

ASIA-PACIFIC CHAPTER NEWSLETTER

INTERNATIONAL SOCIETY FOR PERITONEAL DIALYSIS (ISPD)

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ISPD New Council elected at the ISPD 2018 Congress in Vancouver



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FRACP

President of ISPD

After the online voting that took place last Spring, the ISPD General Assembly that we held during our 2018 Congress in Vancouver last May ratified the election of the new committee members:

Xueqing Yu (President-Elect)
 Adrian Liew (Secretary)
 Anjali Bhatt Saxena (Treasurer)
 Brett Cullis (Africa / Middle East Region)
 Mark Lambie (Western Europe Region)
 Jeff Perl (North America Region)
 Hui-Kim Yap (Pediatric representative)
 Helen Hurst (Nurse representative)



The society also acknowledged the huge contributions of the outgoing members of the Council:

From their position, they all took part in these two years of growth and development of the ISPD. Special mention to the grateful good bye that the society gave to Prof. Isaac Teitelbaum. His inspiring leadership in the past two years took the society to grown stronger and healthier.

Finally, David Johnson became the new President of the ISPD until our next Congress in Glasgow in 2020. He has already started working together with the other members of the Executive Committee and the Council to continue working to improve ISPD. You can read his first message addressing the ISPD members [here](#).

News from the ISPD

Join the ISPD !

Membership benefits of the International Society for Peritoneal Dialysis include:

- Print and online subscription to Peritoneal Dialysis International
- Receipt of PD News
- Online access to ISPD Guidelines
- Special registration fees at ISPD Congress, Chapter Meetings and the Annual Dialysis Conference
- Application for ISPD Scholarships and Grants

Please join the ISPD membership at www.ispd.org. There is a category of membership for developing countries (institutional membership) allowing 10 member from same institute to pay at one member cost.

Asia-Pacific Chapter Scholarship

This is a scholarship to support up to 3 months training in clinical PD for doctors and nurses from Asia-Pacific region. Deadline for application for each round: twice a year at 30 June or 31 December. **The next deadline is 31 December 2018.** Details and application procedures can be found under the Regional Chapters – Asia-Pacific Chapter, at the ISPD website.

Editor's Note

Dear All,

Did you attend the ISPD Congress in Vancouver? As the organizers promised, it was a different kind of meeting – and a great success. Watch out for the next ISPD Congress in Glasgow, which will be co-organized with EuroPD. In this issue, Dr Walaa W.M. Saweirs announces, on behalf of the New Zealand Peritoneal Dialysis Registry (NZPDR), the plan of on-line re-launch in October 2018, and Dr Neil Boudville from Perth discuss the impact of patient education on the clinical outcome.

You are most welcome to distribute this newsletter electronically or in printed form to your colleagues or other people interested. If you or your colleagues want to receive this newsletter directly from our editorial office, please send your e-mail address to: ccszeto@cuhk.edu.hk

Sincerely,

Dr. Cheuk-Chun SZETO
 Editor, Asia-Pacific Chapter Newsletter
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Could the Way We Teach PD Account for Some of the Large Variability in Patient Outcomes Between Centres?

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On behalf of the TEACH-PD Collaboration

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Recent PDOPPS data has shown that there is a wide variation in peritonitis rates between peritoneal dialysis (PD) units within the same country. This is consistent with previous publications that has demonstrated a 10 fold variation in peritonitis rates between PD units within Australia, 20 fold within Austria, 5 fold within Scotland and 7 fold within the UK [1-4]. Much of the research to date has focused on patient level factors that influence outcomes, in particular to try and identify potentially modifiable risk factors. From this we know that there are certain demographic characteristics that predispose to worse outcome, in addition to co-morbidities, social and environmental factors.

There has however been recent evidence to suggest that a large proportion of the variability seen in important patient level outcomes, such as peritonitis and technique failure, are due to centre-level factors rather than patient-level factors. For example, in a recent publication by the ANZDATA Registry group it was demonstrated that 10% of the variability of the odds of cure of peritonitis with antibiotics was due to patient-level characteristics but 66% of the variability was adjusted by centre-level characteristics [5]. Similarly for technique failure in Australia, 28% of the variability was adjusted by patient-level factors while an additional 53% was adjusted by centre-level factors [6]. The problem however is that it is not clear exactly what centre-level characteristics are important and also which are modifiable.

In a survey of PD education in Australia, we were able to document that there is a wide variation in the education of nurses between PD units in addition to a wide variation in the way patients are educated [7]. For example, in Australia 24% of PD units train nursing staff for <15 hours before they are able to train new PD patients, while 21% train the nurses for over 100 hours. In addition, staff competency was only assessed in 37% of PD units in Australia and patient competency in 74%. Use of modern education techniques such as adult learning principles and conversational framework was far from universal. Plus utilisation of electronic delivery of teaching was less than 22% in Australian PD units. Similar findings were seen in a recent survey of PD units in New Zealand.

The ISPD have also recognised the variability in the teaching of PD both to nursing staff and patients [8]. In response, the ISPD published recommendations on the training for both PD nurses and PD patients but there is minimal evidence base to direct us on the preferred methods of training [9].

The HOME network, a group of dialysis nurses in Australia who collaborate to improve home dialysis, have created a standardised educational curriculum based upon the ISPD guidelines, evidence and modern educational theory. This curriculum has been piloted in 2 PD units in Australia and currently the Australasian Kidney

Trials Network (AKTN) are developing a cluster randomised clinical trial to investigate the effect this curriculum will have on patient level outcomes. The primary outcome being a composite of PD related infections (peritonitis, exit site infection and tunnel infection). Hopefully, if this gets funded it will be commenced in 2019 with results to follow in 2023.

It is however likely that there will probably be many centre-level characteristics that are influential in the outcomes of PD patients. While some may be measured and known there are probably others that are still to be recognised. Also, it is likely that a single intervention on a modifiable centre-level characteristic will have limited effect on patient outcomes and there may be a need for multiple simultaneous interventions to have an important clinical effect on patient outcomes. The difficulty now is identifying potentially modifiable risk factors. It would be hoped that the international PDOPPS can provide us with some of these risk factors, which we will then need to design interventions to alter.

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Upcoming Meetings

World Congress of Nephrology

12-15 April 2019

Melbourne, Australia

Abstract Submission Deadline: November 12, 2018

Early Bird Registration Deadline: January 21, 2019

Regular Registration Deadline: March 11, 2019

Website: <http://www.isnwc2019.org/>

9th Asia Pacific Chapter Meeting of International Society for Peritoneal Dialysis

5-7 September 2019

Nagoya, Japan

ISPD / EuroPD Joint Meeting

2-5 May 2020

Glasgow, Scotland

Highlights: Patient Engagement; Patient Centred Care; Hands On Catheter Insertion; Masterclasses; Global PD Care; Standardising Care and Outcomes; Basic Science



SAVE THE DATE
ISPD EuroPD JOINT MEETING: 2-5 MAY 2020 – SEC, GLASGOW, SCOTLAND

ISPD and EuroPD will be jointly hosting the 2020 Congress in Glasgow, Scotland, from 2-5 May. This will be the largest gathering of PD experts in Europe. It is expected to attract over 2,000 delegates from around the world.



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The programme will aim to strengthen participants' knowledge of PD and Home Haemodialysis on a national, regional and international scale through a multidisciplinary programme. Outline topics include:

- Patient engagement
- Patient-centred care
- Hands-on catheter insertion masterclasses
- Global PD care
- Standardising care and outcomes
- Basic science

We hope you can join us and take this opportunity to share best practice and develop future collaborative partnerships for many years to come.

Want to know more? Visit www.ispd-europd2020.com
info@ispd-europd2020.com Tel: +44 (0)131 336 4203

**New Zealand Peritoneal Dialysis Registry
Intended On-line Re-launch October 2018**



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Background

The New Zealand Peritoneal Dialysis Registry (NZPDR) was launched in 1986 to collect detailed data on all patients in New Zealand on Peritoneal Dialysis. Reports occurred yearly up until 2006 when reporting continued via the NZ Standards and Audit report. In addition there have been papers presented at ANZSN and other meetings containing registry data. From 2009, although the Registry continued to collect data, there were no reports because of functional issues within the Registry that were finally addressed in 2011. A national discussion document regarding the future of the NZPDR was circulated in January 2012, with all NZ Renal centres responding as well as the PD renal nursing group. The findings were discussed at the NZ nephrology meeting in March 2012. The conclusion from this meeting was that the Registry should continue with support received from the Northern regions primarily. An online electronic version of the NZPDR (eNZPDR) was launched in 2013, however, the registry was and remains a voluntary database that is reliant on the enthusiasm of individual units to maintain its integrity. The lack of reporting since 2009 resulted in a loss of enthusiasm for the registry's utility despite the provision of real-time data entry in 2013.

Of note, ANZDATA provides the core epidemiology reporting for patients on renal replacement therapy in Australia and NZ. However, ANZDATA only began collecting peritonitis data in 2002 utilising the NZPD Registry template that was shared with them. Furthermore, recently the Australian nephrology community has recognised the importance of collecting more peritoneal dialysis related data.

The NZPD Registry Governance Group has established medical and nursing representation from the 11 peritoneal dialysis units. This representation was formalised at a refocusing meeting held in November 2017 following on from unit feedback gleaned over

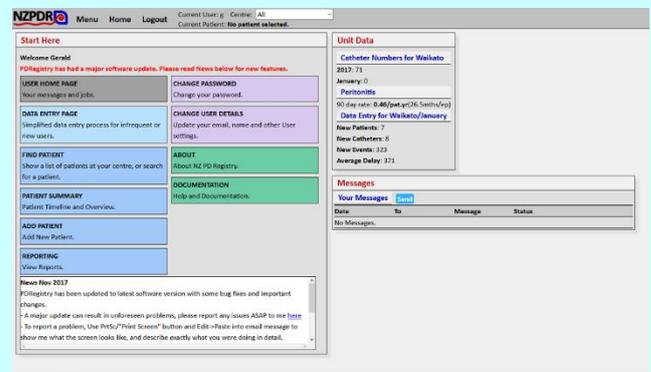
2017. The NZPDR is minimally funded, and relies very much on the enthusiasm and good will of its members, and the participating PD units. All of this is still in its infancy, and the hope is that it will form the basis of on-going improvement in PD care and research, as well as the on-going upkeep of NZ PD Data via eth eNZPDR.

Intended Capability of eNZPDR

The eNZPDR launched with the help of MDWeb in 2013, and with this data entry rapidly became paperless. Clinical staff are able to request on-line access to the secure server which has enabled the capability of real-time data entry and access. The aim was to enable live data access as well as ANZDATA data transfer without duplicate data entry. This has been finally achieved for a number of units over the last 2 years. This initial version has seen numerous changes to enhance its usability.

The latest eNZPDR upgrade targets infrequent or low computer literacy users, with easier data entry and access. There is a Home Screen that provides unit statistics in a dashboard format. This will provide real-time data, with minimal time delay, enabling CQI utilising a more comprehensive data set than is reported by ANZDATA. The home screen is potentially adjustable for each unit's own requirements such that it can include both national core data points as well as more unit specific measures. There is potential to utilise this for de-identified or national average benchmarking in real time. This will obviously tick many of the required boxes for Unit and PD leads, but will remain entirely dependent upon unit data entry.

The aim is to re-launch the eNZPDR at the New Zealand National Renal Meeting in Queenstown in October 2018. The potential "Home Page" is noted:



Home Page – with key dashboard stats (“Unit Data”). “Data Entry Page” is simplified data entry

World Congress of Nephrology 2019



Registration and abstract submission open on July 24, 2018!

On behalf of the International Society of Nephrology (ISN), the Asian Pacific Society of Nephrology (APSN) and the Australian and New Zealand Society of Nephrology (ANZSN) we are pleased to invite you to participate in the World Congress of Nephrology 2019 from April 12 to 15 in Melbourne, Australia.

WCN 2019 will focus on glomerulonephritis, and on integrated end-stage kidney disease, and covers all topics relevant to global and Asia Pacific nephrology. The program explores in detail the scientific and clinical aspects of these topics. Hands-on courses, before the scientific program begins, will offer access to international medical expertise in kidney care and research, from bench to bedside.

This congress is a unique opportunity to connect with the international nephrology community and world-renowned nephrologists to explore and understand the critical importance and global impact of kidney disease, as well as issues across the Asia Pacific region.

Stay up to date and find all the latest information at www.isnwcn2019.org.

We look forward to seeing you in Melbourne!



David Harris
ISN President & WCN
2019 chair



Masaomi Nangaku
Scientific Program
Committee Chair



Peter Kerr
Local Organizing
Committee Chair

Important Dates:
Abstract Submission Deadline:
 November 12, 2018
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 March 11, 2019



APCM-ISPDP 2019

The 9th Asia Pacific Chapter Meeting of
International Society for Peritoneal Dialysis

Date: **September 5**(Thu.) - **7**(Sat.), **2019**

Venue: **Nagoya Congress Center** (Nagoya, Japan)

Congress President: **Yasuhiko Ito** (Aichi Medical University)

Supported: Japanese Society for Peritoneal Dialysis
The Japanese Society for Dialysis Therapy
Japanese Society of Nephrology
Japan Academy of Nephrology Nursing

Secretariat: **Masashi Mizuno** (Nagoya University Department of Renal Replacement Therapy)



NAGOYA