

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday April 26, 2007
4201 Patterson Avenue, Room 108-109

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, April 26, 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, 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, Dee Spanos and Pat Nowakowski, Medicaid Operations, Barbara Fagan, Pat Okin RN, Office of Health Care Quality and Senator Paula Hollinger.

Guests present were:

Michele Abbott, Davita

Michele Kurka, FMC

Debbie Ferguson, FMC

Juathawala Harris, Liberty Dialysis

Sandra Hardy, FMC

Eric Thompson, UMMS

Val Riley, FMC

Ethesham Hamid, Davita

Amy Allentoff, Davita

Maribeth Sommer, Davita

Melinda Rusznak, FMC

Debbie Gravely, FMC

Pam Earl, Davita

Melinda Rufsnak, FMC

Debra Iacovino, Davita

Brenda Redilla, Amgen

Tara Matthews, Davita

Pam Pacheco, DCA

Cindy Bateman, Davita

Judy Thomas, FMC

Gloria Pittman, ARA

Jamie McNeill, Davita

Elena Balovlenkov, Davita

Evita Thompson, Liberty Dialysis

Johny Nile, Holy Cross Dialysis

Joyce Shannon, FMC

Jide Salako, FMC

Donna Reeves, FMC

Deb Evans, UMMS

Karen Wiseman, RAI

TriDonna Brandford, Davita

Gale Bell, Renal Care Partners

Carol Miller, Davita

Tanya Crockett, Davita

Shawna Bandoch, Davita

Joan Guest, Davita

Genny Murray, Davita

Lahoma Roebuck, RAI

Rosemary Johnnson, FMC

Janice Weber, DCA

Robert Ward, FMC

Toni Moore-Duggan, Davita

I. APPROVAL OF January 25, 2007 MINUTES

The minutes were approved as submitted.

II. CHAIRMAN'S REPORT

Dr. Einhorn announced that this meeting would be shortened due to a lengthy Executive Session agenda. He noted that the July meeting would be a longer meeting where there would be discussion regarding facility staffing and charge nurse roles. He reported that a representative from the Maryland Board of Nursing (BON) would be present at the July meeting to answer questions.

Dr. Einhorn reported that over the past six months many facilities have been surveyed and that the Commission is looking for solutions to similar problems identified at many of these facilities. He noted that he was hopeful that these solutions would satisfy everyone.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz thanked everyone for attending the meeting. She announced that the July 26th Commission meeting would be held at the Sheppard Pratt Hospital Conference Center. The morning educational symposium would contain presentations from the Maryland Board of Nursing regarding "Nursing responsibilities in a dialysis center setting as defined by the Nurse Practice Act" and Commission and OHCQ survey readiness relating specifically to this topic. The Public and Executive Sessions would be held in the afternoon. She noted that the Public Session is open to all but the Executive Session is closed to the public.

Mrs. Schwartz reviewed the Federal requirements for the ESRD facility CEO. She stated that these positions must be filled by personnel with one-year experience in an ESRD facility.

Mrs. Schwartz introduced Senator Paula Hollinger to the guests. She reported that Senator Hollinger was appointed by Secretary Colmers as a liaison between his office and the Health Care Occupation Boards and the Kidney Commission.

Senator Hollinger reported that she is getting acquainted with the Executive Directors of the Boards and Commission and their respective Governor appointed members.

IV. OLD BUSINESS

A. Patient Education Regarding Access Care/Facility Policy

Dr. Einhorn discussed the article that appeared in January in the Baltimore Sun and his note to the editor addressing errors in the article. Dr. Einhorn noted that there is a very low incidence of spontaneous hemorrhage from a vascular access. Only about four patients per year die from spontaneous access hemorrhage. He reminded everyone that the "Patient Information Tip Sheet" was distributed to every facility and is available on line at the Commission website. He urged all facilities to educate patients on care of their accesses and on what to do if their access should begin to bleed at home.

B. Physician Extender Rounding

Dr. Einhorn reported that at the last Commission meeting guest presenters discussed the Physician Extenders (PE) roles in the dialysis facilities. He noted that the Renal Physician's Association (RPA) recognizes that the PE is a reality and that there needs to be a uniform set of standards for the education of the PE. Dr. Einhorn discussed that PE privileges should be reviewed carefully by the Medical Director and that it may be appropriate to grant temporary privileges until the Medical Director is assured that the PE is appropriately trained for an ESRD facility.

C. Charge Nurse Responsibilities

Mrs. Mooney reported that the Maryland Renal Administrators Association (MRAA) met a week ago to discuss staffing concerns as addressed by the BON, OHCQ and Commission within the renal community. She noted that approximately 35 people attended the meeting. She reported that the group would be forming a smaller 8 person panel to meet over the next 2 months. This panel will meet with the BON during this time and develop solutions to staffing dilemmas.

V. NEW BUSINESS

A. Kidney Disease Program

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. She noted that there will be money to pay for all KDP services this fiscal year. She reported that there were 2300 active KDP patients at the beginning of this month. She recognized that the applications have required extra processing time due to the Medicare Part D requirement.

Ms. Manning reviewed common problems with applications. She noted that these problems cause delays in processing the applications for patient eligibility.

She noted that there is more of a back-log of applications than usual. Ms. Mooney stated that KDP payments are very behind and that this is a disincentive for providers to coordinate with KDP. Ms. Manning reported that KDP has requested additional help and currently has two temporary employees.

Mrs. Schwarz inquired whether the Commission could help with a letter to the Secretary to request additional staff for KDP.

B. Kidney Disease Program Regulation Change Proposal

Mrs. Schwarz reported that Ms. Lewis could not attend the meeting today but that she has requested the KDP update their regulations to clarify the coverage of transplant medications and coverage of vascular access pre-dialysis.

Ms. Manning reported that the KDP covers transplant drugs for the life of the graft and that they also cover pre-dialysis access placement. She noted that the regulations do need to be amended but she does not recall a situation where any claims for transplant drugs or access placement have been denied.

Mr. Thompson inquired whether pre-dialysis immunosuppressants for living donor recipients would be covered. He noted that these drugs are not covered by Medicare. Ms. Manning noted that if Medicare would not pay than the KDP would also not pay.

C. Retention and Disposal of Medical Records/Proposed Regulation

Mrs. Schwartz reviewed the Department's proposed regulations regarding handling of medical records. She noted that these proposed regulations are open for public comment.

D. Access to Care for Patients Requiring Hepatitis Isolation

Mrs. Mooney reported that she has been made aware that some facilities are not accepting patients that are hepatitis B antigen positive. She noted that the facilities are referring these patients to sister facilities that have isolation stations. She stated that she feels this treatment is discriminatory and creates a hardship for patients.

Mrs. Adcock noted that facilities should not discriminate against patients that require this type of isolation but there are circumstances where the facilities are not equipped due to space constraints to handle an isolation patient. She noted that safety for all patients should be considered when deciding if isolation for hepatitis B is considered.

Ms. Rogers noted that other types of patients with infectious diseases such as hepatitis B and HIV are being accepted into facilities.

E. Use of Algorithms

Mrs. Adcock reported that the BON is reviewing documentation issues regarding order changes per algorithms. She noted that some facilities are documenting these changes in physician progress notes and not the physician order section of the chart.

F. Certification Renewals

Mrs. Schwartz reported that Commission certification renewal notices went out today. The fees are due June 1st. The certifications will be renewed through June 30th but as per regulation, a late fee will incur when fees are submitted after the June 1st date.

G. Complaints

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

- Written
 - Facility's complaint regarding an abusive patient
 - Patient's complaint regarding inconsistent care
 - Complaint regarding staffing at a facility
 - Patient complaint regarding a threatening patient at a facility
- Verbal
 - Patient complaint about home dialysis equipment
 - Patient complaint regarding supplies at a facility
 - Complaint regarding patient bleeding after treatment at a facility and unprofessional behavior by staff at the facility

H. New Facilities

Mrs. Schwartz reported that the following facilities have been certified by the Commission since last meeting:

- Davita Aberdeen
- IDF Garrett Center

I. Commission Approval/Disapproval for KDP Transplant Reimbursement

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

Hospital	Granted	Refused
Washington Hospital Center	4	0
Georgetown University Hospital	1	0

J. Surveys (19)

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

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	2
Governing Body and Management	10
Medical Supervision	1
Long Term Program and Care Plan	14
Patient Rights/Responsibilities	1
Medical Records	10
Physical Environment	8
Transmissible Diseases	5
Reuse	2
Affiliation Agreements	0
Director of Dialysis Center	2
Staff of a Renal Dialysis Facility	9
Minimal Service Requirements	4
Transplant Centers/ Affiliation Agreement	0
Abusive and Dangerous Patients	0

Dr. Einhorn reviewed ongoing issues with numerous facilities being cited for Governing Body and Management, Long Term Program and Care Plans, and Staffing of a Renal Dialysis Facility.

K. Surveys Completed (19)

The following facilities have been surveyed since the last meeting:

Davita JB Zachary	FMC Pikesville
IDF Calvert	Davita Howard County
FMC Rosedale	FMC Annapolis
IDF Chestnut	Davita Mercy
Community Dialysis	Western Maryland Hospital Ctr. Dialysis
FMC Hagerstown	Davita Lakeside
Davita Laurel	Good Samaritan @ Lorien Frankford
RAI Silver Hill	DCA West Baltimore
Davita – Lanham	Davita JHH Bond Street
RAI Beltsville	

Percent of Surveyed Facilities Meeting MARC's Anemia, Adequacy and Fistula First Goals for Hemodialysis Patients

Mrs. Adcock noted that the Commission continues to review the surveyed facilities' progress toward meeting these Federal Network goals. She reported that the Network goals have recently been updated and that some facilities are not being as aggressive with treatment of anemia due to the new FDA black box warning regarding the safety of use of drugs such as EPO for the treatment of anemia. Ms. Adcock reported that she has been in contact with the Network to see if there are plans to revise the anemia goals since many nephrologists are revising their procedures relating to anemia management.

GOAL		Q1	Q2	Q3	Q4
ANEMIA	Hgb \geq 11 (85%)	26%			
ADEQUACY	URR \geq 65/Kt/v \geq 1.2 (90%)	32%			
FISTULAS	40%	47%			
FISTULAS	50%	35%			

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 April 26, 2007 at 3:00 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.