



# kidney patient

# update

## What are my Rights When My Clinic & Doctor Go Through Changes

*This article was produced by the ESRD Network of Texas and has been modified to include contact information for Network 8, Inc. The document may be useful for patients who are being pressured to change units or when a patient's physician is relocating to another facility in the area. We express our appreciation to the Texas Network for allowing us to reprint their position statement.*

When a new clinic opens in a city or neighborhood that already has a clinic (sometimes across the street), patients can find themselves in a difficult situation. Staff from both clinics wants the patient to choose their facility. Sometimes the staff from the old unit will transfer to the new clinic and the patients will feel abandoned especially if their physician chooses to go with the new facility. Trying to decide the right thing to do can be difficult and sometimes sad. Here are your rights in these cases.

### **If the doctor is leaving your present clinic:**

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

...see my rights page 3

## Dialysis Facility Compare: Don't Forget to Check Ahead

Summer vacation is here! Families are preparing to brave the hot weather and the sizzling gas prices and hit the road. For the families of dialysis patients it takes a little more planning than for most folks. But, Dialysis Facility Compare is here to help you. The CMS (Centers for Medicare and Medicaid Services) developed website can help you find facilities in a specific geographic area and let you know which of those facilities have better outcomes.

The DFC website gives detailed information about Medicare-approved dialysis facilities by state, city, county and/or by zip code. For instance if you're traveling to Jackson, MS it will list all of the dialysis facilities within 10, 25 or 50 miles, whichever you ask for. It also gives comparisons for clinical outcome measures of anemia, adequacy and mortality so that you can try to arrange your transient treatment or transfer to a facility that you can feel comfortable with.

If you need additional help with a facility search or understanding or navigating the website, please call the Network 8 office at (877) 936-9260.

You can access the DFC website at:  
[www.medicare.gov/dialysis/home.asp](http://www.medicare.gov/dialysis/home.asp).

## Upcoming Patient Education Meetings Mark Your Calendars!

### **NETWORK 8 PATIENT ADVISORY COUNCIL (PAC) MEETINGS**

Plans are underway for the PAC meetings that are held in each of our three states, Mississippi, Alabama and Tennessee.

The Mississippi meeting has been scheduled for Jackson, MS on Sunday, August 19, at the Cabot Lodge Millsaps. The brochures will be going out shortly. An excellent agenda has been finalized. The meeting will be a joint meeting with the NKF of Mississippi and the Mississippi Organ Recovery Agency (MORA).

The Alabama meeting will be held in Birmingham, AL on Sunday, October 28 at the Marriott Grandview Parkway hotel. The agenda is in the planning stages. The meeting will be a joint meeting with the Alabama Kidney Foundation.

The Tennessee meeting will be held in Nashville on Sunday, September 23. We are still in the process of finalizing a location

and an agenda. We will be working with NKF of Middle Tennessee on the meeting.

We may be hosting a meeting in Mobile in November. Keep tuned in for details!

### **AMERICAN ASSOCIATION OF KIDNEY PATIENTS (AAKP) ANNUAL CONVENTION**

AAKP will hold its annual convention August 30 – September 2, 2007 in St. Louis, MO. The meeting will be held at the Adam's Mark St. Louis. The brochure for the meeting and registration information is available on the AAKP website at [www.aakp.org](http://www.aakp.org).

AAKP will also be hosting a Kidney Beginnings Live meeting for Chronic Kidney Disease Patients in Nashville on September 22. Information about this meeting can also be found at [www.aakp.org](http://www.aakp.org).

# the doctor is in

*The Doctor, Dr. Paul McGinnis, who is the regular columnist for this feature, has been given a break for this newsletter. The answer for this question has been taken from a paper written by Dr. Lawrence Spergel, Chair of the CMS Fistula First Coalition. The answer is part of a series of strategies that the Coalition has developed to increase the number of fistulas in dialysis patients.*

**QUESTION:** I have been on dialysis for three years and my graft seems to be giving me more and more trouble. My doctor wants to put a fistula in the same arm that my graft is in and says it shouldn't have any problem developing. Is this normal? Should I let them do this?

**ANSWER:** This is becoming more and more normal. Dialysis patients are living longer on dialysis and need to make sure that they always have a lifeline for their treatment. Fistulas are the best access. They last longer with fewer problems. An effective strategy for increasing Arteriovenous (A-V) fistulas in A-V graft patients is the planning and construction of AVF's in existing graft patients prior to graft failure. Although the patient's primary

access may currently be a graft, all graft patient should be evaluated and considered (when feasible) for a fistula as their next permanent access site – this is called a secondary A-V fistula.

Although evaluation for a secondary A-V fistula may require some specific tests including vessel mapping to identify a suitable vein and artery for fistula construction, the simplest opportunity to convert a graft patient to a fistula patient, when present, is the conversion of a mature upper arm outflow vein of a forearm graft to a direct upper arm A-V fistula. Such a conversion opportunity should be looked for and considered in all forearm graft patients using the "Sleeves Up" Protocol that is listed below. A-V fistula evaluation of graft patients should include an updated history relevant to vascular access, physical examination with a tourniquet and vessel mapping if suitable vessels are not identified on the physical exam. A secondary A-V fistula plan should be documented in the chart and discussed with the patient, family, staff and nephrologists and surgeons in anticipation of A-V fistula construction on the earliest evidence of graft failure.

It is recommended that the timing for A-V fistula conversion be no later than the first signs of graft failure by monitoring the graft – and in no case should it be done later than following the first intervention (declot or anastomosis) for stenosis or thrombosis. Any delay in conversion beyond this point is likely to result in loss of the window of opportunity for this A-V fistula option, since further graft interventions, especially if done as an emergency, are likely to damage or utilize the outflow vein, or the graft will eventually be abandoned (usually after a failed intervention), resulting in a catheter or a new graft in a different location.

If "Sleeves Up" evaluation does not identify a vein as clearly suitable for conversion to a fistula, a fistulogram should be ordered at the first signs of graft failure, both for diagnostic purposes as well as to check for suitability of the outflow vein. If a suitable vein is identified, but is too deep for safe sticking, another type of fistula (transposition) can still be discussed and documented with the timing of the procedure based on evidence of graft failure and patient condition.

We want all dialysis patients to live a long healthy life. Fistulas are the best access to help us do this. Conversion of grafts to secondary fistulas is going to be

## Be Prepared! Stay Aware! Hurricane Season Has Arrived!

June 1st marked the beginning of the 2007 Hurricane season. The experts have predicted that this is going to be a busy season. Hopefully we have all learned lessons from the devastation of Hurricane Katrina in 2005 and the following tips have been made into a poster that was sent to all facilities last year. We hope that all facilities have displayed the poster in a prominent position in the unit, but we wanted to ask that you take a few minutes now to review the suggestions. They are for all weather emergencies, not just hurricanes. So be prepared, stay aware at all times!

To prepare for a weather emergency, you should:

- Have a Plan! Where will you go if you have to leave your home? How will you get there? Who will take you to dialysis if your car is damaged? Tell your nurse your plan.
- Keep a 7-day supply of your medications at all times. This includes insulin, syringes, glucose testing supplies and glucose tablets (or hard candy) if you are a diabetic.
- Buy or make a first aid kit and keep it handy.
- Get a copy of an emergency diet from your dietitian.
- Make sure your unit has the correct phone numbers for you AND an emergency contact person.
- Make sure you have the name and phone number for your unit and an additional contact number.
- Get a blank copy of your dialysis treatment sheet (it will have your prescription information at the top) and keep it in your medication box.

During a weather emergency, you should:

- Stay aware of what is happening. Call your dialysis unit if you have questions about your treatment, but **DO NOT SKIP** treatment unless the unit is closed!
- If you have to stay in a shelter, TELL the shelter staff that you are a dialysis patient and must have regular dialysis. Take your medicines and any dialysis records you have with you!
- **DO NOT** drink lots of fluid!!! People with healthy kidneys may be instructed to do this, but this is very dangerous for a kidney patient!
- Protect and check your graft or fistula several times every day. If your graft is clotted, notify your unit as soon as possible.

more and more necessary to make sure our patients get every opportunity to live as long as possible.

### **“SLEEVES UP” Protocol for conversion of forearm grafts to upper arm fistula**

**Purpose:** To identify a suitable outflow vein for conversion from a graft to a fistula, in anticipation of secondary A-V fistula construction by the surgeon.

Once a month clinic rounds should include examination of the arm with the A-V graft up to the shoulder, by rolling *sleeves up* (or removing shirt if necessary).

After the upper arm is exposed to the shoulder, the hand or tourniquet is used to put light pressure just below the shoulder to see if the outflow vein of the forearm graft appears suitable for immediate use as an A-V fistula. If this appears to be the case, the vein is evaluated by:

Referring the patient for fistulogram (Doppler study) to confirm that the outflow vein and draining system back to the heart is normal.

If the fistulogram is normal, the vein is “tested” by sticking the outflow vein with the venous needle only, for 2 consecutive dialysis sessions.

If both sticks are uneventful, the plan for surgical conversion from graft to upper arm fistula is discussed with the patient, staff, nephrologist and surgeon (and documented in the chart).

Staff follows patient until A-V fistula conversion is performed.

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## **my rights from page 1**

If you decide to follow your doctor, it is courteous and in your best interest medically to talk to the staff at your present clinic and tell them you want to leave. You don't have to discuss anything with them that makes you feel uncomfortable. You can simply ask the staff at the new clinic to fax over a request for medical records with your signature on it. You have a right to have your medical records transferred to your new clinic in a timely manner, but you **MUST** sign a consent form. If you do not sign a consent form, your clinic **CANNOT** release your records.

You also have the right to *stay at your present clinic* if you wish. If your doctor is leaving, then you will have to change

doctors. If you are willing to change doctors, you can stay at your clinic. You have the right to expect your old doctor to discuss your care with your new doctor so that your care can continue. You will need to sign a release so the medical records from your old doctor's office can be transferred to your new doctor's office. This is because the records at the doctor's office and at the clinic are different. You have the right to discuss this decision with your doctor to ensure a smooth transition of care, but you do not have to discuss anything that makes you feel uncomfortable.

### **If your doctor is expanding his/her practice to another clinic but is also staying at this one:**

You have the right to stay at your present clinic and see the same doctor. You will just continue coming to dialysis as always.

You also have the right to change clinics and see your doctor at the new clinic (if space is available), especially if it is closer to your home. Again, if you decide to change clinics you will need to sign a Consent form for Release of Medical Records and you have the right to expect that the records will be transferred in a timely manner (usually within three working days).

### **Important Points to Remember:**

You have the right to change clinics or doctors any time you wish. You do not have to give anyone an explanation for your decision if it makes you uncomfortable; although it is the polite thing to do. This should be your decision, although it is wise to discuss it with your family and loved one before the final decision is made.

Your clinic should provide you with a list of other clinics in the immediate area if you request it.

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

You have the right to make your decision free from pressure or harassment. If you feel that any staff member or doctor is harassing you, please call Network 8 at 877-936-9260. Examples of harassment would be saying bad things about a certain doctor or clinic or calling you at home several times a week or offering to do “extra” things for you if you go their way.

You have a right to “check out” a clinic or doctor before you decide. If you transfer to a new clinic or doctor and later decide you want to transfer back to your previous clinic, you have a right to do this as long as there is still an opening for you. If there is no opening, you should be able to transfer back when there is.

If you have questions about the changes that are occurring at your clinic, you have a right to have these questions answered and be given information in a timely manner.

If any doctor or staff member promises incentive to you to change clinics or doctors, please contact the Network. Incentives such as financial assistance, free medical equipment, quicker transplants, etc. are not allowed.

If you are currently getting assistance with your Health Insurance Premium Payments through your present clinic, you need to make sure this service is available at your new clinic. This help will vary from clinic to clinic.

If you need a medical service that is not offered at your clinic, your doctor and clinic have a responsibility to refer you to a doctor or clinic that does provide this service.

Network 8 will assist you whenever possible if any of the following situations occur:

If you want to change clinics or doctors and your present clinic or doctor will not let you or will not help you change;

If you ask to change clinics and your present clinic is “very slow” about sending your records to the new clinic;

If your doctor or staff at any clinic is harassing you about making a change or hurrying you to make your decision;

If you would like to transfer to a new clinic or doctor and are uncomfortable or even afraid to talk to them, you can call the Network and we will talk to them for you.

If you want to find out how your old clinic compares to other clinics in the area we can show you how to access and understand Dialysis Facility Compare.

If you just want to talk to someone who is objective and can offer unbiased advice.

Feel free to call Brenda Dyson at 877-936-9260 and we will be glad to help whenever possible.

# Getting On the Transplant List: People You Should Know

## Your Transplant Team

Many people at the transplant center will work to make your transplant as successful as possible. It's important that you know who each of these people are and what they will be doing to help you through your transplant. You will need to feel comfortable talking to them and asking them questions about your health and/or transplant status.

Your transplant team will include all or some of the following people:

- **Transplant Coordinator:** Usually a registered nurse who will be your main contact and will work with you and other members of your transplant team to coordinate your care.
- **Transplant Surgeon:** The doctor who will evaluate your present condition, make recommendations and ultimately perform your transplant surgery.
- **Transplant Physician:** The doctor, usually a nephrologist (or other specialist if you have anything other than a kidney transplant), will assist the surgeon in evaluating your need for transplantation and help with your care before and after the surgery.
- **Transplant Financial Coordinator:** The financial coordinator has detailed knowledge of financial matters and hospital billing methods. This person works with the social workers to determine how you can best afford the cost of your transplant.
- **Insurance Case Manager:** Often your first point of contact, the insurance case manager helps navigate the specifics of insurance coverage.
- **Social Worker:** Most transplant programs are staffed with social workers that are ready to help you. Transplant social workers can assist transplant candidates and their families with a variety of helpful resources, including the development of a financial plan. They can also help you address psychosocial issues and determine your needs and help you understand and cope with basic problems associated with your illness.
- **Dietitian:** As an integral part of the transplant team, the registered dietitian develops nutrition therapy to patients before and after transplantation. Educating patients about maintaining a healthy weight and minimizing the side effects of anti-rejection drug therapy ensures optimal nutrition status and improves transplant outcomes.
- **Pharmacist:** The transplant pharmacist's role varies among transplant programs. In many programs the pharmacist plays a key role in explaining your medications, helping you keep track of them and the side effects associated with the different medications. They are also knowledgeable of the different medication assistance programs offered by many drug manufacturers.

# 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 or more, please let us know. Contact Brenda Dyson at Network 8 at (877) 936-9260 or fax the information to (601) 932-4446. The information can also be mailed to: Network 8, Inc., P.O. Box 321475, Flowood, MS 39232.*

## MINNIE P. HENRY

My name is Minnie P. Henry and I have been dialyzing for the last 20 years on Monday, Wednesday and Friday at the Dialysis Facility of South Alabama in Brewton, Alabama.

Upon receiving the news in 1987 that I had to be placed on the

dialysis machine I immediately became extremely scared and confused because I didn't know what to expect. At the time I had never heard of a dialysis machine, but I soon came to realize its purpose. As a result I discovered abilities I never knew I had. I was

able to discover how to defeat two seemingly impossible obstacles in my life; remaining strong despite impossible odds, and learning to lean and depend on God in every aspect of life.

Therefore, being on dialysis has taught me a lot about life's challenges, for instance, not taking your health for granted and learning how to live each day to the fullest,



*Minnie Henry and Dr. Raulerson*

# Medicare Part D: Where Are We Now?

*This article was written by Fairfax Wynne, MSW. Fairfax is a social worker at DSI Central Memphis and a member of the Memphis Area Fistula First Coalition. She is also an active member of the National Kidney Foundation CNSW chapter in her area.*

When Medicare announced they would be offering a prescription plan to assist with medicine expenses, there was a nation-wide sigh of relief with the promise of help for these expensive prescription drugs. But, there was also fear that the program was way too difficult to understand. Many people were fearful of getting into something they could not get out of, or afraid they might sign up for the wrong thing. There were some who chose not to even sign up for a prescription plan.

A year later, however, we know so much more than we did when Medicare Part D first rolled out of the Social Security Administration's door! For many without prescription drug coverage, Medicare

Part D has been very helpful in affording their medicine. The first year, however, many drug manufacturers stopped providing free medicines through their assistance programs. Even today, many of these programs are still limited in what they will do. But, many more have restored their assistance programs in some ways.

Medicare Prescription Plans have also gotten more generous in adding drugs to their formularies. Also the Plans have added, "enhanced plans", which covers all generics throughout the coverage gap. Still, many people do not have some of the prescriptions covered, and must pay a high co-pay or be denied all together.

There are various resources to assist with identifying and choosing a plan that is best for your needs. Your State Health Insurance Program through the local Council on Aging is one resource. Also, your social worker is a great resource for assistance with difficult questions. The Social Security Administration and

Medicare (both have toll-free numbers) can help with the selection process. It is important to know what medicines you are taking, how your Plan performed for you in the previous year and what changes you would like to see in your new Plan.

Keep in mind as well, that Congress is listening to your comments. If you like a part of your plan, let your elected officials hear from you. Likewise, if there is some, or all, of your plan you do not like, your elected officials need to hear this as well. Never underestimate the power of your voice to your elected officials.

**THE PHONE NUMBER FOR THE  
MEDICARE HOTLINE IS:  
800-633-4227**

**THE PHONE NUMBER FOR SOCIAL  
SECURITY ADMINISTRATION IS:  
800-772-1213**

because no one knows what the future has in store for them. A person's happiness and health can be taken away in just a moment, but this ordeal has strengthened my faith in God. I know without Him looking over me daily, I wouldn't have made it this far. Sometimes when life seems to get so hard, I tell myself, "Lord, it's your will, not mine." If my life can be used as a testimony for the glory, then just give me the strength to endure whatever comes my way.

Last, but not least, I often tell others, it's not me who give me my strength and my health, it's through the prayers and support of my family. Most importantly, it my wonderful and caring doctor, Dr. Daniel Raulerson and his staff. Without these individuals and God, I would not be here today.



*Dorothy Haggard and Kitten*

## DOROTHY J. HAGGARD

Hello. My name is Dorothy J. Haggard. I have dealt with kidney problems since 1975. I was diagnosed with glomerulonephritis after undergoing a kidney biopsy after seven years of high blood pressure. I started dialysis in 1982 in Anniston, AL with Dr. David Zinn. In 1981 I had had my fistula placed in the lower left arm.

We are now in our third clinic due to an ever-growing patient population. This April has marked my 25th year on dialysis. I have had a few health problems but nothing like most of the other patients. I have read several of your articles and wanted to share my experiences with you and your patients. I am enclosing a picture of myself with one of my two kittens.

# Self Care: The Importance of Socialization for Caregivers

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*This article was written by Mary Heisick, MSW. Mary is a transplant recipient, a renal social worker and was previously the president of the Harbor-South Bay-Orange County Chapter of AAKP and a member of the AAKP Board of Directors. The article first appeared in the November 2001 issue of aakpRENALIFE, Vol. 17, No.3. It is reprinted with permission.*

Someone you love has been diagnosed with kidney disease and is undergoing dialysis treatments. Your initial instinct is to put the needs of your spouse, child, sibling, relative or friend before yours and to provide them with the best possible care. This is a normal reaction experienced by most caregivers. However, it should be emphasized that this is a time when special attention should be paid to you, the caregiver. In fact, your own health is the best guarantee that you give your loved one: the guarantee that you will be able to provide them with good care.

This concept is known as self-care. Self-care may seem like a luxury, but it is not. One of the principles of self-care demands that you deliberately declare your choice to take care of yourself as well as your caregiving companion. Socialization is one of the components of good self-care and may be the most important element of positive and productive caregiving. Engaging in social activities promotes well-being and helps us cope in times of crisis.

One of the most satisfying times

to socialize is during a hearty meal. The warmth of the meal shared with family and/or friends replenishes your energy so you have more to give. If your stamina is not restored, you may find yourself physically and/or mentally exhausted.

Don't forget to take your sense of humor with you on your social outings. Laughter can be a powerful tool to lighten the load of caregiving tasks. Look for silly items in the daily newspaper and point them out to your spouse or loved one. Encourage them to share jokes with the staff at each dialysis run. Develop a lighthearted spirit. It may help you and your loved one get through difficult times.

Many people rely on their religious beliefs as a source of strength when faced with difficult challenges. This may be a good time to renew spiritual connections through prayer, meditation or retreat. Initiate a discussion with your loved one. Talk with a member of the clergy. Pursue spiritual sustenance at your place of worship.

The dialysis unit is a great place to socialize. If your caretaking includes driving your loved one to the dialysis unit three times a week, why not take advantage of the opportunity to meet and learn from the folks who know about good kidney care? Talk to patients who have been on dialysis for a long time. Talk to patients who travel. Speak with an active member of AAKP or some other support group. Talk with the staff. Ask

questions. Include your loved one as you initiate these conversations. Before long, you may discover a social group has developed within the unit and your loved one will look forward to their dialysis treatment days. By making the time spent at the dialysis unit a positive social experience, you have provided the best kind of care to the one you love the most.

Support groups offer another kind of socialization. These gatherings provide an opportunity for patients and their family members to share their concerns and exchange their ideas and experiences. Groups are a venue for kidney patients and caregivers to interact with others that are in similar situations. The rules of confidentiality provide a safe place to vent or complain about problems. Groups serve as a forum for you to share ambiguous feelings and find validation through mutual discussions with other caregivers. After several meetings, you may notice friendships develop and look forward to future meetings. The AAKP chapter in your area (or your local NKF affiliate) may host a support group or you may ask your social workers for ideas on how one could be started. The suggestions listed should help you and your loved one become socialized within the kidney system as you both adjust to this new challenge. They will also allow you to develop free time for yourself. Remember the goal of self-care; never feel guilty about taking care of yourself. Socialize instead!

# Ensuring Safety in the Dialysis Unit

*The following article was written by Mark Meier, MSW, LCSW and was originally printed in the September, 2005 issue of aakpRENALIFE, Vol. 21, No.2. Mark is currently the head of his own consulting firm in Minneapolis, Minnesota and is a consultant for AAKP.*

Safety is an important issue we face each day. We hear about safety concerns in our schools, airports and places where we do business. However, our own personal safety is not always the first thing we consider when entering a healthcare setting. Most of the time, we are focused on our health, considering questions to ask our doctor, or coping with our fears. What patients are now learning is that they need to be aware and take responsibility for their own safety when receiving medical care.

In 2001, the Institute of Medicine released a report, titled "Crossing the Quality Chasm." This report details concerns about safety issues in hospitals and medical clinics, and specifically states; "Quality problems are everywhere, affecting many patients." It is observations such as this that you as a dialysis patient need to be aware of each time you receive a dialysis treatment.

One of the realities of medical treatment, including dialysis, is that errors do occur. We have all heard the phrase, "I'm only human" as a response to a mistake. The people who care for you in the dialysis clinic, whether a nurse, technician or your physician, are only human and despite their advanced training, caring attitude and diligent efforts to provide safe care, can and do make errors. The real difference though is that errors made in our medical settings tend to have devastating outcomes.

An important aspect of ensuring your own safety is to educate yourself about the many aspects of your dialysis treatment. For example, you should understand the machine you receive your care from. Learn to recognize some of the common reasons your machine alarms. Have a clear picture in your mind of how your machine is set up prior to receiving your treatments, and if something does

not look right, stop and have one of the dialysis clinic staff explain what you are observing. You should also request to look at the policies and procedures your clinic follows to ensure your safety. For example, what is the policy for ensuring your dialysis machine is clear of the solution that is used to clean it? The solution, although an effective cleansing agent, can be very dangerous to you if introduced into your system.

In addition to understanding the dialysis machine, you should educate yourself about the elements related directly to your dialysis treatment. For example, what is the correct policy ensuring a sterile environment as the staff prepares to initiate or finish your treatment? How frequently during your treatment are the nurses or technicians required to monitor your blood pressure, heart rate, temperature or other vital signs related to your well-being during treatment? You should ask about your clinic's plan to care for you if you experience a significant event on dialysis, such as a major change in blood pressure, vomiting, respiratory distress or change in your level of consciousness.

Another area of concern for you as a patient is your clinic's water system. Your dialysis center uses a complex system to receive, filter and clean the water used to provide dialysis. Your clinic is required by federal regulation to perform routine checks on the water system throughout the day and it is reasonable for you to inquire about the procedure your clinic follows to make sure this happens.

As you gain a better understanding of the dialysis process, you will want to maintain open and honest communication with those who provide your care. A key element of the "Patient Safety" movement is the notion that healthcare providers need an outlet to report major errors or "near misses" in care and in doing so will not be punished. On first reading this, many people mistake this statement to mean that healthcare providers will be "allowed" to get away with mistakes and not be held accountable. This is not the case, rather this statement makes the presumption that if an individual

practitioner has a mechanism to safely report medical errors, the medical community can monitor the types of errors that are occurring, understand the system that may have caused the error, make adjustments to the process in which care is provided, and ultimately reduce the number of errors that occur.

Keeping this in mind, consider the manner in which you identify and report safety issues in your dialysis clinic. If your first words involve threats to get individuals fired or suspended, or that your intention is to hire an attorney and sue, it is the Patient Safety's assumption that change will not occur. Rather, the individual making the mistake may deny or attempt to cover up the error, or worse commit the error again. If these actions occur, this costs the clinic the opportunity to make changes to ensure the error does not happen again to you or any other patient.

As a dialysis patient, you should also be allowed the same level of understanding as you would be allowing the clinic. You should always feel free to report concerns to the clinic staff without fear or retribution or reprisal on the part of the nurses, technicians, doctors or other staff. Further, you should expect the clinic, upon being made aware of a valid safety concern, will take the necessary actions to promptly correct the problem.

Although the thought of having to educate yourself about your dialysis machine, clinic operating policies or care you should receive while dialyzing might seem to be an additional burden, it is anything but that. Becoming familiar with your needs will in all likelihood provide you with numerous benefits as you live with kidney disease. Your knowledge will help to improve your clinical outcomes, help keep you safe, allow you to help your fellow dialysis patients who are new or unfamiliar with the care you have come to understand, and should ultimately be viewed by your physician and the clinic staff as an indication of your commitment to your care, the care of other patients in the clinic, and to the safe and effective operation of the dialysis center.

# REMEMBERING... Ellie and Delorse

The past two months have been a very sad time for the staff at Network 8. We are always affected by the passing of our patients, especially those who work so tirelessly to help others. Ellie Durrett and Delorse Craft were two of the hardest working, most dedicated patients that it has been our honor to know.



Delorse Craft was born on August 13, 1957 and she started dialysis on January 14, 1988. She was preceded in death by her only child, Tameca Holloway and is survived by her husband James Craft. Delorse tried a little of everything in her 19 years on dialysis including home hemodialysis, CAPD, in-

center hemodialysis and had two transplants. Delorse became involved in helping other patients after graduating from the Forward Bound program in 1994. Forward Bound is a vocational rehabilitation retreat sponsored by the NKF of Mississippi to help patients get involved in their communities or return to the work force. Delorse took this message to heart and she began volunteering for the NKF of Mississippi and for Network 8. She served as the Mississippi Chairperson for the Network 8 Patient Advisory Council for six years. During this time she attended the Network 8 Annual Council Meetings and AAKP Annual Conventions as the Network 8 representative. She also served as a patient representative to the National Kidney Disease Education Program (NKDEP) task force. Jackson was a pilot site for this national program designed to educate people who are at risk for kidney disease. Delorse was a guiding light for the patients that she met and an inspiration for all. She will be missed very much by all who came in contact with her loving and giving spirit. Delorse passed away on April 29, 2007. Our prayers are with her family.



Eloise "Miss Ellie" Durrett was born on August 19, 1948 and she started dialysis on November 7, 1979. Ellie was a home hemodialysis patient for the vast majority of her 27 years on dialysis. She is survived by her husband, Ronnie Durrett, who was her helper at home for all of those 27 years. She is

also survived by her only child, 'Lil' Ronnie Durrett. Ronnie and his wife Brenda will be welcoming Ellie's first grandchild into this world sometime in June. In an effort to help educate her fellow patients, Ellie started the Middle Tennessee Chapter of AAKP and has served as its President since its inception. Ellie was also a member of the National Board of Directors for AAKP and received many awards from AAKP including the Josephine Berman Award that is given annually to a patient who makes it their mission to help fellow patients. She also received the AAKP Spirit of Service Award that is given to a patient who works to educate the public about the risks of Chronic Kidney Disease. Ellie was member of the Tennessee State Renal Board and a member of the Network 8 Board of Directors. She was also a volunteer with the NKF of Middle Tennessee working with them on their educational programs and fundraising events. The contributions she has made to her fellow patients and to the renal community will be remembered for years to come. Ellie's dedication to improving the quality of life for renal patients was an inspiration to all of us. But, it was her pure goodness of heart and joy of life that touched us the most. Ellie passed away on May 28, 2007. Her spirit will live on through her family, especially her new grandbaby that she was so looking forward to. She will truly never be forgotten.



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## DIALYSIS FACILITY COMPARE

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

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Brenda Dyson, Editor

## NETWORK 8, INC.

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](mailto:info@nw8.esrd.net).