Letter from Gary Robinson
President & CEO

CDC Patients,
While we continue to feel the impact the COVID-19 pandemic has had on our day-to-day lives, we also reflect on the challenges we faced and overcame as a community. During this incredibly challenging time, we sincerely hope our team served you safely, efficiently, and kindly.

We also look ahead to the future, and we encourage you to take the crucial step of getting vaccinated and encouraging friends and family to do the same, if you have not done so already. There are many opportunities in the community to receive the COVID-19 vaccine. Your social worker can assist you in finding a location and can provide vaccine sites for your family and friends.

We understand that some individuals may be concerned about getting the COVID-19 vaccine. Based on what we know about the COVID vaccines today, experts believe getting a COVID-19 vaccine may also help keep you from getting seriously ill, even if you do get COVID-19.

Additionally, receiving the vaccine can help protect your family, friends and fellow patients. In this newsletter, you can read more about the benefits of the COVID-19 vaccine in an article written by our Chief Medical Officer, Dr. Richard Spech.

As always, CDC is committed to providing the safest patient experience possible to those we serve. Our team strives to meet this goal every day and we hope that we continue to accomplish this for you.

Gary Robinson

Artwork by Shelly Robinson, CDC East
The COVID-19 vaccine has been approved for emergency use by the Food and Drug Administration (FDA). Serious side effects are rare and the vaccines have been shown to be very good at preventing COVID-19 illness. The most common side effects are soreness in the arm and flu-like symptoms that typically last a day or two.

People with medical conditions like kidney disease and diabetes are at high risk for serious complications from COVID-19. Because of the risk of serious illness or even death from this infection, it is strongly recommended that people on dialysis should receive the vaccine.

While some people may be hesitant to accept this new vaccine, as of April, 77.6 million are fully vaccinated, or 22.1% of the population in the United States. Doctors, especially kidney specialists who see a lot of critically ill people with COVID, are overwhelmingly recommending that their patients receive the vaccine.

If you are unsure about whether to get the vaccine, please speak with your doctors, who most likely have already received it themselves.

—Richard Spech, MD

### COVID, Flu or Allergy?

How Can I Tell the Difference?

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>COVID-19</th>
<th>Flu</th>
<th>Common Cold</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever greater than 102°</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Moderate temperature</td>
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<td>X</td>
<td></td>
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<tr>
<td>Cough</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Shortness of breath</td>
<td>X</td>
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<tr>
<td>Head and body aches</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Loss of Taste or smell</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sore throat</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Nasal Congestion</td>
<td>X</td>
<td>X</td>
<td>SOME TIMES</td>
<td>SOME TIMES</td>
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<tr>
<td>Nausea and/or vomiting</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Fatigue</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Stuffy nose/runny nose</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Post-nasal drip</td>
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<td>X</td>
<td></td>
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<tr>
<td>Sneezing</td>
<td>X</td>
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<td></td>
<td></td>
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<tr>
<td>Plugged-up ears</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Tickle in back of throat</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Seasonal symptoms</td>
<td></td>
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</tr>
</tbody>
</table>

From Our Chief Medical Officer:

**COVID-19 Vaccine and Dialysis Patients**

Centers for Dialysis Care follows the Centers for Disease Control’s recommendations for stopping the spread of COVID-19. You may notice modifications to our facilities and increased protective gear for staff. Enhanced cleaning and disinfection of equipment, chairs, and work surfaces has also been implemented.

We are committed to ensuring your safety and the safety of those around you, but we need your help to protect yourself, your fellow patients and your CDC care team. Follow this simple checklist every time you come back for your dialysis appointment.

**Checklist:**

*Help Prevent the Spread of COVID-19*

- **Screening**
  All patients and staff members are screened for symptoms of COVID-19 (new cough, new shortness of breath, fever, sore throat) upon entry into the facility.

- **Wear a Mask**
  All patients are required to wear a face mask. You will be provided a mask when arriving for your dialysis appointment.

- **Maintain a Safe Distance**
  Please do your best to maintain a safe distance from other patients, and avoid crowded areas or gatherings.

- **Wash Hands**
  Practice good hand hygiene — wash hands or use hand sanitizer frequently.

- **Feeling Sick?**
  Contact your facility if you have a fever, new cough or difficulty breathing before you come to dialysis.

For any additional questions or concerns related to COVID-19, contact us at covid@CDCare.org.
Do You Know All of Your Treatment Options?

In-Center Dialysis, Home Dialysis, Peritoneal Dialysis, Kidney Transplantation

What is a kidney transplantation?
A kidney transplant is a surgery in which a person with kidney failure receives a new kidney. The transplanted kidney then cleans the blood in the same way that your kidneys did when they were healthy.

The new kidney comes from another person. Only one kidney is transplanted. A person can live a healthy life with only one working kidney.

Kidney transplant is one of your treatment options. It is not a total cure for kidney failure. Not everyone can receive a transplant.

What do I need to know about getting a kidney transplant?
Your medical practitioner will send you to a transplant center. You will be evaluated by the transplant center to make sure you are a good prospect for a kidney transplant.

You must be healthy enough to have the surgery. You must also be able to take the medications which help your body accept the new kidney.

Talk to your care team to learn more about how to start the process for a transplant referral and evaluation.

Donor kidneys come from living donors and non-living donors. A non-living donor is a person who has recently passed away but has donated a healthy kidney. A living donor could be anyone who is a match to you and wants to donate.

The donor kidney must match the blood and tissue types of the person who is to receive the kidney.

More people need donor kidneys than there are kidneys available. There is a waiting list for kidneys from non-living donors. You can be on more than one waiting list, even in a different state, if you are able to travel.

What are the different types of kidney donors?

Living Donor: A living related donor kidney comes from a blood relative, such as a parent, brother, sister, or an adult child, and is the best transplant option.

A living unrelated donor kidney comes from someone who is not related to the person receiving the kidney.

The donor is evaluated by the transplant center to make sure he/she is healthy enough to donate and is offering his/her kidney willingly, without pressure from anyone.

Non-Living Donor: A non-living donor is someone who has recently died and has donated a healthy kidney.

Patients who do not have a living donor can be placed on the national organ transplant waiting list to receive a deceased donor kidney.

Kidney Donor Exchange: If your kidney donor is approved for a living donation but is not a match with you, you and the donor may be able to join a living donor exchange program.

How will my life change after I get a transplant?
Once you receive a transplant, you will need to see your care team on a regular basis.

You will have to take kidney medications for as long as your new kidney lasts.

Your diet may change after you receive a transplant. Talk to your dietitian for more information.

How will I pay for my kidney transplant?
Medicare typically covers 80% of the costs if the transplant is done in a hospital approved by Medicare to do kidney transplants. Coverage by private insurers varies.

Your transplant team will talk to you about the possibility of your body rejecting the transplanted kidney. Part of the cost of anti-rejection medicines may not be covered. These may be expensive.

A transplant social worker or financial advisor will work with you to determine how your costs will be covered.

What are some things I should consider about having a kidney transplant?
With any surgery, there are possible complications. This is true for transplant surgery as well. Speak to your transplant care team.

There is a risk that your body may reject the kidney. Talk with your transplant care team about possible risks.

You will have to take anti-rejection medications daily after a kidney transplant. They may have side effects.

What are some outcomes of a kidney transplant?
Your overall health and quality of life will likely improve.

You may be less tired and have more energy.

You have more freedom because you no longer need dialysis.

The following organizations provide resources and additional information about kidney transplantation:

United Network for Organ Sharing
www.unos.org

National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov
Why do I need protein?
Your body needs protein to build and repair tissues and muscles. Those on dialysis require more protein because some of the protein you eat is removed during dialysis. Protein is also lost in blood, and used to heal needle sites. Without enough protein, your body may be unable to resist infection and you may need to be hospitalized.

What do lab values tell me about my protein intake?
There are two labs that tell us about protein intake, albumin and PNA.
• Albumin tells us how much protein is stored in your body. A good protein intake helps to keep your albumin within an ideal range of 3.8–5.7. Your albumin can be affected by things other than your protein intake, such as infection, blood loss and fluid status. Lower albumin levels are associated with a decreased life expectancy.
• PNA tells us how much protein you have eaten between dialysis treatments. An ideal range is 0.8–1.4. Your PNA may be falsely low if you still have some kidney function.

What foods contain protein?
The best sources of protein come from animal products, such as meat, poultry, fish, eggs and dairy (milk and cheese). The following is a list of good protein sources. Note, 3 ounces of cooked meat, poultry or fish equals the size of a deck of cards.
- Beef
- Chicken
- Turkey
- Lamb
- Liver
- Pork
- Veal
- Fish
- Cornish Hen
- Fresh Shellfish (clams, shrimp, lobster, scallops, etc.)

Other foods that are equal to 1 ounce of meat include:
- 1 egg
- ¼ cup of egg substitute
- ¼ cup of cottage cheese
- 1 slice of low sodium cheese
- 4 ounces of tofu
- 1 ½ tablespoons peanut butter
- 2 tablespoons canned tuna or salmon (rinsed well)

How can I increase my protein intake?
Remember to include protein-rich food at each meal or snack:
• Add powdered milk to regular milk, casseroles, soups, puddings or custards.
• Stuff fruits and vegetables with cottage or ricotta cheese.
• Enjoy egg salad, tuna salad and chicken salad on bread, crackers or in a salad.
• Add chopped hard-boiled egg to a salad.
• Add chopped cooked meat, poultry or fish to salads and vegetables.

What about protein supplements?
There are nutritional products and supplements available that can help increase your protein intake. These include things like nutritional shakes, protein powders that can be added to food or beverages, as well as protein bars. Prior to purchasing any nutritional supplements, it is important to discuss which products would be best for you with your dietitian or doctor.
About Cleveland MOTTEP

Did you know?

• Every 10 minutes, a new name is added to the national transplant waiting list.

• 1 of 3 people in Northeast Ohio awaiting a kidney transplant are African American.

• Minorities wait 2–4 times longer for transplants than their counterparts.

• In Northeast Ohio, 1,800 people are waiting for a life-saving organ transplant.

Cleveland MOTTEP (Minority Organ and Tissue Transplant Education Program) exists to specifically educate the Greater Cleveland minority community about the need for organ, eye and tissue donations. Minorities are disproportionately affected by hypertension and diabetes — the leading causes of kidney failure. Therefore, Cleveland MOTTEP simultaneously educates communities about the diseases and behaviors that lead to the need for transplantation.

clevelandmottep.org
facebook.com/mottepcle

Connections in creativity

We are pleased to share Connections in Creativity, a virtual art show featuring patient and staff artwork created in our Creative Arts Therapies program. During the COVID-19 pandemic, our team of art and music therapists persevered to provide patients and staff an invaluable outlet for creative release. As a result, our patients — you — have created incredible works of art, including paintings, multimedia pieces, and group projects.

We appreciate you, our resident artists, and hope this unique showcase of your artwork, and the artwork of your peers, provides an opportunity that allows you to share the show with friends and family from a safe distance. Visit www.CDCare.org/ArtShow.
Exercise and You

Exercise is an important part of a healthy lifestyle that can bring great benefits for both physical and mental health. People on dialysis who exercise regularly report they sleep better, have more energy and more muscle strength, and are better able to do the things they have to do in their lives. Regular exercise is important for those with newly diagnosed kidney disease, those who are on dialysis, and those who have had a transplant.

Steps for getting started with an exercise program:

1. Check with your doctor before you begin any exercise program.
2. Choose something you like to do. The key is simply to get moving.
3. Start slowly and increase your activity level over time.
4. Keep going, and remember that every effort is worthwhile.

The National Kidney Foundation recommends several types of exercise:

- Stretching or flexibility exercises improve the movement of joints, help in reaching above your head, and reduce stiffness in muscles.
- Strengthening or resistance exercises will increase strength of muscles.
- Cardiovascular or endurance exercise (also called “aerobic” exercise) such as walking or cycling improves the function of the heart and circulation, and results in improved endurance and energy levels.

All of these types of exercise are important for overall physical fitness; however, for those who are weaker or less fit, it is best to start with stretching and strengthening exercises with gradual progression to cardiovascular exercise.

There are few, if any, risks associated with these activities (as long as the exercises are done properly and they are started slowly and progressed gradually). It may be important to increase strength and flexibility before starting a program of cardiovascular exercise. The key to beginning a program is to be smart and take it slow.
Are You Cutting Your Dialysis Time Short?

Some days I don’t want to come, but I know I have to. As hard as it may seem, it helps to come to treatment and stay. In the long run dialysis helps improve your life. Dialysis has given me more opportunities to do more, get a better job and helped me with my independence. I don’t want to be here for 5 hours, but I have no choice — I want to be around to enjoy family including my nieces and nephews. Every day is hard for me, but it’s worth it.

Just try your best to come to treatment and stay. It will improve your quality of life in the long run. Try staying longer each treatment and build up to your treatment time. Bring something to do, anything to keep you here. Cutting time is cutting your life short. I have something to live for. I want to see how my life proceeds, how things turn out!

—Lakisha B.

Did you know that your health and your very life depend on you receiving the right “dose” of treatment? This “dose” involves your dialyzer (filter), a high enough blood flow, a well-functioning vascular access, and enough time on dialysis. There may be other factors that can affect or interfere in your specific situation that may prevent you from receiving the right “dose” of treatment, however, don’t let that be because you are shortening your dialysis time. The hemodialysis treatments that you are receiving replace only a small part (less than 15 percent) of the normal function of kidneys.

If you do not receive enough dialysis, toxins and waste products will build up in your blood and you could experience symptoms below or need to go to the hospital.

- Weak and tired most of the time
- Poor appetite
- Nausea
- May have a metallic taste in your mouth
- Higher risk for medical problems such as heart failure

It is easy to decide that “coming off” early will not make that much of a difference. Shortening your dialysis treatments will eventually harm your body by causing the symptoms of being inadequately dialyzed. Being under-dialyzed puts additional stress on an already weakened body, which can lead to a shorter life expectancy.

Dialysis time lost due to shortened treatments adds up!

<table>
<thead>
<tr>
<th>If you cut every treatment short by</th>
<th>Over a year, you will have lost</th>
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<tbody>
<tr>
<td>1 minute</td>
<td>2.6 hours of dialysis time</td>
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<tr>
<td>5 minutes</td>
<td>13 hours of dialysis time</td>
</tr>
<tr>
<td>10 minutes</td>
<td>26 hours of dialysis time</td>
</tr>
<tr>
<td>15 minutes</td>
<td>39 hours of dialysis time</td>
</tr>
<tr>
<td>20 minutes</td>
<td>52 hours of dialysis time</td>
</tr>
<tr>
<td>30 minutes</td>
<td>78 hours of dialysis time</td>
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</tbody>
</table>

Because of this, the dialysis staff encourages you to remain on dialysis for your entire time. As a well-dialyzed patient, you should be able to look forward to doing many of the things that were planned before you were diagnosed with kidney disease.
Planning the Perfect Brunch

Whether it’s for Mother’s Day, or a morning with close friends, the arrival of spring often calls for brunch plans. We hope you enjoy these delicious recipes for everyone’s favorite late-morning meal.

Cranberry Oatmeal Breakfast Cookies

**Serves 12**
**Serving Size 1 cookie**

**Ingredients**
- ½ cup unsalted butter
- ½ cup granulated sugar
- 1 large egg
- ¼ cup all-purpose flour
- 1 teaspoon vanilla extract
- ½ teaspoon cinnamon
- ¼ teaspoon salt
- 1 cup applesauce
- 1 ½ ounces vanilla whey protein powder
- 3 cups rolled oats
- ½ cup dried cranberries

**Preparation**
Set butter out to soften to room temperature. Preheat oven to 350° F. Line a baking sheet with parchment paper. Using an electric mixer, cream together butter and sugar. Add in the egg, flour, protein powder, vanilla extract, cinnamon and salt. Stir to combine. Add in the applesauce and combine. Fold in the oats and cranberries. Add ¼ cup scoops of the cookie dough onto the baking sheet. Flatten each cookie slightly. Bake for 12 to 15 minutes, until cookies are golden brown but still soft. Allow cookies to cool for 5 minutes on the baking sheet before transferring to a rack to cool completely.

Renal Diet Breakfast Loaded Veggie Eggs

**Serves 2**
**Serving Size ½ of recipe**

**Ingredients**
- 4 whole eggs
- 1 cup cauliflower
- 3 cups fresh spinach
- ¼ cup bell pepper, chopped
- ¼ cup onion, chopped
- 1 tbsp oil of choice (coconut or avocado oil is good for high heat)
- 1 garlic clove, minced
- ¼ tsp black pepper
- Fresh parsley and spring onion for garnish

**Preparation**
Beat eggs with pepper until light and fluffy, set aside. Heat oil over medium heat in large skillet. Add onions and peppers to skillet and sauté until peppers are translucent and golden. Add garlic, stirring quickly to combine and immediately adding cauliflower and spinach. Sauté vegetables, turn heat to medium-low and cover for 5 minutes. Add eggs, stirring to combine with vegetables. When the eggs are cooked thoroughly, top with fresh parsley or spring onions. For potassium-restricted diets, you can serve with a side of bright fresh tomatoes topped with cracked black pepper. A touch of feta or a strong sharp cheese would also be delicious with these.
Innovation and Centers for Dialysis Care

The End Stage Renal Disease (ESRD) Seamless Care Organization (ESCO) program was originally announced by Centers for Medicare and Medicaid Services in February 2013. ESCO was a demonstration program designed to test, identify and evaluate a new way to improve care for Medicare patients with ESRD. The goal was to improve healthcare delivery and outcomes, while reducing the overall cost of care.

Centers for Dialysis Care was one of 33 ESCOs selected nationwide to participate in this demonstration program and was the only company in Ohio to participate.

CDC joined ESCO during the second round of applications in 2017, and the following units were included: Euclid, Mentor, Painesville, Shaker and Warrensville. Each ESCO facility was assigned a care manager to assist patients in transitions of care. Overall, the ESCO experience improved the coordination of care for patients.

Although this program officially ended on December 31, 2020, Centers for Dialysis Care has applied lessons learned to all patients across the organization.
Centers for Dialysis Care’s Vision

To be the provider of choice as the most trusted community partner for high quality, patient-centered kidney healthcare.

Word Search Puzzle Answers

5. Euclid 9. Mentor 15. West

Connect With Us

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Have an idea for the newsletter?
Contact Heidi Ross at hross@CDCare.org or (216) 283-7200 ext. 220.
CDC
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Quality care...and so much more.

Cover Artwork:
Creativity in Bloom
CDC Mentor Group Project