The Centers for Disease Control and Prevention (CDC) Says, “Immunizations Save Lives”

If you have kidney failure, your immune system cannot fight off infections like it used to. In fact, infections are the second leading cause of death, and the leading cause of hospitalization in patients with kidney failure. The CDC recommends that you get flu and pneumonia shots every year. Why? The biggest risk of getting the flu is developing pneumonia. There are two different vaccines for pneumonia, and they require one or two shots for protection. The CDC also recommends that you get vaccinated against hepatitis B if your body does not have the antibodies it needs to fight off this infection. It comes in a series of three or four shots, and staff will check your blood levels to see if you are protected. This immunization is important because hepatitis B can damage your liver. In the dialysis unit there is a high risk of exposure to blood because it needs to go through the artificial kidney to be cleaned. Hepatitis B can live on dried surfaces for almost a week! So, don’t wait! Immunizations can keep you healthy and out of the hospital. Pneumonia and hepatitis B vaccinations can be given any time of the year. Flu shots are not available until late fall, when the flu season is starting up. Be wise—immunize!

Source: https://www.cdc.gov/dialysis/patient/index.html

What’s Your Plan?

Your Plan of Care (POC) meeting is your opportunity to communicate directly with your healthcare team about decisions that affect your dialysis care and to get the maximum benefit from each treatment for your overall health and well-being. You will learn more about End Stage Renal Disease (ESRD) and how your choices affect various aspects of your treatment. During the POC meeting, your healthcare team will answer your questions and concerns regarding your care, so you can be an informed, engaged patient. The POC is completed when you initially start dialysis, three months after starting dialysis, and yearly thereafter. A POC is also completed any time your health condition changes, for example, after several hospitalizations or if you have a significant change in your personal life (death of a loved one) or changes in mental health.

Your POC will address:
- The dose of your dialysis (such as the length of your treatment)
- Adequacy of treatment (how well dialysis is cleaning your blood)
- Nutritional status
- Mineral metabolism or bone health (phosphorus, calcium, PTH, etc.)
- Anemia (hemoglobin levels and Epogen use)
- Vascular access (fistula, graft, or catheter)
- Psychosocial status (your level of adjustment to dialysis, insurance coverage, etc.)
- Your treatment type and preferences (home hemodialysis, in-center hemodialysis, peritoneal dialysis)
- Transplant status and preferences
- Rehabilitation status (are you employed, retired, desiring to return to work)

Since you are the most important part of the care team, let your facility know that you want to participate and discuss options that will allow you to participate.

Source: https://www.hsag.com/contentassets/cc9cef7219024a35b0d2f42c9c0fbafe/nw7pocampaignbrochure508.pdf
Knock! Knock! Who’s There?

Three days a week I join my dialysis colleagues for 3 ½ hours each session. Upon joining, I look around and see 20 or 30 faces. I ask myself, “Who’s there?” because the majority of the 20 or 30 faces are blank and sour looking. I don’t understand this. We are colleagues and it would seem only natural to acknowledge each other in the basic way people do so...

Normally, people acknowledge each other with a greeting. Depending on the time of day, a simple nod and making eye contact are ways to do this. Upon making eye contact, it is incumbent to follow with a smile. Even more daring, one could say, “Good morning” or “Good evening.”

Perhaps there’s something wrong with me. I enjoy greeting people in a civilized manner. In addition, over a period of time, I have interest in getting to know who my colleagues are. I am sure when I take the time, I will find out who’s there, opening the door to the possibility that a friendship could develop.

Once again, I question myself. Am I a “strange duck” for having the interest to get to know my colleagues? There is a lot to know about each other and, in turn, we can possibly enhance each other’s lives. It makes sense to me to take a daring step forward and question, “Who’s there behind that sour face?” or better still, “that happy looking face.”

It’s your choice—Close yourself off from the world or join it 100 Percent!

“It takes two to tango.” Let’s see what we both can do in the “knock-knock” dialysis dance for this simple reason…my dialysis colleagues share the common goal of survival. It makes sense to join forces to help each other to obtain this goal.

“Knock! Knock!” Are you there?

Ken R.

Considering a Kidney Transplant? Here’s the Process!

1. Tell your doctor, nurse, or other member of your care team that you’re interested in learning more about the transplant option.
2. Talk to people who have had a transplant to help you make your decision about kidney transplant.
3. Reflect on what is important to you and make the decision that works for YOU.
4. Request a referral to a transplant center. This will:
   a. Usually come from your doctor or dialysis team although some transplant centers allow patient to self-refer.
   b. Allow the transplant team to determine if you are a good candidate for transplant.
5. Have tests to see if you are healthy enough for the surgery and if you’re prepared to care for a transplanted kidney.
   a. Testing can take several visits over weeks or months.
6. Receive the test results.
   a. If your tests show you can have a transplant, your transplant center will add your name to the waiting list.
   b. If you aren’t approved, consider trying again with another transplant center. Not all transplant centers have the same requirements.
7. If you are a good candidate for transplant:
   a. Be patient and stay as healthy as possible which includes not missing or shortening dialysis treatments.
   b. Consider asking friends or family members to be evaluated as a live donor so that you don’t have to wait as long for a kidney.

In National News...

Quality Improvement Activity (QIA) Learning and Action Networks (LANs)

Did you miss the national QIA LAN series? Network 17 wants to make sure you are aware of how the facilities are working to improve patients’ quality of care. Recordings are available from each of these informative events on the Network 17 website at https://www.hsag.com/en/esrd-networks/esrd-network-17/learning-and-action-networks/.

If you have questions about how to voice a concern or grievance, check out this helpful tool created BY patients FOR patients: The Dialysis Patient Grievance Toolkit

To file a grievance, contact Network 7 at 1.800.232.3373.

Share Your Feedback!
Let us know how we’re doing: https://www.surveymonkey.com/r/PSH83YD

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