

# Certification UPDATE

Summer 2019



Keeping BONENT Members Informed



## Learning is #1 at BONENT's 21st Regional Seminar

Over 100 people enjoyed a full day of learning at the BONENT MidWest Regional Seminar, held in June in Burr Ridge IL, a suburb of Chicago.

Below are some comments received from the attendees on our survey form:

- “Very informative speakers!”
- “Outstanding presentations!”
- “Good job, keep it up!”
- “Useful tips, very relevant!”
- “I learned more about dialysis.”
- “Well organized!”
- “Great seminar!”
- “Staff was friendly.”
- “BONENT remains awesome!”



A broad range of topics were presented during the full day seminar, including:

- AV Access
- Professionalism and Social Media
- Catheter Care and Management
- Risks and Transition of Care
- Venous Insufficiency
- Interdisciplinary Team Harmony

A very interesting topic on “The Difference in the Dialysis Practice for Techs & Nurses from New Zealand and United States” was presented by Fredric Susil Doss, CHT, MHSc (photo middle right), a Haemodialysis Educator and Professional Leader, Renal Physiology, at the Auckland Hospital in Auckland, New Zealand.

Next on our Continuing Education list is our BONENT Northeast Regional Seminar in Newark NJ on Sunday, August 25th. See the ad on page 4.



*“It is always an informative experience attending these seminars and getting insight and ideas on better helping our patients.”*

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The BONENT Certification UPDATE is published quarterly by:  
**Board of Nephrology Examiners  
Nursing & Technology**



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## FROM THE PRESIDENT

### Let's Discuss Urea Clearance and Kt/V

I want to do something different with this letter. I usually tell you what BONENT is doing and opportunities for BONENT members. This time I am going to speak to an issue that is very dear to me and very important to you and your patients.

As you might know, I am the Fluid Management and Regulatory Compliance Specialist for Centers for Dialysis Care in Ohio. We have been ordered by CMS for years to be concerned about urea clearance and Kt/V even though we knew there was no evidence that Kt/V urea had anything to do with long term survival of hemodialysis patients.

We have wondered why hemodialysis patients lose their residual renal function than CAPD and APD patients. We have wondered why US hemodialysis have a lower survival rate than other First World Countries.

**This may be the first time you have heard about this. The BONENT Regional Seminars have had speakers about this for the past 3 years. Another reason for attending one of the BONENT Regional Seminars.**

It has become apparent that it is due to shorter treatment times. Not because they are not getting enough clearance of poisons, but rather because they are having fluid removed too quickly. Research over the past decade has concluded that patients who have a UF rate over 13 ml/Kg/hour have a 20% higher expectation of cardiovascular events (i.e. Heart Attack) than those patients who have a UF rate less than 13 ml/Kg/hour. The research also shows that patients with UF rate over 10 ml/Kg/hour have a 15% higher chance of developing congestive heart failure than patients with a UF rate less than 10 ml/Kg/hour.

### So, which is the Correct Goal?

CMS will be tracking patients with a UF rates greater than 13 ml/Kg/hour as part of the future QIP. And we know that impact how much Medicare pays our unit.

For example, a 70 Kg patient can have a UF rate of up to 0.91 Kg of fluid per hour at 13 ml/Kg/hour and 0.7 Kg of fluid per hour at 10 ml/Kg/hour. For a 100 Kg patient, that would be 1.3 Kg of fluid per hour and 1.0 Kg per hour respectively. There are charts on the web that will calculate this for each of your patients. But, it is clear that larger patients can take off fluid faster than smaller patients. That makes sense, but it is not what we see sometimes. It is not clear if larger patients means that patients have a higher Estimated Dry Weight (EDW) or a higher Ideal Body Weight.

### What is the PCT or Staff Nurse Supposed to do?

You need to advocate for your patients with the RN, the manager, the Nephrologist and the dietitian. We also need to educate our patients that they cannot take off a large amount of fluid just because they drank a bunch over the weekend. It will need to come off over a few treatments. It is about their hearts! They will need to drink less fluid while you get them back to their EDW. They will need to stay for their whole treatment. You need to educate them about salt and sodium. You need to go over all the sources of salt in their diet. Your dietitian can assist with this, possibly with contests or posters.

Here is a link to more information:

<https://www.homedialysis.org/life-at-home/articles/organ-stunning-on-hemodialysis-what-is-it-and-what-can-you-do>

Since this involves how much Medicare will pay the unit, this will not be the last time you hear about this.

*So, impress everyone when you know about this when it comes up.*

*Just tell them it is because you are a BONENT member.*



RJ Picciano  
President





## BONENT Board of Directors 2019 Election Information & Ballot

Currently there is one CHT position on the BONENT Board that needs to be filled. The current list of board members is shown on page 2. The two candidates who have submitted their board application (published in the Spring newsletter) to the Nominating Committee are shown below with their biography. You are also able to add a "Write-in Candidate's name," who must be a BONENT member in good standing, meet the same published criteria and subject to board approval.

### CHT



**Rebecca England CHT/BMT, Nashville, TN**  
**PCT III Biomedical Technician Level 1, Fresenius Medical Care**

I began my career in dialysis in 1994 as an EMT/PCT/Biomedical Tech, as I celebrate my Silver Anniversary {25yrs.} of experience in dialysis and reflect back at all I have been involved with I believe I would be an excellent candidate for a member of the Board of Directors. As stated above, I started in 1994 as a PCT I Biomed and provided patient care as well as became a preceptor for new hires and as a Biomed I repaired the dialysis machines and maintained the water system. I then became certified by BONENT in 1998 before it was even required by CMS, then I went on to become a Clinical Educator where I taught new hire classes and provided hands on training for our new RNs and PCTs. Shortly after

becoming a Clinical Educator I then became a Regional Representative at BONENT where I could continue to educate others in the field of dialysis and proctor BONENT certification exams. I currently remain a BONENT Regional Representative as well as my CHT certification and Biomedical certification and I believe with the experience and knowledge I have gained over the years in the field of dialysis I could make great contributions as a member of the Board of Directors.

#### BONENT Involvement:

- Regional Representative
- Member since 2004



**John Larsen CHT, CHBT, Terre Haute, IN**  
**Lead PCT of the Indiana Region, Fresenius Kidney Care**

I have had the honor of being a BONENT member for several years now. When I first passed my test to be certified by BONENT, it was and remains such a proud moment in my life that I wanted to do more with BONENT. In other words, I wanted to be involved with BONENT, so I became a Regional Representative for Indiana which I remain today. I was also a part of structuring the exam and creating questions for the BONENT CHT and CHBT exams. But, I wanted to do more and when the first Midwest Regional Seminar came to Chicago, I was asked by RJ if I could be on the Continuing Education Committee, which I excitedly accepted! I have been a

Chairman for seminars held in Newark New Jersey, and Chicago, and was also a speaker at the Cleveland seminar. I have been a part of helping CE Chair Lyle Smith with seminars in many other areas. It is always a proud moment to being a part of success for furthering education in all the seminar areas. I feel that over the years I have been a part of BONENT and being a Regional Rep and being on the Educational Committee, with my knowledge and understanding of BONENT, I can and will contribute even more to the existing Board of Directors.

#### BONENT Involvement:

- Regional Representative
- CHT Exam Committee
- CHBT Exam Committee
- Continuing Education Committee
- Chairman, MidWest and NE Seminars
- Speaker, Great Lakes Seminar
- Member since 2005

## VOTE HERE & Mail before 9-15-19



**You must be a member in good standing (your certification has not lapsed or expired and your Annual Certification Fee must be paid to date).**

#### CHT Position (choose one)

- John Larsen CHT, CHBT
- Rebecca England CHT/BMT
- I nominate a write in candidate:

\_\_\_\_\_

#### Your Information (Please Print)

Name: \_\_\_\_\_

CHT  CHN  CPDN  CHBT

BONENT ID #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I am interested in becoming a BONENT Regional Representative in my area.

**Please mail this ballot to the BONENT Executive Office postmarked before September 15, 2019.**

**BONENT, 100 S. Washington St. Rockville MD 20850**

# Expand Your Dialysis Knowledge & *Get 8 CEs in 1 Day!*

After 20 Regional Seminars, BONENT is the premier provider of top speakers, to help improve your patient care.

“Great experience”

“I learned a lot”

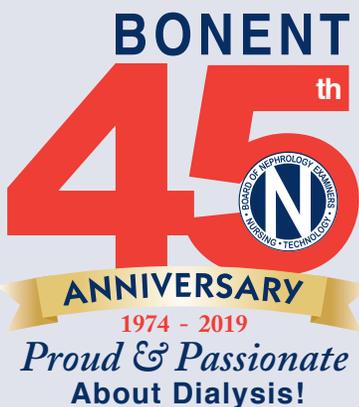
“Terrific speakers”

“Well organized”

“Very informative”



## Celebrate our 45<sup>th</sup> Anniversary & Attend a 2019 Seminar



**Sunday**  
**August 25th**  
DoubleTree  
Newark Airport  
Newark, NJ



For more details, go to [www.BONENT.org](http://www.BONENT.org)