Promoting kidney health through education and providing kidney health care services to adults in Manitoba.
ABOUT

Manitoba Renal Program (MRP) is made up of an interdisciplinary team of health-care professionals working together to provide the highest quality kidney care and kidney education.

Kidney health clinics join newly diagnosed and progressing adult patients with an interdisciplinary team of health-care providers who, through treatment, strive to prevent the progression of kidney disease and prevent or delay kidney failure.

MRP Hemodialysis units provide life-saving dialysis treatment to adult individuals with kidney failure. MRP jointly operates hemodialysis units in 20 locations throughout Winnipeg and Manitoba.

MRP also operates home dialysis programs that train and support home dialysis patients who reside in all corners of the province.

Kidney health outreach initiatives are offered throughout the province. Through kidney health education and kidney health promotion, MRP aims to prevent or delay kidney disease and failure.

kidneyhealth.ca
kidneyhealth@wrha.mb.ca
204-632-6307
### Number of Stages 1 - 5 Patients

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<th>Patients</th>
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### Number of Dialysis Patients

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### Additional Information

- **In-centre hemodialysis treatments done**: 197,340
- **Hours of in-centre hemodialysis**: 789,360
- **New nephrology nurses trained**: 46
- **Patients trained on home dialysis**: 159
- **Home dialysis treatments done**: 122,044

*Approximated numbers based on available electronic Kidney Health Record data, program records and home dialysis and local centre patient population figures.*

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*2017 Figures from MRP March 31, 2017 Status Report
**2018 Figures from MRP March 23, 2018 Status Report*
About 24 per cent of the program’s patient population are dialysis users - both in-centre and at home.

About 51 per cent of the program’s patient population are patients with early stage Chronic Kidney Disease.

About 25 per cent of the program’s patient population are patients with late stage Chronic Kidney Disease.

54% - WINNIPEG IN-CENTRE HEMODIALYSIS
17% - HOME PERITONEAL DIALYSIS
17% - RURAL IN-CENTRE HEMODIALYSIS
7% - BRANDON IN-CENTRE HEMODIALYSIS
5% - HOME HEMODIALYSIS
20 YEARS OF MANITOBA RENAL PROGRAM

It was in 1998, that the Manitoba Provincial Dialysis Program was mandated by Manitoba Health (under the umbrella of the Winnipeg Regional Health Authority) to provide care for all adult patients receiving dialysis therapies in Manitoba.

While many dialysis units had been operating independently within their own facilities, there was inevitably collaboration between all units throughout the province. To facilitate more standardized care and smoother transitions for renal patients throughout the province, the overarching dialysis program was created. In 2002, the program’s name changed to Manitoba Renal Program (MRP).

“Kidney disease affects many Manitobans, regardless of where they live. A coordinated approach to kidney health care makes patient needs the priority,” explains Dr. Mauro Verrelli, MRP Medical Director.

The vision of the program included creating a uniform standard of high quality care, providing equitable access to all therapies and resources, developing outreach and prevention initiatives and building a provincial renal database in addition to planning dialysis expansions according to patient population growth.

There has been no shortage of need for dialysis services over the last 20 years. In 1999 the program was serving about 741 home and in-centre dialysis patients throughout the province. That number has grown to more than 1,700 in 2018. For in-centre patients alone, the program runs about 4,000 dialysis treatments a week or about 16,000 hours of dialysis.

“With new patients entering our program continuously, it’s important to be able to give the best care possible while simultaneously working on getting them back home or as close to home as possible.”

The program has worked with regional health authorities and the Manitoba government to keep up with the growing demand for dialysis services. Since 1998, eight new dialysis units have been built. These includes expansions in major hospitals and new units in rural areas. During this time other units also expanded their capacity. There are currently four
major centres providing dialysis through multiple units in their facilities and an additional 16 local renal health centres throughout Manitoba. The most northern unit is located in Thompson. Since 1998 the rural renal health centre patient population has grown from 70 people to nearly 300.

Another area of growth over the last 20 years has been the expansion of home dialysis programs. Home hemodialysis programs were added during the last ten years while additional peritoneal dialysis (PD) programs were also developed. The home dialysis patient population has grown from 198 in 1999 to 391 in 2018.

Manitoba Renal Program also cares for patients with varying stages of kidney disease who are not on dialysis. These kidney health clinics are located in Winnipeg, Brandon and Thompson.

Alongside the introduction of eGFR (estimated Glomerular Filtration Rate) reporting on standard lab results, primary care outreach, and growing rates of kidney disease, MRP has seen an increase in referrals over the last six years. This amounts to about 1,000 more early stage kidney disease patients today than in 2012. Currently, the interdisciplinary clinics manage more than 5,400 people who have stages one to five kidney disease.

Unfortunately, the growth of these patient populations is unlikely to slow down any time soon. Diabetes and high blood pressure are the leading causes of kidney disease in
Canada. Manitoba has some of the highest rates of end-stage kidney disease in Canada and sees annual growth in the number of dialysis patients.

The program has partnered with several researchers on projects that aim to bring more early diagnosis and opportunities for treatment to all areas of Manitoba, including rural and remote regions.

“We are always focused on providing the highest quality care to our dialysis patients, but at the same time we want to see less people needing dialysis and partner wherever possible on screening initiatives that can help with preventing or delaying the progression of kidney disease,” says Dr. Verrelli.

The program also continues to adopt new, innovative technology that makes home dialysis an option for more people. Technology, accessibility and prevention will be key areas of focus over the coming years.

“There is a lot of innovation happening, from dialysis equipment to models of prediction to improve the timing of kidney disease interventions,” explains Dr. Verrelli.

“The global community of kidney health care providers has really come together to share information and look for better ways to provide care and the renal program is proud to be working alongside them.”

Since 1999, many rural dialysis units - like this one in Hodgson built in 2012 - have opened to treat dialysis patients closer to their home communities.
TIMELINE OF DIALYSIS UNITS & PROGRAMS IN MANITOBA

1958: Deer Lodge Hospital

1967: Winnipeg General Hospital Hemodialysis
    St. Boniface Hospital Peritoneal Dialysis (Estimated)

1971: St. Boniface Hospital Hemodialysis

1972: Health Sciences Centre Sherbrook Dialysis Unit
    Health Sciences Centre Home Hemodialysis (Estimated)

1973: Health Sciences Centre Peritoneal Dialysis (has since moved/closed)

1986: Brandon Regional Health Centre
    Manitoba Local Renal Health Centres Program
    Flin Flon
    Boundary Trails
    Dauphin

1988: The Pas
1990: Thompson
1993: Pine Falls
    Portage
2000: Selkirk
2002: Seven Oaks General Hospital Dialysis 1
2005: Island Lake
2007: Swan Valley
    Seven Oaks General Hospital Peritoneal Dialysis
2010: Seven Oaks General Hospital Dialysis 2
2012: Berens River
    Hodgson
2014: Seven Oaks General Hospital Dialysis 3

1971:
1973:
1986:
1988:
1998:
2001:
2004:
2009:
2011:
2014-2018:

1958: Deer Lodge Hospital
1967: Winnipeg General Hospital
1971: St. Boniface Hospital
1972: Health Sciences Centre
1973: Health Sciences Centre
1986: Brandon Regional Health Centre
1988: The Pas
1990: Thompson
1993: Pine Falls
1998: Ashern
2001: Norway House
2004: Brandon Regional Health Centre Expansion
2009: Seven Oaks General Hospital Home Hemodialysis
2011: Russell
    Gimli
    Health Sciences Centre Expansion
2014-2018: Local Renal Health Centre Capacity Increases
    Home Dialysis Program Additions/Expansions
Each year the Canadian Institute for Health Information (CIHI) compiles and releases Canadian Organ Replacement Register (CORR) information which outlines the state of organ transplants and kidney failure in Canada (excluding Quebec).

December 2017’s release features data from 2007 to 2016 and showed Manitoba as leading the country in rates of prevalent (established) end-stage kidney disease (ESKD).

Manitoba’s rate is 1,681.9 rate per million population (RPMP) while the Canadian average is 1,346 RPMP.

Of that prevalent ESKD population, 63 per cent were 64 years of age or younger. The leading cause of prevalent ESKD in Manitoba was shown to be diabetes which accounted for 43 per cent of the ESKD population.

Manitoba had the highest rate of diabetes as the primary diagnosis for prevalent ESKD across Canada with a RPMP of 722.2 while the Canadian average is 396.8 RPMP - almost two times higher than the Canadian average.

Manitoba was shown as having the second highest rates of incident (new) ESKD, second only to Newfoundland. Manitoba had a rate of 227.6 RPMP, whereas the Canadian average is 200.2.

Source: Canadian Organ Replacement Register, 2017, Canadian Institute for Health Information; Statistics Canada.
During 2017 and 2018, Manitoba Renal Program (MRP) saw increases in the need for chronic and acute dialysis treatments. This included new and acute starts in addition to the chronic patient population and dialysis patients visiting Winnipeg and Brandon for specialized medical appointments and hospitalizations.

The Health Sciences Centre renal program worked to open up interim dialysis capacity by utilizing Children’s Hospital’s pediatric dialysis stations during afternoons and evenings when not is use for pediatric care. This effort allowed HSC and Winnipeg units to manage the growing number of dialysis patients which includes new dialysis starts.

MRP continues to work in partnership with all regional health authorities and Manitoba Health, Seniors & Active Living on plans to increase dialysis capacity in Winnipeg and Manitoba, in addition to planning broader kidney health services for Manitobans.

MRP staff have continued working hard to manage this increase in dialysis patients to ensure all patients receive quality, life-saving dialysis care.
Manitoba Renal Program implemented a new way of priming in-centre dialysis machines in Winnipeg and Brandon.

Previously, additional saline bags were brought to the machine and used to prime the blood lines and dialyzer before a patient’s treatment. Now, the machine uses the dialysate it creates and an existing connector to prime the machine.

The change is expected to reduce staff injuries that resulted from lifting saline bags, provide an annual cost savings of about $500,000 and cut down on garbage and waste.

The move helped MRP meet a mandate set out by the Manitoba government to improve efficiency while not impacting the quality of patient care. This new process has had no impact on the quality of a patient’s dialysis treatment.

The roll out was completed at Health Sciences Centre, Seven Oaks General Hospital, St. Boniface Hospital and the Brandon Regional Health Centre with staff training, gradual implementation and then full implementation.

Technologists continue to validate the process including ensuring pharmaceutical grade water systems are tested monthly. Because of the extensive testing required, the program will not be implementing this new method of priming at dialysis units outside of Winnipeg and Brandon at this time.
The Health Sciences Centre (HSC) Renal Program celebrated 50 years of operation in 2017. In 1967, the Winnipeg General Hospital Dialysis Unit, a $365,000 five-bed unit occupying 3300 square feet, officially opened on G7. Over the years, services continued to expand and included a self-administrated dialysis unit, a home hemodialysis unit and additional in-centre hemodialysis units.

The HSC renal program presently has four in-centre dialysis units throughout the HSC campus, a kidney health clinic, and a home hemodialysis training program as well as the Local Renal Health Centres program which supports our rural dialysis units and patients.

The program’s anniversary was celebrated with an HSC Archives exhibit including educational panels as well as an event that showcased some of the dialysis equipment used over the past 50 years. Congratulations to HSC for 50 years of quality kidney health care.
A new water system was installed in the Boundary Trails Health Centre dialysis unit which has seven dialysis stations serving 28 patients. To complete the installation the new system had to be installed in an adjacent office and tested while ensuring that the previously existing water system was not affected and dialysis treatments could continue as regularly scheduled. The new system was on-line as of January 31, 2018.

The new system is a dual stage reverse osmosis (RO) system that provides built-in redundancy. If either ‘stage’ of the RO system have technical issues, the system can be placed into emergency mode very easily ensuring no disruption in dialysis treatments running on either stage separately.

Manitoba Renal Program’s Winnipeg-based dialysis technologists now have remote monitoring access to the system for trouble shooting and analysis of operating data in real-time. There are many benefits of the new system including lower utility operational costs of about $7,500 per year, full automation with the Fresenius 5008 dialysis machine operation and less use of chemicals due to heat disinfection technology.

There are now 11 of this type of system in the Local Renal Health Centres program with the Ashern dialysis unit water system being next in line for replacement during the next fiscal year.
The Kidney Health Outreach (KHO) committee is an interdisciplinary team of kidney health care experts from various programs and dialysis units throughout the province. The committee’s task is to discuss, develop and implement a strategy to increase awareness of kidney health and kidney disease prevention among Manitobans through collaboration, education, and sustainable partnerships.

Goals for the 2017 to 2018 fiscal year included identifying target audiences for kidney health outreach, updating kidney health outreach content and tools, liaising with organizations providing similar or relevant outreach, delivering a kidney health month awareness campaign and meeting requests for education on kidney health and kidney disease.

Achievements for the year included more than 20 educational booths or presentations provided across the province, a redevelopment of kidney health outreach presentations and information, collaborating with Norwest Community Health Co-op, Diabetes Canada and the Kidney Foundation of Canada Manitoba Branch, delivering a successful March kidney health month campaign and providing support to the CanSOLVE CKD Kidney Check project.
This past March we launched our Kidney Coach campaign in partnership with The Kidney Foundation of Canada Manitoba Branch.

The kidneycoach.ca website encourages using the ‘kidney health play book’ which details eight ways to keep kidneys healthy. We also encouraged people to submit their own ‘kidney coach’ photos and use hashtags on social media.

We received some news coverage from CityTV and CTV Morning Live and ran a range of advertising in radio, print, transit buses and online. We also did booths at Portage Place Mall and Health Sciences Centre where we engaged with more than 150 people about kidney health.

Utilizing a minimal budget, the results of the campaign were still significant and positive. The Kidney Coach website was visited more than 4,500 times and online ads and posts received more than 1 million impressions and 5,000 engagements. Print and radio ads reached dozens of communities across Canada.

We are hoping the Kidney Coach helped us get messages about keeping kidneys healthy out to the community.

Early diagnosis and treatment of chronic kidney disease can help keep kidneys healthy longer or delay progression of kidney disease with a goal of preventing dialysis whenever possible.
MRP launched an updated kidney disease referral pathway in a new interactive format on its kidneyhealth.ca website. Primary care providers can enter eGFR (estimated Glomerular Filtration Rate), ACR (Albumin Creatinine Ratio) and if hematuria is present to get a course of action to follow which can include a referral or primary care management.

The pathway itself was also revised and updated and the interactive Kidney Failure Risk Equation (KFRE) tool was added to the website to help facilitate early detection and treatment of kidney disease.

MRP reached out to relevant partners via presentations and social media to promote the new tools. A mail out campaign highlighting the pathway was also sent to primary care providers throughout Manitoba.

From the tool's launch in December 2017 through to March 2018, the new pathway was visited more than 2,500 times. Supporting pages, including the KFRE calculator, were also visited more than 2,500 times.

The tool can be found by clicking on ‘Primary Care Providers’ when visiting the kidneyhealth.ca website.
In the fall of 2017, Manitoba Renal Program began piloting the use of a new home peritoneal dialysis (PD) machine. The new machine operates overnight while users sleep and has features such as a large touch screen, visual aids and voice prompts as well as the ability to community remotely with nurses in Winnipeg. The machine uses cellular towers to send treatment information to Winnipeg PD programs at Seven Oaks General Hospital and St. Boniface Hospital.

For patients like Jeremy Starr, this new equipment is a game changer. After losing his vision to complications of diabetes, doing twin-bag peritoneal dialysis became a challenge. Jeremy started on the new machine in fall of 2017 and is thrilled to be able to manage his home dialysis treatments himself in addition to having his days free.

Jeremy lives in Sagkeeng First Nation about 130 kilometres northeast of Winnipeg. The remote-monitoring ability of the equipment reassures both Jeremy and his care team at Seven Oaks General Hospital. They know he can be closely monitored to ensure he is getting the best quality dialysis treatments and his health is stable.
MRP has continued to grow its Peritoneal Dialysis Community Care (PDCC) program. The initiative is designed to increase access to PD by providing support for those who may have otherwise been unable to manage tasks associated with performing peritoneal dialysis treatments.

During the 2017 to 2018 fiscal year, PDCC grew its client base and implemented an expansion to long-term care facilities in Winnipeg. PDCC nurses can now provide support to PD patients living in long-term care facilities. This helps ensure patients get the dialysis treatment they need without having to be transported to hospital for dialysis several times a week or incur those transportation costs. The program currently operates in Winnipeg but is being explored as a model of dialysis care to utilize in other areas of Manitoba.
Manitoba Nephrology Nursing Course

There were 48 participants in the Manitoba Nephrology Nursing Course (MNNC) this year. Six sessions of the nine-week Winnipeg-based MNNC were held in addition to three courses in Brandon. It is notable that hiring restrictions in place throughout the province resulted in a lower enrollment rate than previous years.

Peritoneal Dialysis Workshops

There were 19 days of peritoneal dialysis training for more than 200 health-care providers. This includes both MRP sited workshops and training at an additional six locations throughout Winnipeg and Manitoba.

Journal Club

Two nursing journal clubs were held. The first journal club discussed autosomal dominant polycystic kidney disease and featured Dr. Louis-Phillipe Girard. There were 35 participants. The second event featured Dr. Fabrice Mac-Way discussing bone disease in chronic kidney disease and had 40 participants. This event was also the pilot for testing livestreaming of webinars in our program.

New Start Program

The New Start Program continued and staff were trained at both Health Sciences Centre and Seven Oaks General Hospital on four occasions. The New Start Program ensures a coordinated approach to supporting and assessing new dialysis patients, particularly emergent start dialysis patients.

Allied Health Education Sessions

There were two Section of Nephrology Nursing & Allied Health Nephrology Education sessions held during the past year. The sessions are held via telehealth at more than eight locations in Manitoba. The June 2017 session featured Dr. Andrea Mazurat presenting ‘Infectious Complications of Dialysis’. The February 2018 session featured Dr. Alissa Lloyd discussing ‘Edema and Diuretic Use in Patients with Chronic Kidney Disease’.
Patient Representative Committee

The Patient Representative Committee continued to meet on the second Tuesday of each month from September to June at Health Sciences Centre. Patients discussed concerns about their care. Health-care team members were brought in to answer questions as well as provide presentations on various topics.

Patient Stories

Patient stories were continually featured on the program’s website and social media feeds. From Barry marking 25 years on dialysis last fall to interviewing participants in our exercise programs, patients were featured several times throughout the year. The patient stories are among the website’s most popular web content with the stories receiving more than 5,500 views during the 2017-18 fiscal year.

Kidney Walk

Several staff and patients came together to do the Kidney Foundation of Canada’s Kidney Walk in September of 2017. The walk raises funds for the local chapter and took place in St. Vital Park.
QUALITY ROAD MAP 2017-18

DATA-INFORMED PREVENTION PLANNING
Build improved access to data on populations at risk of CKD in Manitoba to ensure informed approach to outreach and prevention initiatives.

FALLS PREVENTION
Implement a falls prevention strategy that captures all MRP chronic kidney disease patients across the program.

SKIN & WOUND CARE
Develop and implement a standardized approach to skin and wound care management to be used consistently across MRP.

QUALITY AWARENESS
Raise awareness of quality initiatives and activities among staff throughout all MRP sites.

PATIENT INFORMATION TRANSFER
Improve accurate and effective transfer of patient information between service providers at all transition points.

VIOLENCE PREVENTION
Work towards consistent staff education on Violence Prevention in the workplace across the program.

PATIENT FLOW
Achieve effective and seamless patient flow, including patient access to Renal Replacement Therapy (RRT), consistently across MRP sites.

STAFF PERFORMANCE
MRP staff participation in performance evaluation and goal setting activities every two years.

CULTURAL SAFETY
Implement the Truth & Reconciliation Commission’s Calls to Action for health and explore ways to build cultural safety in the program.
Work on achieving our 2017-18 Quality Roadmap is ongoing into 2018-19 fiscal year. Many accomplishments were made during the 2017-18 fiscal year.

Skin and Wound Care

A pilot study on skin and wound care was initiated at Seven Oaks General Hospital with the aim of trialling and developing a standardized skin and wound care management practice for dialysis patients across the MRP. The inter-professional team developed an assessment algorithm, flow sheets and guidelines. The pilot implemented a trial of the new documents and included educating staff on use of the tool, providing staff with wound care resources and guidelines and obtaining patient perceptions on their wound care as well as staff perceptions on using the assessment tool. The pilot study will inform the framework for engaging inter-professional teams within MRP and for improving skin and wound care for hemodialysis patients.

Falls Prevention Screening

Fall prevention strategies are coordinated plans or interventions, which are put in place to prevent falls and reduce injuries related to falls. The MRP implemented falls prevention screening in peritoneal dialysis units and kidney health clinics at St. Boniface Hospital in 2016. To evaluate progress with the strategy, a post-clinic chart audit was completed in the PD unit at St. Boniface Hospital from April to August 2017. The audit indicated that while most patients were screened for falls, it was not with the current screening tool and that many patients at risk for falls did not have a documented care plan. Information was shared with participating units to ensure plans were made to implement the correct falls screening tools and care plans.

Building on Strengths

During Accreditation 2016 MRP met 98 per cent of the 125 applicable criteria in the Ambulatory Care Service Standards, reflecting quality care to our patients. MRP has been continuing work on meeting unmet criteria which included cultural safety and proactively managing ethics-related issues and patient involvement in care. MRP has deliberately sought cultural education opportunities for staff and encourages staff participation in cultural safety education events. MRP is also committed to following regional and provincial plans to address calls to action stemming from the Truth and Reconciliation report. MRP Regional Educators were invited to the WRHA Ethics committee and they inform staff of ethics education and resources as well as bring renal specific issues to the WRHA table.
Staff Portal

A new staff resource section of the website was launched in December 2017. The MRP Staff Portal is a one-stop listing of all relevant tools for renal staff throughout the province. Policies and procedures, clinical resources, professional resources and staff news are all found in the portal and staff can use a search tool to easily find the information they need. In the first four months of operation the portal was visited more than 2,400 times.

In addition to the portal, a revised Pharmacotherapy section was created and all Policies and Procedures were restructured for improved access and ease of use.

Staff Newsletters

Electronic newsletters for staff are now distributed monthly. This helps to ensure continued communication about program wide news and initiatives. A printable version is also available for posting in renal staff areas and staff can sign up directly for the updates via the website’s staff portal. During 2017 and 2018 several staff were profiled with web articles to showcase stories of various staff and their role in the program.
### Online Reach

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A five-year research project focusing on the impact of kidney disease in rural and remote First Nations communities in Manitoba received $1.5 million in funding from the federal government’s Canadian Institutes of Health Research.

The ‘Improving responsiveness across the continuum of kidney health care in rural and remote Manitoba First Nation communities’ (I-KHealth) project will be led by experts from Nanaandawewigamig’s (First Nations Health & Social Secretariat of Manitoba) Diabetes Integration Project (DIP), Ongomiizwin Research, Manitoba Renal Program, the University of Manitoba and the Manitoba Centre for Health Policy.

I-KHealth will deliver several studies which will review, evaluate and strategize kidney health approaches for First Nations individuals living in rural and remote areas of the province.

The project has four components including mapping patient journeys for First Nations people living in rural and remote areas, assessing primary health care’s role in kidney health, evaluating and developing appropriate kidney health education and exploring alternative models of dialysis treatment delivery.

MRP nephrologist Dr. James Zacharias is one of the principal investigators.

“There is a lot we can do to manage kidney health and delay dialysis when there is still a fair amount of kidney function left. What we are seeing, though, is people coming in with no prior contact with the kidney health team and significant loss of kidney function needing urgent dialysis. At that point options are limited and the system has failed these patients,” explains co-principal investigator Dr. James Zacharias.

“We know dialysis patients experience huge challenges in quality of life and some have to relocate entirely for dialysis treatment. The goal is to work alongside Indigenous patients and communities, as well as Indigenous health service providers and researchers, to find realistic and appropriate ways to address system issues and reduce the burden of kidney disease in rural and remote First Nations communities.”

Dr. Josée Lavoie
Professor, Community Health Sciences, Faculty of Medicine, University of Manitoba & Director, Ongomiizwin Research

Caroline Chartrand
Director, Diabetes Integration Project, First Nations Health & Social Secretariat of Manitoba

Lorraine McLeod
Province-Wide Coordinator, Diabetes Integration Project, First Nations Health & Social Secretariat of Manitoba

Dr. James Zacharias
Assistant Professor, University of Manitoba & Medical Director, Health Sciences Centre Home Hemodialysis & Manitoba Local Renal Health Centres
Manitoba Renal Program is proud to be a partner in the Can-SOLVE CKD (Canadians Seeking Solutions and Innovations to Overcome Chronic Kidney Disease) Network. Can-SOLVE CKD is a pan-Canadian patient-oriented kidney research network dedicated to finding solutions and innovations to overcome chronic kidney disease.

Several Manitoba nephrologists are participating in the initiative through a variety of research projects spanning three themes.

Theme one focuses on earlier diagnosis. MRP nephrologist Dr. Paul Komenda is a project lead on Kidney Check: Identifying kidney disease and diabetes in Indigenous communities. The collaborative project features partners from Manitoba and across Canada and will support the establishment of kidney disease screening in Indigenous communities across the country.

Another theme one project is being led by MRP nephrologist Dr. Navdeep Tangri. Dr. Tangri’s project is ‘Integrating risk-based care for patients with CKD in the community’ which will pilot the utilization of the Kidney Failure Risk Equation in CKD diagnosis and management in primary care environments.

MRP nephrologist Dr. Clara Bohm is a lead on the ‘Restructuring Kidney Care to Meet the Needs of 21st Century Patients’ project. The initiative will explore and test innovative and new technology to facilitate more modern approaches to communication and management of kidney disease.

All projects feature a diverse range of team members including many cross-Canada collaborative efforts, local partnerships and patient representatives as part of the research teams. To learn more about these projects visit cansolveckd.ca.

Can-SOLVE CKD Network
Seven Oaks Hospital Foundation opened the doors of its new Chronic Disease Innovation Centre on November 17. While the research team had already been in place for more than a year, the team now has a dedicated space to continue with work that focuses largely on the use of data to improve the effectiveness and efficiency of chronic disease identification and treatment.

The centre is led by three nephrologists who, in addition to conducting research and being affiliated with University of Manitoba’s Rady Faculty of Health Sciences, are part of Manitoba Renal Program though the SOGH Renal Program. Drs. Paul Komenda, Navdeep Tangri and Claudio Rigatto lead a team of 10 staff at the centre.

Much of the research being conducted is kidney health focused but the centre has expanded its scope gradually over time. To learn more about the centre visit changinghealthcaredelivery.ca.
PUBLICATIONS & INITIATIVES

April 1, 2017 – March 31, 2018

Many of our renal program staff continually conduct and contribute to research and quality initiatives that impacts kidney health care both locally and internationally.

Recognitions

Cali Orsulak was awarded the Canadian Society of Hospital Pharmacists Manitoba Branch Award of Excellence in April 2017. This award is in recognition of outstanding achievement in organized health care pharmacy practice.

Dr. Keevin Bernstein received the 2017 Doctors Manitoba Health Administration Award.

Initiatives & Studies

In March 2018, Cali Orsulak was awarded the Health Science Centre Allied Health Grant from the Health Sciences Centre Foundation for the study “Review of prescribing practices in Winnipeg in-Centre hemodialysis patients”. This amount awarded was $15,075.

Hingwala J, Kumra R. Reducing medical administration errors in the dialysis unit. Creation and redesign of process maps, dialysis flow and treatment sheets, and standardized tools for dialysis staff.

Hingwala J. A3 implementation for staff initiatives. Educating and training nephrology staff on A3 worksheet.

Basaraba G, Lyndsay A, Bueti G, Hingwala J. Dialysis medication requisitions. Creation and implementation of specialized medication requisitions for chronic dialysis patients when they are admitted to hospital.

Hingwala J. Improve clinic patient flow and efficiency. Create process mapping and value stream mapping to reduce redundancies, improve workflow, better train new clinic staff, and reduce omission errors.

Hingwala J, Komenda P, Tangri N. Quality indicators for the Manitoba Renal Program (MRP). Translating the MRP strategic plan goals to quality indicator measures that are accurate and actionable.

Improving responsiveness across the continuum of kidney health care in rural and remote Manitoba First Nation communities (IKHealth) co-Principal applicants: Dr. Josee Lavoie, Caroline Chartrand, Lorraine McLeod, James Zacharias. CIHR – 5 year funding starting April 1, 2018, $1,575,000.00

Publications


