

**MARYLAND COMMISSION ON KIDNEY DISEASE**  
**OPEN SESSION MEETING MINUTES**  
**Thursday July 24, 2008**  
**4201 Patterson Avenue, Room 108-109**

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, July 24, 2008 at 4201 Patterson Avenue in room 108-109. The Chairman, Dr. Roland Einhorn called the meeting to order at 2:05 PM. Commission members present were: Drs. Jeffrey Fink, Dean Taylor, Ken Yim, Kulwant Modi, and Luis Gimenez; Bill Frederick, RN, Kim Sylvester, RN, Margery Pozefsky and Anne Marie Soltis, LCSW. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission council present: Leslie Schulman, AAG.

**DHMH staff present:** Cheryl Camillo, Executive Director of Eligibility Services and Dee Spanos Medicaid Operations, Barbara Fagan and Maria Krasnansky, RN, Office of Health Care Quality.

**Guests present were:**

Micki Misiaszek, Genzyme	Joan Rogers, IDF
Janice Weber, DCA	Tim Bradshaw, Genzyme
Brenda Redilla, Amgen	Joe Hessley, Davita
Steve DeVore, Davita	Mary Keller, DCA
Leoline McGuire, FMC	Rashidat Taiwo, FMC
Tracey Mooney, IDF	Margareth Weaver, FMC
Debra Floyd, FMC	Maria Mursin, SSAKC
TriDonna Brandford, Davita	Melissa Deacon, Davita
Sue Miller, Davita	Lisa Sullivan, Davita
Steve Schell, Amgen	Genny Murray, Davita
Yvette Alston, Davita	Elena Balovlenkov, Davita
Gloria Pittman, ARA	Pam Pacheco, DCA
Debra Iacovino, UMMS	Terry Simon, Davita
Yollette Cox, Davita	Laura Gearhart, Davita
Erica Dizard, Davita	

**I. APPROVAL OF APRIL 24, 2008 MINUTES**

The minutes were approved with the correction on page 3 section D where the COMAR cited was changed to 10.05.04.

**II. CHAIRMAN'S REPORT**

Dr. Einhorn welcomed everyone and announced the possible presentation of a symposium this fall, describing the role of a facility Medical Director.

**III. EXECUTIVE DIRECTOR'S REPORT**

Mrs. Schwartz thanked everyone for coming. She noted that the idea for the Medical Director's meeting this fall is in response to repeated deficiencies on surveys regarding the lack of Medical Director involvement and oversight, at the facilities. She noted that the Commission is happy to meet with groups to discuss issues and help with methods of implementation and compliance in identified deficient surveys. Mrs. Schwartz reported that the Commission is obligated to follow the law regarding facility certification renewal. The Commission cannot make concessions to facilities after the grace period which will end on July 31, 2008. She reported that facilities that are not certified with the Commission cannot charge the patients co pays which may have been covered by KDP. Mrs. Schwartz reminded everyone to re-certify their facilities in a timely manner.

**IV. OLD BUSINESS**

**A. KDP Reimbursement Issues – Cheryl Camillo, Executive Director of Eligibility Services**

Ms. Camillo reported that in the past 3 months the Department made \$3 million in payments to providers and noted the progress in paying claims and catching up on the backlog. She noted that they are making progress with claims payment systems and working with providers. Cash advances were offered to 8 providers in the State. Checks for these providers have been mailed.

Ms. Mooney thanked Ms. Camillo, Ms. Manning and Ms. Schwartz for their work in facilitating the cash advances. She questioned Ms. Camillo regarding the additional KDP staff that had been promised.

Ms. Camillo noted that there are 5 new positions for KDP and the lengthy hiring process has begun. She noted that they hope to have the positions filled by early fall.

Tracey and Ms. Camillo discussed continued problems with cross-over claims and communication issues between the Department and the Renal Community.

Dr. Einhorn thanked Ms. Camillo for making the cash advances available and for the hard work of their staff and noted the Commission's appreciation on their efforts.

**B. Proposed Amendments to COMAR 10.30.02**

Mrs. Schwarz reported that this topic is on hold until the Office of Health Care Quality's (OHCQ) revised regulations become public.

**V. NEW BUSINESS**

**A. Kidney Disease Program**

Ms. Camillo discussed this topic under old business.

**B. Proposed Symposium for Medical Directors and Attending Nephrologists in a Dialysis Facility**

Dr. Einhorn noted that after a very successful symposium for renal nurses, the Commission is considering a similar symposium for Medical Directors. He noted that repeated citations and the lack of leadership in some facilities may be due to lack of understanding of the regulations and responsibilities of the Medical Directors. He reported that the Medical Directors are legally and ethically responsible for actions of facility staff and events that occur in the facilities. Dr. Einhorn noted that Medical Directors and Nephrologists would be invited, but that the date and place has yet to be determined.

Mrs. Schwartz commended DaVita representatives for their proactive and cooperative approach with the Commission and the OHCQ. She noted that they have been meeting and sharing information in an effort to facilitate compliance. Ms. Schwartz recommended the use of a similar approach for all the facilities being surveyed in the State.

**C. Emergency Drills**

Mrs. Adcock reported that the Commission and the OHCQ surveyors are noting problems during surveys regarding facility staff's preparedness in emergencies. She noted that the new Conditions for Coverage (CFR) will require that staff training be provided and evaluated at least annually and must ensure that the nursing staff are properly trained in the use of emergency equipment and drugs. She reported that the use of mock codes may help staff familiarize themselves with the crash cart equipment and medications.

Ms. Balovlenkov, RN, from Mercy DaVita, reported that her facility staff participate in mock codes.

Ms. Rogers, RN, reported that IDF facilities assign code tasks on the daily assignment sheets.

**D. Scope of Practice Issue for Dietitians**

Mrs. Schwarz reported that in response to community questions regarding the dietitians taking verbal orders, the Board of Dietetic Practice has issued a memorandum stating that there are no legal barriers that would prohibit the licensed dietitian from taking verbal orders, but that facilities should develop written policies to address the process.

**E. Recalled Medications Memo**

Mrs. Adcock reported that there have been numerous medication recalls and that the facilities should be vigilant in assuring that recalled medications are identified and removed from the facility so that patients do not accidentally receive them.

**F. Guidance for Dialysis Providers regarding Boiled Water Advisories**

Mrs. Schwartz thanked Dr. Gimenez for his help and guidance provided when the water main in Montgomery County was affected in June. The CDC provided information for providers regarding providing dialysis during boiled water advisories and the importance of frequent chlorine/chloramine water testing in the facilities during these advisories. The OHCQ and Commission issued the information to providers based upon these recommendations.

**G. CDC Recommendations for TB Testing for Patients**

Mrs. Adcock reported that the CDC recommends that patients with ESRD who are on chronic dialysis have at least one test for TB infection and that annual re-screening is indicated if ongoing exposure to TB is probable. She noted that most of the facilities are already implementing this practice but that all should put these procedures in place.

**H. Protecting Earliest Date of Transplant**

Mrs. Schwartz noted that this topic be tabled at this time, since Ms. Lewis could not be in attendance to discuss the issues.

**I. Consenting of Dialysis Patients in a Hospital**

Mrs. Adcock reported that Dr. Dinitis requested that this topic be withdrawn from the agenda.

**J. New Website: [www.safekidneycare.org](http://www.safekidneycare.org)**

Dr. Fink reported that this website was developed in response to safety issues for patients with chronic renal failure or impaired renal function. He noted that these patients have many co morbidities and hospitalizations. He is hopeful that the information provided on the website and the availability of an alert bracelet for these patients may slow the progression of kidney disease with earlier intervention. He requested feedback from the community via the website.

**K. Citation Free Surveys**

Dr. Einhorn commended the following facilities for achieving citation free surveys:

- Davita Geriatric Center, Good Samaritan at Lorien Frankford and DCA N. Baltimore

**L. Newly Certified Facilities**

Mrs. Schwartz announced the following newly certified facility:

- Frederick Renal Care (7/1/08)

**M. Complaints**

Mrs. Schwartz noted the following types of complaints have been received by the Commission since the last meeting:

- **Written**
  - Patient's family complaint regarding patient being dialyzed on another patient's dialyzer
  - Facilities complaints regarding violent/abusive patients
  - Patient complaint regarding another patient's perfume and his seating assignment
- **Verbal**
  - Patient complaint regarding housing issue
  - Patient complaint regarding being discharged from the facility's home program
  - Patient family complaint regarding access to care
  - Complaint regarding nursing coverage of a PD program

**N. Commission Approval/Disapproval for KDP Transplant Reimbursement**

Dr. Einhorn reported that Georgetown University has been granted an out of state approval for transplant reimbursement from the KDP as requested.

Hospital	Granted	Refused
Washington Hospital Center	0	0
Georgetown University Hospital	1	0
Inova Fairfax Transplant Center	0	0

**O. Surveys (22)**

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

**Deficiencies**

Compliance with Federal, State and Local Laws and Regulations	0
Governing Body and Management	4
Medical Supervision	0
Long Term Program and Care Plan	10
Patient Rights/Responsibilities	0
Medical Records	6
Physical Environment	6
Transmissible Diseases	1
Reuse	0
Affiliation Agreements	0
Director of Dialysis Center	0
Staff of a Renal Dialysis Facility	13
Minimal Service Requirements	1
Transplant Centers/ Affiliation Agreement	2
Abusive and Dangerous Patients	0

**Mrs. Adcock reported that there has been an increase in the number of citation under the Staff of a Renal Dialysis Facility category. She noted that many facilities are experiencing these citations because staff are not following physician’s prescriptions for dialysis.**

**P. Surveys Completed (22)**

The following facilities have been surveyed since the last meeting:

- |                                 |                         |
|---------------------------------|-------------------------|
| Davita Cottage City             | ARA Adelphi             |
| FMC Dundalk                     | Davita JB Zachary       |
| Holy Cross Woodmore             | Davita Baltimore County |
| Davita Geriatric Center         | DCA N. Baltimore        |
| Davita Cambridge                | Adventist Dialysis      |
| Davita Easton                   | Davita Cedar Lane       |
| Davita Frederick                | FMC S. Annapolis        |
| Charing Cross                   | Community Dialysis      |
| Davita Laurel                   | RAI Oxon Hill           |
| Good Samaritan Lorien Frankford | Davita Lakeside         |
| DCA W. Baltimore                | IDF Chestnut            |

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

These results are representative of the surveys completed during each quarter.

GOAL		Q1 (2008)	Q2	Q3	Q4
ANEMIA	Hgb $\geq$ 11 (80%)	40%	45%		
ADEQUACY	Kt/v $\geq$ 1.2 (90%)	60%	64%		
FISTULAS	40%	83%	67%		
FISTULAS	50%	50%	33%		

**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 July 24, 2008 at 3:05 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.