

Newsletter

The Centers for Medicare & Medicaid Services (CMS) wants to hear from you:

HOW ARE WE DOING?

Our facility is participating in a national study for patients receiving in-center hemodialysis care. If you receive a survey in the mail or a phone call from, <u>Press</u> <u>Ganey</u> we ask that you please take a moment to complete the survey about the care you receive from us, even if you completed the survey several months ago.

YOUR FEEDBACK IS IMPORTANT TO US!

Your participation is voluntary. All answers are protected by the Privacy Act, and no one will be able to connect your answers to your name. **Your answers will help us improve your care!**

If you have questions about this survey, please call our survey vendor, at <u>Press</u> <u>Ganey</u> (844) 273-3513

Thank you in advance for your participation in this important survey!







Overcoming Financial

Hardships with Kidney Disease

New data estimates that <u>50%</u> of people with kidney disease will face financial hardships that create challenges when accessing care. Some may need to leave or take time off from their jobs, struggle to pay for medications, or not know how to apply for or maintain health insurance.

Charles Pecoraro is one such person who found himself in a tough spot after a surprise diagnosis of cancer, high blood pressure, and kidney disease.

In June 2019, Charles was being treated for malignant melanoma cancer when he learned that he also had high blood pressure and stage 5 kidney disease.

"I was one of these individuals who always believed that he didn't.need insurance. I didn't need to do all these things because my plan was laid out," said Charles. "I had built a business and I was relying upon the money from that business and selling it to retire with."

Unfortunately, with such a late diag nosis, Charles was already suffering from a buildup of toxins in his kidneys.

"I was in kidney failure before I was even aware of it. There were so many toxins built up in my body and brain. It affected my thinking- I called it getting wonky," said Charles. "I was not able to think or communicate properly. I was not able to do what I normally do."

Things went downhill quickly as Charles experienced debilitating emotional, mental, and physical symptoms from the kidney disease. It ultimately affected his ability to continue working, causing him to lose his business.

Three shocking health discoveries... Continued on Next Page





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Delay In care

Charles had to get health insurance to afford care, but he didn't realize how complicated and time -consuming this task would be.

"When I finally got into the system, I discovered there was a seven-day delay to get those things covered. It almost cost me my life," said Charles. "I was very sick and needed lab tests, but the insurance didn't cover them because I was transferring from one state to another."

By the time Charles's tests were covered, he was just days away from death and needed emergency medical care. He thought his insurance ordeal was over but learned that having his heart port removed and dialysis fistula surgery covered would be his next hurdle.

"There was a big debate back and forth as to what insurance was going to cover and a two-and- a-half -month delay before I could actually have the heart port taken out and the fistula put in," Charles said. "It was a very long delay and it even created a medical catastrophe: One day my heart port just wore out and it popped out of my chest."

Charles was finally able to start dialysis in February 2020 but is now struggling to receive the benefits he needs to pay for treatment and living expenses.

<u>Help from a kidney social worker</u>

Sadly, Charles is not the only person who faces delays in care. There are experts, like Beth Witten, a kidney social worker with over 40 years of experience, who can help.

Tips to avoid delay in care:

- 1. Report all symptoms to the doctor immediately so you can be treated quickly and continue working. Many insurance plans through work are more affordable or offer better benefits than private ones.
- 2. Write down the names and phone numbers of everyone you talk to, and keep track of all your medical, insurance, and financial records.
- 3. Your kidney care team or social worker is a great resource to help walk you through the process.
- 4. See if your company is large enough to offer the Family and Medical Leave Act so you cantake time off to go to doctor's appointments, the dialysis center, or get home dialysis training.
- 5. If you can't work, visit the Social Security website and look for "The Red Book," which outlines the qualifications of their two major disability programs.
- 6. If you get disability checks without kidney failure, there's usually a 24-month wait to get Medicare. If you have kidney failure and do in-center dialysis, there's a three-month wait. However, if you start a training program for home dialysis or get a transplant as your first treatment, it begins immediately.



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Hardships with Kidney Disease

Witten also recommends visiting the following websites for more information:

- dol.gov (U.S. Department of Labor)
- ssa.gov/redbook or (800) 772-1213 (Social Security Disability Insurance)
- Healthcare.gov
- Medicare.gov
- Ihs.gov (Indian Health Services)
- Va.gov (U.S. Department of Veteran Affairs)
- Benefits.gov
- Unitedway.org
- shiphelp.org or (877) 839-2675 (State HealthInsurance Programs)
- Needymeds.org and mat.erg (Medicine Assistance Tool)

<u>Find additional insurance resources</u> for kidney patients and use our <u>free prescription discount</u> <u>card.</u>

Not sure where to start? Get answers from a trained professional through our Patient Information Helpline, <u>NKF Cares</u>.

Advocate for affordable kidney care

Join our network of advocates to make a difference for kidney patients. You can influence public policy relating to kidney health, organ donation, and transplantation through simple activities like emailing, calling, or tweeting your legislators. Your story can help make change happen in government and across the nation. We'll showyou how.

Looking for the latest in kidney research, care, and treatment?

<u>Subscribe to Hot Topics in Kidney Health</u>, the podcast that examines important kidney topic s, brings in the experts, and provides actionable tips that you can start using today.



Let's Talk NUTS!

Nuts and seeds come in many varieties. Although most nuts and seeds have a high oil content, they provide "good fats" such as monounsaturated and polyunsaturated fats.

Why are nuts and seeds superfoods?

Nuts and seeds contain many beneficial elements such as heart-healthy fats, omega 3s, plant sterols, fiber, plant protein, vitamin E, selenium, and calcium. They also help prevent inflammation and are rich in antioxidants.

- Nuts can help suppress hunger because of their protein, fat, and fiber content.
- Crushed nuts add texture and flavor to foods.

You can enjoy nuts and seeds as a snack (handful), sprinkle on top of salads or cereal, and add to smoothies or trail mix.

Nuts and seeds and kidney disease

Nuts and seeds contain potassium and phosphorus. The amount you can have each day will depend on your stage of kidney disease or the type of dialysis you receive.

Kidney disease and transplant recipients

Most people with CKD or a kidney transplant do not have to limit nuts and seeds due to potassium or phosphorus. If your laboratory results show higher levels of potassium, a kidney dietitian may talk with you about how much to eat.

Hemodialysis (3 times a week)

Potassium and phosphorus can be a concern for nuts and seeds. Limit to 1/4 cup portion. Use the chart on the next page to choose nuts and seeds that will fit your kidney diet plan. For example, macadamia nuts and pecans are lower in potassium and phosphorus than peanuts and almonds

Daily home and nocturnal hemodialysis and peritoneal dialysis

These types of dialysis can remove more potassium, so you may need to eat more potassium foods. The amount of phosphorus you may have will depend on your blood phosphorus level. Use the chart on the next page to choose nuts and seeds that will fit your kidney diet plan.

Kidney stones

If you have a history of calcium oxalate stones, talk with your doctor or kidney dietitian about the need to limit oxalates. Almonds, mixed nuts without peanuts, and sesame seeds are high in oxalates.

Nut Butters (2 tablespoons)	Phosphorus (mg)	Potassium (mg)	Protein (g)
Almond Butter	163	240	6.7
Peanut Butter	108	180	7.2
Sunflower Seed Butter	214	184	5.5



Newsletter

Nuts and Seeds (1/4 cup)	Phosphorus (mg)	Potassium (mg)	Protein (g)
Roasted Pumpkin Seeds	15	147	3
Macadamia Nuts	63	124	2.7
Pecan Halves	69	101	2.3
Hazelnuts	84	196	4.3
Sunflower Seeds	100	80	1.7
English Walnuts	101	129	4.5
Peanuts	133	232	8.9
Cashews	150	180	5
Almonds	150	200	6
Pistachios	150	290	6
Black Walnuts	154	157	7
Pine Nuts	194	202	4.6



- **Give a High Five**
- ***** **Bump Elbows**
 - Share your Favorite Recipe
 - Write a Thank You Note



- **Color a Picture**
- **Tell All Of Your** Nurse's HANK YOU!
- ******



Newsletter

Preparing for Severe Spring Weather

As we move into the spring months, it is important to review steps that can be taken to protect ourselves during severe spring weather. In Lancaster County and surrounding areas, severe spring weather can start as early as April and extend through August. Springtime in Nebraska may bring the potential for tornadoes, torrential rains, hail, and flash flooding. The months of May and June are typically the wettest months when we can receive a lot of rain.

In 2024, there were 100 tornadoes noted by the National Weather Service. This included five tornadoes in Lancaster County alone. The community sirens will alert if weather is favorable for tornadic activity. However, experts recommend staying well informed by listening to other resources. These resources may include radio, television, and/or Smart phone apps.

One of the best ways to be prepared for severe springtime weather is to have a plan of what to do if you need to seek shelter or evacuate, and to have an emergency kit stocked and ready to be utilized at any time. The following information is found in DCL's Disaster Planning Manual.

Get Ready Emergency Go Kit

 3-day emergency diet plan with bottled or distilled water and manual can opener Remember food & water for your pets, too if you have them 	 Personal information and medical forms A list of important phone numbers, including DCL 	
 Small radio with working batteries or a hand crank 	• Some utensils plus measuring cups, teaspoons & tablespoons	
• First aid kit	• Hand sanitizer	
Cell phone and charger	• Cash	

Get Ready Medical Supplies Checklist

 Check all medications to make sure they are not expired Make sure your portable oxygen is filled, if you use oxygen 	 If you are diabetic: Have your glucose meter with spare batteries and testing fluid
 Make sure you have a 5-7 day supply of prescription medications 	• 5-7 day supply of blood sugar test strips and lancets
• Have your Kayexalate emergency medication close by in case you receive a call from the nurse manager to take it	 5-7 day supply of syringes and insulin (if you use insulin) Glucose (tablets, Glucagon, oral gel) in case you sugar level drops



Preparing for Severe Spring Weather

In Center Clamp & Go

It is important to review clamp & go with DCL staff during a dialysis treatment. Someday you may need to disconnect yourself from the dialysis machine (known as clamp & go) so talking through the steps is important! First and foremost, be calm and wait for instructions from your DCL staff. Do the following if you are instructed to clamp & go:

- Clamp both access needle lines.
- Clamp both of the thicker blood lines.
- ALL FOUR clamps should be closed.
- Unscrew the lines **between** the closed clamps.

Leave needles in place and notify staff when you are disconnected. **DO NOT** pull out your needles until staff tell you OR you are out of danger.

If you are not able to clamp & go the DCL staff will be there to disconnect you from the dialysis machine and help get you to safety. There are two things that will happen during an emergency at a DCL unit:

- I. You will shelter in place.
 - a. Staff will move you to an interior area in the building that is windowless.
 - b. Staff will remain with you until it is safe to move out of the shelter in place area.
- 2. You will evacuate.
 - a. Staff will be with you at all times during evacuation.
 - b. You should evacuate by yourself only if you are disconnected and in immediate danger.
 - c. Let staff know if you are feeling lightheaded or dizzy while sitting and do not get up!
 - d. If you feel lightheaded or dizzy after standing, sit back down and notify staff.

The external evacuation "safe spot" is the far side of the parking lot at all DCL units. It is important to review the DCL disaster plan annually. Staff will be reminding you of the plan during the spring months. We are hoping for a safe 2025 and look forward to working with and caring for you!

References:

Dialysis Center of Lincoln Disaster Plan Manual University of Nebraska (2025): Lincoln Weather and Climate



<u>Build a Kidney Friendly Garden</u> with these yummy veggies!



Carrots



Peppers



Broccoli and Cauliflower



Okra



Cucumber

Snow Peas



Lettuce



Onions



Radishes



Green Beans