

DIALYSIS INTEREST GROUP

The Dialysis Interest Group continues to grow, currently there are 76 members. The following highlights work to date:

Dialysis Interest Group Antibiotic Resistant Organism (ARO) Screening Recommendations

The DIG has been developing a document on ARO screening recommendations for dialysis patients. Recognizing that hemodialysis patients may play a significant role in the emergence of ARO's, it is in the best interest of key stakeholders to ensure all appropriate strategies are in place to prevent further transmission within our hemodialysis settings. The DIG continues to revise their current working draft recognizing that the approach to the prevention and control of antibiotic resistant organisms must be tailored to the specific needs of the high-risk hemodialysis population and their various individual institutions.

Hemodialysis Central Line Care Audit

Throughout the year various questions arose regarding hemodialysis catheter care across the country. An audit was developed by Stephanie and sent to the DIG membership. Twelve audits were returned and the results were compiled and have been posted on the DIG site.

DIG Annual Meeting in Montreal, May 2008

A large group was in attendance for the annual meeting. The following highlights the meeting:

- 1 hour education session related to Surveillance in the Hemodialysis Setting. The session included:
 - ✓ Elements of surveillance
 - ✓ Targeted surveillance
 - ✓ Surveillance methodology
- DIG communication and response will continue according to our current practice. The DIG member who poses the questions will summarize all answers, disseminate to the membership and Shirley McDonald, CHICA webmaster will post on DIG site.
- DIG members will continue to keep their local chapters current regarding DIG information/communication
- Review of Terms of Reference
- Continue to develop ARO Screening Recommendations
- Merlee Steele-Rodway will continue to work with Paul Weber regarding dialysis teleconferences

Future Goals discussed by the group were as follows:

1. TB screening in the hemodialysis population. This would include:
 - a. Admission screening (entrance to the dialysis program)
 - b. Contact screening/tracing and the role of the ICP and Public Health
 - c. TB conversion as related to the immunocompetent patient such as HIV
2. Collaboration with Renal Partners. Members voiced the importance of a collaborative relationship and open dialogue with our renal partners. This may include:
 - a. Canadian Society of Nephrology
 - b. Canadian Association of Nephrology Nurses & Technologists

Ongoing activity

The DIG continues to be an active and supportive group who support DIG members with ongoing hemodialysis issues and concerns.

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