

MARYLAND COMMISSION ON KIDNEY DISEASE
Thursday January 26, 2012
4201 Patterson Avenue
Room 108-109

PUBLIC SESSION MEETING MINUTES

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, January 26, 2012 at 4201 Patterson Avenue. Chairman Dr. Luis Gimenez called the meeting to order at 2:10 P.M. Commissioners' Dr. Bernard Jaar, Dr. Edward Kraus, Dr. William Rayfield, Dr. Kulwant Modi, Dr. Paul Light, Belinda Lindsay, LGSW, Bill Frederick, RN and Kim Sylvester, RN were also present.

Commission staff: Donna Adcock, RN, Surveyor was present and Eva Schwartz, Executive Director participated via conference call.

Commission Counsel present: Leslie Schulman, AAG

DHMH staff present: Barbara Fagan, Program Manager and Maria Krasnansky, RN, Surveyor from DHMH's Office of Health Care Quality, and Carol Manning, Chief KDP.

Guests present were:

Amy Lane, Davita	Teri Jenkins, Advanced Dialysis
Mary Whittaker, Good Samaritan	Dr. John Sadler, IDF
Naomi, Elcock, Community Dialysis	Stuart Lessner, Union Memorial
David Kaplan, Davita	Zarita Pearson, Advanced Dialysis
Joan Guest, Davita	Dr. Lisa Lubomski, JHU
Anne Gaffney, FMC	Christine Wright, WMHC
Tracey Sease, WMHC	Tamara Plunkett, FMC
Michael Przywara, Davita	Judith Akoh-Arrey, FMC
Linda Hunter, RAI	Dianna Burns, RAI
Renee Morant, Davita	Debbie Ferguson, FMC
Maria Mursin, FMC	Thir Pokharel, KRU Med

I. REPORT OF THE EXECUTIVE SESSION OF October 27, 2011

Mrs. Adcock summarized the minutes of the October 27, 2011 Executive Session.

II. REVIEW AND APPROVAL OF THE MINUTES OF THE EXECUTIVE SESSION OF October 27, 2011

Dr. Modi motioned to approve the Executive Minutes from the October 27th session; William Frederick seconded the motion and the Commission unanimously voted to approve the minutes of the October 27, 2011 Executive Session.

III. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF October 27, 2011

Dr. Modi motioned to approve the Public Minutes from the October 27th session; Dr. Kraus seconded the motion and the Commission voted unanimously to approve the Minutes of the October 27, 2011 Public Session.

IV. CHAIRMAN'S REPORT

Dr. Gimenez briefly reported on CMS' Quality Incentive Program as it relates to the dialysis facilities. He noted that some patients don't always comply but hopes that the requirements will ultimately improve the overall quality of care. Dr. Gimenez also reported that the Commission's Executive Session has been cancelled.

V. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz reported that review of the survey outcomes has revealed some improvement; however, there are still outstanding issues with infection control and water quality. She noted that in some instances the Commission has been requesting inclusion of evidence of staff retraining and/or skills verification with the facilities' plans of correction.

VI. OLD BUSINESS

A. Medical Orders for Life Sustaining Treatments

Mrs. Adcock reported that the last communication dated 9/22 from Nancy Grimm indicated that the mandatory implementation of MOLST forms is expected to be sometime between January and April of this year. DHMH is advising facilities to develop policies and procedures and to train staff in the proper use of the form. Use of the form is currently voluntary; some facilities are using it and it is recognized by the MIEMSS.

B. Pilot Study to Reduce Bloodstream Infection in Hemodialysis Outpatients

Dr. Lubomski reported that Johns Hopkins has reviewed the contracts and the group is awaiting their final approval before soliciting the 30 non-Davita facilities for enrollment in the project. She noted that recruitment materials are ready and that the first 30 responding facilities will be accepted. She noted that she would meet with Nancy Grimm in the next few weeks to update the Department on the study's progress.

Dr. Lubomski reported that the Davita study began in September 2011 and will most likely end this summer.

C. Request to Add Zortress to the KDP Formulary

Dr. Krauss reported that Zortress is 25%-30% more expensive than Rapamune and that the drugs are clinically similar. Dr. Kraus motioned to not to approve Zortress for the KDP formulary based on pricing; and, Dr. Jaar seconded the motion. The Commission voted unanimously to not approve this drug for the KDP formulary.

D. Request to add Phoslyra to the KDP Formulary

Dr. Gimenez requested the Commission to table this discussion until the next meeting so that pricing information may be obtained.

VII. NEW BUSINESS

A. Kidney Disease Program - Stats and Budget

Ms. Manning presented the KDP statistics and budget.

B. Baltimore (City) Emergency Communication Network – BECON

Mrs. Adcock reported that BECON stands for the Baltimore Emergency Communication Network. Participants provide contact information and the City would use the contact information to send out alerts in emergency situations. She encouraged facilities located in Baltimore City to sign up for the alerts. A guest inquired if facilities outside the city serving city residents should sign up for BECON. Mrs. Adcock noted that she would check with the program for that information.

C. Survey Reporting

Dr. Jaar questioned if the Commission's survey reporting could be improved. He noted that the Commission was open to comments from the community and would welcome feedback on ideas of how the survey may be modified and the reporting improved. Discussion ensued. Mrs. Schwartz requested that interested parties send comments and suggestions to the Commission's office before April 1st for consideration. This item will be added to the next meeting's agenda for further discussion.

D. Sequencing of Transplant Center Surveys

Mrs. Adcock requested to change the frequency of survey for transplant centers from every 12-18 months to survey in response to complaints only. She noted that when CMS removed the transplant regulations from the ESRD regulation the Commission updated regulations to include some oversight of the transplant centers. The intent was to keep some oversight of the transplant centers so that the Commission could respond to patient complaints/concerns. Discussion ensued. Mrs. Schwartz requested that this item be tabled until next meeting in order for further research into the regulations and history of the Commission's charter regarding the Transplant Center's surveys.

E. Administrator in Training Approvals – Barbara Fagan

Mrs. Adcock reported that some administrators-in-training, who do not have the one-year of required dialysis experience, have been allowed to make decisions regarding facility practice and in some instances caused issues in facilities with staff and patients. Mrs. Fagan discussed the waiver requirements for the administrator who does not meet the regulatory requirements. Mrs. Fagan reported on the process for facilities to follow when they hire administrators that do not meet the requirements. She noted that only one

program has submitted a packet for waiver. Mrs. Fagan noted that facilities would be cited if problems were identified on survey related to the administrator.

F. Water Quality Communication

Mrs. Adcock reported that on January 19th a few representatives from the renal community met with representatives from the Maryland Department of the Environment (MDE) to discuss water quality communication between the water suppliers and the dialysis facilities. The facilities would like better communication with the suppliers and notification of any changes in water quality including the increase of chlorine levels.

The MDE requested further information from facilities that had reported high levels of incoming chlorine in the fall. The MDE has provided contact information for the water suppliers to the Commission, which has been disseminated. They may give some feedback regarding content of the annual letters to the suppliers from the facilities.

The MDE suggested that representatives from the renal community attempt to get on the American Water Works Association (AWWA) meeting agenda. This association represents the water suppliers. Providing the association with information regarding the renal community's water treatment needs and issues could improve communication. Mrs. Adcock reported that the local representative from AWWA suggested that the renal community write an article for publication in the AWWA's newsletter. Dr. Sadler volunteered to write the article.

Discussion ensued. The Commission reached a consensus to write a letter to the Secretary of DHMH outlining the renal community's concerns and advising him of the potential for major health complications with the potential for loss of life associated with the failure of water suppliers to notify the renal community of a change in water quality. The Commissioners were in agreement that MDE should promulgate regulations requiring water suppliers to notify dialysis facilities immediately of a change in water quality, and the nature and extent of the contamination.

G. MARC Recommendations for Use of Patient Behavioral Agreements

Mrs. Adcock directed everyone's attention to the attachment from MARC. The document provides guidance to facilities when they are considering entering into agreements with patients. The agreements should be developed by the facility and patient and be written in positive terms with achievable goals. Mrs. Adcock requested permission to post the document on the Commission's website. She was directed to post the document.

H. Governor's Report

The Commissioners reviewed the document. Dr. Modi motioned to approve the report and Dr. Jaar seconded the motion. The Commission unanimously voted to approve the Report for submission to the Governor.

I. Facility Applying for Certification

- Davita Forest Hill (12/14/11)
Mrs. Adcock reported that the Commission is waiting for the facility's Hospital/Transfer agreement for final approval for certification.

J. Categories of Complaints

Dr. Gimenez reported that the Commission has received and responded to the following types of complaints since the last meeting:

- Written
 - Complaint regarding a facility's physical environment and infection control issues
 - Patient complaint regarding possible discharge from facility
 - Complaint regarding a potentially dangerous patient
 - Patient complaint regarding treatment at a facility
 - Facility request to discharge verbally threatening patient

- Verbal
 - Facility complaint regarding a threatening patient
 - Patient complaint regarding staffing and staff certification
 - Patient complaint regarding treatment scheduling
 - Complaint regarding renovations and physical environment issues
 - Complaint regarding facility staff and cleanliness

K. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement

The following hospitals have requested and been granted out of state transplant approvals:

Hospital	Granted	Refused
Inova Fairfax	0	0
Christiana Hospital	0	0
Washington Hospital Center	2	0

L. Surveys (20)

The Commissioners reviewed the results of the surveys and the deficiencies. Dr. Gimenez commented that infection control and personnel qualification/staffing remain the top two areas of deficiency.

Citations

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	13
Water and Dialysate Quality	4
Reuse of Hemodialyzers/Bloodlines	1
Physical Environment	1
Patient Rights	0
Patient Assessment	1
Patient Plan of Care	2
Care at Home	1
Quality Assessment and Performance Improvement	0
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	13
Responsibilities of the Medical Director	0
Medical Records	0
Governance	1

M. Surveys Completed (20)

The following facilities have been surveyed since the last meeting:

Renal Care of Bowie	Davita Dundalk
FMC Dundalk	Artificial Kidney Silver Spring
Davita Howard County	Davita Middlebrook
IDF Parkview	FMC Ft. Washington
Good Samaritan	RCP – Prince Frederick
Davita Catonsville	Davita Rockville
Davita Seton Drive	ARA Universal
Davita Carroll County	Union Memorial Outpatient Dialysis
FMC Greater Baltimore	FMC Anne Arundel
UM Transplant	Cromwell Dialysis

N. Added Agenda Item:

Dr. Kraus inquired about follow up on an entity's request for the OHCQ's revision of State staffing requirements for nocturnal dialysis. Mrs. Fagan reported that there was an initial meeting with the entity's representatives (which Dr. Kraus attended). She noted that the OCHQ is looking into the possibility of different staffing requirements for Nocturnal programs. She stated that CMS is silent on the issue and any changes would be entertained in a thoughtful manner. The OHCQ has initiated contacts with other State Administrators regarding their regulations and experiences with nocturnal programs. She noted that some programs mix nocturnal patients with regular dialysis patients. Mrs. Fagan noted more research is required. Dr. Kraus requested the feedback from the State Administrators.

There being no further public business, the meeting was adjourned at 3:40 pm.