Frontline Tribune

"When you are born, your work is placed in your heart." ~Kahlil Gibran, Author and Poet





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Research by WRH, U of W Could Improve Outcomes for Dialysis Patients

A ground-breaking study being conducted right here in Windsor could lead to improved care for kidney dialysis patients and save health care dollars into the future.

A research partnership between Windsor Regional Hospital and the University of Windsor is examining what the best dosage should be of an expensive medicine given to hemodialysis patients to prevent blood clotting during their dialysis treatments.

The study involves Dr. Al Kadri, Chief of Medicine at WRH's Ouellette Campus, University Nursing Professor Maher El-Masri, and Wasim El Nekidy, a Renal Clinical Pharmacy specialist. The study is being funded by the Kidney Foundation of Canada.

Background on the Study:

Hemodialysis is a renal therapy used for those whose kidneys have failed, and it essentially performs the function of a kidney, filtering waste products from the patient's blood. A preferred method of treatment is to surgically implant a fistula that mixes arterial and venous blood at the site where the treatment is being administered.

Since some patients aren't prepared for surgery, a catheter is often used as a temporary measure. Complications like blood clotting can occur with a catheter, and changing them can be risky, so a medicine called Alteplase (tPA) is used to dissolve clots.

Previously, doctors would administer 1 mg of the drug to a patient, but that recently changed to 2 mg. The problem, however, is that there are no hard and fast guidelines on the right dosage, according to Dr. Kadri, who is also the Director of WRH's Renal Program.

"There have been suggestions you could get away with a lower dose, but there's no clear cut evidence to tell us best dosage for restoring catheter functioning," he said, adding that with about 300 patients a year receiving dialysis locally, the budget for the "very expensive" medication runs into the "hundreds of thousands of dollars."

Dr. El Nekidy said Alteplase is an expensive medication, but replacing a catheter is much more expensive and more invasive than treating the blood clot.

"Administering the right dose of the medication can save the hospital money in terms of less interventions and lower the risk of invasive procedures for the patient," he said.

The research teams will conduct a clinical trial of 136 hemodialysis patients who require tPA, using a double-blind, randomized study, meaning both the patients and the researchers won't know which patients are receiving the 1 mg or 2 mg dosage. After the study is complete, they'll analyze clotting events and compare them to the data on patient dosage.

"Ultimately, this is about improving patient outcomes," said El Masri. "We're taking about patients' lives here."

Terry Young, Ontario Branch president of the Kidney Foundation of Canada – which provided \$92,000 for the study – said the national health charity is extremely pleased to be funding the research.

"This research aims to decrease the burden of kidney failure treatment on both patients and the healthcare system," Young said. "Investigating the best dose of Alteplase to be used to break the clot at the hemodialysis catheter will decrease use of invasive and more expensive procedures on people being treated for kidney failure."

Dr. Kadri said he's very excited about working with El-Masri on the project.

"We have the clinical and medical expertise," he said, "but Maher brings quite a bit of research and bio-statistical expertise. This could result in fewer procedures, less replacements, and keeping the lifeline open for dialysis patients. This is something that affects every dialysis unit in the world, so we could be talking about saving millions of dollars globally."



Dr. Al Kadri and part of his team with the Renal Dialysis Program



Emergency Codes

As of April 26, 2014 the former HDGH Code Extension "555" was changed over to extension "3333".

For <u>ALL</u> Emergency Codes at the Ouellette Campus please dial <u>Extension "3333"</u>. For <u>ALL</u> Stat Calls at the Met Campus please call <u>Extension "4444"</u>.

Ebola has never been documented as spread by the airborne route. However, the use of an airborne infection isolation room for the care of such patients allows for proper application and disposal of personal protective equipment, a dedicated bathroom, and negative pressure capabilities should the patient develop pneumonia.



Windsor Radiologic Associates & the Neurosurgical Associates of Windsor Essex Present:



Neuro-Endovascular and Neuro-Surgical Educational Rounds and Case Study

Facilitator: Jack Speirs, M.D., FRCP(C)

When:

September 8, 2014

4 p.m. to 6 p.m.

Where:

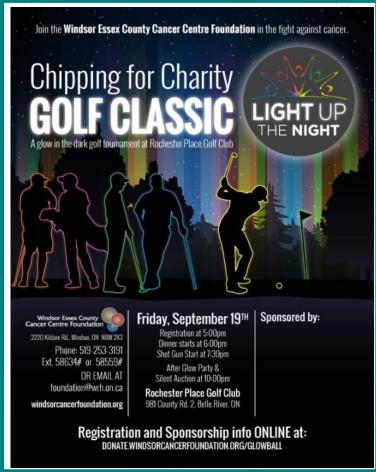
WRH Ouellette Site- Essex Room (Administration Hallway)
WRH Metropolitan Site- Clinical Education Conference Centre

Time:

OTN Non-Clinical Event # 37756316

To register: Contact your OTN Telehealth Coordinator to reserve your system.

Site Coordinators: Please self-register your site for this event by clicking/following the link below:
https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestld=37756316



DID YOU KNOW?

COMPASSION is our PASSION

The first Canadian assembly by the Hupp Motor Car Corp. began in Windsor, Ontario, in late spring of 1911....very close to the current Ouellette Campus. It built a new plant on Giles Boulevard at McDougall in its first year of operation. The company produced (not necessarily in Windsor) the "Huppmobile," the "Royal Windsor," the "Regal," and the "E.M.F. 30" (Everett, Metzger, and Flanders) and the "Flanders 20," later to become the "Studebaker."