

Certification UPDATE

Fall 07

Keeping BONENT Members Informed

Important Changes You Need to Know

Recertification

In an effort to make the recertification process less time consuming for our members, BONENT has instituted a few major changes. We hope that these changes will make the recertification process flow more smoothly for our members.

Process Simplified to One Page

Starting March 1, 2008, BONENT members eligible for recertification will only be required to complete a new one-page application and submit it to the BONENT Executive office. The application will be the only paperwork required to complete recertification.

A total of 40 contact hours with a minimum of 25 hours in "Group A" is still required for BONENT recertification. Therefore, it is recommended that all members continue to complete the "Contact Hours for Recertification" folder and keep their certificates to help track your courses and number of hours.

In light of the new recertification procedure, BONENT will also start a random audit process for recertification. Randomly selected members will have to complete the recertification folder and submit

it with photocopies of certificates of attendance/completion (which is the current process).

ANNA Online Programs Added

Another change is that ANNA online has been added to the list of BONENT-approved programs. This should be helpful to members who are not able to travel to nephrology meetings.

Fees

As of January 1, 2008, the cost of duplicate certification certificates, and wallet cards will increase by \$5. Incomplete application and recertification fees will also increase to \$30. In addition, the manual rescore fee for exams has increased to \$100.

All affected forms have been updated to reflect the above changes and are available on the BONENT website (www.BONENT.org). Please visit for more information.

Recertification Application

This application must be completed to fulfill requirements for recertification. It must be accompanied by fees and the fee due at the time of your year recertification period. There is no fee to register as long as your BONENT annual certification fee is current.

Note: A \$30 Incomplete fee will be assessed to all incomplete forms.

Please print:

Name: _____ BONENT ID# _____

Address: _____

City: _____ State: _____ Zip: _____ Check if new address

Phone: _____

Have you met all requirements for Recertification?
 Yes, I have completed all contact hours. No

Which option for Recertification have you chosen?
 I have completed 40 Contact Hours (20 in Group A and 20 in Group B) I wish to qualify by taking the BONENT exam
 I have completed 40 Contact Hours (20 in Group A and 20 in Group B) I wish to qualify by taking the BONENT exam
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Adults in Training (AIT) Continuing Education Records
 Recertification applicants must have continuing education (CE) credits for two years. If selected by BONENT for audit, the recertification applicant must submit proof of having met continuing education requirements to the National Contact Hours for Recertification folder with certification. If the recertification applicant is unable to submit the required information, the certified contact hours will automatically be determined. If the recertification applicant fails to respond to an audit, the BONENT Board may consider the applicant for disciplinary action.

By signing and submitting this application, the applicant agrees to the terms and conditions of the BONENT recertification process and to the terms and conditions of the BONENT recertification process. The applicant understands that the BONENT Board may consider the applicant for disciplinary action if the applicant fails to comply with the terms and conditions of the BONENT recertification process. The applicant understands that the BONENT Board may consider the applicant for disciplinary action if the applicant fails to comply with the terms and conditions of the BONENT recertification process.

Signature: _____ Date: _____

Please mail to: BONENT, 1801 Pennsylvania Avenue, NE, Suite 607, Washington, DC 20002 **Fee: \$30.00**

New Recertification Form

Extend Medicare Secondary Payer for Dialysis Patients to 42 Months!

In July, the House of Representatives took an important step forward in reforming the Medicare End Stage Renal Disease (ESRD) Program as part of the Children's Health and Medicare Protection (CHAMP) Act. Section 703 of the CHAMP Act would extend Medicare Secondary Payer (MSP) from 30 to 42 months beginning January 1, 2008. The provision would require only large group health plans - with more than 100 enrollees - to remain the primary payer for beneficiaries' dialysis services for an additional year.

This is Sound Policy

An additional year of responsibility for beneficiaries would encourage private payers to adopt protocols that address patient wellness, prevent hospitalizations, and make dialyzing safer and more efficient. Whereas the current policy has perverse incentives not to offer wellness services to dialysis patients, since employers and private

insurers benefit if the beneficiary drops coverage early and goes into Medicare.

Key Points to Note

• While universal coverage for ESRD services is critical to ensure that patients retain access to life-saving care, it is unique to the Medicare program. The ESRD program is the only area of Medicare that allows private insurers to limit coverage for a chronic condition. Dialysis patients are the only ones prohibited from remaining in private coverage, even if they would prefer to remain.

• Approximately 8,100 of the nearly 350,000 patients on dialysis fall within the population expected to remain in private coverage through the extension period, which constitutes less than a .01-percent increase in the privately-insured population. Further, these patients would be spread across hundreds of large group health plans. Therefore, experts

estimate that a 12-month extension of MSP would have negligible to no impact on health insurance premiums.

• The extension of MSP is only designed to generate modest savings for Medicare - \$50 million in 2008 and nearly \$400 million over five years. Though relatively small, these savings can be used to offset the costs of other critical reforms, such as pre-ESRD education sessions for Medicare beneficiaries and quality incentive payments that improve quality of patient care.

• As Congress considers revisions to the ESRD program as part of a broader Medicare reform legislation, we must not lose sight of what is most important: patient safety and well-being. In a tight fiscal environment, a modest extension of MSP raises necessary revenues for critical reforms within the program.

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FROM THE PRESIDENT

National Licensure of Patient Care Technicians Discussed in Washington



RJ Picciano
President

As I mentioned in my last president's letter, there is movement in Washington, DC called Kidney Care Partners to improve the quality of patient care in the United States for individuals with End-Stage Renal Disease. This group is comprised of stakeholders in US dialysis. It includes dialysis providers such as DaVita and Fresenius, as well as smaller organizations such as Centers for Dialysis Care. It includes most of the major vendors to the dialysis market such as Abbott, Baxter and Roche. It includes non-profits such as California Dialysis Council, ANNA, American Society of Nephrology, BONENT and Renal Physicians Association. As you can see, most of the major players in the dialysis industry are a part of this.

Kidney Care Partners (KCP) is working on a number of issues including 1) Medicare billing changes such as bundling of charges, extension of the Medicare Secondary Payor rule and an increase in the Composite Rate; 2) increased education for patients and staff and 3) national licensure of Patient Care Technicians (PCT). KCP pulled together enough support from within the dialysis industry and on Capitol Hill to get provisions to improve the care of the dialysis patient (including national PCT licensure) attached to the Children's Health and Medicare Protection (CHAMP) Act of 2007 bill. After passing through Committee, it was passed by the House and Senate, basically along party lines and sent to President Bush for signature. You may remember that President Bush vetoed the CHAMP legislation. News outlets reported on how that would affect the existing State Child Healthcare Plan (SCHIP). But with that, he vetoed national licensure of PCT's in dialysis.

At BONENT, we believe that the patient care technician is at the heart of quality dialysis patient care. It is essential that that PCT's be well-trained and held to the highest standard. If any BONENT member knows their federal representatives or has had ongoing discussions with them, we encourage you to contact them to find out where they stand on making national licensure of PCT's a reality and to express your opinion on this vital issue. If you have never contacted your representatives in Washington, this would be a great opportunity to make your first contact. Your Senator and Representatives want to know what their constituents think on issues and this will impact their decisions. You can find their names and contact information at Senate.gov and House.gov. The quality of your patients lives is at stake. If you have any questions, contact me at president@BONENT.org.

BONENT Expands into Turkey & More Coming!

On another front, BONENT continues to expand into the international arena. In the past, BONENT has had exams in Australia, New Zealand and Singapore. We are happy to announce an exam site in Istanbul, Turkey in conjunction with the International Society of Peritoneal Dialysis in June of 2008. We continue to explore other countries and are presently in conversation with individuals in Canada and the United Arab Emirates.

I hope everyone has a safe and enjoyable holiday season!

Welcome New Regional Representatives



Dawn Balcomb, CHT
Geneva, OH



Sheila Myers, CHT
Rough And Ready, CA



Sonia Wynne, CHN
Cochran, GA

2007 Wesley Watkins Scholarship Recipients & Essays

The Wesley Watkins Scholarship is awarded annually to as many as four BONENT members in good standing: two international and two U.S. members. Competition is based on a winning essay written by the applicants. The topic is determined by the BONENT Board of Directors. Congratulations to Karie Records, CHT, and Ronald O. Hale, R.N., CHN, recipients of the 2007 Wesley Watkins Scholarship Award.



"Diversity and Harmony"

Writing about cultural diversity is personally difficult. I believe it's because today there is so much emphasis on being politically correct. I finally told myself to speak from my heart. After all, that's why I got into dialysis in the first place.

**Karie Records,
CHT**

My name is Karie Records. I work in a small dialysis unit in Eastern Oregon. I've been a patient care technician for over 5 years. What I enjoy most about my job are the people. We have patients from several backgrounds, Native American, Hispanic, Samoan, and Caucasian.

We talk about diversity between cultures but there's also diversity within cultures. The day we had the Mexican Pride parade in Hermiston, I was surprised by the divisions among the Hispanic population. Some felt that they have worked hard to be legal citizens and others should do the same. Still others went out and joined the parade when they could. I've seen the Native Americans have cultural issues amongst the different tribes on the same reservation. Two ladies who rode together three days a week would often quarrel with each other. The names that they had for each other were quite interesting.

My personal experience has created nothing but growth towards having more understanding towards each culture by working so closely with each person. One of my patients was a Hispanic lady who would teach me a new Spanish word related to her care every week. She got a big kick out of me trying to roll my r's. It always made her smile just to know I was making an attempt even if it was a feeble one. I could only picture myself and my family in another country trying to speak the language, let alone trying to provide for them at the same time. I'm happy to say she recently had a kidney transplant. We didn't have to speak the same language to share the joy, hugs, and smiles between us as she hugged me and thanked me for my care.

I had a very special relationship with a Native American patient who passed away a few months ago. She used to share little sayings that her father taught her growing up. "If no one gives you flowers, throw them at yourself." I really miss her. She reminded me of my grandmother.

My grandmother's grandmother was an Indian girl rescued from a massacre and raised by white settlers. She was raised to feel ashamed of her heritage. I am only about one-eighth Indian blood but I still feel the sting when people make racial slurs.

It's easy to look at the differences in the cultures but I find it better to look for the commonalities we share. We all want to be loved and respected and treated with dignity. It reminds me of a book I read to my granddaughter, by Mem Fox. "Joys are the same, and love is the same. Pain is the same, and blood is the same. Smiles are the same, and hearts are just the same whoever you are, wherever we are, all over the world."



**Ronald O. Hale,
R.N., CHN**

"Cultural Diversity"

Cultural diversity reflects what our country is; a "Great Melting Pot." With so many different cultures making up our country, the health care setting will reflect this as well. Whether it is the patients we care for or our fellow co-workers on the job, our country is a blending of many cultures and beliefs. How we respect and adapt to different cultures is a must in today's world.

Cultural diversity can be as simple as the food one eats or as complicated as the language being spoken. This must be taken into account by the entire health care team as well as the health care providers. A culturally diverse staff can better deliver patient care and be more sensitive to cultural needs if they reflect the society make up in which they live. The patients will have a sense of acceptance and security from a staff which is culturally sensitive to their needs and the needs of their family as well as reflect the look of the community in which they live.

Attentiveness to cultural aspects of care with patients is an important part of holistic nursing care. With the diversity of cultures in our society, nurses must be able to address them competently and confidently. Familiarity with various cultures is a useful addition to careful assessments with our patients. In this way care planning can flow more easily from assessments that identify issues and needs regarding the patient's culture and experiences.

Self-awareness regarding our own cultural beliefs and expressions is necessary in order to address these areas with patients and co-workers. Such awareness allows us to act from our own cultural perspectives, while taking care not to impose these views on others. With this knowledge and respect, quality patient care and education can be delivered by the entire health care team and promote harmony within the work place environment as well. This is why cultural diversity is important to me and is an integral part of the care I give my patients on a daily basis.

MEMBER INTERVIEW - How Has BONENT Certification Helped You Professionally?



Helen Trunick, CHT, OCDT - Warren, OH

"Certification has helped me advance my nephrology career and has brought me more respect in my field."



Kim Robinson, CHT, OCDT - Cleveland, OH

"The BONENT certification has me viewed by my peers as more professional, as well as given me more respect from the patients. The pay increase was nice too!"



Wanda Johnson, BS, CHT, OCDT - Euclid, OH

"It has advanced my career and allowed me to assist others in maintaining their certification."



Earl Goss, BMAT, CHT, OCDT - Diamond, OH

"It increased my income and patients see me as more professional. The certification also helped me to help fellow employees get BONENT certified."



**Board of Nephrology Examiners
Nursing & Technology**
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2007 BONENT CERTIFICATION EXAMINATIONS

Exam Dates	Location	App. Deadline	Exam Dates	Location	App. Deadline
Mar. 2 10:00 a.m.	Manchester, NH New England EMS Institute	01/17/08	Jul. 20 9:00 a.m.	Burgaw, NC Davita Dialysis	06/05/08
Mar. 8 12:00 a.m.	Pensacola, FL Baptist Hospital	01/23/08	Aug. 3 8:30 a.m.	Montrose, OH Conference Center	06/19/08
Mar. 17 1:00 p.m.	Las Vegas, NV Hotel Riviera & Casino	01/31/08	Aug. 10 8:30 a.m.	Detroit MI One Ford Place	06/26/08
Mar. 30 9:00 a.m.	Burgaw, NC Davita Dialysis	02/14/08	Sept. 14 8:00 a.m.	Toledo, OH University Toledo Medical Center	07/31/08
Apr. 6 8:30 a.m.	Cleveland, OH Center for Dialysis Care East	02/21/08	Oct. 5 8:30 a.m.	Detroit MI One Ford Place	08/21/08
Apr. 13 8:30 a.m.	Detroit MI One Ford Place	02/28/08	Oct. 5 8:30 a.m.	Warren, OH Centers for Dialysis Care of Warren	08/21/08
May 4 8:00 a.m.	Toledo, OH University Toledo Medical Center	03/20/08	Oct. 19 9:00 a.m.	Burgaw, NC Davita Dialysis	09/04/08
Jun. 8 8:30 a.m.	Warren, OH Centers for Dialysis Care of Warren	04/24/08	Nov. 2 8:30 a.m.	Cleveland, OH Center for Dialysis Care East	09/18/08
Jun. 20 9:00 a.m.	Istanbul, Turkey ISPD - Istanbul Turkey	04/21/08	Dec. 7 8:00 a.m.	Canton, OH Community Dialysis Unit, LLC	10/23/08
Jul. 13 8:00 a.m.	Toledo, OH University Toledo Medical Center	05/29/08	Note: Exam list is updated weekly.		

**Schedule is subject to change. For more information please visit our website at www.bonent.org to download a Candidate Handbook, an Application, or Host Forms.*

See the BONENT Web Site: www.BONENT.org

You'll find out quick tips and reminders about our:

- Certification Application
- Exam Transfers & Withdrawals
- Recertification
- Membership
- Exam Scores
- Refunds