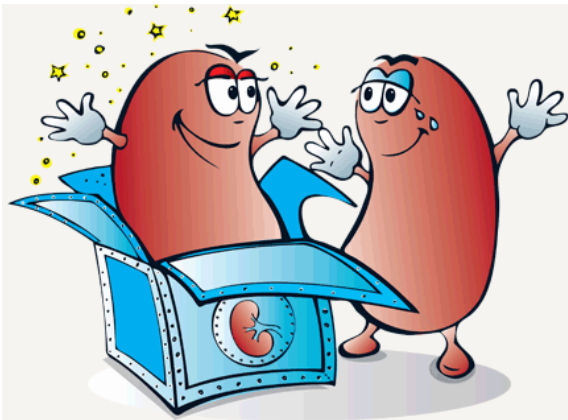


# Impact of HKCH on future paed training and service - Paediatric Nephrology



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## I. Service Model

(Clinical Working Group/Paed Nephrology)  
with representative from all HA Hospitals  
with Paed & Adol Dept

# Over-arching Principles for the Service Model

- Hub and Spokes
  - tertiary/quaternary at HKCH
  - secondary/primary at Regional Hospitals
- Centralize if necessary and Localise if possible
  - uploading and downloading mechanism

# Renal Services Provided at HKCH

## ➤ Tertiary and quaternary services:

- In-Patient
- Day-Patient – assessment, hemodialysis and plasma exchange etc
- OPD
- Consultation to other hospitals and other subspecialties at HKCH
- Referrals
- **Out reaching OPD service by Paed Nephrologist**
- **Exchange program: day-time subspecialist**

## ➤ Training

- Paed Nephrologist or Paediatrician with special interest or Paediatric trainee with paed nephrology exposure

## ➤ Research

# HKCH Tertiary/quaternary Renal Service

A *Paediatric Nephrologist (PN)-led service* with concentration of all tertiary paed nephrology services at HKCH with scope covering

1. *Chronic kidney diseases - work up and management*
2. *Renal Replacement therapy (PD, HD) and extra-corporeal treatments (PE, CRRT and others)*
3. *Kidney Transplantation*
4. *Severe and Complex Nephrology Conditions*
  - *Acute kidney injury requiring renal replacement therapy (haemodialysis and peritoneal dialysis )*
  - *Moderate to severe Chronic kidney disease*
  - *Complicated Nephrotic syndrome*
  - *Severe or Chronic Glomerulonephritis (Lupus nephritis/ IgA Nephropathy/HSPN/ Others as indicated)*
  - *Vasculitis with major organ involvement*
  - *Tubulo-interstitial disorders including renal tubular transport disorders*
  - *Severe hypertension*
  - *Renal stone disease*
  - *Complex congenital abnormality of kidney and urinary tract (CAKUT)*
5. *Others as needed*

# Renal service at regional hospitals

- Secondary or primary or downloaded cases
  1. Renal OPD session
  2. Designated staff (PN/PSI/paediatrician designated by COS) to overlook the renal service

## 3. Outreaching PN from HKCH to renal OPD

- to provide onsite consultation or teaching,
- to ensure compliance to common practice statements and
- to facilitate communication and the establishment of linkage with HKCH

# Renal Service at Regional Hospitals

- Run by designated staff
- *General nephrology conditions:*
  1. *Urinary tract infection*
  2. *Nocturnal enuresis and daytime enuresis*
  3. *Antenatal hydronephrosis*
  4. *Acute kidney injury not requiring dialysis (if mild and uncomplicated)*
  5. *Mild chronic kidney disease*
  6. *Uncomplicated Nephrotic /nephritic syndrome*
  7. *Haematuria / Proteinuria*
  8. *Mild /moderate Hypertension*
  9. *Mild cases Glomerulonephritis*
    - *Henoch Schölein Purpura nephritis (HSPN)*
    - *IgA Nephropathy ( IgAN)*
    - *Uncomplicated cases of Post-infectious GN*
  10. *As deemed appropriate*

# Uploading

- Consensus referral conditions
- Consensus practice statements (Q&S) with referral criteria
  - 15 topics proposed
  - 9 covered – UTI, nephrotic syndrome, IgAN, hematuria, AKI, renal stone, noct enuresis, HTN, Antenatal HN
  - others – lupus nephritis, HSPN, cystic kidney diseases, APSGN, proteinuria, evaluation and initial management of CKD....



# Downloading

- Downloading criteria
  - the child - special service at CH not needed
  - the parents – agree to go
  - the receiving hospital - agrees to take

# Bed Requirement in 1<sup>st</sup> Phase of Service Commencement

- **Translocated** = 8 general renal, 4 HDU and 8 HD beds = 20
  - **Additional beds** for tertiary cases from other hospitals = 6 (limited survey)
- **Maybe quite full (for 20 bed stat) → may need extra bed space**

# Moving in logistics and timeline

## a) Type of “qualified’ patients to move in first

- PMH and QEH in-patients & DPs (HD)
- PMH and QEH out-patients
- patients from other hospitals to follow within 6 mths

## b) Steps of moving in

- IPs & DPs (on the date) & OPS (call back or inform on FU) of PMH and QEH on start of PN service
- patients from other hospitals to follow within 6 mths

## II. Manpower

# The Manpower at HKCH

- 9 PNs (+ 5 trainees):
  - IP service / OPD / On-call
  - PN exchange w Regional Hospital
  - Out-reaching OPD service
  - Training, teaching and research
- Interns
- Phlebotomists

# Manpower Adjustment

- Expansion of service → MP adjustment
  - Out-reaching OPD service
    - Weekly attendance/regional hosp → 1 FTE
  - Research: aim to lead vs to follow
    - Protected time
  - IP service
    - Referral center around



# On-call Roster Arrangement

- 2-tier call system:
  - Paed Nephrologist **off-site calls (Cons/ACs)**
  - Trainees **on-site calls (HT or junior  
Fellows: first 2 yrs)**
- \*\* ***dynamic*** – retirement, promotion, resignation, overseas training.....
- \*\* ***not too good and not too bad*** as compared to similar rank in regional hospital

# III. Training



# Training of Paed Nephrol - where

- Basic trainee
  - Regional Hospital
- Higher trainee
  - Regional Hospital
  - 3 mths at HKCH (optional)
- Subspecialty trainee
  - 6 mths at HKCH → Paediatrician with special interest: posting at RH (quality)
  - 2 yrs at HKCH (including 6m-12ms at overseas center) → Paed Nephrol: posting at HKCH (succession)

# Training of Paed Nephrology - Post

- Paed Nephrol training post at HKCH
- subspecialty training (2)
  - Paed Nephrologist or
  - Paediatrician with Special Interest (PSI)
- rotational training (3)
  - exposure of paediatric trainees (HT)

# Training of Paed Nephrology - trainer

- Who is the trainer at HKCH ?

- **Advanced Nephrology**

- Paed Nephrologist (PN)

- Who is the trainer at Regional Hospitals?

- **General Nephrology**

- Basic – College Fellow
- Higher – College Fellow

# Training of Paed Nephrology - duration

- Duration – 3 yrs
- Where
  - 1 yr at Regional Hospital
  - 2 yrs at HKCH (including overseas training)

# Curriculum for Paed Nephrology

- HK Paed Nephrol Society (basic, higher, subspecialty) – further detailed deliberation
- Basic and Higher  $\approx$  same
- A few points:
  - BP measurement – no Hg sphygmomanometer
  - ARF  $\rightarrow$  AKI (acute kidney injury)
  - CRF  $\rightarrow$  CKD (chronic kidney disease)
  - IVU obsolete
  - Renal biopsy  $\rightarrow$  optional (all to be done at HKCH)



Thank you for your attention

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## Duties of Hon HKCH Commissioning Service Coordinator

### Duties:

1. Lead the service reorganization and formulate service model to guide the development of Paediatric Nephrology across the HA paediatric service network in the context of HKCH development.
2. Coordinate the detailed planning and commissioning work of HKCH in relation to Paediatric Nephrology.
3. Advise on the manpower and training plan as well as workforce rotation / deployment of Paediatric Nephrology.
4. Establish operational plan and arrangement for the commencement of hospital service.