



SERVING RENAL PATIENTS IN ALABAMA, MISSISSIPPI, & TENNESSEE

NETWORK 8, INC.

WINTER 2008

kidney patient

update

Your Rights As Stated in the New Conditions for Coverage

The following article was taken from a "Lunch With the Experts" discussion that was written and facilitated by Roberta Bachelder, MA, the Patient Services Manager for the ESRD Network of New England. The discussion took place at the recent AAKP convention in Washington, D.C. The New Conditions for Coverage went into effect on October 14, 2008. They are the guidelines that CMS requires all dialysis facilities to adhere to.

Patient's Rights are restated in the new CFC. There are twenty (20) explicit rights that a patient has in a Medicare certified dialysis facility. Listed here are seventeen (17), with three (3) others listed in the next section of this document that are specific to a patient's involuntary discharge.

- The right to receive respect and dignity based on his or her needs, psychological status and coping ability.
- The right to be given information in a way that is understandable.
- The right to personal privacy and confidentiality.
- The right to privacy and confidentiality of Medical Records.
- The right to be informed, participate in, refuse, or discontinue all aspects of dialysis care.
- The right to establish an Advance Directive and be advised of the facility policy regard-

In Memoriam

On Monday, November 17, the American Association of Kidney Patients announced the passing of its former Executive Director/CEO Kris Robinson. Ms Robinson died peacefully that morning in her parents Clearwater, Florida home. She led the patient organization for 18 years and worked diligently to improve the lives of all kidney patients. She spoke at Network 8 patient meetings in all three states and at the Network 8 annual professional meeting and was a true friend to our Network organization and to our patients.



Kris Robinson

"Kris' passing is felt by all in the renal community," said AAKP President Roberta Wager, RN, MSN. "Her commitment to AAKP was unsurpassed and her vast contributions will always be remembered. She is missed greatly."

During her time at AAKP, Ms. Robinson was influential in many of its achievements. She represented AAKP before organizations around the world, including appointment to the Health and Human Services Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for ESRD Services, Health and Human Services (HHS) Advisory Committee on Organ Transplantation, and various committees of the Center for Medicare and Medicaid Services (CMS). Ms. Robinson also testified before Congress on healthcare issues, and wrote and spoke frequently on kidney care issues, patient partnership in healthcare and rehabilitation, legislative issues and managed care.

"As AAKP begins to celebrate its 40th anniversary, we are deeply saddened by the passing of Kris Robinson. For nearly half of the organization's history, Kris played an instrumental role as its leader," stated Acting AAKP Executive Director Kim Buettner. "Her devotion to AAKP and kidney patients throughout the country will always

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the doctor is in

Our physician columnist is Paul McGinnis, M.D. Dr. Paul is a three-time kidney transplant recipient and a graduate of the University of Mississippi Medical Center. He is currently employed as Staff Psychiatrist for Region 8 Mental Health/Mental Retardation Commission in Jackson, MS. Dr. Paul will be happy to answer questions related to problems ESRD patients face in simple, everyday language. Please send any questions, comments or topics for discussions to Brenda Dyson, Network 8, P.O. Box 55868, Jackson, MS 39296-5868

QUESTION: My dialysis unit says that if I don't start showing up for every treatment and staying my full four hours that I'm going to have to find another place to dialyze. Can they do that?

ANSWER: As the leader of your medical care team, you have certain rights and responsibilities. What it seems that your dialysis center is pointing out is that you are not meeting your responsibilities to the rest of the team. Non-compliance has been used as a reason for dismissing patients from dialysis centers. One half of the patients dismissed from units in 2002 were said to be non-compliant. Recently the Centers for Medicare and Medicaid Services (CMS) released new conditions for coverage effective October 14, 2008, and non-compliance is no longer a reason for discharge. However, this does not mean you should miss your treatments. You and your dialysis center comprise a team that directs your care. In a team, all of the participants need to have some sort of basic understanding of each other's duties. If you were on a football team and you were Brett Favre and you told your receivers to only run half as fast

as they could after they caught the ball, would you expect them to do it? I don't think so. So when you ask the rest of your dialysis team to only give you half of a treatment, why do you think they are upset? That receiver knows that he's being judged on his performance, yards gained after the catch, how many touchdowns he scores, etc. In the same way, your healthcare team is being judged. Your health as viewed through laboratory evaluation is a measure of how well they are doing their job. They have been trained to do the best that they can and you are asking them to hold back.

Many of the things that we do such as missing dialysis and getting off early don't really affect how we're doing at the time. We don't feel those ill effects, but the rest of the team is able to recognize them. They are trained to prevent long-term complications. Their job is to give us the best care and to keep us healthy in the long run. We need to take advantage of this dedication. Later in life we will wonder why we did not do what they asked when something unforeseen happens. When you cough and break three ribs you will suddenly remember how everybody wanted you to take those phosphate binders. Or when you have to be hospitalized in intensive care with congestive heart failure because you missed two treatments in a row you'll wish you had gone to those treatments.

We do have the right to make choices. These choices need to be reasonable choices. A choice of modalities or a choice of places to dialyze are reasonable choices. We don't have the right to make unreasonable choices. If you go to the doctor for lung cancer and he wants to take out one lung, you can't say just take out one nostril

instead. The doctor and your healthcare team are directed by their professional standards to do only their best for you. You have to help by exercising your responsibility to make your choices from those that you are given. If you can't quite stay on so long, try another shift, try to gain less fluid, talk to the team about why you need to get off and perhaps everyone can come to an understanding.

How well you do on dialysis is up to you. Everyone else will be doing their best to help you win this game. You don't want to fumble the ball.

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be remembered. AAKP and the kidney community have lost a true pioneer and visionary."

AAKP will celebrate Ms. Robinson's life and accomplishments in the January 2009 issue of *aakpRENALIFE*, the organization's premiere publication, which is distributed to 25,000 subscribers nationwide. For more information on Ms. Robinson and to read more about her life, visit the AAKP website at www.aakp.org.

AAKP is the voluntary patient organization, which for nearly 40 years has been dedicated to improving the lives of fellow kidney patients and their families by helping them deal with the physical, emotional and social impact of kidney disease. The programs offered by AAKP inform and inspire patients and their families to better understand their condition, adjust more readily to their circumstances and assume more normal, productive lives in their communities.

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ing Advance Directives.

- The right to be informed about all ESRD treatment modalities: hemodialysis, peritoneal dialysis, and transplant.
- The right to receive a treatment schedule change to accommodate a work schedule.
- The right to be informed about all services available in the dialysis facility and the cost of services not covered by Medicare.
- The right to receive services as ordered in the Patient Plan of Care. The right to be informed of rules regarding conduct, behavior, and responsibilities.
- The right to be informed about the facilities' complaint process. The right to be informed about external complaint processes: ESRD Network and State Survey Agency.
- The right to file a complaint of any type without reprisal or denial of services.

Conducting Patient Assessments.

Patient assessment in the dialysis setting is conducted by the dialysis facilities' interdisciplinary team, comprised of the patient (if preferred), Nephrologist, Nurse, Social Worker and Dietitian. Each patient must have an individualized and comprehensive assessment of his or her needs. The patient assessment must guide and inform the patient's Plan of Care and provides the basis for patient expectations. The role of the Social Worker in contributing to the patient assessment is evaluation of the patient in these areas:

- Psychological needs
- Functional status, abilities, interests, preferences and goals

- Desired level of participation in health care process
- Modality preference (home in-center)
- Expectations of treatment
- Suitability for transplant referral
- Presence of social supports (family, friends)
- Physical activity level
- Preference for vocational or physical rehabilitation referral

The patient's initial assessment must be conducted within a patient's first 30 days, or thirteen (13) dialysis treatments. A comprehensive reassessment must occur within the first three months of a patient's first date of dialysis in the outpatient setting. On a continuing basis stable patients must be reassessed annually and unstable patients must be reassessed monthly. Suggested criteria to identify unstable vs. stable patients is to consider extended or frequent hospitalizations, marked decline in physical / social / nutritional / mental status, and/or poor lab results.

Patient Plan of Care

The dialysis interdisciplinary team must develop and implement a written, individualized, comprehensive Plan of Care that specifies the services necessary to address the patient's needs, as identified by the comprehensive assessment and changes in the patient's condition, and must include measurable and expected outcomes and estimated timetables to achieve these

outcomes. The outcomes specified in the patient Plan of Care must be consistent with current evidence-based, professionally accepted clinical practice standards as follows:

- Application of a standard practice measurement tool to determine a patients' psychological status. (KDQOL-36 is recommended)
- A plan of intervention to assist the patient in achievement of a healthy psychosocial status, if indicated.
- Supported plans to assist the patient in achieving his or her desired treatment modality time defined goals. (home care, in-center, transplant referral, PD, nocturnal, other.)
- Plans or interventions designed to assist the patient in achievement of desired and various rehabilitation time defined goals.
- All members of the dialysis interdisciplinary team, inclusive of the patient, if willing, must sign the Plan of Care.
- Implementation of the Plan of Care must be initiated in the first 30 days, or within 13 dialysis treatments following the patient's admission to the facility. When reassess-

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ment is conducted (monthly for unstable patients and annually for stable patients), the Plan of Care must be adjusted as appropriate within 15 days.

- If time defined goals outlined in the patient's Plan of Care are not achieved within the specified time frame, adjustment to the Plan of Care must be done, or documentation as to why the goal is not attainable must be filed.
- If a patient's Plan of Care includes desire for transplant referral, tracking and follow up with the transplant center must be documented. The social worker must monitor the status of patients on the transplant waiting list and communicate with the transplant center any changes in status.
- The Plan of Care must include patient and family, if available and willing, dialysis education components.

Poetry Corner

This poem was written by dialysis patient, Carol Cox

Trust

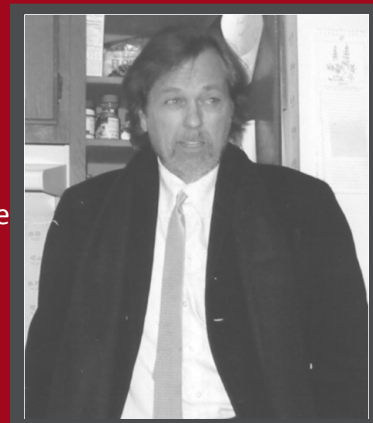
Christian man, how shall your praise be?
In pressing times, will you give in unto the enemy?
Or will your praises ring out loud enough
to make the devil mad?
Consider this, trust is not praising the Lord
when times are good,
but praising Him just the same,
when they have gone from good to bad.
Examine yourself and let me know,
will you trust Him even in situations,
where your position has sunken to the lowest of the low?
See trust is saying thank you Jesus,
regardless of troubles every day.
It is holding fast to God's word,
no matter what storms come your way.
So do you trust Him, the way that a Christian should?
If you don't, think over your life,
your trials, your tribulations,
to you wasn't He good?
For this reason to you I say,
learn to trust the Lord,
and upon Him solely depend,
when your storms come,
don't get discouraged and upset,
instead, thank God, and to heaven, your praises you send.
Just be patient, wait for God, and continue to forward press.
He will solve all your problems,
and answer every call of distress.

*Ps. 37:5 Commit thy way unto the Lord; trust also in him;
and he shall bring it to pass.*

20 YEAR CLUB

My name is David L. Weatherford. I am a child psychologist living in Nashville, TN. I receive my dialysis treatments at the Fresenius Medical Center of West Nashville. I do not refer to myself as a dialysis patient; however, dialysis is part of my healthcare program, but not part of my identity. I am defined by who I am what I do, how I live, how I relate to others, and what I am in this world; not by a healthcare modality.

I have been on dialysis for 26 years. It would be disingenuous of me to say it has not been hard. It has been very challenging physically, psychologically, emotionally, and even socially (I've missed a lot of social gatherings, parties, celebratory events, and holiday festivities that occurred on my dialysis days). As the years have gone by, new challenges have cropped up including heart disease, thyroid cancer, hepatitis, bone disease, amyloidosis, and 5 shunts as well. With each new problem comes a new doctor added to the David Weatherford healthcare team. I must be very "special" because I've got a whole lot of specialists to keep me going! But thank God for all of them. I'm especially grateful for the dialysis caregivers who make that arduous time tethered to the machine both effective and tolerable. We have a great clinic and a super staff and that is a blessing indeed. Besides, it's important to trust anyone who is legally allowed to poke you with sharp objects! *David L. Weatherford*



Now, while I say that my life is hard, I do not mean to suggest it is not a good life, for it is. In fact, I truly love and appreciate every day. That is true in part because I don't simply roll out of bed each morning and live another day. For me to have tomorrow, I've had to endure over 3,700 dialysis treatments, manage a complicated diet through 25,000 meals, sacrifice countless beverages I wanted to drink, religiously take a boatload of medications, keep hundreds of doctor appointments, tolerate more medical procedures than I can remember, and generally follow a rigid protocol of self care on a daily basis. And **that** is why I have a tomorrow. So I figure I earned the day and I'm dangd sure going to enjoy it. As for those doctor appointments, golly, I'd love to have all

the time back that I spent waiting on them. You know “the doctor will be with you in a minute” is nurse speak for “sit tight, it’s going to be awhile.” Recapturing all that time alone would add a year to my life!

Writing has been my best coping strategy through all the strain and stress over the years. I first started writing as a way to fight the boredom of 4 hours tied to a machine for my thrice-weekly dose of artificial kidney function. Over time, the writing became an introspective process that allowed me to vent my fears, losses, and discouragement. This catharsis became especially helpful when I began writing to form my ideas about how to find hope where there is darkness, joy where there is hardship, and blessings where there is loss. By now my writing has become for me a way to crystallize my own guidelines for how to live a good life in a hard world. One of the nicest things to come out of all this for me personally is that I have developed a website of my writings (www.davidlweatherford.com) which has led me to hear from hundreds of people around the world. They have shared with me their own hardships and struggles and, more importantly, beautiful stories of overcoming these obstacles. It seems if you are fortunate enough to survive something really crappy for a long enough time, people, rightly or wrongly, will praise your endurance, and even speak of being inspired by how you have walked your long journey. Now I don’t know if I’m deserving of this or not, and it sometimes embarrasses me (but please don’t stop!), but it does help me make some sense of my suffering and view it as something other than a meaningless burden.

If you climb enough hills and even a few mountains, you also learn a little bit about how to endure and persevere. My personal philosophy of how to cope with adversity is mindful of a report card (albeit a rather unlikely one) because it is based on 3 A’s and 3 F’s. The 3 A’s are Acknowledge, Accept, and Accommodate. We must first *acknowledge* the problem (e.g., my kidneys have failed and life is going to be very different), then *accept* all the implications of the problem and let go of denial (e.g., I have to comply with the regimen if I want to live a full, active life; or as some folks like to say nowadays, “it is what it is”), and finally, learn how to *accommodate* these demands in our lives in a way that makes them tolerable (e.g., my 4 hours of dialysis can be a time for my writing). Now my reliance of the 3 F’s, on the other hand, needs no explanation in that I lean heavily on Friends, Family, and Faith for support and strength.

It is my personal belief that the people with the most contentment in this life are those who can create joy and find meaning in whatever circumstances they find themselves. How we do this and our capacity for doing it varies across all persons, but the common factor I believe is a flexible attitude

and a positive spirit. I’ve learned that my own ability to make the most of each day is not determined by the state of health, but by my state of mind. I certainly never envisioned that my life would be like this. But I believe that this is part of God’s purpose for me, and His purpose certainly outranks my plans!

Finally, I’d like to make a more clinical point. My newest affliction as a patient receiving dialysis is that of amyloidosis. Dialysis-related amyloidosis occurs secondarily to the deposition of beta-2 micro globulin in various parts of the body because it is not completely filtered through conventional dialysis procedures. Its symptomatic effects are most commonly seen in those of us who have been on dialysis for many years. For me, the most obvious impact has been on my wrists and hands, resulting in carpal tunnel symptoms that are no longer relieved by surgery, and substantial stiffness of the fingers. Having consulted with over a half dozen physicians, I’ve learned that not a great deal is understood about this process, its prevention, or its treatment (other than transplantation). I am curious to know if any readers have dealt with this problem (members of the 20-year club would be most likely), and if you have learned anything useful about overcoming the effects of amyloidosis. If so, would you kindly e-mail me at dwwford777@aol.com or send me a letter at my dialysis clinic at 242 Orlando Dr. in Nashville, TN 37209.

In closing, I would like to commend and congratulate my fellow members of the 20-year club. You have no doubt traveled uphill for much of your lives, overcoming a very complex and unique set of challenges and obstacles that very few outside of our small group can fully appreciate. I applaud your compliance, courage, and commitment. Regardless of your current physical status, whether strong or maybe weakened like myself, remember that your contributions to friends, family and the community are perhaps manifested most significantly in your examples of endurance, inner strength, and grace in the face of adversity.

Innovative Options in Living Donor Transplants

By: Shar Carlyle, M.A. Kidney Community Educator

Recently several patients have called the Network 8 office asking about MatchingDonors.com. They had either received information about the service in the mail or found the website on line. They asked me if the service was legitimate or if it was a scam. In questioning others in the renal community about this service, I learned that Shar had found her altruistic donor through this service and asked that she write about her experience. She very kindly submitted the following article:

If you've been successful in receiving a solid organ transplant, I offer my heartiest congratulations. However, the call "We have a kidney for you" may never come for over 100,000 (*Source UNOS Web site, November 10, 2008) patients waiting on the UNOS list. Perhaps you know someone who became so physically compromised while on dialysis that they were no longer able to undergo and withstand transplant surgery. Or you may know someone (or be someone) who is well enough to undergo surgery, but no match has surfaced.

Forward thinkers from the medical and high tech community have been seeking innovative solutions to this nationwide problem. Two such



Shar and Sally

innovations in transplantation are gaining acceptance: The first is paired donation which we will discuss in a future column, and the second is directed altruistic living donations. Directed altruistic living donation is when an individual donates one of their organs to a person of their own choosing whom they may or may not have known previously. What is truly remarkable is that people are stepping up to become directed altruistic living donors who are from completely different backgrounds! For example, in March of 2005, I received a kidney from Sally Kennerson, an altruistic living donor from Colorado. ***It is funny, (and rather hard to admit) I had always thought that a person who donated a kidney might think, act, or look like me. Was I ever wrong!***

For those folks who think that people will only donate to someone "like themselves", you can pretty much discard that paradigm. Sally and I are not from the same part of the country, we do not hold the same religious beliefs, we don't share the same political affiliation,

we're not the same age, not the same ethnicity. Even our personality traits are different – I am an introspective homebody who works in health education, teaches arts to children, and loves long wordy letters, whereas Sally is adventurous, outdoorsy, action oriented who likes to get right to the point.

Yet there were some factors that brought us together: Sally knew the importance of having healthy kidneys, due to her grown son's kidney problems when he was an infant. Sally decided that she wanted to give her kidney to someone who was health conscious and would take good care of it. I made a vow that if I made it to transplant, I would create a better future for other kidney patients by advocating for, and embracing innovations that increase options for renal patients. That is why I serve as a Kidney Community Educator for CAM in Marin County, and why I also serve as West Coast Regional Coordinator for MatchingDonors.com. So if you or someone you love wants information about these options, please email me: shar7@mac.com or you may sign up directly with my discount coupon code: 302527. For more information link to www.MatchingDonors.com302527.html. May your transplant journey be a successful one.

Every RIGHT has an equal RESPONSIBILITY

In the last issue of Network 8's *Kidney Patient Update* we began a new series looking at patient's rights and responsibilities. These rights are

spelled out in another article in this newsletter about the new Conditions for Coverage, which are guidelines that dialysis facilities have to follow. But, as we look at our rights we also need to take a minute to look at the responsibilities that go along with these rights.

Network 8's Patient Advisory Committee has been working to empower patients to become an active part of their healthcare team. To do this in a positive, productive way we have to pay equal attention to our

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It's Not All in Your Head

Living with Chronic Kidney Disease (CKD) touches nearly every aspect of a person's life. Unfortunately, this fact may place you at greater risk of suffering from depression. Depression is very common, affecting nearly one in ten adults in America each year (American Psychiatric Association, 2005). For those on dialysis, the rates soar to between 20-30% (Cukor et al., 2006).

Depression is serious. If left untreated, it can affect not only how you feel, but also your physical health that can be fatal. Fortunately, depression is considered to be very treatable.

What Causes Depression

Depression is not a sign of personal weakness. There are a number of factors that may lead to depression such as: medical trauma or other traumatic life event; chronic stress; certain medication; changes in lifestyle; chemical imbalances in the brain; and continuous exposure to violence, neglect, abuse, or poverty.

Treatment and Prevention

As with many illnesses, patients can do things to prevent and treat depression.

Take control - Learn about your kidney disease and treatment. It is easier to cope with something if you understand it and feel more in control.

Balance your thoughts - Thoughts and statements to yourself can influence your mood and physical health. Watch out for negative statements, such as "I never feel good." They will put you at higher risk of having depression and may negatively affect your health. Instead, use statements to purposely improve your mood and health, such as "I do have good days." You may

want to make a list of positive statements and post them somewhere you can see them. It may even help to repeat them out loud. This exercise may seem silly at first, but it has been shown to help.

Keep working or consider volunteering - It has been found that dialysis patients who work or volunteer feel better and have fewer problems with depression.

Consider your treatment options - Does your current treatment fit your life and needs? Would doing home dialysis work better for you?

Avoid drugs and alcohol - While you may feel better initially, drug and alcohol use will ultimately make you feel worse.

Exercise - Physical activity releases natural chemicals into your body that improve energy and mood.

Accept the support of family and friends - Let your friends and family support you. Many people hide their coping problems and depression out of shame. If you ask for support, you will likely receive it. Make specific requests so others know what you need from them. Example: "I have been staying in bed every morning; can we meet on Friday mornings for coffee so that I have a reason to get out of bed?"

Take time for yourself - People often get very busy with appointments and treatments. It is important for you to find time to do the things you enjoy. This will give you the necessary energy and strength to cope with your kidney disease.

Counseling - Coping with a chronic medical problem is very difficult.

You live with it every day and it impacts you in many ways. Counselors may be able to offer support by helping you find new ways of coping. There are many different kinds of counselors. Talk with your doctor and/or social worker if you need a referral.

Medications - Antidepressants help restore the natural balance of chemicals (called neurotransmitters) in the brain. These chemicals affect a person's mood. Antidepressants are not addictive or habit-forming and they do not provide a "high." Contrary to popular belief, antidepressants will not change your personality. People usually start to feel better in 2 to 6 weeks. Side effects from antidepressants are usually mild, but care should be taken when starting any new medication. You should ask your doctor what to expect and what to do if you should experience any side effects.

Ask to speak with your social worker - Your social worker will help you figure out if it is depression you are experiencing and may suggest something you have not yet thought of.

Tell your doctor your symptoms - Your doctor will want to rule out other medical problems and may refer you to another specialist or recommend medication.

How Depression and Sadness Are Different

Sadness and depression are not the same. It is normal to feel sadness or grief when coping with a serious loss or stressful event. With depression, these feelings may last for months or even years.

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Sad Mood

- I feel down today but hope things get better
- I don't feel like anything matters today
- I feel tired
- I sometimes think about my situation and feel sad
- I sometimes cry

Depression

- I feel down most days and feel things will never get better
- I feel worthless, like I'm no good to anyone
- I have no real emotions, like I'm numb
- I can't imagine caring about anything else again
- I feel angry all the time
- I cannot stop thinking about my situation
- I don't care if I feel tired or not, I just want to stay in bed all day and pass the time
- I can't concentrate or remember

It is sometimes difficult to know if you have depression. Some of the symptoms of depression can actually be a sign of other medical problems. For this reason, it is important to have a discussion with your doctor and care team if you feel depressed.

Related Web Resources

National Institutes of Health
www.nimh.nih.gov

Healthy Minds (A.P.A.)
www.healthyminds.org/letstalkfacts.cfm

Medicare Mental Health Benefits
www.medicare.gov/Publications/Pubs/pdf/10184.pdf

American Psychiatric Association. (2005). Let's Talk Facts About Depression America. Retrieved from <http://www.healthyminds.org/factsheets/LTF-Depression.pdf>

Cukor, D., Peterson, R.A., Cohen, S.D., & Kimmel, P.L. (2006). Depression in end-stage renal disease hemodialysis patients. *Nat Clin Pract Nephrol*, 2: 678-687.



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responsibilities as a member of that team. Each issue of this newsletter will continue to highlight both the rights and responsibilities of kidney patients.

RIGHT: I have the right to make mistakes.

RESPONSIBILITY: I have the responsibility to know that others will make mistakes also, and that I should extend to them the same forgiveness that I might ask for myself.

RIGHT: I have the right to ask for help or emotional support.

RESPONSIBILITY: I have the responsibility to verbalize my needs and to express my gratitude for any assistance which I may receive.

RIGHT: I have the right to be angry about this illness.

RESPONSIBILITY: I have the responsibility to understand the nature and cause of the anger.

Recipe Corner

Quick Chili

Ingredients:

- 1- 1/2 pounds of lean ground beef
- 1-1/4 cups or 1 medium onion chopped
- 3 cloves garlic, crushed and chopped
- 1 teaspoon cumin
- 1 teaspoon chili powder or to taste
- 1 teaspoon Kitchen Bouquet
- 1 cup homemade beefstock or reduced sodium beef stock
- 1-1/2 cups (14 ounce can) salt-free tomatoes
- 1-1/2 cups hominy, drained and rinsed

Preparation:

1. Brown beef in dutch oven
2. Add onion and garlic. Saute until onion is transparent.
3. Add remaining ingredients and simmer for 30-45 minutes.
4. Serve with warm bread or crackers

Recipe note: Per serving - calories 274, protein 26g, carbohydrates 11g, fat 14g, cholesterol 77mg, sodium 202mg, potassium 549 mg, phosphorus 250 mg, calcium 56mg, fiber 2.3mg.
Recipe obtained from davita.com

DIALYSIS FACILITY COMPARE

To locate a facility or to compare your facility to another unit go to: www.medicare.gov/dialysis/home.asp

KIDNEY PATIENT UPDATE

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Natasha Avery and Brenda Dyson, co-Editors

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is available to answer any technical or treatment related questions that you may have. You can call our toll-free phone number (for patients only) or email us at : info@nw8.esrd.net