JOURNEY TOWARD A TRANSPLANT: PART II

Two years ago, after suffering from a stroke, Shirley Tyus was diagnosed with kidney disease. Shocked by the diagnosis, Shirley set out to find ways to stabilize her health. In order to provide an extra layer of care team support, her nephrologist introduced her to Reach Kidney Care. With the help of her Reach care coordinator, Shirley learned strategies for maintaining her kidney function and treatment options for kidney failure.

After visiting a transplant seminar, Shirley decided that a kidney transplant before having to start dialysis would be ideal for her. Luckily, her daughter, who volunteered to be her living organ donor, was a perfect match. Many hours of testing later, the transplant was considered a “go.”

“My transplant was scheduled for October 6, 2015. I had prepared myself mentally for the procedure. I studied the paperwork and understood the process. I came to grips with the fact that this was a serious surgery,” said Shirley.

However, things were not going to go as planned. On October 5, Shirley received a call. The voice on the other end of the line said, “Ms. Tyus, we are canceling your transplant surgery.”

This unexpected news left Shirley confused and scared. “My first thought was, ‘Am I going to die now?’ I didn’t really know what it meant to have the surgery canceled so I didn’t know how to act,” said Shirley.

What many people may not understand is that with dietary changes, medication adjustments and lifestyle modifications, it is possible to maintain kidney function and delay the need for dialysis or a transplant. If a person is scheduled for a transplant and his or her kidney function improves, he or she may be removed from the transplant list.

Ms. Tyus’s transplant team had evaluated her lab work and found that her kidney function had improved.

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Mr. Jeffrey had been an in-center hemodialysis patient since April 2009, and he was tired. Not only was tired of his commute to the dialysis center, but he was also tired of missing time with his family. 

“To be in-center three times a week for several hours takes a big chunk of your time,” he said. “It’s like a part-time job.”

Mr. Jeffrey decided it was finally time to try something new. After meeting with the home hemodialysis training coordinator in his clinic, Anne Purcell, RN, DCI Castleton in Staten Island, they agreed he would be a great candidate to trial home hemodialysis. The flexibility of dialyzing at home would allow him to spend more time with his family, and also would be easier on his body since he would be dialyzing more frequently. Now, Mr. Jeffrey could start his dialysis around his son’s wrestling and baseball events, without having to coordinate an in-center dialysis schedule.

“After a while, in-center dialysis can take a toll on you, it can be violent on the body. With home hemo, it is easier on my body. I don’t feel beat up by dialysis,” he said.

Last September, Mr. Jeffrey agreed to explore the idea of home hemodialysis. After five months of training, Mr. Jeffrey made the switch. On February 6, he dialyzed for the first time in the comfort of his home.

“The transformation is visible,” said Anne. “He is a much more comfortable, happier patient. I went to visit in the first week, and he was relaxing in his recliner, sleeping with a huge smile on his face…it was amazing. When he awoke, he said, ‘I’m just so happy to be doing this now.’”

Mr. Jeffrey is Anne’s third patient to transfer from in-center to home dialysis. Her fourth patient will be moving home in March, and her fifth patient will begin home hemodialysis without ever having dialyzed in-center.

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THE IMPORTANCE OF EARLY FISTULA ACCESS

An arteriovenous (AV) fistula is a connection between an artery and a vein, and is the preferred form of access for hemodialysis. Once the fistula is surgically created, it becomes a natural part of the body. Once it is matured, it provides a steady blood flow that can last for many years.

Often a fistula takes about six months to fully develop. If an End Stage Renal Disease (ESRD) patient requires dialysis before his or her fistula has matured, then he or she is required to use a catheter to dialyze. This is considered an inferior form of access. Research indicates that catheters often cause more complications for ESRD patients in the long-term. In addition, the United States Renal Data System states that “a significant number of patients do not receive adequate dialysis using this type [catheter] of vascular access.”

According to the American Society of Nephrology, 28-53% of fistulas fail to mature in time before a patient enters kidney failure. This means that when a patient goes into kidney failure, he or she will likely crash into a hospital and require a catheter to complete the life-saving dialysis treatment.

Channoah Williams, our care coordinator in Little Rock, Arkansas, explained that she prepares her patients for AV fistula surgery when they’re still in Stage 4 of CKD.

“I usually do referrals for an access surgery when their GFR [glomerular filtration rate] hits 20-percent,” said Williams. “It’s important to schedule that surgery before they enter Stage 5 of CKD, that way, the patient is able to begin dialysis immediately if their GFR drops too low, and without a hospital start-up or foreign object [such as a catheter] entering the body.”

“Many people don’t know what a fistula is,” she added. “I tell them it is key to reducing the risk of infection and completing the safest treatment.”
SMARTPHONE PROVES TO BE SMART FIX FOR PATIENT WITH HEARING LOSS

Technology has allowed us to connect with people that we may never have had the chance to communicate with otherwise. We can video chat with people across the globe, make new friends online, even join entire communities that revolve around topics we are passionate about. Beyond that, technology has offered a deeper benefit to healthcare providers. For the first time, we can communicate, fast and on our own terms, with people who have had hearing loss, via text messaging and computers.

We experienced this first hand, in our Reach Kidney Care program of the Chattahoochee Valley. Sharon Anthony, care coordinator, received an in-hospital referral. There was a patient who entered into the hospital with an immediate need for dialysis. The hospital called Sharon over to help explain that he needed next-day access surgery so that he could begin dialysis. When she arrived, she learned that he could not hear or speak at all.

However, this did not set Sharon back. She realized he could connect through writing and text messaging and she was able to ask and answer questions for him using this method.

“At first, communication was slow. I focused on explaining the basics of kidney failure and what his immediate needs were,” she said. “It seemed natural to use the smartphone to communicate. It was much quicker than writing. I felt lucky that he was young and familiar with texting.”

Her patient, who is in his late 20s, was very responsive to the texting. Since then, Sharon has helped him with his new dialysis education using the written material as her guide.

“Now that he is in the dialysis unit, the nurses communicate with him using a whiteboard,” she said. “His clinic has accommodated wonderfully. Each treatment, he fills out a personalized questionnaire about how he’s been doing since the last time he was in. He also has a special bell to ring in case he needs to grab a nurse’s attention.”

Our mission is to improve the health of all people with kidney disease every day. Finding the best way to communicate with a patient is the first step to improving his or her health.

HOME DIALYSIS, CTD.

“I believe home hemodialysis empowers the patient to take the illness into their own hands,” Anne said. “Home hemodialysis allows a patient to have control over his or her schedule again. They can put dialysis around life, not life around dialysis.”

With in-center dialysis, some patients take a day or so to recover to full health. Anne, however, believes her patients spring back quicker when they dialyze at home. Mr. Jeffrey certainly agrees.

“It’s a lot of work, don’t get me wrong, but it’s worth it,” he said. “I believe you can’t feel sorry for yourself. When life gives you obstacles, you overcome.”
It seemed natural to use the smartphone to communicate.

Many CKD patients take 6 or more prescription medicines every day. Medications, including those prescribed and purchased over-the-counter, play a significant role in maintaining health and preventing illness in patients with CKD.

Drug-related problems are responsible for an estimated 10% of all hospital admissions. Each year, more than 9 million adverse drug reactions occur in older Americans. Here are four drug-related prevention tips that all patients with CKD will find helpful.

**CHECK YOUR FEET DAILY**
look for blisters, calluses, chafing or redness.

**MOISTURIZE YOUR FEET**
keep your skin soft, but avoid using lotion between your toes.

**INSPECT SHOES DAILY**
make sure there are no pebbles or objects that may increase risk of injury.

**BUY THE RIGHT SOCKS**
choose socks that wick moisture away from your skin and avoid socks with seams.

**WASH YOUR FEET DAILY**
wash and dry them carefully, smoothing away any calluses.

**TALK TO A REACH CARE COORDINATOR**
about wound management and diabetic neuropathy.

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**PREVENT ADVERSE DRUG REACTIONS**
Keep an accurate and up-to-date medication list. Share that list with all your doctors, nurses and pharmacists every time you meet with them.

**REDUCE DRUG DOSING ERRORS**
Kidney function impacts how many medications are removed from the body. As kidney function changes, your medications may need different doses for the same effect.

**AVOID DRUG-INDUCED DAMAGE**
Patients with CKD should avoid medications that can directly harm the kidney. Some examples include medications like NSAIDs (ibuprofen - Advil, Motrin; naproxen - Aleve) and some intravenous (IV) contrast media. Before you take any medication, consult with your doctor or pharmacist.

**STOP INFECTIONS**
Patients with CKD are at high risk for many infections. You should get vaccinated to prevent: pneumococcal pneumonia, influenza (flu), hepatitis B, Tetanus, Diphtheria-acellular, Pertussis (whooping cough), and Herpes zoster (shingles) [if not post-transplant].
HOW TO IMPROVE CARE & INCREASE IMPACT

Gainesville Growth

In 2015, the Reach Kidney Care of Gainesville, Florida, program doubled the number of patients enrolled in home therapy. When we asked how it was done, the answer was simple: “My perception of who can do Home PD had to change--I really opened my mind to who can do home therapy,” said Michelle Thomas, home nurse and care coordinator. “This new mindset allowed me to push the program to the right patients. For example, I taught a blind patient how to do home PD. It is also important to have nephrologists in your area who passionately believe in home treatment options.”

QAPI Meeting

Karen Nugent, Reach Kidney Care of Central New Jersey care coordinator, explains the benefits of attending and speaking at the monthly Quality Assurance and Performance Improvement (QAPI) meeting. “Patients will share different information with each team member based on that relationship. QAPI allows us to pick up on trends for admissions, readmissions and other quality indicators. This enables us to identify and refocus our efforts in addressing these issues,” she said. “For example we noticed an increase in trips and falls at home recently. In response, I created a bulletin board in each unit on fall prevention. Another time there was an increase in admissions for diabetic and vascular ulcers and infections. I was then able to craft a bulletin board on foot care.”

Albany CKD Education Outreach

Our team in Albany, GA, has made a commitment to their community by being consistent with their volunteer service. In the past six months, the Albany team has participated in several outreach events, including free kidney disease screenings, educational events, and participating in a NKF Kidney Walk. Have you involved your practice with the community? Participating in walks, screenings and volunteer opportunities once a quarter are great ways to meet new people and increase your impact in the local area.

Spartanburg’s “Dialysis Minute”

When a patient wanted to start a patient newsletter, our team in Spartanburg, South Carolina, wasn’t sure what to expect. However, once the “Dialysis Minute” was crafted, our team admits it took off. It has proved to be a unique and successful way to share tips and stories with others on dialysis in the community. The clinic staff and Reach Kidney Care coordinators have committed to quarterly editions. Have you involved your patients in an educational opportunity?
Welcome to the Team, New Care Coordinators!

Raymeta Guillory has been in the dialysis field for 11 years, six of which have been with DCI. She is also a home department RN in our Tulane clinic in New Orleans. Welcome aboard, Raymeta!

Julie Hayton joined the Kansas City, MO, team at the beginning of this year. She has 20 years of dialysis nursing experience, and was previously a nurse at DCI Lee’s Summit. We’re glad to have you, Julie!

Reach Kidney Care is now in 26 locations serving 3,600+ CKD patients.

84% of Reach patients used Reach resources before stage 5 of CKD.

Reach doubled patients seen in 2015. & is DCI’s fastest growing program!

23 million Americans have CKD. Only 7% of people with stage 3 CKD know they have kidney disease.

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