

# Project Transition Plan

## Conservative Kidney Management

*Final*

### Revision History

Version	Date	Author(s)	Revision Notes
0.1	Dec 20, 2017	Vanessa Steinke	Creation
0.2	Apr 26, 2018	Vanessa Steinke	Update
0.3	May 3, 2018	Vanessa Steinke	Update minor details
0.4	May 4, 2018	Vanessa Steinke	Update minor details
0.5	May 8, 2018	Vanessa Steinke	Updates based on meeting with Carol Easton
0.6	May 18, 2018	Vanessa Steinke	Updates to Training Plan from CNE's
1.0	May 29, 2018	Vanessa Steinke	Final updates including data to Mar 2018

**Project Manager:** *Vanessa Steinke*

**Business Area:** *Kidney Health Strategic Clinical Network*

**Project Sponsor:** *Dr. Sara Davison, Louise Morrin, Dr. Nairne Scott Douglas*

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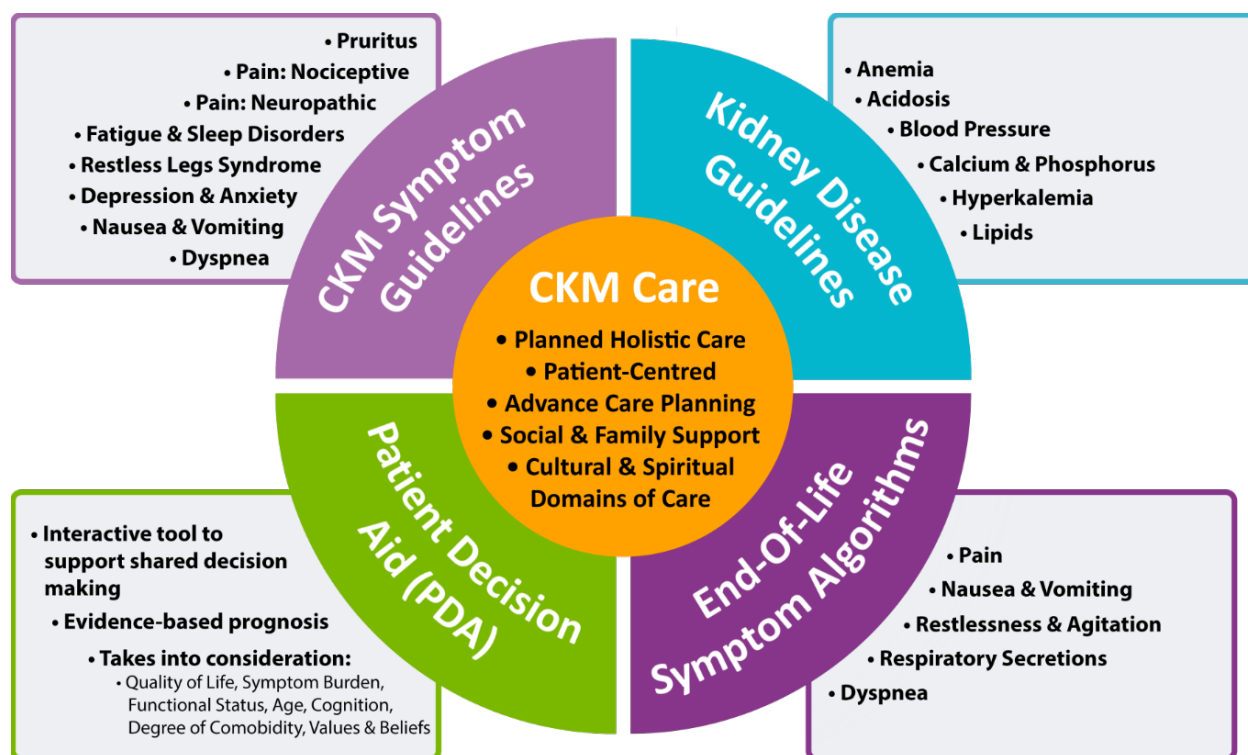
## Section 1. Current State

### 1.1 Project Background

**Conservative Kidney Management (CKM)** is a treatment option for patients with glomerular filtration rate (GFR) category 5 chronic kidney disease (CKD) that, through shared decision-making and patient-centered care, emphasizes active symptom management and advance care planning. It can include interventions to delay the progression of kidney disease, but it does not include dialysis.

The Kidney Supportive Care Research Group, in partnership with the Kidney Health Strategic Clinical Network™ and funded by Alberta Innovates successfully launched a provincial CKM pathway in September 2016 to improve, standardize and evaluate care for patients with advanced chronic kidney disease who choose CKM. Overall the project was on-time and under budget throughout, meeting all of the major milestones and resulting in improvements across the 6 dimensions of quality.

The CKM Clinical Pathway was piloted by 4 outpatient kidney clinics in Northern and Central Alberta. The online clinical pathway and materials are publically available to patients, families, and healthcare practitioners at: [www.CKMcare.com](http://www.CKMcare.com). The “mobile first”, interactive web-based tool empowers communities, families, patients and clinicians to help guide **individualized integrated care plans**. This diagram represents the CKM philosophy of care, in addition to some of the clinical resources available:

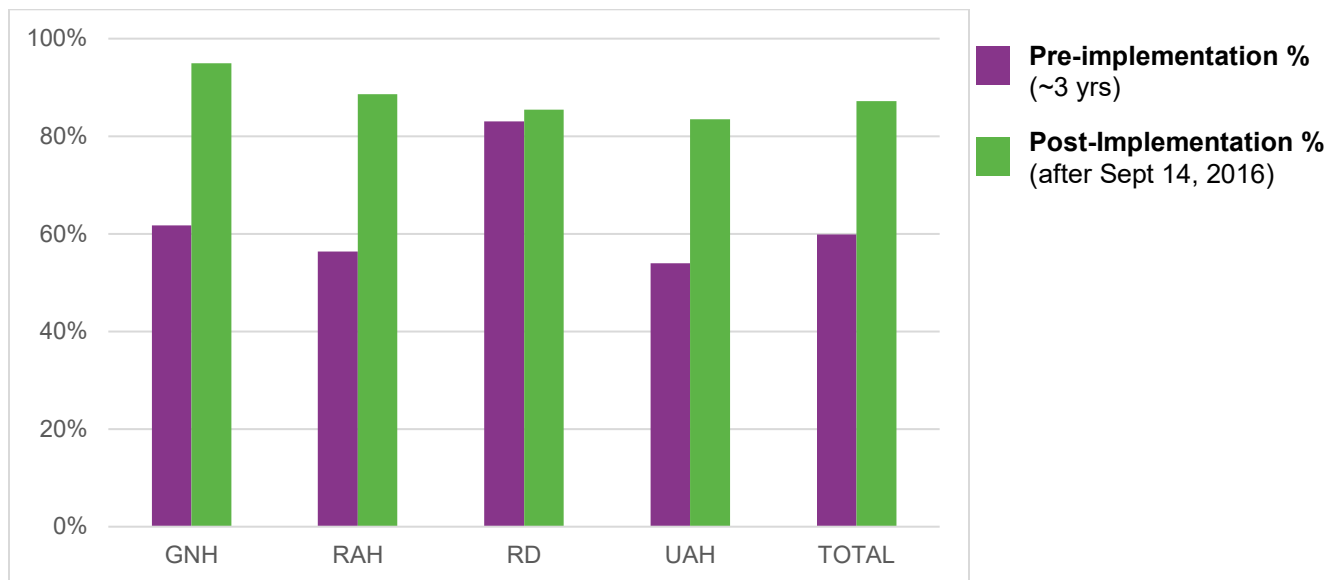


## 1.2 Project Outcomes

Early results are showing that the pathway is empowering patients to make informed decisions about their care, improving access to information and healthcare resources, reducing symptom burden, and preserving physical function and quality of life.

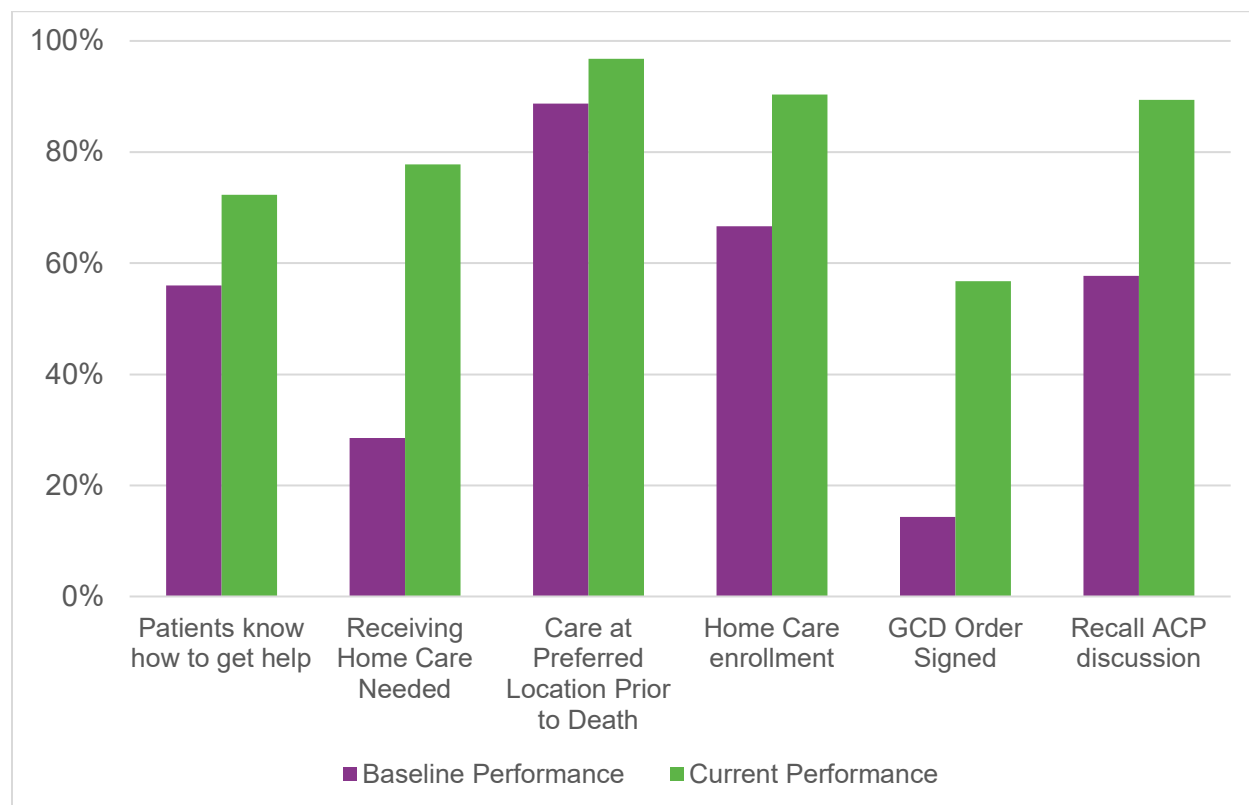
***"It confirmed and helped reinforce that he felt he was making the right decision, and that it was his decision." – family member***

**Primary Outcome: % of patients staying on CKM and not changing modalities**  
(early results – updated Mar 2018)



	Pre-Implementation			Since Implementation		
	Denominator	Numerator	%	Denominator	Numerator	%
GNH	128	79	62%	60	57	95%
RAH	55	31	56%	44	39	89%
RD	59	49	83%	48	41	85%
UAH	239	129	54%	121	101	83%
TOTAL	481	288	60%	273	238	87%

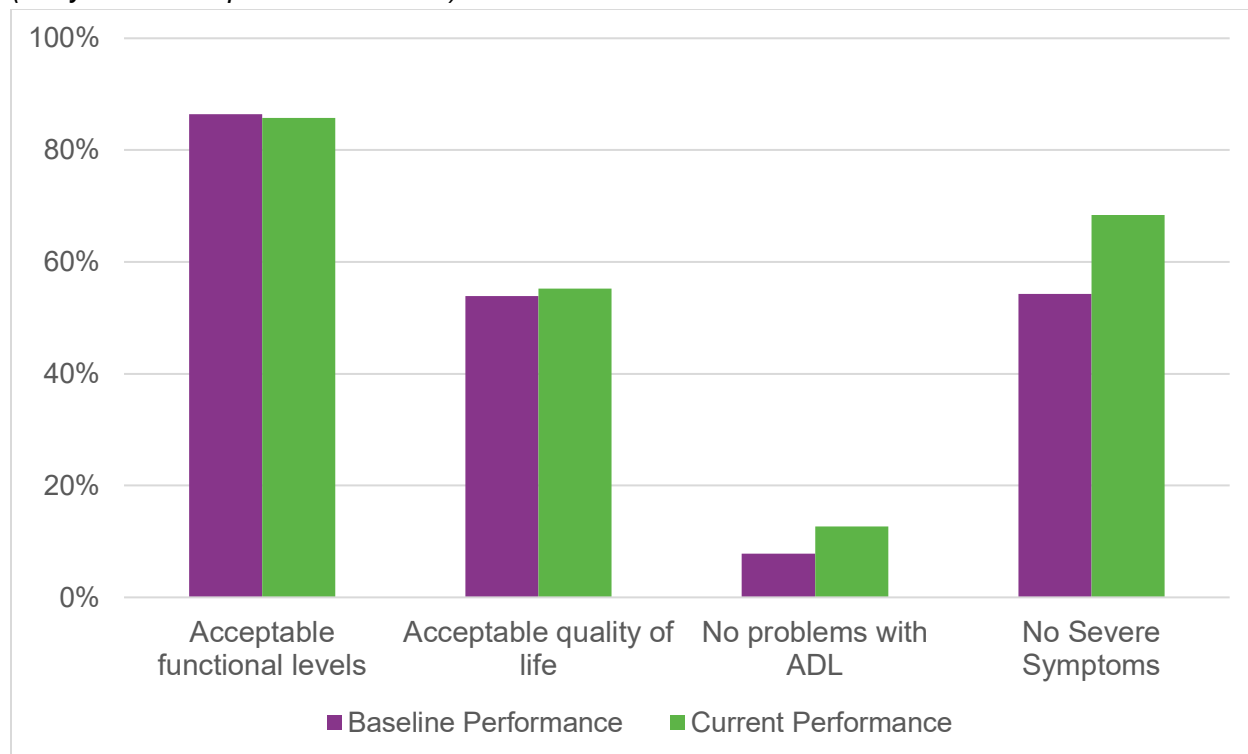
## Secondary Outcomes: Selected cumulative results for CKM Pilot sites (early results – updated Mar 2018)



	Baseline	Baseline %	Post	Post %
<b>Patients know how to get help</b>	14	56%	68	72%
<b>Receiving Home Care Needed</b>	6	29%	42	78%
<b>Care at Preferred Location Prior to Death</b>	314	89%	91	97%
<b>Home Care enrollment</b>	318	67%	235	90%
<b>GCD Order Signed</b>	67	14%	155	57%
<b>Recall ACP discussion</b>	15	58%	85	89%

### Acronyms:

- GCD: Goals of Care Designation
- ACP: Advance Care Plan

**Clinical Outcomes: Selected cumulative results for CKM Pilot sites**
*(early results – updated Mar 2018)*


	Baseline	Baseline %	Post	Post %
Acceptable functional levels	232	86%	223	86%
Acceptable quality of life	97	54%	138	55%
No problems with ADL	21	8%	32	13%
No Severe Symptoms	144	54%	173	68%

**Acronyms:**

- ADL: Activities of Daily Living

### 1.3 Outstanding Project Issues and Activities

- Nephrologist training
- Online Modules
- Explore options to add “fields” to NIS to capture additional data (ie: Nursing Team Color)
- Intellectual Property agreement for website content between AHS and Dr. Davison / U of A
- Restless legs could be added as an additional symptom on the dashboard (new field added to NIS in May 2018)

### 1.4 Key Lessons Learned for Sustainability

- Team Leads for each clinic who are motivated to use scorecards and lead quality improvement
- Patient level data, assigned by nursing team / clinic make the data more relevant and actionable
- Staff want to continue:

- Regular communication and in-servicing on key topics including telehealth meetings with all sites
- In-person multisite meetings are helpful and desired by staff for collaboration and sharing ideas (possibly coordinated provincially during Alberta Kidney Days - every Feb/March)
- Ongoing measurement and reporting of quality indicators
- Schedule yearly updates to the guidelines, website, and print materials including time for testing.

## Section 2. Ownership of Project Outputs

### 2.1 Ownership

- **NARP & SARP Operations:** Costs of education material and form revisions (DATA Group)
- **NARP / SARP Educators:** CKM Training plan and staff education for new and existing staff
- **Kidney Supportive Care Research Group (Dr. Davison's team) - contingent on funding:**
  - Coordinating annual / semi-annual operations Provincial CKM Steering Committee to update CKM Pathway
  - Updating CKM pathway: website, guidelines, print materials
  - Coordinating CKM Communications
- **AHS IT Clinical Services Development dept:** Back-end website updates / upgrades and maintenance

### 2.2 Housing and Access

- **The main Shared Drive and source of truth is:** [redacted]. The KSCRG Team including Dr. Sara Davison and Betty Ann Wasylynuk have access to this drive.
- **An AHS Project SharePoint was also used for Project Management, however in Operations, this SharePoint will no longer be used and all source documents have been moved to the main Shared Drive. SharePoint:** [redacted]
- **Dr. Sara Davison** also keeps some documentation on her personal computer.

**Table 1: Activities supporting housing of and access to project outputs**

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations
<b>Financial Documents</b>	As Needed	<b>Project Manager</b>	Some confidential documents are maintained by Dr. Davison.
<b>Project Management documents</b> [redacted]	As Needed	<b>Project Manager</b>	Generally housed in the Shared Drive under "1. Administrative." Includes logs: Tasks, Risks & Issues, Lessons Learned, and Contacts as Excel Workbooks
<b>CKM Pathway &amp; Materials (soft / hard copies)</b> [redacted]	Annually (Fall) or for critical changes with patient	<b>Provincial Operations CKM Steering Committee</b>	See below in section 2.3 Content Review Cycles for details on annual review.

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations
	safety implications as needed.		
<b>CKMcare.com Website</b>	Annually (Fall) or for critical changes with patient safety implications as needed.	<b>Front End:</b> <b>Chelsy George / KSCRG Team</b>  <b>Back End: Gerry Ison, Xiaoran Cheng, Wei He (AHS IT - Clinical Services Development)</b>	KSCRG will maintain front-end of website contingent on funding. Changes to be made after CKM Pathway & Materials are approved.  AHS IT will maintain back-end including necessary licenses in-kind. Also, working on PDA fixes and improvements in-kind as per their Statement of Work.  Note: [redacted] for KSCRG staff login information and training.
<b>KSCRG Team Documents</b> [redacted]	As needed	<b>KSCRG Team</b>	Includes CKM team documents related to HR, Photos, Graphics, as they are used by the whole KSCRG team.
<b>eTrac</b>	Quarterly	• <b>Project Manager</b>	<a href="https://www.ualberta.ca/research/services/">https://www.ualberta.ca/research/services/</a> > click on "Researcher Login"
<b>Intellectual Property Agreement</b>	ASAP	• <b>U of A, AHS Kidney Health SCN, Dr. Sara Davison</b>	AHS & U of A TEC Edmonton are working on IP Agreement for the CKM Website. [redacted]

## 2.3 Content Review Cycles

### **CKM Pathway & Materials (soft / hard copies)** [redacted]

Annually (Fall) or for critical changes with patient safety implications as needed:

- Changes can be submitted to [CKM.Pathway@ahs.ca](mailto:CKM.Pathway@ahs.ca), and will be monitored, [logged](#) and prioritized by the KSCRG Team.
- Steering Committee Members will stay current on **literature and evidence**, and NARP CNE and Library Services will conduct a **literature search** on new publications annually.
- NARP CNE will coordinate **annual update meetings** with Provincial CKM Steering Committee
- NARP CNE will submit approved revisions to **DATA Group (Sue Kennedy)** for updated education materials.\*
- KSCRG Team and AHS IT Clinical Services Development will **update website**.
  - KSCRG will maintain front-end of website contingent on funding. Changes to be made after CKM Pathway & Materials are approved.

- AHS IT will maintain back-end including necessary licenses in-kind. Also, working on PDA fixes and improvements in-kind as per their Statement of Work.
6. NARP CNE will work with the KSCRG team to communicate the changes to stakeholders through a newsletter, social media, and a Provincial Telehealth / webinar if required.

\* NARP & SARP have agreed they will cover the costs of education material and form revisions (DATA Group)

## 2.4 PRIHS Reporting

Project Manager to submit quarterly and annual reports to Alberta Innovates: [redacted]

Reports: [redacted]

- Financial Statements: <https://www.ualberta.ca/research/services/> > click on "Researcher Login"

# Section 3. Data Management

## 3.1 Management

Generally, the KSCRG Data Analyst will be responsible for monitoring and coordinating data management and evaluation activities under the direction of Dr. Sara Davison. The NARP CKD Clinics also have access to their Tableau dashboard and should be empowered to use the data independently or in collaboration with the KSCRG Team for quality improvement in operations. Requests to change the indicators or reports will be coordinated through the KSCRG Data Analyst who will connect with the appropriate groups or individuals to review and make changes where agreed. Data will be reviewed by the CKM Provincial Operations Steering Committee bi-annually in the fall and spring, and presented to the AKC Leadership Coordinating Council.

**Table 2: Activities supporting data management**

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations	Ongoing?
<b>CKM Scorecard on Tableau</b> <span style="background-color: yellow;">[redacted]</span>	Monthly	<b>Isabaele You</b> (AHS Clinical Analytics) <b>(Flora Stephenson – on mat leave)</b>	Original Balanced Scorecard for CKM Project (2016-2018) In Kind. See Evaluation Framework for more details on Data Sources.	N
<b>CKM Dashboard (new)</b>	Monthly	<b>Sarah R</b> <b>Isabaele You</b> (AHS Clinical Analytics)	New operations Dashboard beyond the initial project phase. Isabelle will update data monthly and an automated email will be sent to Clinic Staff by site. Sarah R will develop and distribute a report by color team to the U of A site.	Y

## Knowledge Management

Conservative Kidney Management  
Transition Plan

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations	Ongoing?
		(Flora Stephenson – on mat leave)	Data includes <b>both</b> CKM Dashboard and CKM Patient Satisfaction survey reports.  Note: This is a <b>list of CKD staff with access</b> to the dashboard. If someone is “unlicensed” they need to complete the <a href="#">Tableau End User Agreement</a> .	
CKM Patient Satisfaction Survey Report	Complete	<b>Reporting date: Sarah R</b>  <b>Original owner: Janet Cohen</b> (AHS Analytics)	In Kind. In the Project Phase, this was reported in Tableau: <b>_____</b>  In operations, the new report will be integrated with the new CKM Dashboard.	N
CKM Patient Satisfaction Surveys	Patients to complete yearly	<b>Sarah Rathwell</b>	Clinics are starting to collect data using iPads (was originally on paper) and automating reports through RedCap.  • <b>Procedure for administering surveys:</b> <b>_____</b> • <b>Raw Survey Data:</b> <b>_____</b>  Sarah R to analyse, remove identifiable information and report on qualitative comments bi-annually to the CKD Clinic Manager, CNE's and KSCRG team.	Y
CKM Focus Groups and Patient Interviews	Complete	PI: Dr. Sara Davison Student: Syed Hussain	Information collected and used as per ethics approval.	N
Provincial Surveys (on Select Survey)	N/A	<b>Vanessa Steinke is the Owner.</b> The reports are Archived and will be available to view only.	<ul style="list-style-type: none"> <li>• <b>Dec 12, 2017 Provincial Telehealth Results:</b> <ul style="list-style-type: none"> <li>○ Formatted Report: <b>_____</b></li> <li>○ Raw data: <b>_____</b></li> </ul> </li> <li>• <b>Jul 2016 Draft CKM Website User Acceptance Testing</b> <ul style="list-style-type: none"> <li>○ Formatted Report: <b>_____</b></li> <li>○ Raw data: <b>_____</b></li> </ul> </li> <li>• <b>Jul 7, 2016 Provincial Telehealth Results:</b> <ul style="list-style-type: none"> <li>○ Formatted Report: <b>_____</b></li> <li>○ Raw data: <b>_____</b></li> </ul> </li> <li>• <b>Feb 9, 2016 Provincial Telehealth Results:</b> <ul style="list-style-type: none"> <li>○ Formatted Report: <b>_____</b></li> <li>○ Raw data: <b>_____</b></li> </ul> </li> </ul>	N

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations	Ongoing?
<b>CKD Staff &amp; Physician Survey</b> ( )	Completed	<ul style="list-style-type: none"> <li>• <b>PI: Dr. Sara Davison</b></li> <li>• <b>Analyst: Sarah Rathwell</b></li> <li>• (Original Author: Vanessa Steinke)</li> </ul>	Access to original Staff & Physician Readiness Assessment raw data in RedCap is under "CKM Project" and requires appropriate access provision by the RedCap administrator.  Initial Report is filed here: ( )	N
<b>Post-implementation Staff Survey</b> ( )	Spring 2018	<ul style="list-style-type: none"> <li>• <b>Sarah Rathwell</b></li> </ul>	Collecting post-implementation staff & physician survey to measure change in satisfaction, ability and motivation to compare with initial Readiness Assessment survey. Should be analysed Spring 2018	x1
<b>Engagement Surveys</b>	As needed	<ul style="list-style-type: none"> <li>• <b>KSCRG Team</b></li> </ul>	Surveys evaluating engagement after each Workshop and Innovation Collaborative are stored in each corresponding folder for the workshop itself. The results are collected on paper and analyzed in Excel for reporting. Hard copies are in the CKM Filing Cabinet.  Going forward, additional surveys can be developed and collected for future workshops as needed.	Y
<b>Google Analytics</b>	Quarterly / As needed	<ul style="list-style-type: none"> <li>• <b>KSCRG Team</b></li> </ul>	Review CKMcare.com Google Analytics with Dr. Sara Davison. Google Analytics account is under ( ).	Y

### 3.2 Plans for Responding to Data

Formally, data will be reviewed by the CKM Provincial Operations Steering Committee bi-annually in the fall and spring, and presented to the AKC Leadership Coordinating Council. The KSCRG Data Analyst (under the direction of Dr. Sara Davison) will monitor the data on a monthly to quarterly basis, and generate any additional reports as needed. However, Tableau is already set-up with a number of reports. Operationally, the CKD staff reporting to the CKD CKM Team Leads and Manager will use the data on a daily to monthly basis. Any issues or outcomes that need additional investigation or reporting will be brought to the attention of the necessary operations departments and the CKM Provincial Steering Committee as needed.

## Section 4. Capacity to Sustain

### 4.1 Resources

Personnel from the KSCRG will be minimally involved with day-to-day CKM operations, however there will be some support as specified above for website maintenance (contingent on sufficient funding), and data analysis. From Operations, the NARP and SARP CNE(s) will work with the kidney clinics, Dr. Sara Davison and the KSCRG team to ensure communication and coordination of ongoing CKM activities such as updating the guidelines, communicating with clinic staff and responding to [CKM.Pathway@ahs.ca](mailto:CKM.Pathway@ahs.ca) emails. As well, the CKD clinics will continue to have CKM Team Leads who will work together with their staff, manager, and CNE(s) to continue improving patient care and sustainable quality improvement. Where funding is required, NARP and SARP will cover their costs respectively, and share any provincial costs where agreed and as needed (eg: minor costs of revising CKM forms and education materials with DATA Group).

## 4.2 Training

During the final Innovation Collaborative on Nov 21, 2017, the CKM Team facilitated a World Café to solicit ideas from stakeholders about topics including training and communication in operations. These ideas have been catalogued and categorized by topic and audience here in an Excel file: [\[redacted\]](#). The CKM Project Team reviewed these suggestions with Dr. Sara Davison, the CKD Clinic Manager (Janice McKenzie) and NARP CNE's to determine how and if these suggestions are incorporated into operations, and will collaborate with SARP CNE's and clinicians to further identify provincial strategies.

**Table 3: Activities supporting training - draft**

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations
New Staff Training	CKM training will be offered during the nurse's orientation to CKD	Two-90 minute CKM sessions will be provided to the new CKD nurse (provided by Betty Ann) <u>Session 1</u> : Overview of CKM (philosophy, development, implementation and evaluation); Tour of the CKM pathway; Review of Healthcare Professional Side – focussing on Step 2-4; Review symptom guidelines and patient handouts and the CKD guidelines; Review EOL symptom guidelines; brief tour of the Patient/family side Provide nurse with the link to Dr. Davison's symptom management video for nurse to view on own during orientation Provide nurse with a case study – allows nurse to practice navigating the website (to complete case study by second session, [but during his/her orientation]) <u>Session 2</u> : review case study and answer any questions; Review PDA – practice navigating PDA using information about a case study; Review scorecards; Review NIS	

## Knowledge Management

### Conservative Kidney Management Transition Plan

		documentation (patient teaching, patient resources) Melissa will provide the clinical aspect to CKM – process flow in the CKD clinic with training and on-going staff assessment.	
Ongoing Staff Training	Every 2 months  As needed  Monthly	CNEs will provide opportunity to address new agenda items, follow-up on previous agenda items, opportunity to discuss a patient case addressing CKM care and/or PDA Meetings will be hosted at the UAH site with telehealth opportunity for other pilot sites  CKD staff will email the CNEs if they have questions For more urgent issues, CNE will address issues at the CKD monthly meeting	
Physicians		<i>(I think Sara is the best person to provide education to the nephrology group)</i>	
Webinars	Winter 2018	CNE will begin researching this avenue of training. This avenue may be used to supplement the MLL modules (below)	
My Learning Link	Fall 2018	Betty Ann will begin working on MLL modules intended for new CKD staff, primary care nurses and community nurses. She will liaison with identified staff in SARP to assist in the module development and any other avenues of training identified.	
In-Services / Lunch & Learn See above re: On-going Staff Training			
Staff meetings See above re: on-going Staff Training			

### 4.3 Considerations for Ongoing Engagement

**Table 4: Activities supporting ongoing engagement**

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations
CKM Operations Steering Committee meetings	1-2 times / year	<ul style="list-style-type: none"> <li>CKM Operations Steering Committee.</li> <li>NARP CNE to coordinate</li> </ul>	Sub-committees
Leadership Meetings	As needed	Project Manager, Dr. Sara Davison	Involve CKM Steering Committee co-chair
Alberta Kidney Care Leadership Coordinating Council	2/year and as needed (Fall & Spring)	Dr. Sara Davison	Coordinate through Sandi Vanderzee & Carol Easton
Provincial Collaboration?	1/year	NARP/SARP Operations, KHSCN	In conjunction with AKD?
Provincial Telehealth	1/year (~Fall/Winter?)	Project Manager, CNE's, Administrative Assistant to coordinate	To share annual CKM pathway guideline and website updates

## Section 5. Issues Management

Issues can be reported in-person or submitted to the [CKM.Pathway@ahs.ca](mailto:CKM.Pathway@ahs.ca) email which will be monitored by the KSCRG Team regularly. The KSCRG Project Manager will maintain an Issues Log on the KSCRG Team Shared Drive and review these regularly with CKM Steering Committee Co-Chairs during the Leadership Meetings and as needed for resolution or escalation. Any issues or outcomes that need additional investigation or reporting will be brought to the attention of the necessary operations departments and the CKM Provincial Steering Committee and/or Alberta Kidney Care Leadership Coordinating Council as needed.

- **Risks & Issues Logs:** [redacted]

## Section 6. Communications

**Table 5: Activities supporting ongoing communications**

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations
CKM Newsletters	2-3 times / year. One to coincide with annual pathway update.	KSCRG Team, NARP & SARP CNE	Use MailChimp and post PDF on CKM website. Continue using MailChimp to manage subscriber contact list. For Login

Description of activity	Timelines / Frequency	Individual(s) or Group(s) responsible	Costs and/or other considerations
			information: see <span style="background-color: yellow;">[redacted]</span> document <i>(FYI: Analytics reports are built-in to the account)</i>
Provincial Telehealth about Updates and New Features	1 / year to announce annual pathway updates	KSCRG Team	Also post online for future viewing
Article submissions to healthcare newsletters and other communication sources	1-2 / year	KSCRG Team, NARP & SARP CNE	Consider submissions to Kidney Health SCN, Palliative Care, Nephrology, AHS, etc...
CKM.Pathway@ahs.ca email	Daily	Betty Ann Wasyluk Melissa Giroux Chelsy George	Use generic responses for clinical questions or review with Dr. Davison if needed.  Need to be logged into personal AHS email account to view.
Use KSCRG Communications Plan and Social Media Strategy	See Communications Plan	KSCRG Team	

## Section 7. Key Contacts

- See Key Contacts workbook: [redacted]
- Email List subscribers are managed through MailChimp (see Section 6 above)

## Section 8. ABBREVIATIONS

- AHS: Alberta Health Services
- CNE: Clinical Nurse Educator
- CKM: Conservative Kidney Management
- KSCRG: Kidney Supportive Care Research Group (Dr. Sara Davison)
- CKD: Chronic Kidney Disease
- KHSCN: Kidney Health Strategic Clinical Network

**Knowledge Management**
**Conservative Kidney Management  
Transition Plan**
**Review and Approval**

*The purpose of the Review and Approval section is to clearly signify that key decision makers and stakeholders have reviewed and approved the Project Transition Plan.*

**Sara Davison**  
CKM Project Lead

Name and Title	Date	Signature
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**Carol Easton**  
Executive Director, SARP

Name and Title	Date	Signature
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**Sandra Vanderzee**  
Director, NARP

Name and Title	Date	Signature
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**Janice McKenzie**  
CKD Clinic Manager

Name and Title	Date	Signature
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**Louise Morrin**  
Senior Provincial Director Kidney Health SCN

Name and Title	Date	Signature
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**Allan Ryan**  
Director, Clinical Analytics

Name and Title	Date	Signature
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**Gerry Ison**  
Manager, Clinical Services Development,  
Information Technology

Name and Title	Date	Signature
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