

# MARYLAND COMMISSION ON KIDNEY DISEASE

## THE CONNECTION

VOLUME 9 ISSUE 1 APRIL 2010

### MESSAGE FROM THE CHAIRMAN

World and local events over the last few months remind us of the importance of renal care to the functioning of a normal and healthy society. The devastating earthquake in Haiti left an entire nation already stricken by a high burden of poverty with a greater horrifying wave of medical needs. A key feature to the human devastation experienced there was a spike in acute renal failure as a result of crush injuries. Members of the US and international renal community have been making great efforts to assist in the recovery initiatives and to provide dialytic services as best possible given the devastating conditions of that country. Locally, we have had record breaking snow events which left many of our own dialysis patients unable to reach their facilities for scheduled care. Despite the extreme circumstances, there were many attempts to coordinate care and provide services for members of our renal failure community. Not a live local news report went by without at least a passing mention of the need to get dialysis patients out of their homes to their centers for treatment. As



we dig ourselves out and the Haitians begin to pick up the pieces of their lives, it is probably a good idea that we took a close look at our emergency plans for unexpected weather or disaster events. Its important that we take an appraisal of what worked and what didn't this time around and what we can do to make things better for the next unanticipated bump in the road we may face. Please tell me it is safe to put the snow shovel away for the year!!!

By: Jeffrey Fink, M.D.  
*Chairman*

### COMMISSION MEETINGS



The Commission on Kidney Disease will be meeting on the following dates in 2010:

April 22, 2010

July 22, 2010

October 28, 2010

The Commission meets at the Department of Health and Mental Hygiene,

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:

**Jeffrey Fink, M.D.**

*Chairman*

**Kenneth Yim, M.D.**

*Chairman*

**Luis Gimenez, M.D.**

*Vice Chairman*

**Matthew Weir, M.D.**

**Edward Kraus, M.D.**

**Kulwant Modi, M.D.**

**William Frederick, RN**

**Kimberly Sylvester, RN**

**Belinda Lindsay, LGSW**

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**Sarah Decerbo**

**James Stankovic**

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**(ASCP), SBB**

*Executive Director*

**Donna Adcock, RN**

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## COMMISSION NEWS

### CITATION FREE SURVEYS

The Commission is commending the following citation free facilities:

- Davita Laurel
- Davita Frederick
- FMC Waldorf

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

CONGRATULATIONS !



### FACILITIES APPLYING FOR CERTIFICATION

The following facilities have applied for certification with the Commission, for KDP reimbursement purposes:

- WellBound of Frederick

The above stated facilities have been certified and are in good standing with the Commission.

### FALL SEMINAR

The Commission is planning a Fall Seminar which will focus on infection control issues in the dialysis facilities and medical director responsibilities. More information about the seminar will be forthcoming.



### CNA-DT CURRICULUM UPDATE

Representatives from the Maryland Board of Nursing are currently working with a committee of RNs who teach the CNA-DT to revise the CNA-DT curriculum and to update the final exam. The meeting dates of this committee are on the MBON web page under public meetings.

### INFECTION CONTROL

One of the most cited deficiencies during surveys of dialysis facilities is infection control. It is imperative that facilities protect their patients and staff by implementing good infection control practices.

Staff should be monitored by the charge nurse on a daily basis. Unannounced audits should be routinely performed and outcomes of the audit evaluated during the QAPI meetings.

Facility staff should be aware that heparin must be stored with medications and prepared in a clean (centralized) area away from dialysis stations and delivered separately to each patient. Multiple dose medication vials should not be carried from station to station.

### COMMISSION WEBSITE

[www.mdckd.org](http://www.mdckd.org)

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

### NEW COMMISSION REGULATIONS

The Maryland Commission on Kidney Disease has promulgated amendments to COMAR 10.30 which became effective April 5, 2010. Highlights of the revisions include:

- Updated definitions of the administrator, chief executive officer, governing body, monitoring individual and nurse manager.
  - Incorporation of the Federal ESRD Regulations
  - New regulations for the transplant centers
  - Responsibilities of the Governing Body
  - Qualifications and duties of the Administrator
  - Responsibilities and qualification of the nurse manager and charge nurse
  - Staffing and use of the Staffing Exception Report
  - Qualification of the nurse in change of home training
  - Requirements for dialyzer reuse
  - Incorporation of the CDC's Boiled Water Advisory
- The Commission will be mailing new regulations books out in the near future. In the interim the regulations may be viewed on the Commission's website.

## It's Good to Know.... Surviving the Blizzard of 2010

Who would have thought the Metropolitan Area would have witnessed as many snow storms as we have experienced this season. As professionals in the arena of nephrology, we realize the importance of our patients having access to transportation. We also understand how essential it is for our clinics to sustain electricity in order to operate efficiently. Some individuals in other professions may have been delighted to be off a week or two due to the weather. However, as renal professionals we more than likely experienced emotions of worry and concern for our patients and staff members as we realized it was a necessity for them to trudge through the snow to make it to the dialysis unit.

In times like these, it is good to know that we can call on our neighboring dialysis units for assistance. Does your facility have a clinic that they can call for backup? It's good to know that when our utilities fail, we can call our local utility company and inform them that it is imperative that our utility be restored. Do you have handy your local utility

provider's telephone number(s)? What about your local transportation vendor's numbers? In the event you are unable to get to the unit and have to make schedule changes or adjustments from home you will be equipped with the tools you need. It is also a good idea to establish a good rapport with your transportation vendor's, if possible, prior to a major emergency to help facilitate smooth transitions. Do you have a copy of your patients' names and numbers handy along with their shift? Do you know their mode of transportation or have contacts

Please let Commission know of any helpful suggestions or recommendations that that worked for you during this winter storm season. This will allow the Commission to share information with other units if requested.

By: Belinda Lindsay, LGSW  
Commissioner

## Transplant News

Dialysis patients must be aware of all treatment options, including renal transplantation. The patient's interdisciplinary team (IDT) is responsible to educate each patient about treatment options.

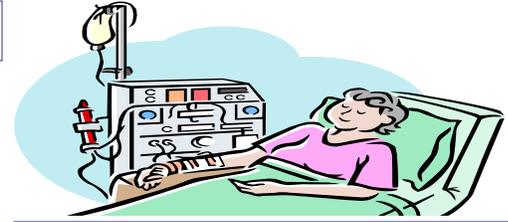
CMS regulations require that each patient's plan of care reflect the information from the interdisciplinary team's evaluation of the patient's suitability for transplantation referral, required under the Condition for Patient assessment.

Each patient's record must show evidence that the patient was informed about transplantation as an option, living and deceased kidney donation, area transplant center(s) and each transplant facility's selection criteria. Each patient's record must reflect the IDT's determination about the patient's suitability and whether the patient accepted or declined

referral for transplantation and reason for nonreferral.

If a patient was determined as suitable for transplantation referral, the IDT must document making the referral and providing applicable information to the transplant center as appropriate or when requested.

Documentation in patient records should agree with the patient's understanding of their status as a transplant candidate. Patients may independently contact a transplant center for an appointment for more information and evaluation. If this is the case, the IDT should be aware of the self-referral. A patient's insurance coverage and a transplant center's selection criteria may dictate which transplant center(s) the patient can access.



## Kidney Disease Program

The Kidney Disease Program (KDP) has been successful in developing a website with information and updates relative to the Program. The address of this website is <http://www.dhmd.state.md.us/healthcare/medhealthins.htm> 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 in regards to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the ACS 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.

The Kidney Disease Program has developed and implemented the necessary changes needed to utilize the National Provider Identification (NPI) number on all electronic and paper claim forms.

The Kidney Disease Program worked with and continues to notify all ESRD recipients certified with the Program to apply for Medicare Part D prescription coverage, as required by House Bill 697.

Customer service in the area of patient certification continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible and provide education to members of the renal community to assist them in receiving the most accurate information possible.

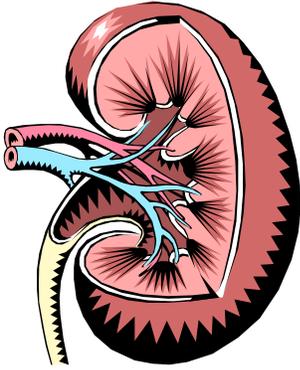
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WE ARE ON THE WEB

[HTTP://WWW.MDCKD.ORG](http://www.mdckd.org)

### Emergency Management

In March of 2009, the Maryland Kidney Disease Commission Workgroup convened the first meeting on Local Dialysis Disaster Coordination Management. The workgroup was initiated to examine ways to improve disaster planning when more than one individual unit is impacted during a disaster or widespread emergency, such as water main breaks or weather related occurrences. During the meeting the following was discussed:

1. Brief history of coordination issue
2. Current policy on back up facilities
3. Discussion of methods to improve communication/coordination
4. Proposed improvements to disaster communication/coordination
5. Criteria to activate Facility Resource Emergency Database System (FREDS)
6. Implementation strategy and timeline

In July 2009, the Maryland Kidney Disease Commission Workgroup was contacted by Dr. Isaac from the DHMH Office of Preparedness requesting dialysis facilities needs and issues faced during an emergency, be presented at a meeting to the Preparedness Advisory Committee. This group consisted of members from local health departments, hospital representatives, and other state agencies. The committee recommended the workgroup do a presentation to the Maryland Emergency Management Agency (MEMA). This was accomplished in late October. MEMA is willing to help in any way they can, however their suggestion was first to coordinate the dialysis facilities needs with the local emergency managers.

In November, the Maryland Kidney Disease Commission requested information from each dialysis facility in the state for data entry into the Facility Resource

Emergency Database System spreadsheet. Kent Schod, the Emergency Management Coordinator at Holy Cross Hospital and consultant to the workgroup, has forwarded the FREDS data to John Donahue from Maryland Institute for Emergency Medical Services Systems (MIEMSS).

The next step for the workgroup will be to schedule a meeting with the local Emergency Management Agency officials to present our proposal and outline the needs and resources that may be required of their offices during a disaster that impact outpatient dialysis centers.

We will continue to keep the community up to date at the public Maryland Kidney Disease Commission meetings.

By: William Frederick, RN  
Commissioner