

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday January 26, 2006
4201 Patterson Avenue, Room 108-109**

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, January 26, 2006 in Room 109, 4201 Patterson Avenue. The Chairman, Dr. Jeffrey Fink, called the meeting to order at 2:10 PM. Commission members present were: Drs. Kenneth Yim, Jose Almario, Dean Taylor, Roland Einhorn, Luis Gimenez, Ms. Anne-Marie Gregory and Ms. Marianne Andrews, RN. Commission staff present were: Eva Schwartz, Executive Director, Leslie Schulman, AAG, Commission Counsel, and Donna Adcock, RN, Surveyor.

DHMH staff present: Carol Manning, Chief KDP, and Dee Spanos, RN, Medicaid Operations.

Guests present were:

Rhonda Rashad, American Access

Joe Sadano Amgen

Tara Matthews, Davita

Theresa Butcher, Community Dialysis

Eric Thompson, UMMS

Christina Choi, American Access

Rhonda Breserha, MPAG

Heather Gould, Bon Secours

Susan Leon, Bon Secours

Marc Allegro, Good Samaritan

Karen Lambrecht, Amgen

Joan Rogers, IDF

Karen Tiernan, Abbott

Rhonda Witte, Deer's Head Center

Brenda Redilla, Amgen

Laura Gearhart, Davita

Rachel Boro, FMC

Debora Evans, UMMS

Jennifer Smock, Shire

Alexis Southworth, MPAG

Myron Zayon, Patient

Pearl Lewis, MPAG

Karen Madison, Abbott

Chris Simon, IDF

Juathawala Harris, Liberty Dialysis

Laura Kirby, UMMS Transplant

Susan Wessels, Deer's Head Center

Jide Salako, FMC

I. APPROVAL OF OCTOBER 27, 2005 MINUTES

The Commission approved the Open Session minutes as submitted.

II. CHAIRMAN'S REPORT

- Transplant Committee

Dr. Fink welcomed everyone and reported that the transplant committee met prior to the open session and is planning a conference for late summer or early fall to provide training for transplant liaisons. The transplant liaisons would be a staff member at each dialysis facility that would be the contact person for the transplant centers and would be responsible for certain transplant tasks.

Ms. Lewis reported that the Medicare Part D seminar held November 15, 2006 was successful. She discussed problems beneficiaries are facing as Part D rolls out. She encouraged anyone experiencing difficulty with choosing a plan to contact her for assistance.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz welcomed Dr. Luis Giminez to the Commission.

She reported that entities performing chronic dialysis must be aware of the requirement that each dialysis facility appoint a Transplant Liaison. This is a MARC recommendation and must be followed according to Federal regulations. These liaisons should improve communication and relationships between the transplant centers and dialysis facilities.

Mrs. Schwartz discussed patient behavior contracts for difficult patients. The Commission recommends facilities utilize these contracts to assist the facility and patient to understand expectations in the dialysis facility. She urged facilities to alert patients that in order to transfer to

another facility their medical record must be reviewed by the accepting facility and these facilities may not accept a patient because of information documented at the transferring facility, thus abusive and threatening behavior could cost patients their life. The Commission takes these requests for discharge very seriously, since the discharge of a patient without an accepting facility, but only to rely on Emergency Room treatment, is very close to giving a patient a death sentence. Patients' personal responsibility was discussed; however the reality of the final situation remains indisputable.

IV. OLD BUSINESS

Social Work Guidelines/Regulations

Ms. Schulman reported that the amended Commission regulations were published in the January 20, 2006 edition of the Maryland Register. The public comment period is through 2/21/06. All comments should be submitted to the Commission office in writing. On March 8, 2006 the Commission will vote to finalize these changes.

V. NEW BUSINESS

A. Kidney Disease Program- Statistics and Budget

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

B. In-Center PD Staffing Ratios

Dr. Kriger verbally presented his proposal to allow Incenter Intermittent Peritoneal Dialysis (IPD). He reported that this modality would be only for appropriate patients. Such patients may be waiting for a vascular access to mature, may want to do PD but be unable to perform the procedure at home by them selves or from a nursing home that does not offer PD. He noted that being able to dialyze patients without having catheters placed as an advantage to the patients. Catheters may cause infections, vessel stenosis and may fail to operate increasing the patient's morbidity. He proposed that these patients dialyze in the facilities 3 times a week for 8-12 hours each treatment on cyclers with every 2 hour exchanges. Dr. Kreiger requested that the Commission examine the staffing ratios and allow 5 patients per staff member. He noted that there should not be any emergent problems and the staff would only be monitoring the equipment. He would like to be able to offer this modality as an option to patients. He noted that IPD is not a long-term modality.

Ms. Southworth noted that she believes this is an excellent idea as an interim arrangement and may decrease patient's fears about PD.

Dr. Fink reported that the Commission would consider this request in the Executive Session.

C. Governor's Report

Dr. Fink directed the group's attention to the Governor's report. This report is sent to the Governor, public libraries and Legislators. Mrs. Schwartz noted that over the years the ESRD population has increased, the number of facilities has increased and the complexity of the patients has changed. Any comments about the Report may be directed to the Commission office.

D. Notification of Facility Changes

Mrs. Adcock requested that any facility changes including ownership and personnel changes be submitted to the Commission in writing. Any personnel changes should include CV's.

E. Behavioral Contract Outcomes

o Disclosure of Medical Records

In the Executive Director's Report, Ms. Schwartz discussed the importance of patients' awareness that documentation in the medical record may be disclosed as part of the transfer procedure to another facility. She reminded the guests that each facility must have policies/procedures for handling the difficult patients and must follow those

policies/procedures. The Commission will not endorse a discharge unless the documentation is submitted to the office to be evaluated. There should be documentation of intervention and counseling. She noted that many times the documents are requested and take days to be submitted. To be credible, facilities should be able to furnish documentation upon request.

F. Renal Dietitian Support

Mrs. Adcock reported that she received a request from a facility to hire a newly graduated dietitian as a renal dietitian at a dialysis facility. She noted that according to the Federal regulations, a qualified dietitian must have one year of clinical nutrition experience. A new graduate would not be acceptable. The Council of Renal Nutrition Baltimore Chapter is available to renal dietitians as a support network. Dr. Fink noted that it is a challenge to find talented and qualified dietitians.

Mrs. Schwartz requested that the guests consider using this group and possibly also consider mentoring programs for new renal dietitians.

G. Commission Newsletter

Dr. Fink directed the guest's attention to the Commission Newsletter. The Commission is awaiting the submission of one more article. The Newsletter will be mailed to all facilities in February.

H. Transplant Liaisons

The transplant committee is working on a formalized way for facilities to identify and train transplant liaisons. There will be a conference later in the year. Continuing education units may be available. As more information develops, the all parties of interest will be notified.

I. New Facilities

Mrs. Adcock reported that the following facility has requested certification from the Commission:

- DCA West Baltimore
22 S. Athol Ave.
Baltimore, MD 21229

J. Complaints

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

Written

- Patient complaint regarding treatment at the facility
- Facility complaint regarding verbally abusive patient
- Patient complaint regarding discrimination at the facility

Verbal

- Hospital representative complaint against a dialysis facility

K. Citation Free Surveys

Ms. Schwartz commended and congratulated the following facility for having a citation free survey:

Davita Rivertowne
CONGRATULATIONS ON A JOB WELL DONE!

L. Commission Approval/Disapproval for KDP Transplant Reimbursement

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

Hospital	Granted	Not Granted
Washington Hospital Center	4	0
Inova Transplant Center @ Fairfax Hosp	0	0
Georgetown University Hospital	1	0
UPMC Health System/Presbyterian	0	0

Mrs. Schwatz noted that the Commission approves reimbursement by the KDP for out of state transplant on the basis of continuity of care and/or geographic proximity. Documentation for such must be submitted before any determination for approval purposes is made.

M. Facility annual surveys

Nineteen (19) Facilities were surveyed since the last report.

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

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	2
Governing Body and Management	5
Medical Supervision	0
Long Term Program and Care Plan	13
Patient Rights/Responsibilities	9
Medical Records	12
Physical Environment	8
Transmissible Diseases	2
Reuse	2
Affiliation Agreements	0
Director of Dialysis Center	0
Staff of a Renal Dialysis Facility	2
Minimal Service Requirements	4
Transplant Centers/ Affiliation Agreement	0
Abusive and Dangerous Patients	0

Mrs. Schwartz noted continued non-compliance in the areas of Medical Records, Long Term Program and Care Plans. Mrs. Adcock noted that Patient’s Rights and Responsibility citations are increasing because of the survey interview process and the patients stating that this information and/or treatment modality information was not presented to them.

N. Surveys Completed

The following facilities have been surveyed since the last meeting:

Davita Lakeside	ARA Adelphi
RAI Baltimore-Beltsville	RAI Silver Hill
Davita Cottage City	Davita JHH Bond Street
Davita Lanham	Good Samaritan
Davita Mercy	JHH Transplant Center
UM Transplant Center	Davita Rivertowne
Davita Elkriver	FMC Rockville
BMA Washington	RAI Oxon Hill
Davita Bertha Sirk	Liberty Dialysis-Charing Cross
JHH-Harriet Lane	

Chris Simon, LCSW noted that Network 5 has the lowest rate of fistulas in the country. He suggested that KDP pay for fistulas pre-dialysis. Ms. Manning reported that the KDP does pay, as payer of last resort, for fistulas placed pre-dialysis. Mr. Simon requested that the Commission require the KDP to initiate eligibility for renal patients at stage 4. Ms. Manning noted that regulations would have to be changed to accommodate that request and that the number of beneficiaries would be dramatically increased. She stated that as a 100% State funded program the KDP would not be able to fund that initiative. Mrs. Schwartz noted that the Commission may establish another committee to look into this issue and that involving the Network and contacting other successful Networks may be helpful.

CLOSED SESSION: Pursuant to Maryland State Government Annotated “10-508, on a motion made by Dr. Jeffrey Fink and seconded by Dr. Roland Einhorn, the Commission unanimously voted to close its meeting on January 26, 2006 at 3:35 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.