

# NetLink



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

POST for all staff to read



September 2011

## Tips on Caring Communications & Patient Centered Care

Patients are typically under stress and are both emotionally and physically fragile. Often times due to life changing situations and limited ability to maintain what they perceive is a "normal life", patients can become more and more sensitive to their environments.

Staff are often asked to do more with less. As patients become more demanding, staff become more stressed. Companies are going through the transition with bundling, leading to changes and some facilities may have uncertain futures.

What can we do as professionals to protect fragile situations and people who may be experiencing psychological trauma due to the many barriers life and work may be presenting them?

Remember the Golden Rule: Do unto others as you would want done unto you!

- Simply treat people as if they matter and their concerns are important to you.
- Be cognizant of your verbal and nonverbal communication
- Lower the tone of your voice to a nurturing level.

- Ask before you touch.
- Be on the same level as the patient to talk whenever you can.
- Make eye contact.
- Make sure hand gestures and body positions are non-threatening.
- Smile and nod as a way of showing understanding.

### Words MATTER

- Use caring words and phrases that say "I really care about what you have to say".
- Start your interaction with a patient making direct eye contact, saying "How are you today?" and mean it.
- Say I am going to do (your task) for YOU!
- Ask "What else can I do for YOU?"

Be willing to apologize if you have wronged someone and/or they perceived you have wronged them.

- Ask yourself if it is more important to be right or to provide a caring environment.

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Acknowledge area's for both personal and professional growth and the impact it could have on your interactions with other people.

- If you need anger management-get help!
- If someone is irritating you, excuse yourself, walk away from the conflict and ask another staff member to take over
- If you need communication training-take classes
- If you have cultural issues-realize you live in a melting pot of various kinds of differences and work on being more understanding of those differences

Be honest and fair with yourself and others

- Speak to those in charge if you witness a staff member or another person causing verbal or physical harm to some else.

At the end of the day, we all touch one another lives in important ways. Quality of Care is not just looking at lab outcomes; it is also about how we treat our patients and one another. Using the Decreasing Patient Provider Conflict model is a good place to start in assisting staff with handling difficult situations. Also remember to use Caring Communication tips when interacting with patients and fellow staff members as this is a proven way to alleviate potentially hostile situations. Both tools can be found on our website at <http://www.esrdnetwork.org/professionals>.

## Community Corner

### FORMER AAKP PRESIDENT JOHN NEWMANN, PHD DIES

John Newmann, PhD, a former President of the American Association of Kidney Patients (AAKP), died on August 12, at the age of 70. A fierce patient advocate, Dr. Newmann served as AAKP President from 1981 – 1984.

Dr. Newmann began dialysis in the 1970s during the time Congress created the Medicare funded End-Stage Renal Disease (ESRD) Program. He became a patient advocate for the ESRD population using his own life to inspire fellow patients to take active roles in their health care. In September he would have celebrated 40 years as a renal patient. He was a dialysis patient for 23 years before his daughter Emily donated a kidney to him 17 years ago.

The National Kidney Foundation 2011 Fadem Update Symposium offers an extraordinary networking and learning opportunity for kidney health professionals. Participants will enjoy a cutting-edge program presenting the newest developments related to all aspects of nephrology practice, taught by an acclaimed faculty. All educational sessions are eligible for 6 continuing medical education (CME) or continuing education (CE) credit hours.

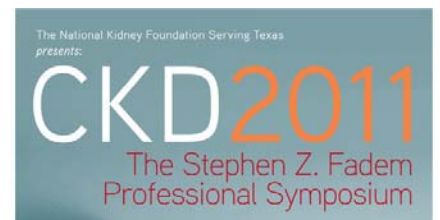
Get \$10.00 off registration fees by using discount code: *FADEM*

Register 3 ways

Fax: 214-351-3797

Email: [texasinfo@kidney.org](mailto:texasinfo@kidney.org)

Online: [www.kidney.org](http://www.kidney.org)



## National Kidney Foundation Professional and Patient Educational Series

As a resource for physicians for their CKD patients, the National Kidney Foundation serving Texas is presenting, for the 6<sup>th</sup> time, a series of health education classes for CKD patients in stages 3-5. This series will be offered in September, 2011. The lectures will be presented by National Kidney Foundation affiliated nephrologists, dialysis nurses, renal dietitians, transplant specialists, and social workers. The topics include:

Kidney Disease Management – General Principles, Dietary Measures in Kidney Disease, Dialysis Options for Advanced Kidney Disease, Kidney Transplantation – Timing and Expectations

**For more information – CALL 1-877-543-6397**

## FDA Alerts

### **FDA Safety Announcement: Arrow International, Inc. Arrow NextStep Antegrade Chronic Hemodialysis Catheter: Class I Recall**

The FDA has notified healthcare professionals of a Class I recall of certain Arrow NextStep Antegrade Chronic Hemodialysis Catheters, due to reports of breakage and/or separation of the stylet. These products were distributed to medical facilities and physicians in California, Delaware, Florida, Michigan, North Carolina, and Tennessee. Listed below are the affected product and lot numbers which were manufactured between April 14, 2011 and May 9, 2011.

Read the MedWatch safety alert, including a link to the FDA recall notice, at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm266526.htm>

### **FDA Safety Announcement: H & P Industries Povidone Iodine Swabsticks, Prep Solutions, Scrub Solutions, and Prep Gel: Recall - Inadequate Microbial Testing**

H & P Industries and FDA notified health professionals and the public of a recall of all lots (lots beginning with 8J-8M, 9A-9M, 0A-0M, 1A-1C) of Povidone Iodine Swabsticks, Prep Solutions, Scrub Solutions, and Prep Gel. H & P Industries, Inc. manufactured these Povidone Iodine products without having in place a system for microbial testing at the time of release, without having a system for testing of incoming components, and without having procedures designed and established to prevent objectionable microorganisms in these drug products. Patients undergoing medical and surgical procedures, including those who are immunocompromised, have a high risk of infection from antiseptic surgical preparations that have been prepared, packaged, or held under insanitary conditions. This recall has been initiated at the request of the FDA.

Read the MedWatch safety alert, including a link to the FDA recall notice, at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm269800.htm>



## Information Management Corner

### July 2011 Patient Activity Report (PAR) Timeliness Update!

This month we had 98% of facilities submit their July 2011 PARs by the August 8<sup>th</sup> due date! Congratulations! We want to make that 100% of facilities submitting their PARs by the 8<sup>th</sup> in September. Below are some helpful tips to ensure the Network receives your PAR on time.

- Fax a copy to the NW as soon as you finish it (fax number 972-503-3219) and make sure your confirmation sheet reads "transmission OK"
- Double check you have the Network's address correct on the mailing label – 4040 McEwen Ste. 350, Dallas, TX 75244
- Mail your PAR with enough time for it to get to the Network by the 8<sup>th</sup> of the month

- Train more than one person on how to fill out the PAR to avoid confusion if the main PAR Signer is absent
- Set up a reminder on your computer/email calendar, or mark the 8<sup>th</sup> of every month in a noticeable way on standard calendars
- Look for the 'Friendly Reminder' fax from the Network around the 4<sup>th</sup> or 5<sup>th</sup> of the month – if you receive this fax, the Network has yet to receive your PAR

The PAR due date is a CMS mandated deadline, and the Network keeps track of your timeliness, which is part of your compliance. CMS mandates a 90% compliance rate, so let's make sure to get your PARs in on time!



### CROWNWeb



Phase III of CROWNWeb is scheduled for November and December 2011. This will be your chance to use the *new version* of the QualityNet Identity Management System (QIMS) and CROWNWeb *before* the National Release in February 2012.

If you would like to be part of CROWNWeb Phase III, contact Nathan Muzos at nmuzos@nw14.esrd.net or 972-503-3215 ext. 312.

## Network Corner

### Network says goodbye to Quality Improvement Nurse

It is with sadness that the Network announces that Carolyn Atkins, QI Nurse, has decided to leave the Network to pursue the next phase in her life. Carolyn shared with the Network staff and renal community her many years of experience in the kidney transplant field. We wish her all the best in her new endeavors and look forward to collaborating with her on upcoming projects that will better the renal community.



## Network and TEEC Websites Crashes!

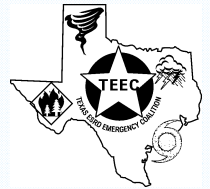
The host company for the websites of the ESRD Network of Texas and TEEC as well as several other Networks, had their servers crash. At this time Gamewood and the ESRD Network staff are working to rebuild all of the websites involved. This will take several weeks to complete.

If you are trying to download a document or use a link on either the ESRD Network of Texas or TEEC website and are having problems, contact Andrea Fichtner, Network Outreach Coordinator, at [afichtner@nw14.esrd.net](mailto:afichtner@nw14.esrd.net) or 469-916-3800.

## Outreach Corner

### TEEC Meeting 2011 Meeting Schedule

**October 11**  
Austin



### Hurricane Season is here!! Are you ready?

For resources go the Network website at [www.esrdnetwork.org](http://www.esrdnetwork.org) Click on Disaster

Also a good "refresher" resource is the "Disaster Webinar" which can be viewed at [www.texasemergencyesrd.org](http://www.texasemergencyesrd.org), Tools & Resources, Disaster Webinar

### Do you have your patient ID Numbers for emergency evacuation wrist bands?



If you need ID numbers for your patients, ***FAX*** a list of patients to the Network office at 972-503-3219—DO NOT EMAIL! Include the following information:

- Your contact name, phone number, and fax number
- Your 6-digit Medicare provider number which will start with either 45 or 67
- Names of patients needing ID numbers (if you have not submitted a CMS 2728 on a patient they will not have an ID number)

For questions concerning requesting ID numbers, contact Kathleen Prewitt at 469-916-3815.



## Patient Services Corner

### A New Experience

*by Grant Kingsley, Network Social Worker*

My first visit to a dialysis clinic was very interesting and different than I expected. Before I went to a dialysis facility I could only image what it was like. I imagined that there were people sitting in chairs with tubes coming out of their arms, to clean the blood. When I got there I saw something close to this, but also saw and experienced a little more.

When I walked into the clinic, there was a waiting room, which was to be expected. I was then taken to a conference room where I learned what I was going to see on this day.

The first place I visited was the "water room". This room is where city water is purified to a point where it is safe to give to patients through the dialysis machine. This room was filled with large tanks and machines that helped purify the water. I had no idea that water was used in dialysis!

From the "water room" I went to the treatment room where all the patients received dialysis. This is called the clinic floor. I was surprised because I saw people with blankets and wearing sweaters in the middle of summer. I was told that people who receive dialysis are colder than normal and therefore require something to keep them warm.

After going into the dialysis room, I went back to the conference room where I had an opportunity to visit with a patient. He was a young man that had been on dialysis for a few years and had a very positive attitude. The patient had dreams of becoming a chef. This was very surprising to me because he did not let dialysis stop him from his goal.

The visit to the dialysis facility was a good experience and I learned a lot. I had never been to a clinic before and truly enjoyed seeing what a dialysis clinic is like. I would like to thank the dialysis clinic and their staff for their time and hospitality.

## Quality Improvement Corner

### Climate Control

Just as the hot Texas climate enters into the beginning of September and hopefully cooler weather, the issue of climate control in the dialysis facility has been one of the concerns of patients in Network 14. We know the drill, the staff are hot and the patients are cold, what can be done to make it comfortable for all? There may not be an easy answer but, keep in mind that this concern is so real that it has a V Tag in the Conditions for Coverage.

Listed under CFC Physical Environment is V405 which states: The dialysis facility must: (i) Maintain a comfortable temperature within the facility; and (ii) Make reasonable accommodations for patients who are not comfortable at this temperature. So what can you do? Listen to what your patients are saying to you. Just as the staff may be hot and uncomfortable they are cold and uncomfortable.



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Try to accommodate them. The use of personal protective equipment and the activity level that the staff must maintain to deliver treatment to the patients puts staff at a disadvantage. In spite of this staff must be willing to accommodate the patients.

What specific actions can you take to reasonably accommodate the patient(s)?

- Know what your clinic policy is for climate control- If you do not have one, it is time to develop one. Include the patient representative in the process. Then educate staff and patients.
- Move patients who are not comfortable with the set temperature to an area of the room which is determined to be more comfortable in temperature.

- Make sure that the temperature is not randomly raised or lowered, depending on one person's comfort level.
- See if the patient is agreeable to use a blanket, gloves, or a head covering if it will help them to be more comfortable.
- Consider anonymously surveying your patients to see if they are comfortable with the temperature in the clinic. If you get multiple concerns, be ready to adjust if needed. This may be very important when the seasons change or during a hot season like we have had this year.
- Use your patient representative and or patient advocacy meeting to gain consensus for staff and patients.

Day 66 of triple digits in North Texas, today's temperature is forecasted to be 102. Can we get a little climate control?

## Fistula First – News You Can Use

### Classification of AVF

Question: If an AVF is repaired by using a PTFE interposition segment, is it considered an AVF or an AVG by the Fistula First Breakthrough Initiative (FFBI)? There are obvious cases where a PTFE loop is placed to bypass a pseudoaneurysm or stenotic segment and cannulated exclusively– that would seem to be an AVG. However, what if the surgeon just replaces a segment of the AVF with PTFE and part of the native AVF is still being accessed?

Answer: ...sometimes a short aneurysmal section of a functional AVF is excised and replaced with an interposition (prosthetic) graft and the original native vein segment is still the site for cannulation. In that case, the access would be better characterized as an AVF, as suggested by the questioner. The problem is how long is a "short" segment and does the center really know which portion of a composite access is being cannulated? (FFBI Surgical Consultant)

### The Bottom Line

If the native fistula segment is the main cannulation portion, then it should be termed an AVF.



## 2011 Quality of Care (QOC) Reports

Last month the Network distributed over 480 facility specific Quality of Care (QOC) Reports with several benchmarking and QAPI tools to assist facilities in analyzing and selecting areas for potential patient outcome improvement. These areas are anemia management, iron management, dialysis adequacy, serum albumin, bone and mineral metabolism, vascular access, as well as Texas and national benchmarking results on selected Dialysis Facility Report quality indicators - Standardized Mortality Ratio (SMR) and Standardized Hospitalization Ratio (SHR). Please copy this report to your medical director, facility nephrologists, the Peritoneal Dialysis Coordinator (if applicable), your facility governing body representative, and corporate QI manager/director (if applicable).

Congratulations Top Performers! For the facilities taking care of adult hemodialysis and/or peritoneal dialysis patients:

- 8** providers received a benchmark certificate for ranking in the top 10% of all Texas facilities for one or more of the core indicators for at least 2 consecutive years!
- 111** providers received a recognized certificate for ranking in the top 10% for all Texas facilities for one or more of the core indicators for 1 year!



The Medical Review Board recommends that you examine the QOC data in your QAPI or QI Committee and in the Governing Body meetings as follows:

1. **Use** your facility specific outcomes to complete the enclosed **Facility Report Card 2011** template.
2. **Compare** current facility QM outcome data with Texas dialysis facility averages, U.S. averages and MRB cut points as well as with current professional desired outcomes (i.e., KDOQI/KDIGO Professional Practice Guidelines) to identify facility clinical outcomes that could be improved. \*Hint - To graphically display your data you may want to use the Facility Run Charts also available on the Network website on the "Quality Improvement" page.
3. **Discuss** current facility processes associated with the clinical outcome.
4. **Utilize** literature, professional guidelines and vendor clinical support teams to identify Best Demonstrated Practices for processes.
5. **Brainstorm** opportunities to improve processes and formulate plans to achieve goals.
6. **Track and Trend** outcome data related to the process being "tested".
7. **Review Trends** in facility outcome data in **each** subsequent QM meeting to evaluate the effectiveness of process improvements, then accept or modify the process improvement changes as indicated.

**Share** your Facility Report Card with your patients by posting it on the patient bulletin board and distributing and discussing the Facility Report Card with patients individually to stimulate a partnership for improving patient outcomes.



**\*\*\* IMPORTANT PROJECT DEADLINES \*\*\***

- ✓✓ QOC Report Acknowledgement fax-back due to the Network by August 29, 2011.
- ✓ For potential QOC concern facilities only, the following is due by September 15, 2011:  
Run charts, Lab data, Hemoglobin > 12 additional information (if this was included in your packet)

Facilities were notified in the information distributed of ***potential Quality of Care concern*** status along with a detailed description of the additional information requested from the Network and when it is/was due.

For additional information on the 2011 QOC reports and to download the tools and resources that were distributed in the mail-out, please go to the Data page under Quality Improvement under the Professional tab on the Network website [www.esrdnetwork.org](http://www.esrdnetwork.org)

The Network QI Department looks forward to collaborating with you to achieve exemplary patient outcomes and appreciates the dedication that Texas facilities have in ensuring patient health and safety in all areas of dialysis care.

For questions, please contact Beverly Sneed, QI Nurse at [bsneed@nw14.esrd.net](mailto:bsneed@nw14.esrd.net) or 972-503-3215, ext 310



***Close the Gap*** Quality Improvement Project (QIP)

Did you know that Network 14 has outpaced the other Networks in terms of percent improvement for prevalent AVF rates for several months in a row when comparing where we started in 2003 to where we've come in 2011! We thank you for your dedication and commitment in improving the lives of CKD and ESRD patients in Texas with your vigilant approaches to achieve the safest permanent vascular access. As a community we are filling in the gaps, so to speak, toward vascular access improvement by increasing the number of patients with arteriovenous fistulas (AVF) and decreasing the number of patients with catheters, one facility at a time, one provider at a time, and one patient at a time.

To that end, the Medical Review Board (MRB) and Network 14 have developed a QI Project – ***Close the Gap*** – which will incorporate improvement interventions aimed at an identified group of facilities with a high-volume of patients, in urban settings, with low state rankings in terms of percentage of patients with an AVF.

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This QIP has multi-faceted components which are data-driven and specific to the particular facility or region of focus, including facility specific Fistula First gap chart analysis and goal setting, Vascular Access (VA) Coordinator concentration with resources, VA Champion workshops, and one-on-one training as needed, VA collaborative site visits, and metro-mentoring meetings with groups of providers.

To **Close the Gap** between our present Network prevalent AVF rate of 59.3% (June 2011 data) and CMS's national goal of  $\geq 66\%$  AVF rate, the MRB elected to change the requirement for Medical Director review and signature on facility Fistula First gap charts as follows:



**Old threshold: Facilities with AVF rates of  $\leq 40\%$**

**New Threshold: Facilities with AVF rates of  $\leq 50\%$**

#### WATCH FOR FISTULA FIRST QUARTERLY REPORTS COMING YOUR WAY

All facilities who submit data to Fistula First via their corporation or through the Network will be receiving their quarterly Fistula First informational packet by September 16<sup>th</sup> which contains the following components:

1. Facility Specific Data Report
2. Facility AVF GOAL Projection Charts, 03/11-03/12 (AKA "Prevalent AVF Gap Charts")
3. Texas Fistula First Charts
4. Benchmark Certificates to those facilities with AVF rates of 66% or more  
**Congratulations** to **115** facilities in Texas that have achieved this distinction!
5. Patient and Professional VA resources
6. Evaluation of Fistula First information distributed by the Network– please take a few minutes to complete this evaluation by letting us know what resources/materials you like/have used in the past versus resources/materials you would be interested in for the future

For questions please contact: Kelly Shipley, QI Director at [kshipley@nw14.esrd.net](mailto:kshipley@nw14.esrd.net) or Angie Wieler, QI Coordinator at [awieler@nw14.esrd.net](mailto:awieler@nw14.esrd.net).

#### Permission for Public Acknowledgement

It is the distinct honor of the ESRD Network of Texas, Inc. (NW 14) to recognize those facilities in the state that rank as "High Performers" in various indicator categories. These facilities receive certificates to acknowledge their outstanding performance. The ESRD Network of Texas, Inc. would like permission from all facilities to publish and recognize publically the success demonstrated by those facilities. NW 14 is required to comply with all Centers for Medicare & Medicaid Services (CMS) confidentiality rules and regulations described in the CROWN memo received on June 3, 2009



which states, "All identifiable data provided to Network by CMS and all materials prepared by the Network for CMS are considered confidential and cannot be disclosed to anyone other than the Network staff except as provided by 42 CFR 480.130 – 480.142. Confidential information is defined as any information that explicitly or implicitly identifies an individual patient, practitioner, or reviewer; sanction reports and recommendations; or quality review studies that identify patients, practitioners, or institutions (defined at 42 CFR 480.101(b)." Therefore, NW 14 is contacting all facilities in the state to obtain permission to release the facility name and CMS Certification Number (CCN), or Medicare Provider Number, for areas of outstanding performance.

If you would like to give permission to the Network to honor your facility on our website, download the release form from our website, complete and fax to 972-331-3659. NOTE: Only signatures from Clinical Managers, Medical Directors or Administrators will be considered valid.

They always say time changes things,  
but you always have to change them yourself.

- Andy Warhol

## Fistula Training Opportunities for Surgeons

Facility and Network AVF barrier identification through various root cause analyses show that access to qualified and competent surgeons for fistula placement can be an obstacle when developing strategies to improve fistulas at a local or regional level. There are many causes for this – one being lack of qualified or fistula skilled surgeons. Network 14 is pleased to announce an upcoming educational opportunity for surgeons with CME credits offered:

### **Fistula First Comprehensive Fistula Construction and Management Program for Surgeons**

Friday, December 2, 2011

Atlanta, Georgia

Well-known faculty include William Jennings, MD, from the University of Oklahoma; Michael Lilly, MD, from the University of Maryland; and Jack Work, MD, from Emory University.

Please help spread the news about this exciting opportunity for surgeons in your area. This will be a one-day comprehensive training geared toward surgeons who perform vascular access surgeries for hemodialysis patients. Topics include: Surgical principles, the team approach, interventional/surgical revisions, ask the experts, surgical techniques, and special situations. We ask that you also share this information with hospitals and vascular access centers that you work with.

Questions? Contact Brandy Vinson at 804-320-0004 or [bvinson@nw5.esrd.net](mailto:bvinson@nw5.esrd.net)





# September 2011



Sun	Mon	Tue	Wed	Thu	Fri	Sat	
				1	2	3	
<b>National Preparedness Month</b>							
4	5 <i>Labor Day</i> <i>Network offices closed</i>	6	7	8 <i>August PARs due</i> <i>EMSystems update due</i>	9	10	
11 <i>National Grandparents Day</i> <b>Patriot Day</b>	12 <i>FF Non-LDO data due</i>	13	14	15	16 <i>Missing Forms due</i>	17	
18	19			21	22	23	24
25	26	27	28	29	30		
<b>Event validations, semi-annual compliance and missing forms mail out</b>							

Aren't sure how to fill out your Patient Activity Report? Download the new 'How To: Patient Activity Report (PAR)' document for definitions and examples of when to use the codes! <http://www.esrdnetwork.org/global/cms-forms/patient-activity-report.asp>



The ESRD Network staff recently received a request from a patient's family member for information on dialysis access clothing. After researching this topic we were able to provide the family with the following information:

LibreClothing.com carries a line of warm, comfortable clothing for dialysis patients. Their clothing features discreet zippers in the arms, chest, or legs for fistulas and catheters. They offer a variety of styles and the zippers are discreetly designed so that patients can wear clothing on non-treatment days without the opening being obvious. You can see their styles and read testimonials online at [www.LibreClothing.com](http://www.LibreClothing.com). Nurses and technicians like the clothing because it keeps the access areas exposed at all times. A portion of all proceeds are donated to a charity of the customer's choice aiding renal research and education.

The Network staff also encourage patients and their family members to work with their dialysis Social Worker to see if there is an individual in your community that specializes in dialysis access clothing.

### **Texas ESRD Patient's Need You!**



ATTENTION dialysis and kidney transplant patients and caregivers:

- Are you looking for some way to make a difference in the life of dialysis and kidney transplant patients?
- Do you have a couple of hours each month to help with developing patient educational materials, assisting new patients with answers to their questions concerning dialysis?
- Are you looking for a way to share your experiences with others?

The Network Patient Advisory Committee (PAC) is looking for new members. The PAC is made up of dialysis, kidney transplant patients and caregivers with different types of modalities. There is a need for members from West and East Texas, and the panhandle area of the State.

If you are interested in being considered for membership, contact Andrea Fichtner, at the Network at 1-877-886-4435.



## Rincón del paciente

*Escrito por pacientes para pacientes*

El personal de ESRD Network 14 recibido recientemente una solicitud de un miembro de la familia de un paciente para obtener información sobre ropa de diálisis acceso. Después de investigar este tema hemos podido proporcionar a la familia con la siguiente información:

LibreClothing.com lleva una línea de ropa cálida y confortable para los pacientes de diálisis. Su ropa cuenta con cremalleras discretos en los brazos, pecho y piernas para fístulas y catéteres. Ofrecen una variedad de estilos y las cremalleras están discretamente diseñadas para que los pacientes puedan vestir ropa en días que no tengan que ir al tratamiento no sin la apertura siendo evidente. Puede ver sus estilos y leer testimonios en línea en [www.LibreClothing.com](http://www.LibreClothing.com). Enfermeras y técnicos les gusta la ropa porque mantiene las áreas de acceso expuestas en todo momento. Una parte de todas las ganancias son donadas a una organización benéfica de elección del cliente para ayudar con la investigación renal y educación.

### **Pacientes de Texas ESRD te necesitan!**



ATTENCION pacientes de diálisis y trasplante de riñón y cuidadores:

- ¿Están buscando alguna forma para hacer una diferencia en la vida de un paciente de diálisis y trasplante de riñón?
- ¿Tienes un par de horas cada mes para ayudar con el desarrollo de materiales educativos, ayudando a nuevos pacientes con respuestas a sus preguntas sobre diálisis?
- ¿Estás buscando una forma de compartir sus experiencias con otros?

El Network Patient Advisory Committee (PAC) está buscando nuevos miembros. El PAC esta compuesto por pacientes de diálisis, trasplante de riñón y cuidadores con diferentes tipos de modalidades. Hay una necesidad de los miembros del oeste y este de Texas y el norte del Estado.

Si estás interesado en ser considerado para la membrecía, póngase en contacto con Andrea Fichtner, de ESRD Network 14 al 1-877-886-4435.

