STRATEGIES FOR SUCCESSFUL MANAGEMENT OF THE CKD AND ESRD PATIENT

- LEAH ATCHER, RN, BSN
- EMILY DEXTER, RN, BSN
November 11, 2007
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
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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
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- 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
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
Stages of Renal Disease
I: GFR ≥ 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
II: 140-159 OR 90-99
II: >160 OR >99

Goals of BP Control
Proteinuria > 1g/24hr or 750 mg/Gm 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 Diurezam or Verapami (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
4. For Lipids: Use Statins to keep LDL <70
5. Stop all Tobacco products
6. Avoid all forms of NSAIDS for life

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Kidney Goal Card

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

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