

COUNCIL OF NEPHROLOGY SOCIAL WORKERS – NEW YORK CHAPTER

MINUTES OF JUNE 13, 2012.

The following Officers have been elected:

Amylynn Karnbach, President.

Stephanie Mundinger, Vice President/Treasurer.

Cheranique Jones, Membership Chair.

Our October 10th, 2012 will be held at Beth Israel and then we will be moving to Mt. Sinai Medical Center. Ariella Tomback will be making the necessary arrangements and we will inform the membership of the dates for 2013. Thank you Jean Martin for all your hard work in arranging the meetings over the last few years.

The NYC office of Emergency Management will be invited to speak in the near future about emergency preparedness for our dialysis facilities.

We want to remind our colleagues about the stipend available for our members (up to \$100) for those wishing to attend a nephrology social work conference and who can not get funding from their facilities. Contact Amylynn Karnbach, 718-816-6455, for details.

POSITIONS AVAILABLE:

Bedford Park Dialysis, 3119 Webster Ave., Bronx, NY, Full Time, Go to DeVita website.

Upper East Side Dialysis, 210 E. 86th, NYC, Full Time, Contact Carol Goldman, 212-794-2850.

Yorkville Dialysis Center, 1555 Third Ave., NYC, Contact Nurse Manager, 212-870-9395.

CROWN WEB/IPRO NETWORK 2, presented by Bernadette Cobb, MBA, Assistant Director, Information Management, IPRO

Network 2 is the fifth largest ESRD network and holds two CMS special studies. It covers 248 dialysis providers and 15 transplant centers in the network. National release of CROWNWEB SCHEDULED FOR June 14. CROWNWeb is a CMS mandated data collection system. First outlined in the 2008 ESRD Conditions for Coverage, CROWNWeb will replace most of the current paper-based data submission methods in Medicare certified dialysis facilities when it

is released nationally in 2012. Facilities will use CROWNWeb to submit CMS-2728 forms, CMS-2746 forms, track patient admissions and discharges, enter and update treatment information for patients, submit activity reports, and much, much more. Facilities that currently do this via paper-based processes will need a QIMS account in order to access CROWNWeb.

The latest QIMS training materials are available as resources for QIMS users. These materials highlight the steps and procedures required to use QIMS that were covered during in-person and/or WebEx training sessions. Website is CRAFT@projectcrownweb.org. For QIMS or CROWNWeb help, contact the QualityNet-ESRD Help Desk, 866-288-8912, Option 4, or gnetssupport-esrd@sdps.org. For more information, contact Bernadette Cobb, 516-209-5435 or bcobb@nw2.esrd.net.

Lunch Provided by DCRX INFUSION/ Ann Pinnata, MS, RD. Specializes in servicing needs of the dialysis community. Provides renal nutrition support therapy, intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Nutrition (IPN). Contact them at 1-866-348-0441.

PSYCHOLOGICAL ISSUES & INTERVENTIONS FOR ESRD PTS. Presented by Meredith Townes, Psy.D, Montefiore Medical Center, Transplant Program. Studies show that a large proportion of ESRD patients on dialysis meet criteria for an Axis 1 disorder. Depression: Dialysis patients, 20 – 30% with major depression , CKD prior to dialysis, 20 %, General population, 2 – 4%, Primary Care Settings, 5 – 10%, CHF patients, 14% and CAD after acute MI, 16%.

Depression is second only to HTN as a comorbid condition to ESRD (Cukor 2007). Depression alone is an independent risk factor for hospitalization and death in ESRD patients on dialysis (Kimmel, et al, 2000). Mechanisms: cardiovascular effects; declines in self-care/dietary adherence; passive self harm (skipping meds/HD). Anxiety disorders and sleep disorders are common among ESRD patients.

Stresses continue Post transplant. Frequent medical appointments, complex medication regimen, body changes, re-entering life after prolonged disability, relationship changes, adjustment to state of health and fears of rejection.

Proposed Intervention delivery methods: Medical/ Physical: Increasing hemodialysis treatments – resulted in significant reduction in Beck Depression Inventory with results sustained over one year (Jaberet, et al. 2010). Exercise training programs also reduced depression (BDI), Ouzouni 2009, 39% reduction, Kouidi et al, 2010, 34.5% reduction.

Symptom Targeted Intervention (STI) delivered by Social Worker, self-help materials and abbreviated psychotherapy have been found to help ESRD patients. STI created by Melissa McCool provides brief chair-side CBT to target most salient symptoms, systems theory

(improve one symptom, changes the depressive system). STI uses primarily behavioral strategies that rely on patients' compliance with homework between meetings.

Self help strategies for depression: Encourage discussion of severe symptoms, anticipate and challenge cognitive distortions, talk about short term and long term goals. Try problem solving techniques. Provide psycho-education about depression.

Self help strategies for anxiety: Discuss the concept of a "worry time", diaphragmatic breathing, imagery/mindfulness/meditation. Provide psycho-education about anxiety.

Self help strategies for insomnia: Encourage discussion with MD, sleep hygiene/sleep restriction. Provide psycho-education about insomnia.

At the request of some of the CNSW members, a survey will be carried out about our duties and our hours and caseloads. We will distribute this in the near future.

Next meeting will be October 10, 2012 at Beth Israel Medical Center, Phillips Ambulatory Care Center.....Agenda to follow.

Respectfully submitted, Mary McKinney, LCSW.

8/31/12