

The one Star News etter

A Newsletter for People with Chronic Kidney Diseases and Their Families

The End Stage Renal Disease Network of Texas, Inc. 4040 McEwen, Suite 350 Dallas, Texas 75244

Phone: 877-886-4435

www.esrdnetwork.org

ESRD Patient Call to Action

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Senate Bill 1454 or House bill 2969 will extend coverage for drugs for kidney transplant patients. Now, some transplant patients lose money to pay for their medicine 3 years after their transplant. If this bill passes, patients will still get money to pay for their drugs 3 years after their transplant. If patients can't pay for their medicine they could lose their transplant. Without their transplant, patients would have to go back on dialysis. The bill could make transplant patient's lives better. The bill could cause fewer patients to lose their transplants. The bill could save lives. Passing of the bill could save transplants and save money. For this bill to pass, it must have your support. If you want to support this, write a letter to your senator or representative. In the letter, ask for support of Senate Bill 1454 or House Bill 2969.

Below is a sample letter format adapted from the Renal Support Network website http://rsnhope.org/programs/kidneytalkshowsBurgess_Michael_102611.php:

Date: (fill in current date)

To: The Honorable (Name of Legislator)
Street Address
Washington, DC 20510

Reference: S. 1454 and H.R. 2969: Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Acts of 2011

Dear Representative or Senator (fill in last name):

Briefly tell your story

Continued on Page 2

Sample letter continued

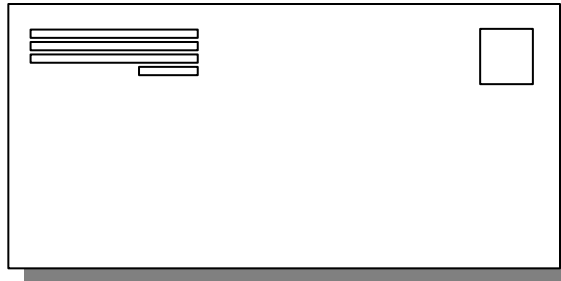
Drug Coverage for Kidney Transplant Patients Acts of 2011 (S.1454 and H.R. 2969) would benefit kidney transplant recipients, who must take immunosuppressive drugs for the life of the transplant to prevent the body from rejecting the organ. Currently Medicare pays for most kidney transplant but covers drugs for only 36 months after the transplant as part of the Medicare ESRD benefit. After that, kidney recipients must pay for immunosuppressive drugs through private insurance, public or pharmaceutical programs, or pay out-of-pocket. Medicare does cover drugs without time limit if the patient qualifies because of age or disability status.

Please support the continued good quality of life for kidney transplant recipients by signing on as a co-sponsor of these bills, if you have not already done so.

Thank you so much for you interest and support.

Sincerely
Your signature

Your name
Your address



Share Your Story!

The Network is always looking for patient stories for The Lone Star Newsletter. We need your stories in order to make a successful newsletter, pictures are always welcome as well. If you would like to submit a story or make a suggestion for the Newsletter please contact Anna Koenig at akoenig@nw14.esrd.net or call 1-877-886-4435.

Word Search

S T A F F R I E P S W C T
 M P R H Y D A Z C W I J A
 V O C A T I O N A L N W R
 R Y V P N R O C F C T E G
 G D E Z Q S T H E M O B E
 S N O W F I P X V Q P S T
 N K R O D S T L Y A I Q D
 C S E N L A E H A A D P R
 Y S M T W S I E D N N O E
 P E M O O I D Y I D T E T
 M C U H R D S H L E T A N
 H C S G K I E R O D C Q I
 W A S H S N K P H O F J W

Word Find

**Hemo
 Transplant
 Holiday
 Winter
 Snow
 Wash**

**Access
 Vocational
 Target
 Work
 Staff**



Complaints and Grievances



If I'm having a problem with my facility, what can I do?

It is always best to talk to someone at the facility that you trust as a first step. As a patient you have the right to file a complaint or grievance against your facility. If you feel that you are not being treated fairly or that staff is not doing what they should for patients during treatment time, you may contact the ESRD Network of Texas and speak with our Patient Services Department. Our goal is to make sure patients receive the best care possible from their dialysis and transplant facilities.

What happens when I call the Network to file a complaint or grievance?

The Network may decide to investigate the issue or may refer it to the State agency that handles complaints. Unless you give us permission to use your name, your name will not be used during the investigation. In 2010, the Network received over **500** calls from patients and/or facility staff regarding a wide range of issues. Some of the most common complaints were:

- Staff do not care about patients, do not treat them with respect and speak to them in a rude and negative manner.
- The facility schedules treatment times but does not stick to those times.
- The facility is discharging or 'firing' me without a good reason.
- The staff does not stay in their assigned areas during treatment.
- Alarms go off for a long time before the staff comes over to check the machine.
- The facility will not fax patient records.



The Patient Services Department will investigate your complaint and determine what plan of action should be taken for a timely resolution. The Patient Services Coordinator may make a visit to the facility, recommend additional staff training or do a patient survey to see if other patients are experiencing the same things that you are. Sometimes immediate action needs to be taken. In those situations the Network will send the complaint to the Department of State Health Services to investigate. The State may survey the facility and/or interview staff and patients.

What does the Network do with this information?

Every 3 months the Network reviews all the complaints and grievances that have been filed. If a facility has 3 or more complaints during a 3-month period or 4 or more in 6 months, the Patient Services Coordinator will contact the facility and make recommendations on how the facility can reduce complaints. Sometimes the Network will require the facility to develop an improvement plan that the Network will monitor for a period of time. The Network makes every effort to resolve complaints in a timely manner. If you, as a patient ever feel that you are not receiving the best experience of care, please speak with your facility administrator or call our Patient Services Department for assistance toll free @ 1-877-886-4435.

??? What to do if you have a complaint ???

If you are unhappy with the care or treatment you receive at your dialysis clinic or transplant center, or if you have a complaint about your care, you have the right to file a complaint.

Here's how to file your complaint:

- ⇒ First-try to talk to your nurse, doctor, or social worker about the problem. It is possible there is a simple explanation. Even if there is not a simple explanation, it may be possible for you and the clinic to work out a solution to the problem that could result in better care for you and other patients.
- ⇒ Next-if talking does not resolve the problem, or if you feel you cannot discuss your problem with the staff at your clinic, you can go directly to the regional administrator or even the corporate office of your dialysis company or transplant unit. The names and phone numbers of these people should be posted in the waiting room of your clinic.

Finally-if none of the above actions work or if you feel your clinic or corporation cannot help

you,
call one Texas Department of State Health Services or The ESRD Network of Texas
of the (888)-973-0022 (877)-886-4435

Toll Free numbers below for help.

If you contact the Network for help, WE CAN:

Give you names and phone numbers of people you can speak to at your clinic's corporate offices.

Give you information about Medicare regulations and your rights under Medicare.

Contact the clinic and conduct a *confidential* investigation into your complaint, which may include one or more of the following actions:

- Request medical records
- Interview staff members or patients and asking for details about a complaint
- If necessary, visit a clinic in person
- *Confidential* means we will not tell anyone at the facility or clinic your name, unless you give us permission to do so

If you contact the Network for help, WE CANNOT:

- Force a clinic or doctor to accept a patient.
- Guarantee you can choose which staff members put your needles in.
- Change or get involved in anything that has to do with personnel policies and procedures.

Renal Friendly Recipes

Recipe from
DaVtia Inc

Holiday Pumpkin Cranberry Bread

Ingredients:

- 2-1/2 Cups All Purpose Flour
- 2 Teaspoons Pumpkin Pie Spice
- 2 Teaspoons Baking Powder
- 2 Eggs
- 2 Cups Sugar
- 1– 3/4 Cups Canned Pumpkin Puree
- 1/2 Cup Vegetable Oil
- 1 Cup Fresh or Frozen Whole Cranberries

Directions:

1. Preheat oven to 350 degrees.
2. Combine flour, pumpkin pie spice and baking powder in a large bowl.
3. Combine eggs, sugar, pumpkin puree and oil in a small mixing bowl. Beat until blended.
4. Add pumpkin mixture to flour mixture. Stir until just moistened, then fold in cranberries.
5. Spoon batter into 2 greased 9" x 5" loaf pans. Bake for 55 to 60 minutes.
6. Cool in pans for 5 to 10 minutes. Remove to wire rack to cool before slicing.

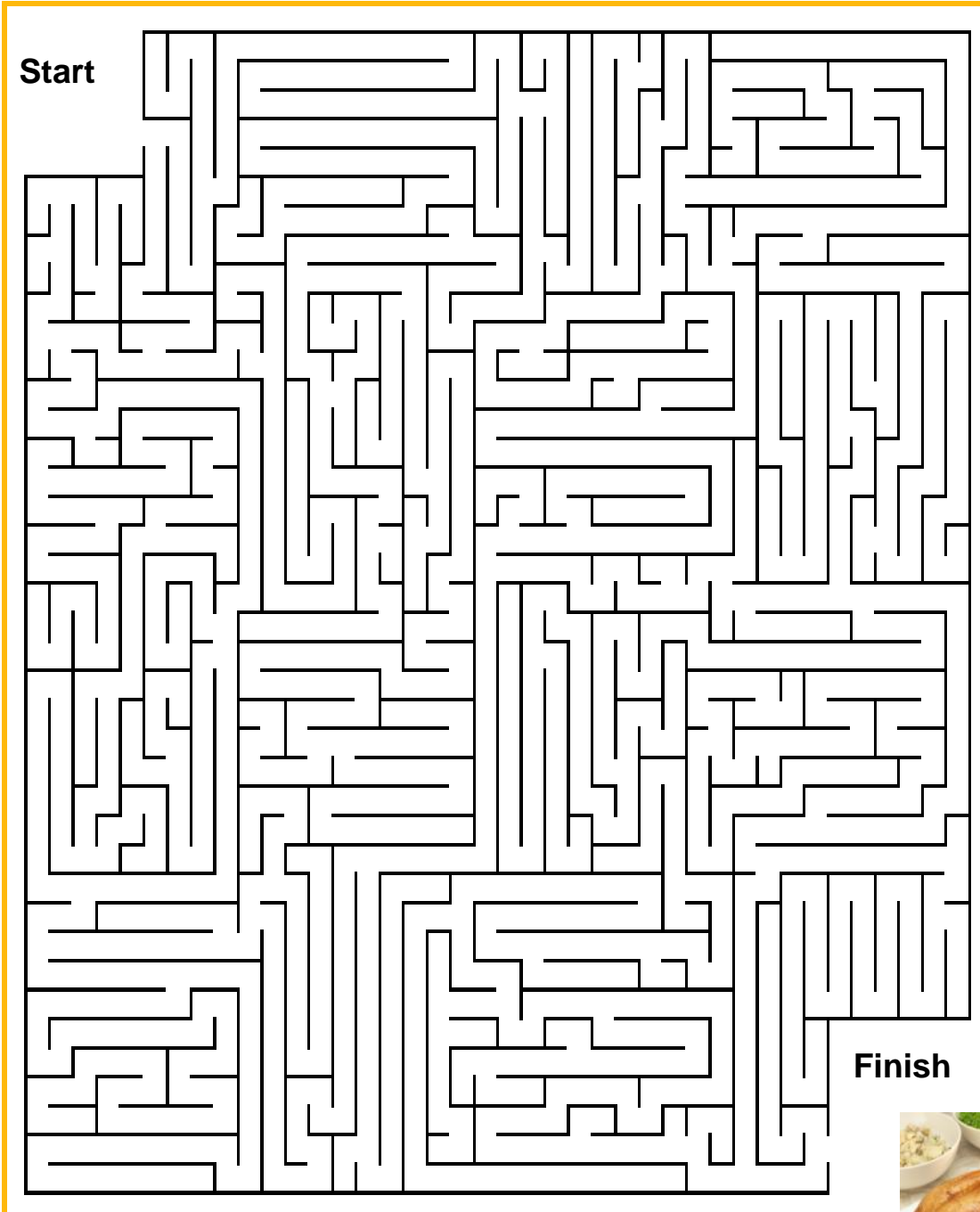
Nutrients per serving

- Calories: 187
- Protein: 2g
- Carbohydrates: 31g
- Fat: 6g
- Cholesterol: 21mg
- Sodium: 45mg
- Potassium: 69mg
- Phosphorus: 75mg
- Calcium: 46mg
- Fiber: 1.1g

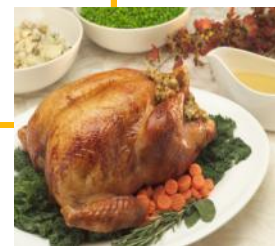


A-Maze-ing Holiday Foods

Instructions: Make your way through the maze to the Holiday Foods that are safe for renal patients.



Good holiday food choices: carrot sticks, sweet peas, turkey (not-self basting), chicken, whipped topping, applesauce and fruit cocktail (Just to name a few)



[Compare Dialysis Facilities in Your Area!](#)

The **Dialysis Facility Compare** tool, located at www.medicare.gov/dialysis, is a tool to help you find dialysis facilities in your area. It has detailed information about Medicare-certified dialysis facilities and other resources for people with kidney disease. You can use this information to compare the services available and the quality of care provided by facilities in your area and around the country. Contact the Network for a flyer about how to use this valuable tool at **1.877.886.4435**

Dialysis Facility Compare Website: www.medicare.gov/dialysis



Patient Advisory Committee Represents You!

The Patient Advisory Committee (PAC): Your “Voice” at the ESRD Network

To see the complete list of PAC members and the regions they cover, please visit our website and click on **Patients** then click on **Patient Representatives**. We are currently looking for additional members to cover the following areas: West Texas area.

The PAC is a group of patients and care givers from around the state who give feedback to the Network staff and the Medical Review Board about issues that affect the care and quality of lives of patients. We want to have all regions of Texas covered by PAC members. If you are interested in joining this group, please send a letter of interest to the ESRD Network of Texas, attention: Anna Koenig or call the Network toll-free number at 877-886-4435.

Vocational Rehabilitation: What Could It Mean to You?

Changing your routine is scary and can cause confusion. Many people on dialysis are afraid to go to work, go to school, or volunteer because of this. Patients then lose the opportunity to make more money, learn something new, or help a person in need. Clinic Social Workers can refer patients to the local Department of Assistive and Rehabilitative Services (DARS). When people are active and productive citizens they feel better about life.

If a person on dialysis qualifies, Vocational Counselors (VC) at DARS can assist with job placement or starting school. Patients can earn an income without reducing their Social Security benefits. Financial Counselors can tell patients how much they can earn without affecting their benefits. Patients should share their needs with their VC. The VC can link people with kidney failure to programs that meet those needs. Many patients who work experience joy and gain fulfillment. Every person on dialysis may not be able to do the jobs they used to. There are opportunities to explore other areas of interests. Patients should see what they enjoy. At the end of the day this will make them happier.

Challenge yourself and your friends to do something different. Get out of your comfort zone. Lend a helping hand! Work a couple of hours a week! Learn something new! Give yourself the gift of a fulfilling and rewarding life by challenging yourself today!

Ticket to Work

You might be eligible for free employment services through the Ticket to Work program. Are you ready to work? Or do you want to increase your current work hours? If yes, Ticket to Work may be right for you. To qualify for the program you must receive Social Security benefits. Learn more about the

Ticket to Work program by visiting the website at

<http://www.chooseworkttw.net/index.htm>.

Call the Help Line at **1-866-968-7842** or talk to your clinic Social Worker.

Super Staff Award

We have had many nominees for super staff awards. The Network wishes to congratulate the following exceptional staff for their excellence in patient care:

Norma Maldonado, LVN from DSI in Weslaco (Pictured Below)



Kelli Hayes, LVN with FMC in Gilmer

Alton Hardy, Hain Nguyen, & Trish Nguyen, PCT's from FMC in Houston

Dr. Sandeep Shori with FMC in Ft Worth

DeShawn Dorsey from Northwest Dialysis Center in San Antonio

If you have a staff member that went above and beyond, or always provides excellent care to you or others, please nominate them for a super staff award so their hard work can be recognized. You can nominate a staff member by contacting Anna Koenig at akoenig@nw14.esrd.net or 1-877-886-4435, or by sending the following information to the network either by fax or mail.

Your name

Super staff's name and their position

Facility name and address

Brief description of why you want to nominate them

Network fax # 972-503-3219

Network address; 4040 McEwen Rd Suite 350 Dallas, TX 75244



We will include pictures of staff with their awards and who nominated them if you will send copies to the Network.

Living on a Purpose By David Hollowell

They say that “wisdom comes with age”. Unfortunately, in my case, age may have come alone.

I used to ignore the fact that, from the outside, I appear to be in my 50s. To me, from the inside looking out, I was 30. Ever since I was in my twenties, birthdays that end in 5 or 0 have made me very introspective. These are little milestones in my life. Like a marathon runner, at these “mile markers”, I check my pace and condition. I compare those to where I had planned to be in “the race” of life. (Actually, I’m not very much like a marathon runner at all). Generally, I have been pretty happy with the progress. But at my 55th birthday, that perspective dramatically changed.

This year, I was hospitalized with a serious illness. My kidneys have failed. Dialysis, initially “the worst case scenario”, now is a reality. My life is spinning out of my “control” and at first, I have to admit, it scared me- a lot. While I never thought I would honestly say these words, “Dialysis is one of the best things that ever happened to me.” Besides taking off over 30 pounds since mid-July, Dialysis forces me to stop. It gives me time to think and reflect on life. I have six hours, three times a week, every week, indefinitely.

As a result of my illness, I’ve learned more about life this year, than I had learned in the last 55 years. Throughout my life, I’ve had some wonderful experiences. I’ve met incredible people. I’ve traveled the world, not as a tourist but as a “professional traveler” and writer. However, with that freedom, I’ve often lived like a leaf in the wind. I’ve never had a true direction or a fixed location. I just went where the wind took me. While great for a leaf, for a person it can be an empty life. I’ve lived life in a hurry, but I’m not sure where I was in hurry to go.

With my illness I’ve been given a blessing. The people around me have shown me the real meaning of life. I learned a depth of love and a depth of faith through their reaction to my illness. I have truly come to embrace and accept both. That has literally saved my life.

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For the first time, I've begun not to resist my age, but to embrace it. I look at life through a new set of lenses. I now enjoy being exactly where I am and being exactly who I am. I truly appreciate everything around me, everyday. I take nothing for granted. I'm now committed to embrace the lessons that I have been taught. I've come to cherish life. I now accept the fact that I'm not a "bullet-proof" teenager anymore. Most things become clichés for a reason- they are true. I no longer just let life slip by, but choose to live each day as the gift that it is. I'm now "Living Life on Purpose".

David Hollowell is a freelance writer who lives in Dallas ,Texas. He began dialysis on August 3, 2011. He can be reached by e-mail at David@DavidWHollowell.com or by text at 214 546 8711.



We Need NPR's

What is a Network Patient Representative (NPR)?

Each clinic is asked by the Network to appoint at least one **Network Patient Representative (NPR)** to be a contact person between the clinic patients and the Network. Some clinics have a Representative for each shift or each dialysis day. **We need more NPR's !** If you would like to be considered for the NPR position at your facility, speak with your social worker about the job.

"Successful is the person who has lived well, laughed often and loved much, who has gained the respect of children, who leaves the world better than they found it, who has never lacked appreciation for the earth's beauty, who never fails to look for the best in others or give the best of themselves."

-Unknown



The Importance of Washing Your Access

Adapted from the article written by

Lynda K. Ball, MSN, RN, CNN

Most of you have been asked to wash your access before going to your dialysis chair. You may have wondered why you need to wash your access. You might have just taken a shower. Or you might have washed up before coming to dialysis. But actually it is very important that you wash your arm right before you sit in the chair.

Here are a few reasons why you must wash your access. First, you are not as protected from getting sick like you were before you had kidney disease. You may have heard from your doctor that you are now *immunosuppressed* [im -yuh-no-su-pres] . This means that you are at a higher risk of getting an infection. Getting an infection in your access is very common for hemodialysis patients. It is also the second most common cause of death for hemodialysis patients (15%), according to the Centers for Disease Control and Prevention. Catheters have the highest rate of infection. Grafts are second and AV fistulas have the lowest rate. So, you must prevent infection and watch for signs of infection. These signs are pain, chills, fever, drainage, and redness or swelling.

Second, we all have good bacteria on our skin that helps protect us from the bad bacteria. This bacteria is called *Staphylococcus aureus* or staph for short. Some people also have staph in their noses. Staph can be spread by just breathing. Dialysis patients have more staph on their skin than other people. This is why nurses and techs ask you to wash your arm before dialysis. Washing your arm lowers the number of bacteria on your skin. Again, washing helps protect you from infection. This is also why staff wear gloves during cannulation.

Third, some people develop resistance to antibiotics. This happens when people take antibiotics often. Resistance can also occur when patients don't finish the whole round of antibiotics or taking antibiotics when you don't really need them. If a person builds up resistance to antibiotics, their doctor must find a new antibiotic to cure the infection. Dialysis patients are at an increased risk for developing antibiotic resistance. To prevent resistance, help prevent infection by washing your access. Also, be sure to take your medicines as prescribed.

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It is important that you follow your unit's rules on cleaning your access. The nurses and techs care about you and that is why they ask you to wash just before coming to your chair. Staph can come back on your skin from the time you leave your house to when you arrive at the clinic. So, washing will help protect you from infection. It will keep you off antibiotics and help prevent you from developing resistance.

The Moving Target



Each year Networks all over the United States make a plan to the Centers for Medicare & Medicaid Services. This plan is how the Networks do their work. It is called the Quality Improvement Work Plan and is part of how the Network is able to help you get the right care.

One of the things on the plan this year is called **“The Moving Target”**. Why The Moving Target? Glad you asked! The name The Moving Target was picked because of the changing goals that we have seen in the last year for blood count levels. The test is called a hemoglobin, (he-mo-glo-bin) test. A quick way to write it is Hgb. Studies that have been done in recent years on medicines that help your blood count have caused a change in the goal for patients. ESA's are medicines used to treat low blood count caused by chronic kidney disease. You may know these medicines as Epogen or Aranesp. The FDA made a safety message changing the way to give ESA's to make it better for patients. The FDA “moved” the target blood count for patients. The blood count number “moved” from Hgb. 10-12 to 10-11. So, this is why the name The Moving Target was included in the Network's plan.

What does this mean for you? For most kidney patients, your blood count may continue to be managed with an ESA. In the past when your blood count was greater than 11, you would most likely still get an ESA. Now you may find that your doctor may hold it. If he/she does, it is for a good reason. It will be restarted when your blood count is what the doctor feels is safe for you. There are things that you need to do to help keep your blood count as good as possible so that you will feel good. The Network has made a helpful tool for you that will be coming to you soon.

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Here are some things that you can do to help:

Be sure to let your healthcare team know if you have any of the following if your ESA is on hold:

- Chest Pain
- Changes in thinking
- Changes in your activity level and feeling very weak
- Poor appetite
- A lot of bleeding
- Shortness of breath (not because of too much fluid)
- Loss of ability to have an erection (men) or changes in period (women)
- Signs of bleeding or blood loss from your stomach, intestines, etc. (red or black stools)

The health team will want to restart your ESA at the right time. Be sure to come to dialysis as you are supposed to, stay on your full time, and take iron if told to by your doctor. The goal is to keep your blood count at a good level, and give your blood count medicine only as needed. Ask your nurse or doctor for your blood count numbers and Iron “numbers” - know what yours should be and write them down for your records.

Let's Talk
about.....Fistulas



What can you do in three minutes? You can brush your teeth, tie your shoes, or make a peanut butter sandwich. Now, you can learn all about Fistulas in this award winning three minute video called: *Let's Talk About....Fistulas*. The video is available in both English and Spanish on the website www.lifeoptions.org/letstalk.

In three minutes you will learn

- **Catheter Out, Fistula In**
- **Fistula = feel better**
- **A good fistula is a big fistula**
- **Your lifeline matters – because you do**

Take three minutes to watch the video today!

In memory of Dianne Morgan Thomas... I am Free

The Patient Advisory Committee has lost a great member, as well as a good friend. Dianne Morgan Thomas was a dedicated member of the PAC since July 2006 and MRB patient representative soon after in 2007.

Dianne was a very positive person. She never complained about her illness, instead she would say "there are others that are worse off in this world". That is what I admired about Dianne, her positive outlook.

" Oh, how I miss Sunday afternoon chats with Dianne."
Dianne was a wonderful friend and will always be in my heart...

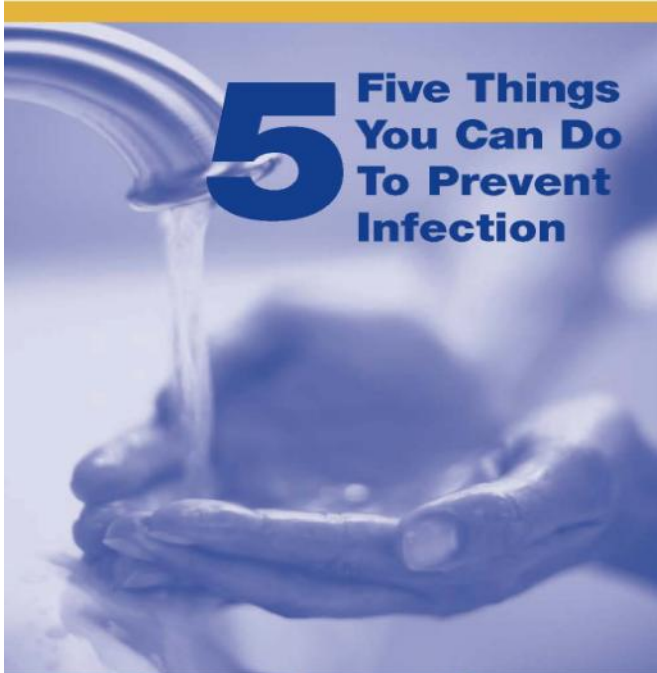
By Anna Gonzalez, fellow PAC member

I am Free

*Don't grieve for me now. For now I am free.
I am following the path God has laid for me.
I took his hand when I heard Him call.
I turned my back and left it all.
I could not stay another day.
To laugh, to love, to work or play.
Words left unsaid must stay that way.
I found my peace at the end of the day.
If my parting has left a void, then fill it
with remembered joys.
A friendship shared, a laugh a kiss.
Oh yes, these things I too will miss.
Be not burdened with times of sorrow.
I wish you the sunshine of tomorrow.
My life has been full. I savored much.
Good friends, good times, a loved one's touch.
Perhaps, my time seemed to all too brief.
Don't lengthen it now with undo grief.
Lift up your hearts and peace to thee.
God wanted me now: He set me free. (Author Unknown)*



SpeakUP™



5 Five Things You Can Do To Prevent Infection

Five Things You Can Do To Prevent Infection is supported by

- American Hospital Association
- Association for Professionals in Infection Control and Epidemiology, Inc.
- Centers for Disease Control and Prevention
- Infectious Diseases Society of America
- The Joint Commission
- Society for Healthcare Epidemiology of America

The Joint Commission is the largest health care accrediting body in the United States that promotes quality and safety.



Helping health care organizations help patients

1.

Clean your hands.

- Use soap and warm water. Rub your hands really well for at least 15 seconds. Rub your palms, fingernails, in between your fingers, and the backs of your hands.
- Or, if your hands do not look dirty, clean them with alcohol-based hand sanitizers. Rub the sanitizer all over your hands, especially under your nails and between your fingers, until your hands are dry.
- Clean your hands before touching or eating food. Clean them after you use the bathroom, take out the trash, change a diaper, visit someone who is ill, or play with a pet.



2.

Make sure health care providers clean their hands or wear gloves.

- Doctors, nurses, dentists and other health care providers come into contact with lots of bacteria and viruses. So before they treat you, ask them if they've cleaned their hands.
- Health care providers should wear clean gloves when they perform tasks such as taking throat cultures, pulling teeth, taking blood, touching wounds or body fluids, and examining your mouth or private parts. Don't be afraid to ask them if they should wear gloves.



3.

Cover your mouth and nose.

Many diseases are spread through sneezes and coughs. When you sneeze or cough, the germs can travel 3 feet or more! Cover your mouth and nose to prevent the spread of infection to others.

- Use a tissue! Keep tissues handy at home, at work and in your pocket. Be sure to throw away used tissues and clean your hands after coughing or sneezing.
- If you don't have a tissue, cover your mouth and nose with the bend of your elbow or hands. If you use your hands, clean them right away.



4.

If you are sick, avoid close contact with others.

- If you are sick, stay away from other people or stay home. Don't shake hands or touch others.
- When you go for medical treatment, call ahead and ask if there's anything you can do to avoid infecting people in the waiting room.



5.

Get shots to avoid disease and fight the spread of infection.

Make sure that your vaccinations are current—even for adults. Check with your doctor about shots you may need. Vaccinations are available to prevent these diseases:

- Chicken pox
- Measles
- Tetanus
- Shingles
- Flu (also known as influenza)
- Whooping cough (also known as Pertussis)
- German measles (also known as Rubella)
- Pneumonia (*Streptococcus pneumoniae*)
- Human papillomavirus (HPV)
- Mumps
- Diphtheria
- Hepatitis
- Meningitis



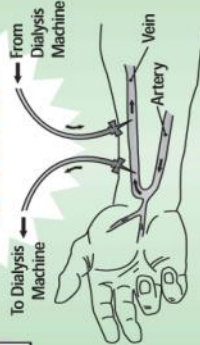
Vascular Access for Hemodialysis



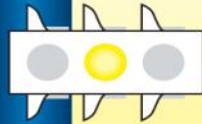
FISTULA



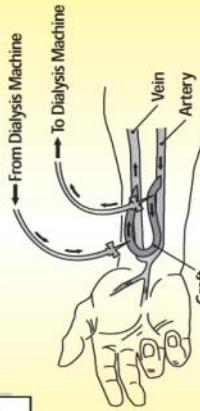
BEST CHOICE



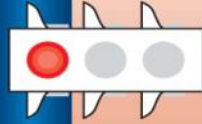
GRAFT



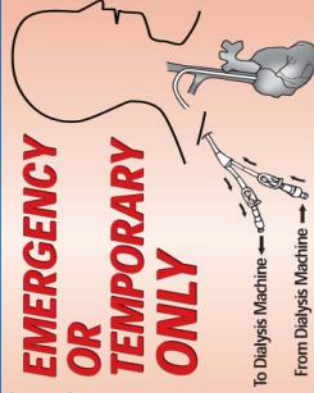
ALTERNATE CHOICE



CATHETER



EMERGENCY OR TEMPORARY ONLY



- Forearm
- Upper arm
- Thigh

- + Lasts many years
- + Less chance of infection
- + Higher blood flow rates
- + Fewer complications

- Takes the longest to mature (develop)
- May fail to mature, due to other health issues

PLACEMENT OPTIONS

- Forearm
- Upper Arm
- Thigh
- Chest
- Straight or Loop

ADVANTAGES

- + Can be used in two weeks after placement
- + Can be used when a fistula does not work
- + Can be used for patients with special health issues

DISADVANTAGES

- Clotting
- Infection
- Swelling
- Frequent interventions required
- May affect blood flow to the hand (Steal Syndrome)

- Neck (jugular vein)
- Groin (femoral vein)
- Chest (subclavian vein) *should be avoided*

- + Can be used in an emergency (must have chest x-ray for placement prior to initial use)
- + Can be used while other access types are maturing

- Clotting
- Infection
- Lower blood flow rates
- Vessel damage
- Designed for short-term use only

Network 14

Who We Are?

The End Stage Renal Disease Network of Texas (ESRD Network) is one of 18 agencies that work under contract with the Centers for Medicare & Medicaid Services (CMS) the federal agency that runs Medicare. Your ESRD Network, which provides support to the Texas dialysis and transplant community, is located in Dallas, Texas. The other 17 Networks are located regionally across the country. The Networks perform many important jobs for the dialysis and transplant community, including:

- Collecting and analyzing data about dialysis and transplant patients and their treatments
- Evaluating the quality of care and services provided to dialysis and transplant patients
- Supplying professionals with clinical information and data they can use to evaluate and (if needed) improve their services
- Maintaining a grievance procedure to investigate patient complaints about the quality of care provided by dialysis or transplant units

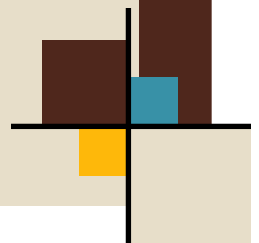
The Network is made up of several volunteer committees-the Executive Committee, Medical Review Board, and Patient Advisory Committee. Each committee is made up of patients and professionals. The committees provide guidance and support to help the Network meet its mission and goals.

Our Goals

To improve the quality of care for persons with ESRD and to make sure that this care is medically necessary, efficient, high quality and consistent with professional knowledge.

To provide CMS, the Texas Department of State Health Services, and the dialysis and transplant community with information and data related to the Medicare ESRD program and the ESRD population.

**Check out the Who We Are Webinar
located on our website at
www.esrdnetwork.org, under the
social worker tools and resources
tab!**



Resources and Important Numbers and Websites

Kidney School

www.kidneyschool.org

One of the BEST **resources** available for almost everything you need to know about kidney failure, dialysis and transplant. This site is organized into interactive, self-paced chapters.

Texas Department of State Health Services (TDSHS)

1-888-973-0022
www.dshs.state.tx.us

Medicare

Customer Service Line
1-800-813-8868
www.medicare.gov

Medicare Part D

Updates and Information
www.medicare.gov

American Association of Kidney Patients (AAKP)

800-749- AAKP
www.aakp.org

Renal Diet Information

www.mrsdash.com
www.andrew.cmu.edu/user/sorensen/

Bureau of Kidney Health

1-800-222-3986
www.dshs.state.tx.us/kidney

United Network of Organ Sharing (UNOS)

1-800-292-9547
www.transplantliving.org

American Kidney Fund

1-800-638-8299
www.akfinc.org

The Renal Support Network (RSN)

1-818-543-0896
www.renalnetwork.org

Modality/Treatment Options

www.homedialysis.org

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The End Stage
Renal Disease
Network Of Texas