

# Network Notes

## Inside Network Notes:

**1** Have a Plan in Place for Vaccinating Patients & Staff

**2** Congratulations to those facilities that made the Network "Dean's List"!

The Network A+ers

**3** Advanced Directives and Living Wills: Something We Should All Have Drawn Up

Save the Date

Call for Posters!!

**4** Check Out Freddie and Freda!

The Five Things: Life Plans

Network Nominations

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## Have a Plan in Place for Vaccinating Patients & Staff

In light of last years' influenza vaccine shortage, Network of New England recommends that dialysis and transplant providers begin planning for the 2005-06 flu season now.

Healthcare workers and patients at high risk for complications of influenza should be encouraged to receive the influenza vaccination starting in the months of September or October. Dialysis and transplant staff and CKD/ESRD patients are considered a high-risk group who should receive the vaccine. Influenza is a very contagious disease that affects at least 10% of the population annually; influenza kills an average of 36,000 people in the U.S. each year. More than 90% of those who die are

65 or older (New York State Dept. of Health).

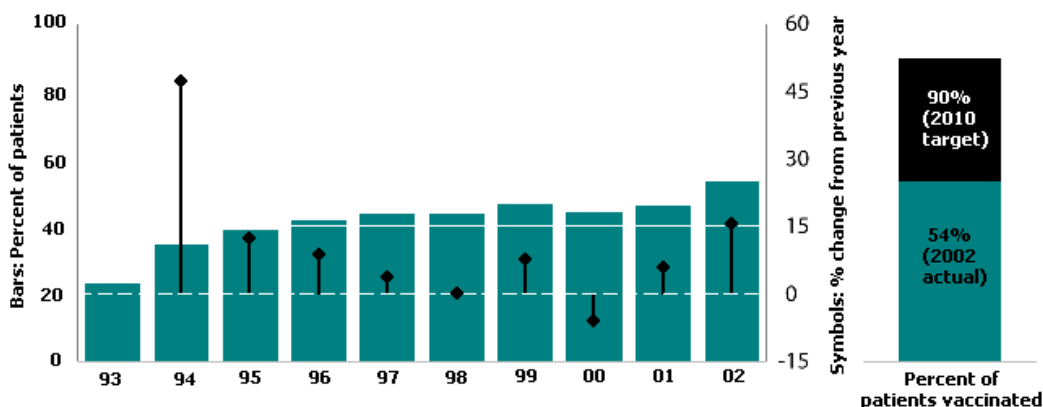
In the April 1, 2005 "Morbidity & Mortality Weekly Report" (MMWR) the CDC announced that the supply of inactivated influenza vaccine for the 2005-06 seasons is projected as adequate to meet the demands for persons in the high risk, priority groups. That is good news, but of course there are no guarantees. It may be wise to contact your supplier to place your order for vaccine for NOW.

The CDC encourages implementation of a two-tiered pre-booking strategy by manufacturers, distributors and users of the inactivated vaccine. This pre-booking requires

customers to request supplies using the number of doses ordered based on anticipated demand among persons in the priority groups, in the event the supply is limited. The second order is for the doses required for the priority group plus other groups not a priority (staff who do not have direct patient contact).

The Centers for Medicare and Medicaid Services (CMS) has preventive services goals to increase the rate for both influenza and pneumococcal vaccinations.

*Continued on page 2*



Displayed above is some comparative national data showing rate of influenza immunizations for the ESRD prevalent population as reported by the United States Renal Data System (USRDS). Although the data from 2002, it does show steady longitudinal improvement over ten years.

## Congratulations to those facilities that made the Network “Dean’s List”!

There are a number of dialysis providers in New England that have achieved high scores on data submission in terms of accuracy and timeliness. The Network of New England data team would like to recognize those who work so hard to get Network paperwork in on time and with a great degree of accuracy. There are 76 providers on the Dean’s list this year, as compared to last year’s 48 providers, a 59% increase.

Artificial Kidney Center Of Fall River	Gambro Healthcare Hartford	Southern Maine Dialysis Facility
Baystate Medical Center - Transplant	Manchester Kidney Center	Sunrise County Dialysis
Brigham And Women’s Hospital	Metro West Artificial Kidney Center	Gambro Healthcare Milford
Casco Bay Dialysis Facility	Milford Dialysis Center	Gambro Healthcare Plymouth
Danbury Hospital	Miriam Hospital	Gambro Healthcare Salem
Dartmouth Hitchcock Medical Center	New Britain General Hospital	Gambro Healthcare Stamford
DCI Ball Square	New Hampshire Kidney Center	Gambro Healthcare Torrington
Dialysis Center of East Providence	NNA of Providence	Hampshire County Dialysis Center
Dialysis Center Of Newington	North Shore Regional Dialysis Center	Lewiston Auburn Kidney Center
Dialysis Center of Tiverton	North Suburban Dialysis Center	Lincoln Lakes Regional Dialysis
FAH - Chittenden County Dialysis	Norwood Dialysis Center	Ludlow Dialysis Center
FAH - RRMCC Satellite	Physicians Dialysis, Inc. - Fitchburg	MaineGeneral Medical Center
FAH - St. Albans Satellite	Physicians Dialysis, Inc. - Rocky Hill	U-MASS Mem. Health Care - Hahnemann
FMC of Blackstone Valley	Pioneer Valley Dialysis Center	Umbagog Kidney Center
Fresenius Medical Care of Mashpee	Renex Dialysis Clinic of North Andover	University Dialysis Center
Fresenius Medical Care of Wakefield	Rhode Island Hospital	VA Medical Center - Providence
Fresenius Medical Care of Warwick	Rockville Gen. Hosp. Unit in Vernon	VA Medical Center -Togus
Gambro Healthcare Bridgeport	Saints Memorial Med Ctr/Merrimack - Lowell	Waldo County General Hospital
Gambro Healthcare Burlington	Seacoast Dialysis	Western Mass. Kidney Center
Gambro Healthcare Cambridge	Somersworth Dialysis Center	Westwood Dialysis Center
Gambro Healthcare Greater Waterbury	Southeastern Massachusetts Dialysis Clinic	York County Dialysis Center

### The Network A + ers The following facilities achieved 100% accuracy. **Way to go!**

Coastal Dialysis Center	Fresenius Medical Care of Westerly	Renex Dialysis Clinic of Amesbury
DCI Brigham/Faulkner	Martha’s Vineyard Hospital	Rockville Gen. Hosp. Unit in N. Windham
DCI Skowhegan	NNA - Pawtucket	VA Medical Center - West Haven
DCI Walden Pond	North Country Kidney Ctr.	
FAH - Barre Satellite	Peabody Dialysis Center	

*Continued from page 1*

Many dialysis patients are susceptible to both influenza and pneumonia; both vaccinations would benefit CKD/ESRD patients unless medically contraindicated.

A single dose of adult pneumococcal vaccination is recommended for all people over 65. Immunizations records should be recorded in the patient’s chart for tracking purposes and reviewed each September with the

patients. Often long term care facilities; nursing home & rehabilitation centers will vaccinate their patients for influenza and or pneumonia. This should be verified with those providers if any of your dialysis patients resides in this type of

facility.

*Providers should periodically check the CDC web site for updates on the influenza vaccine supply for the 2005-06 season: [www.cdc.gov/ncidod/diseases/flu/weekly.htm](http://www.cdc.gov/ncidod/diseases/flu/weekly.htm)*

## Advance Directives and Living Wills: Something We Should All Do

When you need medical care, you have the right to make choices about that care. There may come a time when you are so sick that you are unable to make those choices. To stay in control of your health care decisions it is best to put these choices in writing.

An advance directive is a written document made according to legal requirements defined by state law. In the directive a person specifies health care preferences in the event that he or she becomes incapable of communicating treatment choices. Most states that recognize advance directives require that health care providers follow the instructions in end-of-life situations.

The Living Will, Advanced Directives, Declaration or Instructions for Health Care are all terms used to define the document that is filled out in advance of end of life decisions, stipulating wishes about withholding or withdrawal from medical care in the event a person can no longer speak for themselves. Generally the document allows patients to give specific instructions as to what medical care is desired if clinical prognosis becomes incurable or irreversible. A patient can direct the attending physician to withhold medical treatment such as cardiopulmonary

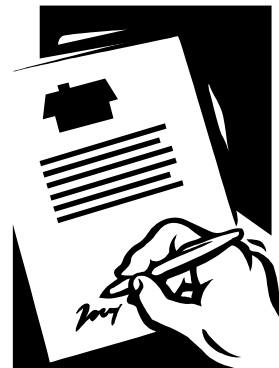
resuscitation (CPR) or a respirator. Stipulations can be made for fluids only or medication to control pain. Advance instructions should be discussed with all the patients' health care providers, health care agent and family or significant others so that they know of the patient's wishes ahead of time. It is best for family and caregivers to have a photocopy of the patient's Living Will. The original should be kept in a secure location that is assessable to family or close friends. A safe deposit box or other security lock box is not recommended unless others have keys or codes to allow access when needed.

A proxy directive, also known as durable power of attorney, may include specific instructions and appoints an agent to act in the place of the individual when the individual is not capable of making or expressing health care decisions.

Health Care Proxy, Power of Attorney for Health care, Durable Power for Attorney for Health care, Attorney-In-Fact for Health Care Decisions are all different titles used to describe the person that is appointed to carry out health care decisions when a patient is unable to make self determine. This health care agent must be 18 years or older, cannot be your attending physician or an employee

of a health care facility in which a patient resides unless that person is related by blood or adoption. In some states it cannot be a spouse. The forms to assign a proxy agent vary in each state of New England. The form used to designate a health care proxy needs to have a signature and two witnesses; often the document must be notarized. Check your state's specific requirements for completing these forms.

Advanced Directives or Health Care Proxy document can be changed, however new documents must be drawn with notification to doctors and family about the changes. It is advisable to have both documents filled out while alert and healthy to decide exactly what is wanted or not wanted. Contact the Network of New England if you are interested in receiving the model documents for your state.



## Save the Date

**October 6, 2005**  
**8:45 AM - 3:30 PM**  
**Sturbridge, MA**

### *17<sup>th</sup> Annual Network of New England Education Meeting*

The meeting will be held at the Sturbridge Host Hotel and Conference Center located on picturesque Cedar Lake in Sturbridge, MA. This venue has a large hall for displaying posters and exhibits and an area where participants can enjoy refreshments.

In addition to the 12,000 square foot Exhibit Hall for the educational sessions, lunch will be served in the Grand Ballroom.

There is adequate parking for all attendees, and we have a range of hotels in the area to fit your budget. Registration brochures will be mailed in July, so please plan your time and registration fees now.

## Call for Posters!!

Share your success stories. Exhibit a poster at the Annual Meeting. Call the Network office to enroll your poster 203-387-9332.

## Check Out Freddie & Freda!

Inserted in this issue is a cartoon for staff to post in your patient waiting area, it has been developed by the Network Patient Advisory Committee (PAC). The PAC wanted

to create a patient education tool that would support the CMS national initiative on increasing the number of AVFs placed and used by patients as the first blood access for

dialysis. They also wanted the educational tool to be engaging so that patients and staff would be more likely to read the information. They did a great job – Freddie and

Freda are wonderful role models to promote AVF in dialysis patients. Look for more from Freddie and Freda, they could even show up at the Network Annual Meeting!

## Network Nominations

Have you ever considered serving on the Network Board of Directors or the Medical Review Board? The Network Organization needs the advice of knowledgeable professionals. Please contact Jenny Kitsen at the Network office if interested in learning more,

## The Five Things: Life Plans

Have you ever thought about the end of your own life? Do you ever wonder how much or how often the patients you care for think about it? It's likely that the patients you care for think about death more than you, but the fact is that we all think about it. It happens to everyone as a natural part of the life course. Here are some ideas to help patients, yourself or anyone think about the dying process from a life affirming perspective.

Dr. Michael Germain is a respected, published New England Nephrologist who thinks people have five basic emotional needs as the end of life nears. While living wills, advance directives, medical proxy, and DNRs are important, our unique human experiences and relationships collected over a lifetime matter the most. Dr. Germain believes there are five things we need at the end of life. They are: telling people you love them, hearing people say they

love you, forgiving people who have hurt you, asking for forgiveness from people you have hurt, and feeling finished with the business of life. An example of the "business of life" is being sure someone will care for your parent, spouse, child, dog, cat or most treasured possession. Everything else will take care of itself.

What is so special about these simple five things? Accomplishing them will give the dying person a greater sense of peace.

**End Stage Renal Disease  
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