

Get Involved! Get Inspired! Help your Dialysis Community! **Volunteer!**

Who is the Southeastern Kidney Council?

- Southeastern Kidney Council is our incorporated name, and we hold the contract for ESRD Network 6.
- Network 6 is one of 18 ESRD Networks contracted by Centers for Medicare & Medicaid Services for quality oversight of dialysis facilities in North Carolina, South Carolina, and Georgia.
- Largest Network in the United States with more than 34,000 dialysis patients and 520 dialysis facilities.

What Can We Do for You?

- Provide Technical Assistance to facilities to help improve Quality Improvement
- Assist facilities in formulating Quality Improvement (QI) Initiatives
- Assist facilities and patients in resolving Complaints and Grievances

How Can You Get Involved?

- Run for the Network 6 Board of Directors, Medical Review Board, or Consumer Committees (Job descriptions and nomination forms are included in this newsletter)
 - Makes recommendations regarding patient health care messages, materials and activities
 - Provides feedback on effectiveness of the Network's activities
- Join a support group or organize a patient council in the dialysis clinic:
 - Share knowledge and experience to increase the likelihood that all patients will have the best quality of care
 - Feel a sense of caring and understanding

We are here for you!!

Back Row: Chaneen Reaves, Jenna Krisher, Chris Gevertz MBA, Leighann Sauls RN, CDN, Margo Clay MIS, and Carol Clark RN

Front Row: Amy Williams, Jana Lemacks, Dee Tyburski, and Deborah Jackson

Not Pictured: Patty Rogers MSW

Southeastern
Network 6  **Kidney Council**



Benefits of Volunteering

Let's face it. Most people on dialysis are not employed. Some individuals long to work again but have found managing a job as well as dialysis to be simply too difficult and exhausting. Others may voluntarily remove themselves from the grind of the workday world, if financially feasible, in order to spend more time with family or attend to health issues. Many others are in retirement.

Regardless of which reason applies, everyone whose employment has ended due to age, disability, or incompatibility with medical treatment regimens may face similar effects: the loss of feeling useful, lowered self-esteem, having too much time on one's hands, having fewer social outlets, loss of self-confidence, and perhaps depression. If this describes you or someone you know, please consider the benefits of volunteering.

Volunteering is when you give your time to help another person, group, or cause. There is a long list of possible advantages to those who volunteer. Author Allan Luks explores some of them in his book, The Healing Power of Doing Good: The Health and Spiritual Benefits of Helping Others. Some of the advantages he lists are:

- A more optimistic and happier outlook on life
- A heightened sense of well-being
- An increase in energy
- A feeling of being healthy
- Decreased feelings of loneliness, depression, and helplessness
- A sense of connectedness with others
- A greater sense of calmness and relaxation
- An improvement in insomnia
- A stronger immune system
- A reduction in pain
- Speedier recovery from surgery

Volunteer activities also offer a meaningful way to interact in a world that may otherwise focus on the limits of people who are on dialysis instead of showcasing what they can do, not only for themselves, but also for others. Volunteering is a selfless way to "give back" and acknowledge one's own prosperities. It's a way to promote lifelong learning and also self-examination. Volunteering can add structure to one's daily life. Lastly, in some cases it's possible for a volunteer experience to result in a paid position. Whatever your motives, consider volunteering for the potential benefits it holds for you.

Source: ESRD Network 15

Medical Review Board Job Description

PURPOSE:

- To serve the Medical Review Board (MRB) and the Southeastern Kidney Council as a voting member; to develop programs for the evaluation of the quality and appropriateness of care delivered to ESRD patients in Network 6.

TERM:

- Two years. Members serve for two years with a maximum of three consecutive terms. After serving a third consecutive term, member must rotate off the MRB for at least one year before being eligible for re-election.

EXPECTED MEETING ATTENDANCE:

- Regularly attend meetings as scheduled (3 per year).
- Participate as an ad hoc committee member if appointed.
- Attend and participate in special events or meetings as needed.

OBLIGATIONS OF THE MEDICAL REVIEW BOARD:

- Direct and administer all Network activities related to CMS's Health Care Quality Improvement Program (HCQIP).
- Recommend disciplinary actions, up to and including alternative sanctions, to the Board of Directors on any ESRD Medicare-certified provider found to be out of compliance with Network goals based on analysis of data or other documentation.
- Direct and administer any special studies as defined by CMS or the Board of Directors.

SPECIFIC DUTIES:

- Attend meetings and show commitment to Southeastern Kidney Council activities.
- Be well-informed on issues and agenda items in advance of meetings.
- Contribute skills, knowledge and experience when appropriate.
- Listen respectfully to other points of view.
- Represent the Southeastern Kidney Council to the public and private industry.
- Educate yourself about the requirements of the contract with the Centers for Medicare & Medicaid Services.
- Refrain from participating in any review of services of any ESRD facility in which you have a financial interest (direct or indirect) or any professional involvement.

WHO CAN BE A MEMBER:

- Consumers (ESRD Patients)
- Dietitians
- Nurses
- Renal Physicians (Nephrologists and/or Surgeons)
- Social Workers

Medical Review Board Nomination Form

Nominator's Name: _____ Phone: _____
(you can self-nominate)

Signature: _____

Nominee's information:

Name: _____

Facility/Practice Name: _____

Facility/Practice Mailing Address: _____

Consumers please indicate your home mailing address.

Phone: _____

Fax: _____ E-Mail: _____

Education/Training: _____

Current Position: _____

Years in Nephrology: __

Other Renal Org. Affiliation(s): _____

Previous Southeastern Kidney Council Board/Committee Experience:

Primary skill that Nominee would offer to the MRB: _____

Medical Review Board Nomination Form

What else should voters know about the candidate? _____

What goals and objectives would you like to see the Southeastern Kidney Council's MRB achieve in the next two years? As a member of the MRB, how would you assist in accomplishing those goals? Are there any specific areas of care that you would like to see the MRB develop evaluation programs for or monitor?

I have read the Medical Review Board job description and agree to be nominated to the MRB.

Signature: _____

Return the completed Nomination form(s) to:

Amy Williams
Southeastern Kidney Council
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609

If you have any questions, contact Amy Williams, at (919) 855-0882, ext 38.

Nominations close March 2, 2009

Consumer Committee Job Description

PURPOSE:

- The Purpose of the Consumer Committee is to provide the Board of Directors and Medical Review Board with consumer views and concerns regarding all areas of the organization, quality of care and issues related to patient grievances and patient rights. It is also responsible for developing and implementing the Network's grievance procedure and patient educational materials.

TERM:

- Two years. Members serve for two years with a maximum of three consecutive terms. After serving a third consecutive term, member must rotate off the Consumer Committee for at least one year before being eligible for re-election.

EXPECTED MEETING ATTENDANCE:

- Regularly attend meetings as scheduled (2 per year).
- Attend and participate in special events or meetings as needed.

OBLIGATIONS OF THE CONSUMER COMMITTEE:

- Establish governing policy
- Hire/Supervise and evaluate the Executive Director
- Review operations to ensure all contract deliverables are met
- Accept fiscal responsibility of the Southeastern Kidney Council
- Maintain and update long range plans

SPECIFIC DUTIES:

- Attend meetings and show commitment to Southeastern Kidney Council activities
- Be well-informed on issues and agenda items in advance of meetings
- Contribute skills, knowledge and experience when appropriate
- Listen respectfully to other points of view
- Represent the Southeastern Kidney Council to the public and private industry
- Educate yourself about the requirements of the contract with the Center for Medicare & Medicaid Services

WHO CAN BE A MEMBER:

- Consumers (ESRD Patients)
 - In-Center Hemodialysis
 - Home Dialysis
 - Peritoneal Dialysis
 - Transplantation
- Consumer Family Members
- Nephrology Facility Staff (Nurses, Social Workers, Physicians, and Dietitians)

Board of Directors Job Description

PURPOSE:

- To serve the Board as a voting member; to develop policies, procedures and regulations for the operation of the Southeastern Kidney Council; to monitor finances of the organization; its programs and performance.

TERM:

- Two years. Members serve for two years with a maximum of three consecutive terms. After serving a third consecutive term, member must rotate off the BOD for at least one year before being eligible for re-election.

EXPECTED MEETING ATTENDANCE:

- Regularly attend meetings as scheduled (2 per year).
- Participate as an ad hoc committee member if appointed.
- Attend and participate in special events or meetings as needed.

OBLIGATIONS OF THE BOARD OF DIRECTORS:

- Establish governing policy
- Hire/Supervise and evaluate the Executive Director
- Review operations to ensure all contract deliverables are met
- Accept fiscal responsibility of the Southeastern Kidney Council
- Maintain and update long range plans

SPECIFIC DUTIES:

- Attend meetings and show commitment to Board activities
- Be well-informed on issues and agenda items in advance of meetings
- Contribute skills, knowledge and experience when appropriate
- Listen respectfully to other points of view
- Participate in organization decision making
- Represent the Southeastern Kidney Council to the public and private industry
- Educate yourself about the requirements of the contract with the Center for Medicare & Medicaid Services

WHO CAN BE A MEMBER:

- Consumers (ESRD Patients)
- Dietitians
- Nurses
- Renal Physicians (Nephrologists and/or Surgeons)
- Social Workers

Board of Directors Nomination Form

Nominator's Name: _____ Phone: _____
(you can self-nominate)

Nominee's information:

Name: _____

Facility/Practice Name: _____

Facility/Practice Mailing Address: _____

Consumers please indicate your home mailing address.

Phone: _____

Fax: _____ E-Mail: _____

Education/Training: _____

Current Position: _____

Years in Nephrology: ____

Other Renal Org. Affiliation(s): _____

Previous Southeastern Kidney Council Board/Committee Experience: _____

Primary skill that Nominee would offer to the Board of Directors:

Board of Directors Nomination Form

What else should voters know about the candidate? _____

What goals and objectives would you like to see the Southeastern Kidney Council's Board of Directors achieve in the next two years? As a member of the Board how would you assist in accomplishing those goals? Are there any specific areas of care that you would like to see the Board develop evaluation programs for or monitor?

I have read the Board of Directors job description and agree to be nominated to the Board of Directors. If elected, I will plan to attend the June 5, 2009 meeting in Winston-Salem, North Carolina.

Signature: _____

Return the completed Nomination form(s) to:
Amy Williams
Southeastern Kidney Council
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609

If you have any questions, contact Amy Williams, at (919) 855-0882, ext 38.

Nominations close March 2, 2009

Consumer Committee Nomination Form

Nominator's Name: _____ Phone: _____
(you can self-nominate)

Nominee's information:

Name: _____

Facility/Practice Name: _____

Facility/Practice Mailing Address: _____
Consumers please indicate your home mailing address.

Phone: _____

Fax: _____ E-Mail: _____

Education/Training: _____

Current Position: _____

Years in Nephrology: ____

Other Renal Org. Affiliation(s): _____

Previous Southeastern Kidney Council Board/Committee Experience: _____

Primary skill that Nominee would offer to the Consumer Committee: _____

Consumer Committee Nomination Form

What else should voters know about the candidate? _____

What goals and objectives would you like to see the Southeastern Kidney Council's Consumer Committee achieve in the next two years? As a member of the Consumer Committee, how would you assist in accomplishing those goals? Are there any specific areas of care that you would like to see the Consumer Committee develop tools to assist facilities with quality of care?

I have read the Consumer Committee job description and agree to be nominated to the Consumer Committee. If elected, I will plan to attend the October 2009 Consumer Committee meeting.

Signature: _____

Return the completed Nomination form(s) to:

Amy Williams
Southeastern Kidney Council
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609

If you have any questions, contact Amy Williams, at (919) 855-0882, ext 38.

Nominations close March 2, 2009

Ode to Elkin "Dial-assist" Team

By Alfred Leatherman, Patient from Yadkinville, NC

Kidney problems are not rare,
they happen everyday, everywhere!
My kidney problems hit me hard,
I didn't know what to do,
I was so sick and out of heart,
and pretty angry too.

At first it was tough to come to this place
three days a week around noon,
But I met so many wonderful people
that quickly helped me change my tune!

All the staff must love their work and really care,
otherwise they wouldn't take their training and always be there.
They come in early wearing a smile
and go, and go and go,
they are so patient all the while,
which teaches us to be also.

They take us in and check us out
then connect us to this machine,
with a beep-beep here, and a beep-beep there,
our blood finally comes out good and clean.

They take a small break if ever they can,
but not very long and they are back again.
Some veins are small and the blood flows slow,
so the machine beeps and here they go!

No one knows they watch us as closely as they do,
they can tell if you look alright or if something is wrong with you.
I don't see how they do it,
I don't know why they would,
I know they have to care for us
and that makes us feel good.

Soon I'll go somewhere else
and I don't know how I'll do it,
I've learned to care so much for them,
I don't know if I can go through it.
This way of life is much easier now,
I hope that everyone knows,
you've taught me how I need to be
and my appreciation grows.

Thanks to all of you and to my friends just like me too,
I'll always care and respect you all for what you do!!!

P.S. "I love you too!"

Poetry, Art & More!

Share your short story,
poem, drawing, recipe or
other creative ideas with
fellow



Show us your creative side!

Send information to:

Amy Williams

Southeastern Kidney Council
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609

(919) 855-0882

Patients Only: (800) 524-7139
info@nw6.esrd.net