ISSUE 3 | MAR 2025

RPC

Newsletter

A Note From The President
Laura Hoffman

As we reflect on the year that has passed and look ahead with excitement to what 2025 holds, I want to take a moment to share some key updates and express our gratitude for your trust and partnership in the past year.

2024 was another successful year for RPC, and we are proud to report that we met and exceeded many of our key objectives. Most importantly, we focused on one mission: keeping patients safe. Our dedicated team worked tirelessly to provide the highest level of technical expertise, quality products, and reliable solutions to you as you serve your patients. We are committed to maintaining the high standards of safety and reliability that you expect from us. Together, we've been able to ensure that patients' lives are made safer, and your operations run more efficiently.

As we approach the end of the first quarter of 2025, our team is energized and laser-focused on achieving the next set of performance goals that align with our strategic priorities. RPC employees are fully dedicated to further advancing our mission as dialysis technical specialists, delivering quality products and innovative solutions that not only keep patients safe but also save you time and money.

We are continuously looking for ways to enhance our offerings and improve the experience for you, while also ensuring that we remain adaptable and proactive in an evolving global economy.

Looking ahead in 2025, we are excited to reconnect with the dialysis community at several key industry events. We look forward to meeting with you at NANT, ANNA, USRC, ASN and other important upcoming trade shows. These gatherings are an invaluable opportunity for us to showcase our products, answer your questions, as well as listen to your feedback and insights. Together, we can continue to shape the future of dialysis care,ensuring we provide the best solutions for your needs and those of your patients.

Thank you for your continued trust in RPC. We are grateful for your partnership and commitment to excellence in patient care. As always, we remain dedicated to delivering innovative solutions that support your success.

With deep appreciation,

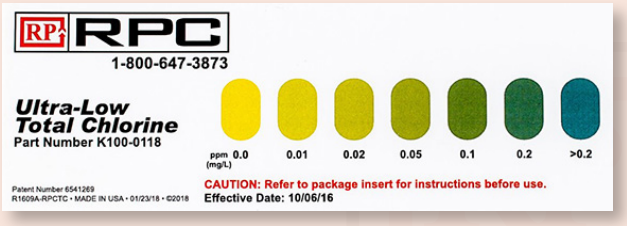
Laura Hoffman,
Chief Operating Officer and President

IN THIS ISSUE

Company and Product Updates

Updates made to our K100-0118/F Color Cards:

- Coated card stock – protecting color blocks from degradation
- Bleach resistance up to 500 ppm
- Water resistant



ISO 13485-2016 Certification Update!

We obtained our ISO 13485-2016 certification in January 2024. As continued dedication to quality by RPC, we scheduled and underwent a surveillance audit to remain committed to continuous improvement and ensure a seamless re-certification in 2027. We are pleased to announce we successfully passed the surveillance audit without any non-conformances or observations for improvement identified.

New Addition to Our Filter Product Line!

We are pleased to announce we have added a new filter to our product line. The AR series filters (absolute rated pleated cartridges) are designed for various applications requiring precise and reliable filtration. These cartridges are constructed from 100% pure Polypropylene, ensuring exceptional particle retention.

The AR Series cartridges are ideal for use in:

- RO Pre-filtration
- DI Pre-filtration
- Pharmaceutical
- Cooling Towers
- Laboratory Applications

Key features of the AR Series Absolute Rated Pleated Cartridges include:

- Double-layer structure for absolute-rated filtration
- Thermally bonded end caps and connectors, free of binders
- Compliance with FDA CFR Title 21 and USP Class VI Plastics
- Max Operating Temperature: 203 °F (95 °C)

New Hire!

Aili Dormanen recently joined the RPC family as our quality lab tech II. She is responsible for testing standard solutions and test strips to ensure they meet all specifications as well as conducting final inspections on all RPC products. She also manages all lab activities and provides technical assistance as needed. Aili enjoys spending time with her two yellow labs, Lumi and Coach, and spoiling them with toys and treats! She also enjoys golfing and has recently started learning how to crochet again.

We are excited to welcome Aili to the family!

Is Your Water Room Survey Ready?

Findings from the Field related to the RPC Ultra-Low Test Strips K100-0118 Part 1

Gayle Hall
Nurse Surveyor
National Dialysis Accreditation Commission

Water room findings are frequently cited during a Centers for Medicare and Medicaid Services (CMS) survey of a dialysis facility. It has been said that a medication error could hurt one patient, but a water room error could kill everyone on dialysis. This makes Total Chlorine testing a focus during survey.

Two V tags frequently associated with Total Chlorine testing are V196 - Carbon Adsorption–Monitor, Test Frequency and V260 - Personnel Training Program/Periodic Audits. In Part 1, we will discuss V196 - findings summarized below. One finding – not using strips sensitive to 0.1 ppm total chlorine – is 100% preventable by use of the K100-0118. Fortunately, this is not a common citation.

Surveyors will observe performance of Total Chlorine testing, 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. Surveyors will also review records to ensure that testing is done before the first treatment, then at least every four hours or by facility policy, whichever is sooner. Some facilities have opted to perform testing more frequently than every four hours to ensure they do not run over. An alarm on the treatment floor helps ensure staff know when testing is due. Scheduling testing every 3 or 3.5 hours gives staff a cushion in case they are busy. When V196 is cited for tests outside the four hour time limit, Surveyors will also review Quality Assessment and Performance Improvement (QAPI) minutes to ensure the interdisciplinary team has recognized the problem and put forth a plan to correct.

Surveyors will check to ensure that a timing device is available for the testing; and that the procedures for total chlorine testing and chlorine breakthrough are posted. A timing device does not have to be expensive; a simple clock with a second hand is adequate.

Part 2 of this series will discuss V260 – Personnel Training Program/Periodic Audits. Look for it in an upcoming newsletter.

Common Citations – V196
• Not allowing the system to run for 15 minutes before sampling
• Not using the correct sample size
• Not using a timing device for the *60 second swish and 20 second wait (counting in my head)
• Swish not 60 seconds; wait not 20 seconds
• Swish time used at facility not based on the water temperature
• Not shaking the strip after removal from the sample to remove excess water
• Not folding the test strip to provide a white background under the aperture
• Not comparing strip to the color comparator chart
• Not testing at a minimum of before the first treatment then every four hours
Facility Policy Specific
• Not having two trained staff members verify results (including qualifications per policy)
*Most facilities use 60 seconds; per RPC IFU, this may vary based on documented water temperature assessment.

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

Ted Kasparek

DaVita

1. How did you get into the dialysis industry?

My start in this industry is the result of a coin toss. Well over 40 years ago, my wife and I were sorting out the next steps in life; she wanted to go to medical school, and I wanted to continue my graduate education in Biomedical Engineering. The cost of doing both at the same time did not seem practical, so we opted to flip a coin to see who would take their next step. She won the coin toss and went on to medical school; I put my academic plans on hold and given we had one car, looked for a job near the Medical School to cover our living expenses. My job search ended at an outpatient dialysis clinic as an entry level dialysis technician. The rest is history. My wife is an excellent physician still practicing and I recently retired from my role as VP of Biomedical services at DaVita. I guess you could say we both won that coin toss.

2. What are some of the latest advancements in dialysis, and how have they impacted patient care?

Recent advances with hardware and software supporting patient care are making a significant difference in care delivery. New options to proactively control fluid removal and the availability of ultrapure dialysate are just two of the items that come to mind. Software evolution to share treatment information to and from a given patients EMR help the patient and the care team better capture key information needed to optimize individual patient care. Improvements in the durability and serviceability of dialysis delivery devices reduce downtime and unwanted disruption of care. It is an exciting time for the patient and the industry to better provide safe and effective care to the precious patient population.

3. What are some of the most memorable moments or experiences from your career in dialysis?

I learned early on that this dialysis business can sometimes best be described as a 'retrograde science project.' When I started in the industry, I was fascinated to observe the many improvised processes used to provide care in the analog reality that existed in the late 1970's. Watching a volcano of blood erupt from a positive pressure coil dialyzer was a day one experience I will never forget. Seeing and hearing the results of actual patient hemolysis due to someone forgetting to add the solute to the 100-liter tank forever haunts my memory. There are many events I have had the opportunity to be involved in when 'things go wrong.' Sorting out root cause and applying lasting solutions to adverse events are the lasting memories I will never forget.
I will be forever thankful to the people I have had the honor to work with in good and troubled times of the past five decades to make sure patients get safe care when they need it.

4. In your opinion, what are the most important qualities needed to work effectively in dialysis care?

Dialysis care is a challenging but extremely rewarding service opportunity. It takes a special kind of professional to stay focused on providing safe and appropriate care in the sometimes-hectic dialysis delivery environments. To effectively work in dialysis, you must be willing to be part of a diverse team of clinical and technical folks that are all needed to provide a safe outcome for the patient, every day. You must also be willing to keep learning from the patients you support and take advantage of the opportunities to increase your knowledge as to how and why you do those things you need to do.

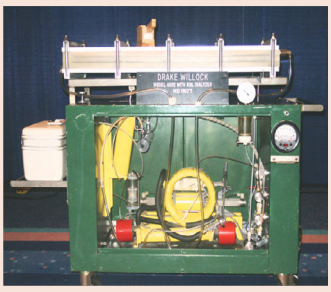
Did you know the Travenol RSP and The Drake-Willock 4000 Series were some of the first dialysis machines?

Travenol RSP

The Travenol RSP was initially used with coil dialyzers and it had a batch tank. The machine required that the dialysate bath be mixed in the batch tank each time. The batch tank contained 120 liters of water and concentrate. Many centers used ordinary tap water.

So that hollow fiber dialyzers could be used with it, ultimately Travenol introduced a negative pressure converter for the RSP.

The Drake-Willock 4000 series were the first machines to contain a proportioning pump. This eliminated the need for a dialysate batch tank and made automatic on-line dialysate mixing possible.



Drake-Willock 4002

For delivering dialysate to multiple patient stations, central batch systems and central proportioning systems were also popular in the 1960s and beyond. For more information on the history of dialysis devices, visit the technical presentations page of the RPC website: https://rpc-rabrenco.com/presentations.

Employee Recognition

In December we recognized employees who were celebrating many years of service with RPC.

5 year award recipients were:

Allison DeLaOssa (AZ), Lexlie Borquez (AZ), Lily Bustos (AZ), Tyson Hicks (AZ), Donna Greenlee (MN)

10 year award recipients were:

Norma Barcelo (AZ), Tina Haren (MN)

15 year award recipient was:

J.D. Davis (AZ)

20 year award recipient was:

Adrian Bachelier (AZ)

They were presented with certificates and plaques at our annual holiday party in December.

We value and appreciate all of their outstanding years of service!

RPC is excited to be participating in the National Kidney Foundation walk in Phoenix again this year!

The event is on April 6th at Salt River Fields at Talking Stick. Stop by and see us at our booth!

Pictures below are from previous years we have participated.

Catch RPC at these tradeshows in 2025!

NANT 4/1- 4/4, Las Vegas, NV
ANNA 5/1- 5/4, Portland, OR
USRC 5/6 - 5/8, Grapevine, TX
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

US/Canada (800) 647-3873 | International (520) 888-5551

orders@rpc-rabrenco.com

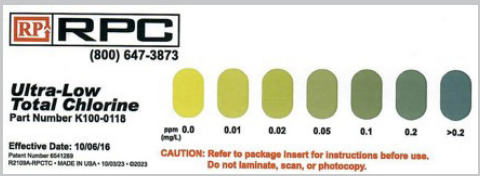
Technical Support: ***https://rpc-rabrenco.com/technical-support***
RPC Catalog: ***https://rpc-rabrenco.com/digital-catalog***

Adrian's Technical Corner

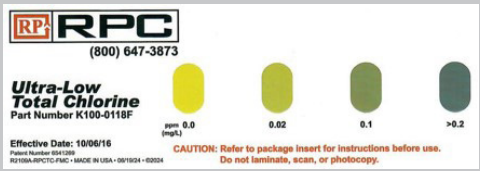
Adrian Bachelier
Director of Sales & Technical Services

Q: What is the difference between RPC Item# K100-0118 and K100-0118/F - Ultra-Low™ Total Chlorine Test Strips?

A: *Both versions use identical strips to accurately detect ultra-low levels of total chlorine in water used to prepare dialysate. The only difference is the color chart that accompanies each version.*



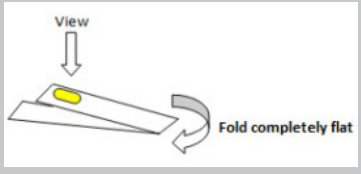
*Item# K100-0118 has seven color blocks on its chart (0.0, 0.01, 0.02, 0.05, **0.1**, 0.2, >0.2)*
- ***(AAMI RD62 maximum allowable limit for chloramines)***
- *Item# K100-0118 offers more granular color distinctions, which allows for carbon bed trend analysis.*



*Item# K100-0118 has four color blocks on its chart (0.0, 0.02, **0.1**, >0.2)*
- ***(AAMI RD62 maximum allowable limit for chloramines)***

Q: Why is it important to fold the Ultra-Low Total Chlorine Test Strip (item# K100-0118/F) completely flat when comparing the results to the color chart?

A: *Folding the strip in half and flat such that the back side of the test aperture is completely blocked prevents light from entering the aperture and is essential for obtaining an accurate reading. Allowing light to enter the aperture can cause the appearance of the color to seem lighter than it actually is. This distortion can lead to an incorrect interpretation of the chlorine level.*



Email: abachelier@rpc-rabrenco.com
Office: 520-639-6343

Click here to submit questions to be answered in future issues