

# CAN-SOLVE CKD TRIPLE I STUDY: CHALLENGES AND SOLUTIONS IN HEMODIALYSIS CARE

Melanie Talson<sup>1</sup>, Priscila<sup>2</sup>, Arlene Desjarlais<sup>3</sup>, Michael McCormick<sup>4</sup>, George Fontaine<sup>3</sup>, Hans Vorster<sup>4</sup>, Tim Slater<sup>4</sup>, Samantha Schellenberg<sup>3</sup>, Stephanie Thompson<sup>5</sup>, Jennifer MacRae<sup>2</sup>, Claire Harris<sup>7</sup>, Alison Thomas<sup>8</sup>, Rita Suri<sup>9</sup>, Karthik Tennankore<sup>6</sup>, Marcello Tonelli<sup>2</sup>, Clara Bohm<sup>1</sup>

1- University of Manitoba; 2- University of Calgary; 3- Can-SOLVE CKD Patient Council, Winnipeg, MB; 4- Can-SOLVE CKD Patient Council, Toronto, ON; 5- University of Alberta; 6- Dalhousie University; 7 - University of British Columbia; 8 - University of Toronto; 9-McGill University

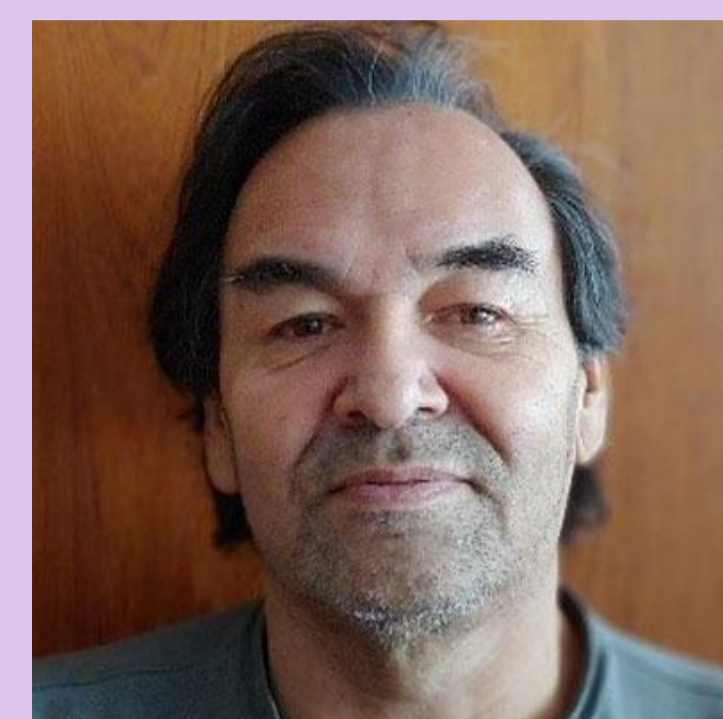
## PATIENT PARTNERS

### PATIENT PARTICIPATION

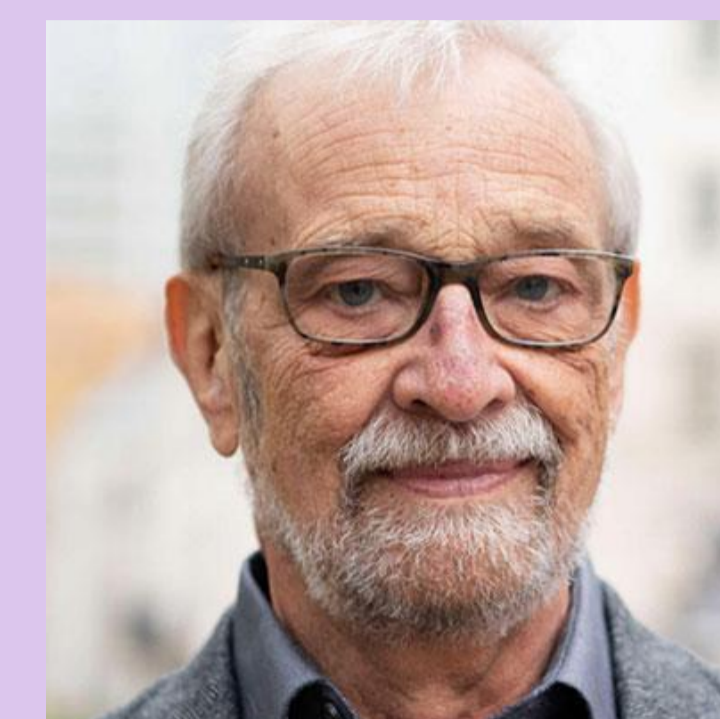
Patient partners have been involved through the entire research process; from development of research questions to interpretation of results.



Arlene Desjarlais  
Winnipeg, MB



George Fontaine  
Winnipeg, MB



Hans Vorster  
Kingston, ON



Michael McCormick  
Toronto, ON



Samantha Schellenberg  
Winnipeg, MB



Tim Slater  
Kingston, ON

"I feel I am contributing to a better two-way experience for dialysis patients instead of the passive one-way interaction that most dialysis patients experience during their visit to a dialysis centre." ~T. Slater

### WHERE WE WERE 2017-2019

- Hemodialysis (HD) patients have prioritized research addressing:
  - Improved provision of health **information** for self-management
  - How care can be more focused on **individual** needs
  - Fostering better **interaction** between patients and their doctors

**Project Aim:** To identify top priorities and test solutions for improving patients' HD experience in Canada as follows:

- Information** patients receive about their health and care
- Interactions** between provider and patient
- Individualization** of care.

### METHODS

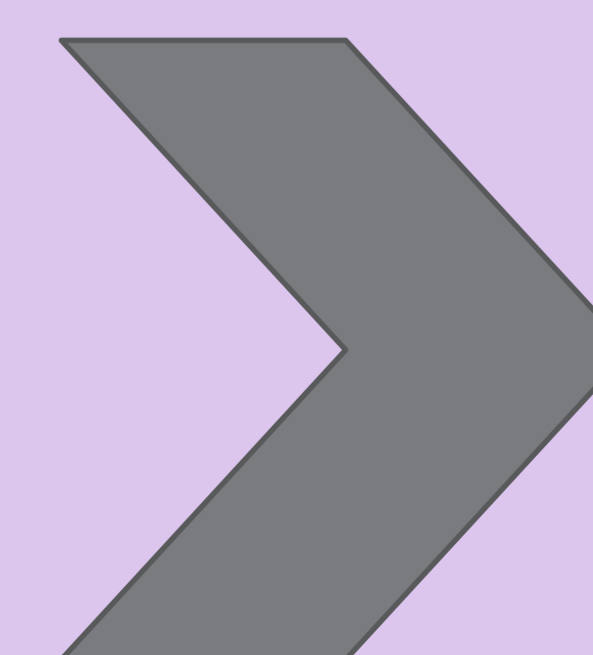
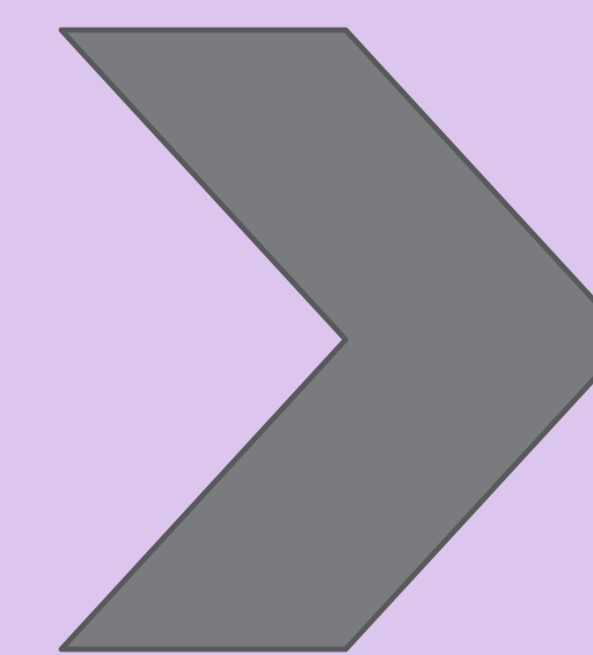
- WAVE 1: PHASE 1:** From Jan /17 - July /18, focus groups and interviews were conducted in 5 sites across Canada with in-centre HD patients, their caregivers and health care professionals; Pragmatic categorical analysis; identified challenges & solutions
- PHASE 2:** Jan 2019 Nation-wide survey (n=323) to prioritize top 30 challenges and solutions
- PHASE 3:** June 2019 Priority Setting Workshop with 40 patients, caregivers, healthcare providers, and researchers from across Canada which generated a top 10 list of challenges to in-centre HD
- WAVE 2:** March 2021-present/ongoing: Research, develop and trial two solutions to address challenges to HD Care: Hubs of Care and Lena app.

### WHERE WE ARE: WAVE 2 : 2020-2022

#### TOP 10 CHALLENGES to IMPROVE in HD CARE

From priority-setting workshop:

- Timing, frequency, and amount of information being received should be individualized (specific to each patient)
- Improve continuity of care in hemodialysis and info about a patient's care is complete in their chart
- Improve the way information is communicated between health care providers and patients
- It is frustrating for patients when they are told to see a family physician about health concerns they bring up in hemodialysis
- More information and access to financial resources and support, including for (i) flexible, reliable and affordable transportation to/from hemodialysis, (ii) housing, and (iii) nutrition and diet
- More flexibility to change hemodialysis spots/ schedule
- Better information about the pros and cons of different dialysis modalities
- More information about health risks and other conditions associated with hemodialysis
- Better information about transplant status
- More information and access to social programs for people on hemodialysis

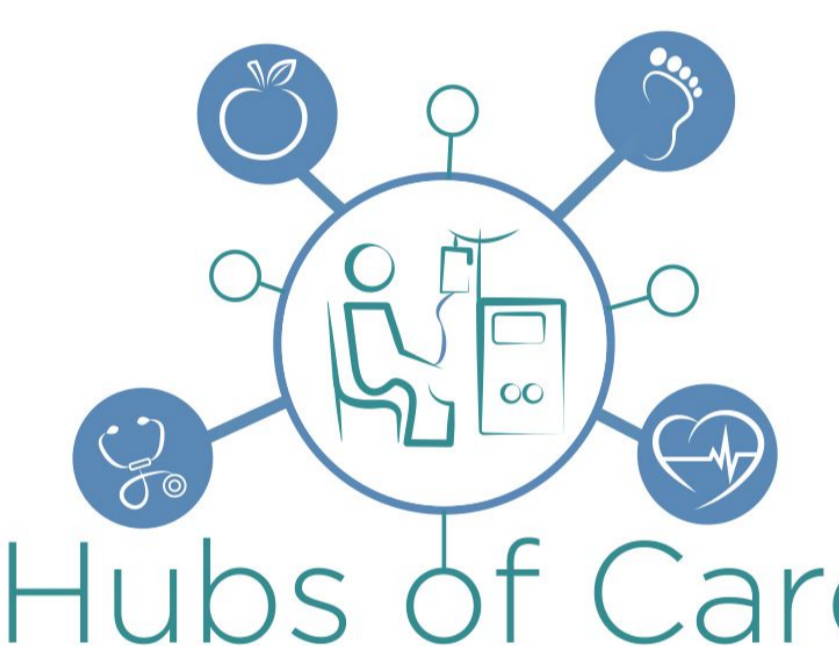


#### HUBS of CARE

Bringing various health care providers to the HD Unit to make the unit into a "Hub" of Care.

##### Goals of Hubs of Care in the HD Unit:

- Decreasing the time and costs associated with attending medical appointments for people receiving HD
- Improving communication between healthcare providers.
- Improving the overall patient experience in HD



**Methods:** Conduct survey at 8 research sites across Canada: Winnipeg, Montreal, Toronto, Halifax, Calgary, Edmonton, Vancouver (n= 487)

- Data collection complete
- Data analysis in progress

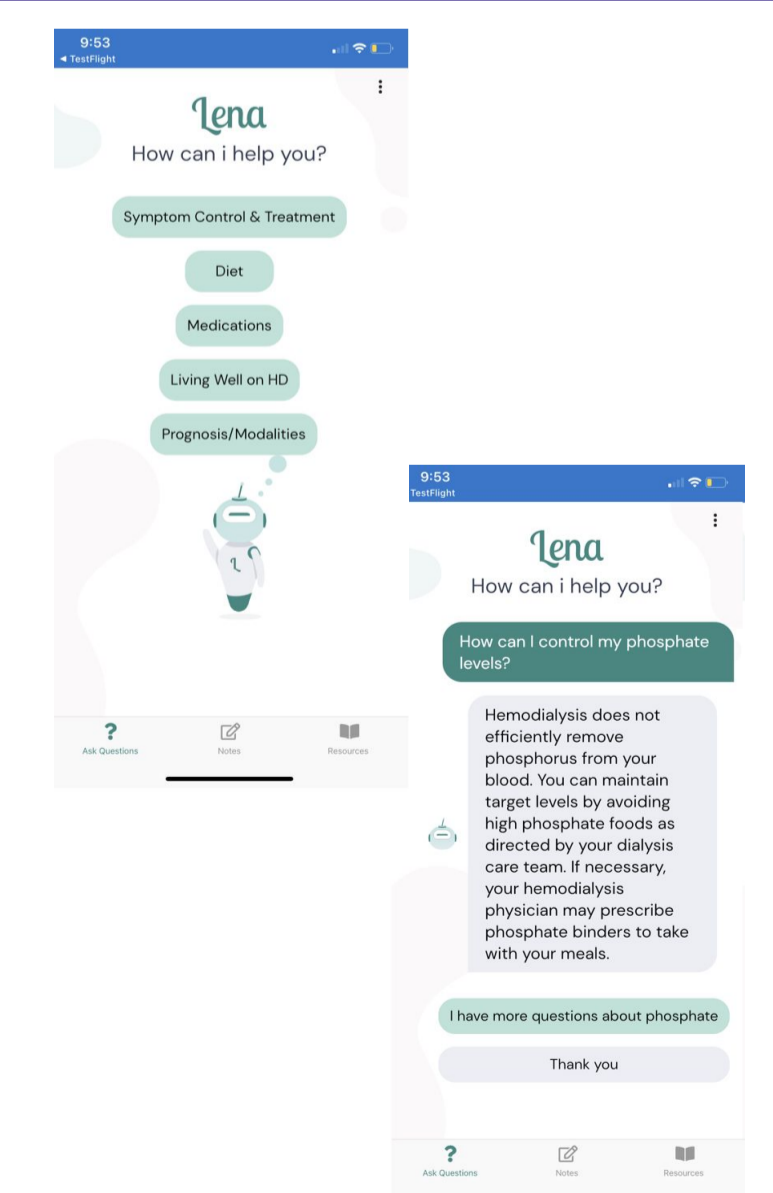
**Next steps:** we will use the information garnered from the surveys regarding HOW and WHO (should care be on-site, video/in-person etc.? As well, as which types of providers are needed?) to test and evaluate implementing such a model in Triple I sites across the country.

#### LENA APP



An interactive educational platform that will allow people receiving in-centre HD to individually choose the type, amount and format of information they receive by interacting with a virtual navigator.

- Initial prototype developed
  - Testing with patient partners and team complete
- Next steps:** we will generate content with patient partners to present the most relevant information 'by patients for patients'; trial at Triple I sites.



For more information: [betterkidneycare.ca](http://betterkidneycare.ca)  
Contact: [mtalson@sogh.mb.ca](mailto:mtalson@sogh.mb.ca)



Chronic Disease  
Innovation Centre



UNIVERSITY  
OF MANITOBA



UNIVERSITY  
OF CALGARY

