

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION AGENDA
Thursday October 23, 2003
4201 Patterson Avenue, Room 110**

Drs. Joseph Eustace, Jose Almario, Jeffrey Fink, Roland Einhorn, Kenneth Yim and Dean Taylor, Mrs. Tracey Mooney and Margery Pozefsky. **Staff present were:** Eva Schwartz, Executive Director, Joel Tornari, AAG, Commission Counsel, Carol Manning, KDP, Christine Gearhardt, Medical Care Operations, Anne Piluk, OHCC, and Donna Adcock, Commission Surveyor.

Guests present were:

Bill Frederick-Holy Cross	Mary Keller-Davita
Karen Lambrecht-Amgen	Vanessa Ajay- Maryland General
Leslie Geary-Smith-Davita	Linda Gordon- Holy Cross
Maria Luzarraga-McDonough	Hilda Lively, Bon Secours
Betty Grandison-Gambro	Rachel Boro, Porter
Barbara Bradford	Todd Novobilski, Bon Secours
Carisa Borji, Davita	Anna Price, FMC
Francine Babineau, Porter	Theresa Murray, Union Memorial
Christopher Simon, IDF	Alexis Southworth, Patient Advocacy Group
Juathawala Harris, FMC	Joe Ruger, Davita

I. APPROVAL OF July 24, 2003 MINUTES

II. The Commission approved the public minutes as submitted.

II. CHAIRMAN'S REPORT

Dr. Fink welcomed everyone and offered a fond farewell to Barbara Bradford, Chief KDP who retired last month. He noted her dedication to the program and the Commissions' appreciation of her work at the KDP.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz also thanked Ms. Bradford for her advice, dedication, caring and understanding. She reiterated that the KDP and Commission serve the same population. She introduced Carol Manning who is the acting Chief of the KDP. Mrs. Schwartz stated that she is looking forward to working with Ms. Manning.

Mrs. Schwartz announced that the Governor has made a consumer appointment to the commission. Ms. Davenport will attend the January meeting.

IV. OLD BUSINESS

A. CNSW Recommendations

Mrs. Adcock reported that the social work sub-committee met and presented measurable criteria for social workers. The committee social workers plan to distribute a questionnaire to the community social workers and evaluate the feedback. Ms. Grandison reported that the subcommittee social workers hope to report their findings at the April 2004 meeting. Mrs. Schwartz asked how the group thought the surveyors would be able to survey for the measurable criteria. Mr. Simon noted that a standardized reporting form may be developed. The Texas social work practice performance/standards regulations were provided as an informational attachment.

B. KDP Formulary-Reinstated Drugs

Ms. Manning reported that no new medications have been added to the KDP formulary. The KDP has been in discussions with Merck, who as of this date has not agreed to comply with the KDP mandatory rebate rules for reinstatement of their medications. Mr. Simon noted that the current formulary format makes it difficult to determine which drugs are on the list. Ms. Bradford noted that there are thousands of drugs covered and that listing each drug would be impossible, therefore therapeutic categories are listed. The guests were reminded that the list may be accessed at mdmedicaidrx.fhsc.com. Ms. Schwartz asked if Dr. Yim, as the formulary representative could look at the current listing and clarify it for "friendly user" purposes. Ms. Schwartz will request a list to identify the 50 most prescribed drugs from the KDP formulary.

C. Proposed Regulations

Mrs. Schwartz reported that the Commission received comments from the community and as a result a few changes have been proposed. Each change was reviewed and voted on by the Commission.

Mr. Tornari noted that the changes are non-substantive, thus the regulations could proceed without a new signature.

D. C.N.A.-DT – Medication Assistant

Mrs. Adcock reported that the Maryland Board of Nursing (MBON) has decided that the C.N.A.-DT will not be registered as a medication assistant and will only be allowed to administer saline and heparin. One of the guests noted that the C.N.A.-DTs is trained to administer intradermal lidocaine. Mrs. Adcock will relay that information to the MBON and report their decision at the next meeting.

V. NEW BUSINESS

A. KDP Statistics and Budget

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports.

B. KDP Application Signature by Transplant Surgeon

Mrs. Schwartz noted that a complaint was forwarded to the Commission regarding a patient whose KDP application was rejected because it was not signed by a physician licensed in Maryland. Discussion ensued and the group noted that many times transplant patients are not referred back to their attending nephrologists. Mrs. Bradford noted that the KDP program is a Maryland program and that funds should stay in Maryland. The group agreed that the KDP patients must re-connect with their Maryland nephrologist, who is affiliated with a certified Maryland dialysis facility. Mrs. Bradford noted that the patients could also be seen by their transplant surgeon.

C. Alcohol-Based Hand Rubs

Mrs. Adcock reviewed the CDC recommendation regarding the use of alcohol-based hand rubs. She noted that the facilities must make these hand rubs available to their staff.

D. Staffing

1. Nurses Responsible for Nursing Services

Mrs. Adcock noted that during surveys she is noticing some facilities are sharing "Director of Nurses" between two or more facilities. This practice violates the regulators that note each dialysis facility employs at least one full time qualified nurse responsible for nursing service. Discussion ensued and Mrs. Adcock and Ms. Piluk noted that facilities that share these nurses normally have many citations. Mrs. Andrews shared that, in the past, she has been assigned to 2 facilities and that the nurse cannot work 40 hours and fulfil that commitment. It was determined that the charge nurse cannot be the nurse may not be considered the nurse in charge of nursing services. Mrs. Piluk noted that the small facilities may be able to apply for a waiver to exempt them temporarily from the regulation. She will report back on the feasibility of this practice.

2. Staffing Ratios

Mrs. Adcock noted that the Commission has been experiencing an increase in complaints regarding 4:1 staffing at the dialysis facilities. The guests were reminded that the Commission and Licensure regulations require 3:1 ratio. If the charge nurse is included in that ratio she/he must monitor their assigned patients.

E. The Aggressive Patient

This attachment was provided and discussed by Alexis Southworth for educational purposes.

F. Facilities Applying for Certification

The following facility has applied for certification with the Commission:

Community Dialysis - 9/11/03
2707 Rolling Rd., Ste. 104-105
Baltimore, MD 21244

The Physical and Medical Standards Committee voted to approve both the facilities applying for certification.

G. Facilities Closed

The Commission has been notified that the following facilities are closed.

GHC St. Agnes-8/20/03
 CKC Elkton 9/10/03

H. Complaints

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

Written

Patient's mother complained that patient was discharged from facility illegally
 Patient complained that the facility's social worker was not helpful and was disrespectful

Verbal

Social worker at facility called for guidance regarding a verbally abusive patient
 Complaint regarding patients from the prison system being discharged without plans
 Complaints regarding facility dialyzing at a 4:1 ratio and using as staff Nursing Assistants without licensure

I. Citation Free Surveys

Mrs. Schwartz congratulated the following facilities for citation free surveys performed since January 2003.

Davita Mt. Washington, Davita Owings Mills, FMC LaPlata, Cromwell Center, GHC Baltimore Geriatric, GHC Dundalk

J. Commission Approval/Disapproval for KDP Transplant Reimbursement

No approvals for out of state transplant have been received by the Commission since last meeting.

Hospital	Granted	Refused
Washington Hospital Center	0	0
Inova Transplant Center @ Fairfax Hosp	0	0

K. Surveys

The Commissioners the reviewed results of the surveys and the deficiencies noted. Mrs. Schwartz spoke about the need for follow-up by the Commission to assure compliance and adherence to corrective action plans.

Deficiencies

Licensure/ State Laws	1
Governing Body	2
Reports/Incidents	3
Health Supervision	6
Inservice Education Programs	2
Patient Care Policies/Procedures	5
Medical Supervision	1
Long Term Program/Care Plan	15
Patient Rights/Responsibilities	2
Medical Records	15
Physical Environment	2
Preventive Maintenance Programs	0
Water Culture Reports/Water System	8
Contamination Prevention	6
Emergency Preparedness	2
Reuse of Hemodialyzers/Supplies	3
Affiliation Agreements	1
Director of Dialysis Center	0
Staff: RN Coverage	3
Laboratory Services	1
Dietetic Services	1
Social Services	0
Transplantation by Affiliation	0
Abusive and Dangerous Patients	0

L. Surveys Completed

The Commission discussed the results of the following surveys:

DCA Chevy Chase	ARA Adelphi
FMC Waldorf	Davita Owings Mills
Davita Mt. Washington	FMC Baltimore
GHC Harbor	FMC Frankford
GHC Greenspring	FMC Annapolis
Porter Whitemarsh	FMC QCDC
Bon Secours Baltimore	Davita Elkriver
Porter Frankford	FMC Woodlawn
GHC Mercy	FMC Greater Baltimore

It was concluded that the surveys as presented were accepted. If appropriate, follow up corrective action plans can be discussed at the executive session.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-501 et seq., on a motion made by Dr. Jeffrey Find and seconded by Tracey Mooney the Commission unanimously voted to close its meeting on October 23, 2003 at 3:40 p.m., in room 110 for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.