

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday January 25, 2007
4201 Patterson Avenue, Room 108-109

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, January 25, 2007 in Room 109, 4201 Patterson Avenue. The Chairman, Dr. Roland Einhorn called the meeting to order at 2:10 PM. Commission members present were: Drs. Kenneth Yim, Luis Giminez, Jeff Fink, Dean Taylor and Jose Almario and William Frederick, RN, Ms. Anne Marie Sullivan and Mrs. Tracey Mooney, CPA. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission council present: Leslie Schulman, AAG.

DHMH staff present: Carol Manning, Chief KDP, Pat Nowakowski, Medicaid Operations, Barbara Fagan, Vivian Connard, RN, and Shelly Moore, RN from the Office of Health Care Quality.

Guests present were:

Teri Gruenberg, FMC	Chris Simon, IDF
Alexis Southworth, MPAG	Marc Allegro, Good Samaritan
Lisa Chambers, Renal Advantage	Juathawala Harris, Liberty Dialysis
Pearl Lewis, MPAG	Bob Rauch, Amgen
Stuart Lessner, Union Memorial	Evita Thompson, Liberty Dialysis
Eric Thompson, UMMS	Nancy Knight, FMC
Jeanni Bargett, JHH	Toba Hausner, FMC
Val Riley, FMC	Donna Reeves, FMC
Ethesham Hamid, Davita	Susanne Talbott, FMC
Amy Allentoff, Davita	Brenda Redilla, Amgen
Rachel Boro, FMC	TriDonna Brandford, Davita
Melinda Rusznak, FMC	Shannon Green, Whole Nutrition
Dr. Tessie Behrens	Carol Miller, Davita
Terri Jenkins, Advanced Diaysis	Micki Misiaszek, Genzyme
Lisa Owens, UMMS Transplant	Bertha Ramjit, Charing Cross
Debra Iacovino, Davita	Joan Guest, Davita
Sharon Culbertson, Davita	Karen Wulff, MBP
Ellen Smith, MBP	Rosemary Johnson, FMC

I. APPROVAL OF October 26, 2006 MINUTES

The minutes were approved as submitted.

II. CHAIRMAN'S REPORT

Dr. Einhorn introduced himself as the new Commission Chairman and welcomed everyone to the meeting.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz announced that John Colmers has been appointed as the new Secretary of the Department of Health and Mental Hygiene (Department).

She reported that the Commission office has been flooded with calls regarding the front page article in the *Baltimore Sun* this morning titled: "Dialysis deaths prompt warning". She noted that this article and its inflammatory language could cause the Commission and the Department to be seen in a negative light. Mrs. Schwartz stated that the article contained misquoted information and should be rebutted. In the mean time she requested that facilities educate patients regarding vascular accesses to avoid panic.

Mrs. Schwartz questioned the guests as to whether they have received at their clinics the Tip Sheet and Patient Advisory Information regarding the vascular access. Mrs. Mooney stated that Dr. Sadler had received the advisory and Ms. Green noted that she has seen the advisory posted at Community Dialysis. No other guests reported that they have received the information that was supposed to be disseminated by the Baltimore City Medical Examiners' Office.

Dr. Einhorn reported that he was involved in revising the initial advisory statement. He noted that the Commission was never given an opportunity to review records from the Medical Examiners office on a case by case basis. Dr. Einhorn stated that he developed the "Tip Sheet". He noted that some of the facts in the *Sun* article are incorrect and the Commission would be responding to the article. He stated that there will be fallout

and patients may worry that they may have a life threatening hemorrhage. He requested that facilities educate their patients and assure them that this is a relatively rare event.

Dr. Behrens noted that the facilities could use this article, the prevention statement and the tip sheet as a positive education tool for patients. She suggested that the information could be reissued and worked with as an educational tool.

Mrs. Schwarz reported that all media requests for response from the Commission were being referred to the DHMH Public Information Officer.

IV. OLD BUSINESS

- **Hemodialysis Patient Advisory**

This topic was discussed with the Executive Director's Report. The Tip Sheet and Prevention statement were provided as attachments.

V. NEW BUSINESS

A. Kidney Disease Program

- **Statistics**

Mrs. Manning reported that the KDP budget is not available for review at this time. The statistics report was provided for review.

B. Physician Extender Rounding

Dr. Behrens presented information regarding the physician extender role in the dialysis units. She noted that the Certified Nurse Practitioner (CRNP) is trained in adult medicine and not nephrology. She reported that the CRNP must have a nephrologist sponsor for their agreement with the Maryland Board of Nursing (BON). Dr. Behrens stated that in her practice the CRNP rounds with the nephrologists, receives didactic teaching, is responsible for readings and trained regarding multiorgan system management. She notes that the CRNP is not employed to replace the nephrologists but to help. She notes that she is in constant contact with her CRNP and that the two act as a team. She reported that as part of the physician agreement the nephrologist must always be available, at least by phone. She noted that a CRNP may train another CRNP but always in conjunction with the nephrologist. She stated that her practice the CRNPs is involved in educational opportunities and conferences.

Emmaline Woodson, RN, CRNP, Deputy Director for the Maryland Board of Nursing and Coordinator for Advanced Practice Nurses discussed the CRNP agreement format. She reported that the agreement is submitted to the BON and is reviewed by committee and by the medical board. The facility would determine how limited the CRNP's practice would be and that any added responsibilities for the CRNP must be submitted to the BON. She noted that the physician must sign off on the competency forms for the CRNP.

Ellen Douglas Smith, Chief, Allied Health and Karen Wulff, Public Policy Analyst for the Board of Physicians reported on the Physician's Assistant (PA) practice. Ms. Smith noted that the PA's practice is very similar to the CRNPs. She reported that there must be a delegation agreement in place with the supervising physician. The PA works within the scope of practice with the physician. A committee approves any additional duties beyond the core duties. Depending on the specific delegation agreement the PA's orders must be reviewed but may not have to be signed by the physician.

Dr. Giminez noted that the renal community should work to standardize the physician extender training.

Dr. Behrens noted that there could be a list of competencies for independent rounding in the dialysis unit.

Dr. Einhorn stated that he is concerned about the facility's liability when unqualified staff are rounding in the facility. He notes that standards for physician extender training are not available, even though that physician extenders are being used more and more in a dialysis center setting. He noted that medical directors should discuss concerns relating to the responsibilities of the physician extender, with the delegating nephrologist.

C. Improving Patient Compliance - Tara Matthews

Deferred until April's meeting.

D. Central Venous Dialysis Catheters - Patient Information

Mr. Frederick presented Holy Cross' patient information sheet for central venous dialysis catheters. He noted that there should be clear instructions for patients with different types of accesses in a variety of situations. The group noted that the document was an excellent teaching tool and would like to see facilities use this type of tool for each type of access.

E. Charge Nurse Responsibilities

Mrs. Adcock directed the group's attention to the Charge Nurse Responsibilities attachment. She noted that more and more facilities are including the charge nurse in the 3:1 staff to patient ratio and is concerned that the charge nurse may not be able to fulfill her responsibilities thus placing patient safety in jeopardy.

Dr. Einhorn noted that the Commission may need to look at the charge nurse's specific duties. He reported that mistakes are being made and these mistakes may be related to fewer and fewer RN's and LPNs being on the treatment floor. He noted that the charge nurses are under great stress and that the Commission may need to re-examine this issue.

Mrs. Mooney noted that improved nurse to PCT ratios and groups that work as a team may also be helpful.

F. Post -Transplant Patient Follow-Up

Deferred to Closed Session.

G. Governor's Annual Report

Mrs. Schwartz directed everyone's attention to the Governor's Report, which is an overview of the Commission's accomplishments, this past calendar year. This report is disseminated throughout the Department, to the Governor's Office and to general Assembly. She noted that the draft report does not include the KDP information. Ms. Manning noted that the KDP information will be provided.

H. Complaints

Mrs. Adcock reported that the Commission has received and investigated the following types of complaints since the last meeting:

- Written
 - Facility requested permission to place non-compliant patient on a "floating" schedule
 - Facility requests to discharge abusive patients
- Verbal
 - Patient complained that facility ran out of medications and has gnats
 - Anonymous complaint that facility is staffing at a greater than 3:1 ratio
 - Anonymous complaint that facility routinely schedules the charge nurse to monitor patients
 - Complaint regarding temperature in the facility waiting area

I. Citation Free Surveys

Dr. Einhorn offered congratulations to the following facilities for citation free surveys: Davita Easton, Holy Cross Hospital Dialysis and Davita Towson.

J. Commission Approval/Disapproval for KDP Transplant Reimbursement

The following Hospitals have been granted out of state transplant approvals:

Hospital	Granted	Refused
Washington Hospital Center	2	0
West Virginia University School of Medicine	1	0

K. Surveys (21)

The Commissioners reviewed the results of the surveys and the deficiencies noted:

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	3
Governing Body and Management	10
Medical Supervision	0
Long Term Program and Care Plan	10
Patient Rights/Responsibilities	3
Medical Records	10
Physical Environment	8
Transmissible Diseases	4
Reuse	0
Affiliation Agreements	0
Director of Dialysis Center	2
Staff of a Renal Dialysis Facility	6
Minimal Service Requirements	1
Transplant Centers/ Affiliation Agreement	0
Abusive and Dangerous Patients	0

Mrs. Schwartz noted that an increased number of facilities are being cited under Governing Body and Management. The Governing Body and Management is cited if the facility does not appear to be competently or responsibly managed. The CEO must take a leading role in the management of the facility and assure that the facility is in compliance and follows Corrective Action Plans submitted to regulatory agencies. She also noted that many facilities are not routinely reviewing water quality in their quality assurance meetings. Additionally, the Governing Body is not and assuring that the CNAs are certified as CNA-DTs, thus violating the Board of Nursing Practice Act. Mrs. Fagan noted that the Office of Health Care Quality is also noting an increase in the number of Governing Body and Management citations for violations of the law.

The guests reported that there are still issues with the BON regarding the CNA-DT certifications but that they are working with the BON to address these issues.

Mrs. Schwartz proposed that the Commission consider reporting the licensees to their respective licensing boards when there are citations for repeated and egregious violations, which are directly associated with their Practice Act and /or responsibilities.

L. Surveys Completed (21)

The following facilities have been surveyed since the last meeting:

FMC Wheaton	Holy Cross at Woodmore
DCA N. Baltimore	Davita Carroll County
Davita Towson	Davita 25 th Street
Davita Silverspring	Davita Cambridge
FMC Greater Baltimore	Davita Easton
IDF Deaton	Davita Baltimore Geriatric Center
Holy Cross	Davita Baltimore County
ARA – Adelphi	Davita Cedar Lane
Charing Cross	FMC Leonardtown
FMC Waldorf	FMC Adventist
FMC Porter Dundalk	

Percent of Surveyed Facilities Meeting MARC’s Anemia, Adequacy and Fistula First Goals

Mrs. Adcock noted that the Commission continues to review the surveyed facilities’ progress toward meeting these Network goals.

GOAL		Q1	Q2	Q3	Q4
ANEMIA	Hgb \geq 11	86%	53%	45%	76%
ADEQUACY	URR \geq 65/Kt/v \geq 1.2	68%	50%	65%	71%
FISTULAS	40%	28.5%	40%	73%	67%
FISTULAS	50%	9%	20%	40%	40%

Ms. Lewis and Ms. Southworth discussed the lack of pre-ESRD patient education regarding diet. They noted that the renal dietitian can become a provider and be reimbursed for dietetic services, however not pre-ESRD.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-508", on a motion made by Dr. Roland Einhorn, the Commission unanimously voted to close its meeting on January 25, 2007 at 4:00 p.m., in room 108-109 for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.