Maryland Commission on Kidney Disease

The Connection

VOLUME 18 ISSUE 1 APRIL 2020

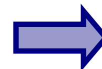
Message from the Commission Chair Donna Hanes, MD

This past year was another very productive and exciting one for the Commission. Not only did we certify 6 new dialysis facilities in the State of Maryland, we surveyed 88 dialysis facilities and transplant centers, and scrutinized the corrective plans of action (POCs). The Commission resolved 23 complaints between patients and facilities, and addressed a disturbing increase in the number of patient discharge requests. We reviewed our current Involuntary Discharge Packet as well as the process for conducting investigations of complaints. We provided critical medical advice to the KDP Program regarding medications, ICD 10 codes and reimbursement appropriateness, and successfully proposed legislation to amend the Commission Statute expanding the pool of potential Commissioners. And this was only a start!

The Commission distributed a letter to the administrators of the outpatient dialysis facilities about concerns over nursing staff shortages and the potential negative impact on patient outcomes, adherence to orders, and breaches in infection control. We urged the governing bodies to routinely monitor staffing ratios to avoid compromises in health and safety, and have requested that those facilities with ongoing citations submit monthly progress reports in an effort to foster constant awareness and resolution to this potentially dangerous problem.

I look forward to another productive year, and would like to acknowledge the indispensable services provided by Donna Adcock, Commission Nurse Surveyor; Eva Schwartz, Executive Director; Leslie Schuman, AAG; Dr. Adam Berliner, Vice Chairman; and the rest of our devoted Commissioners for dedicating their time and expertise. I appreciate the close affiliation with the Maryland Board of Nursing, and Office of Healthcare Quality, and the Mid Atlantic Renal Coalition which help endorse rapid responses to complaints, thus promoting enhanced patient care. I once again implore the nephrology community to join our commission meetings and share your experience in adopting patient safety best practices, particularly as we face new challenges such as preparations for the coronavirus outbreak .

(see accompanying article).



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COMMISSION MEETINGS

The Commission on Kidney Disease will meet on the following dates in 2020:

July 23, 2020

October 29, 2020

The Commission meets at the Department of Health, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public.

For further information regarding these meetings, please contact the Commission office at (410) 764 - 4799.

Commissioners:

Donna Hanes, M.D.
Chairman
Adam Berliner, M.D.
Vice Chairman

Jeremy Yospin, MD
Sumeska Thavarajah, MD
Sonal Korgaonkar, MD
Nadiesda Costa, MD
Susan Leon, RN
Andrene Townsend, RN
Jacqueline Hires, LCSW NSW-C
Tisha Guthrie, LMSW
Raymond Harris
Jerome Chiat

Staff:

Eva H. Schwartz, MS, MT, SBB(ASCP)
Executive Director

Donna Adcock, RN
Healthcare Surveyor

Leslie Schulman, AAG
Commission Counsel

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COMMISSION NEWS

CITATION FREE SURVEYS

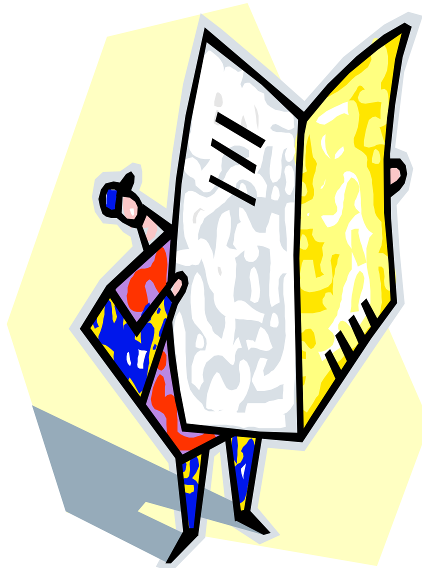
The Commission is commending a record number of facilities for achieving citation free surveys:

- USRC Prince Frederick
- Davita Glen Burnie Home
- FMC Hagerstown
- FMC Robinwood
- Davita Edgewood
- Davita Greenbelt Home
- Davita Frederick
- FMC Franklin Square Home
- Davita Kidney Home – Downtown
- Davita Briggs Chaney
- IDF Garrett
- FMC White Marsh

It is an achievable goal, and should be the goal of each facility.

COMMISSION WEBSITE

health.maryland.gov/mdckd
Find the latest Commission information: meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.



NEWLY CERTIFIED FACILITIES:

- Davita Golden Mile
- FMC Southern Maryland Home
- Davita LaPlata
- FMC South Annapolis
- Davita Loch Raven
- Davita Caroline County
- Davita Livingston Village
- Davita Greenmount Central
- Davita Timonium

These facilities have been certified and are in good standing.

COMMISSIONER'S CORNER

Greetings from Jerome (Jerry) Chiat. I am honored to have been appointed by the Governor to serve on the Commission. In June 2011 I was informed that my kidneys were failing. I began dialysis which I like to refer to as Livealysis. For over one and a half years I attended dialysis three times a week, on the early morning shift. I am thankful for the lifesaving treatments. My wife, Eileen and I discussed the possibility of kidney transplantation. Eileen wanted to donate her kidney to me. During the transplant workup we discovered that Eileen was not a match for me but we were informed that we could participate in the University of Maryland's paired kidney exchange program. I received my transplant on May 24, 2012. I had the good fortune to meet my donor and her husband the next day. My initial recovery took about 3 weeks when my strength returned and I was able to return to work and living life. I watch my diet and pay special attention to my body.

Eileen and I remained in contact with my donor and her family. Eileen is doing well since her kidney donation. Sadly and tragically, my donor was killed in an auto accident. Through her and her family's immense generosity in death she was able to save seven more lives. I look forward to working on the Commission, sharing my experiences with people with kidney disease and encouraging them to stay strong.

Quality Insights 2020 Focus Influenced by Advancing American Kidney Health Initiative

Advancing American Kidney Health (AAKH)

On July 10, 2019, President Trump signed his Executive Order, *Advancing American Kidney Health* Initiative to improve the lives of Americans suffering from kidney disease, expand options for American patients, and reduce healthcare costs. The initiative provides specific solutions to deliver on three goals: fewer patients developing kidney failure, fewer Americans receiving dialysis in dialysis centers, and more kidneys available for transplant.

The US Department of Health and Human Services (HHS) has laid out three goals for improving kidney health:

- Reducing the number of Americans developing end-stage renal disease by 25 percent by 2030
- Having 80 percent of new ESRD patients in 2025 either receiving dialysis at home or receiving a transplant
- Doubling the number of kidneys available for transplant by 2030

The focus is clear from national health policy leaders that we must improve home modality penetration and increase the number of transplanted kidney patients in the ESRD setting. Network 5's Scope of Work, as determined by CMS, directs the 2020 quality improvement activities focusing on patient safety, improving the number of patients dialyzing at home, and increasing the number of people on the kidney transplant waitlist.

Related Quality Improvement Activities (QIAs)

Promote Home Dialysis QIA

The Promote Home Dialysis QIA focuses on identifying barriers and implementing targeted interventions to increase the number of patients dialyzing at home. The intent of the QIA is to promote early referral to home modalities and assist patients and providers in initiating home therapies. The project will run from January through September of 2020. The scope of the project is 100 percent of the Network service area. The clinical outcome goal is to demonstrate at least a 2.5 percentage point increase in the rate of patients that start home dialysis by September 2020. Facilities are being issued reports with historical data about their performance and goals. Intervention aimed at providing support to the Home Modality Campaign include: *Match-D Tool training* and talking with patients regarding their options for home modalities, how to host a healthy lobby day and empowering home patients to assist with sharing their experience with in-center clinic based patients.

Increase Transplant Waitlist

The Increase Transplant Waitlist QIA focuses on identifying barriers and implementing targeted interventions to increase the number of patients on the kidney transplant waitlist. The intent of the QIA is to promote early referral to transplant programs for evaluation and assist patients and providers in identifying barriers and implementing targeted interventions to overcome the barriers. The clinical outcome goal of the QIA is to demonstrate a 1.25 percentage point increase in the rate of patients placed on the kidney transplant waitlist by September of 2020. Facilities were issued a facility goal based on historical data in UNOS. Intervention aimed at providing support to the Transplant Campaign include: Identifying Transplant Program criteria that meets the patient's needs, transplant program Scientific Registry of Transplant Recipients (SrTr) data, talking with patients regarding their options for referral to transplant, how to host a healthy lobby day and empowering transplanted patients to assist with sharing their experience with in-center clinic based patients.

For more information about all of the Network's quality improvement activities in 2019, visit https://www.qirn5.org/Ongoing-Projects.aspx.

Patient Engagement

The aforementioned quality improvement activities align with the call to improve consumer empowerment, focusing on patient and family centered care. CMS is directing through the Network 5's Scope of Work, that dialysis facilities increase patient engagement efforts in three specific areas and have established goals respectively.

- Increase the number of dialysis facilities with patient, family member and caregiver involvement in the development of individualized plan of care and/or plan of care meetings by 10%
- Increase the number of dialysis facilities with established support groups or new patient adjustment groups or patient councils by 50%

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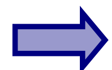

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- Increase the number of dialysis facilities that include patient and or family/caregivers in QAPI and governing body of the facility by 75%

The Network has been sharing identified resources with facilities and is developing additional tools to assist facilities in meeting these goals. All facilities will be reporting on these measures as part of their monthly QIA reporting to the Network.

For more information and resources related to patient engagement, visit : www.qirn5.org/Ongoing-Projects/Patient-Engagement.aspx.

ENHANCE AND SAVE LIVES, DONATE LIFE!

National Donate Life Month is celebrated every April. It features local and national activities to educate and encourage Americans to register as donors and consider living donation, as well as to celebrate those who have saved and healed lives through the gift of donation.

Despite the fact that nearly 40,000 organ transplants from 19,250 donors brought new life to patients and their families in 2019, more than 100,000 men, women and children await lifesaving organ transplants. The statistics are staggering. Another person is added to the waiting list every 10 minutes and 22 people die each day because the organs they need are not donated in time.

The good news? Organ donation can save up to 8 lives, cornea donation could restore sight of up to 2 people, and tissue donation could heal the lives of 75 people.

While 95% of Americans are in favor of being a donor, only 58% are registered.

What can be done to increase organ, eye and tissue donation?

Register to be a donor at RegisterMe.org.
Tell your family and friends about your decision to be a donor.
Ask others to visit DonateLife.net to learn more and register.

Submitted by: Jaclyn Bannon, JHH

KDP FISCAL YEAR 2019 ACCOMPLISHMENTS

The Kidney Disease Program (KDP) enhanced the Program's website with information and updates relative to the Program. The address of this website is: mmcp.health.maryland.gov/familyplanning/Pages/kidneydisease.aspx This website includes helpful information, such as: KDP notices of updates/changes, information resources, web links, phone numbers, e-mail address for questions about KDP, billing instructions, KDP COMAR regulations and the KDP drug formulary. This website will undergo continuing development in an effort to provide the renal community with the most up to date information available with regard to the Kidney Disease Program. The KDP Brochure has also been updated. The brochure may be viewed at: mmcp.health.maryland.gov/familyplanning/Documents/KDP.pdf

Enhancements and system developments to the KDP electronic claims management system (eCMS) and the Conduent pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

ESRD providers of service continue to be granted access to the KDP Portal. Approval of user agreements, necessary to gain access, has improved to a 48 hour or less processing window. User agreements may be faxed to the Program or may be submitted online through the updated portal. The website, to gain access to the current KDP portal is www.dhmheclaims.org.

The link to the updated portal, running parallel, is www.dhmheclaims.org/beta. The KDP portal allows providers to verify claims' status and view detailed payment information, which includes, check numbers, check dates and voucher numbers. This information assists providers in maintaining an accurate and up to date accounts receivable system and minimizes duplicate billing. In addition, providers of service may access up to date eligibility information for all ESRD patients certified with the Kidney Disease Program of MD.

The Kidney Disease Program is successfully transmitting a KDP recipient eligibility file, resource file and a COB Connect document to HMS (Health Management Services) on a monthly basis in an effort to gather third party insurance information to maximize collection efforts and ensure that KDP is accurately a payer of last resort by timely updating of the KDP eligibility file with TPL information. Work has initiated to compose a new TPL RFP in an effort to continue maximizing the State's collection efforts and ensure cost effectiveness among all MDH programs.

KDP has secured a contract with Dravida Consulting and its subcontractor, Enovational Corp. to implement a new form and workflow automation system using the Salesforce platform. This platform will include a Patient Enrollment and Case Management system, Recovery and Recoupment Module, Premium Management system, Online Patient Portal and additional functionalities.

KDP, along with BCCDT and MADAP, has a sole source contract with Santeon, the current KDP claims processing vendor, to continue the KDP claims functioning processes, financial payments and recoveries, in addition to reporting requirements. This 5 year contract covers the period of FY 2016 to FY 2021.

QUALITY INSIGHTS: RENAL NETWORK 5

2020 GOALS

The goals listed below were adopted by the Quality Insights Renal Network 5 Board of Directors to focus Network 5 activities during 2020.

All dialysis facilities are expected to:

- Meet the requirements of the ESRD Quality Incentive Program for Performance Year 2020/Payment Year 2022.

Measure	Minimum Goal **	Top 10% Nationwide ***
Vascular Access		
AVF	63.76%	76.16%
Long Term Catheter Rate*	11.22%	5.07%
Kt/V Dialysis Adequacy Comprehensive	97.04%	99.15%
Hypercalcemia *	0.58%	0.00%
Standardized Readmission Ratio (SRR)*	0.998	0.629
NHSN Bloodstream Infection (SIR)*	0.604	0
Standardized Hospitalization Ratio (SHR)*	0.967	0.670
Percent of Prevalent Patients Waitlisted (PPPW)	16.73%	33.90%
ICH CAHPS	**50th Percentile**	**90th Percentile**
Nephrologists' Communication and Caring	67.89%	78.52%
Quality of Dialysis Center Care and Operations	62.47%	72.11%
Providing Information to Patients	80.48%	87.14%
Overall Rating of Nephrologists	62.22%	76.57%
Overall Rating of Dialysis Center Staff	63.04%	77.49%
Overall Rating of the Dialysis Facility	68.59%	83.03%

Adequacy

1.1 Residual renal function should be incorporated into adequacy measures when appropriate.

Conflict Resolution

2.1 All facilities should provide staff training on professionalism by utilizing resources found on the QIRN5 website.
2.2 All facilities should provide staff training on dealing with difficult patient situations by utilizing resources found on the QIRN5 website.
2.3 Facilities should actively consult with the Network regarding difficult patient situations prior to any situation escalating to the consideration of an involuntary discharge.

Emergency Preparedness

3.1 Adhere to §494.62 (Emergency Preparedness) of the Conditions for Coverage for End Stage Renal Disease (ESRD) Facilities, effective November 15, 2016, and required to be implemented by all providers by November 15, 2017. The emergency program must address four provisions: 1) risk assessment and emergency planning; 2) policies and procedures; 3) communication plans; and 4) training and testing. The Final Rule can be found at https://www.regulations.gov/document?D=CMS-2013-0269-0377. Survey & Certification Group Interpretive Guidelines are available at https://www.regulations.gov/document?D=CMS-2013-0269-0377.
3.2 All facilities will send the Network two (2) disaster contacts and their contact information which must include two non-facility phone numbers.
3.3 Facilities should notify the Network in the event of an emergency.
Source: Federal Register (https://www.govinfo.gov/content/pkg/FR-2019-11-08/pdf/2019-24063.pdf)

*A lower rate indicates better performance.

**Minimum Goal – This is the ESRD QIP Final PY 2022 Performance Standard, which, is the 50th percentile of performance rates nationally during CY 2018. Facilities that meet this goal may not achieve the full points for the specified measure.

***Top 10% Nationwide - This is the ESRD QIP Final PY 2022 Benchmark, which is the 90th percentile of performance rates nationally during CY 2018. Facilities that meet or exceed these rates will likely earn the full points for the specified measure.

Facility Quality Assessment and Performance Improvement (QAPI) Program

4.1 All facilities must develop, implement, maintain and evaluate an effective, data-driven QAPI program with participation by the professional members of the interdisciplinary team.
4.2 QAPI activities at the facility level should enhance the facility's ability to provide high quality care, and, meet and/or exceed Network 5 goals.

Patient Safety

5.1 All facilities are urged to embrace a "culture of safety" and initiate specific measures to enhance safety, and prevent/reduce medical errors, such as:

A. Use a standardized abbreviation list

B. Use stickers to warn of allergies, of like or similar names and anticoagulation therapy

C. Post a list of drug dialyze-ability, or drugs to avoid during dialysis

D. Track adverse events/incidents

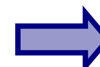
E. Identify and track healthcare-associated infections (HAIs) that develop during the course of care in the facility, and report such infections in NHSN

F. Identify, track and use preventative measures against central line-associated blood stream infections (CLABSIs) that include:

   a. Routine review of central venous line care procedures with healthcare workers and patients

   b. Removal of non-essential central venous lines

5.2 All facilities are encouraged to participate in the 5-Diamond Patient Safety Program
5.3 All facilities should follow the CDC's Recommendations for Preventing Transmission of Infections Among Chronic hemodialysis Patients.



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QUALITY INSIGHTS: RENAL NETWORK 5

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5.4 All facilities are encouraged to join The Making Dialysis Safer Coalition; www.cdc.gov/dilaysis/coalition/index.html

Preventive Care Immunization

6.1 All adult hemodialysis and peritoneal dialysis patients should be vaccinated against influenza, hepatitis B, and pneumococcal pneumonia, in accordance with the ESRD Conditions for Coverage, and Advisory Committee on Immunization Practices (ACIP) and CDC recommendations.
6.2 Influenza vaccination:

A. Offered yearly to adult and pediatric patients

B. Offered yearly to all healthcare workers

6.3 Hepatitis B vaccine:

A. Offer a full series to patients not vaccinated or not completely vaccinated as recommended by the CDC dosing schedule and appropriate timeframe. Vaccine response, annual testing and revaccination for anti-HB's should be documented and tracked

B. All Healthcare workers should be screened and offered the Hepatitis B vaccine with anti-Hb compliance and record keeping as mandated by OSHA requirements

C. Policies should be in place for healthcare workers who do not respond to the vaccine or who are unable to receive it.

6.4 Tuberculin Skin Test (TST):

A. All dialysis patients should be tested for baseline TST and re-screened if TB exposure is detected. Chest x-rays may be used if TST is not an option.

B. All newly hired healthcare workers should be screened for potential active TB infection with test results and follow-up recorded

6.5 Pneumococcal Polysaccharide vaccine (PPSV)

A. All dialysis patients over age 2, confirm patients' vaccination status including a recommended one-time revaccination after 5 years for persons aged 19 through 64 years of age.

B. Pneumococcal Conjugate vaccine (PCV) series for all adults over age 19 with an immunocompromising condition as recommended by CDC Immunization schedule.

Other
6.6 All facilities should offer smoking cessation materials to patients who use tobacco.

Transplantation

7.1 All facilities should establish the transplant status of patients and maintain an updated list of eligibility.
7.2 All facilities should have a written policy defining delivery of transplant information to all patients, including: when transplant information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
7.3 All facilities should designate at least one staff member to facilitate transplant education, evaluation referrals, submission of laboratory samples, and patient status changes.
7.4 All Network 5 transplant programs will provide written kidney transplant inclusion and exclusion criteria to the Network. The Network will post a link to this information on the QIRN5 website.
7.5 All dialysis facilities and transplant programs should support multi-listing and self-referral for transplant evaluation.

Home Dialysis

8.1 All facilities should actively promote all home modalities regardless of whether they offer a particular modality or not onsite.
8.2 Non-adherence to in-center dialysis should not be the sole exclusion.
8.3 All facilities should have a written policy defining delivery of modality information to all patients, including: when modality information will be presented to new patients, what tools (brochures, video) are used, and who conducts follow-up education/contact with patient.
8.4 All facilities should designate at least one staff member to facilitate modality education.
8.5 All facilities should consider adopting FDA approval for solo home hemodialysis care.

Vascular Access

9.1 All facilities should monitor vascular accesses and trend results to use for quality improvement.
9.2 All facilities should have a written policy addressing referral to a surgeon for vascular access.
9.3 All facilities should designate one staff member to facilitate vascular access education, referrals, and patient access changes

Shared Decision Making/Advance Care Planning

10.1 All facilities should have a written policy addressing advance directives and health care proxy
10.2 All dialysis patients should have an advance directive, health care proxy, and, when appropriate, orders for life sustaining therapy on file.
10.3 All dialysis facilities should include family members as requested by patients in the process of advance care planning and shared decision making.

Medication Reconciliation

11.1 All facilities should have a written protocol/policy defining medication reconciliation and the processes required for a systematic and comprehensive review of all medications to determine current medication accuracy.
11.2 Medication reconciliation should be done at least quarterly, and in addition to the time of patient care assessments, and at transitions of care, any change in medical status or new diagnosis.

Patient Engagement

12.1 All facilities should welcome, seek and respect the involvement of the patient, including their family as requested, in every aspect of medical care.
12.2 Patients should be provided the opportunity to define the members of their families.
12.3 Facilities should work to increase the number of patients participating in their care planning.
12.4 Facilities should educate patients about all treatment options at initiation of renal replacement therapy, annually, and at additional times if indicated by changes in clinical condition.
12.5 Facilities should include patient representation on QAPI workgroups.
12.6 Facilities should encourage patients to become Network subject matter experts to provide the patient perspective in quality improvement activities.
12.6 Facilities should identify at least one patient liaison to act as a bridge between the Network and fellow patients.

Fluid Management

13.1 All facilities should have a process for measuring, tracking, and addressing interdialytic weight gain.

Coronavirus Preparedness in the Dialysis Units by Donna S. Hanes, MD

Our mission to help set the standards for the practice of chronic dialysis that reflects new and emerging trends is never more critical than now. In anticipation of questions about the management of patients with confirmed or suspected corona virus (COVID-19), we encourage the reader to visit: https://www.cdc.gov/coronavirus/2019-ncov/index.html for up-to-date information from The Centers for Disease Control and Prevention. There you will find guidance for healthcare settings and dialysis facilities based upon current movements in the rapidly evolving global situation. As the number of reports of community transmission multiply rapidly, the dialysis centers represent a very vulnerable population comprised of many patients who are considered immunocompromised and high risk. Their close association with each other as well as the facility staff accentuates the problem. Therefore, constant vigilance is warranted to help contain the spread of this virus, and each facility should report any suspected cases to the Maryland State Health Department as well as the ESRD Network 5.

Our preparedness and response efforts in collaboration with local authorities will allow us to address any patients suspected of being exposed to COVID-19. Most of the dialysis providers have convened task forces to prepare for the anticipated outbreak, and are working very closely with the Centers for Disease Control (CDC), the American Society of Nephrology (ASN), Kidney Community Emergency Response (KCER) and local health authorities. Such preparations include reviewing isolation techniques with staff, identifying preferred areas in the facility that offer relative isolation, how to assess patients, steps to take to refer a symptomatic patient for testing, exploring options for dialysis patients who have tested positive, and mechanisms to obtain excess life-saving medications in the event of closures. Additionally, CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the COVID-19 by suspending non-emergency inspections across the country, allowing inspectors to focus on limiting the spread of the disease .

The ASN has prepared specific guidelines related to the management of COVID-19 in outpatient dialysis facilities. Centers should identify the chain of command at the facility and continuously review it with the staff. Prompt triage and isolation of patients with symptoms of suspected COVID-19, such as cough or fever, before or immediately upon arrival to the dialysis facility is emphasized. Patients with symptoms of suspected COVID-19 should not be allowed to wait among other patients, and be directed to an isolated area. Only necessary clinical staff should have contact with the patient, and time of contact should be limited. All clinical staff who enter the area should wear appropriate personal protective equipment (PPE), including gloves, gown, eye protection, and a fit-tested N-95 mask or higher-level respirator, if available. Otherwise, a surgical mask and all other appropriate PPE can be worn. A list of all such persons should be kept. ASN is also offering informational webinars for dialysis providers who are interested in learning more. For further information, see: https://www.asn-online.org/ntds/

The following is a list of additional resources that may be helpful:

National Resources

- Overview:

https://www.cdc.gov/coronavirus/2019-ncov/index.html

- Criteria for testing:

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

- Guidance for healthcare personnel:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

- Nephrologists Transforming Dialysis Safety (NTDS) has an online resource with links to the CDC, the US Food and Drug Administration, Organ Procurement and Transplantation Organization, and the World Health Organization.

https://www.asn-online.org/ntds/

- KCER [Kidney Community Emergency Response] program to ensure proper prevention efforts as well as contingency plans in the event of disaster planning needs

https://www.kcercoalition.com/

Statewide Resources

The Maryland Department of Health can test for the Novel COVID-19 via nucleic acid amplification (NAA) by nasopharyngeal swab. Providers can contact the dedicated line at 410-767-6700 to report persons under investigation (PUIs) and obtain information on which lab will perform testing based upon location. Please also notify the ESRD Network 5 (ycubillo@qualityinsights.org) (Yessi Cubillo, Emergency Preparedness Coordinator) of potential or confirmed cases

- Information about specimen collection and shipping guidance:

https://health.maryland.gov/laboratories/Pages/Novel-Coronavirus.aspx

https://phpa.health.maryland.gov/Pages/Novel-coronavirus.aspx

- Providers can also receive ongoing alerts, tips and resources related to COVID-19 by texting MDready to 898211, or calling 2-1-1- to speak directly with a local expert.

What we can do now?

* Stay informed of local COVID-19 patterns
* Be familiar with CDC recommendations and facility guidelines
* Post signs in the waiting area asking about symptoms and exposures.
* Reassure patients that we are prepared and maintain open lines of communication
* Stay home if you are sick with suspicious symptoms
* Practice good personal hygiene by washing hands
* Stay calm and compassionate

Situations like this tend to bring out the best in people, and I know that we can rise to this challenge. The Kidney Commission is committed to helping the renal community navigate these threats as effortlessly as possible.

MARCH IS NATIONAL KIDNEY MONTH

NATIONAL KIDNEY FOUNDATION®

Wondering why one third of the stadium is orange? Kidneys.

33% of American adults are at risk for kidney disease. So in a packed arena, this many seats would be filled with all those at risk. Sadly, kidney disease is hard to spot, and often goes undetected. But don’t worry, it only takes a minute to take our kidney quiz and find out where you stand.

ARE YOU THE 33%?

Take the quiz at **MinuteForYourKidneys.org** to find out.

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