

Seamless system provides full continuum of nephrology care

Renfrew Victoria Hospital is the designated Regional Centre for Renfrew County Nephrology Services, and provides a complete spectrum of care and support for chronic kidney disease (CKD) patients throughout each stage of the disease.

Renal failure occurs when an individual experiences decreased levels of kidney function, which inhibits the organ's ability to eliminate wastes and excess fluids. Some forms of the disease develop over time and the two most common causes of kidney failure are diabetes and high blood pressure.

However, in Renfrew County there are staggeringly high rates of polycystic kidney disease, an inherited disorder that causes multiple cysts to form in the kidneys. Therefore, the need for each of our nephrology program services is essential.

Family physicians across the county are grateful to the RVH nephrology professionals who coordinate all aspects of their patients' renal care.

"The regional nephrology program delivers complete care to patients at every stage from education to treatment or transplant. Once I refer a patient, I can be confident that all their needs will



Representatives of each area for Chronic Kidney Disease care at RVH: Janice Verch-Whittington, Clinical Manager of the Nephrology Program, Donna Reid, Dietitian, Arlene Deloughery, Peritoneal Dialysis Program Leader, Meagan Lance, Social Worker, Dr. Amtul Musawir, Nephrologist, Agatha Crogie, Dialysis Medical Secretary, and Shelley White, Hemodialysis RPN.

be met in a caring and capable manner," says Dr. Bruce Harris, a family doctor in Barry's Bay, adding that the satellite clinic at St. Francis Memorial Hospital is a godsend to local patients and those who had to drive to Renfrew or Ottawa.

After the physician's initial referral, all specialist appointments, clinics, testing and treatment is handled internally by RVH to ensure seamless, efficient care.

"I am always confident that when I refer a patient to the RVH Renal Program

and Nephrology Clinic that he or she will be well looked after," says Renfrew's Dr. Andrea Di Paolo. "The clinic's doctors, nurses, social workers, and support staff are all very knowledgeable and an integral part of the RVH family."

THE FIVE STAGES OF CHRONIC KIDNEY DISEASE

STAGE 1

The patient is unaware of any symptoms, and it is very rare that any signs of the disease can be detected through routine examinations. At this point, there is only mild damage to the kidneys.

STAGE 2

Reduced kidney function should be picked up during testing. The patient should be referred by their family physician to be seen by an RVH nephrologist.

RVH Medical Director of the Nephrology program, Dr. Nicole Delbrouck says at this stage, she is looking to limit the damage done to the kidneys by investigating triggers in patients' lifestyle and diet, and address smoking cessation, cholesterol levels, exercise (or lack thereof), and restricting sodium intake. She will often prescribe medications to help control blood pressure.

"We're really looking to them to make healthy choices for their life, in general, which does require constant enforcement; it's a moving target."

RVH experiences approximately 1,600 visits in the nephrology clinic each year by an estimated 600 patients from across Renfrew County.

STAGE 3

Patients are introduced to the Progressive Renal Insufficiency (PRI) clinic at RVH, explains Janice Verch-Whittington, Clinical Manager of the Nephrology program. "This is a multidisciplinary clinic with the goal of slowing the disease progression by adjusting diet, medications and sometimes lifestyle."

The patient will meet every three to six months to assess their condition with a registered nurse, dietitian, social worker and a nephrologist, and have access to the pharmacist as needed.

Currently, about 100 patients are followed in the PRI clinic, and the focus is to maintain kidney function for as long as possible, says Arlene Deloughery, program leader of the peritoneal dialysis program.

"Even when they're doing everything right, their kidneys can change," she says about the unpredictable nature of the disease.

STAGE 4

During the end of Stage 3 and as they begin Stage 4, the multidisciplinary team helps the patient prepare for renal failure and works together to determine the best possible route for treatment. Their kidneys are only functioning at 30 per cent or less at this point.

"It is life-changing and we give them time to deal with what is eventually going to happen and also to start thinking about their options for treatment," says Deloughery.

The care providers will discuss the types of dialysis treatment options, or the steps for transplant. In some cases the team is there to support the decision to not pursue any treatment or transplant.

Conservative care is an option for some patients who decide to let the disease run its natural course and Verch-Whittington notes that they continue to provide ongoing support and comfort to the patient and their family as needed during the process.

If the patient opts for dialysis, the care team will preemptively arrange to have the surgery booked for their catheter for peritoneal dialysis, or fistula or graft surgery if they choose hemodialysis.

STAGE 5

Kidney function is less than 15 per cent. The patient needs to begin peritoneal dialysis or hemodialysis, prepare for a kidney transplant, or continue with no intervention.

If the patient has completed the preemptive measures in Stage 4, they are ready to begin treatment almost immediately.

Patients who wish to have a kidney transplant typically will need to proceed with some form of dialyzing therapy while they wait for a successful donor. Wait time for a suitable match can sometimes be up to three years.

Hemodialysis treatments always begin at RVH, and if the patient is deemed well and stable enough, can be transferred to one of our satellite units at St. Francis Memorial Hospital in Barry's Bay or Pembroke Regional Hospital to be closer to their home.

All of the training for peritoneal dialysis, a home therapy, is offered through RVH. Support is also provided to peritoneal patients around the clock, "They just need to call in and the nurse on duty will come right to their home," says Verch-Whittington.

"None of these treatments are a cure for kidney disease," she states, but these therapies will help to maintain life.

Hemodialysis provides thousands of life-saving treatments each year throughout our region

For nearly 110 patients across Renfrew County, the Regional Nephrology Program provides life-saving treatments in one of our three hemodialysis units.

RVH currently operates a 14-station unit, and a six-station satellite unit at St. Francis Memorial Hospital in Barry's Bay and another six-station unit at the Pembroke Regional Hospital. There is no nephrologist on site in the satellite units; therefore, more acute cases stay in Renfrew for their renal care and monitoring.

Patients requiring hemodialysis treatments must come into one of the units three days a week and spend about four hours connected to a machine that cleans their blood of waste products and excess fluids.

Access to their blood is through a fistula or graft in a large vein in their arm or a central line in a large vein

"Since there is no nephrologist on site, we are their eyes and ears in the satellite units, and they really rely on us and our judgments. At any time we are unsure about anything, we know that the team and extra resources are always a phone call away. Everyone is very supportive and we never feel like an outsider—(the regional program) is very much a team unit."

—Registered Nurse Daphne Piggin, a care provider at the Pembroke satellite unit

near their heart, explains Janice Verch-Whittington, Clinical Manager of the nephrology program.

Verch-Whittington notes close collaboration with the Vascular Access Team at The Ottawa Hospital provides the expertise of highly specialized vascular surgeons and interventional radiologists to manage patients' access.

RVH runs three daily shifts, six days a week to accommodate the clients and their schedules. The unit opens early in the morning for the first round of patients of the day who arrive at 7:00 a.m. The last patients of the day come off the machines just before midnight.

"It is quite a commitment for the patient and their family," comments Dr. Nicole Delbrouck, who co-founded the Renfrew unit in 1992 as a response to patients in the area who had to travel to Ottawa for their treatments. She is the Medical Director of the Renfrew County Regional program.

The program expanded to St. Francis Memorial Hospital in 2001 and then to Pembroke in 2006 to meet increasing demands for this much-needed service.

Partnership with ORN

The Ontario Renal Network (ORN) ensures that consistent standards for renal care delivery are in place throughout the province, and has information systems in place to measure performance.

As part of the Ontario Renal Network, RVH nephrology team members Joyce Mulvihill, as the RVH Vascular Access leader, and Arlene Deloughery, as coordinator of the Peritoneal Dialysis program, participated in an 18-month collaborative project providing input for the Ontario Renal Plan.

All data and quality care indicators collected from across the province have been compiled and analyzed to improve care for patients with CKD over the next three years.

Convenient, flexible therapy

Peritoneal dialysis (PD) is a daily commitment, where patients manage their dialysis treatments on their own at home. Currently RVH oversees and supports 10 patients in its PD program.

Dr. Nicole Delbrouck, an RVH Nephrologist, does not advocate one way or the other for the choice of dialysis treatment, but helps the patient come to the best choice for them, their family and their lifestyle.

"My position is to be neutral and give the patient all of the information necessary, but allow them to make their own decision," she notes.

Each patient is assessed through a variety of screening and testing procedures before determining if they are a good candidate for PD.

Arlene Deloughery, a Registered Nurse and Peritoneal Dialysis Program Leader, explains the benefits of PD include being gentler on the system since the body is being dialyzed continually. This has

shown to give patients better blood pressure control, "and they don't need to travel into a unit three times a week."

Instead of cleaning the blood, PD is a system whereby patients have a catheter inserted into their abdomen and a special dialysis solution helps excess fluids and waste move out of the blood, through the peritoneum and into the dialysis fluid. The fluid is then drained from the body and discarded.

There are two forms of PD therapy:

—a manual system called Continuous Ambulatory Peritoneal Dialysis (CAPD), requires no machine and can be completed in any clean, well-lit place. The abdomen is filled with dialysate solution three to four times per day.

—Continuous Cycler-assisted Peritoneal Dialysis (CCPD) uses a machine where the patient can have the dialyzing treatment automatically fill and empty in

the abdomen. Patients are able to travel easily with the machine and always have CAPD as their back-up.

"The machine is basically the size of a small suitcase. The patient puts it by the bed and they can hook up to be dialyzed overnight," explains Deloughery, adding that it is less time-consuming and provides a great amount of freedom for renal patients during the day.

Since an estimated one-third of dialysis patients still work, this option sometimes suits their lifestyle better than committing to the hemodialysis unit schedule.

Patients spend one to two weeks training for PD therapy with the RVH team before beginning treatments on their own. They only need to visit the hospital once each month for a PD clinic where they check their weight and blood pressure and meet with the team for assessment.

Deloughery adds that there is always someone on call if the patient happens to have any questions or needs assistance, "whenever they need help, we're here 24/7."

Flexible dialysis treatment suits local woman perfectly

Rhonda Fletcher wakes up every morning around 4 a.m. and prepares herself for another busy day as a co-owner of a large local business.

Before driving to her office on Mask Road, Fletcher's new morning routine includes cleaning out a suitcase-sized machine located on her bedside table. Its chambers contain a whole night's worth of excess waste and toxins that her own kidneys can no longer clean out on their own.

Fletcher began life-saving hemodialysis treatments in January after being diagnosed with stage five CKD and, about a month later, switched to a more flexible form of dialysis treatment in peritoneal dialysis (PD).

"I try to work as full-time as possible," says Fletcher, 49, adding that dialyzing her body while she sleeps each night is less time-consuming and less restricting than adhering to the hospital's dialysis unit schedule.

She was an ideal candidate for PD treatment, and has found that it suits her lifestyle better than hemodialysis.

The Haley Station resident can't say enough about the service and the staff at RVH who have cared for her over the years. She had been in Dr. Delbrouck's care for many years, spent two years with the multidisciplinary team in the PRI clinic and says all of the nurses in the

hemodialysis unit were wonderful: "You can tell they really love their job, there's such a nice atmosphere in there and they really make you feel so comfortable."

What she has appreciated most is the fact that she has been able to stay so close to home for 99 per cent of her specialized care, including the intense training process for her own PD treatments.

"I only had to go to Ottawa two times, all of the rest has been done right here," she notes.

"It's an incredible facility. We are very fortunate to have this service available so close."

Even the equipment and supplies for her treatments are delivered directly to her home, again making it very easy for Fletcher to focus on other things than her poorly functioning kidneys.

"The machine looks a little intimidating at first, but there's really nothing to it," she says, mentioning that she can go away for the weekend if she wants and still have the life-saving treatments at a cottage or even in the car without a second thought.

She knew some form of dialysis was inevitable—Fletcher was diagnosed with polycystic kidney disease at age 12 and is one of many in her family dealing with dialysis.



Arlene Deloughery, RVH Peritoneal Dialysis Program Leader, and dialysis patient Rhonda Fletcher.

Her mom is a successful kidney transplant recipient and her uncle recently had a kidney transplant. Fletcher says she will soon begin the process to be put on the waiting list for a new kidney, but is content continuing on with PD treatment in the meantime.

"It is a disease, but it is very livable," she concludes.

Nurses hitting the books

Professional certification

Veteran Registered Nurse (RN) Joyce Mulvihill was among several nurses in the RVH dialysis program who successfully achieved Certification in Nephrology Nursing last spring after completing an intense study process.

Recently, two more colleagues in the unit wrote the exam to obtain certification designation.

The Canadian Nurses Association (CNA) provides the opportunity for registered nurses to write the certification exams every April.

The content of the study materials served as both a refresher and presented some new information to RN Linda Pappineau, who has spent the past nine years caring for our renal patients in the RVH dialysis unit. “For me, it was a good opportunity to gain more knowledge and test my skills.”

The exam covers all aspects of nephrology nursing practices, including areas in which our nurses don’t have the opportunity for practical experience, such as transplants and pediatrics.

“Becoming certified in nephrology nursing shows their commitment and dedication to the field,” states Janice Verch-Whittington, Clinical Nurse Manager of the Nephrology program at RVH.



RVH staff members and Dr. Nicole Delbrouck, seated second from right, attended Nephrology Education Day.

“It is quite a process to prepare for the exam and they invest their own time and energy,” outside of their clinical duties in the unit. “Achieving certification elevates their professional status,” she adds.

Continuing education

An annual Nephrology Education Day provides the opportunity for staff to hone their specialized skills. This year it was held on May 5. Because the dialysis unit is

closed on Sunday, it allows all staff to attend this valuable education day. It was also an excellent way to kick off National Nursing Week 2013.

“It is great for our staff to get an update on new procedures, standards of practice and care for nephrology patients. The annual event is not only for nephrology nurses, but other staff in the hospital who care for this patient group,” says Chris Ferguson, RVH Vice President of Patient Care Services.

Renal patient and nutrition: A backwards balancing act

A major component of the RVH PRI clinic is dietary education and addressing the unique food restrictions for renal patients.

“It’s a bit of a backwards diet in the sense that we’re telling patients to limit fruits and to eat white bread, and telling them to have minimal dairy products. It’s frustrating for them because it’s the opposite message from what they’ve been taught their entire life,” explains RVH dietitian

Donna Reid, warning that this advice is not a healthy diet for everyone, just people diagnosed with chronic kidney problems.

However, in caring for our kidneys, which regulate the functions of the rest of the organs in our body, Reid gives one piece of universal advice—limit your sodium intake.

“The general population consumes too much sodium and many of us don’t even

know where it comes from,” citing fresh seasoned meats as one major culprit for hiding obscene levels of sodium.

“High levels of sodium sneak in more so in packaged or canned foods than anything else, so you really have to watch for it,” says Reid.

Reducing the consumption of phosphoric acid, which is found in dark soft drinks, can also help to protect your kidneys.

For many PRI patients, it often boils down to Reid and her dietary team teaching basic cooking skills or providing easy meal ideas, since they have spent years reaching for quick, cheap food options.

“It is a complex aspect to the disease, and certainly difficult for many to adapt to the restrictions,” says Reid. She notes that taking control of the diet helps to control blood pressure. “Good blood pressure is key in protecting the kidneys.”

OTN helps professionals care for more patients on a daily basis

Our renal team specialists are relying on the Ontario Telemedicine Network (OTN) more than ever for efficient care of their patients.

OTN is a sophisticated video conferencing system that bridges the distance of time and geography, and is embraced by our nephrologists, specialists and renal patients alike.

Medical Director of the Nephrology program, Dr. Nicole Delbrouck, says that since she is able to conduct a large number of appointments from the Renfrew site, she is able to spend more time providing patient care that she would otherwise spend in transit. “There’s also an exhaustion factor when you travel long distances,” she adds.

For example, travel time to and from the Barry’s Bay site is approximately three-and-a-half hours. Dr. Delbrouck has calculated it to be equivalent to 18 patient visits.

On any given day, OTN consultation appointments are scheduled for both Dr. Delbrouck and Dr. Amtul Musawir between the dialysis patients in Barry’s Bay or Pembroke, or conducting clinics. Occasionally they also meet with patients who are at Telemedicine rooms in Carleton Place, Deep River or Arnprior.

“This is a multi-systemic disease, which is quite complicated, so I always meet the patient in person first before using OTN,” explains Dr. Delbrouck, who will carefully screen her patients before explaining the technology. She always ensures they are comfortable talking through a computer system before their follow-up care commences over computer screens.

OTN has also allowed her to assess an acute patient at an off-site hospital, whose

condition would have worsened if they were required to travel to Renfrew for her expertise.

“Not all patients need to come in to the hospital to be examined,” comments Dr. Musawir, adding that there is the same level of care and comfort to her patients when conducting appointments virtually or in person. “Our patients in Barry’s Bay and Pembroke are typically more stable and would otherwise need to come all of the way here just for me to tell them they are doing well.”

She says it reduces the financial burden on the patient and their families, is safer, particularly during winter months, and more environmentally friendly to use this innovative system.

Patients based in Whitney, for example, can drive to Barry’s Bay instead of trekking an additional 95 kilometres to Renfrew.

“I have very few patients who prefer to come in to meet with me in person,” when given the option to use Telemedicine for routine appointments, Dr. Musawir states.

“The Telemedicine support we receive from everyone is great,” mentions Dr. Musawir. RVH RPN Bonnie Nolan helps to coordinate each OTN meeting and our Information Technology team quickly responds if there are any technical issues. “The support staff and nurses on the other end are also wonderful to take the patient’s blood pressure, their weight and prepare a list of medications before the appointment so all of that information is ready for me before we begin.”

Technologists keep machines running smoothly

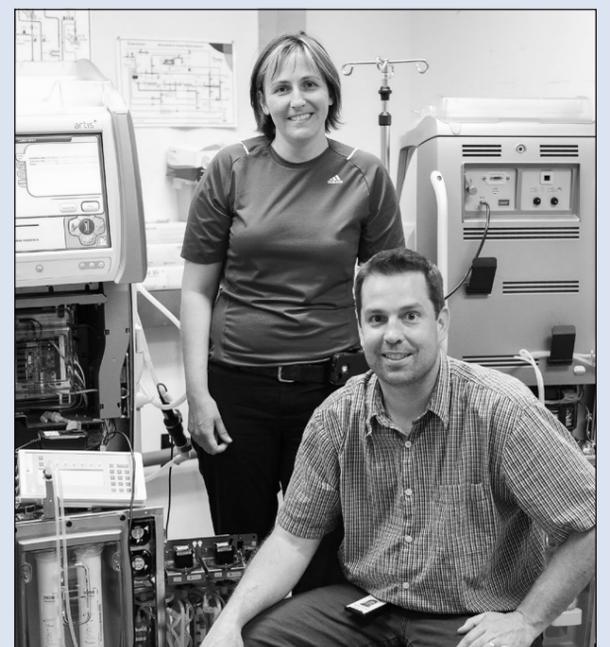
The dialyzing stations in Renfrew County provide thousands of life-saving treatments to our patients each year and they are kept in top working condition with the expertise of two RVH dialysis technologists.

Tania Scheuneman and Darwin Chevalier are responsible for machine maintenance and overseeing the special equipment that feeds purified water to each station in the dialysis unit. Scheuneman explains this purification system is a vital component of the treatment process.

The treated water is mixed with a concentrated form of the dialysate and helps transport metabolic waste out of the blood stream.

“We do a lot of planned preventative maintenance,” says Chevalier, noting that they are based at RVH, but usually travel to the Pembroke satellite unit once a week and the Barry’s Bay site once every second week.

“These machines get turned on at 6:30 a.m. and go until 11:30 at night, six days a week—they’re real workhorses,” says Scheuneman.



Technicians Tania Scheuneman and Darwin Chevalier.

Call to Action

LEARN  KNOW  ACT

RVH
RENFREW VICTORIA HOSPITAL



RVH Foundation is taking strides to enhance its online presence. If you would like to receive RVH Foundation and Renfrew Victoria Hospital news electronically, please send your email address to: info@rvhfoundation.com

A small gift grows your community hospital

Make an investment in health care. Your monthly donation will help us in striving to provide the highest quality of care in your community hospital.



Meaningful memoriam gifts

We are grateful to the families who request donations to the RVH dialysis department in lieu of flowers at their loved one's passing. The donations are a meaningful way to honour the memory of a loved one, friend or colleague, express sympathy to kin, and provide the lasting gift of enhanced health care for others in our community.

Thank you for helping the RVH dialysis unit continue our quest to provide the highest quality of care.

Threads of care and compassion

Marlene Wade, an avid quilter, couldn't help but craft her two sons each a quilt to keep them warm during their hemodialysis treatments.

Patients typically feel chilly during the four-hour process and although the care providers will bring blankets from the warming unit, there's something special about having a homemade quilt to cover you up.

Seeing the impact it had on her sons gave Wade the idea to round up a few friends and see if they could make quilts on a regular basis to donate to patients in the Renfrew dialysis unit.

Six ladies joined the project in March 2007 and Wade says she now has a group of 10 regular quilters who call themselves the Haley's Quilting Grannies.



Dialysis patient Roberta Meyer with quilters Linda Blimkie, Marlene Wade and Pearl Gould.

The Grannies have donated more than 200 lap quilts to RVH nephrology patients. Members of the quilting group are Ruby McLenaghan, Pearl Gould, Sylvia Waghorn, Betty McMullen, Linda Blimkie, Lois Bell, Beulah Wright, Diaan Juby, Heather Rokowskie and Marlene Wade.

Roberta Meyer from Petawawa had the opportunity to meet and thank some of the talented quilters for their gifts recently. She began treatments last November and says she was shocked to see the quilt made just for her. Meyer brings it back and forth each time to keep her comforted during her long stay.

"It's so nice and warm," she adds.

"They are all so thankful, they really don't expect anything like this," says Meagan Lance, the Social Worker with the RVH Nephrology Program.

Lance informs the Grannies of any new patients and they swiftly prepare a new quilt—personalized with the patient's name sewn into the side. If the patient is transferred to one of the satellite units in Barry's Bay or Pembroke, they get to take their quilt with them.

"Our new patients experience a rollercoaster of feelings throughout their treatments in the dialysis unit and it is always a great feeling to see a big smile on their faces when they receive such an unexpected gift from complete strangers; the odd time this is the first smile we (the staff) see coming from some of our patients," Lance states.

Patients and their families show their gratitude by donating scrap fabrics and money to help purchase supplies. Wade says that people who know about the group will also donate materials for them to use.

"These quilts are a staple in our units and join our patients together into a new kind of community. Many times when I give a new patient their quilt it opens up a conversation between the patients in the chairs beside them. This creates a friendly and inviting environment where the patients can feel comfortable and go on to meet many new friends," concludes Lance.

Support FORE RVH

June 14: RVH Charity Golf Classic

July 6: Golf for the Girls supporting Digital Mammography at Renfrew Golf Club

July 12: Cougars Conquering Cancer Annual Golf Event for RVH

Please contact the RVH Foundation for more details.

Outstanding dedication to the cause



Our thanks to Loyal Orange Lodge member Norm Eady, seated at left, an organizer of the annual *Bowl for Health and Fun* tournament since it first began in 1994 in conjunction with the International Plowing Match in Renfrew County.

Norm recalls in his retirement letter, "...we were asked to raise funds for the match, with a percentage of the money raised to be donated to a cause of our choice. We chose the dialysis unit at Renfrew Victoria Hospital, and held a Bowl for Health and Fun day. After the match, the Loyal Orange Lodge of Renfrew County decided to make it an annual event in the month of March."

In April, Norm announced his retirement from chairing the event, "due to health issues", but not without ensuring that his work would be continued. The new chairman of the event is Greg Lewis.

Norm concluded his letter, "At this time I wish to thank Barb Symington, Barb Desilets—all the bowlers and all the people who made pledges—for their support and help over the past 19 years."

We would like to express our most sincere gratitude to Norm for the many years of hard work and commitment in support of Renfrew Victoria Hospital. He has been instrumental in raising thousands of dollars for the RVH dialysis unit.



**The Renfrew
Victoria
Hospital
Foundation**

Make RVH your charity of choice. Please call the RVH Foundation office at 613-432-4851 ext. 263, or visit us online at www.rvhfoundation.com to learn more about how you can contribute to the RVH difference.