

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday July 28, 2011
4201 Patterson Avenue
Room 108-109

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, July 28, 2011 at 4201 Patterson Avenue. Chairman Dr. Luiz Gimenez called the meeting to order at 2:00 PM. Commission members present were: Drs. Edward Kraus, Matthew Weir, Kulwant Modi, Bernard Jaar and Paul Light and Vice Chairman, William Frederick, RN, Kim Sylvester, RN and, Margery Pozefsky. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission counsel present: Leslie Schulman, AAG.

DHMH staff present: Carol Manning, Chief KDP, Chuck Lehman, Executive Director of Medicaid Systems Operations, Nancy Grimm, RN, JD, Director of the Office of Health Care Quality, Barbara Fagan, Program Manager, Office of Health Care Quality (OHCQ) and Pat Okin, RN, Surveyor, OHCQ, A'lise Williams, RN, Director of Nursing Practice, Maryland Board of Nursing (MBON), Pam Ambush Burris, RN, MBON, Willam Vaughn, RN, OHCQ

Guests present were:

Shawn Coulehan, IDF	Chris Firl, IDF
Brenda Redilla, Amgen	Eddie Hines, Amgen
Mary Hame, WMHC	Jaime Baker, FMC
Ann Price, NKF	Mary Whittaker, Good Samaritan
Linda Hunter, RAI	Dianne Burns, RAI
Elizabeth Jones, Davita	Katherine Taylor, Armstrong Institute
Naomi Elcock, Community Dialysis	Michael Walker, Davita
Stuart Lessner, Union Memorial	Kim Colouhoun, FMC
Heather Weinrich, IDF	Glenda Miller, IDF
Elena Balovlenkov, CMS	Dr. Lisa Lubomki, JHU
Susan Wilson, FMC	Dr. Chris Goeschel, JHU
Susan Humpreys, JHH	Joan Rogers, IDF
Kathleen Smith, IDF	Monifa Kopano, Community Dialysis
Susan Leon, Bon Secours	Yollette Cox, Bon Secours
Zarita Pearson, Advanced Dialysis	Kelly Knopp, Advanced Dialysis
Mary Keller, USRC	Deborah Mallon, USRC
Kim Clarkson, FMC	Amy Lane, Davita
Genevieve Agusta, Star Maintenance	Tracey Sease, WMHC
Pam Earll, Davita	Paula Hollinger, DHMH
David Kaplan, Davita	Sharon Bloom, DHMH
Tamara Plunkett, FMC	

- I. REPORT OF THE EXECUTIVE SESSION OF APRIL 21, 2011**
Mrs. Adcock summarized the minutes of the April 21, 2011 Executive Session.
- II. REVIEW AND APPROVAL OF THE MINUTES OF THE EXECUTIVE SESSION OF APRIL 21, 2011**
Mr. Frederick motioned to approve the Executive Minutes from the April 21st session; Dr. Jarr seconded the motion and the Commission unanimously voted to approve the minutes of the April 21, 2011 Executive Session.
- III. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF APRIL 21, 2011**
Dr. Kraus motioned to approve the Public Minutes from the April 21st session; Mr. Frederick seconded the motion and the Commission voted unanimously to approve the minutes of the April 21, 2011 Public Session.
- IV. CHAIRMAN'S REPORT**
Dr. Gimenez welcomed everyone to the meeting. He reported that the facility CMS Performance Review Reports for anemia and adequacy were available on the web. Several guests confirmed that they have accessed and reviewed the reports.
- V. EXECUTIVE DIRECTOR'S REPORT**
Mrs. Schwartz thanked everyone for attending the meeting. She introduced Nancy Grimm, Director of the OHCQ, Drs. Goeschel and Lubomski from Johns Hopkins, A'lise Williams, Director of Nursing Practice for the

Maryland Board of Nursing, Bill Vaughn, Chief Nursing Officer for the OHCQ and Charnell Williams, RN, JHH Transplant.

Mrs. Schwartz discussed the new format for the Public Session including the Executive Meeting Summary. She noted that the Commissioners continuously review and approve facility surveys and corrective action plans. She reported that the Commission is geared toward patient safety and health care quality. Ms. Schwartz noted that Vice Chairman, William Frederick, would be the primary contact for survey review and approval should she be unavailable. Ms. Schwartz noted the Commissioners handle complaints on a rotational basis and she requested their timely response.

VI. OLD BUSINESS

A. Medical Orders for Life Sustaining Treatments (MOLST) – William Vaughn, RN, OHCQ

Nancy Grimm, Director of the OHCQ discussed the role of the Office of Health Care Quality. She introduced William Vaughn, Chief Nursing Officer for the OHCQ. Mr. Vaughn reported that the bill requiring completion of MOLST forms for patients in most settings in the State, including dialysis facilities was passed during the 2011 Assembly. It will be effective October 1, 2011. He noted that Train the Trainer sessions are being held around the State and that facilities are encouraged to send representatives to the training. Train the Trainer information is available on the OHCQ website. Mr. Vaughn briefly reviewed the MOLST form and noted that the goal of implementation of the document is for patient wishes to be honored between facilities and to protect patient rights. He noted that the form would be valid in any health care facility and will replace the MIMS form. Page one of this form must be completed and a copy given to the patient within 48 hours of completion. Mr. Vaughn noted that patients might bring the forms to the dialysis center and that when a patient is transferred between facilities that a copy of the form must accompany the patient. Discussion ensued.

B. Fall Symposium, October 4, 2011 – Infection Control and Prevention in the Dialysis Setting

Mrs. Schwartz reported that the provided attachment has been slightly amended. The Symposium goal is to provide a learning and training experience with the goal of improving infection control practices in the dialysis facilities. She reviewed the agenda and noted space is limited to 200 guests. Mrs. Schwartz requested that each facility send at least one representative. Four continuing education units have been applied for. The flyer will be disseminated to the Renal Community next week.

VII. NEW BUSINESS

A. Kidney Disease Program (KDP) - Stats and Budget

Ms. Manning presented the KDP statistics and budget.

B. Pilot Study to Reduce Bloodstream Infection in Hemodialysis Outpatients-Dr. Chris Goeschel

Dr. Goeschel reported that her group from the Armstrong Institute at Johns Hopkins is conducting a pilot study with 30 Davita facilities to reduce catheter related blood stream infections. She noted that she just received confirmation that funds would be available to enroll additional facilities in the study. The goal of the study is to save lives, money and careers. Dr. Goeschel stated that she would get back to the Commission to let them know how the additional facilities may apply.

C. CNA-DT Proposed Regulations – A'lise Williams, RN, MBON, Acting Director of Nursing Practice

Ms. Williams reported on the progress of the subcommittee working on the CNA-DT, curriculum, exam and practice regulations. She noted that the regulations are not currently ready for review but when they are completed the subcommittee would meet again to review the finished product.

D. Algorithm Order Changes Made by of Out of State Nurses

Mrs. Adcock reported that during a survey she observed order changes for Epogen made per algorithm by nurses from another state. The physician or on-site nurse did not sign these orders. She stated that she requested the opinion of the Ms. Williams at the MBON regarding this practice. The nurses making the algorithm changes were part of the compact group but Ms. Williams questioned why a nurse on-site who was able to assess the patient was not making these changes and stated that the MBON would not support this type of practice.

Discussion ensued. A guest inquired whether the practice was against any regulation and Ms. Williams stated no but questioned again why the on-site RN was not involved. Ms. Adcock reported that Commission regulations require adequate staffing and that this type of practice may be viewed as inadequate nursing staffing.

E. Mid Atlantic Renal Coalition (MARC) Goals and Recommendations for 2011 - 2012

Dr. Gimenez directed the guests' attention to the informational attachment.

F. Patient Discharge from Physician Practice

Mrs. Schwartz reported that the Commission is receiving many complaints regarding physician discharge of dialysis patients from their private practices and the subsequent discharge of the patient from their dialysis facility due to the lack of physician coverage. She noted that this seems to be an alarming National trend and that she has been consulting with and will continue to consult with the Maryland Board of Physicians regarding the discharges.

G. Tissue Typing Specimen Issues – Charnell Williams, RN, Johns Hopkins Transplant Coordinator

Ms. Williams discussed tissue typing sample issues. She noted that some samples are too old when they are received or may be improperly labeled. She stated that if patients don't have current samples they may miss transplant opportunities. Ms. Williams noted the Hopkins team is working with the post office and facilities to assure that patients have current samples. She encouraged the facilities to assure that their patient samples are current and if requested, staff provide new samples as soon as possible.

H. Facility Applying for Certification

Dr. Gimenez reported that the Commission has certified the following facilities:

- FMC N. Salisbury (May 12, 2011)
- Davita Washington County - PD (July 1, 2011)

I. Uncertified Dialysis Facilities

USRC Chesapeake, USRC Chevy Chase, USRC Rockville, USRC Hyattsville, IDF Deaton, IDF Lions Manor, Advanced Dialysis Randallstown, Advanced Dialysis Rockville and FMC Silver Spring

Mrs. Schwartz reported that when facilities decide not to certify or not to re-certify with the Commission the KDP beneficiaries receiving treatment at those facilities lose all KDP benefits. KDP beneficiaries must be affiliated with certified facilities.

Mrs. Manning noted that three US Renal Care facilities have recently made the decision not to re-certify with the Commission. She noted that letters were sent to the patients and calls were also made to the patients regarding the termination of the KDP benefits.

Mrs. Schulman reported that Commission regulations (COMAR 10.30.02.03A(3) require that a freestanding dialysis facility may not withdrawal from KDP until patients being treated by that facility have been transferred to another facility; the facility has submitted evidence to the Commission that transfer of patients to another facility has been satisfactorily accomplished; and those patients have continued access to the same reimbursement principle of KDP.

Mr. Lehman requested that facilities that are not re-certifying with the Commission notify the Commission in a timely manner so that beneficiaries may be notified and transferred to a certified facility if they choose so that their KDP benefits would not be affected.

Ms. Mooney noted that facilities may not be utilizing KDP benefits or not have patients with KDP and may not re-certify for those reasons.

Mrs. Schwartz reported that the Commission was asked to post all the certified and uncertified facilities on the Commission's website, for public information purposes. Commissioner Pozefsky, a public member, noted that patients may question why some facilities are not certified.

J. Categories of Complaints

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

- **Written**
Facilities complaints regarding patient behavior
Physician complaint regarding patient care at a facility
Patient complaint regarding staff behavior
- **Verbal**

Complaint regarding fluid removal during dialysis
 Patient complaint regarding discharge from the home program
 Patient complaint regarding shift change
 Facilities complaints regarding patient behavior
 Patient complaint regarding facility temperature
 Hospital complaints regarding patient discharges from dialysis facilities
 Patient complaint regarding non-acceptance at a facility near his new home
 Facility complaint regarding patient non-payment

K. Example of Resolution of Complaint

Caller complained that a patient was sent to the hospital from a facility after the facility removed too much fluid. The caller noted that the patient has an ostomy and is often dehydrated from fluid loss through the ostomy.

Disposition- The facility was surveyed and the complaint investigated. The patient did not leave the facility below the goal weight. The patient was sent to the hospital after approximately one hour of treatment with hypotension and chest pain.

Mrs. Adcock questioned whether this agenda item was helpful to the guests and whether the Commission should continue to include the item. Only a minority (4) guests voted to continue to include this agenda item. The agenda item will be removed.

L. 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	1	0
Christiana Hospital	1	0
Washington Hospital Center	2	0

M. Surveys (22)

The Commissioners reviewed the results of the surveys and the deficiencies.

Citations

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	11
Water and Dialysate Quality	6
Reuse of Hemodialyzers/Bloodlines	1
Physical Environment	0
Patient Rights	0
Patient Assessment	4
Patient Plan of Care	10
Care at Home	0
Quality Assessment and Performance Improvement	5
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	17
Responsibilities of the Medical Director	3
Medical Records	1
Governance	3

Mrs. Schwartz noted eleven Infection Control violations and seventeen Personnel Qualification/Staffing violations. She stated that the Commission’s Infection Control Symposium would help educate staff regarding infection control.

Mrs. Adcock reported that the types of observations resulting in Personnel Qualification/Staffing citations include: physician prescriptions not being followed, heparin not drawn appropriately by CNA-DTs, staffing ratios greater than 3:1 especially on the third shift when staff are sent home, annual skills check lists not completed, pre and post assessments not documented by the RN and inadequate social work and/or dietitian staffing.

N. Surveys Completed (22)

The following facilities have been surveyed since the last meeting:

Davita Calverton	DCA N. Charles
Davita Wheaton	RAI Beltsville
Davita Whitesquare	FMC Elkton
Davita Kidney Home	Davita Rivertowne
USRC Chesapeake	Davita – JHH Bond Street
FMC Baltimore	Davita District Heights
Davita Landover	Davita Owings Mills
USRC Chevy Chase	FMC PG County
FMC Rosedale	Davita Pikesville
FMC Wheaton	IDF Arundel
Davita Takoma Park	ARA Ellicott City

On motion made by Dr. Luis Gimenez, Chairman, and seconded by William Frederick, RN, the Commission voted unanimously to move into closed session, pursuant to State Government Article, Section 10-508(a), to discuss confidential investigations and patient complaints pending before the Commission, personnel matters, and legal matters.

There being no further public business, the Open Session Meeting was adjourned at 3:46 pm.