

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday November 4, 2004
4201 Patterson Avenue, Room 108-109**

Commission members present were: Drs. Jeffrey Fink, Joseph Eustace, Kenneth Yim, Dean Taylor, Ms. Tracey Mooney, CPA, Ms. Margery Pozefsky and Mr. Isaac Joe, Jr., Esquire. **Staff present were:** Eva Schwartz, Executive Director, Carol Manning, Acting Chief KDP, Anne Piluk, RN, Surveyor, OHCQ, Barbara Fagan, OHCQ, Jodi Moskowitz, LCSW-C and Donna Adcock, RN, Commission Surveyor.

Guests present were:

Brian Nelson, Gambro
Sharon Culbertson, Davita
Michelle Abbott, Gambro
Leslie Geary-Smith, Davita
Genny Murray, Davita
Roger Samartino, Novartis
Toba Hausner, FMC
Dee Anderson, FMC
Betty Grandison, Gambro
Susan Van Buskirk, Davita
Chris Simon, IDF
Mary Keller, Davita
Francine Babineau, FMC
Michael Rucker, GHC
Toba Hausner, FMC

Bill Frederick, Holy Cross
Linda Gordon, Holy Cross
Maria McDonough, Charing Cross Dialysis
Dorothy Dukes, Davita
TriDonna Brandford, Davita
Susan Leon, Bon Secours
Linda Schuler, FMC
Judy Thomas, FMC
Cliff Madden, FMC
Robert Rauch, Amgen
Drew McManiglo, Davita
Carol Miller, Gambro
Jide Salahas, FMC
Rachel Boro, FMC

I. APPROVAL OF JULY 29, 2004 MINUTES

The Commission approved the Open Session minutes as submitted.

I. CHAIRMAN'S REPORT

Dr. Fink welcomed everyone to the meeting.

II. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz reported that the Commission has been doing supplemental surveys in response to the social worker's complaints that their caseloads are too high. She noted that the Commission has contracted with Jodi Moskowitz as an expert advisor. Ms Moskowitz has formerly practiced renal social work and she is a former Commission member. She is an integral part of the Commission's evaluation process regarding social work practice patterns in dialysis centers in Maryland vis a vis adequacy of outcomes for services rendered under varied circumstances.

III. OLD BUSINESS

A. KDP Drug Formulary

Dr. Yim submitted his latest updates for the KDP Drug Formulary which would include only the most commonly prescribed medications to be titled hence forth "***Most Commonly Prescribed Medications on the KDP formulary***". Dr. Yim reported that he has been working on this project in response to the renal community's request for a "user friendly" formulary. Dr. Yim and Ms. Manning reported that the submitted list will need only a few adjustments and may be ready for distribution in the near future.

B. Social Work Task Force Update

Chris Simon reported that the Patient and Family Council of the NKF is also concerned regarding social work services. He also noted that the social work task force has been in discussion with the CNSW. This Association is supporting their ratio of approximately 1 social worker for every 75 patients. This ratio is calculated from and acuity based formula that is complicated.

Dr. Fink questioned how as a regulatory group the Commission could support a social work ratio. He noted that the issue should be addressed by the social workers as a profession. Dr. Fink noted that the issue should be approached in an aggregate fashion similar to the Network approach. He stressed again the need for quality indicators and noted that the Commission is very reluctant to use ratios. He requested the social workers' help in determining those indicators.

Mrs. Schwartz reported that through the supplemental social work surveys, the Commission is gaining insight into social work services provided.

IV. NEW BUSINESS

O. KDP Statistics and Budget

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. She reported that the FY 2005 KDP budget is approximately 10.5 million dollars. Ms. Manning noted that an increasing number of patients are on the KDP program and requested data on the expected trends in the ESRD population. Mrs. Schwartz stated that those statistics could be obtained from Network 5. Ms. Manning reported that the KDP is processing applications and renewals with a turnaround time of 17 days, however due to plans to move the office, the facilities will notice that the turn around time of applications and renewals will be delayed.

Ms. Mooney asked about electronic billing and Ms. Manning reported that the Program is scheduled to go live in February 2005.

Mrs. Schwartz introduced an email from AMGEN regarding Sensipar. The email noted that AMGEN's policy does not permit contracting with State Kidney Disease Programs for Sensipar. Amgen is offering KDP patient access to the Safety Net Foundation.

P. Aventis Pharmaceuticals terminating participation in KDP Program

Mrs. Schwartz reported that Aventis Pharmaceuticals has notified the KDP of their decision to terminate from the Program. Ms. Manning reported that the KDP worked with the Commission to determine impact on the renal patients and she called a representative from Aventis to discuss concerns. Dr. Einhorn reported that the Aventis drugs have comparables on the KDP formulary. Mrs. Schwartz reported that the Commission notified Nephrologists and the Renal Community of this change. Dr. Fink discussed the nephrologists' responsibility to find alternatives and compromise as an existing reality in today's practice.

Q. Renigel REACH Program

Mrs. Adcock reported that Genzyme has introduced a program allowing discounted rates for Renigel through Medicare approved drug discount cards. Patients would pay either \$5 or \$25 per month for Renigel depending on their income.

R. Staffing Ratios

Mrs. Schwartz reported that the Commission has received a complaint about the charge nurse being included in the 3:1 patient to staff ratio. Mrs. Schwartz questioned how the nurse could complete assessments, distribute medications, and handle problems if they had an assignment. Discussion ensued regarding facilities handling of staffing issues. The conclusion of the Commission was that the law must be enforced as written.

S. Rolling Supply Carts

Mrs. Adcock noted that many facilities are using rolling supply carts and during surveys staff have been observed taking those carts directly to patient stations. Mrs. Adcock shared an email from the CDC regarding this issue. The CDC's response states that the cart should remain in a designated area at a sufficient distance from patient stations to avoid contamination with blood. Such carts should not be moved between stations to distribute supplies.

T. Revision of ESRD Survey Form

Mrs. Schwartz directed the guests and Commissioners to review the updates to the survey form. The updates were made after Ms. Adcock attended an ESRD surveyor training and certification course offered and mandated by CMS. This revision will make the Commission survey form more congruent with the OHCQ survey format. Mrs. Schwartz noted that facilities may see citations under more than one area and urged the Governing Body members and the Medical Directors to take an active role in the facilities' management, quality assurance and responsible oversight.

U. Staff Education Regarding Crisis Intervention

Mrs. Schwartz reported that the Commission gets many patient complaints and noted that if facility staff including the social workers would intervene on behalf of the patients, educate the patients and staff, then many of these complaints could be settled at the facility level. She reiterated the social worker's roles in the facilities to advocate for the patients and provide education to staff about how to handle noncompliant and abusive patients without a verbal confrontation in the facility.

V. Dismissal Letter for a Dialysis Patient

Mrs. Schwartz directed the guests and Commission to the attachment from Dialysis and Transplantation regarding writing a dismissal letter. Ms. Schwartz reiterated that in Maryland, discharge from a facility, even if the patient is perceived or alleged to have been abusive and threatening, **MUST** receive the approval of the Commission before a patient can be discharged.

COMAR 10.30.01.05C

W. Isolation Stations

Mrs. Adcock reminded the group that Hepatitis B Antigen positive patients must not be cared for at the same time by hepatitis B antibody negative patients or by a staff member who is hepatitis B antibody negative. She directed everyone to review the attachment from the CDC.

J. New Certifications

Mrs. Schwartz reported that the following facilities have requested and received approval for certification:

DCA Rockville (9/23/04)
11800 A Nebel Street
Rockville, MD 20852

FMC Anne Arundel (10/25/04)
2032 Industrial Drive
Annapolis, MD 21401

K. Facilities Closed

Mrs. Schwartz noted that the Commission has been notified that the following facilities are closed:

Davita – Mt. Washington 9/30/04

L. Complaints

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

Written

- Patient complained of verbal abuse from a staff member
- Social worker complained of being threatened by a patient with a weapon
- Patient complained that dialysis machines are not working properly

Verbal

- Patient complained of not being dialyzed the entire prescribed treatment
- Patient complained that facility was overdosing the patient with Zemplar
- Social worker complained that a patient was illegally discharged
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M. Citation Free Surveys

Mrs. Schwartz commended the following facilities for having accomplished the status of “facility without citations”:

Deer’s Head Hospital Dialysis Unit and FMC LaPlata.

N. Commission Approval/Disapproval for KDP Transplant Reimbursement

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

Hospital	Granted	Refused
Washington Hospital Center	2	0
Inova Transplant Center @ Fairfax Hosp	1	0
Georgetown University Hospital	0	0

A. Surveys (13)

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

Deficiencies

Licensure/ State Laws	3
Governing Body	5
Reports/Incidents	4
Health Supervision	1
Inservice Education Programs	1
Patient Care Policies/Procedures	3
Medical Supervision	0
Long Term Program/Care Plan	8
Patient Rights/Responsibilities	1
Medical Records	4
Physical Environment	2
Preventive Maintenance Programs	0
Water Culture Reports/Water System	5
Contamination Prevention	4
Emergency Preparedness	2
Reuse of Hemodialyzers/Supplies	3
Affiliation Agreements	0
Director of Dialysis Center	0
Staff: RN Coverage	3
Laboratory Services	0
Dietetic Services	0
Social Services	2
Transplantation by Affiliation	0
Abusive and Dangerous Patients	0

Ms. Schwartz highlighted the fact that all surveys henceforth will have citations for violation of the code in several categories. For example; If there are citations in the Long Term Care category, water treatment category or inappropriate records due to lack of medical orders, the Governing Body and the Medical Director will be cited as the responsible body for the oversight of the operations and compliance with State and Federal Regulations (**COMAR 10.30.02.04B**), thus achieving congruency with the protocol for citations by OHCQ.

Surveys Completed (19)- Including Supplemental Surveys

The following facilities have been surveyed since the last meeting:

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|------------------------|-----------------------|
| FMC Porter White Marsh | FMC Porter Dundalk |
| Davita Wheaton | GHC Greenspring |
| Peninsula Renal | Deer’s Head |
| GHC Harbor | FMC LaPlata |
| GHC JB Zachary | FMC Springbrook |
| Robinwood | Davita Carroll County |
| Supplemental Surveys | Ultimate Renal Care |

It was concluded that the surveys were accepted as presented. If appropriate, follow up corrective action plans would be discussed in the closed session.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-501 et seq., on a motion made by Dr. Jeffrey Fink and seconded by Tracey Mooney, the Commission unanimously voted to close its meeting on November 4, 2004 at 3:20 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.