

**MARYLAND COMMISSION ON KIDNEY DISEASE  
MINUTES OF THE PUBLIC MEETING  
Thursday April 26, 2012  
4201 Patterson Avenue  
Room 108-109**

The Public Meeting of the Commission on Kidney Disease was held on Thursday, April 26, 2012 at 4201 Patterson Avenue. Chairman Dr. Luis Gimenez called the meeting to order at 2:05 P.M. Commissioners' Dr. Bernard Jaar, Dr. Edward Kraus, Dr. William Rayfield, Dr. Kulwant Modi, Dr. Paul Light, James Stankovic, Belinda Lindsay, LGSW, Bill Frederick, RN and Kim Sylvester, R.N. 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, Patricia Rutley-Johnson, Acting Executive Director of Medicaid Systems Operation and Carol Manning, Chief KDP.

**Guests present were:**

Tracey Sease, Western MD Hospital  
Pam Earll, Davita  
David Kaplan, Davita  
Stuart Lessner, Union Memorial  
Youaf Esmaili, Hydrotech  
Judith Ahoh-Arrey, FMC  
Naomi Elcock, Community

Cheryl Twine, Freedom Home  
Mary Whittaker, Good Samaritan  
Juathawala Harris, Liberty  
Kristen Neville, DHMH  
Joan Wise, IDF  
Chris Simon, IDF

**I. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF  
January 26, 2012**

Dr. Modi motioned to approve the Public Minutes from the January 26th session; Dr. Jaar seconded the motion and the Commission voted unanimously to approve the Minutes of the January 26, 2012 Public Session.

**II. CHAIRMAN'S REPORT**

• Meeting with MDE Regarding Water Quality Issues

Dr. Gimenez reported that the Commission submitted a letter to the Secretary outlining concerns regarding hyper chlorination of the municipal water systems. He noted that he met with representatives from the Maryland Department of the Environment (MDE) to communicate the effects of hyper chlorination on the dialysis facility's equipment and risks to the dialysis patients to the group. Dr. Gimenez reported that the MDE was not aware of the implications to the dialysis facilities. The MDE issued a letter to the water suppliers to promote awareness and hopefully minimize risk to dialysis patients.

Discussion ensued.

The Commissioner's requested that Ms. Adcock send a copy of the letter from the MDE via email to each dialysis facility with recommendations that the facilities communicate with their water suppliers regularly. Ms. Adcock will also assure that facilities have a list of the water supplier contact information. The MDE letter and water supplier information will also be posted on the Commission's website.

### **III. EXECUTIVE DIRECTOR'S REPORT**

Mrs. Schwartz thanked Dr. Sharfstein for intervening with the MDE and also Barry O'Brien, Deputy Administrator for the MDE Water Supply Program, for his responsiveness to the water supply issues.

Mrs. Schwartz discussed the disturbing number of infection control citations. She suggested that facility managers audit staff frequently and provide feedback to staff in a timely manner.

### **IV. OLD BUSINESS**

#### **A. Medical Orders for Life Sustaining Treatments**

[www.marylandmolst.org](http://www.marylandmolst.org)

Mrs. Fagan reported that there has been no movement on the MOLST form requirement. She suggested that the guests refer to the MOLST website for updates.

Mr. Simon noted that there are new training dates posted on the MOLST website.

#### **B. Request to add Phoslyra to the KDP Formulary**

The Commissioners discussed the possibility of adding this medication to the KDP formulary. They voiced concerns regarding the cost of Phoslyra. Mrs. Manning informed the Commission that approving the drug for special cases such as pediatrics or patients' dependent on tube feedings was not possible. The Commissioners noted that only a small group would benefit from the addition of the medication which is a liquid phosphate binder. Dr. Light noted that Renagel is available in a powder form. Dr. Light motioned that the Commission not add Phoslyra to the KDP formulary and with the exception of Dr. Jaar, who abstained, the rest of the Commissioners seconded the motion.

#### **C. Survey Reporting – Dr. Jaar**

Mrs. Adcock reported that there has been no feedback on Dr. Jaar's request from the community regarding the Commission's survey report format. Dr. Jaar noted that some deficiencies are more severe than others and that currently there is no stratification to differentiate the findings.

Discussion ensued.

Mrs. Fagan noted that CMS is planning to pilot a new survey protocol over the summer. The group decided to hold off any decisions regarding changing the Commission's format until the new CMS protocol is rolled out.

#### **D. Sequencing of Transplant Center Surveys**

Dr. Gimenez reported that last meeting Ms. Adcock requested that transplant surveys be conducted in response to complaints only. Mrs. Schulman discussed the background of the Commission regulations developed in 1979-1980. She noted that the regulations require periodic surveys of transplant centers and that the Commission could not limit the transplant surveys to only complaints surveys.

Discussion ensued.

The Commission unanimously agreed that transplant centers will continue to be surveyed periodically.

## **E. Water Quality Communication with Maryland Department of the Environment**

Discussed in the Chairman's report.

## **V. NEW BUSINESS**

### **A. Kidney Disease Program - Stats and Budget**

Ms. Manning presented the KDP statistics and budget. She reported that Chuck Lehman has left the Department and introduced Ms. Rutley-Johnson as the acting Director.

### **B. Commission Newsletter – Mail vs. Email**

Mrs. Adcock requested approval to email all future Newsletters and discontinue mailing the Newsletter. The Commissioners agreed to this cost saving measure.

### **C. Annual Staff Skills Verification/Assessments**

Mrs. Adcock reported that during surveys she has observed that some facilities allow the CNA-DT, LPNs or non-licensed Administrators to sign off staff competency forms. Ms. Williams, Director of Nursing Practice, noted that only RNs should be signing the forms as they are the license holder who is responsible for assuring and confirming competency for the staff that tasks are being delegated.

### **D. Health And Human Services News Release – National Action Plan to Eliminate Health Care-Associated Infections**

Mrs. Adcock reported that the attachment is informational and references the request for public comment on the National Action Plan which was published in the Federal Register this week.

Mrs. Adcock reported that Dr. Lubomski noted that there has been no further movement on the Pilot Study to Reduce Bloodstream Infection in Hemodialysis Outpatients as they are awaiting contract approvals.

### **E. House Bill 658 – Emergency Plans for Human Service Facilities and Dialysis Centers**

Ms. Neville, Legislative Specialist for the Boards, reported that during the 2012 legislative session, House Bill 658 passed and would require the facilities, including dialysis facilities to be responsible for any financial impact when activating their required emergency plans. She noted that the bill is waiting signature of the Governor and is expected to be effective October 1, 2012.

A discussion ensued. Leslie Schulman, Commission Counsel discussed the following background information which drove the creation of the bill:

**Background-** Due to the evacuations that took place in August 2011 in anticipation of Hurricane Irene, DHMH was concerned about the ability of dialysis centers to transport patients to other center, and whether centers had adequate emergency generator capacity to provide services in the event of a power outage.

Only 1 nursing facility in a coastal area refused to evacuate until compelled to do so by an executive order. A dispute as to the financial responsibility for the costs of evacuation ensued, which led to the Department of Health and Mental Hygiene requesting that the legislature introduce this bill.

**Purpose of New Law-** Mrs. Schulman noted that the purpose of this Bill was to clarify and add to existing Public Safety Law (Public Safety Article, Title 14).

Specifically, the Bill would require Kidney Dialysis Centers to have emergency plans to include certain policies and procedures that would be followed before, during, and after an emergency to address: the safety of patients; notification of patients, families, staff, and licensing authorities regarding actions that will be taken; staff coverage, organization, and assignment; the continuity of operations, including procedures to secure access to essential goods, equipment, and dialysis services. In addition the new law would place the financial responsibility for activation of emergency plans, whether voluntary or mandatory, on the dialysis facility but would not prohibit the facility from applying for or receiving reimbursement under an insurance policy or from any State or Federal Emergency funds that may be available due to a declared State or Federal Emergency. The new law would take effect on October 1, 2012 and, on or before January 1, 2013, DHMH would be required to adopt regulations governing the development of emergency plans by kidney dialysis centers, in consultation with representatives of the Maryland Emergency Management Agency; MIEMMS, local organizations for emergency management; and kidney dialysis centers.

Dr. Gimenez noted that the Commission, as a stakeholder, should be consulted during the drafting and promulgation process of the regulations. Ms. Neville committed to notifying the responsible parties of the Commission's request.

**F. Categories of Complaints**

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

- Written
  - Patient complaint regarding KDP renewal
  - Facility complaint regarding KDP renewals
  - Complaints regarding facility discharge of patient
  - Notification of physician discharge of patients at two facilities
  - Facility complaint regarding patient behavior
- Verbal
  - Complaint regarding inability to place patient with a tracheotomy
  - Complaint regarding care at a facility

Mrs. Manning reported that the KDP is currently in compliance with KDP application renewals. She also noted that transplant applications are prioritized and applications are triaged as they are received.

**G. 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	1	0
Washington Hospital Center	0	0

**H. Surveys (25)**

The Commissioners review the results of the surveys and the deficiencies as they are completed. Mrs. Adcock discussed the types of infection control and personnel qualification/staffing citations that were cited.

### Citations

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	19
Water and Dialysate Quality	4
Reuse of Hemodialyzers/Bloodlines	0
Physical Environment	1
Patient Rights	0
Patient Assessment	0
Patient Plan of Care	1
Care at Home	0
Quality Assessment and Performance Improvement	0
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	15
Responsibilities of the Medical Director	0
Medical Records	0
Governance	0

#### I. Surveys Completed (25)

The following facilities have been surveyed since the last meeting:

FMC Robinwood	Davita Washington County
Renal Care Seat Pleasant	FMC Leonardtown
FMC LaPlata	JHH Transplant
Davita Southern MD	FMC Ft. Foote
Davita Greenspring	Davita Germantown
Davita 25 <sup>th</sup> Street	IDF Allegany
Western MD Regional Dialysis	IDF Garrett
Davita Catocin	USRC N. Baltimore
Davita Towson	Davita Frederick
Davita Calverton	Bon Secours Outpatient Dialysis
Davita Easton	Advanced Easton
FMC Genesis Springbrook	FMC Dundalk
FMC Camp Springs	

Mrs. Schwartz personally thanked Dr. Gimenez for spearheading the efforts with the MDE. She noted that the collaboration is a wonderful accomplishment. She also noted that Sarah DeCerbo resigned from the Commission.

**There being no further public business, the Meeting was adjourned at 3:15 P.M.**