

HEMODIALYSIS CENTER OF AUBAGNE



WELCOME
BOOKLET



WELCOME TO THE CENTER OF HEMODIALYSIS OF AUBAGNE



Dear Madam, Sir,

Your health condition requires a hemodialysis treatment.

Doctors and healthcare teams of the service welcome you in our center. They will bring you quality care and make your care as pleasant as possible.

This booklet, delivered at your first dialysis, has been created by the medical and paramedical team of the service to provide you information and advices.

We remain at your disposal to answer all your questions.

The healthcare team

The Al maviva Santé group gathers and manages private health institutions in Provence-Alpes-Côte-d'Azur and in Île-de-France, we are the first hospital complex of the PACA region, and the fifth in France.

Al maviva Santé manages 3,500 beds, 220 intervention and examination rooms, hires 3,700 employees and is partner with 1,250 liberal doctors. It brings together all medical and surgical disciplines : surgery, gynecology-obstetrics (including maternity), medicine, follow-up care and rehabilitation, dialysis and home hospitalization.

Aiming for an optimal quality of care, the Al maviva Santé group's institutions have developed their medical, technical and administrative complementarities to build successful healthcare network and offer patients a comprehensive care that combines quality, comfort and safety

Structured as a regional private health group, Almaviva Santé has a complementary strength:

It relies on its multidisciplinary skills to create two regional centers of excellence, especially in orthopedics, ophtalmology, cardiology and urology. The goal ? Offer you a full support during your care journey which is the most qualitative possible and this, while guaranteeing you an optimal daily safety and comfort.

Our hemodialysis center bears the values of the Almaviva Santé group to which it belongs.

For more information:

Our website: www.almaviva-sante.com
Facebook: <https://www.facebook.com/almavivasante>
Twitter: <https://twitter.com/AlmavivaSante>

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PRESENTATION OF THE CENTER



The hemodialysis center of Aubagne offers a care for:

- hemodialysis any modalities
- peritoneal dialysis
- nephrological consultation (evaluation for renal transplant, etc.)
- herapeutic education workshops
- interventions by a psychologist and dietitian

For you comfort, each station has a television.

This service benefits from the immediate proximity of the medical analysis laboratory, the imaging center and the medical service (in case a hospitalization is necessary).

TIMETABLE

The medical secretariat welcomes you:

Monday-Friday: 8.30AM - 6.30PM

Saturday: 9AM - 12AM

The center of Aubagne is opened :

- Monday, Wednesday and Friday: 7AM-11PM
- Tuesday, Thursday and Saturday: 7AM-6PM

A hotline of nephrologist and caregivers is manned outside these opening hours of the center.



BENCHMARKS



THE ROLE OF KIDNEYS

Kidneys have two major vital functions:

- A purification function = production of urine
 - Waste treatment (urea, creatinine)
 - Elimination of excess water and salt
- A hormonal function to « balance » the phosphocalcic statement, produce red blood cells and control blood pressure.

THE CHRONIC RENAL FAILURE

The chronic renal failure is defined as a progressive, permanent and definitive alteration of the function of purification and hormonal function. If the diagnostic is taken on time, thanks to blood screening, in predisposing diseases such as diabetes or hypertension, it is possible to take certain therapies to slow the loss of renal function over time and delay the arrival at the dialysis stage. We talk about kidney failure when 50% of the nephrons «functional units of kidneys» are destroyed.

A substitute treatment is necessary when more than 90% of the nephrons are destroyed. The choice of the technique (hemodialysis, peritoneal dialysis or transplant) depends on several factors : age, weight, life conditions, other pathologies. The choice of the technique will be made in agreement with the doctor and the patient.



HEMODIALYSIS

It is about directly cleaning up the blood thanks to a device with a filter system (artificial kidney) in order to compensate the functioning of your kidneys.

To this end, it is necessary to envisage the establishment of an access to your vessels or first vascular:

- Or a arteriovenous fistula on the arm, at least 3 weeks before the patient care,
- Or a placement of a dialysis catheter in a vein of the neck if dialysis is started quickly or if your vessels do not allow for an arteriovenous fistula.

The hemodialysis is an intermittent treatment (3 sessions a week, about minimum 4 hours per session in general). The frequency and the duration of sessions are based on a medical prescription, the success of your treatment also depends on the respect of all the prescribed sessions. Hemodialysis can be performed in different places according to your needs:

Treatment fully supported by the nursing staff:

- Hemodialysis in a center: the doctor is on the spot permanently
- In the Medicalized Dialysis Unit (MDU): the doctor is not present in the unit. He is reachable and likely to intervene if necessary. He makes visits 3 times a week.

Treatment managed partially or entirely by the patient (which can be supported by a caregiver):

- Auto-hemodialysis: The doctor is not present at the unit. He is reachable and likely to intervene if necessary. He makes visits once a week.
- At home: A consultation with a nephrologist is organized every 1-3 months.

Your journey will always start with a care in a center. Depending on your health condition, and the tolerance of sessions, you can be directed to the MDU, by medical decision.

If you wish to have more autonomy : the center can offer training for auto-dialysis and home dialysis.

During visits and consultations done by the nephrologist, you will be asked to inform him of your health condition and can ask him any usefull questions about your treatment.

The dialysis generators (devices) are sanitized between each patient (interior and exterior sanitizing). All equipment in direct contact with your blood during the session is sterile and single use.



THE PERITONEAL DIALYSIS

It is about a method used at home after a period of education in our center of dialysis. It is different than hemodialysis the blood is treated without passing through an externe circuit of the organism. It is your peritoneum (membrane surrounding the organs in the abdomen) that acts as a filter. It requires the establishment beforehand by a surgeon of a catheter in the abdominal cavity. The catheter comes out of the abdominal wall and is protected by a bandage.

It is a method that requires a rigorous hygiene and an adapted home (hygiene and equipment storage) For this method, the exchanges are done every day, several times a day, by the patient himself or by a caregiver.

Continuous Ambulatory Peritoneal Dialysis (CAPD)

For this treatment modality, 4 manual exchanges are done during the day, most often performed by the patient himself or by a caregiver. Depending on the case, from 1.5L to 3L are infused manually into the peritoneum at each exchange.

Automated Peritoneal Dialysis (APD)

This treatment modality is made when the patient is asleep through a device: The cyclor. It ensures the exchanges in an automatic way. The duration of the treatment is from 8hrs to 10hrs. APD is extremely flexible for patients who maintain a normal social or professional activity.

For these two treatment modalities, a medical monitoring is performed at least once a month. A team is on call (caregiver and nephrologist) and operational 24h/24h.

A TEAM AT YOUR SERVICE



Nephrologists practice alternately during the whole day of sessions, in order to intervene if necessary. It defines and prescribes the technical modalities and sets the rhythm and duration of dialysis according to your health condition.

If your health condition requires an hospitalization, you are transferred in the medical unit or in another service, according to the doctor's prescription.

Nurses ensure the smooth running of your dialysis session by performing the medical prescriptions.

Caregivers provide hospitality and comfort (weighing, installation, assist for dressing, undressing and eating).

A psychologist can, if you wish, answer any questions relating to the experience of your illness.

Therapeutic education workshops:

If you wish, a therapeutic education program, specific to patients with renal insufficiency, can be offered by the nephrologist.

It is based on the commitment of our teams, their professional skills and experience, and the multidisciplinary of stakeholders (nephrologist, pharmacist, caregivers, dietitian, volunteers from patient organizations) trained by approved organizations.

Our educative approach involves several distinct steps :

- The development of an individualized educational diagnosis with the patient that defines his needs and expectations.
- The definition of a personalized therapeutic educational program that defines the skills the patient have to acquire and mobilize. Scheduling and implementing therapeutic education sessions that use learning content and methods.
- Assessment of achievements at the end of the education program.

OFFERED SERVICES

- Information meeting about the treatment of the Chronic Renal Failure (CRI) stage V
- Hemodialysis in the center
- Medicalized Dialysis Unit (MDU)
- Assisted Autodialysis Unit
- Home hemodialysis

Nephrologists provide follow-up consultations for transplanted patients, in collaboration with the transplant center, as well as consultations of dialysis patients, according to health condition and maintenance requests.



YOUR CARE



THE SESSIONS TAKE PLACE

- Monday, Wednesday, Friday – 7AM to 11PM
- Tuesday, Thursday, Friday – 7AM to 6PM

Upon your arrival, we will give you the planning of your sessions. It will remain unchanged as far as possible. However, for service needs, or for your personal convenience, schedules of your sessions can be modified. If you want to change the schedule, you must first report it to the service manager who will best organize this change. For its part, the service engage itself to inform you of all changes in the organisation of your dialysis sessions. Medical constraints linked to the renal failure treatment require, in certain case, an adaptation of your workplace if you practice a professional activity.

In order to preserve your professional activity, scheduling is a priority for our center.

HOOKUPS

Hookups are made according to:

- Emergencies
- Generators ready for dialysis, duration of your sessions

The schedule of hookups are not made according to the arrival order, but according to the daily organization of the service and emergencies.

VASCULAR ACCESSES

1. THE ARTERIOVENOUS FISTULA

The arteriovenous fistula is an artificial connection performed surgically between an artery and a vein in the forearm or the arm. This connection allows, after several months, to increase the required blood flow for a speedy filtration of your blood. The arteriovenous fistula must be made several weeks or months before its utilisation. Its development changes according to individuals. After the creation of the fistula, nurses could use it inserting two needles (one for the start of the blood that needs to be filtered, the other one for the way back of the blood).

THE RIGHT MOVES

1. • Daily check the beat called « Thrill » (characteristic of its good functioning)
 - Put your hand on the fistula, feel the shudder that proves the blood properly flows. Caregivers and doctors can teach you to detect the beat of your fistula.
2. Clean the arm, forearm, hands and nails, morning and night with water and Marseille soap. This steady washing with soap decreases around 80% of sprouts of skin flora. The cleansing made by the nurse also allows to eliminate part of sprouts.
3. Avoid scratching the area of your fistula or to apply a creme without asking advice at your doctor.
4. Do not keep bandages between two dialysis sessions
5. Check the cutaneous aspect (absence of redness, eruption)
6. Wear loose clothing at the arms
7. Protect the fistula arm from works (gardening, cleaning up, handiwork) with a thick clothing and long sleeves.
8. Do not wear any jewels, nor a watch on the fistula arm.
9. Do not take blood pressure or blood test on the fistula arm
10. Do not carry heavy loads
11. Do not expose the fistula arm to the sun

2. THE CENTRAL VENOUS CATHETER

It is a hollow and flexible pipe including two lanes, inserted into a big vein (internal jugular, subclavian or common femoral) allowing direct access for the blood during dialysis.

It has one or two outlet tips for connecting dialysis circuit lines directly.

For catheters located into the neck vessels, the tip goes directly into the cardiac cavities. A catheter can be used temporarily when the dialysis needs to be started in emergency, before the creation of a fistula, if it's not usable yet or in case of fistula complications.

In certain situations (impossibility of creating a definitive accessibility), we can set up a tunnelled catheter that can be used for long-term use.

Depending on the case, a catheter can be placed under local anesthesia by a nephrologist, an anesthetist at the patient's bedside or under general anesthesia by a vascular surgeon in the operating theatre, in any cases respecting strict asepsis conditions.

An X-ray must be done to check its position in almost every cases, except in case of femoral vessels puncture. Any manipulation of the catheter is a source of infection. It must be manipulated with lots of precautions and asepsis, and protected beside dialysis with a sterile and waterproof bandage.

WEIGHING

Kidneys no longer provide the elimination function, the quantity of the absorbed liquid by the organism during feeding is not eliminated by urine and is responsible for weight gain. It is necessary to eliminate this liquid excess during the dialysis session in order to maintain the hydric balance of your body. To calculate your weight gain to loose during the session, a reference weight, called « dry weight », is defined by the nephrologist. This dry weight defines the ideal weight that you need to reach at the end of the dialysis, not too high which would risk to leave you on hydric overweight, and not too low which would risk to dehydrate you.

It can change depending on several factors : diet, physical activity, blood pressure... and is regularly re-evaluated by the doctor. Be aware that excess weight causes an increase in blood pressure.

As soon as you start your care by the paramedical team, you will be weighed. The difference between your weight at your arrival and the dry weight correspond at your weight gain that will need to be eliminated during the session.

The good moves for the weighing:

In order to optimize your dialysis care, it is asked to:

1. Wear the same clothes at each session (clean)
2. Weighing on the same scale
3. Empty its pockets (keys, mobile phone, wallet...)

Generally speaking, it is necessary to carefully weigh yourself in the same conditions at the arrival and departure of dialysis at all sessions.

THE SESSION SYNTHESIS

1. Arrival in dialysis
2. Weighing
3. Blood pressure
4. Nurse's care
5. Hookups
6. Snack
7. Blood pressure
8. Weighing
9. Departure

N.B : According to transport modalities, you imperatively have to wait your paramedics in the waiting room of the dialysis center. You are under the responsibility of the center staff until the arrival of the person in charge of your transportation.



OUR RECOMMENDATIONS



To maintain hygiene and for more comfort, a suitable outfit is recommended for the dialysis.

DRESS CODE

1. Choose a comfortable outfit with loose or short sleeves to ease access to the fistula if you have a catheter that opens fully from the front.
2. Wear shoes without laces in order to easily put and take them off.
Despite all attention of the staff, the clothing worn during dialysis may be soiled by blood or something else, so it is necessary to provide a special outfit for dialysis.

BODY HYGIENE

The dialysis outfit must be changed and cleaned at home after each session. We ask you to wash your hands and more specifically the fistula arm before your dialysis session. Sinks are available in hemodialysis room. Information about body hygiene will be given to you by the care team.

FOOD AND WATERBORNE HYGIENE

Three sessions of hemodialysis per week will not replace kidneys that don't function normally. Besides three hemodialysis sessions per week, your diet and drinks intake must be monitored.

PRACTICAL INFORMATIONS



ADMISSION FORMALITIES

Security at the center passes through your identification (Social Security Code - Art L 162-21).
Before your first dialysis,

Please bring:

- Elements of your medical file in your possession
- Your health record if you have one
- An official proof of your identity (ID, passport, family record book, residence permit)
- A valid healthcare card
- Your current treatment prescription

Nephrological consultations

You will be seen by a nephrologist at each session at the center/MDU and once a week during autodialysis. We also offer you, according to a defined rhythm, or if asked, a consultation with your referring nephrologist beside your dialysis sessions, to check on your health condition.

SESSIONS FEES

You live in France

Chronic end-stage renal failure (long-term affection) is written on the affections list, that is taken 100% in charge by social insurance.

You live in a member state of the European Union

Please bring your care certification (European Health Insurance Card: CEAM)

You live out of the European Union

The center will send you an estimate of the amount of the sessions. Upon receipt of your payment, the facility will ensure your dialysis.

TRANSPORT FEES

Transport directly related to treatments is the subject of a care in accordance with the legislation in force. The means of transport (Professionalized Seated Transport (TAP), ambulance) is prescribed by the nephrologist. However, you keep the transport provider choice. Our secretariat keeps at your disposal a list of companies that can carry out medical transports.

VISITS

Visits are not allowed during dialysis sessions. An accompanying person is tolerated during the first session or in case of emergency, on medical advice (children under 15 are not allowed in dialysis room).

EXTERNAL CONSULTATIONS AND TRANSPORT

From the 1st of October 2018, all transport prescribed for transferring between 2 health facilities (including from/to the centers of chemotherapy, radiotherapy, dialysis) are organized and supported by the prescribing health facility.

If during a hospitalization, a transport is prescribed to you for an exit permission for personal convenience, the transport will be at your expense.

A transport has been prescribed to you for radiotherapy sessions made by a liberal structure or a health facility : you have the choice of the transport provider and this transport will be refunded by the health insurance, in normal refund conditions.

HOLIDAYS

Travels are possible under the condition to reserve in advance dialysis sessions in a facility close to your holidays location or travel.

- The nephrologist in charge of your treatment contacts his colleague at the place of your holidays to communicate the essential elements of the medical file.
- The health insurance fund must be informed before departure to a country outside the European Economic Area in order to obtain its agreement for refund of the session.

Abroad :

You must contact the dialysis center and provide the health executive with their contact details. After receipt in the service of the bill corresponding to the number of sessions requested, you must make a request for a prior agreement with your social insurance center. It is essential to have a written agreement.

In some countries, you must advance the cost of dialysis sessions: you will be refunded about 3 months after your return to France.

DELIVERIES FEES

The center is contracted by different paying agencies and these rates are approved.

The Health Insurance Funds set the amount of the session packages, the fees of the practitioners, the items relating to the reimbursement rates of your transport are displayed in the waiting room of the center.

The management of the establishment is at your disposal for any further information.

HOTEL SERVICES

For you comfort, we make available :

- A cloakroom to change your clothes and store them
- Adjustable beds and armchairs.

FREE SERVICES

- Television : Each station has a television and personal plug for audio/TV headset. For the comfort of all, each patient can bring his own audio device (subtitles available for all the patient without any headset or hearing-impaired persons)
- A little snack is offered to you (on medical advice) during the dialysis session. However, you have the possibility to bring complementary food (no food can be stored, warmed up, the presence of alcohol is strictly forbidden, etc.)
- Air conditioning : Each room is equipped with reversible air conditioning
- Wifi access



YOUR RIGHTS AND DUTIES



ACCESS TO THE PATIENT FILE

In accordance with the Law of March 4, 2002 on patients' rights and the quality of healthcare system, the Hemodialysis Center undertakes to ease access to all the information concerning your health. This information are the ones that contributed to the developing and monitoring of your diagnosis, your treatment or of a preventive action. You can at any time take note of your patient file, you just need to ask to the establishment's management. The communication of this information takes place no later than eight days from the date of receipt of your request and, at the earliest, after the observation of a statutory period of forty-eight hours.

If the information you want to access is older than 5 years, the institution has a period of 2 months for its communication. To be admissible, the request for access to your patient file must be made in writing to the facility's management, with a copy of your identity card.

All modalities of communication of this document will then be specified to you and in particular the costs of copy and sending which will be invoiced to you.

In the event of death, your dependants, if they have legitimate motives, provided for by Article L.1110-4 of the Public Health Code, and if you have not expressed opposition, may also have access to your file, according to the same methods, within the framework of the decree of January 3, 2007.

Record retention modalities :

All the administrative and medical information about you build the patient's file whose contents are covered by medical confidentiality. At the end of your hospitalization, the file is kept by the institution. The Management of the Hemodialysis Center ensures that all arrangements are made to ensure the protection and confidentiality of health information collected during your stay. All files are archived in secure premises.

ASSOCIATIONS

FRANCE REIN - 80, bd François Duparc - 13004 MARSEILLE

TEL. : 04 91 49 35 91 - e-mail : pacacorse@francerein.org

A complementary of patient's associations is available at the secretariat.

GOOD TREATMENT

Our establishment is internally organized to take care of any malevolent, physical and/or moral act practiced on you and your relatives (family, healthcare provider). If you have been a victim of such acts, you can contact the person in charge of the service in which you are hospitalized. All the staff are signatories of the charter of well-treatment which is posted within the care units at your disposal.

PAIN PREVENTION COMMITTEE

«... everyone has the right to receive care to relieve their pain. This must be in all circumstances treated...» (Article L.1110-5 of the Public Health Code). Feel free to express your pain. By evoking it you will help the doctors to relieve you better. The mission of the Pain Prevention Committee (CLUD) is to help define a coherent care policy for the management of pain and to promote and implement actions.

In this domain. It is composed of a multidisciplinary and multi-professional team (nephrologist, nurses, caregivers).

NOSOCOMIAL INFECTIONS PREVENTION COMMITTEE

Within the establishment, the CLIN organise and manage the monitoring and the nosocomial infections prevention, it is assisted on the field by an operational hygiene team composed by staff that are specialized in this domain. The nosocomial infections prevention is everybody's business : Medical and non medical staff, patient and visitor.

USERS COMMISSION

It ensures that the rights of users are respected and contributes to improve the quality of cares for patients and their families (Decree No. 2016-726 of 01/06/2016). You can enter the commission by sending a letter to the management.

You can also ask the person in charge of your service. The list of UC members is appended to this booklet. You can also view the results of the display satisfaction surveys within the units.

ADVANCE DIRECTIVES

The advance directives mentioned in Article L. 1111-11 are written documents, dated and signed by their author duly identified by the indication of his name, first name, date and place of birth. Any person of full age may, if they wish, make a written declaration, called «advance directives», in order to specify their wishes as to their end of life, thus providing for the hypothesis that they would not, at that time, be able to express his will.

If you can not write and sign by yourself your directives, you can call on two witnesses including your trustworthy person. To that end, we advise you to get closer to the care setting.

REVIEW OF COMPLAINTS AND CLAIMS

If you are not satisfied about your care, we invite you to directly contact the concerned person in charge. If this first step doesn't bring you satisfaction, you can ask to meet the management, or any other person in charge. You can, during this meeting, fill a claim form.

If you prefer, you can express your opinion, comment, proposition, as well as your grievances and claims on the support you receive through the satisfaction questionnaire or by sending a letter to the Center.



The person contacted will ensure that your complaint is heard in the manner prescribed by the Public Health Code (see below). This person will make the link with the UC and will be able, if so, to put you in contact with a medical or non-medical mediator, member of the UC. Don't let an misunderstanding or a concern install itself. All the medical, paramedical and administrative staff at the homodialysis center will endeavour to answer to your questions and expectations.

SATISFACTION QUESTIONNAIRE

We evaluate your satisfaction annually in order to continuously improve the level. Your listening and your well-being are our priorities. In order to take your comments in consideration, please fill the satisfaction questionnaire. We evaluate your satisfaction annually or before a patient's leaving for vacationer patients.

INFORMATION AND INFORMED CONSENT

The Law of March 4, 2002, regulated the right to information of the patient by the doctor. It is about investigations, treatments, prevention actions : their use, their emergency, their consequences, frequent or serious risks normally foreseeable, other solutions, foreseeable consequences in case of refusal and new identified risks. Your desire to be kept ignorant of any diagnosis or prognosis will be respected except when third parties are exposed to a risk of transmission.

Your consent is crucial, it will be asked to you. You will be able to withdraw or to reconsider at any time a possible decision of refusal of care.

INFORMATION AND LIBERTY

The administrative and medical files management of patients is computerized in a strict respect of medical secrecy. Expect motivated objection from you, any information concerning you collected during your stay, will be the subject of a computer registration exclusively for the management of all administrative and medical data related to the patient during all the stages of its stay and the establishment of statistics pursuant to the decree of the July 22, 1996 on the collection and processing of medical activity data referred to in Article L 710-6 of the Public Health Code.

In accordance with medical ethics and provisions of the Data Protection Act, in particular articles 34 and 40 of the Law of January 6, 1978, you can exercise your rights of access and rectification of nominative information which concerns you and which appear on computer files, from the doctor responsible for medical information, through the practitioner who created the file. Any doctor designated by you may also review all of your medical records. For more information, contact the Management of the Hemodialysis Center.

CONFIDENTIALITY OF PRESENCE

If you wish that your presence stays confidential, report it as soon as you are admitted to the facility to the hostess and/or nurse of your hospital sector. The rules of professional secrecy prohibit us from giving details of your health condition by telephone. Notify your entourage.

MINOR AND FULL-AGE PATIENT UNDER TRUSTEESHIP

When dialysis is performed, the care of a minor requires an authorization signed by parents or the legal representative. Information concerning minors and adults under trusteeship and the care they need to receive, are exclusively delivered to their legal representatives (respectively the holder(s) of the parental authority or the guardian).

Each time that it is possible, the practitioner in charge of a protected minor or adult patient informs the concerned person in a manner appropriate to his maturity or judgement, and involves him in the same way in decision-making concerning him. His consent is systematically sought.

If the refusal of treatment by the holder of the parental authority or the tutor entails serious consequences for the health of the person concerned, the doctor delivers the necessary care. The center reserves the right to refuse the care of a minor patient because of the respect of the regulation in force concerning the dialysis of minors.

TRUSTED PERSON

In accordance with the law of March 4, 2002 on the rights of the patient and the quality of the health system, the facility proposes to appoint a person of trust during the period of your hospitalization. This trusted person will be consulted in case you are unable to express your wishes.

This appointment is made in writing by completing the form provided by the Hemodialysis Center.

This designation is revocable at any time.

Provisions relating to the appointment of the support person do not apply when a measure of guardianship is ordered.

However, in this case, the guardianship judge may either confirm the mission of the previously designated trusted person or revoke it. The trusted person may be different from the person you want to inform.

MEDICAL SECRECY

The center and all its staff are submitted to medical secrecy : they execute systems ensuring the confidentiality of information concerning you. The medical secrecy is not opposable to the patient : practitioners of the center ensure, in accordance with the ethical rules that are applicable, information about treated person. The paramedical staff (nurses, caregivers) participate to this information in its area of expertise and in accordance with their own professional rules.

PERSONAL DATA

Your personal data are subject to data processing carried out in compliance with the provisions of Law 78-17 of January 6, 1978 relating to data, files and liberties and General Regulations on Data Protection of April 27, 2016. Various services providers may contribute to the processing of personal data by performing all, or part, of actions such as collection, storage, archiving, etc. Recipients of your data are authorized services and authorized partners as a subcontractor fulfilling obligations of parties, with regard to the General Regulation on Data Protection (RGPD) and the protection of personal data. Finally, your data will be kept for the duration of the processing according to their purpose in compliance with the applicable legal provisions. Detailed information on the personal data processing policy is available on the internet page or on request at the Center's reception desk.

You have rights allowing you to :

- access your data,
- correct your data in case of mistake,
- oppose to the treatment for reasons related to your particular situation,
- erase data, in certain particular situations (patient file kept for too long, non-adequat data for example).

You may exercise these rights by contacting the Data Protection Officer by e-mail at the address dpo.groupe@almaviva-sante.com or by post: ALMAVIVA SANTE, 240/244 Avenue des Poilus, 13012 MARSEILLE

You also have the right to lodge a claim with the National Commission for Informatics and Liberties (CNIL).

YOUR DUTIES

1. Tell us quickly if, for any reason, you can not come to your dialysis clinic, or if you are late.
2. At your arrival, you will be asked to stay in the unit's waiting room until a caregiver comes to guide you to your session.
3. Never leave the unit without being accompagnied, wait for ambulances in the unit's waiting room except for use of your personal vehicule.
4. Do not leave money, valuable items in the dressing rooms, or on your adaptables. The unit does not take any responsibility in case of theft or loss.
5. Put your mobile phone on vibrate or silent mode before entering the facility.
6. Is it strictly forbidden to smoke inside the facility. Moreover, detention of stabbings or firearms, illegal substances, alcool or any other dangerous or flammable products is forbidden.
7. Please respect rules and recommendations about hygiene. Wearing gloves for the end of the dialysis is mandatory.
8. Please be courteous and respectful with the staff and other patients.
9. If you are home treated, we thank you to respect days and timetables fixed with our services for the delivery of medical materials.



QUALITY AND RISKS MANAGEMENT



The objectives of the quality approach are the patient's safety, care's quality and the set up of a dynamic of progress. This is part of the certification initiated by the Ministry of Health. The certification procedure is driven by the High Authority of Health (HAS). Its purpose is to make an independent assessment of the quality of the services provided by a health facility.

This certification covers all activities, whether it is the organization of care, medico-technical services, hotel or logistics offer, managerial policy or quality and risk management. For our patients, it is about an official warranty established from a high level of quality and security of the medical, medico-technical and hotel support.

The last certification took place in June 2017 and the center of Hemodialysis obtained the grade A, the certification report is available on the website www.has-sante.fr.

INDICATOR OF QUALITY AND SAFETY OF CARE: IQSS

Since 2008, the HAS has been developing and generalizing the collection of data and information from all health establishments. These indicators gives a high level of quality and security of cares reach by each establishments, and allows national comparisons.

These indicators are public and available to users by posting, website of the Hemodialysis Center and website of the Ministry of Health: Scope Santé www.scopesante.fr.

The Center conducts a control and risk management policy within its institution in order to anticipate and/or minimize the damage and adverse events that may occur to patients, visitors, professionals or properties of the institution.

These actions are led by a coordination committee whose objective is to unite the actors with means and actions in this field.

This coordination integrates the management of risks and the management of sanitary vigilance, and is also articulated with structures developing continuous quality improvement initiatives.

SANITARY VIGILANCE GATHERS:

- Pharmacovigilance (monitoring of the risks of adverse effects results of the use of medicines)
- Hemovigilance (monitoring and alert from blood collection to follow-up of transfused patients)
If your health condition so requires, a transfusion may be prescribed with your consent. The transfusion activity is supervised by the Transfusion Safety and Hemovigilance Committee
- Materiovigilance (monitoring incidents or risks of incidents that may result from the use of medical devices)
- Infectiovigilance (surveillance of infections associated with cares). Internally, report by the biology laboratory when a sample is positive. After investigation, and depending on the local and national epidemiology, the operational hygiene team, the EOH Practitioner and the Physician in charge of the patient select the infectious episodes they deem necessary to report, externally.

IDENTITOVIGILANCE

Strengthening the security of patients' identity facing the medical risk is the keyword of a multidisciplinary «identitovigilance» working group set up within the Hemodialysis Center.

HYGIENE AND PREVENTION



During a stay in a health facility, there is a risk of contracting a nosocomial infection. It can be linked to cares or simply be contracted during a hospitalization, independent of any medical act.

The Hemodialysis Center makes every effort to minimize the risk of infection and ensure the quality of care provided to you. A Committee Against Nosocomial Infection (CLIN) works everyday on the monitoring and prevention of nosocomial infections.

CLIN works in close collaboration with the Medical Establishment Commission and a multidisciplinary team gathering administrative professionals (Management, Quality Manager) as field professionals (Biologist, Pharmacists, Nursing Managers, Occupational Physicians, Practitioners).

CLIN follows the news and applies the recommendations of the public authorities.

Each year, a program against nosocomial infections is built, carried out and evaluated for a constant improvement of quality and safety of cares.

But the fight against nosocomial infections is the business of all, caregivers and non-caregivers, patients and visitors. You can help us in preventing the risk of infection by following a few simple steps

If, despite the efforts made by all the professionals, an infection occurred:

- You will be immediately informed by your doctor
- Bacteriological examination will be carried out, and a suitable treatment will be set up with the collaboration of an infectiologist, if necessary.
- The nosocomial infection control committee will be mobilized to analyze the cause of the infection and possibly make the report to an external tutelage.

Our ranking in the national scoreboard (annual assessment of our actions in hygiene) is available on the website www.scopesante.fr. It is also posted in the lobby of the Center.

USEFULL ADDRESSES

- | | |
|---|--|
| • France rein : 80 boulevard Françoise Duparc 13004 Marseille | www.francerein.org |
| • Santé Info Droits. Interassociative Collective on Health (CISS) : | www.leciss.org/sante-info-droits |
| • Portal of the Departmental Homes for the Disabled : | www.mdph.fr |
| • Official website of the French administration : | www.service-public-.fr |
| • Website of the french Health Insurance : | www.ameli.fr |
| • Portal of Regional Health Agencies (ARS) : | www.ars.santé.fr |
| • Website of the Haute Autorité de Santé (HAS) : | www.has-santé.fr |
| • Trans-forme : | www.trans-forme.org |

We hope that this booklet will provide you with the most insight, and answers to the questions raised by your treatment with chronic hemodialysis. Know that, the team remains at your disposal if you have questions. Treatment with hemodialysis remains a heavy treatment, but it is vital: better understood, it can be better accepted.

We recommend you to respect all the advice in order to better coordinate the cares we deliver.

Hospitalised patients' charter

General principles*

circular n° DHOS/E1/DGS/SD1B/SD1C/SD4A/2006/90 of March 2 2006 relating to the rights of hospitalised individuals and comprising a charter for hospitalised individuals



1 Each patient is free to choose the health care institution he wants to take care of him, subject to the limitations of each institution. The public hospital service is **accessible to everyone**, in particular to the most needy persons and, in the event of emergency, to persons without social security cover. It is adapted to handicapped persons.



2 Health care institutions must guarantee **the quality of reception, treatment and care**. They must be attentive to pain relief and do everything possible to ensure everyone is treated with dignity, particularly at the end of life.



3 **Information** given to the patient must be **accessible and reliable**. The hospitalised patient can participate in the choice of treatment. He can be assisted by a trusted support person that he freely chooses.



4 A medical procedure can only be conducted with **the free and informed consent of the patient**. The latter has the right to refuse all treatment. Any adult can express his wishes as to the end of his life in advance directives.



5 **Specific consent** is needed for patients participating in biomedical research, the donation and use of parts and products of the human body and for screening procedures.



6 A patient who is asked to participate in **biomedical research** must be informed of the expected benefits and the foreseeable risks. **His agreement must be given in writing**. His refusal will not have any effect on the quality of care that he receives.



7 The hospitalised patient can, unless otherwise provided for by the law, **leave the institution** at any time after having been informed of any risks incurred.



8 **The hospitalised patient must be treated with consideration**. His beliefs must be respected. He must be ensured privacy and peace and quiet.



9 Respect of privacy is guaranteed to every patient, as well as **confidentiality of personal, administrative, medical and social information** concerning him.



10 The hospitalised patient (or his legal representatives) benefits from **direct access to health information** concerning him. Under certain conditions, in the event of death, his beneficiaries benefit from the same right.



11 The hospitalised patient can express his views on the care and reception provided. In each institution, a commission for relations with users and the quality of care given ensures that the rights of users are respected. Every patient has **the right to be heard** by a manager of the institution to express his grievances and request compensation for harm to which he believes he has been subjected within the context of an amicable settlement procedure for disputes and/or before the courts.

* The complete Hospitalised Patients' Charter document is accessible on the website:

