OUTReach

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JOURNEY TOWARD A TRANSPLANT: PART I

Shirley Tyus is a lady full of poise and crystal clear priorities that guide her journey through life. One look at the glimmer in her eye and her confident smile, and it's easy to believe she can take on the world. Yet, her world was turned upside down and the path she was on became clouded when she discovered she had kidney disease.

"I first was diagnosed with kidney disease when I had a mini stroke two years ago," started Shirley. "I had one kidney with no remaining function and the other one was at 15 out of 100 percent. It was surprising to learn because I didn't have any symptoms."

Without obvious symptoms, it's easy for kidney disease to progress into complete, irreversible, kidney failure. When Shirley began to acknowledge the news regarding her diagnosis, she was angry. Her anger stemmed from the lack of information she'd been given over the years.

"The medical system seemed to have failed me. I would go to the emergency room so many times and the staff would say, 'Your blood pressure is a little high.' I should have been told what that meant. I should have been told about my kidney problems early on," explained Shirley.

Unfortunately, Shirley was not aware that her history of uncontrolled high blood pressure was slowly damaging her kidneys. She abruptly found herself facing kidney failure with a multitude of questions and no clear answers.

Shirley and her daughter, Tanya

"The minute my doctor explained I had 15 percent of my kidney function left, I wanted to know what we were going to do about it," said Shirley. "The doctor just looked at me and didn't offer a clear answer. I asked if she was just going to wait around until I had to be placed on dialysis before we ended up doing something about it."

Story continued on page 4

IN THIS ISSUE...

1 TELEHEALTH & CKD

2 DIABETES QUICK FACTS

3 TRANSPLANT STORY PT. 1

4 KIDNEY WALK SPOTLIGHT

& MORE! READ ON>>

WILL FACETIME REPLACE FACE-TO-FACE TIME?

Twenty years ago video calling was something you only saw in a science fiction movie. Not these days.

Today, most smartphones have built-in video calling capabilities. Along with the prevalence of access to software like Skype and Google Hangouts, terms like "FaceTime" are becoming part of everyday language.

It was only a matter of time before people started utilizing video calling to meet their needs, even in the medical field. A 2015 study found that 74% of patients in the U.S. would use telehealth services, and that they are comfortable communicating with their care team using technology instead of an in-person visit. It is expected that the number of patients using telemedicine services will increase to 7 million in 2018, up from less than 350,000 in 2013. In fact, almost 90% of surveyed healthcare executives report that their organizations have already started developing or implementing a telemedicine program just this year.

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of surveyed patients are comfortable meeting with their care team via technology instead of an in-person visit.

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of surveyed healthcare executives reported developing a telemedicine program in 2015.

source: evisit.com

So, will FaceTime replace face-to-face time? Most social scientists don't think so. Researchers predict that the future healthcare industry will be a mix of in-person and technology assisted consultations. Reach Kidney Care coordinators focus on providing CKD services face-to face, in order to develop a relationship with each patient, and use technology to bridge gaps. Reach Kidney Care believes that the use of technology can aid the care coordination process. In fact, Reach Kidney Care of Middle Tennessee saw the benefit of their first telehealth call this year.

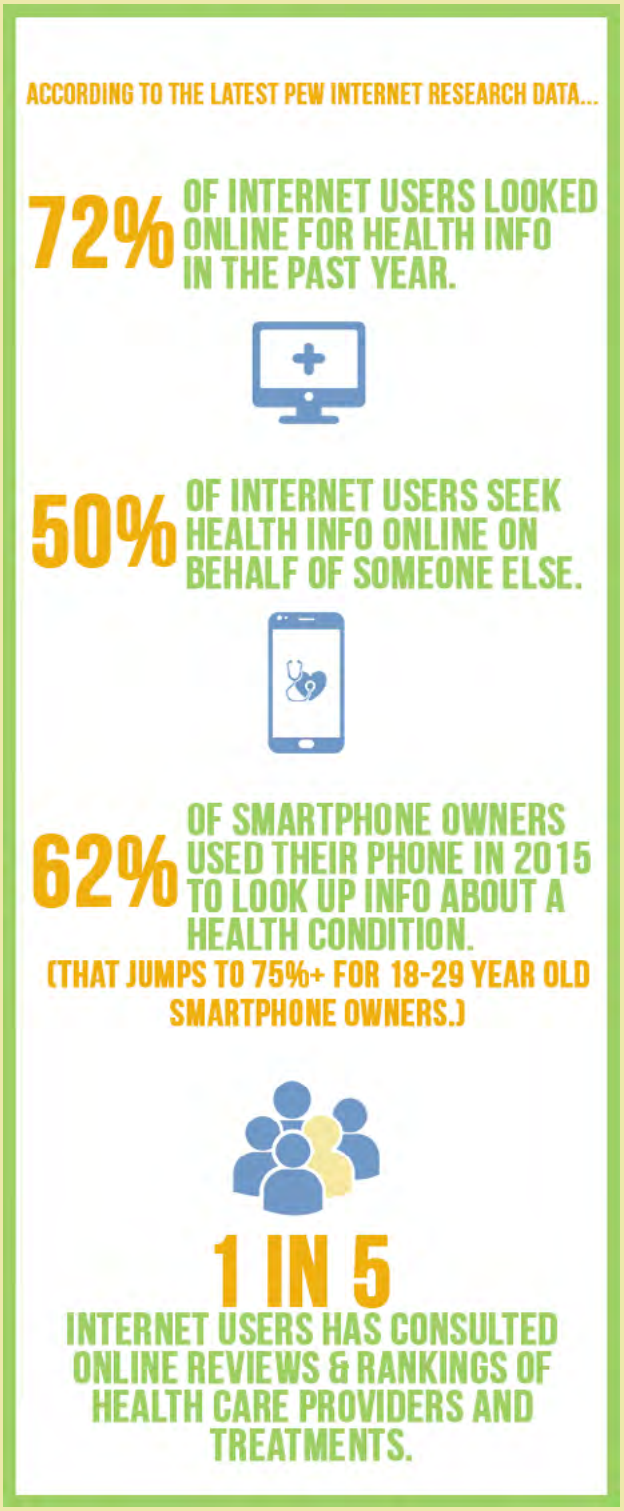
Ed Dennis, care coordinator for Reach Kidney Care of Middle Tennessee, explained that this year he met with a patient who wanted to share everything she learned about kidney disease with her daughter as well; unfortunately, her daughter lived overseas. After brainstorming ideas for a few minutes about how to best get the information to her daughter, Ed's patient had an idea.

"Let's set up a FaceTime!" she suggested. After emailing back and forth, they were able to set up an appointment, and Ed was able to provide one hour of chronic kidney disease education to his patient's daughter.

"The FaceTime worked out just fine," Ed said. "I think this tool will definitely play a role in the future of healthcare delivery."

One of the greatest benefits of telehealth is that providers can meet with patients who may live in an isolated area or have a difficult time accessing their healthcare team in person. Ed said he also had a telehealth session with another patient who lived in a rural area in Tennessee this year. "It was really beneficial to the patient for us to be available in this way," he said. What do you think: would you like to participate in telehealth meetings in 2016?

FAST FACTS ABOUT TELEHEALTH:



KIDNEY WALKS 2015

Did you know that walking for 30 minutes every day can lower your blood pressure?

We loved seeing our DCI and Reach Kidney Care teams walk, run, and jump to raise awareness for kidney disease around the country this year! Here are a few of our favorite shots from the 2015 Kidney Walks:

Our Albany team had a great turn out this year

The Corporate IT team took on the Windy City

Our Jacksonville team took home the prize

Rain or shine, Kidney Rock led the way in Nacogdoches

Kansas City won "Most Spirited" in the Missouri Kidney walk

Our Little Rock team ran, bounced and slid to raise awareness for kidney disease

NOVEMBER WAS NATIONAL DIABETES MONTH

Take our quiz to see how well you know the facts about diabetes & kidney disease!

DIABETES ACCOUNTS FOR ___% OF NEW CAUSES OF KIDNEY FAILURE.

A. 30-35%
B. 40-45%
C. 50-55%
D. 55%+

DIABETIC KIDNEY DISEASE CAN BE PREVENTED BY KEEPING BLOOD SUGAR WITHIN TARGET RANGE.

A. TRUE
B. FALSE

HIGH LEVELS OF SUGAR DO WHAT TO YOUR KIDNEYS?

A. MAKE THE KIDNEYS FILTER TOO MUCH BLOOD
B. MAKE THE KIDNEYS FILTER TOO LITTLE BLOOD
C. SEND THE KIDNEYS INTO SHOCK
D. NOTHING; THE MORE SUGAR, THE BETTER!

WHAT TYPE OF DIET IS BEST TO COMBAT DIABETIC KIDNEY DISEASE?

A. HIGH-PROTEIN
B. HIGH-FIBER
C. LOW-PHOSPHOROUS
D. LOW-PROTEIN

Answers (clockwise): B, A, D, A

Journey toward a transplant, ctd.

When it was apparent that Shirley's questions were going to require more time and attention than what a standard doctor's office visit could offer, her nephrologist referred her to Reach Kidney Care.

Reach Kidney Care is where Shirley met Ed Dennis, nurse practitioner, chronic kidney disease (CKD) care coordinator. In their first meeting, Ed explained what the kidneys do, how they function, what it looks like when they start to fail, and how to keep them as healthy as possible for as long as possible.

After learning about kidney function and treatment options for kidney failure, Shirley decided that she wanted to explore transplant as a treatment option. Ed enrolled Shirley in an all-day transplant workshop where she was able to ask questions, speak to doctors, and sign up to be screened as a kidney recipient. After her screening, she was approved and accepted to the transplant waiting list.

Once accepted to the transplant waiting list, Shirley was able to recruit people to be screened as a potential donor. Shirley said, "My daughter was placed on the list as a potential donor and was the first to be tested. As it turns out, she was an exact match. God has blessed me that I didn't have to stay on the waiting list long."

Shirley's daughter, Tanya, witnessed the toll that kidney disease was taking on her mother and she couldn't sit back and let it continue. She knew she had to do something. With the same fierce determination evident in her mother, Tanya explained that she was ready, willing and able to help restore her mother's health. She wanted her mother back.

Shirley's transplant was scheduled for October

Tanya explained that dealing with the living donor transplant requires patience. "Once she was on the list, I had to call and express interest in becoming a donor. Once I expressed interest, they called me in a week to come in and do a blood test. Then, I had to go back and do a series of tests. Then, they let you know if you are able to donate. Just because you are a match doesn't mean you are an ideal candidate. Thank God I was healthy enough," claimed Tanya. "We finished testing in July and we were able to set the date for October 6, 2015."

Shirley admits that she is a little scared and a little excited too. And, in true Shirley fashion, she channels her energy through faith and the desire to help others. She is concerned about the many people who are seeking donors on the transplant waiting list. She offers these words, "I'd like to encourage those out there on the transplant list. There are donors out there. Remain hopeful. There is hope. Never give up hope."

Look for Part II in the Spring OutReach!

HOLIDAY TIPS FROM...

Reach MTM℠

Real Engagement Achieving Complete Health

Medication Therapy Management

KEEP TRACK OF MEDS WHILE TRAVELING

With holiday visitors or while traveling, it is especially important to keep your medications in a secure place. If you are traveling, make sure to bring enough of your medications and ask your pharmacist if there are any specific storage requirements, such as protection from excess heat or cold temperatures.

BE CAUTIOUS WITH HOLIDAY FOODS & DRINKS

Celebrating holidays may be associated with changes in eating and drinking habits. Talk with your dietitian about holiday foods and any concerns about how these changes may impact your phosphorus, potassium and blood glucose levels. Also, before you drink an alcoholic beverage, talk with your pharmacist or physician to see how alcohol may affect you and your medications.

DON'T FORGET TO GET VACCINATED

The holiday season often exposes you to more people. This places you at an increased risk for getting exposed to flu and pneumonia. Other vaccinations may be recommended as well. Talk to your doctor or pharmacist about what vaccines may be appropriate for you.

OVERCOMING BARRIERS FOR KIDNEY DISEASE EDUCATION

Reach Kidney Care of Central Connecticut has a vision: to be innovative in the approaches taken to educate others about the realities of kidney disease. And sometimes, achieving that vision means trying new things.

One way MJ Valerio-Bautista, Reach Kidney Care coordinator, accomplishes this vision is by offering her Reach patients a tour of a dialysis facility before they enter stage 5 of kidney disease. She introduces patients to the staff, shows them how a hemodialysis machine works, and teaches them what a catheter is. MJ believes that if you can walk a patient through a tour and the machinery, a patient's whole demeanor can be altered.

"You've got to relieve the pressure and mystery of kidney failure," she said. "When patients near stage 5 of chronic kidney disease, it often feels like a rush to begin dialysis. But when patients tour the facility, are introduced to the tools and materials, they will have a whole new perspective. If you show a patient what dialysis actually is before they are in kidney failure, they know what to prepare for."

MJ said she enjoys explaining how things work to her patients. Her "come see what dialysis really means" attitude is one of the unique ways she is transforming the Reach program in Central Connecticut. Recently, she had a tour with an elderly patient and his daughter, and as she was explaining the different modalities, MJ noticed the patient seemed disengaged. He appeared to be nodding his way through her points, not really understanding the content.

After talking with the patient's daughter, MJ discovered her patient didn't speak English. While his daughter was translating everything said, some of the specific medical language was still getting lost in translation. MJ, however, refused to give up on providing him with a thorough education. She later asked a bilingual dialysis patient if she would be willing to meet with her Reach patient to help explain the dialysis process to him in Spanish.

"My dialysis patient immediately agreed, and she was actually ideal because she had been on both peritoneal dialysis and hemodialysis, so she could explain the differences in his first language." MJ said.

When the two patients met, they talked for 45 minutes about dialysis and treatment options. MJ said she could see her patient really engaging, and asking his own questions.

"It is that interaction, that understanding of the fundamentals, that is so irreplaceable for patients. The fact that he was able to ask his own questions really helped him understand the process. It was amazing to watch unfold!" MJ said.

MJ saw an opportunity to set up a mentoring relationship, and her dedication to her patient led to crossing language barriers. Now that's innovation.

PATIENT DISCOVERS REACH PROGRAM THROUGH SOCIAL MEDIA

Did you know that 71% of adult internet users have a Facebook account? Harnessing the powerful influence and scope of social media to reach new patients can be very beneficial, as Jodi Oglesby, Reach Kidney Care coordinator of Kansas City, recently discovered.

Jodi likes to ask her patients to tell their story, to figure out a little bit more about them and how they found their current nephrologist. Recently, a patient told her that he was in a private Facebook group for kidney patients to discuss their victories and frustrations. In the group, he mentioned how his nephrologist told him he needed to start dialysis immediately. He wrote that he disagreed; he felt good and was working full time. He felt like dialysis was not the answer at this stage in life.

"That's when another person spoke up," Jodi said. "A woman responded to him and said that although she was on dialysis, she had been a part of a program that not only helped her prepare for dialysis, but kept her off dialysis and out of the hospital for more than a year after being diagnosed at stage 5 of chronic kidney disease."

A woman responded to his Facebook post and said she had been a part of a program that not only helped her prepare for dialysis, but kept her off dialysis and out of the hospital for more than a year.

That program was Reach Kidney Care of Kansas City, and Jodi's new patient enrolled in Reach in September. Because of Reach, he now understands the need to adequately prepare for the next step in his care, so he is having a fistula placed this month. With Jodi's assistance, he has also now finalized his paperwork for a kidney transplant. And while his eGFR is 8, Jodi reported that he still works full time. Pretty amazing!

IN AUGUST, REACH KIDNEY CARE OF CHATTANOOGA SCREENED 121 PEOPLE FOR KIDNEY DISEASE THROUGH THE PEED PROGRAM. CHECK OUT THESE FACTS ABOUT THE HELPFUL PROGRAM:

PEED:

PROVIDING EDUCATION AND EARLY DETECTION

THE PEED PROGRAM IS A FREE CKD SCREENING PROGRAM IN THE CHATTANOOGA AREA!

MORE THAN 500 PEOPLE HAVE BEEN SCREENED SINCE 2013.

A SIMPLE URINARY TEST CAN REVEAL VITAL INFORMATION ABOUT YOUR KIDNEY HEALTH!

THE GOAL IS TO CONNECT PEOPLE WITH KIDNEY CARE SPECIALISTS, ESPECIALLY PEOPLE WHO HAVE MAJOR SYMPTOMS OR RISKS OF KIDNEY DISEASE, AND TO ASSIST THEM WITH THEIR KIDNEY HEALTH MOVING FORWARD.

FRESH APPLE CAKE RECIPE

Finding yummy renal-friendly food for the holidays can be hard. Try this delicious apple cake recipe from Anella Diz at DCI Jacksonville!

INGREDIENTS

1/2 c. melted butter
2 c. sugar
2 large eggs
1 tsp. vanilla extract
2 c. all purpose flour - sifted
2 tsp. ground cinnamon
1 tsp. baking soda
2 1/2 lbs. Granny Smith Apples (about 4 large) peeled and cut in thin slices

DIRECTIONS

1. Preheat oven to 350°F.
2. Stir together butter, sugar, eggs, and vanilla until blended.
3. Combine flour, cinnamon and baking soda; add to butter mixture, stirring until well blended.
4. Stir in apples (Batter will be very thick, similar to a cookie dough).
5. Spread batter into a lightly greased 13 x 9 inch baking pan or bundt cake pan.
6. Cook 13 x 9 inch pan approximately 45 minutes / Bundt cake pan approximately 1 hour or until wooden pick inserted in center comes out clean.

Nutrition Facts

Serving Size	168g
Servings	12
Amount Per Serving	
Calories 336	Calories from Fat 78
	% Daily Value *
Total Fat 9g	**14%**
Saturated Fat 5g	**26%**
Trans Fat 0g	
Polyunsaturated Fat 1g	
Monounsaturated Fat 2g	
Cholesterol 51mg	**17%**
Sodium 120mg	**5%**
Total Carbohydrates 63g	**21%**
Dietary Fiber 3g	**12%**
Sugars 44g	
Protein 4g	
Vitamin A 7%	Vitamin C 7%
Calcium 2%	Iron 3%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

Potassium: 124, Phosphorus: 46

FIND THIS AND MORE IN THE NEW RECIPES SECTION ON THE DCI WEBSITE!

PASSIONATE CARE COORDINATION ENHANCES LIVES IN ALBANY

"People who add value to others do so intentionally. I say that because to add value, leaders must give of themselves and that rarely occurs by accident."
- John C. Maxwell

Sarah Winkfield, Reach Kidney Care coordinator in Albany, Georgia, is adding value to others through her work at Reach Kidney Care. She knows it's the small gestures that make a big difference. For example, Sarah spends time at community health fairs meeting members of the community and making them aware of kidney disease. She calls her patients before holidays to offer gentle reminders to, "Be good this holiday! Watch your sodium!"

If she can't reach a patient by phone, she'll send them a card to get the message of concern and care across. For her patients who start dialysis, she takes the time to sit with them during their first treatment for 45 minutes or more just to make sure that everything is okay.

"When I go to bed at night, I ask myself 'how can I make things better for my patients?'" stated Sarah. For many years Sarah worked as a nurse within the hemodialysis unit. While she enjoyed her position, she felt like she was destined to help people by educating them about kidney disease.

At 15 years old, Sarah's father died. She didn't know the cause of his death until 22 years later when she discovered his death certificate; It stated that her father died due to complications associated with renal failure.

"He had hypertension for more than 20 years," she said. "I just couldn't believe that was the reason why he passed away. I really believe I was placed right here, with this job as a chronic kidney disease coordinator, for a reason."

Sarah is intentional in her efforts to help people with kidney disease. Joseph Wright, a Reach Kidney Care of Albany patient, can attest to the significance of her care.

"She's very easy to talk to. I meet with her every month after I've had my lab work done. She goes over the labs with me and tells me how to improve," said Joseph. "She has taught me a lot about my eating habits and exercise. She's helping me to stay off of dialysis."

Joseph, a recent retiree, moved from New Jersey to a 26 acre farm in Georgia. He wants to spend time tending to his garden and traveling with his wife. He doesn't want to be in a dialysis chair.

Story continues on page 8

ALBANY STORY CONTINUED

His doctor referred him to Reach Kidney Care to assist in managing his health. When Sarah met Joseph, he had a GFR of 17. Over the past 18 months, she has helped him keep his GFR at 15 and his creatinine below 5 through a strict diet.

"He's a fighter," stated Sarah. "Many people with this GFR are already on dialysis. We're trying to help him avoid that."

At Reach Kidney Care Joseph learned about maintaining his health and how to prepare for the future. He is already on the transplant waiting list. However, should his kidney function decline before he gets a call for a transplant, he is prepared to start home dialysis.

"I would tell anyone who has kidney disease to go to Reach Kidney Care and talk to Sarah," Joseph said. "The program helps a lot!"

NEW RESOURCES AVAILABLE!

The "We've Missed You" cards are in! Be sure to order yours through Parris Printing. There's also new infographics available under Employee Resources on the DCI website. Download these to print and give to patients, add to PowerPoints or share on social media.

GET CONNECTED! FOLLOW DCI ON SOCIAL MEDIA:

happy holidays from dci

DOWNLOAD CARDS AND OTHER PRINTABLE GOODIES FROM DCIINC.ORG!