Alliant Quality Kidney Collaborative (AQKC) Launches CROWNWeb Report Card

On September 11, 2015, ESRD Network 14 emailed the AQKC CROWNWeb Report Card to all active CROWNWeb Facility Editors. The purpose of the report card is to assist dialysis units in identifying areas in CROWNWeb where the facility can improve. The goal is to ensure that CROWNWeb is continuously up-to-date and accurate. This report card will be sent out on a monthly basis.

To ensure the best score possible:

**Action List**
Each unit should resolve items within 30 days.

**Clinical Data**
Complete by the end of the month for the previous month’s data (e.g. submit March data by April 30).

**Forms Submission**

- CMS 2728
  - Submit within 45 days of chronic dialysis start date.

- CMS 2746
  - Submit within 14 days of date of death.

There are six main areas of focus: Action List, clinical data, PART verification, QIMS accounts, and transient patient management.

Continued on page 2 ...
PART Verification
Verify the PART by the eight of every month.

QIMS Account
Each unit must have at least one Security Official and one End User Manager.

Transient Patient Management
Ensure that all transient patients are discharged from your facility or that their transient status is accurate.

If you are unable to see your Report Card in your email please contact crownweb@nw14.esrd.net and include your six-digit CCN (Medicare Provider number).

Expect the next AQKC CROWNWeb Report Card around October 9, 2015. Please make sure that CROWNWeb is up-to-date and accurate before this release date. For a list of scheduled report card release dates, more information, and resource guides to help assist you with achieving the best possible score, please visit http://www.aqkc.org/content/crownweb.

DO NOT EMAIL any patient-specific information (name, date of birth, Social Security Number, etc.) to the Network 14 office.

The link http://www.cdc.gov/nhsn/dialysis/enroll.html provides a step-by-step guide for successful completion of enrollment into NHSN.
News from the NHSN Help Desk!
What to Do When You Have No Events to Report for a Month

Confused about reporting to NHSN when you don’t have any dialysis events to report? DO NOT select the “No NHSN Reporting This Month” checkbox on the Dialysis Monthly Reporting Plan!

Outpatient dialysis users often email us wondering why they don’t meet QIP criteria during months when they have no events to report. So, we are here to provide some clarification!

By selecting the “No NHSN Reporting This Month” checkbox on the Monthly Reporting Plan (shown below), you are saying that your facility is not conducting dialysis event surveillance for that month. As a result, your ESRD QIP Line Listing Report will indicate that your facility does not meet QIP criteria for that month and your QIP score will reflect this!

Continued on page 4...
A facility should only check this box in a few, rare instances:

1. When the facility is closed or non-operational for a given month (see example below)
2. When the individual in charge of dialysis event surveillance is out of the office for a given month and no surveillance can be conducted, or
3. When the facility will not be adhering to the Dialysis Event Protocol for a given month

Rather than selecting the “No NHSN Reporting this Month” checkbox on the Monthly Reporting Plan when no antimicrobial starts, positive blood cultures, or pus, redness, or increased swelling events occurred during the month, you should select the appropriate “Report No Events” checkbox for each corresponding dialysis event type on the Denominators for Outpatient Dialysis – Census Form. Easy!
Have more questions? Contact us at nhsn@cdc.gov with “Dialysis” in the subject line and we will respond to your inquiry within five business days.

Thank you for your continued support of NHSN Dialysis!

NRAA Annual Conference 2015
October 7-10, 2015, Hilton Orlando Lake Buena Vista Resort, Lake Buena Vista, FL

For more information, visit:

ASN Kidney Week 2015 Annual Meeting
November 3-8, 2015, San Diego Convention Center, San Diego, CA

For more information, visit:
http://esrdncc.org/event/asn-kidney-week-2015-annual-meeting/
PATIENT TIPS FOR STAFF PROFESSIONALISM

OUR PATIENTS SAY...

DIGNITY and RESPECT
· Ask me how I would like to be addressed (example—Mrs. Jones or by my first name, Mary).
· Be sensitive to me. I am a person, and I am more than just a dialysis patient.
· I hear your words, but I feel your attitude. Talk to me, not at me. Make eye contact.
· Try to talk with me at eye-level rather than standing over me.
· I know my own body. Listen to my concerns and take them seriously.
· When my machine alarm goes off, come quickly instead of talking to your teammate.

BOUNDARIES and PROFESSIONALISM
· Care about your appearance. Dress neatly and wear your uniform.
· Wash your hands and use gloves when taking care of me.
· Don’t use your cell phone on the treatment floor. This makes me think that you are not paying attention to me, and I get scared.
· Act professionally. Don’t complain about your job or make comments like, “I can’t wait to get out of here,” “We have too much to do,” or “We’re short-staffed today.”
· Please don’t touch my body (feet, arms, legs, etc.) unless it is necessary for my care. Put yourself in my place and think about the boundaries you would want.
· Never say, “That’s not my job.”

COMMUNICATION
· Introduce yourself to me. I feel more comfortable when I get to know you.
· Smile, make eye contact with me, and pay attention to what I am saying.
· Speak in soft voices on the treatment floor. I can hear what you’re saying to the patients around me. Low voices are especially important during rounding.
· When I ask a question, please answer in a kind and courteous way. If you don’t know the answer, tell me you will find the answer and get back to me.
· Be a reassuring presence on the treatment floor, even when you’re not checking on me.
· If you need to change my treatment schedule, please talk with me first and give me advance notice. Don’t change my time and tell me the day before or the day of.
· If my treatment will be delayed, please come and tell me what is going on (water problem, staff out sick, etc.). I can be more understanding when I know what’s holding up my treatment start.
· I am interested in my care and may not be interested in your personal business, your job, your employer, the doctor, or the clinic’s financial issues.
· If you need to leave the treatment floor, tell me who will be caring for me.

COLLABORATION
· Involve my caregiver in my health care.
· Encourage me to be involved in my own care. Teach me the best ways to care for myself when I’m not at dialysis. I depend on you more than you realize. Ask me how you can best help me.

We are healthcare partners.

Tips provided by ESRD Network 6 patients serving on our Patient Learning and Action Network (LAN).
Managing Disruptive Behavior by Patients and Physicians: A Responsibility of the Dialysis Facility Medical Director

In the September 2015 edition of the *Clinical Journal of the American Society of Nephrology* (CJASN), authors Edward R. Jones and Richard S. Goldman write, “The Centers for Medicare & Medicaid Services’ Conditions for Coverage make the medical director of an ESRD facility responsible for all aspects of care, including high-quality health care delivery (e.g., safe, effective, timely, efficient, and patient-centered).” In the article they continue to discuss the stressful environment of the dialysis facility and state that conflicts are common. They report that conflict often occurs when aberrant behaviors disrupt the dialysis facility. “Disruptive behavior is the leading cause for involuntary discharge (IVD) or involuntary transfer (IVT) of a patient from a facility. IVD usually results in loss of continuity of care, increased emergency department visits, and increased unscheduled, acute dialysis treatments. A sufficient number of IVDs and IVTs also trigger an extensive review of the facility by the regional ESRD Networks, exposing the facility to possible Medicare-imposed sanctions,” write the authors. “Medical directors must be equipped to recognize and correct disruptive behavior. Nephrology-based literature and tools exist to help dialysis facility medical directors successfully address and resolve disruptive behavior before medical directors must involuntarily discharge a patient or terminate an attending clinician.”

To read the article in its entirety, go to [http://cjasn.asnjournals.org/content/10/8/1470.full](http://cjasn.asnjournals.org/content/10/8/1470.full).

Nephrology needs more compassion—and less compliance

Dori Schatell, Executive Director of the Medical Education Institute (MEI), has over 26 years of experience in the renal industry.

In the latest edition of *Nephrology News and Issues*, Ms. Schatell writes about compassion towards patients. “Instead of insisting that people must ‘comply,’ offering understanding and compassion—and, most of all, HOPE that a good life is possible even with kidney failure—may go much, much further toward helping people take on the self-management role that is so vital to long-term success with chronic disease,” writes Ms. Schatell.

CMS has directed dialysis clinics to provide patient-center care and to engage patients in their care. Compassion plays a big role in meeting CMS requirements.

To read the article in its entirety go to [http://www.nephrologynews.com/nephrology-needs-compassion-less-compliance/](http://www.nephrologynews.com/nephrology-needs-compassion-less-compliance/).
**Hypocalcemia**

Finalized by 2017 Clinical Measure

**Measure Description**

Percentage of patient-months with 3-month rolling average of oral uncorrected serum calcium greater than 10.2 mg/dL.

**Lower Value Desired**

Proportion of Patients with Hypocalcemia

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**Data Sources**

1. REIMS CROWNED & other CMS ESRD administrative data (form 2728) to obtain the denominator data of ESRD, i.e., all facilities and data as of the first day of the reporting period.

**Denominator**

Number of patient-months in the denominator with the following criteria:

- Patients on chronic dialysis as defined by a completed 2728 form or a REIMS CROWNED record.
- Patients without an uncorrected serum calcium value at the facility in the reporting month.
- Patients on dialysis for less than 90 days.
- Patients present at facility for fewer than 30 days.
- Patients younger than 18.

**Numerator**

Number of patient-months with 3-month rolling average of oral uncorrected serum calcium greater than 10.2 mg/dL.
National Kidney Foundation
Texas Professional Update Symposium
Chronic Kidney Disease: A Deep Dive 2015
Friday, October 9, 2015
7:30am—5:00pm
Houston Marriott West Loop by the Galleria
1750 West Loop South
Houston, TX 77027

Space is limited! Register today for the best pricing!
To register or for more information, contact us:
877.543.6397
texasinfo@kidney.org

ESRD Network 14 announces that
Nephrology Today & Tomorrow 2015 will not be held.

We hope to see everyone in 2016!

KIDNEY HEALTH ADVOCATES MAKE HISTORY ON CAPITOL HILL

On Thursday, September 10, 2015, the American Association of Kidney Patients (AAKP) joined the largest coalition of national kidney-related organizations ever aligned on Capitol Hill to request more kidney research funding and to remove policy barriers to increased living donor kidney donations.

The American Society of Nephrology (ASN) assembled the coalition of 16 major national kidney organizations for the 2015 Kidney Community Advocacy Day in Washington, DC. The kidney coalition conducted an unprecedented 110 + meetings in one day with congressional leaders and staff across the U.S. Senate and the U.S. House of Representatives.

Advocates encouraged their elected officials and staff to advance legislation designed to:

- Increase funding for kidney disease research
- Support the Living Donor Protection Act

For more information, contact Jerome A. Bailey, Director of Marketing & Communications at 813-400-2394 or by email at jbailey@aakp.org.
## Network 14’s 5-Diamond Patient Safety Program

### 5 DIAMOND STATUS
- 1 DaVita Facility in El Paso
- Ameri-Tech Kidney Center Bedford
- Christus Children’s Kidney Center
- FMC Austin South
- FMC Greenway Kidney Center
- Liberty Dialysis Bryan
- NNA Marble Falls
- Plaza Drive Dialysis
- RCG Center Dialysis
- Reeves County Hospital Dialysis
- Renal Center of Frisco
- Renal Center of Lewisville
- Renal Center of Nederland
- Renal Center of Orange
- Satellite Dialysis Kyle
- Satellite Dialysis Round Rock
- Satellite Dialysis Southwood
- Satellite Healthcare Metric
- Satellite Healthcare Mueller
- Stafford Dialysis
- Texas Children’s Hospital Dialysis
- University Dialysis West
- USRC Delta Dialysis
- USRC Mid Valley Weslaco Dialysis
- USRC Rio Grande Dialysis
- UTSW Dallas Dialysis
- Wilbarger General Hospital Dialysis of Vernon

### 4 DIAMOND STATUS
- Angelo Kidney Connection
- 1 Satellite Healthcare Facility in Austin

### 3 DIAMOND STATUS
- Dialysis Services of West Texas
- Global Dialysis Plus
- Renal Center of Plano
- Scott & White Artificial Kidney Unit
- University Dialysis South

### 2 DIAMOND STATUS
- Cielo Vista Dialysis
- DSI Bryan Dialysis
- 2 Renal Ventures Facilities in Dallas
- NRI El Paso East
- Renal Care Group Alice
- USRC Friendswood Dialysis

### 1 DIAMOND STATUS
- Childress Regional Medical Center Dialysis
- 1 Independent Facility in Houston
- Dialysis Services of Allen
- 1 DSI Facility in El Paso
- 1 DSI Facility in Laredo
- FMC Dialysis Services of Waxahachie
- FMC West Seguin
- Scott & White Killeen Dialysis West
- Shannon Dialysis Center
- 1 Independent Facility in Brady
- SNG Renal Solutions Dialysis Center
- SNG Sandcastle Dialysis
- South Austin Dialysis
KCER and FDA Alerts and Recalls

The ESRD Network of Texas, Inc. is notified by both the Kidney Community Emergency Response (KCER) and the Federal Drug Administration (FDA) when there is a product alert or recall.

You can access information concerning recalls and alerts from our website at http://esrdnetwork.org/our-network/news under Special Alerts and Recalls.

KCER Emergency Preparedness Resources

KCER has emergency preparedness training modules for dialysis facilities, pandemic planning, and personal preparedness available. Slides and training scripts are also available on the ESRD Network 14 website at http://esrdnetwork.org/disaster-planning/.

“Never tell people how to do things. Tell them what to do and they will surprise you with their ingenuity.”

— George S. Patton

PATIENT ENGAGEMENT MATERIALS FOR OCTOBER 2015

Materials for the Patient Engagement Calendar for the month of October 2015 can be located on our website at http://esrdnetwork.org/patients-families/pfcc/.

www.esrdnetwork.org  Patient and Families  Patient Engagement and Patient-and Family-Centered Care
October 2015

Sun | Mon | Tue | Wed | Thu | Fri | Sat
---|---|---|---|---|---|---
1  | 2  | 3  | 4  | 5  | 6  | 7  
8  | 9  | 10 | 11 | 12 | 13 | 14 
15 | 16 | 17 | 18 | 19 | 20 | 21 
22 | 23 | 24 | 25 | 26 | 27 | 28 
29 | 30 | 31 | Oct HAI focus facility CDC audits are due into NHSN | August clinical month closure in CROWNWEB

EMResource and PART updates due

“Achieving Catheter Freedom” free Webinar from the ESRD NCC
The National Kidney Foundation has patient education, tips, recipes, and a lot more available on its website at https://www.kidney.org/.

Follow us on Twitter @ESRDNetworkofTX
Like us on Facebook.
To access go to www.facebook.com and log in to your account. Look under “liked pages,” and type in ESRD Network of Texas.

2015 Patient Engagement Calendar

Each month a new educational topic is available for Texas ESRD patients. October’s topic is “Know the 6 tips to prevent dialysis infections.” If you have not received your education flyer for October, ask your social worker for a copy, or these materials can be located on the ESRD Network 14 website at http://esrdnetwork.org/patients-families/pfcc/ (www.esrdnetwork.org Patient and Families Patient Engagement and Patient-and Family-Centered Care).

To contact the Network for assistance or to file a grievance:
Patient Toll-free Number: 1-877-886-4435 (patients only please)
Facility staff: 972-503-3215
Email: info@nw14.esrd.net

Facility staff: Post both the English and Spanish pages by the patients’ scales, as well as near the sink that the patients use to wash their accesses, and in the lobby/waiting room.
The DPC Education Center is a great resource for dialysis patients and their families. For more information, go to the DPC website at [http://dpcedcenter.org/](http://dpcedcenter.org/).

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**Adult Pneumococcal Vaccines**

Many adults are at risk for pneumococcal disease. There are two vaccines that provide protection against this serious and sometimes deadly disease. Talk to your healthcare professional to make sure you are up to date on these and other recommended vaccines.

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**AAKP National Patient Meeting**

**Live Streaming of Nutrition 101 Presentation**

AAKP announced on September 25-27, 2015, during the AAKP national patient meeting, that educational sessions “Nutrition 101: Eating Healthy at All Stages of Kidney Disease,” “Home Dialysis Therapies,” and “The Kidney Disease Self-Management Toolbox” will be available to patients who cannot attend via live streaming. For patients who do not have access to a computer or cannot attend the live streaming session, AAKP will be recording and posting them to their website for download.

To access the recordings, go to [www.aakp.org/community/programs-events/2015-live-stream.html](http://www.aakp.org/community/programs-events/2015-live-stream.html).
Take a Shot at Keeping the Flu Away

You can get the flu at any time of the year, but it is most common to get it between October and May. February is the peak of the flu season, according to the Centers for Disease Control and Prevention (CDC).

How can you avoid the fever, aches, and weakness of the flu?

Get a flu shot! If you have chronic kidney disease (CKD) or live with someone who has CKD, it’s even more important to get a flu shot (vaccine). When someone with CKD gets infected with the flu, the infections are worse and sometimes more serious than they are when people without kidney disease get the flu, according to the National Kidney Foundation. If you have had a kidney transplant, the flu can be dangerous to your new kidney.

You need to get a flu shot every year. Kidney transplant patients should wait six months after the transplant before getting a flu shot, according to the American Kidney Fund. Even if you do get the flu after your shot, you will be less sick than you would be if you did not get the shot.

What else can you do to protect yourself from the flu?

Try to stay away from people who are sick with flu-like symptoms. Wash your hands often to reduce the spread of germs. Ask your family and friends to get flu shots. If they get flu shots, they can lower the chance of spreading the flu to you.

Flu shots are covered by Medicare and most private insurers. They are available from your primary care doctor, many pharmacies, and public health clinics. Ask your doctor for more information about the flu shot and other vaccinations you may also need.

Take action to stay well, and get your flu shot!
Ron: You Are Stronger Than You Think

A health screening at the company where he worked in 1988 gave Ron Krokey the first hint that something was wrong. At the time, Ron competed in triathlons, ran 10K races, and lifted weights. “I was healthy as could be,” he said. But his blood pressure was a little high at this screening. He went for his annual physical exam. Based on test results, he was referred to a nephrologist.

Ron was diagnosed with focal segmental glomerulosclerosis, or FSGS. FSGS is when clusters of tiny blood vessels in the kidneys that filter waste from the blood are scarred and damaged. This form of chronic kidney disease (CKD) may progress quickly to kidney failure or move more slowly.

In 1999, Ron’s kidneys failed, and he began peritoneal dialysis. Ron managed dialysis well for several years—working, traveling, and going on business trips. He coached his sons’ sports teams and stayed active.

Everything changed again in 2009. Ron got a severe case of peritonitis. He went into septic shock, an extremely serious condition that happens when a body-wide infection causes a dangerous drop in blood pressure. He was in the hospital for seven weeks and lost 70 pounds. “I missed the whole fall (season),” Ron said. Ron’s doctor told him later that he’d never seen anyone survive such a bad case of septic shock.

Ron’s wife, Andrea, was with him every day. She encouraged him to walk just a little in the hospital until he went home, slowly increasing the distance every day. His dialysis treatment changed to hemodialysis, and his abdominal catheter was taken out. This meant that he was able to begin swimming again, without danger of infection. Ron slowly started to increase his physical activity and then added crunches to his routine.

Ron is a patient advocate and calls himself a “dialysis warrior.” He encourages other patients to try to increase their activity a little bit. “You are way, way stronger than you think you are,” he says. Ron also gets a flu shot every year. “Getting the flu weakens you,” he adds. “We need to stay strong. Get the flu shot!”

This publication was developed under Contract Number HHSM-500-2013-NW002C, titled “End Stage Renal Disease National Coordinating Center (ESRD NCC),” sponsored by the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
PATIENT’S RIGHTS & RESPONSIBILITIES

When your clinic and doctor go through some changes

When a new clinic opens in a city or neighborhood that already has a clinic (sometimes across the street), staff at both clinics want the patients to go to their clinic. This can be very confusing to patients and, in some cases, even discouraging. Also, when a doctor changes clinics and is no longer at your dialysis center, he/she may want you to change clinics and continue to see him/her. Most patients want to be on good terms with their doctors and staff. Trying to decide the right thing to do can be difficult, so the ESRD Network is providing the following review of your rights.

What are your rights regarding these changes:

A. You have the right to be informed by your doctor if he/she plans to “move” to another clinic and will no longer work at your present clinic. Your doctor should give you his/her office address and phone number and the address and phone number of the new clinic where he/she will be working now.

B. You have the right to follow your doctor to the new clinic and leave the present clinic if you wish.

◊ If you decide to follow your doctor, it is best and courteous to talk to the staff at your present clinic and tell them you want to leave. This will help with transferring your records, setting up your new treatment day and/or time, etc.

C. You have the right to stay at your present clinic if you wish. If your doctor is leaving and you are staying, this means you will have to change doctors. If you are willing to change doctors, then the dialysis center should provide you a list of doctors that you can choose from.

Continued on page 18...
Important Points To Remember:

A. You have the right to change clinics or doctors at any time you wish. You do not have to give anyone an explanation for your decision, although it is the polite thing to do.

B. You have the right to decide for yourself what is best for you. It is wise to discuss it with your family and loved ones before you decide, but the final decision is yours.

C. Your clinic should provide you with a list of other clinics and/or doctors in the immediate area if you request it.

D. No matter what you choose, no doctor or staff member should retaliate against you in any way.

You have the right to have your questions answered and be given information about the changes. You may have to wait and ask the doctor or one of the managers because the staff “on the floor” does not always know the details about changes. The doctor or manager should make every effort to come to you quickly or you can ask to have them call you at your home.

You have the right to make your decision free from pressure or harassment.

◊ Examples of harassment would be saying bad things about a certain doctor or clinic, such as “That doctor is not very good,” or “They do not have good services here.” Harassment would also be calling you at your home several times a week, trying to discuss the issue every time they see you instead of taking care of your medical needs, pushing you to hurry to make a decision, or offering to do “extra” things for you if you will go their way.

IF YOU FEEL THAT ANY STAFF MEMBER OR DOCTOR IS HARASSING YOU, THEN PLEASE CALL US, ESRD NETWORK OF TEXAS, INC. at 877-886-4435. WE ARE HERE TO HELP.
Dialysis Patient Resource

Are you interested in RESEARCH about dialysis? POLICY issues about insurance or access to care? The latest news on TRANSPLANTATION? If so, Dialysis Patient Citizens (DPC) can help you stay informed!

The **DPC Education Center** is dedicated to improving kidney patients’ quality of life and reducing the occurrence of ESRD through education and by developing awareness of dialysis and kidney disease issues, improving the partnership between patients and caregivers, and developing favorable public policy solutions.

For the most up-to-date information, visit the DPC website:

- **Policy** and advocacy news: [http://dialysispatients.org/advocacy/key-issues](http://dialysispatients.org/advocacy/key-issues)
- **Treatment options**: [http://dialysispatients.org/advocacy/key-issues/treatment-options](http://dialysispatients.org/advocacy/key-issues/treatment-options)
- **Transplantation**: [http://dialysispatients.org/advocacy/transplantation](http://dialysispatients.org/advocacy/transplantation)

Diga que le agrada nuestro sitio (Like) en Facebook

iiiLa Red de ESRD de Texas ha entrado al mundo de los Medios Sociales!!!
Diga que le agrada nuestro sitio (Like) en Facebook
https://www.facebook.com/pages/ESRD-Network-of-Texas/415497655222823

**Calendario de Participación del Paciente para 2015**

Cada mes hay un nuevo tema educativo disponible para los pacientes de ESRD de Texas. El tema de Octubre es "Aprenda las 6 sugerencias para prevenir infecciones de diálisis". Si todavía no ha recibido su volante educativo de Octubre, pida una copia a su trabajador social o puede encontrar estos materiales en el sitio web de Network 14 en http://esrdnetwork.org/patients-families/pfcc/.

Para comunicarse con la Red y pedir ayuda o presentar una queja:
Número de Teléfono Gratuito para Pacientes: 1-877-886-4435 (solamente pacientes por favor)
Personal de las Instalaciones: 972-503-3215
Correo electrónico: info@nw14.esrd.net

Instrucciones al Personal de las Instalaciones- cuelgue las paginas en inglés y español cerca de las basculas de los pacientes y el fregadero que usan los pacientes para lavar sus accesos y en el vestíbulo/sala de espera.
El Centro de Educación de DPC

El Centro de Educación de DPC es un magnífico recurso para los pacientes de diálisis y sus familias. Si desea obtener más información, visite el sitio de DPC en http://dpcedcenter.org/.

Vacunas contra el neumococo en adultos

Muchos adultos están en riesgo de contraer la enfermedad del neumococo. Existen dos vacunas que proporcionan protección contra esta enfermedad grave y algunas veces, mortal. Hable con su profesional de atención médica para asegurarse de que usted está al día con estas y otras vacunas recomendadas.

Reunión nacional de pacientes AAKP
Transmisión en directo de la Presentación de nutrición básica

AAKP anunció que del 25 y el 27 de septiembre de 2015, durante la reunión nacional de pacientes AAKP, las sesiones educativas “Nutrición básica: Comer saludable en todas las etapas de insuficiencia renal”, "Terapias de diálisis en el hogar" y "Herramientas para el automanejo de la insuficiencia renal" estarán disponibles para los pacientes que no puedan asistir a través de la transmisión en directo. En el caso de los pacientes que no tienen acceso a una computadora o no pueden asistir a la sesión de transmisión en directo, AAKP las grabará y publicará en su sitio web para descargarlas.

Mantenga alejada a la influenza con una inyección

Usted puede contraer la influenza en cualquier momento del año, pero es más común que sea en los meses de octubre y mayo. Febrero es el punto máximo de la temporada de la influenza, de acuerdo con los Centros para el Control y Prevención de Enfermedades (CDC).

¿Cómo puede prevenir la fiebre, los dolores y la debilidad de la influenza?

¡Vacúñese contra la influenza! Si padece de insuficiencia renal crónica (CKD, en inglés) o vive con alguien que padezca CKD, es incluso más importante que le administren una inyección contra la influenza (vacuna). Cuando una persona que tiene CKD se infecta con la influenza, las infecciones se agudizan y algunas veces son más serias que para las personas que no padecen de insuficiencia renal y se contagian de influenza, de acuerdo con la Fundacional Nacional del Riñón (National Kidney Foundation). Si tiene un trasplante de riñón, la influenza puede ser peligrosa para su nuevo riñón.

Usted debe vacunarse contra la influenza todos los años. Los pacientes con trasplante de riñón deben esperar seis meses después del trasplante, antes de recibir una inyección contra la influenza, de acuerdo con la Fundación Nacional del Riñón. Incluso, si usted se contagia de influenza después de recibir la inyección, estará menos enfermo de lo que estaría si no hubiera recibido la vacuna.

¿Qué más puede hacer para protegerse contra la influenza?

Trate de alejarse de las personas que están enfermas con síntomas parecidos a los de la influenza. Lave sus manos con frecuencia para reducir la propagación de gérmenes. Pida a su familia y amigos que se vacunen contra la influenza. Si reciben una vacuna contra la influenza, pueden disminuir la probabilidad de transmitirle a usted la influenza.

Las vacunas contra la gripe están cubiertas por Medicare y la mayoría de aseguradoras privadas. Se encuentran disponibles con su médico de atención primaria, muchas farmacias y clínicas de salud pública. Pida más información a su médico acerca de la vacuna contra la influenza y otras vacunas que también pueda necesitar.

¡Actúe para mantenerse bien y vacúnese contra la influenza!

Este artículo lo proporcionó el Centro de Coordinación de la Red ESRD
Ron: Tú eres más fuerte de lo que crees

Un examen de detección de salud en la compañía en donde trabajaba Ron Krokey, en 1988, le dio a la primera pista de que algo no estaba bien. En ese tiempo, Ron competía en triatlones, participaba en carreras de 10 km y levantaba pesas. “Estaba tan saludable como podía”, dice. Pero en ese examen de detección, su presión arterial sanguínea estaba un poco alta. Se sometió a su examen físico anual. Con base en esos resultados, se le refirió con un nefrólogo.

Ron fue diagnosticado con glomeruloesclerosis focal y segmentaria o FSGS (por sus siglas en inglés). FSGS es una enfermedad en donde las aglomeraciones de pequeños vasos sanguíneos en los riñones que filtran los desechos de la sangre están cicatrizadas y dañados. Esta forma de insuficiencia renal crónica (CKD, por sus siglas en inglés) puede progresar rápidamente como insuficiencia renal o desarrollarse más lentamente.

En 1999, los riñones de Ron colapsaron e inició diálisis peritoneal. Ron administró bien la diálisis durante varios años: en el trabajo, de viaje y cuando iba en viaje de negocios. Él era el entrenador de los equipos deportivos de sus hijos y se mantenía activo.

Todo cambió de nuevo en 2009. Ron tuvo un caso de peritonitis aguda. Tuvo un choque séptico, una condición extremadamente seria que sucede cuando una infección en todo el cuerpo ocasiona un peligroso descenso en la presión arterial sanguínea. Estuvo en el hospital durante siete semanas y perdió 70 libras. “Me perdí todo el otoño (la temporada)”, dijo Ron. El médico de Ron le dijo después que nunca había visto que alguien sobreviviera a un caso tan malo de choque séptico.

La esposa de Ron, Andrea, estuvo con él todos los días. Ella lo animaba a caminar solo un poco en el hospital hasta que se fue a casa, aumentando lentamente cada día la distancia. Su tratamiento de diálisis cambió a hemodiálisis y se le retiró su catéter abdominal. Esto significó que pudo empezar a nadar de nuevo, sin el peligro de una infección. Ron empezó a aumentar lentamente su actividad física y luego añadió ejercicios abdominales a su rutina.

Ron es un representante de los pacientes y él se llama a sí mismo "guerrero de la diálisis". Él anima a otros pacientes a que traten de aumentar un poco su actividad. "Eres mucho más fuerte de lo que crees", dice. Ron también se vacuna contra la influenza todos los años. “Si se contagia de influenza, se debilita”, añade. “Debemos mantenernos fuertes. ¡Vacúnense contra la influenza!”

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Derechos y Responsabilidades de los pacientes

Cambios de clínica y del doctor

Con el estreno de una clínica nueva en una ciudad o vecindario que ya cuenta con una clínica (a veces al otro lado de la calle), los que trabajan en ambas clínicas quieren que los pacientes acudan a su clínica. Este puede resultar en mucha confusión para los pacientes y, en algunos casos, puede ser desconcertante. También, cuando el doctor se cambia de clínica y deja de atender a los pacientes en el centro de diálisis adonde va usted, posiblemente quiera que usted se cambie de clínica para seguir atendiéndole. La mayoría de los pacientes quieren mantener buenas comunicaciones con sus doctores y el personal. Puede ser difícil tomar una decisión sobre lo que hay que hacer, entonces la ESRD Network le provee este resumen de sus derechos.

En caso de suceder un cambio de esta índole, usted tiene derechos:

A. Tiene el derecho a recibir información de su doctor(a) si planea “cambiarse” a otra clínica y dejar de trabajar en su clínica actual. Su doctor le debe de proveer su dirección de oficina y número de teléfono tanto como la dirección de oficina y el número de teléfono de la clínica nueva adonde atenderá a los pacientes ahora.

B. Tiene el derecho a seguirle a su doctor a la clínica nueva y dejar de acudir a la clínica actual si desea.
   ◦ Si decide seguir su tratamiento con su doctor, se le aconseja enseñar cortesía y hablar con el personal de la clínica adonde acude actualmente, para avisarles que usted planea dejar de acudir a este consultorio. Este sirve como una ayuda para trasladar sus fichas clínicas y fijar otro día y/u hora, etc. para recibir tratamiento.

C. Tiene el derecho a seguir como paciente a su clínica actual si así desea. Si su doctor deja de atender a los pacientes allí y usted va a continuar como un paciente, este significa que tendrá que cambiar su doctor. Si se dispone a cambiar su doctor, entonces el centro de diálisis le debe de proveer una lista de doctores para que elija otro doctor.

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RECUERDE ESTA INFORMACIÓN IMPORTANTE:

Tiene el derecho a cambiar su clínica o doctor si así lo desea. No se requiere dar explicación a nadie sobre su decisión aunque sería gesto de cortesía.

Tiene el derecho a tomar decisiones sobre lo que más le conviene. Se sugiere que uno hable del tema con su familia y sus seres queridos antes de decidir, pero usted toma la decisión final.

Debe de estar disponible una lista de otras clínicas y/o doctores cercanos en su clínica a petición de uno.

No importa cuál sea su decisión, ningún doctor o empleado debe de buscar represalias en su contra de ninguna índole.

Tiene el derecho a recibir respuestas a sus preguntas e información sobre los cambios. Posiblemente le haga falta esperar para hacerle preguntas al doctor o a un gerente, ya que el personal “de turno” no siempre cuenta con los detalles sobre los cambios. El doctor o el gerente deben de intentar atenderle con brevedad o puede pedir que le llamen a usted a su domicilio.

Tiene el derecho a tomar su decisión sin coerción o acoso.

◊ Algunos ejemplos de acoso son: comentarios negativos sobre un doctor o clínica en particular, p.ej.: “No es muy bueno ese doctor,” o “Aquí no son buenos los servicios.” También constituye el acoso el llamarle al paciente a la casa varias veces por semana o intentar hablar sobre el tema en vez de rendir atención médica cada vez que le atiende, el insistir que el paciente tome una decisión pronta u ofrecer servicios “extras” si hace lo que éste pide.

SI PARECE QUE UN EMPLEADO O DOCTOR LE ACOSA, FAVOR DE LLAMARNOS A LA ESRD NETWORK OF TEXAS a 877-886-4435. ESTAMOS A SU DISPOSICIÓN.
¿Está usted interesado en la investigación acerca de la diálisis? ¿Cuestiones de política sobre el seguro o el acceso a la atención? ¿Las últimas noticias sobre el trasplante? Si es así, Pacientes Ciudadanos de Diálisis (DPC) puede ayudarle a mantenerse informado!

El Centro de Educación DPC se dedica a mejorar la calidad de vida de los pacientes renales y la reducción de la incidencia de enfermedad renal terminal a través de la educación y el desarrollo de conciencia de los problemas de diálisis y la enfermedad renal, al mejora de la colaboración entre pacientes y cuidadores, y el desarrollo de soluciones de políticas públicas favorables.

Para más información, visite el sitio web DPC:
- **Política** y noticias de la promoción: [http://dialysispatients.org/Advocacy/Key-issues](http://dialysispatients.org/Advocacy/Key-issues)
- **Opciones de tratamiento**: [http://dialysispatients.org/Advocacy/Key-issues/treatment-options](http://dialysispatients.org/Advocacy/Key-issues/treatment-options)
- **Trasplante**: [http://dialysispatients.org/Advocacy/Transplantation](http://dialysispatients.org/Advocacy/Transplantation)