

MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

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CHAIRMAN'S REPORT

Over the past year, we have witnessed the implementation of the CMS star rating system for Dialysis Facilities. Although the implementation process was done after receiving input from the dialysis community, a substantial proportion of providers and stakeholders were left with the impression that their input may have not been properly weighed as this process took place.

The stark reality is that the rating system is here to stay; whether we think it is fair and reflective of the actual quality of care we provide in the Dialysis Unit.

When assessing clinical outcomes, we are all too aware of the issues of compliance with the prescribed therapy, which is beholden to such seemingly "mundane" factors as transportation to/from the Dialysis Unit; patient's psychosocial background; underlying comorbidities; and patient's own responsibility to adhere to the prescribed diet, dialysis frequency and medication regimen.

Few will disagree on the fact that these issues, which are sometimes beyond our control, have a rather significant impact in clinical outcomes, especially among those facilities that have a small number of patients.

We will have to work with CMS on an ongoing basis and continue to provide post-implementation feedback of the star rating system. We hope that the Agency will take

in this information and further refine the current parameters allocating the proper weight to each of them, as data regarding the logistics and challenges in trying to adhere to the listed criteria begins to flow back to CMS.

This process is also laying the foundation, and adding another dimension, to the entire process of determining what constitutes an "Ideal Dialysis Experience" where good outcomes, achieved in an environment where safety is paramount would be the criteria that separates a merely satisfactory dialysis unit from an outstanding one.

The above challenges are compounded by the fact that the reimbursement rate has also been gradually reduced, forcing providers to be more cost-conscious and financially efficient in delivering a safe and effective dialysis treatment to their patients

Finally, nobody will dispute the fact that the main goal of the dialysis community is to provide the best, safest and most cost effective care to our patients. They deserve nothing less than that.

This is a call to pull up our sleeves and work together in making a positive difference in the lives of our patients.

Luis Gimenez, M.D.

COMMISSION MEETINGS



The Commission on Kidney Disease will meet on the following dates in 2015:

April 23, 2015

July 16, 2015

October 22, 2015

The Commission meets at the Department of Health and

Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215, Room 118. 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:

Luis Gimenez, M.D.

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Paul Light, M.D.

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Commission Counsel

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COMMISSION NEWS

UPDATES IN COMAR

Effective March 16, 2015, amendments to the Maryland Commission on Kidney Disease's regulations became effective as proposed for adoption. The updates include definitions of in-center hemodialysis and in-center nocturnal hemodialysis. Nocturnal hemodialysis was added as a category of dialysis and regulations for nocturnal dialysis were added. Also included in the amendments are emergency management regulations. The transplant center regulation language was updated and quality assurance documentation was addressed.

The regulations specify that facilities providing nocturnal hemodialysis have documented selection criteria, written determination that the patient is appropriate for nocturnal dialysis including documentation of the change of the patient's modality to nocturnal hemodialysis in the patient's assessments and plan of care. The patient's physician or physician extender must document an order for the nocturnal hemodialysis modality and the patient must dialyze on the nocturnal dialysis shift.

Facilities should also note that an on-site generator or the capacity to hook up to a generator (sometimes referred to as a "pigtail") and a contract with a company to provide/deliver the generator is required. If the facility does not have either of the above they must have an acceptable, documented plan in place to avoid disruption of dialysis services to patients.

WEBSITE

www.dhmh.maryland.gov/mdckd

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



THE KIDNEY DISEASE PROGRAM

The Kidney Disease Program is working with many of its colleagues on the completion of the new information management system MMIS III. Since late August 2014, the Maryland MERP initiative suspended all project activities in order to evaluate the feasibility of moving forward.

After several attempts to get the project back on track, the Project Management Office along with senior DHMH officials, decided to focus on analyzing what remains to be completed, evaluate any additional scope required and determine if the milestone dates fall in line with the Department's Strategic Plan.

In addition, the Program continues to work with our contractor, Santeon, and data processing analysts and programmers to ensure compliance with federally mandated requirements.

The implementation of the federally mandated requirement to accept the conversion of ICD-9 to ICD-10 is complete. The federally mandated required implementation date is October 2015. Santeon is upgrading the entire eCMS platform to be compatible with newer Windows version and .Net frameworks. This will improve the security of the system as Microsoft is ending the support for older Windows versions and frameworks. Upgrading the entire eCMS platform will improve the security, reliability and performance of eCMS thus enhancing the efficiency and productivity of the system.

In addition, the Kidney Disease Program will continue to work with the Commission on Kidney Disease to provide quality service to the end stage renal disease (ESRD) patients in the State of Maryland and the ESRD community.

CITATION FREE SURVEYS

The Commission commends the following citation free facilities:

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

Davita Falls Road
 Davita Forest Landing
 Johns Hopkins Harriet Lane Kidney Ctr.
 USRC Prince Frederick
 Davita Washington County
 FMC Hagerstown
 Western Maryland Hospital Dialysis
 Davita Largo
 Good Samaritan at Lorien
 Davita Deer Creek
 Davita Annapolis

CONGRATULATIONS!

FACILITIES APPLYING FOR CERTIFICATION

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

- **Davita Coral Hills**
- **Davita Annapolis**
- **Ellicott Kidney Center**
- **DSI Greenbelt**
- **NxStage Greenbelt**

The above stated facilities have been certified and are in good standing with the Commission. Patients should be advised of the Kidney Disease Program.

TRANSPLANT UNIVERSITY- Knowledge, Power, Community Engagement

As of April 17, 2015 there are more than 101,000 individuals on the kidney transplant waiting list in the United States, and many die before a donor is found. The wait-list for a deceased donor kidney transplant continues to grow each year. However, the number of available organs remains relatively stable. With a live kidney donor, transplants can occur much more quickly, sometimes within weeks or months. Studies show that a kidney from a live donor lasts twice as long, on average, as one from a deceased donor.

For these reasons, we are constantly trying to find ways to increase the amount of organs available to our patients so that they can avoid dialysis and the wait-list. Identifying and receiving a transplant from a live donor is one solution. However, there are many barriers

to identifying potential live donors. Barriers include fear of initiating a conversation, being embarrassed to ask others about donation, not knowing who to ask and lack of knowledge about kidney failure and live donation. We would like to help our patients overcome these barriers.

To address this disconnect, Johns Hopkins created *Transplant University*. In this program, transplant candidates identify an advocate, someone besides themselves (a friend, family member, or community member) to be their “live donor champion”. The Johns Hopkins team provides the live donor champion and patient with information on kidney failure and live donation, techniques for starting the conversation about live donation and educational materials to share. The program consists of six meetings, held once a month. Each meeting lasts approximately two hours

with a different relevant topic discussed at each session.

It has been well documented that education supports informed decision making and promotes access to living donor kidney transplantation. It is our hope that with the information and skills learned at *Transplant University*, the live donor champion will ultimately be able to help their loved one find potential live donors.

For more information, call 443-287-0134 or email transplantuniversity@jhu.edu

Laura Conroy, RN, BSN
Transplant Program Development Manager
Johns Hopkins Hospital



EMERGENCY PREPAREDNESS

Looking back over the past several months of winter and all of the inclement weather that occurred, it seems fitting to discuss emergency preparedness in the hemodialysis setting. Patients rely on hemodialysis for excess fluid removal and cleaning of the blood to remove various uremic toxins and electrolytes (i.e. potassium). Without regular hemodialysis (typically three times per week), fluid can build up causing or worsening several medical conditions including high blood pressure, lower extremity edema, and difficulty breathing (pulmonary edema) which can lead to hospitalization or even death. Furthermore, potassium, which is removed during dialysis and limited in the diet, can also build up in the blood and result in arrhythmias, cardiac arrest and death.

Thus, missed dialysis treatments could lead to very poor outcomes. As a result, at our hemodialysis clinic we have discussed and taken extra measures in regards to preparing for the possibility

of clinic closure or patient schedule adjustments due to unforeseen circumstances (e.g., flood, weather related, ...).

Every month, the charge nurse and the dietitian review the entire patient roster and determine which patients should be placed on a “medical priority” list. In the event that our center or other centers were unexpectedly closed and patients were not able to receive hemodialysis treatment on their regular schedule or possibly for several days, the patients on this list would be among the first to be contacted.

Several criteria are considered when deciding which patients are placed on this medical priority list. Potassium and fluid control are particularly evaluated. For instance, patients with a tendency to have elevated serum potassium level are added to the list. In addition, fluid control is also assessed. This includes patients with high fluid gains between treatments, particularly those without residual urine output and those with a history of recurrent admis-

sions for congestive heart failure. In addition, other medical history is considered. For example, patients with a history of severe chronic obstructive pulmonary disease (COPD) on home oxygen may also be added to the list. This list includes the patient’s name, phone number and reason for placement. The list is kept at the nursing station in the Emergency Preparedness binder and also shared monthly with the facility administrator and the medical director.

Unforeseen circumstances could cause a hemodialysis clinic to close unexpectedly for a day or even longer, putting many patients at risk. Certainly, all centers have an emergency preparedness plan in place to manage such events; however, taking additional measures to help prioritize hemodialysis of those patients who are most at risk from missed treatment(s) may be another important step in the setting of a real emergency.

Melissa Richardson, RD
Bernard G. Jaar, MD, MPH

NATIONAL KIDNEY FOUNDATION

Free Kidney Health (KEY) Screenings

April 2015:

Saturday, April 25, 2015

Mt. Moriah Baptist Church

10:00 am - 2:00 pm

2201 Garrison Boulevard, **Baltimore, MD**

September 2015:

Sunday, September 13, 2015

Southern Baptist Church

10:00 am - 2:00 pm

1701 North Chester Street, **Baltimore, MD**

October 2015:

Sunday, October 25, 2015

Mount Pleasant Church and Ministries

12:00 pm - 3:00 pm

6000 Radecke Avenue, **Baltimore, MD**

Free Kidney Health Risk Assessments

April 2015:

Sunday, April 19, 2015

Greater Baltimore Kidney Walk

8:30 am – 12:30 pm

Camden Yards

333 W. Camden Street, **Baltimore, MD**

May 2015:

Saturday, May 9, 2015

Sacred Heart of Jesus Church Feria Latina

10:00 am – 2:00 pm

600 S. Conkling Street, **Baltimore, MD**

Southern Delaware Kidney Walk

Sunday, April 26, 2015

9:00 a.m. Check In; 10:00 a.m.

Walk Start

Cape Henlopen State Park, Lewes, DE

Salisbury Kidney Walk

Sunday, May 3, 2015

9:00 a.m. Check In; 10:00 a.m.

Walk Start

Winterplace Park, Salisbury

2015 Scientific Session

Thursday, May 7, 2015

6:00 p.m. – 9:00 p.m.

Johns Hopkins Bayview

Asthma & Allergy Center

Rappel for Kidney Health

Saturday, June 5- 6, 2015

Downtown Baltimore

For more information about NKF-MD's programs or services, contact Jessica Quintilian, Director of Programs & Advocacy at 443-322-0375 or jquintilan@kidneymd.org.

MARYLAND COMMISSION ON KIDNEY DISEASE

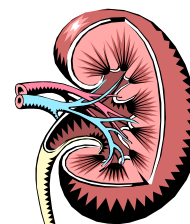
4201 Patterson Avenue

Baltimore, Maryland 21215

Tel: (410) 764 4799

Fax: (410) 358 3083

Email: Eva.Schwartz@maryland.gov



WE ARE ON THE WEB

www.dhmd.maryland.gov/mdckd/

2015 MARC Cont'd

Networking Poster Session

6 – 8:00 pm

Join us for this opportunity to mingle with your peers. We ask facilities to share project and improvement posters for perusal during this social gathering. We are seeking 1.0 continuing education credits for this session. All poster submissions will be entered into a drawing for a prize. Guests can enjoy light hors d'oeuvres.

- **Save-the-Date:**
MARC 2015 Council Meeting

Thursday, October 22, 2015

Council Meeting

7 a.m. – 4:15 pm; Fredericksburg, VA

Start your day off with our full breakfast buffet and an opportunity to meet with our exhibitors, followed by our general meeting sessions, full buffet lunch, and breakout sessions. All dietitian, nurse, social worker, and technician participants may earn 5.75 free continuing education credits for participation.

- **Patient Engagement Learning & Action Network (PE LAN)**

Our interactive PE LAN webinar series is free to all Network 5 dialysis providers and will focus on understanding and adoption of patient- and family-centered care practices that fully engage the patient/family as an equal partner in the care. Webinars are held on a quarterly basis and all dietitian, nurse, social worker, and technician participants may earn 1.0 free continuing education credit for participation.

2015 MARC Educational Opportunities

- **Improving the Patient Experience of Care Webinar Series**

The Network's 2015 educational webinar series will consist of monthly webinar events focusing on improving the dialysis patient's experience of care. The webinars are designed to align with the topics that facilities are evaluated on in the ICH Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) survey. Administering the ICH CAHPS survey is one of the reporting measures of the ESRD Quality Incentive Program (QIP) and will become a clinical measure in 2016, ICH CAHPS scores will be a factor in determining the rate of reimbursement facilities receive for delivering dialysis services, and may be publicly reported. Click [here](#) for more information on how to join us for these free monthly webinars.*

- **2015 5-Diamond Patient Safety Program**

The ESRD Networks invite dialysis providers to participate in the 2015 5-Diamond Patient Safety Program. The program consists of 14 web-based educational modules addressing all aspects of patient safety. All modules include

objectives, required activities, tools and resources, and optional activities. For each module successfully completed, the facility is awarded a "Diamond" culminating in special recognition for 5-Diamond facilities. More than 1,100 dialysis facilities participated, with 75% of participants earning Diamond status and more than 42% achieving 5-Diamond status. Rewards are available for all participants; participation is free and voluntary. Full program guidelines are available on the 5-Diamond Patient Safety Program website.

- **MARC Healthcare Associated Infections Learning Action Network (HAI LAN) Session**

Wednesday – October 21, 2015

Infection Prevention Workshop

1 – 3:00 pm; Fredericksburg, VA

Topics will focus on the prevention of healthcare-associated infections through engaging patients and promoting a culture of safety. Each dietitian, nurse, social worker, and technician participant may earn 2.0 free continuing education credits for participation.