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Anemia Management QIP Indicator Update

Quality Measures Specifications for PY 2013 and PY 2014 ESRD QIP Final Rule

Anemia Management – Hemoglobin > 12 g/dl

Measure Description

This measure reports the percentage of eligible Medicare dialysis patients with a mean hemoglobin value greater than 12.0 g/dl.

Measurement Duration

The measurement duration is 12 months. *Patients with at least 4 months of eligible claims at the facility are included.*

Denominator

The number of eligible Medicare dialysis patients at the facility during the measurement (baseline or performance) period. The denominator will include all dialysis patients 18 years and older with ESRD for 90 days or longer, who are treated with erythropoiesis stimulating agents (ESAs), and have valid hemoglobin values. A hemoglobin value is considered valid if it is greater than or equal to 5 g/dl and less than or equal to 20 g/dl.

Continued on page 10...

**Need assistance accessing your DFR/MAH account information?
Contact Magdalena Sanchez at 469-916-3809.**



Community Corner

Medicare to Adjust ESRD Home Dialysis Claims to Correct Network Reduction

In March of 2013, it was discovered the ESRD Network Reduction amounts were incorrectly calculated. The reduction amount for Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycle Peritoneal Dialysis (CCPD) home dialysis treatments is \$1.50 per week, per publication 100-4, chapter 8, section 110, "Reduction in Medicare Program Payment to Fund ESRD Network." This results in a daily network reduction rate of approximately twenty one cents per treatment, rather than the fifty cents per treatment deducted from impacted claims.

Medicare Administrative Contractors will adjust the impacted claims. Providers do not need to take any action or request a reopening or review of their claims. The adjustments will impact ESRD home dialysis claims with process dates from January 1, 2013 through May 6, 2013. All adjustment are to be completed by September 6, 2013.



ANNA's 2013 Fall Meeting
September 20-22, 2013
Hyatt Regency New Orleans

REGISTER TODAY!

Online at www.annanurse.org or
888-600-2662 for more info!

View the Fall Meeting Program and Register Online at www.annanurse.org.

Enter code **2013FMESRD** on the confirmation page and receive a \$20 discount on registration fees for the Fall Meeting (excludes Preconference Workshops).



The NRAA is hosting its Annual Conference and Medical Directors Workshop in Seattle, WA on September 25-27, 2013.

For more information on the conference:

<http://www.nraa.org/index.php/news-a-meetings/372-nraa-meetings-3>

Information on the Medical Director's workshop on September 25:

http://www.nraa.org/files/MD_Workshop_SOE_8-1-13.pdf

Information on the 2013 Annual Conference on September 26-27:

http://www.nraa.org/files/2013_AC_SOE_-7-30-13.pdf



FDA Alerts

Specialty Compounding, LLC Issues Nationwide Voluntary Recall of All Lots of Unexpired Sterile Products Due to Reports of Adverse Events

Specialty Compounding, LLC, a subsidiary of Peoples Pharmacy Inc., is voluntarily recalling all lots of sterile medications within expiry.

The recall was initiated after reports of bacterial infection affecting 15 patients at two Texas hospitals, Corpus Christi Medical Center Doctors Regional and Corpus Christi Medical Center Bay Area, whose treatment included IV infusions of calcium gluconate from Specialty Compounding.

There is a potential association between the infections and the medication at this time. The recall applies to all unexpired sterile compounded products dispensed since May 9, 2013, including all strengths and dosage forms.



Information Management Corner

CROWNWeb Action List: Notifications & Accretions

Have you cleared your Notifications and Accretions on your Action List in CROWNWeb?

- What is a notification? A discrepancy in patient data between what a CMS/SSA database has on record and what exists in CROWNWeb (e.g., date of birth, last name, or a transplant that has yet to be recorded in CROWNWeb).
- What is an accretion? A patient that exists in a CMS/SSA database and is believed to be ESRD, but has not been admitted into CROWNWeb as a patient. (An accretion may also occur for existing patients in CROWNWeb whose key identifiers are missing or incorrect.)

To work and resolve **Notifications**:

1. From the **Home Page**, click **Action List**
2. Filter by **Action Type** for Notifications
 - **REMIS Identity Notification** (e.g., Last Name, First Name, Date of Birth, Gender, Social Security Number, or Medicare Claim Number)
 - - **REMIS Event Notification** (e.g., Date of Death, Transplants, Transplant Failures, or Dialysis Treatments)



Continued on page 4...



...Continued from page 3

3. Select a facility from the **Facility DBA Name** field
4. Click **Submit**
5. Select a **Notification** link

Note: For Event Notifications, manually add the Treatment or Event information to the patient's record before accepting the notification. For Identity Notifications, CROWNWeb will automatically update the patient's attributes when the notification is accepted.

6. Select an option in the **Action** field
 - **Accept** if you agree with the EDB or OTHER data
 - **Reject** if you agree with the CROWNWeb data
 - **Investigate** if you need time to verify data (It is recommended that you leave a comment.)
7. Click **Submit**
 - When accepting a notification, click the "Ignore Warning" checkbox that appears underneath the gray sub-name and click **Submit** again
 - After accepting a notification, search for the patient to review the updates.
- Please note: A CMS-2746 must be submitted if a patient expires within 30 days of the discharge date and the patient has not been permanently transferred in by another Medicare certified dialysis unit. The unit will go to the **View Patient Attributes** screen and enter the date of death and cause of death. DO NOT change the discharge date and discharge reason (e.g., Transfer, Discontinue, Involuntary, Lost to Follow Up, Recover Function) in the **Admit/Discharge Summary** screen.

Action Type	Assigned To	Days Open
Notification (1) CROWN UPI: 1400123456 Name: Snow White SSN Last 4: 1234	451234	1

To work and resolve **Accretions**:

1. From the *Home Page*, click **Action List**
2. Filter by **Action Type** (e.g., REMIS Accretion)
3. Select a facility from the **Facility DBA Name** field
4. Click **Submit**

Continued on page 5...



...Continued from page 4

5. Select an **Accretion** link
6. Determine if the patient listed is actually missing from CROWNWeb to avoid creating a duplicate patient record
7. Select an option in the **Action** field
 - **Accept** if the patient is dialyzing in your unit but has not been admitted in CROWNWeb
 - **Reject** if the patient already exists in CROWNWeb
 - **Investigate** if you need time to verify patient data (It is recommended that you leave a comment.)
8. If **Accept** is clicked, CROWNWeb will prompt you to admit the patient

View Action List

Action List - 1 Records Found

Filter for Actions

Action Type

Assigned To Facility

¹Facility CCN ¹Facility NPI

Facility DBA Name

Action Type	Assigned To	Days Open
Accretion Name: Snow White SSN Last 4: 1234	Dialysis Facility - 451234	25

Note: Facilities should resolve all Notifications and Accretions within 30 days. You may have notifications that have been open for more than 30 days; if so, continue to follow the above steps to remove the notifications from your Action List. Additionally, facilities must thoroughly research these notices, and should only "Escalate" a Notification when an answer cannot be found after extensive research.

If you have questions about Notifications & Accretions, please contact the Information Management Department at 972-503-3215 ext 318, 326, or 312, or CROWNWeb@nw14.esrd.net. **DO NOT** email patient information to the Network office.

The Network 14 *NetLink* is created and published under CMS contract number:
HHS-500-2013-NW014C

End-Stage Renal Disease Network of Texas, Inc. (aka: Network 14)
4040 McEwen Road, Suite 350 * Dallas, Texas * 75244
www.esrdnetwork.org * info@nw14.esrd.net



Network Corner

Nephrology Today & Tomorrow 2013

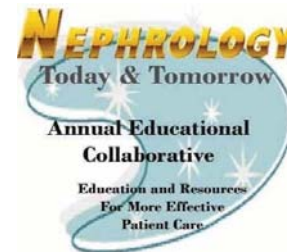
Registration is now Open!!!

ESRD Network of Texas, Inc. Annual Meeting for 2013

Friday, October 25—8:30am to 5:30pm

Saturday, October 26—8:00am to 12:00 noon

Omni Mandalay Hotel at Las Colinas



The meeting will highlight CMS and the Network's focus for the renal community and practical strategies for all disciplines. On Friday afternoon Patrick Waldron from DSHS will be informing attendees on everything that a clinic needs to know about the **CMS CORE survey process**. There will be Free patient breakout sessions will be offered on Saturday. Over 50 exhibitors will be available to discuss their services and/or products.

Registration information is available on our website at:

<https://www.esrdnetwork.org/network/annual-meeting.asp>

Patient Engagement Campaign

Does your facility have a successful home hemodialysis program? The Network is looking for a facility to share its experience in creating a successful home hemodialysis program at the Network's Annual Meeting on October 25, 2013. A representative from this facility would be asked to give a short presentation and sit on a panel discussion. If you are interested or feel that you qualify, please contact the Network Outreach Coordinator, Anna Ramirez, at 469-916-3800 or aramirez@nw14.esrd.net.

Quality Improvement Specialist Position Available

The ESRD Network of Texas has an opening for a QI Specialist. Candidates must have a BS, experience in quality improvement and Nephrology, knowledge of DSHS/ESRD rules, and be proficient in MS Word, Excel, PowerPoint, and Outlook. MS Access & bilingual in Spanish are desired but not required. Excellent benefits. This position is located in Dallas and no relocation costs are available.

For consideration, please email a cover letter & resume to: info@nw14.esrd.net OR fax to 972-503-3219. EEOC. No phone calls please.



Outreach Coordinator Corner

Communication, Communication, Communication!

How should the ESRD Network, dialysis, and transplant facilities share information with their patients?

Just as every person is different, we know that every patient and every facility is different. We each learn at different speeds. Some individuals prefer written information while others prefer information to be presented to them verbally. At every visit we give our patients vital information. How can we make sure that we are giving our patients information in a way that provides the most benefit? These are questions we asked our patient SMEs. What is the best way to reach patients on dialysis? These patients came up with a variety of ideas. We believe that you should be able to utilize one or more of these ideas at your facility. You can try numerous strategies to share information with your patients. We encourage facilities to utilize patients as much as possible. Ask your Facility Patient Representative (FPR) or another patient leader for assistance. As e-patient Dave deBronkart puts it, "Let Patients Help!"

- Hold a series of patient meetings or lobby days to share information on a specific topic.
 - * Advertise meetings in advance.
 - * Invite family members to attend.
- Provide one resource at a time; for example, one resource per treatment per week. Patients and families report that it is overwhelming when a lot of information is given at once.
- Set up an educational table in the lobby for patients to stop by when they choose to pick up information.
- Give patients educational materials before treatment, not after because patients are in a hurry to leave the facility.
- Get your Facility Patient Representative involved with distributing materials.
- Be sure to give the materials in the correct language to each patient.



Patient Engagement Webinar

Register Today for the FREE NW14 Patient Engagement Webinar featuring Dave deBornkart or epatient Dave – <http://epatientdave.com/>

Date: September 25, 2013

Time: 1:00 – 2:15 pm CST

Nurses, dietitians, social workers, and technicians can earn up to 1.25 CNE and CEU credits!

Patients are also welcome to attend!

To register visit: <https://qualitynet.webex.com>

Locate the event you wish to attend by date, time, and title. Click register.

For questions contact Anna Ramirez at aramirez@nw14.esrd.net



Patient Services Corner

Healthcare Expectations

Healthcare facilities have found that by providing a patient/family-centered care philosophy and by establishing sustainable practices that improve the quality of the patient's satisfaction and experience can lead to improved facility outcomes.¹ Patient satisfaction can be easily improved by following these five principles outlined below by Wendy Leebov, healthcare consultant for healthcare professionals/organizations, to improve the patient experience in a healthcare facility:

1. Implement a facility policy supporting patient satisfaction and quality of care
2. Decrease patients' anxiety regarding treatment
3. Communicate your caring to patients to reassure them that you do care about treatment outcomes
4. Personalize patient care and service
5. Hold staff accountable to high standards of care and service

As a healthcare provider, it is also important to obtain information from the patient regarding the patient's expectations regarding treatment. Understanding the patient's expectations provides important insight into the patient's thinking process and provides the professional with an opportunity to clarify unrealistic expectations that can be a cause of patient dissatisfaction with their treatment.

1. Leebov, Wendy, 2012. *The patient experience skill building system*. <http://quality-patient-experience.com/leebov-golde-group.html>.

Patient Communication/Education

Here at the Network office, we receive calls from patients on a weekly basis who complain about staff members' professionalism. Many patients on dialysis ask a lot of questions. Asking questions empowers patients to have some control over their lives. When staff members ignore the patient's questions, the patient becomes confused and, for some, angry. In order to decrease patient/provider conflict, the professional should be aware of the patient's expectations. The professional should communicate with the patient in an effective manner.

- An example of this: a new patient comes to your facility; they are scared and nervous. They are hearing new sounds and learning new terms. They are also learning new faces, and they don't know what to expect. Patient communication and education would include taking the time to answer the patient's many questions.
- Are you making the patient feel devalued because you are not open to hearing his or her views on the subject matter?
- Are you making the patient feel rushed? Many patients might feel the dialysis facility is run like a conveyor belt factory. "Patients come, patients go, and my questions are never answered."



Quality Improvement Corner

2014 Brings Big Changes to the In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems, better known as ICH CAHPS

Beginning in calendar year 2014, the national implementation of the ICH CAHPS begins which will eventually lead to ICH CAHPS being publicly reported on the Dialysis Facility Compare (DFC) website at www.Medicare.gov. The national implementation of the ICH CAHPS survey is designed to meet the following three broad goals:

- To produce comparable data on the patient's perspective that allows objective and meaningful comparisons between in-center hemodialysis (ICH) facilities on domains that are important to consumers.
- Public reporting of survey results will create incentives for ICH facilities to improve their quality of care.
- Public reporting will enhance public accountability in health care by increasing the transparency of the quality of care provided in return for public investment.

Some of the differences with this patient experience of care survey headed your way include: data collection conducted on a semi-annual basis whereby a sample of in-center dialysis patients who meet survey eligibility criteria and who are served by the in-center hemodialysis facility in January through April of each year will be surveyed in June through August each year; likewise, a sample of survey-eligible patients treated by the in-center hemodialysis facility in June through September will be surveyed in November through January. ICH CAHPS survey results will be publicly reported after a Medicare-certified in-center hemodialysis facility has completed both the spring and fall surveys in the initial year. After public reporting begins, data from the oldest semi-annual survey will be replaced by data from the most recent semi-annual survey.

Because it is important that the survey be administered in the same way using the same protocols by all survey vendors, for the national implementation, CMS will require that:

- ICH facilities contract with an independent third party survey vendor that has been **approved and trained by CMS**; and
- All approved ICH CAHPS survey vendors will use updated **ICH CAHPS survey administration specifications developed by CMS**.

Please note and share with your ICH CAHPS vendors that the ICH CAHPS Survey Administration Specifications, which will be implemented for calendar year 2014, **are different** than AHRQ's ICH CAHPS Survey Guidelines which facilities should be following for administering the ICH CAHPS survey during 2013.

For surveys administered in calendar year 2013, survey vendors should use the AHRQ's ICH CAHPS Specifications posted on the AHRQ CAHPS website at <http://www.cahps.ahrq.gov/hemodialysis/>.

For surveys administered in calendar year 2014, survey vendors should visit the following ICH CAHPS website at <https://ichcahps.org>.



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When hematocrit is reported on the claim, it is changed to hemoglobin by dividing by 3 and rounding to the first decimal place. After the criteria above are met, we restrict to the last claim of the month for a patient at a facility. *A patient must have at least 4 months of eligible claims at the facility to be included in the denominator.*

Denominator Exclusions

Claims are excluded if any of the following criteria are met:

- Patient is less than 18 years old as of the start of the claim
- Patient is in the first 89 days of ESRD as of the start of the claim
- Patient's reported hemoglobin value (or hematocrit value divided by 3) is less than 5 g/dl or greater than 20 g/dl
- Patient is not treated with ESAs according to the claim, specifically epoetin alfa or darbepoetin alfa
- Patient has fewer than 4 months of eligible claims at the facility in the measurement period

Numerator

The number of eligible Medicare dialysis patients at the facility during the measurement period with a mean hemoglobin value greater than 12.0 g/dl. Patients from the denominator are included in the numerator if the mean of their monthly hemoglobin values (rounded to a single decimal place) is greater than 12.0 g/dl.

For more information or resources to improve your facility's measure, please visit Network 14's website: <http://www.esrdnetwork.org> or contact Dana Sissung, RN, MSN, Quality Improvement Coordinator at: dsissung@nw14.esrd.net

Dialysis Facility Compare (DFC) Website Address Changed

FYI!

The DFC website address has been changed.

New link:

<http://www.medicare.gov/DialysisFacilityCompare/search.html>

Used to be:

<http://www.medicare.gov/Dialysis>



Network 14's 5-Diamond Patient Safety Program



5 DIAMOND STATUS

- Biotronics Kidney Center of Orange
- Childress Regional Medical Center Dialysis
- Christus Children's Kidney Center
- DaVita Carrollton
- DaVita Dallas North
- DaVita East
- DaVita Huntsville
- Dialysis Center of Victoria
- FMC Greenway Kidney Center
- FMC Village II Dialysis
- FMC West Seguin
- Garland Dialysis
- Grand Prairie Dialysis Center
- Harlingen Dialysis
- Kaufman Dialysis
- Kerrville Dialysis
- Kidney Treatment Center
- Kidney Treatment Center East
- Moncrief Dialysis Center
- New Century Dialysis Center of Jasper
- NNA Marble Falls
- Plaza Drive Dialysis
- RCG Center Dialysis
- Reeves County Hospital Dialysis
- Renal Center of Carrollton
- Renal Center of Frisco
- Renal Center of Orange
- RRC East Fort Worth
- RSA Schertz Kidney Center
- Satellite Dialysis Kyle
- SOHUM Houston Dialysis, LLC
- South Arlington Dialysis Center
- South Austin Dialysis
- Stafford Dialysis
- USRC Delta Dialysis
- Valley Dialysis of McAllen

- Wilbarger General Hospital Dialysis of Vernon

4 DIAMOND STATUS

- Angelo Kidney Connection
- Cuero Lakeview Dialysis
- Edna Dialysis Center
- Katy Cinco Ranch Dialysis
- Satellite Dialysis Metric
- Satellite Dialysis Round Rock
- UTSW Oakcliff Dialysis

3 DIAMOND STATUS

- DaVita Weslaco
- DCI Nacogdoches
- FMC Austin South
- Renal Solutions
- Satellite Dialysis Manor
- SNG San Augustine Dialysis Clinic
- UTSW Dallas Dialysis

2 DIAMOND STATUS

- AmeriTech Kidney Center
- AmeriTech Kidney Center HEB
- Dialysis Services of West Texas
- FMC Austin North
- FMC Calallen
- Liberty Dayton Dialysis
- Nederland Dialysis
- Renal Center of North Denton
- The Dialysis Cottage
- USRC Mid Valley Weslaco

1 DIAMOND STATUS

- Bay Area Dialysis Southside
- DaVita Memorial
- DSI Greenwood Holly
- Edinburg Kidney Center
- FMC Ennis
- FMC Mt. Pleasant Dialysis
- Renal Center of Lewisville
- Southeast Texas Kidney Center
- USRC Bellaire
- USRC Tarrant Dialysis Cleburne
- Woodville Dialysis



5-Diamond Patient Safety Program *Special Announcement!*

Network 14 gladly announces the extension of Program Year 2012-2013! Originally scheduled to end September 30, 2013, the program year deadline has been pushed back to **December 31, 2013**. This extension will place Network 14's 5-Diamond Patient Safety Program on a calendar year schedule.

For Pilot Year 2011-2012 5-Diamond facilities seeking 5-Diamond renewal, you have until **December 31, 2013** to complete the renewal criteria, which requires you to complete the Patient Safety Principles module and two other modules of your choice, for a total of **three** completed modules. Pilot Year 2011-2012 5-Diamond facilities that do not renew their 5-Diamond statuses by December 31, 2013 will have to re-apply to the program and begin the program requirements again.

For Program Year 2012-2013 5-Diamond facilities, you will need to complete the renewal criteria beginning **January 1, 2014** and will have until **December 31, 2014** to do so. Program Year 2012-2013 5-Diamond facilities that do not renew their 5-Diamond statuses by December 31, 2014 will have to re-apply to the program and begin the program requirements again.

Currently participating 1-4-Diamond facilities that do not reach 5-Diamond status by **December 31, 2013** will have to re-apply to the program and begin the program requirements again.

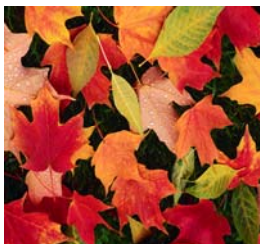
Program Year 2014 will begin January 1, 2014.

If you do not know during which program year you achieved 5-Diamond status, or if you have any other questions regarding the 5-Diamond Patient Safety Program, please contact Kathleen Prewitt at 469-916-3815 or kprewitt@nw14.esrd.net.



When we feel love and kindness toward others, it not only makes others feel loved and cared for, but it helps us also to develop inner happiness and peace.

The 14th Dalai Lama (1935)



September 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 Submit monthly reporting plan and denominator form in NHSN	2 LABOR DAY Network Office will be closed	3	4	5	6	7
8 EMSystems updates and PART verifications due	9	10	11	12	13	14
Nephrology Nurses Week						
15	16	17	18	19	20	21
22 2013 DFR Comment period ends	23	24	25 NW14 Patient Engagement Webinar	26	27	28
29	30 May-July 2013 Clinical months close					





Patient's Corner—

Facility staff – post both the English and Spanish flyer by the patient scales as well as near the sink that the patients use to wash their accesses and in the lobby/waiting room.

THE AMERICAN ASSOCIATION OF KIDNEY PATIENTS WELCOMES NEW EXECUTIVE DIRECTOR

The American Association of Kidney Patients (AAKP) announced Gary Green as its new Executive Director. AAKP is a national non-profit organization dedicated to improving the quality of life for kidney patients through education, advocacy, and the fostering of patient communities.

Mr. Green comes to AAKP with a wealth of experience in the renal community. He served the National Kidney Foundation in many roles including Vice President, Founder, Director of the U.S. Transplant Games, and Regional Director. Mr. Green is a graduate of Johns Hopkins University. He will work out of AAKP's main office in Tampa, Florida.

Mr. Green most recently held the position of Director of Marketing and Development for the September 11th Families Association – 9/11 Tribute Center.

ESRD Network of Texas 2013 Annual Meeting

Attend the Network's Annual Meeting October 26 from 8:00 am to 12:00 pm at the OMNI Mandalay, Las Colinas, located in Irving, TX.

Free patient sessions! Sessions include:

- ⇒ Who is the ESRD Network of Texas, Inc.?
- ⇒ Presentation by Dialysis Patient Citizens
- ⇒ Hot Topics for Dialysis Patients and Caregivers with Denise Eilers, RN



For more information, contact the Network Outreach Coordinator at 1-877-886-4435 or email info@nw14.esrd.net. The hotel address is: 221 East Las Colinas Blvd, Irving, TX 75039.

To file a grievance, please contact
Network 14 at 1-877-886-4435



The End Stage
Renal Disease
Network Of Texas



New Information Added to Network 14's Website

New resources added to the Network's website on treatment options:

<http://www.esrdnetwork.org/patients/education/treating-kidney-disease.asp>

Treatment Options: How to Choose What's Right for You. Includes information on peritoneal dialysis, hemodialysis, kidney transplantation, vascular access choices and care, and some advantages and disadvantages of each treatment option.

Peritoneal Dialysis Awareness brochure from Baxter in English and Spanish.

To request a copy of Baxter's Life Choices Treatment Options DVD, call Dialysis Patient Citizens at 866-877-4242.

Youtube.com/renalinfo – get answers to your questions about dialysis access, peritoneal dialysis, living and working with kidney disease, and much more.

AAKP Hosts Series of Educational Webinars for ESRD Patients

AAKP has scheduled education webinars for ESRD Patients over the next few months. These FREE, programs conveniently educate patients and their family members on a variety of important health care topics from the comfort of their home or office. All webinar programs are one-hour long, feature one to three expert speakers and allow for live audience questions and answer session towards the end of each session. Upcoming programs are:

Behind Closed Doors: A discussion of Sexuality and intimacy for Individuals with Kidney Disease

Speaker: Jennifer Talley, Social Worker

Date: September 25, 2013 (Wednesday) Time: 12:30 pm to 1:30 pm CST

Coping with a Chronic Illness: sharing the Diagnosis and Finding Support

Speakers: Renee Bova-Collins (Social Worker), Janice Stearling (HHD Patient), and Glenn Nathan (Transplant Recipient)

Date: October 15, 2013 (Wednesday) Time: 12:30 pm to 1:30 pm CST

To register for an upcoming AAKP webinar visit:

Www.aakp.org/community/programs-events.html

Or call 1-800-749-2257, option 7, ext 4.

Network 14 Boards & Committees

<p style="text-align: center;"><u>Board of Directors</u></p> <p style="text-align: center;">BOD</p> <ul style="list-style-type: none"> • 10 - 20 members • Volunteers from the renal and non-renal community • Two patient members from the PAC • Provide oversight of the Network • Responsible for financial aspects of the Network • Approve PAC members 	<p style="text-align: center;"><u>Medical Review Board</u></p> <p style="text-align: center;">MRB</p> <ul style="list-style-type: none"> • Nominated by the BOD • 19 members including: nephrologists, pediatric nephrologists, transplant surgeons, nurses, social workers, dietitians, technicians, and patients • Help ensure ESRD patients in Texas are receiving safe and quality care • Assist with Quality Improvement Activities
<p style="text-align: center;"><u>Patient Advisory Committee</u></p> <p style="text-align: center;">PAC</p> <ul style="list-style-type: none"> • Volunteer group of 18 ESRD patients, family members and caregivers representing the ethnic diversity, geographic distribution and treatment modalities in Texas • Provide input on Network projects • Design, review, and approve patient educational materials • The Network will advertise when positions open on the PAC 	<p style="text-align: center;"><u>Network Council</u></p> <ul style="list-style-type: none"> • Composed of 1-2 members from each of the 22 Regional Advisory Council (RAC) geographic areas of the State • Includes at least 2 dialysis or transplant patients • Provide input on Network activities • Serve as a liaison between the Network and ESRD providers • Elect BOD members

For more information visit the Network website at:

<http://www.esrdnetwork.org/network/who-we-are/committees.asp>



Rincón del Paciente—

Instrucciones al Personal de las Instalaciones – Coloque los volantes en inglés y español cerca de las básculas de los pacientes y también cerca del lavabo que usan los pacientes para lavarse los accesos y en el vestíbulo/sala de espera.

LA ASOCIACIÓN AMERICANA DE PACIENTES RENALES DA LA BIENVENIDA AL DIRECTOR EJECUTIVO NUEVO

La Asociación Americana de Pacientes Renales (AAKP) anunció la designación de Gary Green como su Director Ejecutivo nuevo. AAKP es una organización nacional sin fines de lucro que se dedica al mejoramiento de la calidad de vida para los pacientes renales a través de la educación, la defensa y la promoción de comunidades de pacientes.

Mr. Green aporta a AAKP un caudal de experiencia sobre la comunidad de pacientes renales. Ha desempeñado muchos papeles dentro de la Fundación Nacional Renal, incluso como Vice Presidente, Fundador, Director de Deporte & Trasplante Estados Unidos, y el Director Regional. Sr. Green egresó de Johns Hopkins University. Va a desempeñar su trabajo en la sede de AAKP en Tampa, Florida.

Hasta reciente, Sr. Green desempeñaba el puesto de Director de Mercadotecnia y Desarrollo por La Asociación de Familias del 11 de septiembre-- el 9/11 Tribute Center.

La Reunión Anual de 2013 de la Red de la Enfermedad Renal Terminal [ESRD] de Texas

Le invitamos a asistir a la Reunión Anual de la Red de 8:00 a.m. a 12:00 p.m. el 26 de octubre en el OMNI Mandalay, Las Colinas, en Irving, Texas.

¡Habrán sesiones gratis para los pacientes! Expondrán estos temas:

- ⇒ ¿De qué se trata la Red ESRD de Texas, Inc.? (ESRD Network of Texas, Inc.)
- ⇒ Presentación de Discurso por los Ciudadanos Pacientes de Diálisis
- ⇒ Temas de Alto Interés para los Pacientes de Diálisis y los Cuidadores, por Denise Eilers, Enfermera Registrada

Para mayores informes, comuníquese con el Coordinador de Alcance de la Red al: 1-877-886-4435 o al correo electrónico a: info@nw14.esrd.net. La dirección del hotel es: 221 East Las Colinas Boulevard, Irving, Texas 75039.



Presentar una queja por favor contacte
a la Red 14 a 1-877-886-4435.



The End Stage
Renal Disease
Network Of Texas



Hay Información Nueva en el Sitio Web de la Red 14

Han agregado recursos al sitio web de la Red sobre opciones de tratamiento:

<http://www.esrdnetwork.org/patients/education/treating-kidney-disease.asp>

Opciones de Tratamiento: Como Escoger que le Conviene Mejor: Se incluye información sobre diálisis peritoneal, hemodiálisis, trasplante renal, opciones y cuidado del acceso vascular y algunas ventajas y desventajas de cada opción de tratamiento.

Folleto de Reconocimiento de Diálisis Peritoneal de Baxter en inglés y español.

Para pedir una copia del DVD sobre Opciones de Tratamiento para la Vida, llame a los Ciudadanos Pacientes de Diálisis a 866-877-4242.

Youtube.com/renalinfo – Obtenga respuestas a sus preguntas sobre acceso a diálisis, diálisis peritoneal, la vida y el trabajo con enfermedad renal, y mucho más.

AAKP es el Anfitrión de una Serie de Seminarios Web Educativos para los Pacientes de Enfermedad Renal en Etapa Terminal [ESRD]

AAKP ha programado seminarios web educativos para los Pacientes ESRD durante los próximos pocos meses. Estos programas GRATUITOS facilitan a los pacientes y a sus familiares una variedad de temas importantes para que se eduquen dentro de la comodidad de su hogar u oficina. Todos los seminarios web duran una hora, con uno a tres (1-3) oradores expertos y se reserva tiempo al fin de cada sesión para contestar las preguntas en vivo del público oyente. Los programas futuros son:

Tras las Puertas: Hablemos sobre la Sexualidad e Intimidad para las Personas con Enfermedad Renal

Orador: Jennifer Talley, Trabajadora Social

Fecha: 25 de septiembre de 2013 (miércoles) Horario: 12:30 p.m. a 1:30 p.m. Hora Central

Sobrellevando una Enfermedad Crónica: Comparta el Diagnóstico y Encuentre el Apoyo

Oradores: Renee Bova-Collins (Trabajadora Social), Janice Stearling (Paciente de Hemodiálisis en el Hogar), y Glenn Nathan (Receptor de Trasplante)

Fecha: 15 de octubre de 2013 (miércoles) Horario: 12:30 p.m. a 1:30 p.m. Hora Central

Para inscribirse por un seminario web futuro de AAKP dirijase a:

www.aakp.org/community/programs-events.html O llame a: 1-800-749-2257, opción 7, ext. 4.

Mesas Directivas y Comités dentro de la Red 14

<p style="text-align: center;"><u>Junta Directiva</u> BOD (siglas en inglés)</p> <ul style="list-style-type: none"> • 10 - 20 miembros • Voluntarios de la comunidad de pacientes renales y no renales • Dos miembros pacientes de PAC • Vela a la Red • Responde por aspectos financieros de la Red • Aprueba el ingreso de los miembros de PAC 	<p style="text-align: center;"><u>Junta de Revisión Médica</u> MRB (siglas en inglés)</p> <ul style="list-style-type: none"> • Nominado por la BOD • 19 miembros incluyendo: nefrólogos, nefrólogos pediatras cirujanos de trasplantes, enfermeros, trabajadores sociales, dietistas, técnicos y pacientes • Ayuda a asegurar que los pacientes de ESRD en Texas reciban cuidados seguros y de calidad • Ayuda con Actividades de Mejoramiento de Calidad
<p style="text-align: center;"><u>Comité Asesor de Pacientes</u> PAC</p> <ul style="list-style-type: none"> • Grupo de voluntarios que incluye a 18 pacientes de ESRD, familiares y cuidadores que representan una diversidad étnica, distribución geográfica y modalidades de tratamiento en Texas • Provee opiniones sobre proyectos de la Red • Diseña, repasa el contenido y aprueba materiales educativos para pacientes • La Red hará publicidad cuando los puestos abran para la PAC 	<p style="text-align: center;"><u>Consejo de la Red</u></p> <ul style="list-style-type: none"> • Se compone de 1-2 miembros de cada una de las 22 áreas geográficas del estado con representación en el Consejo Asesor Regional (RAC) • Se incluyen por lo menos 2 pacientes de diálisis o trasplantes • Provee opiniones sobre proyectos de la Red • Funge como un enlace entre la Red y los proveedores de ESRD • Vota por lo miembros de la BOD