

Salinas A, González García ME, Fernández Rodríguez E. Utilidad de la ecuación MDRD para detectar insuficiencia renal oculta y disminuir el riesgo de sobredosificación digitalica. *Nefrología* 2009;29(2):150-5.

4. Antman EM, Wenger TL, Butler VP, et al. Treatment of 150 cases of life-threatening digitalis intoxication with digoxin-specific Fab antibody fragments. Final report of a multicenter study. *Circulation* 1990;81:1744.
5. Mehta RN, Mehta NJ, Gulati A. Late rebound digoxin toxicity after digoxin-specific antibody Fab fragments therapy in anuric patient. *J Emerg Med* 2002;22:203.

**A. Suárez Laurés, A. Pobes Martínez, L. Quiñones Ortiz, R. Forascepi**

Nephrology Department.

Cabueñes Hospital, Gijón, Spain.

**Correspondence:** Luis Quiñones Ortiz  
Servicio de Nefrología.

Hospital Cabueñes. Gijón. Spain.

luysquio@hotmail.com

### Role of healthcare coordinator: experience in a haemodialysis satellite unit

*Nefrología* 2010;30(1):132

#### Dear Editor,

Chronic kidney disease (CKD) is a serious public health problem with biological, mental and social implications.<sup>1,4</sup> The characteristics of CKD patients on haemodialysis (HD) have changed in recent years. Age and comorbidity have increased, which has implications on functional aspects. Haemodialysis centres are seeing patients with a significant degree of dependence.<sup>5</sup> The greater percentage of elderly patients makes it more difficult to modify the dialysis technique, requiring increased social care.<sup>6</sup> For these reasons, and to improve the quality of care given to our patients, the idea of creating the role of unit healthcare coordinator was suggested in 2006. Initially, the coordinator saw 5 patients on a part time basis, although this help proved so invaluable that he was recently

made full time. He is currently involved in managing tasks for a total of approximately 75 patients. Among his duties are liaison with the referral hospital, processing additional test documentation and consultations with other specialist departments. He also accompanies patients, if necessary, thus preventing the continuous loss of appointments and helps the nephrologist communicate with other specialists. Sometimes he acts as liaison with primary care and, if necessary, with social workers where there is a need for care. He also organises transfers, holidays, etc., which is very helpful for patients who are involved in complex bureaucratic procedures, thus facilitating their adaptation within the limitations of their disease.

This results in patients in our unit benefitting from improved care that goes beyond haemodialysis sessions, with a more global view of the problems they experience.

We, as nephrologists, have seen a clear improvement in organisation and care, providing the quality health care required by our patients.

We therefore encourage other haemodialysis centres to consider appointing a similar healthcare coordinator among their personnel

1. Kimmel PL. Psychosocial factors in dialysis patients. *Kidney Int* 2001;59(5):1599-613.
2. Schieppati A, Remuzzi G. Chronic renal diseases as a public health problem: epidemiology, social, and economic implications. *Kidney Int* 2005;68(Supl. 98):S7-S10.
3. Eknoyan G, Lameire N, Barsoum R, Eckardt KU, Levin A, Levin N, et al. The burden of kidney disease: improving global outcomes. *Kidney Int* 2004;66(4):1310-4.
4. Barsoum RS. Chronic kidney disease in the developing world. *N Engl J Med* 2006;354(10):997-9.
5. Arenas MD, Álvarez-Ude F, Angoso M, Berdud I, Antolín A, Lacueva J, et al. Valoración del grado de dependencia funcional de los pacientes en hemodiálisis

(HD): estudio multicéntrico. *Nefrología* 2006;26(5):600-8.

6. Martín de Francisco AL. Hemodiálisis en el anciano. *Nefrología* 1998;18(Supl. 4):10-4.

**C. Rodríguez Adanero<sup>1</sup>, S. Estupiñán Torres<sup>1</sup>, R. Pérez Morales<sup>1</sup>, S. García Rebollo<sup>2</sup>, V. Lorenzo Sellarés<sup>2</sup>**

<sup>1</sup>Haemodialysis Satellite Unit, University Hospital of the Canary Islands, Spain.

<sup>2</sup>Nephrology Department, University Hospital of the Canary Islands, Spain.

#### Correspondence:

Concepción Rodríguez Adanero

Unidad Satélite de Hemodiálisis.

Hospital Universitario de Canarias. Spain.

cradanero@senefro.org

luysquio@hotmail.com

### Ten years' experience of an Intensive and Continuous Theoretical/Practical Training Course in Peritoneal Dialysis

*Nefrología* 2010;30(1):132-3

#### Dear Editor,

Although peritoneal dialysis (PD) is now a recognised kidney replacement technique, it is still used much less than haemodialysis. According to SEN (Spanish Society of Nephrology) statistics (from the SEN), of 4,543 incident cases in replacement therapy during 2007, 12.4% were initiated with PD; of 36,388 prevalent cases, 46% started with haemodialysis (HD), 47.9% underwent transplantation and 6.1% received DP,<sup>1</sup> proportions similar to some European countries.<sup>2</sup>

Among the reasons for this, one very important is the lack of knowledge and expertise of many professionals, leading some to not offer PD as a possible dialysis option.

According to the General Health Law (*Law 14/1986, 25 April*), "each patient has the right to free choice between different treatment options". The