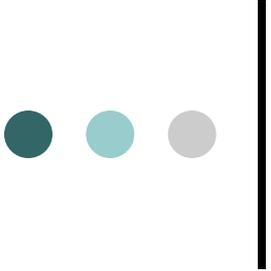


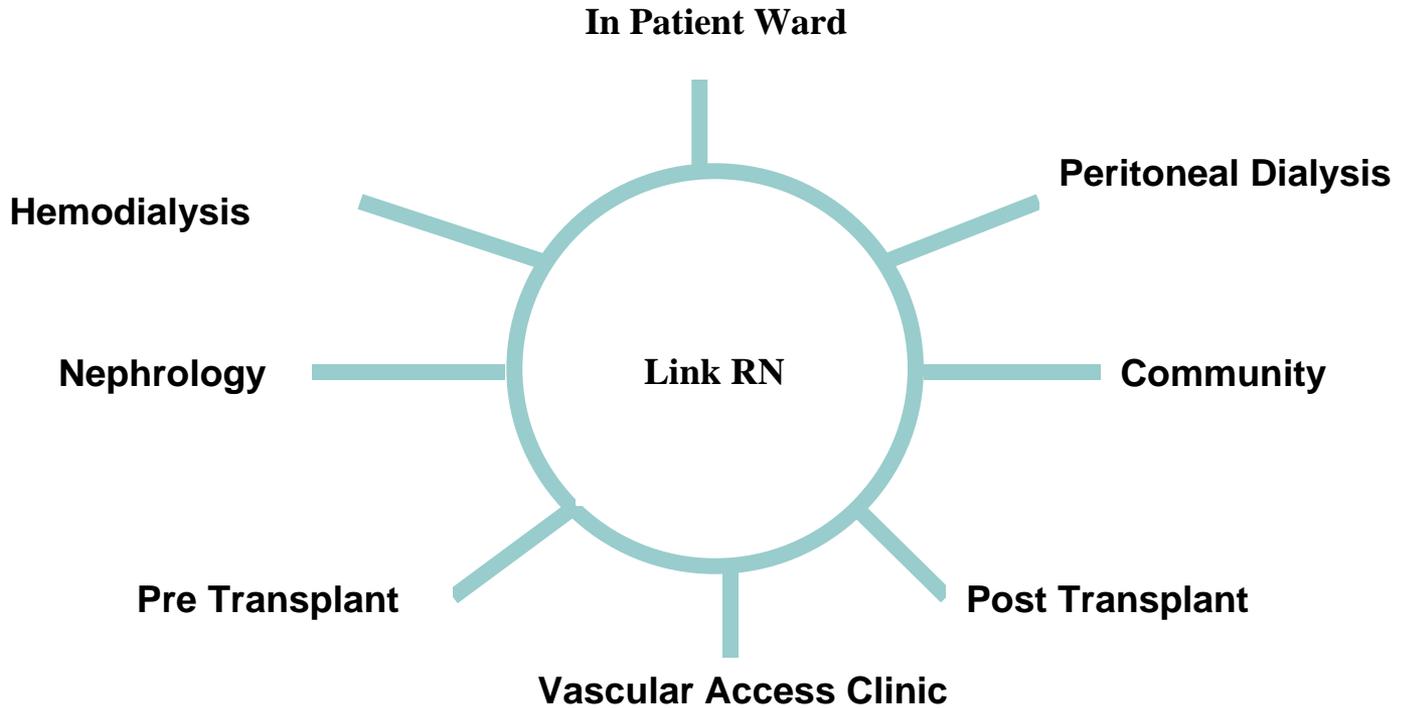


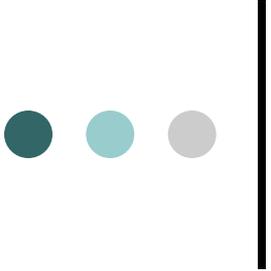
# Link Nurse

**What Is the Role of the Link Nurse?**



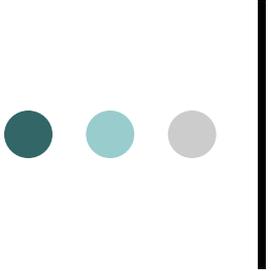
# Link Nurse





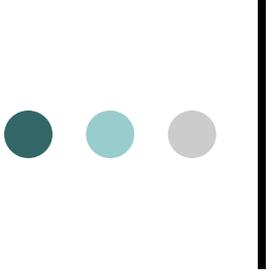
# In-Patient Alert System

- Alerts all KFC patients admitted anywhere in hospital
- Alerts all in-patients on nephrology ward
- Includes admitting diagnosis, labs and diagnostics to get a computer snapshot of how these patients are doing



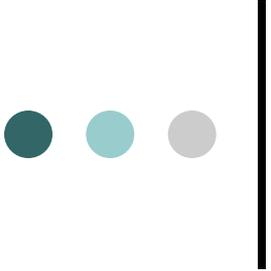
# Communication

- AM Rounds
  - Communicate all newly admitted KFC patients to Consult Nephrologist
  - Identify new Acute HD starts (including Critical care)
  - Identify in-patients needing dialysis education
  - Identify in-patients being discharged with KFC referral



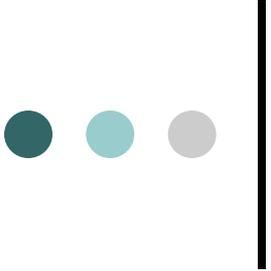
# Patient Visits

- Visit all KFC inpatients, cross-check medication list, ensuring pt receiving ESA, iron
- Provide Pt with KFC appointment if required upon discharge
- Visit all new nephrology in-patients being discharged with KFC referral



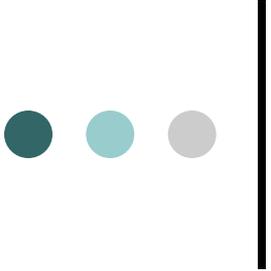
# In-Patient Dialysis Education

- Determine if pt Chronic or Acute
- Identify new dialysis in-patients needing orientation or re-orientation
- Usually arranged at bedside with portable DVD player and other tools
- Outpatient orientations can be arranged through KFC



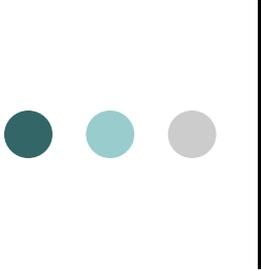
# Tracking

- Track all KFC patients nearing dialysis
- Track all new dialysis starts including “parachutes”
- Acute/Chronic/Recovered/Transferred/Expired
- Did they have a “planned” start or did they “parachute” in
- Did they start with a prepared Access or CVC
- Dialysis Orientation: Yes/No
- If they had orientation did they start on the option of their choice
- If not, did they eventually get their choice?



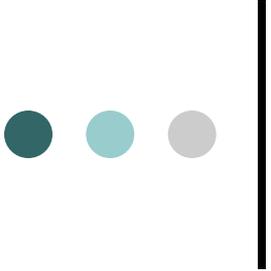
# Transitioning

- Visit KFC patients after initiation of dialysis or transplant
- Facilitate transfer of information between renal programs/Renal Regions
- Facilitate EPO initiations of in-patients
- Follow Conservative Care patients



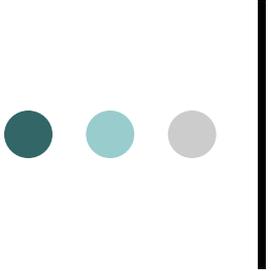
# Initiate Pre Transplant Process

- Complete initial Lab requisition mail out for KFC patients
- Discuss preliminary transplant process with KFC patients
- Assist Pre Transplant RNs to initiate transplant process with local and remote dialysis patients
- Screen medical histories for potential contraindications to Tx
- Meet monthly with Pre Transplant RN for patient/GFR review



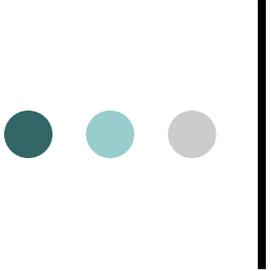
# Meetings

- Weekly meeting with vascular access RN and HD MD to review acute/chronic patients
- Weekly/monthly KFC meetings
- Weekly HHD Teleconference
- Monthly HHD CPG/Regional



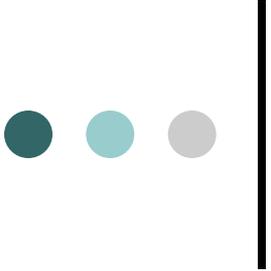
# Projects

- Cantonese Group sessions
- Cantonese CKD Clinic
- Interpretation after hours in Cantonese for PD patients
- Group Education Sessions, multiple languages
- ICC development
- Clinical Pathway
- Regional transfer process



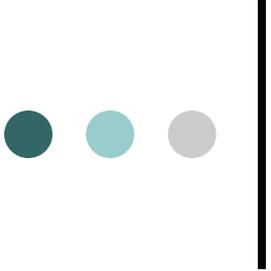
# Statistics

- Accuracy with hemodialysis starts only
- No notification of PD starts if direct from Nephrologists office
- No notification if transfer from HD to PD
- 254 dialysis starts (April/08)



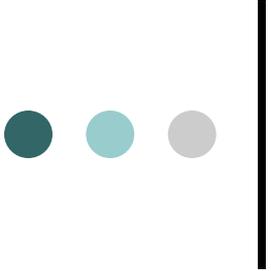
# Dialysis Education

- 73 patients did not have dialysis education because:
  - Geographic location (1%)
  - Medical/Previously on HD (29%)
  - Recovered (34%)
  - Expired (34%)



# Planned/Unplanned Start

- Planned start 38.5% (98)
- Unknown .78% (2)
- Unplanned includes KFC patients who had been followed and prepared but started urgently and needed a CVC



# RRT Option of Choice

- 64% (117) did get their RRT option of choice
- 9% (16) did not initially get their RRT of choice but later did (could be more)
- 2% (4) patients started with their choice but failed so were switched