its assigned catchment area.³

CKD Regional Centres provide hospital based Chronic Kidney Disease programs on site (*Hub*) or through off-site hospital satellites (*Spokes*), approved as hospital sites under the *Public Hospitals Act*. LTC homes are operated under the *Nursing Homes Act*, the *Homes for the Aged and Rest Homes Act* or the *Charitable Institutions Act* and cannot be designated to provide a hospital service under the *Public Hospitals Act*. As a result, accountability for PD programs in a LTC home must reside with the LTC home operator who is governed under existing LTC home legislation and funding structures.

However, the MOHLTC understands that CKD Regional Programs must partner with LTC homes, given the role of CKD Regional Programs as CKD experts and responsible to coordinate CKD care throughout its assigned catchment area to ensure the provision of a standard level of CKD care. PD services can only be provided by a LTC home if the LTC home has:

- Signed a partnership agreement with a CKD Regional Program addressing the matters set out in Appendix A
- Been approved by the MOHLTC to provide PD care

Establishing partnerships between LTC homes and CKD Regional Programs will:

- Facilitate ESRD patients needing LTC home placement to select/maintain PD as their preferred dialysis modality,
- Minimize the number of patients suitable for PD who are transferred to in-centre HD in order to move to or remain in a LTC home,
- Improve access to supported PD treatments and care in LTC homes by making additional funding available for LTC homes to establish new PD programs and to expand existing ones,
- Increase the quality of life of residents receiving dialysis treatment and care in the LTC setting without three trips per week for in-centre HD, and
- Increase the knowledge and understanding of LTC home staff as it relates to chronic kidney disease and the provision of peritoneal dialysis treatments and care.

1.2 Background

LTC homes provide care for people who are no longer able to safely maintain themselves at home and who require a higher level of care than can be provided in the community (for example, by a Community Care Access Centre). In order to provide care for the aging ESRD population, it is essential for CKD Regional Programs to establish partnerships with LTC homes and other community agencies to increase residential environments for individuals requiring peritoneal dialysis. At this time, of over 600 LTC homes in Ontario, only about 10 LTC homes currently offer residents the option of PD care within the LTC home setting. The current capacity of these 10 LTC homes to accept residents with PD care requirements is very limited.

Of all new ESRD patients starting dialysis, 42% are 70 years and older. This population is the fastest growing group of new dialysis patients⁴.

Within the current health care system, ESRD patients in need of LTC home placement often cannot be considered for PD because of the limited number of LTC homes accepting PD residents. As a result, many of these patients are placed on HD, which may not necessarily be the most suitable treatment

³ Ministry of Health and Long-Term Care (2004). Chronic Kidney Disease Model of Care Expectations Document.

⁴ Canadian Institute for Health Information (CIHI), 2006 Annual Report-Treatment of End Stage Organ Failure in Canada, 2007.

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modality. In-Centre HD treatment (including HD in Satellite centres) requires travel from the LTC home to the HD unit three times weekly for a treatment session of approximately four hours. Many of these patients are quite frail and unstable especially after their HD treatments, and do not tolerate the effects of HD or the accompanying routine required for treatment. Travel costs for these patients to receive in-centre HD treatments are approximately \$10,000 - \$25,000 per patient per year.⁵ The inconvenience, loss of independence and quality of life costs associated with the need to travel for hemodialysis thrice weekly are immeasurable.

The Provincial PD Coordinating Committee made recommendations to fund a minimum of one LTC home offering PD treatment and care for its residents in each of the 26 CKD Regional Centre areas. This target has been revised by the ministry for fiscal 2008/09. The revised target for 2008/09 is one or more LTC homes per LHIN region where PD care is not yet provided in any LTC home. Ministry approved partnerships between CKD Regional Programs and their partnered LTC home(s), will ensure resources required to support PD care in these LTC homes are accessible and available to enable the LTC home operator to provide a standard level of PD care.

The principles and standards that define the role of the CKD Regional Program and direct its partnership services to LTC homes approved to provide PD care are outlined in a Partnership Agreement template attached in Appendix A. The existing standards of PD care and established recommendations made by the PD Committee are outlined in the Committee's Provincial PD Manual.⁶

LTC homes considering becoming a LTC home approved to provide PD services should read the attached pamphlet (Appendix B) entitled "*Peritoneal Dialysis in Long Term Care Homes*", which broadly outlines the care and services LTC homes would be expected to provide if they choose to offer PD services. The pamphlet is meant to communicate to LTC homes with little or no PD experience what PD care involves. Long-term care homes should read this first before proceeding on with the process to be approved to provide PD services within their home.

1.3 Implementing the Process of Approving LTC Homes to Provide PD Care

The first phase of approving LTC homes to provide PD care began on September 1, 2007. The focus of this first phase was on LTC homes that were providing PD care to residents and that had an existing partnership with a CKD Regional Program. These LTC homes along with their partnered CKD Regional Program are obtained approval to provide PD services in the LTC homes through a joint submission to the MOHLTC. They agreed to the terms and conditions outlined in section 2.1 of this document.

Focusing on existing partnerships in the first phase of implementation allowed for refinement of the program for LTC homes to prepare for the second phase of implementation.

This second phase of implementation will focus on establishing new LTC homes approved to provide PD care.

2. Approving LTC homes to provide PD Care

After April, 2008, the process for approving new LTC home partnerships with their respective CKD Regional Programs will involve collaborative discussions between the CKD Regional Program, the interested LTC home, the respective Local Health Integration Network (LHIN), Community Care Access

⁵ High Intensity Needs Fund for Long-Term Care Homes Manual revised November 2007"]

⁶ Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.on.com

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Centre (CCAC) and MOHLTC. The CKD Regional Program is the expert body that is responsible to determine the need to establish PD partnerships with LTC homes based on its strategic planning processes, its overall CKD Regional Plan, and the projected patient volumes managed by the CKD Regional Program.

2.1 LTC Home Self-Assessment

Prior to submitting an expression of interest to the LHIN, LTC home operators interested in starting a PD program should conduct a self-assessment process to determine whether providing PD in their particular setting is feasible.

The following outlines criteria that should be met by a LTC home to ensure that they have the ability to provide the required standards of PD care.

Table 1

<u>Criterion</u>	<u>Considerations</u>
Compliance	<ul style="list-style-type: none"> ▪ Has the LTC home any outstanding compliance issues that would prevent the LTC home from meeting the standard of care established by the CKD regional program⁷ ?
Staffing	<ul style="list-style-type: none"> ▪ Does the LTC home have available staff with PD experience (has practiced within one year) or staff able and willing to be educated and trained in PD practices? ▪ Is the retention rate of staffing in the LTC home adequate to ensure sustainability of PD skill sets and minimize the need for re-training? ▪ Is the LTC home able and willing to accommodate the staffing requirements needed for LTC staff to access PD training by CKD Regional Program? ▪ Is the LTC home able to allocate registered staffing resources and time to accommodate the delivery of standard PD care? ▪ Is the LTC home able to allocate support staff and time to accommodate the supportive needs for the delivery of standard PD care i.e. cleaning the PD area and ordering of PD supplies? ▪ Is LTC home staff (including the medical director of the LTC home and any attending physician of the resident) amenable to supporting and providing care to PD residents?
Physical Environment	<ul style="list-style-type: none"> ▪ Is the LTC home able to accommodate residents requiring PD treatment and care in the same room or area to facilitate efficiencies in utilization of space, resources, and provision of care? ▪ Is the LTC home able to provide PD care in an area that is accessible to a “soiled” utility room or washroom to facilitate the drainage of dialysate effluent? ▪ Does the LTC home have resident rooms that are equipped with electrical outlets and side tables to support the automated PD cyclers (if used by the resident)? ▪ Does the LTC home have adequate supply/storage areas accessible and large enough to store the PD supplies needed to provide PD care? ▪ If the LTC home currently does not have the above space requirement but has the ability to adapt space to accommodate the above PD space requirements, is the LTC home operator amenable to adapting this space for PD requirements?
Partnership	<ul style="list-style-type: none"> ▪ Is the LTC home willing to allocate the time and resources to establish any discussions and documents necessary to support and develop a partnership agreement with their CKD Regional Program?
Proximity to CKD Program	<ul style="list-style-type: none"> ▪ Is the LTC home conveniently accessible by the partnered CKD Regional Program or able to accommodate travel requirements of staff to access training and clinical PD support offered by the CKD Regional Program?

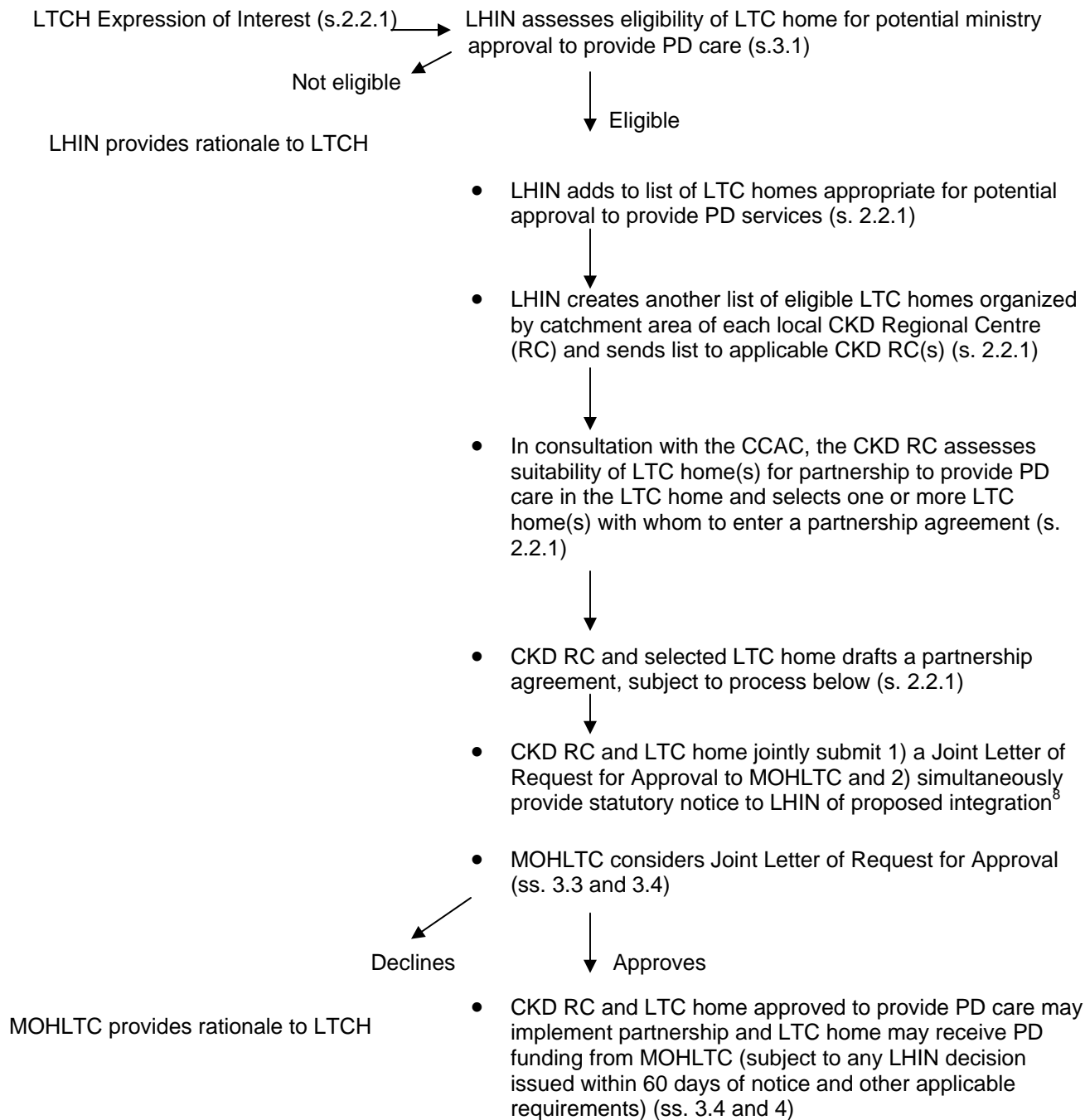
If the LTC home has determined through its self-assessment process that providing PD care is feasible, the LTC home should proceed through the next steps as summarized in the flow diagram below.

Note: The following diagram summarizes the process but does not include all relevant details. Please refer to related sections of this document for full details.

⁷ Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

2.2 Process for approval of LTC homes to provide PD care

Diagram 1



⁸ The CKD Regional Program and LTC home proposing to enter into a partnership agreement are required to provide notice to the LHIN of their intent to “integrate” within the meaning of the *Local Health System Integration Act, 2006*.

2.2.1 Submitting an Expression of interest

MOHLTC encourages LTC homes that have determined their own feasibility to provide PD care to submit an expression of interest to be considered as a LTC home to provide PD care.

After submitting an expression of interest to the LHIN, as a component of the ensuing eligibility assessment the LTC home will be screened for outstanding compliance issues through correspondence between the LHIN and the Performance Improvement and Compliance Branch of the MOHLTC. For each local CKD Regional Program, the LHIN will prepare a list of all LTC homes in the CKD Regional Centre's catchment area that have indicated an interest in providing PD care and have been deemed eligible to be a potential candidate for providing such care, and provide a copy of this list to the CKD Regional Program. When deciding which LTC home(s) to partner with for the provision of PD services the CKD Regional Program will consider each of the listed LTC homes in its area.

If CKD Regional Programs identify a LTC home not listed on the list (as above) to be a potential partner, they should encourage the home to conduct a self assessment as per section 2.1 of this document. Upon self-determining their suitability, the LTC home would submit an expression of interest to the LHIN in order to continue on to the next step of the approval process – the eligibility assessment.

3. Establishing a Partnership between CKD Regional Programs and LTC Homes.

3.1 Determining Eligibility of a LTC Home to Provide PD Care

The process of determining eligibility of a LTC home to provide PD care is to be carried out by the LHIN in consultation with the Performance Improvement and Compliance Branch.

The LHIN will assess the LTC homes within their region who have expressed interest in becoming a LTC home approved to provide PD services using the following eligibility criteria.

Table 2

<u>ELIGIBILITY CRITERIA</u>	
PART A: Compliance	
Compliance	<ul style="list-style-type: none"> ▪ The LTC home has no outstanding compliance issues that would prevent the LTC home from meeting the standard of care established by the CKD Regional Program.
▪ PART B: Care Delivery	
Staffing.	<ul style="list-style-type: none"> ▪ The LTC home has available staff with PD experience (has practiced within one year) or staff able and willing to be educated and trained in PD practices. ▪ The LTC home can accommodate the staffing requirements needed for LTC staff to access PD training by CKD Regional Program. ▪ The LTC home can allocate registered staffing resources and time to accommodate the delivery of standard PD care. ▪ The LTC home can allocate support staff and time to accommodate the supportive needs for the delivery of standard PD care i.e. cleaning the PD area and ordering of PD supplies. ▪ The LTC home staff (including the medical director of the LTC home and any attending physician of the resident) is amenable to supporting and providing care to PD residents.
PART C: Environment	
Physical Environment	<ul style="list-style-type: none"> ▪ The LTC home is able to provide PD care in an area that is accessible to a “soiled” utility room or washroom to facilitate the drainage of dialysate effluent. ▪ The LTC home has resident rooms that are equipped with electrical outlets and side tables to support the automated PD cyclers (if used by the resident). ▪ If the LTC home currently does not have the above space requirement, the LTC home has the ability and makes a commitment to adapt space to accommodate the PD supply storage requirements.
▪ PART D: Accessibility of home	
Partnership	<ul style="list-style-type: none"> ▪ The LTC home is willing and able to provide the elements within a partnership geared to achieve established care standards for the provision of PD care⁹ ▪ The LTC home is willing and able to allocate the time and resources to have or establish any discussions and documents necessary to support and develop a partnership agreement with their CKD Regional Program.

⁹ Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

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Proximity to CKD Regional Centre	<ul style="list-style-type: none"> ▪ The LTC home must be conveniently accessible by the partnered CKD Regional Centre or be able to accommodate travel requirements of staff to access training and clinical PD support offered by the CKD Regional Program.
Other Criteria	<ul style="list-style-type: none"> ▪ The retention rate of staffing in the LTC home is reasonably with ensuring the sustainability of PD skill sets and minimizing the need for re-training. ▪ The LTC home is reasonably be able to accommodate residents requiring peritoneal dialysis treatment and care in the same room or area to facilitate reasonable efficiencies in utilization of space, resources, and provision of care. ▪ The LTC home has staffing levels to support residents with heavier care needs.
	<ul style="list-style-type: none"> ▪ The LTC home has adequate supply/storage areas accessible and large enough to store the PD supplies needed for PD care.
	<ul style="list-style-type: none"> ▪ The demand for the LTC home based on applications through the CCAC is consistent with the LTC home being able to make PD care reasonably available. ▪ The wait list of the LTC home is not an undue barrier to expedite PD resident placement.

3.2 Joint Letter of Request for Approval of a CKD Regional Program Partnered LTC Home to Provide PD Care

Once a LHIN has determined eligibility of a LTC home as a potential partner to provide PD care and the CKD Regional Program has determined the most suitable LTC home partner(s), a joint Letter of Request for Approval must be submitted to the MOHLTC Provincial Programs Branch in order to obtain formal approval for the partnered LTC home(s) to provide PD care.¹⁰ Copies of this letter are sent to the *Performance Improvement and Compliance Branch* and the CKD Regional Program's respective LHIN. The copy sent to the LHIN shall be provided together with a cover letter signed jointly by the CKD Regional Program and LTC home which specifies that the package is intended as notice to the LHIN of their intent to integrate within the meaning of the *Local Health System Integration Act, 2006*, as required by s.27 of that Act.

3.2.1 Content of the Joint Letter of Request for Approval

The Joint Letter of Request for Approval must contain the following:

- The name of the CKD Regional Program and the LTC home submitting the joint letter of request
- The LHIN within which both the CKD Regional Program and LTC home are located.
- List of any other LTC homes already partnered with the CKD Regional Program and identify with which LHIN the LTC home is associated. (If more than one LTC home is partnered with or is proposed to be partnered with this CKD Regional Program, an explanation of the need to establish another LTC home partner should be provided).
- A brief description of both the CKD Regional Program and the LTC home.
 - Size of the program/home,
 - Projected PD growth within the CKD Regional Program and the projected number of PD patients requiring LTC home placement.
 - The number of PD residents the LTC home is willing and able to accommodate with the support of the CKD Regional Program. The elements related to LTC PD patient volume should be part of the CKD Regional Plan as this information will determine the amount of LTC funding support to be allocated to the respective partnered LTC PD home(s).
 - Staffing resources as per s.3.1 part B.
- Explanation for the need for this partnership and how this partnership fits with the CKD Regional Program's over all CKD Service Plan.

¹⁰ Submission to MOHLTC Provincial Programs Branch expected for fiscal 2008/09; to the local LHIN in 2009/10

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- A statement of agreement that the CKD Regional Program and LTC home will establish this partnership based on the determination that both can provide the elements required to establish PD within the partnered LTC home and achieve the established care standards including those outlined in the Provincial PD Resource manual¹¹.
- A statement by the LTC home operator acknowledging the requirement to use the designated funding for PD in LTC home for this sole purpose and to enter into and comply with any accountability agreement as required by the Ministry with respect to the funding.
- Status of the partnership agreement should also be included. i.e. a partnership agreement has been established and contains all the elements as outlined in Appendix A or is in the process of being completed. If agreement is not yet in place the parties must commit that if they are approved, they will conclude a partnership agreement containing all the elements as outlined in Appendix A.
- Joint letters must be signed by the CEO of the CKD Regional Program Hospital and a representative(s) of the partnered LTC home with the legal authority to enter into agreements on behalf of the LTC home operator.

3.2.2 Terms and Conditions

Submission of a Joint Request for Approval must also contain a written statement that:

- The CKD Regional Program has carried out an objective process of evaluating all LTC homes within its region that had submitted an expression of interest to become a LTC home approved to provide PD care and that the LHIN had determined were eligible to be considered as appropriate candidates. Records setting out these assessments shall be made available to MOHTLC at its request.
- The CKD Regional Program and partnered LTC home both have signed or are in the process of negotiating a Partnership Agreement in accordance with the template set out in Appendix A. This will help to achieve uniformity in the delivery of PD care in LTC homes and promote a standardized level of PD service and will help ensure that both parties are aware of what is expected of them and the roles each must carry out in the process of delivering PD care that meets the required standards. The Partnership Agreement will be a resource document accessible to ministry LTC Home Compliance Advisors on request.
- The CKD Regional Program and partnered LTC home both agree to meet the standards of PD care established and/or endorsed by the PD Coordinating Committee (as outlined in the Provincial PD Resource Manual).¹²

¹¹ Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

¹² Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

3.2.3 Submission of the Joint Letter of Request for Approval/Inquiries

The primary contact person for submission of a joint letter of request to seek approval of a LTC home to provide PD services, or for questions, is the MOHLTC Provincial Peritoneal Dialysis Strategy Lead:

Natalie Diduch
Acute Services and Chronic Disease Unit, Provincial Programs Branch
Ministry of Health and Long-Term Care
5700 Yonge Street, 5th Floor
Toronto, Ontario M2M 4K5
(416) 314-4169 *Natalie.diduch@ontario.ca*

c.c. to Name and address of LTC home's MOHLTC Performance and Compliance Branch Compliance Adviser

Please submit three copies of your joint letter. The original signed letter should be sent by mail and a scanned copy sent by email as above to Natalie Diduch.

3.3 Review and Recommendation

The content of the joint letter which contains information answering to select criteria will be reviewed by the MOHLTC Provincial Programs Branch taking into consideration the outcomes of the various assessments conducted by both the LTC home and the CKD Regional Program. These criteria have been selected as precursors to successful LTC PD programs, in partnership with CKD Regional Centres by the MOHLTC LTC PD Working Group and will be taken into consideration in determining which homes will be approved for delivery of PD care.

This review will also involve the Performance Improvement and Compliance Branch's review of the LTC home's compliance history to ensure that the LTC home does not have any outstanding or on-going compliance issues that would prevent a home from delivering the standard of PD care.

3.4 Approval/Denial

Upon receipt and review of the Joint Letter of Request for Approval by the Provincial Programs Branch the ministry will send formal correspondence to the CKD Regional Program and LTC home as to the status of their request within 90 days of receipt of the joint letter.

The approval for the partnered LTC home of the CKD Regional Program to provide PD care by Provincial Program's Branch enables the applicant LTC home to access the PD funding and associated CKD Regional Program resources to support the provision of PD care in the approved LTC home subject to any decision of the LHIN under s. 27(6) of the *Local Health System Integration Act, 2006*. Funding details are set out below, subject to the terms of any accountability agreement as required by the Ministry with respect to the funding that the operator of the home must agree to before receiving the funding.

4. Program Funding and Resources

Funding to support LTC homes approved by MOHLTC to provide PD care and partnered with a CKD Regional Program is available in four key areas outlined below:

Support For PD Resident Care	Description
<p>Funding of \$33.44 per PD resident per day in support of PD care will be provided for each PD resident cared for by the LTC home approved to provide PD care for each day PD care is provided. This amount is in addition to the base per diem amount received by the LTC home per regular 'long stay' resident.</p>	<p>This funding is available to LTC homes approved by the MOHLTC to provide PD services in formal partnership with their respective CKD Regional Program. As a LTC home partnered with their CKD Regional Centre to provide PD care, the following apply:</p> <ul style="list-style-type: none"> ▪ LTC homes approved to provide PD from the MOHLTC will receive funding for PD residents' care that is provided by staff in these LTC homes in the amount of \$33.44 per PD resident per day: <ul style="list-style-type: none"> □ This funding is not available for residents who perform their own PD treatments □ The PD approved LTC home will receive \$33.44 per PD resident per day. The LTC home will receive this funding for the total number of projected PD residents to be placed in the LTC home as indicated in the joint letter of request (see section 3.2.1 of this document) ▪ As long as the resident requiring PD care remains a resident of the LTC home, and continues to receive PD care by the staff of the LTC home, they will be provided this funding by the MOHLTC. ▪ If the resident ceases to receive PD care as a resident in the LTC home approved to provide PD care, this funding for that resident will be terminated by the MOHLTC. ▪ The funding will continue to be flowed to the LTC home in the case of short term absences of the resident from the home, in accordance with applicable policies and/or regulations. ▪ Access to the High Intensity Needs Fund (HINF) and to physiotherapy services for PD residents remains the same as for any other LTC resident. <p><i>Note: A 'formal partnership' is considered a CKD Regional Program and LTC home having jointly submitted their request to the MOHLTC to establish a partnership and have been provided Ministry approval.</i></p>
<p>Staff Replacement Costs</p>	<p>Funding for registered staff replacement (backfill) costs to support initial start up training and on-going maintenance training of PD skills will be provided by the ministry to the LTC home. For reimbursement of staff replacement (backfill) costs to access training provided by the partnered CKD Regional Program, the LTC home will follow a claims-based process as referred to in Appendices C and D.</p> <p>Start-Up Training: Training for registered LTC home staff without PD experience and require education to acquire the PD skill sets to enable delivery of standard level of PD treatment and care.</p>

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	<p>Maintenance Training: Training provided to registered LTC home staff with PD experience to maintain their PD skill sets and knowledge to ensure the continuous provision of delivery of standard level of PD treatment and care.</p>
<p>PD Equipment and Supplies</p>	<p>All PD equipment and supplies are to be provided to partnered CKD Regional Program patients residing in LTC homes by CKD Regional Programs.</p> <p>LTC homes approved to provide PD care should not incur any costs related to PD equipment and supplies at any time.</p>
<p>One-time Funding for Training and Miscellaneous Equipment Related to the Delivery of PD</p>	<p>LTC homes approved to provide PD Services partnered with CKD Regional Centres in the 2008/09 phase II rollout of the LTCH PD component of the Provincial PD Strategy will receive a one-time funding allocation of \$7,400 for items critical to the care of PD residents. This funding is to be used for items such as intravenous (IV) poles, side table for cyclor, storage carts, scales, vital sign monitors, etc. Funding in this category is limited and cannot be used for large-scale leasehold improvements.</p> <p>A one-time allocation of \$1,810 will be provided to assist with initial staff training costs.</p>

Funding Principles:

- Only LTC homes granted MOHLTC approval to provide to PD care and that are formally partnered with a CKD Regional Program are eligible to receive PD funding.
- The details of the PD funding are subject to the terms of any accountability agreement required by the Ministry with respect to the funding that the operator of the home must agree to before receiving the funding. In case of any conflict between this document and that Agreement, the terms of the Agreement will prevail.
- PD funding for the ten LTC homes approved to provide PD care as part of Phase I have been allocated funding effective September 1st, 2007. Any expenditure made by these ten Phase I PD approved LTC homes on September 1st, 2007 and onwards may be eligible to receive applicable PD funding.¹³
- PD funding for LTC homes approved to provide PD care as part of Phase II may be allocated funding effective as of their approval date.
- Acknowledging that current legislation and regulations/policies may not enable LTC homes to designate PD beds solely for the use of residents in receipt of PD care; the LTC home is expected to take steps consistent within applicable legal constraints to maintain their annual PD target commitment.
- In the event that a PD approved LTC home does not provide PD care for more than one year to any residents and/or is unable to re-activate provision of PD care without full PD training, the LTC home along with its respective CKD Regional Program and LHIN, must inform both the Provincial Program Branch and the Performance Improvement and Compliance Branch of the MOHLTC. The LTC home's designation as a LTC home approved to provide PD care will be reviewed.

¹³ Phase I LTC homes: Mariann Nursing Home, Mon Sheong Richmond Hill Long Term Care Centre, Drs. Paul and John Re kai Centre, The O'Neill Centre, Hillsdale Estates, Rockcliffe Long Term Care, Mon Sheong Scarborough Long Term Care Centre, Yee Hong Centre for Geriatric Care, Sun Parlor Home – County of Essex, Simcoe Manor

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- Any designated PD funding for LTC homes not utilized as planned will be subject to year end MOHLTC reconciliation processes.

APPENDIX A

Partnership Agreement

It is condition of funding that partnered CKD Regional Centre Hospitals and LTC homes approved to provide PD care have a partnership agreement in place. The partnership agreement should clearly set out the roles, responsibilities, and accountabilities between the CKD Regional Centre Hospital and the LTC home operator in the delivery of PD services.

This appendix sets out the minimum requirements for the partnership agreement.

Note: The partnership agreement may include other elements that are not inconsistent with the elements set out in this appendix.

Key Terms

Statement of Partners

- Identify the CKD Regional Centre Hospital and the LTC home by their respective legal names and the legislation under which they operate.
- Set out recitals, i.e. the context for the agreement as follows:

Referral, Admission and Discharge Processes

- Statement that the referral/admission to, and discharge from a LTC bed will be carried out in accordance with the requirements of applicable legislation and regulations.
- Outline specific requirements:
 - PD resident must be a registered outpatient of the CKD Regional Centre Hospital.
 - Patient assessment and medical management of outpatient PD care is the responsibility Nephrologist(s) of the CKD Regional Program at the CKD Regional Centre Hospital.
 - Referral of PD patient to the LTC home is through the CCAC (i.e. the patient must apply to the CCAC for a determination of eligibility for admission to a LTC home).
 - Management/coordination of PD beds to support maintenance of services/skills expertise and operational efficiency is a co-responsibility of the CKD Regional Program and partnered LTC home.
 - After the CCAC authorizes a PD patient's admission to the LTC home, the LTC home operator is responsible for approval of the PD patient's admission as set out in the legislation governing the LTC home operator.
 - The CKD Regional Centre Hospital is responsible for providing a recommended PD care plan to the LTC home along with supporting documentation such as medical records, PD treatment orders, etc.

Service Commitments – LTC Home and CKD Regional Program

Service Commitments for the Partnered LTC Home:

- Details about the PD care commitments of the LTC home which must include:
 - Staff Qualifications
 - Registered staff
 - PD treatment to be provided only by registered staff of LTC home (i.e. RN, RPN).
 - Allied health professionals.
 - Other LTC care home team members.
 - Education and training
 - Identification of registered LTC staff to be trained and types of training required i.e. 'initial' for staff new to PD or 'maintenance' of PD skills sets.
 - Standards of care
 - Commitments to achieve standard of PD care
 - standard of care must conform with policy of partnered CKD Regional Program at the CKD Regional Program Hospital and with the requirements set out in the Provincial PD Resource Manual.¹⁴
 - LTC home agrees to meet these standards of care
 - LTC Compliance Process will apply to provision of PD in LTC home.
 - Provision of Care
 - Responsibility for the LTC resident is with the LTC home while the LTC resident is in the LTC home.
 - Outline PD care and how it will be delivered:
 - PD care (set out details and correspondence with CKD Regional Program standards of PD care).
 - General Care (set out how this is related to PD care).
 - Roles and responsibilities of LTC home staff (with respect to PD and general care).
 - Insert accountabilities for LTC home once home has been determined by the CKD Regional Program as ready to provide PD care.
 - Resident Medical Record
 - Statement that records must be maintained in accordance with the requirements under applicable legislation governing LTC homes and the regulated health professional college standards applicable to the registered staff member(s).

¹⁴Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

Provision of Peritoneal Dialysis in Long-Term Care Homes

- Reporting and Evaluation
 - Datasets as outlined in the Provincial PD Resource Manual¹⁵ and any additional datasets as identified by each respective partner (see Appendices E, F).
 - Process and frequency.
- Communication
 - Communication of information must comply with the *Personal Health Information Protection Act, 2004*.
 - Explain how patient care information will be provided to the CKD Regional Program
 - Diagnostic Results i.e. lab, x-ray, etc.
 - Assessment results.
 - Care plans and outcomes.
 - Outline responsibilities of LTC staff in communicating with:
 - CKD Regional Program's Multidisciplinary Team.
 - Resident, or resident's substitute decision-maker where applicable.
 - Outline protocol for ensuring compliance with applicable privacy legislation and requirements.
- Documentation
 - As per policies and procedures of the respective organization and the applicable legislation.
 - PD related documents as per CKD Regional Program's PD policies and procedures.
- Medical Surgical Supplies and equipment
 - Outline the process and responsibilities of:
 - Arranging for provision of PD supplies to the LTC PD resident.
 - Ordering on behalf of the resident.
 - Storage of resident supplies and equipment.
 - Disposal/return.
 - Accountability.

Program Funding and Resources:

LTC home operator agrees to use any equipment and supplies provided on behalf of its residents for PD care for this sole purpose.

CKD Regional Program at CKD Regional Program Hospital:

Statements outlining details around the service commitments of the CKD Regional Program including:

- PD Policies and Procedures
 - Provision to and review with the LTC home, all applicable PD policies and procedures.
 - A process agreed upon by CKD Regional Program and LTC Home for adaptation of any applicable CKD Regional Program policies as to a particular LTC home.

12 Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

Provision of Peritoneal Dialysis in Long-Term Care Homes

- Provision of Care
 - Responsibility for the LTC resident is with the CKD Regional Program when the resident attends the hospital for out-patient services or is admitted as an in-patient; the CKD Regional Centre Hospital is not responsible for the care provided to the PD outpatient while the person is residing in the LTC home.
 - Roles and responsibilities of the CKD Multidisciplinary team members including:
 - CKD attending nephrologist.
 - Primary Nurse.
 - Dietitian.
 - Social Worker.
 - Pharmacist.
- Provision of Services to LTC PD resident
 - Follow Up Care:
 - Process.
 - Format.
 - Frequency.
 - On-call system and accepting PD patient transfers back to hospital from LTC home:
 - Hours available for this system.
 - Medical/technical care support and nursing consultation (including after-hours trouble shooting) provided by the CKD Regional Centre Hospital.
 - Transfer of the resident to the CKD Regional Centre hospital Emergency Department if patient is in need of urgent medical attention.
 - Education and Training
 - Elements of the educational program:
 - Start up.
 - Maintenance.
 - Process and Methods.
 - Outline process for determining readiness of LTC home to provide PD care following the provision of the educational program.
 - Insert ongoing accountabilities of CKD Regional Program once home has been determined by the CKD Regional Program as ready to provide PD care.
 - PD Related drugs provided by CKD Regional Program:
 - Type of medications such as Vancomycin, Eprex/Aranesp, etc.
 - Delivery/Provision.
 - Disposal.
 - Accountability.
- Resident Medical Record
 - Record-keeping in accordance with the requirements under applicable legislation governing public hospitals and long-term care homes (as applicable), and the regulated health professional college standards applicable to the registered staff member(s).

Provision of Peritoneal Dialysis in Long-Term Care Homes

- Reporting and Evaluation
 - Datasets identified by each respective partner and as outlined in the PD resource manual.¹⁶
 - Process and frequency.
- Communication
 - Communication of information must comply with the *Personal Health Information Protection Act, 2004*
 - Set out patient care information that will be provided to LTC home:
 - Initiation/Referral
 - Ongoing duration of care
 - Diagnostic Results i.e. lab, x-ray, etc.
 - Assessment results.
 - Care plans and outcomes.
 - PD Orders.
 - Outline responsibilities of CKD Regional Program staff in communicating with:
 - LTC home Multidisciplinary Team.
 - Resident and resident's substitute decision-maker where applicable.
 - Process of ensuring compliance with applicable privacy legislation and requirements.
 - Documentation:
 - As per policies and procedures of the organization and must comply with all applicable legislation.
 - Medical Surgical Supplies and equipment
 - Outline the process and responsibilities of CKD Regional Centre Hospital to:
 - Arrange for provision of PD equipment and supplies for PD outpatients who are residents of partnered LTC home

Dispute resolution mechanism:

- Definition of how issues/disputes are to be dealt with.
- A contingency process should issues/disputes remain unresolved.

Process for amending the Partnership Agreement:

- Indicate date of commencement of this agreement.
- Re-evaluation process and timelines including a process to evaluate consistency with MOHLTC directives and CKD Regional Program protocols.

Process for Termination of the Partnership Agreement:

- Terms and conditions for termination of the agreement including process for notification of MOHLTC and LHIN.
- Agreement terminates if Ministry revokes its approval of the LTC home to provide PD care.

¹⁶ Provincial PD Coordinating Committee (2006). *Provincial Peritoneal Dialysis Joint Initiative: Resource Manual: Detailed Strategy on increasing PD use in Ontario*. Ministry of Health and Long-Term Care. Available at www.improvementpractices.com

Provision of Peritoneal Dialysis in Long-Term Care Homes

Indemnity and Insurance

- Statement addressing indemnity and insurance requirements.

Conflicts

- If there is any conflict between the terms of this Agreement and applicable law, the latter prevails. Applicable law includes any legally binding decision of a LHIN under the *Local Health System Integration Act, 2006*.

Sign off

- Partnership Agreement to be signed by:
 - Person with legal authority to bind the hospital corporation
 - Person with legal authority to bind the LTC home operator

Appendix B

LTC RESIDENT

PERITONEAL DIALYSIS CARE TEAM:

Who are they?

- ❖ Resident
- ❖ Family and friends of resident
- ❖ CKD Regional Centre Interdisciplinary Team which may include:
 - Nephrologist
 - PD Program Registered Nurse
 - Registered Dietitian
 - Pharmacist
- ❖ LTC Home's Interdisciplinary Team which may include:
 - LTC Home Attending Physicians
 - Registered Nursing Staff (RN's/RPN's) trained in peritoneal dialysis
 - Registered Dietitian
 - Social Worker
 - Physiotherapist
 - Personal Support Worker
 - Recreation Therapist

The CKD Regional Centre team (as above), provides support and visits on-site as required.

The CKD Regional Centres work with their partners including LTC Homes to ensure standardized PD care is provided across the healthcare system.



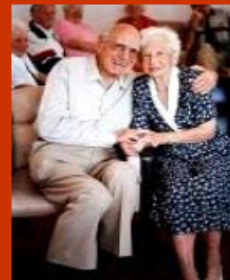
For more details on the content of this brochure

Contact:

Natalie Diduch
Provincial PD Initiative Lead
Ministry of Health and Long-Term Care

natalie.diduch@ontario.ca

PERITONEAL DIALYSIS IN LONG-TERM CARE HOMES



Certain Long-Term Care (LTC) Homes offer peritoneal dialysis (PD) treatments as part of their patient care services.

PD services are provided in partnership with a Chronic Kidney Disease (CKD) Regional Centre.

To develop a PD program for LTC residents, it is important to consider the required range of services that need to be in place.



The nurse in the LTC Home plays a cohesive role in coordinating dialysis care with other healthcare team members.

In partnership with CKD Regional Centres and most importantly with residents, their families, and staff, LTC Homes can ensure quality PD treatment and care is provided.

*Brochure created by:
Provincial PD LTC Working Group*

Living with Peritoneal Dialysis in Long-Term Care Homes

PATIENT'S CHOICE FOR PD CARE OPTIONS

- ❖ Continuous Ambulatory Peritoneal Dialysis (CAPD) requires manual fluid exchanges 4 to 6 times daily.
- ❖ Continuous Cycling Peritoneal Dialysis (CCPD) provides fluid exchanges automatically using a machine.

LTC Homes may provide CAPD and/or CCPD options of PD therapy. The choice of PD treatment option is generally made collaboratively with the patient/family, and CKD Centre's PD care team.

ADMISSION/ACCEPTING PD PATIENTS IN LTC HOMES

- ❖ Application and admission of patients receiving PD to LTC is through the Community Care Access Centre (CCAC).
- ❖ The CKD Regional Centre will provide information to the LTC Home about the resident's needs and work with the LTC Home and CCAC in coordinating placement.
- ❖ Prior to the resident's admission, the LTC nurse visits the patient in the CKD Regional Centre and receives training on the resident's modality. On admission, the CKD nurse spends most of the first day (and more time if necessary) at the LTC Home to ensure a seamless transfer.
- ❖ Within 4-6 weeks of resident admission, the LTC nurse will coordinate a care conference involving the LTC Home and CKD Regional Centre's PD Team to discuss resident healthcare needs such as medications, diet, treatment outcomes, health status, etc. Additionally, any improvements required to better support PD patient care will be discussed and implemented.

PROVISION AND MONITORING OF RESIDENT PD SERVICES

In addition to regular resident care, the following are some care needs required by residents receiving PD treatments:

- ❖ Daily measurements and/or monitoring of resident's weight and blood pressure.
- ❖ Selection of PD solution (dialysate) by CKD Centre's PD care team as per individual resident needs
- ❖ Follow treatment plan from CKD Regional Centre:
 - a) CCPD - Most often involves the evening nurse connecting the resident to the PD cyclor machine and the resident receives treatment during the night. The resident is then disconnected from the cyclor machine the following morning.
 - b) CAPD - Involves the resident receiving manual exchanges (4-6 times) throughout the day as per the prescribed PD treatment plan.
 - c) Administration of PD treatments including pre and post assessment, and provision of PD treatment regime
 - d) CAPD/CCPD and appropriate follow up as required following PD standards of care.
- ❖ Monitoring and providing intake of a prescribed diet.
- ❖ Monitoring of laboratory results/consultation with the CKD Regional Centre.
- ❖ Administration of prescribed medications, including Eprex/Aranesp injections as ordered.
- ❖ Daily Assessment for any changes in status.

PD CATHETER CARE

In accordance with the partnered CKD Regional Centre's guidelines:

- ❖ The LTC Home nurse assesses the catheter site daily and as required.

- ❖ Catheter site dressing done as per CKD Regional Centre's physician's order.
- ❖ Abnormal findings are reported to the CKD Regional Centre and LTC Home's interdisciplinary team.

RESIDENT CHOOSES TO STOP PD TREATMENT?

- ❖ A care team conference will be scheduled by the CKD Regional Centre in order to discuss and put in place the necessary palliative care supports to ensure quality end of life care is given.



Working with You

CKD PROGRAM AS PARTNERS WILL PROVIDE:

- ❖ The medical management and overall supervision of the PD treatment and outcomes will be provided by the Regional CKD Centre. The Nephrologists and Registered Nurses from the Regional CKD Centre will be responsible for ongoing follow up care as it relates to PD and will be responsible to communicate all issues related to resident care to the LTC Home Team.
- ❖ Training for Registered LTC Home staff to provide PD treatments consistent with accepted PD standards of care for Ontario.

- ❖ Designated funding as determined by the MOHLTC for PD treatments in LTC Homes approved to provide PD services.
- ❖ Involvement and opportunities for continuing PD education to maintain PD skill sets of staff of the partnered LTC homes.
- ❖ All dialysis treatment equipment and supplies (including specified dialysis specific medications) required for resident treatment at no cost to the LTC Homes.
- ❖ Access to multidisciplinary PD support for all LTC Home staff.
- ❖ Collaboration with partnered PD LTC Homes in developing/updating a formal agreement and any other required documents that facilitate clarity and understanding of the established partnership.
- ❖ On-call support 24/7.

LTC HOMES AS PARTNERS WILL:

- ❖ Participate in regular meetings (i.e. biweekly or monthly) with partnered Regional CKD Centre PD team to discuss operational, resource, clinical, education and training concerns.
- ❖ Report any changes or concerns regarding the resident receiving PD care to the Regional CKD Centre and PD Team.
- ❖ Participate in PD rounds which are held regularly with the CKD/ PD team.
- ❖ Provide adequate storage space for PD supplies and coordinate the ordering and management of supplies for the resident.
- ❖ Provide data as required by the Regional CKD Centre to measure outcomes of established performance indicators.
- ❖ Participate in the development/updates of a formal agreement and/or any other required documents that facilitate clarity and understanding of the established partnership with partnered Regional CKD Centre(s).

Appendix C

Funding for LTC Home Staff Training Replacement Costs

Funding for staff replacement (backfill) costs for staff attending initial training and/or training for on-going maintenance of PD skills will be provided by the ministry to the LTC home.

For reimbursement of staff replacement (backfill) costs to access training provided by the CKD Regional Program, the LTC home will follow the following claims-based process as well as create and retain invoices (see appendix D). Claims are to be submitted to the Ministry of Health and Long-Term Care – Financial Management Branch.

The LTC staff will use the Ontario Ministry of Health and Long-Term Care High Intensity Needs Fund – Notification of High Cost Service Requirements form #4489-69 (07/07) as per the “Notification of High Cost Service Requirements – Instructions for Completion” and as follows:

Section I: Complete **all** boxes

Section II: Complete “Resident Name” box as instructed; enter N/A in other boxes

Section III: Check off box - I. Training

Section IV: Enter the following: ***Staff replacement costs for months of X, X, and X (to reflect a fiscal quarter) for X # of hours of staff training as confirmed by CKD Regional Program below***

Section V: not applicable

Section VI: Check off “Indefinite” and after “specify reason” enter either:

- *“Start Up Training”* – to be used for staff replacement costs for registered LTC home staff without PD experience and who require education to acquire the PD skill sets to enable delivery of standard level of PD treatment and care
- *“Maintenance Training”* – to be used for staff replacement costs for registered LTC home staff with PD experience to maintain their PD skill sets and knowledge to ensure the continuous provision of delivery of standard level of PD treatment and care

Section VII: Complete all boxes

Section VIII: Complete all boxes

Section IX: Not applicable

Ministry Use Only section: To be completed by the CKD Regional Program staff designated with authority to confirm number of hours of training provided by the CKD Regional Program as stipulated in Section IV. The LTC home is responsible to ensure this section is completed by the CKD Regional Program as follows:

- Approved by: includes first and last name in print and signature
- Date: year/month/day of confirmation of training hours
- Time: N/A
- Notes: discretionary for CKD Regional Program

Appendix D

Sample Invoice for Funding for LTC Home Staff Training Replacement Costs

NAME OF LTC HOME

SAMPLE INVOICE

Address:
Telephone number:
Fax:

INVOICE #
DATE:

TO:
MINISTRY OF HEALTH AND LONG-TERM CARE
FINANCIAL MANAGEMENT BRANCH

FOR:
CHRONIC KIDNEY DISEASE PROGRAM

LTC HOME ID NUMBER:

DESCRIPTION	HOURS	RATE	AMOUNT
Example: Nov 7 & 8 Replacement for staff doing PD training			
1X RN	15	\$\$.\$\$	\$\$.\$\$
1 X RPN	15	\$\$.\$\$	\$\$.\$\$
TOTAL			\$\$.\$\$

Signature:

Appendix E

EXAMPLE Weekly/Monthly Report for Long Term Care Home

Facility Name: ABC Long-Term Care Home

From: 09/01/09

To: 09/30/09

#	Resident Name	PD Modality Enter CAPD or CCPD or both	Admission and Discharge Dates			# of PD Treatment Days Enter # of days between admission and D/C minus days in hospital	PD Related Adverse Events (enter any applicable event dates)			Comments
			Enter date (MM/DD/YY) of admission of PD resident or date resident starts PD	Enter date (MM/DD/YY) of end of PD and reason: - Transfer to HD - Transplant - Death - Other (describe)	Enter date of D/C from LTC home and reason: - Hospitalization - Transfer to other LTCH - Death - Other (describe)		Peritonitis	Exit Site Infection	Other (describe)	
1	John Smith	CCPD	04/01/09		04/20/09 -hospitalization	20 days Resident returned 04/23/09	04/19/09	04/17/09	04/11/09 Trauma to catheter site associated with fall	Mr. S claims he tripped and fell. No complaints of dizziness or problems with balance. Post-fall immediate vitals normal. Trauma to PD cath site only noted by Mr. S when he saw bleeding through his shirt

Training/Education Days

Staff Name	Category	Training Dates	Comments
Jane Doe	RPN	03/15; 03/16; 03/17	Staff new to PD care; start up PD training
Betty Brown	RN	04/15; 04/16	Return from LOA; maintenance PD training

Form prepared by: Cathy Smythe, Nurse Manager, ABC Long-Term Care Home

Please fax this completed form, every Monday of the week/month to: Fax #:

Attention: Jill Johns, XYZ CKD Regional Centre

Instructions:

A report must be completed on all PD residents every week (end of day Sunday) or every month, as negotiated with the CKD Regional Centre

On first Monday morning following end of reporting period, fax the completed and signed report to the CKD Regional Centre contact

Follow attached example sheet and fill out all columns which are applicable in that week/month

Questions? Call Natalie Diduch, Provincial Peritoneal Dialysis Strategy Lead, Ministry of Health and Long-Term Care at 416-314-4169

Appendix F

Weekly/Monthly Report for Long Term Care Home

Facility Name:

From:

To:

#	Resident Name	PD Modality Enter CAPD or CCPD or both	Admission and Discharge Dates			# of PD Treatment Days Enter # of days between admission and D/C minus days in hospital	PD Related Adverse Events (enter any applicable event dates)			Comments
			Enter date (MM/DD/YYYY) of admission of PD resident or date resident starts PD	Enter date (MM/DD/YYYY) of end of PD and reason: - Transfer to HD - Transplant - Death - Other (describe)	Enter date of D/C from LTC home and reason: - Hospitalization - Transfer to other LTCH - Death - Other (describe)		Peritonitis	Exit Site Infection	Other (describe)	

Training/Education Days

Staff Name	Category	Training Dates	Comments

Form prepared by:

Please fax this completed form, every Monday of the week/month to: Fax #:
Attention:

Instructions:

A report must be completed on all PD residents every week (end of day Sunday) or every month, as negotiated with the CKD Regional Centre
On first Monday morning following end of reporting period, fax the completed and signed report to the CKD Regional Centre contact
Follow attached example sheet and fill out all columns which are applicable in that week/month

Questions? Call Natalie Diduch, Provincial Peritoneal Dialysis Strategy Lead, Ministry of Health and Long-Term Care at 416-314-4169