



Newsletter

A Note From The President

Laura Hoffman



As we transition from summer into fall, RPC remains steadfast in its commitment to providing innovative solutions, advancing technical excellence, and prioritizing patient safety. In this update, I'm excited to share key activities that highlight our ongoing efforts to foster meaningful collaborations and bring forward-thinking solutions to the patients and providers we serve. Here's a look at what we've been up to:

Industry Engagement: A Season of Collaboration

This tradeshow season, RPC was proud to participate in several leading events including:

- NANT DTX42
- ANNA (American Nephrology Nurses Association)
- USRC (U.S. Renal Care) Clinical Leadership Conference
- ERA (European Renal Association) hosted in Vienna, Austria

These events allowed us to connect directly with customers, partners, and industry experts—sharing ideas, discussing challenges, and exploring new solutions.

Looking ahead, we're excited to continue this momentum at the DaVita BioMed Meeting and ASN (American Society of Nephrology) this fall.

Community Involvement: Walking for a Cause

In April, for the 4th year, our team proudly participated in the Arizona National Kidney Foundation Walk, joining patients, families, and advocates in raising awareness and vital funds for kidney disease research and support. This event was more than just a walk—it embodied our commitment to the community and the values that drive our daily work.

Standards & Safety: Leading Through Action

RPC continues its leadership on the AAMI Renal Disease and Detoxification (RDD) Committee, contributing to both spring and fall formal meetings as well as ongoing subcommittee efforts. Our work helps shape standards that ensure dialysis devices are reliable, effective, and above all, safe for patients. By helping develop these guidelines, we reinforce our dedication to quality, technical excellence, and the well-being of those we serve.

Looking Ahead: Annual Board of Advisory Meeting

In December, we'll host our annual Board of Advisory Meeting, welcoming leaders and experts from across the dialysis industry. This gathering is designed to:

- Share insights on emerging trends
- Explore clinical and technical advancements
- Help shape RPC's strategic direction for the coming year(s)

This meeting reflects our ongoing commitment to collaboration and innovation throughout the industry.

As we celebrate a successful tradeshow season, meaningful community engagement, and important contributions to standards and safety, we extend our sincere gratitude to our valued customers and partners. Your trust and collaboration inspire our pursuit of excellence, and we look forward to continuing this journey together.

With deep appreciation,

Laura Hoffman,

Chief Operating Officer and President

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Kidney Disease: Fact Sheet

- Kidney disease, also known as “chronic kidney disease (CKD),” causes more deaths each year than breast cancer or prostate cancer. It is the under-recognized public health crisis.
- About 35.5 million U.S. adults are estimated to have kidney disease—that’s more than 1 in 7 (14%).
- About 9 in 10 adults with kidney disease (≈90%) do not know they have it.
- People with kidney disease may not feel ill or notice symptoms until the disease is advanced.
- About 1 in 3 (40%) of adults with severe kidney disease* don’t know they have it.
- 1 in 3 adults in the U.S. (33%) is at risk for kidney disease.
- Kidney disease is the 8th leading cause of death in the U.S.
- About 1 in 3 adults with diabetes and 1 in 5 adults with high blood pressure may have kidney disease.
- Diabetes is the most common cause of kidney disease. Diabetes and hypertension cause or contribute to 2 of 3 new cases of kidney failure.
- Two simple tests (blood/urine) can detect kidney disease early. Earliest detection is crucial so that further damage can be slowed or stopped.
- 12 people die every day while on a waiting list for a kidney transplant.
- Without increased investment in prevention, the total number of patients with kidney failure (ESKD) will likely exceed 1 million by 2030.



Reference

National Kidney Foundation <https://www.kidney.org/about/kidney-disease-fact-sheet>

New Hire!

Melissa Pietrafitta joined the RPC family in May as our accounting supervisor. She handles accounts payable, expense reimbursements, and company credit cards. She also assists our VP of finance and operations as needed. Melissa enjoys getting things organized and improving efficiencies. In her free time Melissa enjoys going for walks, hiking, tending to her flowers, sports, spending time with her family and their German Shepard dog named Izzy. You can usually find her at a soccer or rugby game cheering on her kids.



We are excited to welcome Melissa to the family!

Is Your Water Room Survey Ready? Part 2

Findings from the Field related to the RPC Ultra-Low Test Strips K100-0118, Part 2

As stated in [Part 1](#) of this article, water room findings are frequently cited during a Centers for Medicare and Medicaid Services (CMS) survey of a dialysis facility. In Part 2, we will discuss V260 - Personnel Training Program/Periodic Audits. Findings are summarized in the table below.

Surveyors will review personnel records to ensure each individual conducting colorimetric testing have completed and passed color-blindness testing. Surveyors will also review training records to ensure that staff have completed training; and if indicated in facility policy, annual competency updates.

Surveyors will ask questions of the staff to ensure they understand the procedure, the limits, and what actions to take if the test results are above the limits. Posting the Total Chlorine testing procedure and chlorine breakthrough policy and ensuring staff know where it is and use it is key. There is nothing wrong with staff reading the policy verbatim during the survey. Performing in front of a Surveyor almost inevitably makes staff nervous. Relying on these tools can relieve some of their tension.

Total Chlorine testing is one of the most critical aspects of patient safety in dialysis treatments. Awareness of frequently cited findings can help facilities ensure compliance with the Conditions for Coverage. By using the correct product, having the right tools, and confirming staff are knowledgeable, competent and performing testing correctly, facilities can improve patient safety and the probability of achieving a deficiency free survey.



Gayle Hall

Nurse Surveyor
National Dialysis Accreditation
Commission



Common Citations – V260

- Color blindness testing – no documentation or staff did not pass
- No training or competency documented
- No performance audits of staff performing total chlorine
- Staff unable to name acceptable limits for total chlorine, possible consequences, steps to take
Facility Policy Specific

Facility Policy Specific

- No annual competency documentation

References

Centers for Medicare and Medicaid Services (CMS) (2008) *Conditions for Coverage for End-Stage Renal Dialysis Facilities: Final Rule*. <https://www.cms.gov/regulations-and-guidance/legislation/cfcsandcops/downloads/esrdfinalrule0415.pdf>

RPC- Rabrenco (N.D.) K100-0118 - *Ultra-Low Total Chlorine Test Strips Instructions for Use* <https://rpc-rabrenco.com/products/water-treatment-products/test-strips-2/k100-0118>

Interview with an Expert

1. What advice do you have for someone entering their career in dialysis as a technician?

I always tell new dialysis technicians that once they master the skills needed to work in a hemodialysis unit, they have a career for life. Their expertise will always be in demand; especially if life circumstances require them to relocate.

Dialysis technicians are essential to both patient care and the overall functioning of the clinical team. Today, they are often the expert cannulators, and that is a skill they should take great pride in. Over the years, I've seen many technicians grow beyond the dialysis unit, taking on roles in home dialysis, patient education, industry, and even management. Those who remain in the hemodialysis setting continue to be invaluable bringing not just technical skills but also institutional knowledge and mentorship to their teams.

It's time for the dialysis industry to recognize their contributions and compensate them accordingly. The experience, dedication, and expertise dialysis technicians bring to the table deserve acknowledgment—and fair pay.



Sheila Deziel

MSN, RN, CNN, FNKF, FANNA |
Sr. Clinical Consultant

2. What has been the most rewarding part of working in dialysis for you personally?

For me, the most rewarding part of working in dialysis is the deep connection to human physiology, particularly the role of the kidney. I may be biased, but I truly believe the kidney is the most important organ in the body. When it fails to function properly, it impacts nearly every other system.

My passion for how the body works fuels my commitment to this field. Dialysis constantly challenges me to stay informed about the latest treatments, medications, and innovations that can improve the quality of life for patients who depend on this therapy. Even in my downtime, I find myself reading kidney journals—always eager to learn more.

What's especially inspiring is the dedication of the many pioneers in this field, who continue to push for advancements that make a real difference in patients' lives. Being part of that ongoing mission is what keeps me motivated and fulfilled.



3. What is the most important aspect of patient care that you think is often overlooked in dialysis treatments?

Having worked in nephrology since 1982, I've witnessed a shift in how we connect with patients. One of the most overlooked aspects of dialysis care today is the time and space to truly engage with patients and understand their support systems. When I visit dialysis facilities as an educator, I frequently hear nurses and technicians' express frustration about the increasing demands of electronic documentation. While necessary, this administrative burden often pulls focus away from direct patient interaction.

Kidney disease doesn't just affect the individual; it impacts the entire family. As caregivers, we need to make a conscious effort to recognize and support the patient's broader network. Families play a critical role in a patient's journey, and by acknowledging their needs and challenges, we strengthen the circle of care around the person receiving dialysis.

4. What are some of the most common misconceptions or challenges patients have when starting dialysis, and how do you address them?

One of the most common questions I hear is, "How long will I have to do this?" Many patients and their families don't initially understand that if the kidneys are no longer able to clear toxins and excess fluid, dialysis, or another form of kidney replacement therapy may be a lifelong need. While we always hope for recovery in cases of acute kidney injury, for many, dialysis becomes a permanent part of life. It's essential to acknowledge their hope, even when the likelihood of recovery is uncertain, and provide support through that emotional transition.

One of the challenges I've seen consistently is the lack of time for thorough patient education. That's why I've long advocated for CMS to allow nurse-led chronic kidney disease (CKD) education—modeled after what our diabetes educator colleagues provide. Nurses experienced in all modalities of kidney replacement therapy are uniquely positioned to guide patients and families through these complex decisions.

In my own practice, I've spent up to four hours with patients and their families, walking them through the various treatment options and what to expect. Unfortunately, nurse practitioners and physicians often don't have the bandwidth to provide this level of education. Yet we know that patients and families who are better informed tend to adjust more successfully to their chosen modality.

Medicare currently covers six CKD education sessions under the direction of a physician or advanced practice provider, and I believe we need to expand access to this critical service to improve outcomes and support shared decision-making.

<https://www.medicare.gov/coverage/kidney-disease-education>

Did you know... RPC performs quality control testing on all test strips for you?

RPC's Certi-Chek™ Field Verification program saves you time and money eliminating the need for on-site QC validation. All CertiChek™ certificates are included with every order and are available to download from our website.

<https://rpc-rabrenco.com/technical-support/category/test-strip-qc-documents>



Tradeshow Recap

Highlights from the NANT, ANNA and USRC tradeshows.
We had a great time connecting with you all!



NKF Kidney Walk in Phoenix

Some of our team attended the National Kidney Foundation's Kidney Walk in Phoenix in April. This event raises money, empowers the kidney community, and amplifies awareness of kidney disease. We have enjoyed participating and giving back to the dialysis community the last several years!



Upcoming Tradeshows RPC will be at:

DaVita Biomed 10/7 - 10/9, Minneapolis, MN
ASN 11/6 - 11/8, Houston, TX



RPC Arizona Location
 1643 West Modern Court, Tucson, AZ 85705

RPC Minnesota Location
 6901 E. Fish Lake Rd., Ste. 150, Maple Grove, MN 55369

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Technical Support: <https://rpc-rabrenco.com/technical-support>

RPC Catalog: <https://rpc-rabrenco.com/digital-catalog>

Adrian's Technical Corner



Adrian Bachelier

Senior Director of Sales & Technical Services

Q: What is Micro-X® Disinfectant/Sterilant?

A: Micro-X® is a stabilized mixture of peroxyacetic acid, commonly referred to as a peracetic acid (PAA) based disinfectant and sterilant formulated for use in health-care settings, specifically for dialysis applications. It is substantially equivalent to other cold sterilants such as Peracidin and Minncare® Cold Sterilant.



Q: What are the main uses of Micro-X®?

A: Making sure to follow its specific instructions for use, Micro-X® should be used in a disinfection program which includes bacteriological monitoring of the Reverse Osmosis (RO) and entire water distribution system components including water distribution loops, storage/holding tanks, and concentrate mixing systems.

Q: What are the key features and benefits?

A:

- **Extended shelf life:** 15-month expiration, longer than competing peroxyacetic acid products.
- **Wider storage range:** Can be stored at temperatures up to 86°F, more flexibility than similar products (typically up to 75°F).
- **Stabilized formulation:** A peroxyacetic acid compound solution providing effective microbial control.
- **FDA cleared:** Meets regulatory requirements for safety and effectiveness in dialysis and medical settings.
- **Compatibility:** Suitable for most industrial and medical water systems.

Q: In what concentrations is Micro-X® used?

A:

- **As a Disinfectant:** Used at a 1% concentration for the disinfection of Reverse Osmosis (RO) water systems, their distribution components, hemodialysis equipment, water distribution loops, storage/holding tanks, and concentrate mixing systems.
- **As a Sterilant:** Used at a 3.0 to 3.5% concentration for in vitro cleaning and sterilization of hollow fiber dialyzers.

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Click here to submit questions to be answered in future issues