

## Conditions for Coverage = Conditions for Change Key Messages for Our Patients

By Joyce F. Jackson, President and CEO



1. The government's Conditions for Coverage are rules that all dialysis units in the United States must follow. It is a top priority at Northwest Kidney Centers to put these rules in place and follow them.

2. These new Conditions have the potential to make us an even better

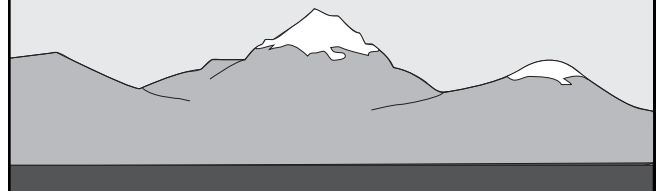
organization. As we move forward, we will focus on involving patients in care and establish closer contact with nephrologists, nurse practitioners, and physician assistants. I believe the new Conditions will improve the results of your care.

3. The existing Conditions haven't changed for 32 years. Because there are many new changes, it will take time to put them in place. Expect to hear about them over the next year.

4. These government rules cover many areas including: infection control, water purity,

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## Conditions for Coverage



### Your Doctor Needs To See You Monthly

The Conditions for Coverage are new government rules that all dialysis units in the United States must follow. The new Conditions require many new things. One of them is that your nephrologist, nurse practitioner or physician assistant must see you once a month. The rules state that the dialysis unit must make sure that this happens.

Your visit with your doctor may be in the dialysis unit when he or she makes rounds, or it may be in the doctor's office.

The doctor must see all patients monthly. This includes home hemodialysis and home peritoneal patients as well as in-center patients.

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## Key Messages for Our Patients

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physical surroundings, patient rights, care at home, improving quality, staff qualifications, work of the medical director, medical records, administration, patient assessment, and planning of care.

5. We have already started to change. We have new Infection Control methods in units and have expanded Patient Rights and Responsibilities. Also, Medicare now requires nephrologists to note in our medical records that they see each dialysis patient once a month. This can be in the doctor's office or the dialysis unit.
6. We will use this time of change to do things consistently in all areas of NKC. This will improve the quality of patient care throughout NKC.
7. We will try new approaches and get feedback from patients, staff, and our doctors. We will make changes accordingly, and try again. When in doubt, we will use our best judgment to adopt the most reasonable approach.
8. We are open to feedback from everyone: our managers, staff, doctors, patients, and your family members. Changes that work for some may not work well for others. We will strive to use all feedback. Speak up and give suggestions to NKC staff or send your feedback to [conditions@nwkidney.org](mailto:conditions@nwkidney.org).

Our vision is that NKC is a model for putting the Conditions for Coverage in place in a dialysis organization. Thank you for helping us make this possible!

## Your Doctor Needs to See You Monthly

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What's the reason for this new rule?

Medicare believes that this rule improves your care because your nephrologist can observe changes if he or she sees you regularly.

By the end of each month, your doctor will make a note in your NKC medical record that the doctor, nurse practitioner or physician assistant has seen you. Once in a while you may not see your doctor in a month. Then the doctor must note the reason why in your medical record. If we do not see this note, NKC administration will need to contact your doctor.

NKC may get a citation from government surveyors if your doctor or his or her partner, nurse practitioner or physician assistant does not see you each month. It is not good to get citations and we must make corrections if we get them.

Another rule is just for patients who dialyze in a unit (not for home patients). This rule states that your nephrologist must see you during a dialysis treatment at least once every three months. NKC will also need to check to make sure this is taking place. If not, we will need to talk with your doctor.

Please keep your appointments in the office with your doctor and make every effort to see your doctor once a month. Thank you!

Send questions, comments, or suggestions to [conditions@nwkidney.org](mailto:conditions@nwkidney.org), or call Sonja Coffman, Community & Patient Relations Coordinator, at (206) 292-2771, ext. 6923.

## **Your Patient Rights in the New Conditions for Coverage**

“Rights” exist in many areas of our lives. It’s a word that we all hold dear in our democratic society. We also have rights in other arenas – as employees, as members of many groups, and as people receiving health care. This includes your rights as a patient at NKC.

Most of the rights Medicare lists are already part of NKC’s Patient Rights and Responsibilities (PR & R). However, there are some positive changes as part of the new Conditions for Coverage. Medicare has sent these Conditions out and all dialysis centers must follow them.

Here are some of the changes:

- It is more clearly the job of NKC staff and your doctor to give you information about your rights.
- There is more emphasis on providing information about PR & R in a way that can be understood by patients. This is especially true for consent forms and forms requiring patients to sign their names. More information will be translated into the most common non-English languages patients speak, and NKC will continue to use interpreters.
- You must be told the policies about patient care including such things as when a patient may need to dialyze in isolation due to an illness.
- You need to be told about your current medical condition.
- There can be very rare times when a dialysis center finds it must discharge a patient against his or her wishes. NKC must give official written notice of this to a patient at least 30 days before discharge. There is an exception for emergency situations involving physical danger.

You have already received a copy of these new PR & R in your dialysis unit or by mail. Please read them carefully so that you are informed and can ask questions and exercise your rights and understand your responsibilities.

These PR & R are posted in your dialysis units at all times. If you have questions or comments, you can contact your unit manager, social worker, or Sonja Coffman, Community & Patient Relations Coordinator, (206) 292-2771, ext. 6923, or [sonja@nwkidney.org](mailto:sonja@nwkidney.org).

## **Fistulas Rule!**

Congratulations! You, the patients of the Pacific Northwest, are the real winners of this Quality Champion Award.

Northwest Renal Network #16 received a Quality Champion Award in August from Medicare (Centers for Medicare and Medicaid Services or CMS). We received this award because more dialysis patients in this part of the United States are using fistulas as their access site. Currently, 63.6 percent of patients in Washington, Oregon, Montana, Idaho and Alaska use a fistula (surgically connecting one’s own blood vessels) as their dialysis access. The goal is to have 66 percent of patients using fistulas, and we’re well on our way. Hooray for the Pacific Northwest!

Overall, this is the best type of access for people on dialysis to use. If you want more information, please talk with your doctor, or visit [www.nwrenalnetwork.org](http://www.nwrenalnetwork.org) and click on “Fistula First.”

# Fighting Germs

By Mary Lewis, RN, Clinical Director of Education



The new Conditions for Coverage require changes to many of the ways your care as a dialysis patient is provided.

Some of those changes are behind the scenes. Others will be obvious to you when you are in your unit or in home training receiving treatment. All of the new Conditions are part of the government's plan to improve the overall quality of care to people who receive dialysis.

One of the most visible changes you will notice is how we work to reduce the spread of germs. This limits the chances for patients or staff to spread germs that cause infection.

The Conditions require an increased focus on hand hygiene. This includes hand washing or the use of cleaning gels (like Purell). Hand hygiene is the single most important thing we can do to lower the risk of infection. Now, you will see staff changing gloves, using the cleaning gels, and washing their hands more often. When entering and leaving the unit, visitors (including family members) will need to wash their hands or use cleaning gel. To help make these changes, you will soon be seeing more dispensers of cleaning gel and clearly marked hand-washing sinks. Those sinks will not be used for any purpose other than hand washing.

Another major change involves how we work within areas known to be either *lower-risk* or *higher-risk*. A lower-risk area is one where there is a very small risk of someone being exposed to germs. The waiting areas, nursing stations, and some of the unit's back rooms are considered lower-risk areas. A higher-risk area is one where there is a higher chance of

being exposed to germs. When a hemodialysis patient is being dialyzed, the dialysis station is considered a higher-risk area because of the risk of exposure to blood.

You may notice these changes, and others too:

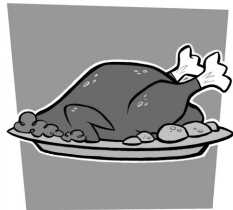
- Staff will prepare your dialysis supplies in a lower-risk area of the unit and bring them to your station when they are ready to use them.
- Staff will no longer use supply carts and will no longer carry extra supplies in their pockets from station to station.
- More boxes of gloves and hand gel dispensers will be located in new places.
- We will use different red needle containers or the same containers will be in new locations.

We want to use the best practices to make your risk of infection as low as possible. At the same time we want to be consistent across all of our units and in our home programs, so NKC staff everywhere use the same products and do the same things. This helps our staff keep you safe.

Medicare's required Conditions for Coverage are changing how we do things at NKC. If you notice something different in the way our staff members take care of you and have questions about it, be sure to ask your dialysis facility staff.

You can direct questions, comments or suggestions to [conditions@nwkidney.org](mailto:conditions@nwkidney.org).

## Let's Talk Turkey



As the holiday season approaches, it's time to start thinking about what you will serve during the holidays. Turkey is the tried and true staple for many Thanksgiving tables.

Turkey is an excellent protein as well as a great supplier of leftovers.

But how healthy is it?

It depends upon what type of turkey you buy. Many turkey manufacturers inject salt water (saline) into the turkey to make it freeze well and to make it juicier when it cooks. Fresh turkey naturally has only about 70 milligrams of sodium per 4-ounce serving. A saline-injected turkey contains about 320 milligrams of sodium per serving!

Not all turkeys have added salt, and these fresh, natural birds are a better buy for you. With a saline-injected turkey, you often pay less per pound, but you are paying for frozen salt water. Ask your local grocery store butcher if the store carries turkeys that are not sodium enhanced, enriched, or injected.

Start checking prices now so you can budget for a natural turkey. Ask the butcher what to expect for sale prices as the holidays get closer.

Consider the size of turkey that you need. Would you cook a bigger turkey and use up the leftovers? Or is it better to buy a smaller turkey or just a turkey breast or thigh to cook rather than a whole turkey? Maybe a whole chicken would be just right.

NKC's next cooking class is November 22. Join us to learn how to cook kidney-friendly holiday meals and leftovers. The NKC website has many holiday recipes to try as well.

***Have a safe and happy holiday season.***

## Just a Reminder ... Get Your Flu Shot

Health experts recommend a yearly flu shot for people with chronic illness, including chronic kidney disease patients and transplant recipients. It is important that you be vaccinated as soon as possible so that you do not get sick if you are exposed to the influenza virus. Patients with chronic illness who get the flu tend to develop life-threatening complications.

Both colds and flu cause upper respiratory illness of the nose, throat and lungs. The flu starts suddenly, and often causes fever, chills, headache, and other muscular pains. Colds tend to start slowly and seldom cause fever.

Remember to help reduce the risk of spreading the flu if you do develop symptoms. Use tissues to cough and sneeze into and throw them away after use. Don't share dishes, food or drinks. Keep your hands away from your face, wash your hands very often and use a towel that is separate from other people in your home.

If you have any questions or concerns about the flu shot, please discuss your questions with your doctor or NKC nursing staff.

The *Output* is published bi-monthly for kidney patients and interested persons by the Northwest Kidney Centers. It is available on our Web site at [www.nwkidney.org](http://www.nwkidney.org).

The *Output* provides general information and is not intended to serve as a treatment guide. Patients must never change their treatment unless directed to do so by their doctor or transplant team.

Values: Service • Excellence • Integrity • Teamwork • Stewardship  
President and Chief Executive Officer: Joyce F. Jackson



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## Coach's Corner Leaving Worrysville

By Sharon Pahlka, kidney patient and life coach



Do you worry too much? I do. My worry surfaced as I journeyed through the gorgeous San Juan Islands on a 36-foot boat, The Grand Waltz, with a friend. Close quarters and traveling can amplify personality traits. I like to know all the details: where I am going, how long, and what I can expect. Okay, I worry. My friend had a game plan, but he doesn't like to worry about the details. This caused tension. But it also made me contemplate my worry style. We all worry about the issues of life, but worry can become a bad habit, leading us to Worrysville.

Being concerned, however, can propel us into positive action. We might take our car in when it makes a strange noise or go to the doctor when we are sick. We can change worry into positive action. Here are ways to do this:

- Get the facts
- Set deadlines for decisions
- Delegate responsibilities
- Write a worry list and allow brief worry time
- Try to see the humor in the situation
- Realize you can't please everyone
- Learn to say "no"
- Ask, "What is the worst that can happen?"
- Permit yourself to make mistakes and relax
- Eat, sleep, and exercise well

My boat trip motivated me to take action over my worry habit. I decided to let go of my questions about the unknown and focus on the beautiful setting. Leaving Worrysville was one of the best vacations I have had!

**Coaching Question:** How do you set aside worry?

**Coaching Tip:** Consider where worry does not serve you. Decide not to live in Worrysville.

**Homework:** Be aware of when you worry. Pick one area in which to worry less. Use this list to move toward positive action, then do it!

### Quotes:

"When you worry, you go over the same ground endlessly and come out the same place you started." — *Harold B. Walker*

"If your eyes are blinded with your worries, you cannot see the beauty of the sunset." — *Krishnamurti*

## From Your NKC Billing Department: We Can Help

Here is some helpful information from the manager of our billing department. This is in response to a couple of comments people wrote on their patient surveys earlier this year.

Please keep in mind: The Billing Department is here each weekday to answer your questions about your NKC account. If you have received a billing statement or are wondering about where your account stands, please call us any time. Here are the names and numbers of all our billing staff. They are here to help you. Call (206) 292-2771, and then one of these extensions:

|                       |           |
|-----------------------|-----------|
| Amy Palma .....       | ext. 6527 |
| Jenny Sanseri.....    | ext. 6049 |
| Joni Herigstad.....   | ext. 4127 |
| Lisa Moore.....       | ext. 6127 |
| Rexcee Esguerra.....  | ext. 7527 |
| Tammera Ferguson..... | ext. 2948 |

We know that bills for your health care can be overwhelming and confusing at times. We are happy to help.

## Patient Survey Results — Our Action Plan

By Joyce F. Jackson, President and CEO

It is very important for NKC to listen to you – the patient. What you have to tell us is very valuable and includes things staff can't learn any other way. So, we very much appreciate your time and thoughts in completing the written survey last spring. We basically use the same statements on each survey we send you so we can compare your responses over the years. You gave us a lot of feedback. Thank you!

We got back surveys from 421 NKC patients and more than half provided comments as well. Overall, we received very positive results. In fact, on every statement except one, the majority of people gave us a "5," which is the best score.

The Board of Trustees has approved our Action Plan.

1. Our improvement plans need to focus on showing you the respect and concern we have for you. The survey statement that best predicts patient satisfaction is:  
*"Overall, how would you rate the way you are treated as a person (respect, concern) by all NKC staff?"* If you feel you are treated with respect and concern you are more likely to be satisfied with NKC.
2. We need to focus on how to best communicate and explain changes and listen to your feedback about them. The new Conditions for Coverage require many changes. We will use empathy and respect, and communicate clearly and often in a number of ways.
3. We'll keep looking for a more comfortable dialysis chair for hemodialysis patients. Chair comfort is perceived to be a problem in some units (not in others, even though

every unit has the same chair). The Product Committee will again look to see if a more comfortable chair is available that meets our requirements.

The new Conditions for Coverage require that each dialysis unit use patient feedback in the Quality Assessment/Performance Improvement plan for that facility. Your unit's medical director and nurse manager will be carefully reviewing your unit's feedback to develop a specific action plan as appropriate.

Thank you to those who took part in the survey. If you have questions about your own unit, ask your unit manager. The Executive Summary of the Survey is available to you. To receive a copy, contact Sonja Coffman, Community and Patient Relations Coordinator, at (206) 292-2771, ext. 6923, or [sonja@nwkidney.org](mailto:sonja@nwkidney.org).

## Ceremony of Remembrance

Join us in remembering those we have loved and lost. The Ceremony of Remembrance is an opportunity for family, loved ones and NKC staff to take time out to unite in a morning of reflection. All are welcome to attend.

**Saturday, December 6, 2008**

**10–11 a.m.**

**SeaTac Kidney Center  
17900 International Blvd. S.  
SeaTac, WA 98188**

Please RSVP by December 1, 2008 to Marcie Wirtz, (206) 292-2771, ext. 1107, or [wirtzm@nwkidney.org](mailto:wirtzm@nwkidney.org).

Refreshments will be served.

# Remembering Maria Elena Valdez

By Syrenka Slettebak, Manager of Community Health Education and Volunteer Programs



In *Output*, I like to highlight NKC volunteers who are also kidney patients. This article is about one of our wonderful volunteers, Maria Elena Valdez, who recently passed on. All who knew her, including

staff, patients and volunteers, are greatly saddened and mourn her loss.

If you were lucky enough to have known Maria Valdez, you will understand what I mean when I write that she was truly “one of a kind.” Maria faced many obstacles in her young life. She was born with spina bifida, spent her early childhood in body casts, and had more than 30 surgeries by the time she was 25 years old. In her early 20s, her kidneys failed and she began dialysis. Even with all of these struggles, Maria was able to live a life of love, laughter, and fulfillment. She felt that she was a lucky person. Her family, friends, volunteer work, and faith gave her meaning and kept her going through the hard times.

Some of the amazing things about Maria were her positive attitude, compassion, terrific people skills, warm smile, and ability to light up a room. As she’d arrive at my office in her

wheelchair, via Access bus, I could hear the delighted shouts as she came down the hall. Staff and volunteers alike looked up from their desks, smiled and greeted her warmly. When she attended events for patients, such as the annual conference and Northwest Kidney Patients Association holiday socials, everyone was happy to see her. She had a special way of making friends wherever she went.

As a volunteer, Maria was dedicated, reliable and hardworking. She volunteered for NKC in many ways. Maria served as literacy tutor for a fellow patient, assisted staff at Cascade and SeaTac Kidney Centers, answered phones at the Northwest Kidney Centers Foundation office, managed gift acknowledgments, and educated the public about kidney disease and organ donation. She was very active as a community health education and outreach volunteer. Maria represented NKC at community events such as the Latina Health Fair, Diabetes Expo, Puyallup Fair, KOMO Kids Fair, and many more.

She contributed mightily to the Northwest Kidney Centers for an impressive period of 13 years. After donating 618 volunteer hours in just one year’s time, Maria was chosen as the recipient of the very first NKC Volunteer of the Year Award.

Maria’s dedication to volunteerism is unparalleled. The joy she brought to so many others in her short lifetime is immeasurable. She is and will be deeply missed.