

# NetLink



ESRD Network of Texas, Inc.  
4040 McEwen Rd, Suite 350  
Dallas, Texas 75244

POST for all staff to read



November 2011



## Network 14's Five-Diamond Patient Safety Program

### Inside this issue:

The ESRD Network of Texas, Inc. is excited to bring a nationally known patient safety program, **5 - Diamond Patient Safety Program**, to Texas to assist dialysis facilities with the improvement of both staff and patient awareness of specific patient safety areas.

#### Goals:

- To build a patient safety culture in every dialysis unit
- To promote patient safety values
- To create an awareness of patient safety issues
- To help dialysis units learn more about specific areas of patient safety

**Overview:** The **5-Diamond Patient Safety Program** consists of educational modules, which include the tools and resources necessary for implementation of each patient safety concept. Facilities may complete any of the modules, with only one module, Patient Safety Principles, being mandatory. The module options are as follows:

- Patient Safety Principles



- Decreasing Dialysis Patient-Provider Conflict
- Emergency Preparedness
- Hand Hygiene (Infection Control)
- Influenza Vaccination
- Medication Reconciliation
- Missed Treatments
- Sharps Safety
- Slips, Trips, & Falls
- Transplantation
- Health Literacy
- Patient Self-Managed Care
- Stenosis Surveillance



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**Recognition:** For each module successfully completed the facility is awarded a “diamond” culminating in special recognition for the 5-Diamond facilities.

Levels	
One to Four Diamond Facility	Five Diamond Facility
	
<ul style="list-style-type: none"> <li>• Facility recognized in the Netlink Newsletter</li> <li>• Facility recognized on the Network’s website</li> </ul>	<ul style="list-style-type: none"> <li>• Facility recognized in the Netlink Newsletter</li> <li>• Facility recognized on the Network’s website</li> <li>• Special recognition at our next Annual Council</li> <li>• Meeting Recognition letter from the Board President</li> <li>• Plaque recognizing the facility’s <i>5-Diamond Patient Safety Program</i> status</li> </ul>

All facilities in Texas are eligible to enroll in the **5-Diamond Patient Safety Program** and to be recognized for their commitment to providing safe and quality ESRD care to dialysis patients through completion of the Five Diamond modules.

To find out more, please visit the link below which will take you to the 5-Diamond Patient Safety page on the Network’s website:

[http://www.esrdnetwork.org/professionals/quality-improvement/5\\_Diamond/5\\_diamond.asp](http://www.esrdnetwork.org/professionals/quality-improvement/5_Diamond/5_diamond.asp)

Or you can locate the 5-Diamond page on the Network’s website by following these steps:

Go to [www.esrdnetwork.org](http://www.esrdnetwork.org)

Click on the Professionals Tab

Click on the Quality Improvement selection on the drop-down box

Click on the 5-Diamond Patient Safety symbol on the right corner of the screen

## Community Corner



The North Texas Chapter of NANT is presenting their annual one day symposium on Sunday, November 20<sup>th</sup>, 2011 at the Sheraton Convention Center in Arlington.

So save the date, November 20, 2011, for your opportunity to gain knowledge, network, and enjoy the company of dialysis practitioners from the North Texas area.

Contact Charlie Johnson, CHT Secretary/Treasurer for registration information at [chuckhangj@verizon.net](mailto:chuckhangj@verizon.net)



**CMS announces the retirement of Ms. Glenda Payne, RN, MS, CNN  
ESRD Clinical Lead, ROs IV & VI.**

**Her last day in the office will be November 4, 2011.**

Glenda has been with CMS as a Contracting Officer's Technical Representative in the Division of Quality Improvement, a Surveyor in the Division of Survey and Certification, and a Nurse Consultant/ESRD Technical Advisor since 2002. During her CMS tenure as the ESRD Lead for the Southern Consortium (13 states) and an ESRD Network Project Officer, she has made major contributions by:

- Scheduling & conducting Federal surveys and reviewing & consulting with state surveyors regarding provider compliance with Medicare requirements;
- Providing oversight and consultation regarding the ESRD Network Statement of Work;
- Planning and conducting ESRD training for state and Federal surveyors;
- Developing guidance and work aids related to the implementation of the ESRD regulations;
- Participating in national workgroups to develop survey guidance;
- Assisting in the revision of the Federal Regulations for dialysis;
- Developing a data set for the use of surveyors in surveying ESRD facilities;
- Developing and updating the STAR program (Surveyor Technical Assistant Renal), an automated computer-based tablet to assist to the ESRD survey process;
- Developing recommendations for regulation of dialysis provided in long term care facilities; and
- Ensuring preparedness and responsiveness to disasters impacting treatment for patients with kidney failure
- Developing the interpretative guidance for the 2008 ESRD regulations.

**As you can imagine with these major contributions not only to CMS but to the renal community, she has received numerous awards. Here are just a few of her more recent ones:**

- "Mark Rolston Award for Support of Nephrology Technicians and Technologists," National Association of Nephrology Technicians and Technologists, 2010;
- Centers for Medicare & Medicaid Services Administrator's Special Citation Award, 2010;
- "Lifetime Achievement Award in Nephrology Nursing," Annual Dialysis Conference, 2009;
- Centers for Medicare & Medicaid Services Administrator's Cornerstone Award, 2008;
- US Department of Health and Human Services Secretary's Award for Distinguished Service, 2006;
- "Outstanding Contribution to the American Nephrology Nurses' Association (ANNA)" 2006;
- ANNA "Journal Writing Contest Award for Education", April 2006;
- Centers for Medicare & Medicaid Services Administrator's Award", 2004;
- "Great 100" Nurse, Texas Nurses Association, Dallas/ Ft Worth, 2001;
- Director's Award, ANNA, 1998; and
- Health Care Financing Administration Director's Award, 1998.

**NW note:** Of course Glenda Payne is well known to the Texas renal community since she began her Nephrology Nursing career here, and was instrumental in the writing and implementation of the Texas ESRD Facility Licensing Rules. Glenda is the incoming President of ANNA, and she plans to devote herself to that office, and will continue to be a strong advocate for renal professionals and patients.

Any one that wishes to send a retirement card and/or remembrances, send them to the Network. The CMS Dallas office plans to have a retirement recognition in the future and we will include your submissions in that event.





**Flu Season Is Here!**  
**Protect patients and staff— Immunize**

**SAVE THE DATE for the 2012 Texas Kidney Walk Series!!!**

**Austin - March 10th**  
**Fort Worth - March 24th**  
**Houston - April 14th**  
**San Antonio - April 14th**  
**Dallas- April 21st**



Please join the National Kidney Foundation by recruiting your family, friends, neighbors and co-workers to walk with us this Spring! Forming a team is simple and our fundraising site is easier than ever to navigate.

**It's not too soon to register and begin your fundraising efforts!**

With your support, we know NKF can reach our fundraising goal, allowing us bring awareness of kidney disease to all of Texas and to further help the 1 in 9 Americans affected by kidney disease!

**REGISTRATION IS NOW OPEN for the Dallas and Fort Worth Kidney Walk!**

*Online Registration is coming soon for all other Texas Walks!*

**For more information on your local Walk, Sponsorship Opportunities, OR joining the Kidney Walk Committee, visit [kidneywalk.org](http://kidneywalk.org) OR contact your local Walk Manager**

*Those who bring sunshine to the lives of others cannot keep it from themselves.*

*- James M. Barrie*

## **“Meeting Today’s Challenges”**

**14<sup>th</sup> Annual Texas ANNA Collaborative Meeting**  
**The Hotel Galvez, Galveston, TX— January 27<sup>th</sup> & 28<sup>th</sup>, 2011**

**For an agenda and registration form go to [www.annatexasmeeting.org](http://www.annatexasmeeting.org).**

**Early Bird registration ends on December 28, 2011.**

## **CMS Releases Revised MEASURES ASSESSMENT TOOL (MAT)**

CMS has released a revised Measures Assessment Tool (MAT). It is posted on the CMS website at: [http://www.cms.gov/GuidanceforLawsAndRegulations/05\\_Dialysis.asp](http://www.cms.gov/GuidanceforLawsAndRegulations/05_Dialysis.asp) - under D) ESRD Surveyor Laminates. Once file is opened, it is one of the documents on the page.



## KCER Announces Release of Revised Disaster Preparedness Guide

The Kidney Community Emergency Response (KCER) Coalition is pleased to announce the release of the CMS publication, **Disaster Preparedness: A Guide for Chronic Dialysis Facilities – Second Edition** located on the KCER website. This updated and informative document is intended to replace the original CMS Emergency Preparedness for Dialysis Facilities Manual and can easily be downloaded, saved for reference, printed if desired, and used in facilities across the country. In addition to being temporarily placed on the home page of the [KCER website](#), the new guide along with a Word document containing customizable forms from the appendix, will permanently reside on both the [Healthcare Providers](#) and [ESRD Network](#) subpages of the site under the titles:

- Disaster Preparedness: A Guide for Chronic Dialysis Facilities – Second Edition (.pdf)
- Disaster Preparedness: A Guide for Chronic Dialysis Facilities – Second Edition – Supplemental Appendix of Customizable Forms (.doc)

When referencing the guide, you will notice it is organized around the core principles of emergency management: Mitigation, Preparedness, Response, and Recovery and includes an extensive appendix containing forms and resources designed to assist in all phases of disaster readiness. Also, to increase the usability of documents contained in the appendices, all such forms have been made available in a separate Word document allowing customization to individual facility needs.

## Kidney End of Life Coalition Announces New Website Updates

The Kidney End-of-Life Coalition launches a dynamic website with a new look and updated information.

The Kidney End-of-Life Coalition has increased the functionality of its website ([www.kidneyeol.org/home.aspx](http://www.kidneyeol.org/home.aspx)) with improvements in both organization and design. The redesign is intended to improve patient, caregiver and provider access to the many resources available on end-of-life concerns. In addition to increased practicality, the website now features a Coalition News section on the home page to draw attention to brand new updates and news stories related to end-of-life and palliative care. Opportunities for continuing education have also been added to the website.

The mission of the Kidney End-of-Life Coalition is to promote effective interchange among patients, families, caregivers, payers and providers in support of integrated patient-centered end-of-life care of chronic kidney disease (CKD) patients. This website is dedicated to those patients and to all the caring staff in hospitals, dialysis units, and hospice organizations who are committed to helping patients with death, the final stage of growth.

Visit the Kidney End-of-Life Coalition's updated website at [www.kidneyeol.org/home.aspx](http://www.kidneyeol.org/home.aspx)



## Information Management Corner

### **Tiebreaker Report: Eliminating Discrepancies**

Many of the facilities have expressed concern upon receiving a Tiebreaker Report. This is nothing to be alarmed about. We are merely searching for the most correct and up to date information regarding your patients.

CMS gathers information from various sources, when there are discrepancies with the information they have compared to what is in our system (from 2728s, 2746s, and PARs) a *Tiebreaker Report* is created.

#### **How to Respond**

Find the **Element in Question** located in the middle of the page. This will be either: Surname, First Name, or Date of Birth

Compare the CMS Value to the Network Value or to the SIMS Patient Identifiers

Write the **CORRECT** information as verified by the patient or Social Security card in the blank to the right labeled "Please Fill in this Section"

Sign and Date at the bottom of the page

FAX back to the Network at (972)-503-3219, no cover sheet required

If you have any questions or concerns when completing a Tiebreaker Report, contact Ashley Wright (469)916-3805 and she will be happy to assist you.

**Thanks for your hard work and assistance in keeping your patient's information accurate.**

## Network Corner

This past year has been very stressful for all of us. Over 70 days of 100 degree weather, high gas prices, and outrageous electric and water bills. Still as 2011 comes quickly to an end, the ESRD Network of Texas staff has many reasons to be grateful.

- I am grateful to have a fabulous family and a great job! Magdalena Sanchez, Information Management Clerk
- I am thankful for my health, my daughter, family members & friends in my life. Doris Wilson, Information Management Clerk
- I am thankful for my faith giving me the strength to endure! I am thankful for my children and the smiles they wear and allow me to share. I am thankful for my co-workers and the many challenges that we face, because at the end of the day, someone is helped in some capacity. You ask what I am thankful for, I am thankful for life as it is and as it will be! Treneva Parks, Patient Services Coordinator
- I am thankful for my family and friends – they are such a blessing to me! This fantastic fall weather with the beautiful color changes and cooler temperatures!! Angie Wieler, Quality Improvement Coordinator
- I am grateful for the crazy roller coaster of a life that I have been blessed with. This includes my beautiful family, our great friends, and this hectic, never knowing what the day will bring, fun job. Debbie O'Daniel, Office Manager
- I am grateful for family & friends, gas in the car, food on the table, roof over my head, and a wonderful, committed group of professionals I am honored to work with every day at the Network! Kelly Shipley, Quality Improvement Director

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- I am thankful for all the encouragement and support I've received from my Network family throughout my journey to get into nursing school. I also am thankful for all I learn here at the Network and the opportunity to support the dialysis community. Ashley Wright, Information Management Clerk
- I am thankful for all the wonderful friends I have made up here in Dallas, at school and at work. Since I don't get to see my family often, having people with me to count on and have fun with makes it so much easier to be on my own. Kathleen Prewitt, Information Management Clerk
- I am grateful for the dedicated professionals that volunteer their time and expertise to support the work of the Network and thus serve ESRD patients in Texas. Of course I am very grateful for good health, my family, freedom and a wonderful job. Glenda Harbert, Executive Director
- I am thankful for my family and everyone at the ESRD Network for being so welcoming of me as the new employee. Anna Koenig, Outreach Coordinator
- I am grateful for family, friends, and the opportunity to serve others. The opportunity to show love to others just as love has been shown to me. Beverly Sneed, Quality/Patient Nurse

*"You may only be someone in the world, but to someone else, you may be the world.."*

- Unknown

## Outreach Corner

Hi All. I wanted to introduce myself to all Netlink readers: professionals and consumers alike. My name is Anna Koenig and I am the new Outreach Coordinator for Network 14. I moved to Dallas in June from Columbia, MO. My fiancé is in his first year of residency training at Parkland Hospital. I received my Bachelors of Science in Biological Sciences in 2009 and continued on to graduate school to pursue a career in Public Health at the University of Missouri-Columbia. I am very passionate about disease prevention and health promotion – so I chose to emphasize in these subjects during my Master of Public Health program. I love traveling and have been to numerous places including Japan, Mexico, England, Costa Rica, Jamaica, and Alaska. I also had the opportunity to complete my public health internship working in Piura, Peru on safe water projects and serving as a Spanish translator. While in Peru, I snuck in a quick trip to Machu Picchu. I love running, reading, doing yoga, and playing with my four month old pug.

I am very excited about being the new Outreach Coordinator at the End Stage Renal Disease Network of Texas. I am eager to educate patients and professionals on new topics and determine what subjects you all need more information on. If you have any questions or any suggestions for education topics please do not hesitate to contact me.

In November the Network will host a Patient Advisory Committee meeting in Dallas and participate in a TEEC meeting in Austin.

Anna

[akoenig@nw14.esrd.net](mailto:akoenig@nw14.esrd.net)

469-916-3800



## TEEC Meeting 2011 Meeting Schedule



### November 8th

Austin, TX—9:45 to 12 noon

Austin/Travis County Emergency Operations Center (EOC)

5010 Old Manor Road

Austin, Texas

### REMINDER!

EMSystems updates are due by the 8th of each month

### Patient Services Corner

## Health Reform and Medicare: The Doughnut Hole in 2012

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The Affordable Care Act closes the Part D doughnut hole, the gap in Medicare prescription drug coverage by gradually reducing beneficiaries' share of drug costs over a period of ten years. In 2012, just as in 2011, people in the doughnut hole will receive a discount on brand-name and generic drugs at the time they buy them and will not have to spend as much out of their own pockets.

- When does the doughnut hole begin?
  - The doughnut hole **begins** when beneficiaries reach \$2,930 in total drug costs (what the beneficiary pays plus what the plan pays) for drugs covered by their plan. In a standard Part D plan, beneficiaries are responsible for a \$320 deductible and coinsurance of 25 percent before they reach the doughnut hole.
- What do beneficiaries pay while in the doughnut hole?
  - Beneficiaries receive a 50 percent discount on brand-name drugs.
  - Beneficiaries receive a 14 percent discount on generic drugs and drugs compounded at the pharmacy.
  - Beneficiaries are responsible for the full cost or, for generic drugs and compounded drugs, 86 percent of the cost, of dispensing fees that some pharmacies charge to fill the prescription.
  - If only part of a claim is in the doughnut hole, the discount is applied only to that portion of the claim.

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- How do beneficiaries receive the discount?
  - Beneficiaries receive the discount at the time they purchase their drugs at a store or through mail order. They do not need to apply for the discount.
  - If beneficiaries believe that the discount was miscalculated or they should have received a discount but did not, they may appeal to their Part D plan through the existing appeals process.
- When does the doughnut hole end and catastrophic coverage begin?
  - Beneficiaries get out of the doughnut hole when total drug costs, what the beneficiary pays plus what the plan pays plus the amount covered by the 50 percent discount for brand-name drugs plus dispensing fees\*, reach \$6,657.50. The amount covered by the 14 percent discount on generic and compounded drugs does not count toward total drug costs.
  - After reaching \$6,657.50 in total drug costs, beneficiaries pay no more than 5 percent of the cost of the drugs covered by their plan.

To learn more about how the Affordable Care Act closes the doughnut hole, read [Health Reform and Medicare: Closing the Doughnut Hole](#).

## Quality Improvement Corner

### CMS Manual System

#### Pub 100-04 Medicare Claims Processing, September 23, 2011

**NOTE: Transmittal 2262, dated July 29, 2011, is being rescinded and replaced by Transmittal 2311, dated September 23, 2011 to correct the definition of the hemodialysis Kt/V that is used in the calculation of the Kt/V value. All other information remains the same.**

The following are excerpts taken directly from the CMS Manual System Pub 100-04 Medicare Claims Processing document dated: September 23, 2011:

In addition to implementing the QIP, CMS will require ESRD facilities to submit the following on **ALL** ESRD claims with dates of service on or after January 1, 2012:

- hemoglobin and/or hematocrit values,
- identify the route of administration using the JA or JB modifier code for any claim indicating the administration of erythropoiesis stimulating agents (ESAs),
- use a specified formula to calculate the Kt/V for the measurement of dialysis adequacy.

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### Calculation of the Kt/V Value:

CMS will require the use of the following Kt/V calculations based on the dialytic modality when entering Value Code D5 on ESRD claims.

• **Hemodialysis:** For in-center and home-hemodialysis patients prescribed for three or fewer treatments per week, the last Kt/V obtained during the month must be reported. Facilities must report single pool Kt/V using the preferred National Quality Forum (NQF) endorsed methods for deriving the single pool Kt/V value: Daugirdas II or Urea Kinetic Modeling (UKM). The reported Kt/V should not include residual renal function.

For patients routinely prescribed four or more hemodialysis treatments per week a value of 8.88 should be entered on the claim. The 8.88 value should not be used for patients who are receiving “extra” treatments for temporary clinical need.

• **Peritoneal Dialysis:** When measured the delivered weekly total Kt/V (dialytic and residual) should be reported.

For details or questions on the entire document please contact your fiscal intermediary – Trailblazers.

## Vascular Access Coordinator Resource Manual

The Quality Improvement Department at the ESRD Network of Texas has reorganized and realigned many of the vascular access tools and resources that are critical to the success of your vascular access program for easy reference and facility implementation. You can now find these tools categorized by the Change Concepts as listed in the Fistula First Change Package. These change concepts are clinical and organizational recommendations based on best practices for increasing AV fistula use and improving dialysis patient outcomes.

Focus facilities in the Close The Gap Quality Improvement project will be receiving a manual this month and will be asked to implement a new tool or resource as part of the project depending on whichever change concept or vascular access issue the facilities choose to work on to improve.

The resources and tools in the manual are available to *all* dialysis professionals for *free* on the Network’s website:



- Go to [www.esrdnetwork.org](http://www.esrdnetwork.org)
- Click on Professionals
- Click on Fistula First
- Select the Vascular Access Coordinator Resource Manual link under the Close the Gap symbol

If you would like to purchase the Vascular Access Coordinator Resource Manual, the Network will be selling the manuals at cost to dialysis professionals which will include the cost of the labor, materials, and shipping. An order form will be placed on the website, should you want to purchase a manual.

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**Attention:**

In the October Issue of *Netlink* on page 15, there was an error in the table which showed the calculations used to generate a facility gap chart goal for a facility with at least 50 patients or more. The corrected percentages are highlighted in the table below for your information. Rest assured that the facility gap charts have always been generated using the correct formula below.

<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">A</div> Total Number of Patients in the Facility	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">B</div> Percentage of Patients in Facility in March 2011 (or the first month of treatments following) with functional AVFs	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">C</div> Facility's Goal for Percent Increase in Functional AVFs by March 2012
<50	≤30%	12%
	>30 - ≤40%	10%
	>40 - ≤60%	8%
	>60 - <66%	4%
	≥66%	2%
≥50	≤30%	10%
	>30 - ≤40%	8%
	>40 - ≤60%	5%
	>60 - <66%	3%
	≥66%	2%

**Network Staff Celebrates Halloween 2011**

Back Row: Christi Cosby, 5-Diamond Patient Safety; Magdalena Sanchez, SIMS; Angie Wieler, Ms Saudi Arabia 2011; Glenda Harbert, Grand Priestess; Nathan Muzos, Beach Bum; Kelly Shipley, Witchy Poo; and Kathleen Prewitt, CrownWeb.

Front Row: Anna Koenig, Dr. Koenig; Debbie O'Daniel, Witch; and Ashley Wright, PAR.





# November 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8 <i>October PARs due EMSystems updates due</i>	9	10 <i>Non-LDO FF data due</i>	11	12
13	14	15	16	17	18 <i>Missing Forms due</i>	19
20	21	22	23	24 <i>Happy Thanksgiving</i>  Network office closed	25	26
27	28	29	30 <i>Missing Forms faxed</i>			



***National Care Givers Month***



### Passing of Patient Advisory Committee Member

It's is with great sadness, the PAC membership and staff of the ESRD Network of Texas, announces the passing of Dianne Thomas from Dallas, Texas. Dianne joined the PAC in 2006 and was elected by her fellow PAC members to represent the PAC on the Network Medical Review Board.

*“Dianne always had good ideas on how to help fellow patients in Texas. She was a good person and friend and will be sadly missed” stated Leigh Anne Tanzberger, fellow PAC member.*

### PEERS Lending Support

A new program that connects patients who want support with someone who has been there.

**What is it?** A national, telephone-based peer support program from the National Kidney Foundation which helps patients adjust to living with chronic kidney disease, kidney failure, or a kidney transplant. This program matches people in need of support with peer mentors who are positive role models

**How will you interact with each other?** Participants call a toll-free, automated telephone system to connect to each other. They do not disclose personal phone numbers or incur long-distance charges. The automated telephone system allows participants to leave voicemail messages for their partners and block calls at certain hours.

Telephone services are provided free-of-charge by the NKF.

**How does it work?** Guidance and oversight is provided by an expert clinician from the National Kidney Foundation. Potential peer partners are interviewed, screened, and appropriately matched. Peer mentors receive comprehensive training to capably and effectively support other people through empathy, listening, confidentiality, self-awareness and problem-solving. They do not offer medical advice. Training includes a post-training competence assessment. Mentoring takes place by telephone. Telephone services are provided free-of-charge by the NKF. Includes access to an educational website for PEERS patients and their families.

**Call today!** 855.653.7337 (855.NKF.PEER), visit [www.nkfcare.org](http://www.nkfcare.org), or email [nkfpeers@kidney.org](mailto:nkfpeers@kidney.org)



## AAKP 2011 National Convention Educational Sessions

Slide presentations from the 2011 AAKP National Convention are now available. To view the presentations, go to [www.aakp.org](http://www.aakp.org)

### **Chronic Kidney Disease Educational Sessions:**

- Preventing the Progression of Chronic Kidney Disease (*video*)
- Creating a Meal Plan Right for Me - The CKD Diet (*video*)
- An Intergrated Approach to Kidney Disease (*video*)
- Preparing Yourself for Dialysis: The Physical, Emotional and Lifestyle Changes
- Exercise, the Under-Prescribed Drug
- Coping with a CKD Diagnosis: Keeping a Good Attitude and Strong Mind (*video*)

### **End-Stage Renal Disease Educational Sessions:**

- Creating a Meal Plan Right for Me - The Dialysis Diet
- Effective Ways to Communicate with Your Health Care Team (*video*)
- Managing Work and My Dialysis Treatments (*video*)
- The New ESRD Bundle System: How Does It Affect Me?
- Rehabilitative Services: What to Ask, What to Know

### **Transplantation Educational Sessions:**

- Understanding Kidney Paired Donation Programs (*video*)
- Creating a Meal Plan Right for Me - The Transplant Diet
- Kidney Allocation: Who Gets a Kidney and Why?
- How Do I Pay for My Transplant Drugs?
- Immunosuppressants and Immunizations: How to Keep Yourself Healthy (*video*)



## Fallecimiento de una Miembro del Comité de Consejo del Paciente

Nos da mucha tristeza a la membrecía PAC y al personal de ESRD Network de Texas notificarles del fallecimiento de Dianne Thomas de Dallas, Texas. Dianne se integró a PAC en 2006 y fue elegida por sus compañeros miembros de PAC para representar el PAC en la Network Medical Review Board [Junta de Vigilancia de la Profesión Médica de la Red].

*“Dianne siempre tenía buenas ideas sobre cómo ayudar a los otros pacientes en Texas. Era una persona buena, una amiga y les vamos a extrañar mucho” declaró Leigh Anne Tanzberger, otra miembro de PAC.*

## Programa PEERS de Apoyo entre Semejantes

Existe un programa nuevo que conecta a los pacientes quienes desean apoyo con otra persona que ya ha pasado por lo mismo.

**¿De qué se trata?** Es un programa nacional, de base telefónica, de la Fundación Nacional del Riñón, de apoyo entre semejantes, para ayudar a los pacientes a que se ajusten a la vida, con padecimiento renal, insuficiencia renal o trasplante renal. Este programa crea un vínculo entre los que necesitan apoyo y comunicación con mentores semejantes, quienes se convierten en buenos ejemplos.

**¿Cómo se comunican entre sí?** Los participantes llaman por teléfono, usando un sistema automatizado gratis, para que se comuniquen entre sí. No divulgan los números de teléfono personales, y no se ocasionan cargos de larga distancia. El sistema automatizado telefónico permite que los participantes dejen recados telefónicos para sus compañeros de apoyo y se bloquean las llamadas durante ciertos horarios.

EL FNR provee servicios telefónicos sin costo alguno

**¿Cómo funciona el Programa?** Un clínico especialista de la Fundación Nacional de Riñón provee la Dirección y Velación. Hacen entrevistas, seleccionan y designan apropiadamente a los Compañeros de Apoyo potenciales. A los mentores semejantes les imparten capacitación comprensiva, para prestar apoyo con aptitud y eficaz a los demás, enseñándoles la empatía, escuchándoles y ofreciendo confidencialidad, autoconocimiento y resolución de problemas.

*Continúa a la pagina siguiente...*



No ofrecen consejos médicos. La capacitación incluye evaluación de competencia pos-capacitación. El mentor comunica con el individuo por teléfono. La FNR provee los servicios telefónicos sin costo alguno. Se incluye acceso a un sitio web educativo para los pacientes PEERS y sus familias.

**¡Llame hoy!** Marque 855-653-7337 (855-NKF-PEER) o visite el sitio web a [www.nkfcares.org](http://www.nkfcares.org), o envíe su correo electrónico a [nkfpeers@kidney.org](mailto:nkfpeers@kidney.org)

## 2011 Serie Educativa de la Convención Nacional del AAKP

Las presentaciones de dispositivos de la Convención Nacional del AAKP de 2011 ahora están disponibles. Para mirar las presentaciones, vaya a [www.aakp.org](http://www.aakp.org).

### Sesiones Educativas sobre La Enfermedad del Riñón Crónica:

La Prevención de Progresión de la Enfermedad del Riñón Crónica: *(video)*

La Creación del Plan de Alimentación Hecho a la Medida – La Dieta ERC *(video)*

Manejo Integral de la Enfermedad del Riñón *(video)*

Prepárese para el Diálisis: Cambios Físicos, Emocionales y de la Vida *(video)*

Ejercicio, la Droga Raramente Recetada

Enfrentando un Diagnóstico de ERC: Mantén una Actitud Positiva y Una Mente Fuerte *(video)*

### Sesiones Educativas sobre la Etapa Final de la Enfermedad Renal Crónica

La Creación del Plan de Alimentación Hecho a la Medida – La Dieta para Pacientes de Diálisis

Maneras Eficaces de Comunicación con su Equipo de Cuidado Médico *(video)*

El Manejo del Trabajo y Mis Tratamientos de Diálisis *(video)*

El Sistema Nuevo de Paquete para ERC en la Etapa Final: ¿Cómo me Afecta?

Servicios de Rehabilitación: Las Preguntas que Hacer, y Que Necesitas Saber

### Sesiones Educativas Sobre Trasplantes

Entiende los Programas de Donación Pareada de Riñón *(video)*

La Creación del Plan de Alimentación Hecho a la Medida – La Dieta para Trasplantes

La Asignación del Riñón: ¿Quién Recibe un Riñón y Por qué?

¿Cómo Pago Mis Fármacos por el Trasplante?

Inmunosupresores e Inmunizaciones: Como mantenerse Sano *(video)*

