

STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

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STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

- DEMOGRAPHICS

- Hospital based dialysis facility located in Madisonville, Kentucky
- Patient census of 88 hemodialysis patients
- 39 Patients pending treatment
- Dr. Barry Sobel, F.A.C.P., Medical Director
- Regional vascular referral center

STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

■ CQI TEAM

- Dr. Barry Sobel, FACP, Nephrology and Hypertension, RDC Medical Director
- Dr. Jack Hamman, Vascular Surgeon
- Dr. Hilde Jerius, RVT, Vascular Surgeon
- Dr. Scott Sanders, Vascular Surgeon
- Elizabeth Donovan, RN, BSN, RDC Director
- Emily Dexter, RN, BSN, Vascular Access Coordinator
- Mark Russell, Radiology Practitioner's Assistant
- Jill Boswell, RN, RDC Charge Nurse
- Leah Atcher, RN, BSN, RDC Assistant Director and Educational Coordinator
- Donna Winstead, Secretary



STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

- CAMPAIGN FOR EARLY DETECTION AND TREATMENT
 - Dr. Sobel is very "proactive" in the campaign for early detection and treatment of kidney disease.
 - Educational in-services with primary care physicians
 - *Kidney Disease Reference Card outlining Stages of renal disease and other criteria of diagnosis
 - Chronic Kidney Disease Patient Access Flow Chart
 - Referral of patients in Stage 4 Chronic Kidney Disease to vascular surgeons for early evaluation and mapping of veins



STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

- CAMPAIGN FOR EARLY DETECTION AND TREATMENT (continued)
 - Educational Coordinator and Dietician
Referral for education related to treatment modality and diet
 - *Referral Form
 - Vascular Access Coordinator
 - Point of contact for all physicians and staff
 - System wide report for GFR monitoring
 - Vascular Surgeons - Recipients of The Renal Network
2007 Champion Surgeon Award
Vast experience in fistula placement to this facility



STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

- Engaging the Primary Physician
 - National Kidney Foundation Kidney Early Education Program (KEEP)
 - Nephrology in-service
 - *Kidney Disease reference card
 - *Personal Kidney Goal Card
 - Periodic visitation to primary physician office by access coordinator
 - Follow-up letters sent to primary physician regarding treatment recommendation
 - Prompt intervention by charge nurse, VAC, and staffing



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- Access Placement
 - Vein mapping, extensive physical evaluation, and fistula placement with current surgical techniques such as vein transposition
 - Three week post-operative follow up
 - Monthly surveillance by the vascular surgeon until initiation of dialysis to ensure patency and function.

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- **Business Development – Vascular Access Coordinator**
 - 4 RNs and 1 Business Director
 - Transfer Coordinators – developed after the success of acute cardiac transfers
 - Ensure smooth transition, follow up, and one contact person/number 24/7.
 - Establish relationships, physician to physician, RN to physician, and patient to physician – Referral Development.

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- **Conclusion**

Success of the CKD and ESRD Program is a result of the diligent efforts of all CQI Team Members. The role of each member is intricately interwoven to form a successful outcome for both patient and facility.

Attachments

- Referral Form
- Kidney Disease Reference Card
- Personal Kidney Goal Card

Referral Form

Dialysis Orientation/Diet Education Referral Form

Patient Name: _____ DOB: _____

Stage of Kidney Disease: III IV V

Estimated date of dialysis initiation: _____

Date scheduled for access placement: _____

Next follow-up appointment with nephrology: _____

Refer to () **Leah Atcher, RN (Educational coordinator)** Ext. 3405
RN to present patient with dialysis options prior to access placement.

() **Andrea Whitmer, CSW** Ext. 3430
Unable to refer for renal transplant without 2 forms of insurance.

() **Keely Hagan, RD, LD** Ext. 3429
Diet Rx: 2gm Na / 2gm K / low PO4 / fluid restricted / diabetic
weight loss / protein modified (____gms)
Other _____

Referred by: **SOBEL JUNEJO**

Additional Comments: _____

Please fax completed form to 824.3410 ~ Attention: KEELY HAGAN, RD, LD



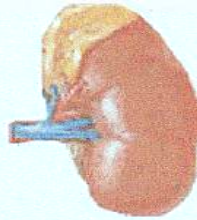
Kidney Reference Card

NEPHROCARD

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Stages of Renal Disease

- I: GFR \geq 90 + ABN FINDINGS
- II: GFR 60-89 + ABN FINDINGS
- III: GFR 30-59
- IV: GFR 15-29
- V: GFR $<$ 15



Stages of HTN (JNC VII)

- NL: $<$ 120 & $<$ 80
- PRE: 120-139 OR 80-89
- I: 140-159 OR 90-99
- II: $>$ 160 OR $>$ 99

Goals of BP Control

- Proteinuria $>$ 1G/24hr or 750 mg/G Cr: 110-129/65-79
- CAD: Same as proteinuria
- DM with Proteinuria: 110-119/65-75
- No added risk factors: $<$ 140 & $<$ 90 but $>$ 65
- Avoid all NSAIDS for life

Drugs to Reduce Proteinuria and Slow

Progression of Renal Disease

1. For Proteinuria: ACEI's, ARB's, and either Diltiazem or Verapamil (24 hour); Low salt diet mandatory.
2. For Hypertension: Use drugs above first, add diuretic next, others after diuretics;
3. Low salt diet (2 gm Sodium) is mandatory
3. For Lipids: Use Statins to keep LDL $<$ 70
4. Stop all Tobacco products
5. Avoid all forms of NSAIDS for life

White Males

Age	Cr	GFR	Age	Cr	GFR
50	1.5	53	50	1	84
60	1.5	51	60	1	81
70	1.5	49	70	1	78
80	1.5	47	80	1	76

White Females

50	1.5	39	50	1	62
60	1.5	38	60	1	60
70	1.5	36	70	1	58
80	1.5	36	80	1	57

African American Males

50	1.5	63	50	1	102
60	1.5	61	60	1	98
70	1.5	60	70	1	95
80	1.5	58	80	1	92



African American Females

50	1.5	47	50	1.0	75
60	1.5	45	60	1.0	73
70	1.5	44	70	1.0	50
80	1.5	43	80	1.0	69

Kidney Goal Card

MY PERSONAL KIDNEY GOAL CARD: I HAVE STAGE 3 KIDNEY DISEASE



BLOOD COUNT	URINE PROTEIN	LDL CHOLESTEROL	SYSTOLIC BLOOD PRESSURE	DIASTOLIC BLOOD PRESSURE	PHOSPHORUS	PTH	BICARBONATE
ABOVE: 10.9 BELOW 12.1	BELOW: N/A	BELOW 70	BELOW: 129	BELOW: 80	BELOW 4.7	< 71	OVER 20
			132	84	5	80	19

PATIENT: MARY SMITH DOCTOR: B. J. Sobel MD, FACP