Immediate Past President’s Message

Dear members, and colleagues,

It was with great pleasure that we welcomed 1800 delegates to Hamburg for the 38th International EDTNA/ERCA Conference.

The Conference opened with music performed by the famous, The S.O.U.L. 50 Voices Groove and Tatara group. We decided on an exciting topic for the opening guest lecture of the Conference and invited Captain Timothy Crowch, President of Advanced System Safety Management who presented a lecture entitled Managing Risks – lessons healthcare may learn from aviation.

Over the three Conference days, 4 parallel sessions were held with simultaneous translation being provided in the main hall. Paula Ormandy and the SPC team have done an outstanding job and having prepared a high quality education programme. Over 80 abstract presentations, 100 scientific posters and various industry symposia gave delegates an overview of the current trends and future developments in renal care.

Many thanks to our industry colleagues who have supported this year’s Conference and the Association’s various projects throughout the year. We were really pleased with the size of this year’s beautifully arranged exhibition. Over 30 companies displayed the latest developments and machines for renal replacement therapies and shared with delegates their knowledge and experience of products used in the treatment of patients with CKD.

An exciting historical exhibition kindly supported by FNB, charting the discovery and development of dialysis, using a variety of media aids from pictures, equipments and archived historical film was displayed during the whole Conference.

The Scientific programme was enhanced by ever popular industry sessions organized by Gambro (“Making dialysis quality easier – preventing intradialytic hypotension by blood volume controlled biofeedback”, chaired by Jitka Pancířová), Fresenius Medical Care (“Preserving the patient’s lifeline: the role of planning, caring and educating in vascular access management”, chaired by Anna Marti Monros), Baxter (“Helping your patients make the right dialysis choice; unplanned start to dialysis programme”, chaired by Tony Goovaerts), Genzyme (“Hyperphosphatemia in CKD-MBD patients; it is inevitable and what can we do about it”, chaired by Maria Fettouhi) and Diaverum (From policy to quality; promoting patient centred care through CQI, chaired by Debbie Miller and Maria Saraiva).

A further acknowledgement goes to Baxter Europe kindly helped us to bring a very special guest speaker – a PD patient to the Annual General Meeting. Volker Blum was diagnosed with CKD in 2005 and since then, he has been on dialysis. To encourage the other patients suffering from CKD he decided to take a 30 days, 628 km long journey...

Captain Timothy Crowch
Opening Ceremony guest speaker

Jitka Pancířová, EDTNA/ERCA Executive Director
& Anki Davidson, Director Branding & Market Communication, Gambro,
Representing diamond sponsor

.../... page 2
across the Alps to demonstrate that the “dialysis” diagnosis is not life limiting at all. (www.dialysontherocks.wordpress.com)

As consultation with pre-dialysis patients and prevention of renal failure becomes more and more important for renal professionals, the LOC organized a forum for the citizens of Hamburg in conjunction with the Conference. An information booth was developed and manned by local renal staff. It was located in the city centre and informed people about the prevention of CKD.

Our partnership with international industry partners is becoming even stronger and we work very closely together. A new joint EDTNA/ERCA and Fresenius Medical Care International project “Go green in dialysis” was launched at the Conference. The project timescale has been agreed for 3 years and we have developed the following project objectives: create awareness for environmental aspects in dialysis, change habits for more “environmental friendly” dialysis, measure environmental changes/savings and prepare environmental guidelines for dialysis.

Our enthusiastic project groups and EDTNA/ERCA Consultants for Renal Anae­mia, Kidney Transplant and Peritoneal Dialysis have also continued working on many inspiring projects and for the first time in the long standing history of the EDTNA/ERCA, we launched 3 new hand­books at the Conference:

• Renal Transplantation - A Guide To Clinical Practice (kindly supported by Bristol Myers–Squibb International)
• Peritoneal Dialysis – A Guide To Clinical Practice (kindly supported by Baxter Europe)
• Haemotology and the patient with CKD – An Introductory Guide (kindly supported by Roche UK, Syner-Med UK and Vifor Pharma International).

This past year has been a busy one for our Association, but it has been a great honour for me to serve as President of the Association and to work with so many dedicated colleagues. I have experienced many exciting, demanding and challenging moments. Despite the hard work we had a lot of fun and enjoyed working together, especially at the Conference.

Let me thank the Executive Committee, Conference Department, Local Organizing Committee, all the volunteers and all those who have contributed to the organisation of this Conference. A very special thanks go to Jutta Balhorn Honorary LOC Chair and Waltraud Kuentzle – LOC Coordinator for their magnificent achievements and support.

Finally, thanks to all who have attended the Hamburg Conference and contributed to the success of this unique event.

Yours sincerely,
Jitka Pancířová
EDTNA/ERCA President 2006-2009

Editor Letter

This Newsletter is the last issue of 2009. It has been published in 12 languages and in 2010 two more will be added. The Association is very proud of counting on such enthusiastic Volunteers who do not hesitate to take on important work in terms of time consuming, to make this publication readable for their country colleagues’ non English speakers.

You have had to read from me several times how difficult it is in terms of human and financial resources to produce publications in several languages. Not one association either in Europe or worldwide is able to offer this service.

Despite the effort to provide a maximum of translated publications, sometimes it is quite frustrating to receive proof that they are not valued as was the case with the Journal of Renal Care. After several years of providing it in 7 languages, following research conducted over several months into the number of times the translated journal was accessed, a professional evaluation was made which demonstrated that translated versions were read by no more than 2% of members. An easy calculation has proved that the enormous cost of each Journal was financially not viable, and the few members reading it were in the end those who have had to suffer the cessation of the translations.

Nevertheless, it is a fact that many EDTNA/ERCA Members are non English speakers and EDTNA/ERCA is committed to providing as many translated publications as possible, but, how can this service be improved? In my opinion this could have an easy solution through the collaboration from National Associations.

It is a fact that some European National Associations are very strong in terms of services and publications for their national members but, don’t you think that isolation is not good and sharing forces would be without a doubt beneficial to everyone?

María Cruz Casal
EDTNA/ERCA Newsletter Editor
mcruzcasal@libertelecom.com

Did you know....

Transplant physicians face ethics of paternity discoveries

Wrongly attributed paternity is discovered during histocompatibility testing in 1% to 3% of all living kidney donations, according to a study of U.S. and Canadian transplant data.

When unexpected news arises during donor-match testing, doctors find they need a set policy on what to reveal.

Are physicians and other transplant professionals obliged to tell what they have learned about the paternity? If so, whom do they tell?

This article is available in: http://www.ama-assn.org/amednews/2009/07/06/prsb0706.htm

NOTE OF APOLOGY

The EDTNA/ERCA would like apologize for the error of including Lina Schwarz as an author of Chapter 5: The Psychosocial Aspects of Peritoneal Dialysis in Handbook “Peritoneal Dialysis A Guide to Clinical Practice”. In future editions of this book, this mistake will be corrected. Again we apologize for this oversight.
Unplanned Start Programme – Helping your patients make the right dialysis choice

Unplanned start to dialysis is still a major problem across the world and up to 50% of patients still commence dialysis in this way. This is associated with an increased mortality risk and an increased use of resources (such as HD sessions with a Central Venous Catheter, more in-patient days and more costs). Only a few of these patients receive education on treatment options and make a decision on which option fits best with their lifestyle. As a result, most patients will start their dialysis on in-centre HD and will remain there, unaware of the option of home-based therapies.

But studies have also shown that 35-55% of planned patients choose home dialysis if given education and therapy choice. 1 So what can be done to help unplanned start patients to be given a choice of home dialysis?

The Corporate Education Session of Baxter at this year’s EDTNA/ERCA Conference, chaired by Tony Goovaerts (UCL, Brussels, Belgium) focused on the this important clinical problem. In an informative as well as entertaining talk, Dr Andrew Mooney (Consultant Nephrologist, Leeds, UK) described the science of decision making. When deciding about long term dialysis options, patients need more than just information, they need support in making the decision – even more difficult in the unplanned start patient.

Turning this into practice is difficult, and two groups of presentations described interventions in Europe. Maria Patrizia Fiorito and Dr Luigi Coli (Bologna, Italy) described the observational study, Acute Start Access Programme (ASAP), which is examining the impact of a structure educational intervention. Marjan de Jong (AMC, Amsterdam, Netherlands) and Janet Wild (representing Liz Cropp, Stoke, UK) described the Unplanned Start Programme which commenced at the end of 2008.

The objectives of the Unplanned Start Programme:
• Create a pathway ensuring all patients are given a choice of treatment regardless of the way in which they start dialysis.
• Provide structured unbiased treatments option education for unplanned start patients
• Facilitate the decision making process among patients using decision aids enabling more patients to make a (shared) decision.

Treatment option education is a key element of the Unplanned Start Programme.
• The treatment option education programme consists of four meetings. The first main visit is to introduce the educator to the patient as well as briefly explaining the objectives of the programme.
• During the second meeting, treatment options will be discussed with the patient. It is important to remember that these patients are experiencing the shock of having to start dialysis and are much stressed. They want to know what will happen to them and explaining the different treatment options at this stage may decrease some of their anxiety.
• The third meeting will focus on the patient lifestyle, needs and values and how the different treatment options may or may not fit with their life
• At the last meeting the patient together with the educator will have to make a decision. This can be supported by using decision aids developed with the help of specialized psychologists in patient decision making, as well as Baxter’s team of adult education specialists. The decision aids have subsequently been validated by the seven pilot centers across Europe.
• Decision aids are another key element to the conflict and increase participation in decision making without adversely affecting anxiety.
• These tools do not advise people to choose one option over another nor do they replace counseling. They are simply there to facilitate the decision making process and to help patients play a more active role in the dialysis modality choice.

A pilot programme was started at the end of 2008 in 5 European countries (Belgium, UK, Germany, Netherlands and Turkey). The pilot ran in seven dialysis centers for which the patient flow analysis confirmed that up to 50% of all patients commencing dialysis started in an unplanned way and almost always started dialysis on in-centre HD.

Today the initial pilot results confirm that 40% of patients who have been through this education programme choose a home-based therapy, either peritoneal dialysis (PD) or home haemodialysis (HHD). If you are interested in using the UNPLANNED START DIALYSIS PROGRAMME in your centre, please contact a Baxter representative.
Get familiar with the EDTNA/ERCA Executive Committee 2009 – 2010.

Get to know each volunteer and their role within the Executive Committee.

From left to right:
- Maria Saraiva, Secretary, Portugal
- Iris Romach, Treasurer, Israel
- Mumtaz Goolam, Executive Committee Member, United Kingdom
- Jitka Pancirova, Executive Director, Czech Republic
- Anastasia Laskari, President, Greece
- Elsheva Milo, Secretariat coordinator, Israel
- Michel Roden, Executive Committee Member, Belgium
- Maria Cruz Casal, Executive Committee co-opted Member, Spain
- Alessandra Zampieron, Executive Committee Member, Italy

EC Responsibilities 2009-2010

<table>
<thead>
<tr>
<th>Secretary</th>
<th>Member</th>
<th>Treasurer</th>
<th>Member &amp; Secretariat Co-ordinator</th>
<th>Imm. Past President &amp; Executive Director</th>
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<td>Maria Saraiva</td>
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<td>Israel</td>
<td>Elsheva Milo</td>
<td>Israel</td>
<td>Jitka Pancirova</td>
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EC Meetings
- AGM
- E&R Board
- NC chair

DOPPS
- ENRCA
- Link to Universities

Finances
- Budget
- Contracts
- Quality Management

P&P
- Membership Management
- Link
- IG+PG

Industry & IAB
- Marketing
- Quality Management chair

Secretariat
- Conference Department
- SPC International Associations
- National Associations NC member

International Link Members
- Communication with e-members
- Website

Publications
- Newsletter
- JORC
- Annual report

Key Members
- Link Members
- Journal Club
Internet News: Another Needle Dislodgement Case

“Extreme caution should be practiced and healthcare workers as well as haemodialysis patients need continuing education and reinforcement of the safety protocols to avoid such devastating outcomes.”


Fatal Accident at Dialysis Center

This is something that everyone involved with haemodialysis fears, and thankfully almost never happens.... ALMOST never....

Although details are limited, an 81 year old woman from the Chicago area died after a needle dislodged from her dialysis access during a routine treatment. Apparently, she was trying to change her shirt and the needle came out of the fistula (or graft?). She died shortly thereafter as a result of acute blood loss (haemorrhage) leading to cardiopulmonary arrest.

Despite the current policies and procedures in place to avoid such a tragic occurrence we should all be reminded that this can occur. Extreme caution should be practiced and healthcare workers as well as haemodialysis patients need continuing education and reinforcement of the safety protocols to avoid such devastating outcomes.

Jane Hurst, R.N. says:

“The occurrences of venous needle dislodgement are much more widespread than reported in the very limited literature. I just returned from speaking on VND at the EDTNA/ERCA (European Dialysis and Transplant Nurses Association/European Renal Care Association) in Hamburg, Germany. Venous Needle Dislodgement (VND) is a worldwide problem that has been under-reported or not reported at all. The latest estimates state that in the US, there are over 400 serious incidents of VND a year, and over 140 deaths per year. In speaking with haemodialysis nurses across the country, those figures could be one-fourth to one-third of the actual number of VND cases. You are correct in saying that education and vigilance are very important in trying to prevent VND, but VND can happen to any patient in any clinic. That is what makes VND so daunting. Venous pressure monitors are notoriously unreliable, and enuresis pads were not made or approved for detecting blood loss. There is a new FDA approved blood loss detection device available that offers both the patient and the clinic much needed insurance against VND. Redsense (the name of the alarm), was designed and approved specifically to detect blood loss at the access site. It has proven to be very reliable in detecting blood loss, something that the internal machine alarm has not been able to provide. If more clinics would use this alarm device, the incidence of serious/fatal VND would decrease significantly, as would the clinics liability.”
Hello everyone,

I’d like to introduce myself as the International Link Member for Australia. In this new role which commenced in 2009, the aim is to link members across the nation, and establish formal networks with the Renal Society of Australia. The idea is to help support and assist members to be part of the international community, encouraging their attendance and presentations at the yearly conference. Distance is a constant struggle for many of our members and it is hoped that local EDTNA/ERCA members can meet at the national RSA conference.

My contact details are:
Angela_Henson@health.qld.gov.au

Meet Australia’s EDTNA/ERCA International Link Member
Anaemia is one of the major complications and contributor to mortality of those with ESRD. The management of anaemia is continually changing with specialists always searching for the best results, both in outcome and means of delivery of the pharmacological products. This supplement will offer papers covering the latest advances in the prevention and management of anaemia along with the latest developments in the clinical day to day treatment and provision of products. The contributors are all experts in the specialist field of anaemia.

Edited by Cordelia Ashwanden.
Foreword by Jane Macdonald. President British Renal Society
Supported by an unrestricted educational grant from Vifor Pharma and Syner-Med

The supplement is scheduled to be sent out with Journal of Renal Care Vol 35 No 4 December 2009. It will be mailed to all members of the EDTNA/ERCA. PDF will be available at EDTNA/ERCA web: www.edtnaerca.org (members section) and on the Journal website - http://www.blackwell-synergy.com/loi/jorc.

Authors include:
- Dr Donal O’ O’Donoghue. National Clinical Director for Kidney Care, UK
- Dr Iain Macdougall. Consultant Nephrologist UK
- Prof Kovesdy & Prof Kalantar-Zadeh. USA
- Ms Karen Jenkins. Consultant Nurse UK
- Dr Tim Littlewood. Consultant Haematologist UK
- Ms Karen Pugh-Clarke. Renal Unit Manager UK

The Journal Club is Back!

After a year of inactivity, the Journal Club discussion forum will be releasing the first of new papers in January 2010. The Journal Club aims to provide a forum for multi-disciplinary discussions, a source of continuing professional education, as well as broadened horizons. The only requirement is an email address; however, it is not restricted to members only, anyone can contribute to the discussions with comments and opinions, or just peruse through the material.

This year the Journal Club Chair is Jenny Rovner (Israel) jenny.rovner@gmail.com.
Updating Knowledge and Practices Quiz

1. Which of the following is correct:
   a. Women older than 40 years should have regular mammography while on the transplant waiting list.
   b. Mammography is needed only if there is a positive family history of breast cancer.
   c. It is not necessary to perform breast mammography at all.
   d. None of the above.

2. Corticosteroids have been used for decades in organ transplantation. The most frequent side effects are:
   a. Increase LDL cholesterol. Negative calcium balance with the consequent appearance of osteoporosis.
   b. May induce hyperglycaemia.
   d. All of the above.

3. Kidney transplant is the treatment of choice for children with end-stage renal disease. Which of the following is NOT correct?
   a. There is an age limit for kidney transplant in children.
   b. There is a weight limit for kidney transplant in children.
   c. The recommended weight is about 8 kg, a weight reached at around two years of age.
   d. All of the above.

4. Treatment of Anemia associated with CKD, Managing Iron deficiency. Which of the following is NOT true?
   a. The correction of Iron deficiency anemia is essential before considering the use of any Erythropoiesis Stimulating Agents (ESA).
   b. Adequate Iron stores are necessary to allow optimal response to ESA therapy.
   c. ESA therapy can be initiated despite of observing absolute iron deficiency in the patient.
   d. In people with functional iron deficiency, iron supplements should be given when initiating ESA therapy.

5. Hypernatremia can occur in?
   a. Reduced fluid intake and dehydration.
   b. Diabetes insipidus.
   c. Metabolic acidosis.
   d. All of the above.

6. When you are collecting urine to test for catecholamines,
   a. The container must be refrigerated.
   b. It is necessary to maintain specific diet restrictions.
   c. It is not necessary to collect urine within 24 hours.
   d. A and B are correct.

7. Which of the following is NOT a Peritoneal Dialysis post- Insertion catheter care complication?
   a. Bleeding at the exit site or dialysate fluid.
   b. Dialysate leak and obstruction.
   c. Bowel perforation and pain.
   d. Pyuria.

8. Pyuria is:
   a. The presence of white blood cells (LEUKOCYTES) in the urine.
   b. Often associated with bacterial infections of the urinary tract.
   c. Pyuria without bacteriuria can be caused by tuberculosis, stones, or cancer.
   d. All are correct.

9. Hypotension is a frequent complication associated with haemodialysis. Which of the following complications is NOT a cause of hypotension during haemodialysis treatment?
   a. Aneurism of vascular access.
   b. Use of rapid or high UF rate to remove large volume.
   c. Dry weight estimated too low.
   d. Dialysate sodium level too low.

10. When patients during haemodialysis treatment suffer cramps, what should a nurse NOT do?
    a. Infusion of 0.9 sodium chloride as per unit policy.
    b. Stop dialysis treatment immediately or change the dialysis machine.
    c. Apply pressure to the affected foot/leg and massaging the affected muscle.
    d. All of the above.

Answer / Self Evaluation Form

From: __________________________ Name: __________________________
EDTNA/ERCA Membership Number: ___________ Address: __________________________

Email: __________________________

I want to get the Certificate (circle your choice): YES ...... NO .......

1. a b c d 6. a b c d
2. a b c d 7. a b c d
3. a b c d 8. a b c d
4. a b c d 9. a b c d
5. a b c d 10. a b c d

You will get the correct answers to this Quiz in the next issue

To: Newsletter Editor: María Cruz Casal
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NOTE: The opinions and articles expressed in the Newsletter do not necessarily reflect EDTNA/ERCA, they are the sole responsibility of the authors.

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