



Renal Health News

A Newsletter for ESRD Patients

Issue 2—2007

The mission of the Southeastern Kidney Council is to improve the lives of people with or at risk for End Stage Renal Disease by promoting and advancing quality of care.

Flu Season is Here! Flu Prevention is for Everyone!

The single best way to prevent the flu is to get a flu vaccination each fall! The CDC recommends getting vaccinated in October or November because flu activity in the United States generally peaks between late December and early March. However, you can still benefit from getting vaccinated after November, even if flu is present in your community. Flu season can begin as early as October and last as late as May.

How does the flu vaccine work? Within approximately **two weeks** after getting the flu vaccination, the flu vaccine causes antibodies to develop in the body. Once developed, these antibodies provide protection against the influenza (flu) virus infection. In the meantime, you are still at risk for getting the flu. That's why it's better to get vaccinated early in the fall, before the flu season really gets under way.

How to stop the spread of the flu!

- Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- If possible, stay home when you are sick.
- Cover your mouth and nose with a tissue when coughing or sneezing. Flu viruses spread in respiratory droplets caused by coughing and sneezing.
- Frequent and **proper hand washing** is critical to the prevention of the spread of the flu.

Proper Hand Washing

It is best to wash your hands with soap and clean running water for **20 seconds**. However, if soap and clean water are not available, use an alcohol-based product to clean your hands. Alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend!
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet.
- If soap and water are not available, use alcohol-based gel to clean hands.



Overview of Nocturnal Dialysis

Conventional Hemodialysis Shortfalls

It is well known that the mortality rate of patients undergoing maintenance hemodialysis remains unacceptably high. An extremely high morbidity and a relatively low quality of life have also been observed in the chronic hemodialysis patient. The institution of more intensive dialysis regimens appears to improve morbidity and, possibly, mortality among this patient population, although studies are still badly needed for the evaluation of mortality improvement. Compared to conventional regimens, hemodialysis associated with longer duration and/or higher frequency correlates with enhanced outcomes as defined by improved laboratory and decreased usage of erythropoietin, with improved Kt/V values. With this in mind, nocturnal hemodialysis was introduced as a more desirable alternative to conventional dialysis. It was thought that nocturnal dialysis could provide superior dialysis based on dose, duration, and frequency. It also takes advantage of the rather unproductive time during the nightly sleep.

About nocturnal hemodialysis treatment

Nocturnal hemodialysis can be either done at home or in center. Nocturnal hemodialysis at home is generally performed 5-7 nights per week during sleep for a variable amount of time, based upon the length of sleep usually desired. This can be from 6-12 hours. In-center hemodialysis is generally performed 3 nights per week for 8-10 hours depending on the center availability. In either home or in-center nocturnal hemodialysis, the dialysate composition is a sodium bath of 140 mEq/L, a potassium bath of 2 mEq/L, a bicarbonate bath of 28-35 mEq/L, with a calcium concentration of 2.5-4.0 mEq/L. A higher dialysate calcium is prescribed for patients with high ultrafiltration volumes. The blood flow rate is generally 200-300 cc/min, depending on clearances, and the dialysate flow rate is anywhere from 100 cc/min to 800 cc/min. The in-center nocturnal hemodialysis would tend to favor the higher end of blood and dialysate flows since the actual time per week on dialysis is less than on home nocturnal hemodialysis, i.e. 3 days versus 5 days per week. The typical ultrafiltration volume is 1-2 liters, with a range of 1-7 liters per dialysis treatment. Any dialyzer membrane can be used, including smaller surface area dialyzers, but most centers use high-flux dialyzers. In addition, nocturnal hemodialysis can be performed with any hemodialysis machine and existing machines can be modified for the requirements of the longer dialysis treatment. Dialyzer reuse can be used and the usual technique of reuse is applied. Anticoagulation is also used and it accounts for approximately 1,000 U of Heparin per hour of dialysis.

Nocturnal dialysis vascular access

Vascular access for nocturnal dialysis is the same as it is for any hemodialysis. Central venous catheters are used, although these are considered less popular, especially with the Fistula First initiative. Preferably, arteriovenous fistulas are used. Arteriovenous grafts have also been successful in nocturnal dialysis.

In-center vs. at-home nocturnal dialysis

As mentioned above, nocturnal hemodialysis can be performed at home or in the dialysis facility. If home hemodialysis is done at night, remote monitoring has been done via regular telephone lines or the Internet. Live monitoring provides the following benefits:

- It helps prevent blood from clotting in an idle extracorporeal system.
- It provides reassurance to the patient.
- It ensures compliance.
- It aids in the collection of data.

If performed in the dialysis facility, nursing personnel provide the same benefits.

In addition to the monitoring performed above, there are other safety measures that can be employed with in-center or home nocturnal hemodialysis, such as inexpensive moisture sensors that are placed strategically on the floor to detect dialysate and/or blood leaks. Their use should be considered an obligatory safety measure.

Which patients should consider home nocturnal dialysis?

Patient groups that can be preferentially targeted for recruitment for home nocturnal hemodialysis include patients who are followed in a chronic kidney disease clinic prior to development of end stage kidney disease. This prevents the state of dependence frequently encountered in an in-center unit. Training can be instituted very early and patients can recognize the benefits of self-care settings. Another group that can be targeted includes patients who are ineligible for kidney transplantation, in that nocturnal dialysis can be viewed as the modality of independence closest to kidney transplantation. Another group to be considered for home or in-center nocturnal hemodialysis includes those with significant morbidities such as cardiac disease, diabetes mellitus, severe hypertension, dialysis-related symptoms and/or large interdialytic weight gain. Patients who fail chronic ambulatory peritoneal dialysis, yet want to maintain some degree of independence, should also be considered for home nocturnal hemodialysis. The final group that is very frequently benefited by nocturnal hemodialysis, whether, in-center or home, include large-sized patients and patients not adequately dialyzed because of poor blood flow in their access.

Quality-of-life improvements from nocturnal hemodialysis

Nocturnal hemodialysis is usually associated with marked benefits including improved solute clearance and quality of life. Patients will declare their improvement of quality of life almost uniformly. There is also noted to be much better blood pressure control and a reduction of medication requirements for control of hypertension. Urea and phosphorus clearances have been increased with nocturnal hemodialysis. Better hemoglobin values with less erythropoietin usage have also been reported. Some have suggested an enhanced survival; however, this requires further analysis. At present, there are no published randomized trials of nocturnal hemodialysis. As a result, some investigators feel that studies comparing nocturnal hemodialysis to conventional hemodialysis should be performed to better understand the benefits of nocturnal hemodialysis.

In summary, nocturnal hemodialysis done at home or in-center offers another modality of care for the patient with End Stage Renal Disease and should be available to patients. Further studies are required to evaluate the benefits and indications for its usage.

Submitted by *Dr. Linda Francisco*. Dr. Francisco is a DaVita Nephrologist in Wichita, Kansas currently prescribing nocturnal dialysis for some of her patients.

Spotlight on Willoughby Taylor at Transplant Games

Willoughby Taylor from North Carolina has been to many Transplant Games. He struck Silver playing golf in Louisville, Kentucky in 2006. I played golf as well. Willoughby was so happy when he found out he had come in second in his age bracket. This was his first win and hopefully many more are to come!

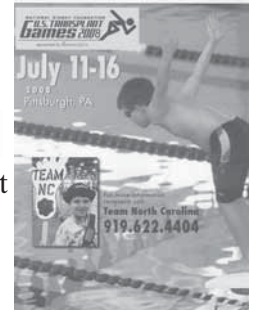
Team North Carolina won the most medals and won the national trophy. If you or someone you know has an organ transplant please encourage them to contact their NKF in their state to sign up to go to the 2008 Games. Everyone has a great time! There were over a thousand athletes competing in the games in 2006. If you are on dialysis and waiting for a transplant—then the games will give you something even more to look forward to.

Hope To See You At The Games In 2008 or 2010!

Submitted by *James Humphrey*



NKF Transplant Game — News and Updates



Up until two decades ago, it was impossible to imagine people with a kidney or heart transplant running the 50-meter-dash or swimming the butterfly stroke across a 25-meter pool. Even today, it still seems like a miracle.

In 1982, a group of brave and determined transplant pioneer athletes gathered in Texas for the first regional U.S. Transplant Games and began changing the way people thought about transplanted patients. The two-day athletic competition for transplant recipients served to dramatically demonstrate the life-restoring success of transplantation. In 1990 the National Kidney Foundation (NKF) took on the management and organization of the U.S. Transplant Games, along with the event's co-founder, now Novartis Pharmaceuticals Corporation. The first-ever national event drew a record 400 transplant athletes from all over the country. The NKF continues to organize this biennial Olympic-style event, which now includes life-saving organ recipient athletes ranging in age from 3 to 88 years old. In addition to planning national competitions, the NKF is also helping American transplant athletes make their mark on the international transplant athletics scene. The Foundation manages Team USA's delegation to the summer and Winter World Transplant Games, where athletes compete against transplant recipients representing countries throughout the world.

The rehabilitative benefits of this athletic competition, provides a unique opportunity for transplant recipients to gather and share experiences, kindle friendships and celebrate their "ultimate second chance" at life while paying tribute to those who make it all possible – our donor families. In July 2008 it is expected that a record-breaking 10,000 people and 1,700 transplant athletes from all 50 states and five foreign countries will converge on Pittsburgh, Pennsylvania for the 56th anniversary of the U.S. Transplant Games. The games will include 12 different venues, 41 sports competitions and educational symposia for transplant professionals and special programming for donor families.

Team North Carolina is represented by 26 athletes, 5 donor families, and 8 living donors. They showed their Southern pride by bring home 34 medals: 20 Gold, 9 Silver and 5 Bronze. Medaling in swimming, track & field, cycling and golf illustrates the success of transplantation. The donor families were rewarded seeing the life gaining achievements of their decision through organ donation. Watching an athlete push to do their best, smiling at their donor families, hugs of joy, tears of love, because of their gift. Thank you can never be enough.

At the closing ceremony one team will have the good fortune to win the National Team Trophy. As announcer called out, Team North Carolina — WE WON, we won the trophy!

Thank you to all Donor Families.

For additional information about being an athlete please contact
Team Manager Bill Haskins, Team North Carolina
National Kidney Foundation of North Carolina
9708 White Clay Court
Raleigh, NC 27617
(919) 622-4404
E-mail: bhaskins@nkfnc.org

Submitted by *Bill Haskins*

Help send more kids to
the Transplant Games!
Donate to NKF of NC to
help send a child and
parent to the games!



Donations are tax deductible.

Contact Bill Haskins at 919-622-4404
for more details.

Medicare Part D



The Medicare D program pays toward brand name and generic prescription drugs at participating pharmacies. Your participation in the Medicare D program is **voluntary**, but you **must have** Medicare to participate in the Medicare Part D program. Medicare D is offered through Medicare Advantage Drug Plans, Private Prescription Drug Plans, Program of All Inclusive Care for the Elderly and Cost Plans.

Here are **changes** in the Medicare D program for **2008**:

- The enrollment period is from **November 15 to December 31, 2007**. You can enroll or change your plan during this time. If you already have Medicare D and if you are not making changes no action is required. **Caution:** Do **NOT** wait until the end of December to enroll or make changes!
- The Centers for Medicare & Medicaid Services states the average premium for standard Part D coverage in 2008 may be about \$25.00 a month. Depending on a person's income, assistance may be available. To apply for Medicare Part D pharmacy assistance programs contact the Social Security Administration at (800) 772-1213/TTY: (800) 325-0778 or visit the website at www.socialsecurity.gov.
- **January 1 – March 31, 2008** is the time to change Advantage Plans with Prescription coverage (MA-PDs) back to an original Medicare D plan if desired.

Beware of Medicare D scams!

- Legitimate Medicare D drug plan representatives **will not** ask for bank account, personal information, or payments over the telephone or Internet.
- Private Prescription Drug Plans can call you about their plans but they **cannot** enroll you until you call them.
- If you have a question or concern about possible scams, call **1-800-MEDICARE**.

Need more information or help?

You can visit at www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

TTY users call (877) 486-2048.

Contact your State Health Insurance Assistance Program (SHIP):

Georgia: (800) 669-8387 North Carolina: (800) 443-9354 South Carolina: (800) 868-9095

The Complaint and Grievance Process

The Network helps mediate complaints and grievances involving patient care in dialysis facilities. This process involves communication, investigation and encouraging all people involved to work together.

What is a Complaint: A **complaint** is a written, verbal, or electronic request for assistance regarding care, treatment or provider issues initiated by or on behalf of an ESRD patient(s).

1. The Network talks with the caller (complainant), the facility, and may require documentation from the facility.
2. The Network reviews the documentation and makes recommendations so all parties can work together.
3. The Network sends a closing letter to the caller (complainant) and the facility.

What is a Grievance: A **grievance** is a request for a formal investigation or a serious complaint involving a facility, physician, or other provider.

1. The Network talks with the caller (grievant) and the facility; and requires documentation from the facility.
2. This process requires the following:
 - The caller (grievant) receives an acknowledgement letter.
 - The facility sends records and/or policies/procedures involving the grievance to the Network office for review.
 - The Network may request a facility action plan.
 - The facility and caller (grievant) receive a report of findings from the Network.

Important points to remember:

- Complaints can be submitted by telephone, letter, or email. A patient, family member, or facility staff member can submit a complaint or grievance. **Only patients can submit their own name, address, telephone number and social security number by email. Facilities CANNOT submit any patient identifying information by email.**
- The Network will not tell the facility who the caller is without consent from the caller.
- The complaint or grievance may be referred to the State Agency if regulatory issues are involved.
- At any time, the caller can contact the State Agency and report the complaint or grievance.

ESRD Network 6

Southeastern Kidney Council, Inc.
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609
(919) 855-0882, ext. 36
(800) 524-7139, ext. 36 (Patients Only)
Email: sbailey@nw6.esrd.net

North Carolina State Agency

North Carolina Department of Health and Human Services
2712 Mail Service Center
Raleigh, NC 27699-2712
(919) 855-4620
(800) 624-3004 (Toll Free)

Georgia State Agency

Georgia Department of Human Resources
Office of Regulatory Services
Two Peachtree Street NW, Suite 33-250
Atlanta, Georgia 30303-3142
(404) 657-5437 or (404) 657-9639

South Carolina State Agency

South Carolina Department of Health & Environmental Control
Bureau of Certification/Health Regulations
2600 Bull Street
Columbia, SC 29201
(803) 545-4300

Consumer Committee



Who is the Consumer Committee? The Consumer Committee is one of several committees for the Southeastern Kidney Council in which patients serve as active members. End Stage Renal Disease patients are “consumers” of dialysis and transplant services, thus the name given to the committee. The committee is composed of three professional members and at least nine consumers representing various treatment modalities. The Consumer Committee provides the Southeastern Kidney Council’s Board of Directors and the 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.

The Consumer Committee met in January and July and discussed the following:

January 2007

- Chuck Brown Memorial Award recipient
- Compliant and Grievance Procedure Satisfaction Surveys
- Southeastern Kidney Council Disaster Workgroup activities
- NC Patient Workshop evaluations and plans for the GA Patient Workshop
- Decreasing Dialysis Patient Provider Conflict evaluations
- Article topics for future *Renal Health News*
- Patient Representative Program mailings
- Changes in the Consumer Committee membership process

July 2007

- Election of the new Consumer Committee members
- Reviewed GA Patient Workshop evaluations
- Reviewed plans for the NC Patient Workshop
- Suggested and volunteered to write articles for the *Renal Health News*
- Developed an education poster, which will display facts about various dialysis topics

If you would like more information about the Consumer Committee, please contact the Southeastern Kidney Council toll-free at **1-800-524-7139**.

We are pleased to announce the 2007-2008 Consumer Committee. Thanks to all of you who participated in our recent 2007 elections. Our volunteer Boards and Committees provide invaluable guidance and resources for all Southeastern Kidney Council projects. We welcome the following newly elected and re-elected members. **Congratulations to all!**

Carl Brooks, Covington, GA

Bonita Balkcom Guilford, Atlanta, GA

Jennifer Graves, Mebane, NC

John Haynes, Mount Airy, NC

Merrill Hicks MD, Thomasville, GA

Jim Humphrey, Reidsville, NC

Pearl Fu Magovern MSW, Winston-Salem, NC

Dixie Moncus, Olin, NC

Deborah Moye, Atlanta, GA

Missy Parks BSN, RN, CNN, Union, SC

John Robinson, Sumter, SC

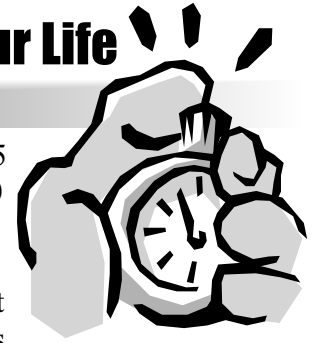
Noreen Rogers, Jonesboro, GA

Elizabeth Simmons, Saint Helena Island, SC

Willoughby Taylor, Hickory, NC

We are still actively recruiting home hemodialysis and peritoneal dialysis consumers to be on the Consumer Committee. If you know of any patients that are interested, please contact Sammy Bailey at (919) 855-0882, ext 36.

Shortened Treatments = Months or Years Off of Your Life



The hemodialysis treatments you are receiving replace only a small part (less than 15 percent) of the normal function of your kidneys. This 15 percent is far below the 100 percent of your normal kidney function.

It's easy to decide that "coming off" early a few minutes won't matter, "it won't hurt me". Chances are this shortened treatment request is not a one-time event. It happens once a week, several times a month or it happens daily. Shortened dialysis time does eventually harm your body by causing the symptoms of being underdialyzed. Being underdialyzed puts additional stress on an already weakened body, which can lead to a shorter life expectancy.

This is why dialysis staff encourages you to remain on dialysis your entire prescribed time, or reminds you to arrive on time if you're chronically late, or your doctor increases your time. It's not for the benefit of your health care providers; it's for your well being.

Minutes Lost Per	Hours Lost			
Treatment	Week	Month	Year	Per Year
1 Minute	3 Minutes	13 Minutes	156 Minutes	2.6 Hours
3 Minutes	9 Minutes	39 Minutes	468 Minutes	7.8 Hours
5 Minutes	15 Minutes	65 Minutes	780 Minutes	13 Hours
10 Minutes	30 Minutes	130 Minutes	1,560 Minutes	26 Hours
15 Minutes	45 Minutes	195 Minutes	2,340 Minutes	39 Hours
20 Minutes	60 Minutes	260 Minutes	3,120 Minutes	52 Hours
25 Minutes	75 Minutes	325 Minutes	3,900 Minutes	65 Hours
30 Minutes	90 Minutes	390 Minutes	4,680 Minutes	78 Hours

Also, if you have a history of missing appointments, shortening treatment, or otherwise not following your treatment plan, this may prevent you from getting on the list for a transplant. If you have issues with transportation or your treatment schedule, please discuss this with the social worker, charge nurse, or center director.

DO THE MATH:

If you shorten every treatment 30 minutes, by the end of a year, you will have skipped 26 3-hour treatments. This is the same as missing 2 months of dialysis.

You may not immediately experience any of the effects noted, but studies show that ***Patients who shorten three or more treatments in a month have a 20% higher risk of death than those who stay the entire treatment.***

Fistula First

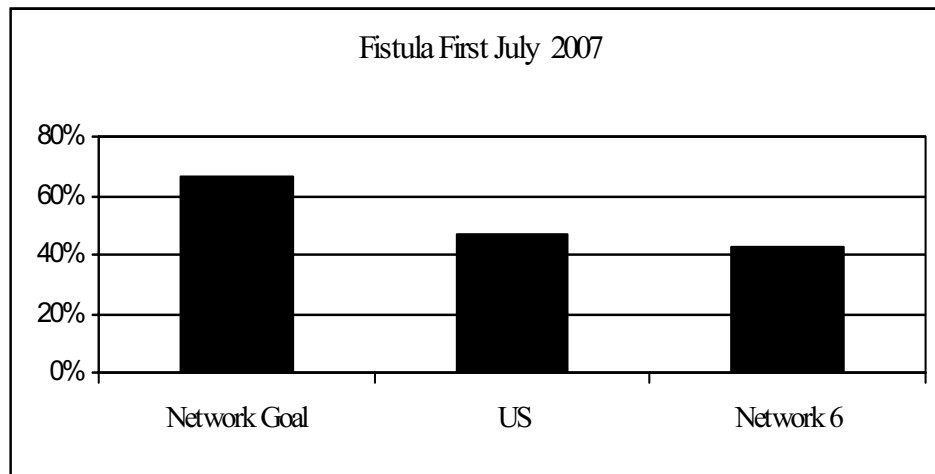


Fistula First is a National Initiative to increase the use of AV fistulas in hemodialysis patients. This initiative aims to improve the quality of care for Americans living with kidney failure.

The Centers for Medicare & Medicaid Services (CMS) goal is 66% of eligible patients to dialyze with a fistula. Experts agree that the best access for hemodialysis is an AV fistula. The CMS Administrator Mark McClellan MD, PhD said, “ They last longer, need less work, are associated with lower infection rates, hospitalization and death...”

As of July 2007 Network 6 (North Carolina, South Carolina and Georgia) has 43.0% of hemodialysis patients dialyzing with an AV fistula. The National US Rate is 47.1%.

Ask your Facility Manager what percent of patients dialyze with Fistulas at your facility.



Medical Education Institute Releases New Home Dialysis DVD



The nonprofit Medical Education Institute (MEI), announces the release of “*Home Dialysis: Your Life, Your Choice*,” a new DVD about treatment options that takes viewers into the lives of six people who use home dialysis, with commentary from three expert nephrologists.

The DVD features patients using peritoneal dialysis, daily home hemo, or nocturnal home hemo. They explain why they chose a home option—and how that choice has improved their lives. The DVD includes a segment on each modality, as well as individual interviews with each participant.

Dialysis facilities will receive one complimentary copy of this DVD from Network 6. Additional copies can be ordered online from **Home Dialysis Central**, at <http://shop.homedialysis.org>. Single copies are \$10.00, which includes shipping and handling. Discounts are available for orders of 10-99, and for more than 100 copies.

News from Georgia Association of Kidney Patients

The main item on GAKP's agenda this year, as was stated in several past issues of *Renal Health News*, was working on state legislation to certify dialysis technicians. We are sorry to report that the legislation failed to pass the legislature.

The bill, SB 57, sponsored by Senator Renee Unterman (R-Buford), a former nephrology nurse, failed to report out of the House Rules Committee in the final days of the 2007 legislative session. The bill did not fail on merit as it received favorable support in both the Senate and House health committees as it did in 2006.

In her presentation of the bill to the House Health and Human Services Committee on April 12, 2007, bill sponsor Senator Unterman stated that the dialysis industry had proposed an amendment to the bill that would exempt certain facilities because they already operate a national technician training program and don't need to be certified in Georgia. She stated she opposed the amendment and she wanted standardization of care and better care of dialysis patients.

"It is our fiduciary obligation as legislators to offer the best care to Georgia patients – not to be concerned with profit margins," she stated. "The corporations' interest should be the patients. They have to make a profit to stay in business, but it's the job of the legislature to see that patients' needs are first." The Georgia Association of Kidney Patients and the National Kidney Foundation of Georgia testified in favor of the bill in committee hearings.

In other news GAKP was pleased to sponsor a table at the Georgia patient educational workshop held in Savannah on May 17, 2007. GAKP volunteers helped greet patients and direct them to the conference room. Volunteers also manned a GAKP educational display table and talked with many of the conference attendees about the importance and value of patient organizations like GAKP that advocate for patients. Finally, at our July meeting, GAKP celebrated its fifth year, having been founded in June, 2002.

GAKP is a grass-roots patient organization founded by and for patients and dedicated to advocacy, support, and education of Georgia kidney patients and their families. Our organization grew out of a small group of patients who were instrumental in 2000 in passing Georgia's dialysis facility licensure law in 2000 that protects the health and safety of dialysis patients. GAKP believes that patients themselves can best protect patients' interests. To guard our independence, our bylaws prohibit us from taking contributions from the dialysis provider industry. Thus, our motto is "Putting Patients First Always."

GAKP invites Georgia kidney patients to join in order to meet and learn from other patients and educational programs and to help us advocate for kidney patients. GAKP meets at 2:00 pm on the third Sunday of January and every other month thereafter, usually at Piedmont Hospital in Atlanta. Family memberships of \$10.00 per year support our work and may be paid to GAKP and mailed to Boo Hall, Treasurer, 28 Velma Drive, Newnan, Georgia 30263. For more information, contact Joel Kollin, president, at (770) 392-7958 or jkollin@comcast.net. Our new website, www.gakp.org is currently under construction.

Submitted by *George Harper M.Ed, Ed.S*

Chuck Brown Memorial Award

In 2003, the Southeastern Kidney Council created the Chuck Brown Memorial Award to honor the memory of a beloved member of our renal community. The purpose of the award is to recognize an individual(s) or organization that exemplifies the mission and goals of the Southeastern Kidney Council. The award is presented at the Network's Annual Meeting.



Please complete the nomination form on the next page. The deadline for nominations is November 16, 2007.

The Chuck Brown Memorial Award

NOMINATION FORM

Deadline: November 16, 2007

The Mission of the Southeastern Kidney Council is to improve the lives of people with or at risk for End Stage Renal Disease by promoting and advancing quality of care. The Network goals include improving dialysis quality and safety, improving independence by promoting home dialysis options and in-center self-care, resolving patient complaints and grievances, improving provider collaboration and improving data collection to measure care and outcomes.

The nominee's name: _____ Telephone number: (____) _____

Dialysis Facility (if applicable): _____

Your name: _____ Telephone number: (____) _____

Your alternate contact number: (____) _____

Please complete the following:

1. How does this person/organization improve the lives of those with or at risk for End Stage Renal Disease?

2. What population does this person/organization impact?

- One patient A group of patients One state in Network 6 (GA, NC, SC)
 Multiple States in Network 6 (GA, NC, SC) Network 6 and beyond

3. Which of the Network goal(s) does this person/organization impact and how (please be detailed)?

- Improving dialysis quality of health care services and safety
 Improving independence by promoting home dialysis options/in-center self-care
 Resolving patient complaints and grievances
 Improving provider collaboration
 Improving data collection to measure care and outcomes

4. Which areas of care are impacted by this person/organization?

- Adequacy of dialysis Rehabilitation Anemia
 Transplant Immunizations Quality of Life
 Other (please list) _____

Additional Information: _____

Please send this form to: Southeastern Kidney Council
Attention: Sammy Bailey LMSW, Patient Services Specialist
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609
Fax: (919) 855-0753
Deadline: November 16, 2007

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Contact Southeastern Kidney Council:

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Consumer Committee Chair: Bonita B. Guilford

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The Southeastern Kidney Council has a toll-free number for patients and their family members:

1-800-524-7139



Southeastern Kidney Council, Inc.

ESRD Network 6
1000 St. Albans Drive, Suite 270
Raleigh, NC 27609

**Have you
Moved?**

If you have recently moved or changed your phone number be sure to tell someone at your facility. Also, when you provide your new information, remind the staff to contact the Southeastern Kidney Council with the changes or call yourself.

