



kidney patient

SERVING RENAL PATIENTS IN ALABAMA, MISSISSIPPI, & TENNESSEE

update

New Patient Service Coordinator

My name is NaTasha Avery, and I am thrilled to be the new patient services coordinator for Network 8, Inc. I will be assisting you all with any grievances or concerns you may have with your dialysis treatments and units. Needless to say, my first week of work was chaotic as I focused on assisting with the annual Mississippi patient meeting, which was held August 17, 2008, in partnership with Mississippi Kidney Foundation (MKF) and Mississippi Organ Recovery Agency (MORA). I was extremely appreciative to be a part of the patient meeting and enjoyed the entire day filled with excellent information for patients and their caretakers. Also, I was delighted to learn this was the largest attendance in Mississippi history!

The first session of the morning was with Dr. Alan Hawxby, who provided excellent information on "New Issues and Controversies in Transplantation" as well as answered numerous questions from patients. This was followed by information from Kevin Stump, CEO Mississippi Organ Recovery Agency (MORA) on "How the Transplant Wait List Works". The day continued with excellent educational sessions and motivational speakers who provided a wealth of knowledge for first time chronic kidney patients and extended the knowledge of current kidney patients. Patients and family members offered comments on their thoughts regarding the meeting and they stated

"I'm not a patient but my wife is and I learn more ways to take care of her. She has been on dialysis for 14 years and I have more knowledge after these meetings."

"This is my mother's first year on dialysis and I'm glad we came, this was really helpful."

"Very informative"

"The topics for this meeting were very good"

"Very beneficial for patients and caretakers"

"Everything was great"

Additionally, Claire Tyler, LMSW with DSI added, "This year's meeting in my opinion was the best yet, you all did a great job."

...see **Coordinator** page 2



NaTasha Avery, New Network 8 PSC with Mississippi Social workers Claire Tyler, Anita Dottes, Lee Parrott and Melissa Phillips.

Important Medicare Part D Dates for 2008-2009

- **October 1, 2008:** Medicare Part D Prescription Drug plan Marketing Activities can begin- At this time you will again gather information and evaluate the various Part D plan alternatives.
- Please note, no enrollments may be accepted before November 15, 2008
- **November 15 to December 31, 2008:** Annual Coordinated Election Period- Here is your chance to join a Medicare Part D plan for 2009 if you already have a Medicare Part D plan, this is your time to look back over 2008 and make another decision for your 2009 coverage. Should you stay with your existing coverage or make a change? Here is your opportunity to decide. If you make no decision, you will remain in the same plan as you elected in 2008. There is no enrollment required to renew your present coverage. Don't forget the previous years people who waited until the end of December also waited into January for the arrival of their Welcome Information. Bottom Line: Don't wait until the end of December to make your enrollment decision (If you do not enroll during this period, your next chance for coverage is January 2010.)
- **January 1, 2009:** Your 2009 Medicare Part D plan becomes effective and you will be able to begin using your Part D benefits.
- **January 1 to March 31 2009:** Coordinating Special Enrollment Period (or SEP)- This special period is available for those people who enrolled into a Medicare Advantage Plan with Prescription Drug coverage(MA-PDs) and now wishes to disenroll back to original Medicare coverage and a Prescription Drug Plan. As noted by CMS: "PDP's must accept enrollments for individual enrolled in a MA-PD plan and who choose to elect Original Medicare during the MA OEP that occurs from January 1, 2009 through March 31, 2009. Since MA rules require these individuals to maintain prescription drug coverage, they MUST enroll in a PDP to accompany original Medicare. This SEP allows MA-PD enrollees to enroll in a PDP and is limited to 1 enrollment"

This information was obtained from www.medicarepartd.com

the doctor is in

Our physician columnist is Dr. Paul McGinnis. 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 the Region 8 Mental Health/Mental Retardation Commission in Jackson, MS. Dr. Paul will be happy to answer questions related to problems CKD patients face in simple, everyday language. Please send any questions to Brenda Dyson, P.O. Box 321475, Flowood, MS 39232

QUESTION: I've been a patient for about a year now and I've basically been sitting around letting everybody tell me what to do and I'm tired of everybody telling me what to do. And they don't listen to me when I ask for things. How do I get them to do what I want?

ANSWER: Gee, what a loaded question! As many of you know I'm a psychiatrist and I deal with patients everyday. And I have seen many ways in which patients make their needs known. In my position as one of the leaders of the healthcare team I often find certain ways of requesting something by a patient tend to get more results. We talk about empowering patients. I firmly believe that patients should take an active part in their treatment. The healthcare staff cannot go home with you and make you exercise, take your medicine or stay on your diet. Only you the patient can do these things, therefore your being on board with the plan is probably the most important part of your successful treatment. Therefore, your needs and desires have to be addressed or as I've found, most patients simply won't cooperate. We need each other to provide successful treatment. It's hard to tell who is the most important person on the healthcare team. I think in reality it operates more like the government is supposed to with a system of checks and balances. This means no one part is more important than the others, but there has to be a consensus in order to get things done. If the president wants to do something, he can't make it happen unless Congress approves it and give him the money to do it. If Congress wants to

do something, they can vote to do it and they can provide the money, but if the President vetos it, it won't be done.

In the healthcare team things work in a similar fashion. The doctor or the nurse can have things that they want done, they can schedule the dialysis, they can bring in the dietitian, but if you veto it, it won't get done. At the same time, if you want something changed, you must have the agreement of the doctor or whoever is in charge of that particular part of your care such as the dialysis schedule or the medicine your taking, who stick you, etc., in order to get it done. Without good communication, agreement among the many members of your healthcare team and yourself will be impossible. People are human and you need to approach them in a manner that they can easily listen to you. Being afraid to speak up, not saying anything, being afraid to question what is going on or to ask for what you want is not good communication. The healthcare team will put their own wants, the usual routine, and what they're comfortable doing ahead of what you want. This will lead to you being disappointed, sad and often times angry with how your care is delivered. In the same way, being loud, demanding or acting like a know-it-all can lead to poor communication also. The healthcare team, after all, is only human. And they are more willing to people who are treating them in the manner in which you would like to be treated. The healthcare team are supposed to be professionals and put their personal feelings aside. They can do this most of the time, but no one is perfect. I find myself having to think about why I am making decisions and making allowances for the personal feelings that certain patients create in me. Not everyone is capable of doing that. And no one is capable of doing it all of the time.

How empowered and forceful you are in your communication needs to be in the middle. Like in many things in life, moderation is what is required. Don't be a mouse and not speak up nor a lion that threatens to bite everyone and you will find your words listened to and accepted which is what we need to have a functioning healthcare team.

Coordinator from page 1

We would like to encourage those of you who did not attend this year's meeting to make plans to attend the next meeting and those of you who did attend we look forward to seeing you next year! Also, Alabama and Tennessee patients you are in luck because you have not missed your annual meeting and I would encourage you to attend and take advantage of the information!

Tennessee - September 14, 2008 in Memphis at the Marriott Memphis East

Alabama - October 5, 2008 in Birmingham at the Bruno Center at St. Vincent's Hospital in partnership with the Alabama Kidney Foundation

Alabama - November 2, 2008 in Huntsville (Site to be Determined) in partnership with the Alabama Kidney Foundation

Every RIGHT has an equal RESPONSIBILITY

Network 8's Patient Advisory Committee has been working to empower our patients to become an active part of their healthcare team. Being an active member of that team means that patients should speak up and let their healthcare providers know about questions or concerns that they have. It does not mean that they should make themselves the center of the universe and expect everyone to "jump to attention" when they speak. Each issue of Network 8's *Kidney Patient Update* will highlight two or three rights and responsibilities of kidney patients.

RIGHT: I have the right to protest inappropriate treatment or hostile feedback.

RESPONSIBILITY: I have the responsibility to protest in the right manner, to the right person and for the right reason.

RIGHT: I have the right to dislike a person

RESPONSIBILITY: I have the responsibility to refrain from acting on those feelings of dislike.

RIGHT: I have the right to be seen as more than "just another patient".

RESPONSIBILITY: I have the responsibility to see the dialysis staff as individuals and not just another nurse or technician.

Stay tuned for more Rights and Responsibilities in the next issue of the newsletter!!

GET READY! How to prepare for emergencies and disasters: Helpful hints for people living with end stage renal disease

➤ If You Have to Evacuate

Call your local disaster agency to find out if you are in an evacuation zone. Where would you go if you were told to evacuate? How would you get there?

➤ Communication

Who do you call in case of an emergency? Does your care team know multiple ways to contact you? What if telephones do not work because of the disaster?

➤ Care Information

The AAKP My Health (www.aakp.org) can help you track doctor visits, names of your specialists and nurses, medications, lab tests and more. Keep additional copies of the information in your disaster kit.

➤ Back-Up Care Location

Ask your dialysis or transplant facility where you will receive care if your regular location is unavailable. You can access www.medicare.gov/dialysis or www.dialysisunits.com to find dialysis facilities near you.

➤ Food and Water

Keep enough for at least five days. Remember the “disaster diet” and any special dietary needs. Have enough clean, fresh drinking water for drinking and sanitation.

➤ Supplies

For your disaster kit, have a weather radio, flashlight, batteries, tools, maps, cash, etc. Keep your supplies together in a box. You can keep a smaller kit in your car.

➤ Care Items

Blankets, pillows, clothing, shoes, games and books, and items to make you feel comfortable, especially if you have to evacuate.

➤ First Aid Kit & Medications

Some items you can keep in your disaster supply kit are: at least 5-7 days supply of your prescription medicines, a first aid kit and other medical supplies.

➤ Important Documents

Assemble your insurance papers and cards, personal identification, important papers and keep them in a waterproof container or large plastic bag.

➤ Where To Find More Information

www.medicare.gov/dialysis
www.kcercoalition.com
www.kidney.org/help

888-33-KIDNEY

Information provided by the Kidney Community Emergency Response Coalition (KCER)

WEATHER TERMS YOU SHOULD KNOW

It is important to keep up with weather reports, especially during hurricane season. But what do all the watches and warnings mean to you? Here are some common weather terms you might hear:

Flood Watch and Flash Flood Watch: There is a high flow or overflow of water from a river or lake, or heavy rain runoff into a low-lying area expected within six hours. This means you should continue to listen to weather and news reports, especially if you live close to a body of water. Stay prepared in case the situation worsens.

Flood Warning or Flash Flood Warning: Flooding conditions are happening right now. Listen to news reports and evacuate if told to do so. Remember to take supplies, your medicines and your pets.

Do not walk through moving water. Six inches of moving water can make you fall. Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be quickly swept away.

Tornado Watch: weather conditions are favorable for tornadoes. They may strike quickly, with little or no warning. You should continue to listen to the weather radio if you live in the tornado watch area.

Tornado Warnings: A tornado has actually been sighted and is occurring in the warning area. If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

Go to a pre-designated shelter area such as a safe room. Go to the center of an interior room on the lower level (closet, interior hallway) away from corners, windows, doors and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.

Tropical Storm Watch: Tropical storm conditions with sustained winds from 39 to 73 miles per hour are possible in the watch area within the next 36 hours.

Tropical Storm Warnings: Tropical storm conditions are expected in the warning area within the next 24 hours. Tropical storm-force winds are dangerous to those caught in them.

Hurricane Watch: Hurricane conditions (sustained winds greater than 73 mph) are possible in the watch area within 36 hours. Listen to the radio of TV for information. Gather your disaster supply kits and contact your family, friends, and care team. Bring your pets indoors and have your pet supply kit ready.

Stay indoors during the hurricane and away from windows and glass doors. Close all interior doors-secure and brace external doors. Keep curtains and blinds closed. Do not be fooled if there is a lull; it could be the eye of the storm; winds will pick up again.

Hurricane Warning: A hurricane warning is issued when a hurricane with sustained winds of 74 miles per hour or higher is expected in a specified coastal area in 24 hours or less. A hurricane warning can remain in effect when dangerously high water or a combination of dangerously high water and exceptionally high waves continues, even though the winds may have subsided below hurricane intensity.

If you do not have to evacuate, then go to a “safe room” of your home. A safe room is an interior room that has no windows. This can be a closet, bathroom, or hallway on the lowest level of your home. Lie on the floor under a table or another sturdy object.

Always evacuate if you are told to do so. Listen to a battery-powered radio and follow local evacuation instructions. Keep a full tank of gas in your car if an evacuation seems likely. Remember to take your disaster kit, special supplies and medicines. Let others know where you are going.

Make transportation arrangements with friends or your local government if you do not own a car. Wear sturdy shoes and clothing that provides some protection, such as long pants, long-sleeved shirts and a cap.

Follow recommended evacuation routes. Do not take shortcuts; they may be blocked. Be alert for washed-out roads and bridges. Do not drive into flooded areas. Stay away from downed power lines.

Patient Spotlight at RCG Clarksdale, MS

Mandell Wiley, Patient Advocate



Mandell Wiley

My name is Mandell Wiley. I am a 32-year-old male. I have a family history of hypertension, and in January 2005, I had my first treatment. I never knew the significance of having your yearly check-ups, getting exercise, eating right could have on your overall health. I was living a normal life. I went to work everyday and provided for my family. I started feeling bad and I thought that I had the flu, but my feet began to swell for weeks at a time, so I decided to go to the doctor. The doctor performed all kinds of test, later I was diagnosed with secondary-hypertension and end stage renal disease. Having kidney failure is a big transition in itself. I have had to change my lifestyle including the way I look at life; treatment options; nutrition; and medications. I advise everyone to get your blood pressure checked regularly to help prevent kidney failure. I am so thankful to God for the technology that enables me to live another day and to perform the tasks of everyday life. I am also thankful to my family, friends, doctors, nurses, techs, and dieticians who are there to support me and answer any questions that I may have. I continue to try to be as compliant as possible. I will hopefully one day be the recipient of a donor kidney, but until then I will continue to follow my strict diet and take my medications as directed.

20 YEAR CLUB

The 20 Year Club is a continuing feature of Network 8's Kidney Patient Update. This feature highlights Network 8 patients who have survived End Stage Renal Disease for 20 years or more. If you or someone else at your facility has been on dialysis, had a transplant or a combination of both for 20 years of more, please let us know. Contact Brenda Dyson at Network 8 at (877) 936-9260 or fax the information to (601) 932-4446. This information can also be mailed to: Network 8, Inc., P.O. Box 321475, Flowood, MS 39232.

SHIRLEY WHITAKER

My name is Shirley Whitaker and I live Shelbyville, TN. I began dialysis in 1983. The first treatments were hemodialysis, which were done 50 miles away in Nashville because we didn't have a clinic in our town. I soon went on peritoneal dialysis. Back then you had to wear all the tubing and empty bag under the clothing. I was so thankful when they invented the system which didn't have to be worn all of the time.

My children were ages 5 and 10 when I became sick. I prayed that God would let me live to see them grow up. My husband took good care of me and I knew that he would take care of our children also, but I wanted to be here for them too.

I stayed on peritoneal for 8 years and I began praying for a transplant in 1990. My gallbladder had to be removed before a transplant would be an option. In April

of 1991, I received my transplant. God blessed me with allowing me to see both our children graduate and later get married. We now have a fine son-in-law and daughter-in-law plus 5 fine grandchildren.

My body has been through many things in the last 25 years. I could never of made it through without faith in God. He has always helped me through all the events in my life.



Shirley Whitaker

God gave me a caring family and many friends who have prayed for me and helped me in many ways. My transplant lasted 16 years and unfortunately, I had to return to dialysis in 2007. I am again praying for a transplant. I was 35 years old when I began my dialysis treatment and "Lord Willing" I will be 60 years old this year.

The best advice I could give anyone facing dialysis is to trust God everyday..... the good days and the bad days. Also, try not to feel sorry for yourself because there is always someone worse off than you are.

Charles Davis: Painter, Printmaker, Educator



Charles Davis

I am an African American painter and teacher of art at the college level. I live in Clarksdale, MS and teach at Mississippi Valley State University in Itta Bena. Although, I have been a painter for almost thirty years, I have taught a variety of art subjects including Freshman Design and Color fundamentals, Art Appreciation in African American Art. I am especially interested in working on community based mural projects with residents of small towns and inner city neighborhoods. My concern for working on community based mural projects grows out of my concern for working with efforts to make a positive impact upon the lives of black youth by providing them with constructive alternatives to the destructiveness of gangs and drug culture. I currently tour the Mississippi Delta conducting workshops on "Your Passport to the Future". I am interested in communicating with anyone who shares my concerns and may be working toward similar goals. I am planning to retire soon from teaching and seeking new mountains to climb and new ways of fulfilling my mission as an artist, educator, and concerned citizen to the world.

POETRY CORNER



Earnestine Harris

LIFE IS HARD BUT IT'S FAIR!

Life is hard but it's fair
 It seems sometimes I've been tossed a
 left curve instead of a right.
 Who am I to say God is not using me as
 an example for this fight.
 Who am I to say what I deserve
 Who am I to say it should be you and
 not me
 Who am I to question God and say this
 is not how it is suppose to be.
 Things for me could be a lot worse- I
 could not be able to walk, talk,
 bedridden or such.
 Lord I hope I am not getting the big
 head saying this much- I can walk and
 talk,
 Sometimes sick, sometimes weak, but I
 am still blessed to get up. So I'm sure
 if you
 Would find the time to count your
 blessing you will find that you are
 blessed.
 So sit down and count your blessing;
 stop complaining and forget the rest.

These 20-year club members were submitted by their social worker Claire Tyler!

TOMMY CLARK



Tommy Clark was working in California and living with his sister when his kidneys failed at the age of 19. He returned to Mississippi, and on August 10, 1988, he started peritoneal dialysis at UMC. He shortly changed to –and he stayed on- hemodialysis ever since. Tommy is now 42 and has been on dialysis 20 years. Tommy is proud that he quickly learned to self-cannulate and set up his dialysis machines (there has been many in his history!), and states that this allowed a level of independence that was important to him. Tommy says that his best encourager and supporter

was his mother (he called her his "Jet"), and admits that he should have listened to her advice much more than he did in his early years. "I went through every phase of emotions there is before I finally changed my ways and started taking better care of myself. I had to go deep inside myself to know that I had to change to stay alive." Tommy has dialyzed at UMC, Kidney Care Jackson North, Mendenhall, Philadelphia, Newton, and currently is a patient in the Brandon DSI clinic.

BOBBY THORNTON



Bobby Thornton is currently a hemodialysis patient at the DSI Brandon, MS clinic. He has been on dialysis since October 1986, and has quite a history of experiences! Bobby was first on CAPD (under Dr. Jack Rubin at UMC), which lasted for about 13 months. He then went through home hemodialysis training at Kidney Care, Inc., with Dr. John Bower. Bobby dialyzed at home for 15 _ years with his faithful wife Mae as his helper. Especially awesome is the fact that Bobby's first fistula lasted 10 years without ever clotting! (His second fistula is still running strong-12 years and has not clotted yet!) Bobby has been an in center patient

since 2002, and he continues to self-cannulate! Through all these years, Bobby has been active with family activities, working around the house and yard, hunting, and fishing. He has and still does take very good care of himself. Bobby drives himself from Morton three times a week. Congratulations, Bobby, on your upcoming 22nd anniversary in October 2008!

Immunization Facts for Individuals on Dialysis: Flu & Pneumonia

INFLUENZA

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death.

Facts:

- 5-20% of the United States population gets the flu. It can be spread by direct, indirect or droplet contact
- Approximately 36,000 people die from the flu yearly as the virus can easily be spread from person to person via coughing, sneezing and contact with dirty surfaces or objects
- The flu virus changes year to year, so it is advisable for the elderly and those individuals with chronic medical problems to have the flu shot yearly.
- The flu shot cannot give an individual the flu; one may have flu like symptoms for the first 24 hours after getting the shot.

Recommendation:

- The simplest and oldest method of avoiding the spread of infection is frequent, proper hand washing
- Cover your nose and mouth with a tissue when you cough or sneeze—throw the tissue away after you use it.
- Take the flu vaccine yearly, best taken early in the fall as it takes about 2 weeks after the shot for an individual to develop antibodies against the virus. In the mean time he/she is at risk for getting the flu. October to December is the best time of year to get the flu shot.
- Healthcare worker should get vaccinated each year and stay at home from work if ill.

PNEUMONIA

Pneumonia is an inflammation or infection of the lungs most commonly caused by a

bacteria or virus. Pneumonia is transmitted in the air by coughing, sneezing or talking.

Facts:

- Pneumonia is VERY serious. It is the fifth leading cause of death in adults each year. It is estimated that 50,000 people die each year of pneumonia- 50 percent of those deaths could have been prevented with a pneumonia vaccine injection.
- The most common symptoms of pneumonia are: Abrupt onset of fever, shaking chills, productive cough, pleuritic chest pain, shortness of breath and rapid heart rate.
- If left untreated pneumonia can advance to severe respiratory distress and can be a life-threatening infection.
- The pneumonia vaccine is safe and effective in preventing illness and death due to pneumococcal disease. You cannot get pneumonia from the vaccine.

Recommendations:

- People aged 65 or older and those with chronic illness such as diabetes, cardiovascular disease. Those individuals with compromised immune systems (i.e. Hodgkin's disease, kidney failure, cancers, treatment with long-term steroids and bone marrow or organ transplant).
- One-shot of the pneumonia vaccine gives protection for about 5 years from 23 different types of the strep pneumonia bacteria.
- Washing your hands frequently. Don't smoke, and avoid second-hand smoke, Stay away from those who have a cold or the flu, Drink plenty of fluids, keep active.

VACCINE SAFETY:

Some people have experienced mild side effects, but these are usually minor and last only a short time. When side effects do occur, the most common include swelling and soreness at the injection site. A few people experience fever and as with any medicine, there are very small risks that serious problems could occur after getting the vaccine. However, the potential risks associated with getting the flu or pneumonia is much greater than the potential risks associated with the vaccination. Please ask your doctor for more information.

Helpful websites: www.cdc.gov/flu and www.immunize.org

Article Compliments of ESRD Online Renal Resources

Just the Facts: REHABILITATION

What is rehabilitation?

The purpose of dialysis is not just to keep you alive. Dialysis is also meant to help you stay active and keep doing the things you love. Rehabilitation or rehab, for people on dialysis means being able to do things you need and want to do.

Rehab goals are different for each person. If you worked before your kidneys failed, rehab for you might mean keeping your job. If you did a sport or hobby before, rehab might mean doing those things again.

Why is rehab important to me?

Adjusting to a chronic disease can be very hard. It is even harder if you think your life will never be as good as it was before. Rehab can help you make a new life that may be different from your old life, but is still good.

Does my center do rehab?

Rehab can be very different from center to center. Some centers have exercise bikes to ride during dialysis. Some centers have support groups for patients or families. Some centers have bulletin boards with pictures of active patients. Some have newsletters. All of these-and more-are part of doing rehab.

One thing every center must have to do rehab is a caring staff who want patients to stay well and reach their goals.

How do I set rehab goals?

You know what you want to do with your life. Think about what steps you must take to get there. Your nurse or social worker may be able to help you. As you reach each new step, you will see that you can make your life better.

What is my part in my rehab?

There are three things you can do to help your rehab. 1) Have a positive attitude. Focus on the good side of things, not the bad. 2) Learn all you can about kidney failure and dialysis so you can stay as healthy as possible. 3) Take action to meet your goals.

You are the key person on your rehab team. By thinking positive, learning, and taking action, you can live long and live well on dialysis.

This information was provided by www.lifeoptions.org

20 Tips for a Good Life

Your life may be different when you have chronic kidney disease, but you can still enjoy it. Taking things one-step at a time is always the best way to tackle any change. Below are 20 tips to help you enjoy your good life:

1. Learn all you can about kidney disease and especially your own condition. Work with your care team to find out how the information applies to you. Do what works best for you- whether it's talking to other people and asking questions, reading, attending kidney education classes, or listening to tapes and videos.
2. Know that you can do this! Think of CKD as a challenge to be met head on. There are people and resources to help you become a partner in your care to help you live long and well with CKD.
3. Learn about your medications, their proper dosages, names, and the purpose of each one. In some cases, medications-like certain classes of blood pressure pills-can slow the progress of kidney disease. Ask your doctor what can be done for you.
4. Track your lab test values over time and learn what they mean. While your health care team knows a lot about kidney disease, you are the expert on you.
5. Take charge and take action. If you don't understand something, or if something seems wrong, speak up! Talk with your doctor. Ask questions. Find out what you can do to improve your health.
6. Find out the symptoms of CKD and report your symptoms to your doctor. Some problems, like fatigue, can be treated, so you have more energy and can feel your best.
7. Work with your health care team to determine good dietary guidelines. Follow them as closely as possible and see how your diet affects your lab test values.
8. Exercise regularly and sensibly.
9. Stay employed. Even if you have to take some time off work to adjust to a new situation, try to work part-time or full-time. Keeping a job is a good way to stay active, plus your employee health insurance coverage will help pay for medical expenses that may arise. Learn about the Americans with Disabilities Act and your right to keep your job if you should ever need to go on dialysis.
10. Do some research and planning for medical insurance and other financial

considerations. Resources such as medical social workers, kidney patient organizations, Medicare and your state insurance bureau can help. Don't panic! Many resources are available to help you figure out how to manage financially or to provide help if you need it.

11. Find out what your target blood pressure should be and work with your doctor to do what you must to keep it there. Research shows this can help slow the progress of kidney disease.
12. If you have diabetes, blood sugar control can help slow the progress of kidney disease. If you're not sure how to improve your blood sugar control, ask your doctor for a referral to a diabetes educator.
13. Be aware of the possible complications of kidney disease, including: anemia, metabolic acidosis, bone disease, cardiovascular disease, fluid overload, high potassium and phosphorus and others. Each of these can be detected with the right tests, plus there's a lot you can do to avoid the complications if you learn what to look for.
14. If your kidney disease is severe, decide whether you will want to get on a transplant waiting list, or check out the possibility of a kidney transplant from a willing and suitable living donor.
15. Visit a dialysis center to learn more about hemodialysis. Call DaVita's guest Services Hotline at 1-800-244-0680 to arrange a visit.
16. If you're on dialysis, do all of the treatments your doctor orders. Work with your care team to feel your best. Monitor your Kt/V or URR (tests that measure whether your blood is being adequately cleaned) and other lab values over time; find out what to do to improve your test results, if they are not satisfactory.
17. If you have a transplant, take all your medications on schedule. Watch for any signs of infection, rejection, or other illness.
18. Pay attention to your emotions. Give yourself time to adjust and feel in control

again. You may be dealing with uncertainty about the future or with changes in your lifestyle and relationships. It is normal to go through a period of upheaval.

19. Ask for help when you need it. Talk to your family and friends, to other kidney patients, to your clergy, or to your health care team. Get the support you need.
20. Cultivate your appreciation of life; do those things that are most meaningful and bring you the most joy.

This article was obtained from www.davita.com

DIALYSIS FACILITY COMPARE

www.medicare.gov/dialysis

Did you know that there is a website that will give you information about Medicare-certified dialysis facilities? Did you know that you could use this information to assist you in choosing a dialysis facility? The website is called Dialysis Facility Compare, hosted by the Centers for Medicare & Medicaid Services (CMS), and provides characteristics as well as quality measures for each facility. The characteristics are updated monthly and include the following:

- Address and phone number
- Date of initial Medicare certification
- Whether or not there are shifts starting after 5:00 pm
- Number of treatment stations
- Types of dialysis offered (hemodialysis, PD, home hemodialysis)
- Type of facility ownership (profit or non-profit; corporate or independent)

The quality measures obtained from the Medicare billing database are updated and include:

- Percent of patients with a Urea Reduction Rate (URR) > 65% (a measurement of how well your blood is cleaned)
- Percent of patients treated with Epogen with a hematocrit > 33%
- Patient survival information (better than expected, as expected, or worse than expected)

We encourage you to utilize this informative website. It can also be very useful when you are planning transient treatments or permanently moving.

CHECK IT OUT!

THE NATIONAL KIDNEY DISEASE EDUCATION PROGRAM

The National Kidney Disease Education Program (NKDEP), an initiative of the National Institutes of Health, is starting a promotion of this year's *Family Reunion Initiative*, which encourages African Americans to talk about the connection between diabetes, high blood pressure and kidney disease at family reunions this summer.

Diabetes and high blood pressure are the two leading causes of kidney failure, but many people with these conditions don't know they are at risk. African Americans are at high risk for kidney disease, due in part to the high rates of diabetes and high blood pressure in the community.

The free "Family Reunion Health Guide" provides everything family members need to share important kidney health information at their reunions. It includes fact sheets about kidney disease, diabetes, high blood pressure, and outlines three sample approaches for communicating the information to the family: presenting a 15-minute Make the Kidney Connection health overview, conducting one-on-one discussions with family members at risk and distributing kidney disease information to attendees. You can download or order the Guide at www.nkdep.nih.gov/familyreunion. If you would like multiple copies of the guide, please contact Nancy Accetta at Nancy.Accetta@ogilvypr.com.



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Recipe Corner

Healthy Holiday Recipes

Baked Chicken with Rice Stuffing

INGREDIENTS:

4-pound whole roasting chicken	1/2 cup green bell pepper, chopped
2/3 cup parboiled rice, uncooked	2 scallions, chopped
1 tablespoon Worcestershire sauce	1 cup pineapple chunks, drained
1 teaspoon black pepper	1/4 cup pineapple juice

PREPARATION:

1. Preheat oven to 350 degrees
2. Rinse chicken and remove giblets from inside cavity. Pat dry with paper towel and rub chicken with oil.
3. In a medium bowl combine rice, Worcestershire sauce, olive oil, black pepper, bell pepper, scallions, pineapple juice. Spoon mixture into cavity of chicken to stuff.
4. Place chicken breast side up in a roasting pan or Dutch oven. Cook uncovered for 1-1/2 hours or until internal temperature reaches 180-185 degrees. Rice stuffing should reach at least 165 degrees. Let chicken rest 10-15 minutes.
5. Spoon rice stuffing from chicken cavity and place on a serving platter. Cut chicken into pieces, add to platter and serve.

RECIPE NOTE: Yield 6 portions, Serving size 4 ounce chicken and 1/3 cup of rice; Calories 323, Protein 28g, Carbohydrates 11g, Fat 17g, Cholesterol 86mg, Sodium 118mg, Potassium 344 mg, Phosphorus 220mg

Apple Pie

INGREDIENTS:

6 cups of apples, sliced	2-2/3 cups of all-purpose white flour
1/2 cup granulated sugar	1 cup of shortening
1-teaspoon ground cinnamon	6 tablespoons of water, cold
6 tablespoons of butter	

PREPARATION:

1. Preheat oven to 425 degrees
2. In a large bowl, combine apples, sugar and cinnamon. Cover and set aside.
3. In a separate large bowl, cut shortening into flour using a pastry blender. Add water 1 tablespoon at a time and mix until dough forms into a ball. If it does not, use hands to form a ball.
4. Divide dough in half and roll out one piece, using a rolling pin and additional flour as needed. Place in a 9" pie pan.
5. Stir apple pie filling and pour into pie shell.
6. Using 1-tablespoon pats, place butter all around pie filling, evenly dispersed.
7. Roll out the other 1/2 of dough. Place on top of apple pie filling, making sure edges of pie are covered.
8. Using a sharp knife, make four 1" cuts around the top of the pie crust for air to escape while baking.
9. Place pie in oven on a jellyroll pan to catch juice from pie while baking.
10. Bake for 50 to 60 minutes until crust is golden brown.

Recipe Note: Calories 517, Protein 4g, Carbohydrates 51g, Fat 33g, Cholesterol 24mg, Sodium 65mg, Potassium 145mg, Phosphorus 43mg, Calcium 24mg, Fiber 2.7g

DIALYSIS FACILITY COMPARE

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

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Brenda Dyson, Editor

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