INTRODUCTION

Chronic kidney disease is reaching epidemic proportions in Manitoba. Over the past decade, Manitoba has reported the highest national prevalence of individuals receiving dialysis therapy (Canadian Institute for Health Information [CIHI], 2012). In 2012, the prevalence in Manitoba was 241.2 rates per million persons (RPMP) as compared to 165.5 RPMP in Canada.

Diabetes and vascular disease continue to be the predominant causes of end stage renal disease in Canada (CIHI, 2012). The proportion of seniors in the Canadian population has been rising steadily since 1966 when it was 7.7% (Statistics Canada, 2009). In 2006, 13.7% of the population was aged 65 or over. This proportion is projected to double in the next 25 years. Similarly, the percentage of Manitobans aged 65 or older is expected to increase by 21.7% by 2018 (Manitoba Bureau of Statistics, 2008). The aging of the Canadian population is reflected in the demographic profile of new ESRD patients. 28% of those who initiated renal replacement therapy in 2012 were aged 75 and older, compared to 14% in 1994. Manitoba experienced a parallel trend within this same time frame.

15.5% of Manitoba’s population is comprised of First Nations people compared to Canada which is 4.4%. The number of First Nations persons in Manitoba with diabetes more than tripled between 1989 and 2006. The prevalence is projected to increase by more than 50% by 2016. Currently, one in ten First Nations people in Manitoba have diabetes.

These upward trends will continue to influence the prevalence of chronic kidney disease in Manitoba. And as such the Manitoba Renal Program has been working hard to address the health care needs of the population we serve. Over the past year we’ve launched new measures to help us continue to meet our goal of providing the highest quality kidney health care to all those in our province affected with kidney disease. Additionally we are
taking steps to expand education initiatives with a goal of prevention. Our work to raise awareness of the importance of kidney health and early detection or prevention of kidney disease goes hand in hand with providing life-saving treatment to those with kidney failure.

One of the projects launched this year and marks a milestone achievement for our program is the Electronic Kidney Health Record, a tool that helps us provide more accurate and efficient care and manage patient information in a progressive way that complements program goals and processes across all our sites.

None of this would be possible without our amazing, talented and hardworking staff to who we are grateful, thank you. Please enjoy this look at our past year of accomplishments!
MANITOBA RENAL PROGRAM

The Manitoba Renal Program (MRP) is made up of a team of health-care professionals working together to provide the highest quality kidney care and kidney education. The MRP’s services include kidney health outreach, kidney health clinics, and dialysis programs both at home and in hospital.

Kidney health outreach initiatives are offered throughout the province to increase awareness in an effort to prevent chronic kidney disease and the progression of existing chronic kidney disease.

Kidney health clinics join newly diagnosed and/or progressing patients with an interdisciplinary team of health-care providers to treat problems resulting from low kidney function and begin therapies to prevent, delay and/or decrease the development of kidney failure.

We jointly operate hemodialysis units in 20 locations throughout Winnipeg and Manitoba. We also have home dialysis training units in Winnipeg that train and support home dialysis patients who reside in all corners of the province.

WRHA MISSION, VISION, & VALUES

Mission
To coordinate and deliver safe and caring services that promote health and well-being.

Vision
Healthy People. Vibrant Communities. Care for all.

Values
Dignity – as a reflection of the self-worth of every person
Care – as an unwavering expectation of every person
Respect – as a measure of the importance of every person
Innovation – that fosters improved care, health and well being
Excellence – as a standard of our care and service
Stewardship – of our resources, knowledge and care

The role of the Manitoba Renal Program is to prevent kidney disease, promote kidney health and provide kidney health services to Manitobans.
MANITOBA RENAL PROGRAM STRUCTURE

Manitoba Renal Program Executive

Winnipeg Regional Health Authority

Health Sciences Centre

St. Boniface Hospital

Seven Oaks General Hospital

Brandon RHA

Renal Health Clinic
Peritoneal Dialysis
Home Hemodialysis
Hemodialysis

Renal Health Clinic
Peritoneal Dialysis
Hemodialysis

Renal Health Clinic
Peritoneal Dialysis
Home Hemodialysis
Hemodialysis

Renal Health Clinic
Hemodialysis

LOCAL RENAL HEALTH CENTRES

Ashern
Dauphin
Flin Flon
Island Lake

Portage La Prairie
Selkirk
Swan River
Thompson

Gimli
Russell
Berens River
Hodgson

Boundary Trails
Norway House
The Pas
Pine Falls
OVERVIEW

Chronic Kidney Disease (CKD) rates have been growing steadily across Canada, with Manitoba having the second highest population of individuals with End Stage Renal Disease. Due to this growth in need for kidney health services, and the diverse needs of the patient population, MRP is continually expanding and adapting its programming. MRP is striving to meet the needs of patients by reducing the need to travel to receive care, streamlining health services and taking action to prevent the need for dialysis through educational initiatives.

STATISTICAL SNAPSHOT

*These numbers represent the status of Manitoba Renal Program in March 2013 and are not cumulative figures or a representation of figures at any other time of year.

**Patient Population by Site**
- Health Sciences Centre: 44%
- Seven Oaks General Hospital: 27%
- St. Boniface Hospital: 24%
- Brandon Regional Health Centre: 5%

**Patient Population by Stage**
- Stages 1 - 3 (followed in Renal Health Clinics)
- Stages 4 & 5

**Home Dialysis Use by Modality**
- Home Hemodialysis: 16%
- Peritoneal Dialysis: 84%

Local Renal Health Centre Hemodialysis Patient Population
- Ashern: 9
- Berens River: 4
- Boundary Trails: 16
- Dauphin: 23
- Flin Flon: 7
- Gimli: 8
- Hodgson: 12
- Island Lake: 16
- Norway House: 7
- Pine Falls: 12
- Portage: 27
- Russell: 10
- Selkirk: 22
- Swan River: 8
- The Pas: 33
- Thompson: 21
STRATEGIC PRIORITY HIGHLIGHTS

ORGANIZATIONAL

New Local Renal Health Centres to Serve Rural Populations
The past year saw the opening of two new local renal health centres at Berens River and Hodgson. The opening of these rural centre provides local opportunities for treatment for individuals who would otherwise have to travel or relocate to receive dialysis.

Berens River is located approximately 360 kilometres north of Winnipeg. The 5,000 square foot centre includes a four-station hemodialysis treatment unit as well as the educational space and is attached to the Chief Jacob Berens Mino-Ayaawin Health Centre.

The Hodgson Area Renal Health Centre is a six-station centre attached to Percy E. Moore Hospital that will provide life-saving dialysis for area residents who previously would have to travel to Ashern or Winnipeg for treatment.

Resources for Patients
In an effort to create a supportive and holistic environment for our patients, we have continued to build our patient resources both on-site and in electronic formats. These efforts include patient-focused newsletters and growing web content that shares experiences and information relevant to people living with kidney disease.

Additional efforts include the continuation of the Patient Representative Committee, which offers a safe and comfortable environment for sharing thoughts and concerns related to care and providing input on program materials and processes.
STRATEGIC PRIORITY HIGHLIGHTS

ORGANIZATIONAL

Education Opportunities for Staff and Patients
The 2012 Manitoba Renal Program Health Care Provider Conference brought together staff from all sites to gain knowledge on a broad variety of topics including future regional initiatives and team building. Topics also included new developments in renal disease nutrition, modalities, resources and supports.

Additional education for staff occurring throughout the year included lunch and learn sessions and the nursing journal club.

Running concurrently with our staff conference was the 2012 MRP Patient Conference. This year’s conference hit record attendance numbers and moved into a larger space. The event included keynote speaker Elijah Harper, a home dialysis patient panel as well as presentations on nutrition, fitness and transplantation.

Additional patient education occurs at Winnipeg, Brandon and Thompson sites throughout the year.

Fitness Initiatives for Patients
Manitoba Renal Program continues to grow fitness initiatives for patients to help improve health outcomes and quality of life. Designated as a Leading Practice by Accreditation Canada, MRP continues to offer The Renal Exercise Counselling Clinic, cycling on dialysis and Lean Keen Kidney Machines 10-week program.

Lean Keen Kidney Machines (LKKM) explored new locations to make the program more accessible for individuals living in different areas of the city. A LKKM team also participated in the 2012 Renal Ride Glide Stride fundraising event hosted by Kidney Foundation of Canada Manitoba Chapter.
STRATEGIC PRIORITY HIGHLIGHTS

ORGANIZATIONAL

World Kidney Day
Through its annual campaign during Kidney Health Month and on World Kidney Day, Manitoba Renal Program promoted prevention of kidney disease through advertising. With an emphasized effort to reach at-risk Aboriginal populations, MRP utilized avenues such as Grassroots News and NCI FM to share messages that “kidneys need love too” to help bring to light the importance of kidney health and align it with more well-known chronic diseases.

Sign Up For Life
As an advocate for organ donation, MRP helped promote the new online donor registry through participation in a collaborative committee and web promotions.
**STRATEGIC PRIORITY HIGHLIGHTS**

**CLINICAL**

**Electronic Kidney Health Record (eKHR) Stage One Implementation**

During 2012, Manitoba Renal Program (MRP) began the huge task of implementing an Electronic Kidney Health Record, changing the way patient information is recorded across the whole program. The new system will act as a paperless patient chart, centralizing key information collected as patients receive kidney care in the province. The goal of the system is to allow for more efficient access to patient information which will result in better care. Additionally, eKHR will be utilized as a disease surveillance tool to manage chronic kidney disease (CKD) in Manitoba.

Stage one implementation was completed, with St Boniface Hospital, Health Sciences Centre and Seven Oaks General Hospital renal programs currently using eKHR to register patients and schedule them for dialysis treatments. “Stage one implementation allows us to schedule patients seamlessly into vacant spots in real time across the city,” said Dr. Mauro Verrelli, Medical Director, MRP. “This will improve patient care and the patient journey within our program.”

The eKHR was developed in collaboration with British Columbia’s Provincial Renal Agency, where a similar system has been in use for over 10 years. Stage two of the project is underway, and includes electronic integration with lab, medication and other clinical applications for a more comprehensive health record.

Stage two, along with the roll-out of the eKHR across Manitoba, will be completed in 2014. “With the eKHR, providers will view a complete patient record, allowing them to make optimum decisions for patient care and reducing the need for repeat tests and delays in determining the course of care,” said Betty Lou Burke, Program Director, MRP. “This access to patient information will contribute to improved quality of care and improved outcomes for patients.”
STRATEGIC PRIORITY HIGHLIGHTS

CLINICAL

The First Nations Community Based Screening to Improve Kidney Health and Prevent Dialysis (FINISHED) Project

Launched in 2013, FINISHED is a Health Canada Health Services Integration Fund project led by a partnership between Diabetes Integration Project (DIP) and Manitoba Renal Program (MRP), Winnipeg Regional Health Authority.

The FINISHED project aims to provide mobile point-of-care kidney disease screening, risk prediction and treatment through a proven model of delivery in First Nations communities.

The goals of FINISHED are immediate kidney disease prevention and early detection, demonstration of a sustainable platform for comprehensive kidney care unique to First Nations people and ultimately reducing the burden of kidney failure requiring dialysis in Manitoba.

The need for this project stems from the fact that First Nations communities in Manitoba suffer the highest rates of kidney failure requiring dialysis in Canada and the numbers are growing. While effective therapies do exist to prevent and delay progression to dialysis, they require identification of kidney disease in its early stages. Until now, there have been no funded mass screening programs for kidney disease in Manitoba. Identification of affected individuals is therefore haphazard and dependent on physician or patient initiative. MRP and DIP believe active screening of kidney disease in high risk populations can improve patient outcomes and reduce the downstream burden and costs of dialysis.

The project launched with a media event in February 2013, garnering significant attention to help raise awareness about screening. The first community screened was Rolling River First Nation. All data collected through the project is navigated through a representative, stakeholder project team that works directly with the communities to plan, share progress and report results.
Increasing Use of Home Dialysis
MRP has been working to increase utilization of home dialysis which benefits both patients and the program. Patients utilizing home dialysis and dialyzing on a more frequent basis are able to manage their own schedules and gain benefits such as an overall improved feeling of wellness and less dietary restrictions. On the other hand, increased home dialysis has potential to reduce the need for additional expensive infrastructure such as dialysis units.

According to a 2013 Canadian Organ Replacement Register annual report, Manitoba had the highest rate of peritoneal dialysis utilization as treatment for incident End Stage Renal Disease patients in Canada between 2002 and 2011.

Since 2010, use of home hemodialysis has increased 150% with a steady increase annually. Between March 2012 and March 2013, home hemodialysis use increased by 25%. Peritoneal dialysis, a longer established and higher use program, also saw an increase in utilization of 4.6%.

Risk Stratification
Since implementing province-wide laboratory reporting of eGFR in Manitoba in 2010, MRP has seen an increase in primary-care referrals. More recently, to prioritize referrals and ensure all referred individuals receive the most appropriate care in an efficient fashion, MRP implemented a risk stratification calculation utilizing patient information supplied by their primary health care provider. This strategy allows us to ensure higher risk patients get immediate care while those who are at low risk have the reassurance of that.
STRATEGIC PRIORITY HIGHLIGHTS

CLINICAL

Winnipeg Wi-Fi for Patients
While we offer television, and volunteer services visits, we listened to our patients and added Wi-Fi internet access to our units over the past year. This allows our patients to utilize internet on their smart phones, tablets and laptops to entertain themselves or do business all while receiving dialysis. We also encourage patients to access MRP’s website for news and information about living with kidney disease.

Renovations at St. Boniface Renal Program
St. Boniface Hospital and Manitoba Renal Program (MRP) opened their new Peritoneal Dialysis Unit and Renal Health Clinic location in March 2013. The new area, located in A4 West, brings together the peritoneal dialysis unit, renal health unit and a secondary hemodialysis site all into one location.

“It’s great to have everything integrated into one environment so we can provide the best possible care,” explains Mauro Verrelli, Medical Director of MRP.

Previously the units had been located in different parts of the hospital. With this new combined space, access and navigation should be easier for patients. Plus the space offers up newly renovated private rooms for appointments and training in home peritoneal dialysis. Apart from this new location, St. Boniface Hospital also houses a hemodialysis unit for patients receiving in-centre dialysis.
STRATEGIC PRIORITY HIGHLIGHTS

CLINICAL

Continued Research
Manitoba Renal Program continues its partnership with University of Manitoba Section of Nephrology to facilitate kidney related research initiatives. Over the past year several MRP nephrologists participated in and led research projects that contribute to a better understanding of kidney disease and help guide development of our programs and processes.

Predicting our Patient Growth
In February 2013, the Canadian Institute for Health Information declared Manitoba as having amongst the highest rates of chronic kidney disease across Canada. With the need for dialysis and renal health clinic services growing, it’s imperative that MRP plan for the future. The ability to expand services in preparation for growing number of patients before the demand surpasses availability is critical. MRP has demonstrated ability to predict patient growth, allowing for ability to accurately plan ahead and meet the growing needs of Manitobans with CKD.
2011 - 2016 STRATEGIC DIRECTIONS & PRIORITIES
AREAS OF FOCUS

Enhance Patient Experience
• Focus on Prevention
• Increase Kidney Transplantation through Partnership and Joint-Efforts with Transplant Manitoba Adult and Pediatric Kidney Transplant Program(S) and the “Gift Of Life” Organ Donor Organization

Improve Quality & Integration
• Improve Early Identification, Treatment and Surveillance

Foster Public Engagement
• Optimize the Rural and Northern Renal Health Centers and Expand Home Based Therapies

Support a Positive Work Environment
• Collaborate With Site Teams to Re-Create a Shared Vision Across All MRP Sites and Create Strategic Priorities to Achieve that Vision

Advance Research & Education
• Establish a Provincial Renal Health Management Information System

Build Sustainability
• Develop and Implement a Multi-Year Plan For Renal Health Services in Manitoba, Anchored by Service Delivery Model Grounded in Best Practice Guidelines and Standards
LOOKING FORWARD

While many of our strategic priorities have been or are on their way to being met, we are striving to continue implementation of our remaining strategic initiatives. Some of our larger infrastructure goals include expanding hemodialysis capacity at Seven Oaks General Hospital with an additional dialysis unit and expanding hemodialysis capacity at St. Boniface Hospital.

Because of growing demand for hemodialysis services in Winnipeg, MRP is also examining the possibility of building a dedicated facility to meet future needs.

MRP is working towards enhancing our support to the patients on home dialysis through nurse-assisted peritoneal dialysis. This will include those patients residing in long term care facilities. This effort is part of our continued broader initiatives aiming to increase home dialysis use in the province.

We look forward to continuing on with our plans and goals of providing the highest quality kidney health services.