

# OUTReach

THE OFFICIAL PUBLICATION OF REACH KIDNEY CARE | SPRING 2014

## *KC staff helps patient avoid hospitalization*

BY HOLLY ST. CLAIR

In March, a hemodialysis patient with multiple admissions to the hospital for back pain missed a Friday dialysis treatment. Over the weekend, his condition worsened, and the following Monday morning, the clinic received a call that patient was in the emergency room again for back pain. The covering nephrologist diverted him to the clinic for dialysis.

The patient didn't have his wheelchair when he arrived and could not weigh in before treatment. A Crit Line was used to allow maximum fluid removal without intradialytic morbidities. The transitional care coordinator obtained the patient's MRI that was completed at a different hospital the previous day, assessed the patient and coordinated an appointment for him at the pain clinic. New patient paperwork was faxed to the dialysis clinic so that it could be filled out before the appointment.

An unnecessary hospitalization was avoided, and the patient was able to receive the dialysis treatment and treatment for his pain in an outpatient clinic. He hasn't missed a treatment or been in the hospital since.



From left, Raquel Franklin, RN, charge nurse and Jennifer Huffman, APRN, transitional care coordinator

## Walking the Final Journey Together, Care Coordination Brings Relief

BY JESSICA EMLER

**A** dialysis patient diagnosed with metastatic liver cancer was battling frequent hospitalizations and chronic pain. Wanting to improve the quality of care for this patient, the Reach Kidney Care team uncovered methods that achieved real engagement and brought comfort and peace to the patient and his family during his final journey.



Nathaniel Claybrooks. Photo courtesy of Toi Gorham

## Medication Reconciliation $\neq$ Medication Therapy Management

As dialysis professionals we understand that medication records are frequently inaccurate and may place patients at risk for harm. To address this concern, the Centers for Medicare and Medicaid Services (CMS) require dialysis providers to offer medication reconciliation. Yet, it is important to note that the maintenance of a medication list does not guarantee that a clinical evaluation of that information will occur.



From left, DCI Med Center patient with Margaret McNamara, B.S. Pharm

“Looking at the numbers makes it easy to miss the person. That’s why I love hearing success stories.”

Doug Johnson, MD

## KUDOS

Sally Plemons said “I think this Reach Kidney Care program is great. I really needed it to help me with accountability. Every chronic condition needs this kind of program. And I can’t believe it’s free!” Sally is pictured with Ed Dennis, care coordinator.



## Increasing Health Literacy Awareness

BY AMY DOUE

“The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.” CDC Health Literacy Project

## Sally’s Letter - Received May 6, 2014

I am so excited about the whole Reach program, and Ed Dennis and Merrili O’Neal are just the best!!! When I found out I was in Stage 3 kidney disease, I decided the time to “play” with my disease was over, and I needed to get serious and pro-active about not going into Stages 4 and 5. I told Toni Dawson’s mother, Lois, who is a friend of mine, and she told Toni, who works at DCI and recommended Reach.

When I went the first time, I met with Ed. He is such an upbeat, personable and knowledgeable guy. He explained everything about my disease, and how “we” could maintain it at Stage 3. I had already gone online and downloaded the diet for kidney disease – “low protein, low

phosphorous, low sodium” – and I had already put myself on it, but I didn’t know percentages, amounts, etc. Ed set up an appointment with Merrili, who carefully went over every single item that I can and cannot eat, which is exactly what I wanted and needed to know. Since I began with Reach, I’ve lost about 16 pounds. I have not had any problem staying on the diet because they impressed upon me that dialysis will be looming in my future should I fail to alter my dietary behavior, and that is where I do not want to go – EVER!!!

I plan to continue going to Reach until they stop letting me, because the best

## Reach Represents at AAA Baseball Game



DCI’s Kidney Rock joins with baseball mascots, Terry Dalton, DCI Omaha administrator and a group of young fans. Dalton threw out the first pitch at the Omaha Stormchasers game May 10.



Amy Doue (left), Reach Kidney Care of Omaha care coordinator, gave a live radio interview about kidney disease education.

# EDUCATIONAL POSTER AVAILABLE SOON

## Reach Kidney Care<sup>SM</sup>

Real Engagement Achieving Complete Health



### STEPS THAT MAY HELP TO PREVENT OR DELAY KIDNEY FAILURE:

- Have regular check-ups with your doctor
- Take prescribed medications, especially for diabetes and high blood pressure
- Reduce salt in your diet
- Exercise regularly
- Talk to your doctor about changes you notice in your health

FOR MORE INFORMATION, ASK YOUR DOCTOR FOR A REFERRAL TO REACH KIDNEY CARE.

## UNDERSTANDING YOUR GLOMERULAR FILTRATION RATE (GFR)

### STAGE 1

90+



Normal kidney function but urine or other abnormalities point to kidney disease. No symptoms.

### STAGE 2

60-89



Mildly reduced kidney function, urine or other abnormalities point to kidney disease. May not have symptoms.

### STAGE 3

30-59



Moderately reduced kidney function. Symptoms may include fatigue, swelling and high blood pressure.

### STAGE 4

15-29



Severely reduced kidney function. Symptoms such as fatigue, swelling and high blood pressure may worsen.

### STAGE 5

<15



Very severe, or kidney failure. This is sometimes referred to as end stage renal disease (ESRD).

[www.ReachKidneyCare.org](http://www.ReachKidneyCare.org)

*\*Emails will be sent to all Reach locations once poster is ready for distribution*

**REACH LOCATIONS:** 0 0 2 3

**IN-HOSPITAL VISITS:** 0 1 2 7

**IN-CLINIC VISITS:** 1 1 4 7

**CKD PATIENTS:** 1 6 2 6

**PATIENTS:** 0 3 4 7

**TOTAL ENCOUNTERS:** 0 9 5 1

**TOTAL MRPs\*:** 1 4 6 0

**MEDICATIONS REVIEWED:** 5 4 6 2

*\*Medication related problems*

*Stats as of April 2014*