

**MARYLAND COMMISSION ON KIDNEY DISEASE**  
**OPEN SESSION MEETING MINUTES**  
**Thursday January 31, 2008**  
**4201 Patterson Avenue, Room 108-109**

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, January 31, 2008 at 4201 Patterson Avenue in room 108-109. The Vice -Chairman, Dr. Kenneth Yim called the meeting to order at 2:05 PM. Commission members present were: Drs. Jeffrey Fink , Dean Taylor and Jose Almario and William Frederick, RN, Margery Pozefsky and Tracey Mooney, CPA. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission council present: Leslie Schulman, AAG.

**DHMH staff present:** Carol Manning, Chief KDP, Pat Nowakowski and Dee Spanos Medicaid Operations, Barbara Fagan and Maria Krasnansky, RN, Office of Health Care Quality.

**Guests present were:**

Carol Miller, Davita	Stuart Lessner, Union Memorial
Douglas Brooks, Good Samaritan	Felix Oloyede, FMC
Brenda Redilla, Amgen	Leoline McGuire, FMC
Brenda Falcone, NKF	Troy VanMeter, WMHS
Pam Wittkopp, FMC	Chris Simon, IDF
Debbie Iacovino, Davita	Nancy Knight, FMC
Michael Munter, Davita	Carla Abel-Vacula, Davita
Melinda Rusznak, FMC	Donna Reeves, FMC
Kathy Kelly, FMC	Joan Rogers, IDF
Mary Keller, DCA	Leslie Meyers, Davita
Juathawala Harris, Liberty Dialysis	Kimberly Thompson, RAI
Joan Guest, Davita	Karen Lambrech, Amgen
Janice Weber, DCA	

**I. APPROVAL OF October 25, 2007 MINUTES**

The minutes were approved as submitted.

**II. CHAIRMAN'S REPORT**

Dr. Einhorn, the Chairman, was unable to attend the meeting, therefore Dr. Ken Yim chaired the meeting as the Commission's Vice Chair.

**III. EXECUTIVE DIRECTOR'S REPORT**

Mrs. Schwartz welcomed and thanked everyone for attending the meeting. She announced that the Commission has been participating in two workgroups. The Office of Health Care Quality workgroup is working on revising the State licensure regulations. Mrs. Schwartz reported that members from the renal community as well and the Maryland Board of Nursing are included in this group. She noted that the second workgroup is collaborating on acute dialysis service issues with the Maryland Board of Nursing. She noted that the revised CMS regulations are due out in early February 2008.

Mrs. Schwartz reported that the Mid Atlantic Renal Coalition is holding a conference in Linthicum in late February 2008. She encouraged everyone to attend and noted that the meeting will include pertinent subjects including water safety, medical director responsibilities and managing psychiatric patients.

**IV. OLD BUSINESS**

**A. Collaborative Task Force – NKF**

Brenda Falcone, Director of Community and Patient Services at the Maryland Chapter of the National Kidney Foundation, announced that an exploratory meeting has been scheduled for March 26<sup>th</sup>. This meeting will include interested parties from Johns Hopkins, University of Maryland and the Commission to discuss ways to increase awareness of kidney disease.

**B. Nursing Conference Frequently Asked Questions – on Commission website**

Mrs. Adcock reported that the Frequently asked Questions Document generated after the July 2007 Nursing Conference has been mailed to each facility and is posted on the Commission website. She encouraged everyone to assure that the facility staff have reviewed this document.

**C. Transplant Liaison Resource Manual – on Commission website**

Mrs. Adcock noted that the Transplant Committee has formulated a resource manual which was mailed to each facility and is also posted on the website. She reported that this manual is a great resource for the facilities and includes contact information, tissue type procedures, transplant referral and evaluation processes and much more.

**D. KDP Reimbursement Issues**

Mrs. Mooney reported that the KDP and Maryland Medical Assistance payment issue is unchanged. She noted the facilities are not receiving payments from these payers. She noted that she has been in discussions with Ms. Manning and Ms. Nowakowski and has learned that manpower shortages and processes are hindering the payments. She noted that this issue is reaching a crisis in the renal community as there is as much as a two year backlog in payments.

Ms. Manning reported that she had filled one position and has been loaned two staff members to work on reimbursement however there continues to be an “incredible” backlog. She noted that the KDP is continually addressing issues with the electronic system. She also noted that the electronic claims system will only accept a certain number of claims at a time.

Mrs. Schwartz stated that the Commission receives numerous complaints from providers regarding the lack of reimbursement. She requested that KDP and Maryland Medical Assistance draft a letter to be sent to providers to let them know what is happening and assure them that their claims will be paid.

Dr. Taylor stated that he is concerned that this payment issue may affect patient care.

**E. CDC Preliminary Report on Dialysis Deaths by Exsanguinations**

Mrs. Schwartz reported that pathologists from the Medical Examiners’ Office and the CDC are researching dialysis patient deaths by exsanguination. Their preliminary report indicates that Maryland has a higher than average rate of dialysis patient deaths by exsanguination. They have subpoenaed more than 250 patient charts for review. Their preliminary report notes that there have been 24 deaths by exsanguination over the past 6 years and since July 2006, thirteen (13) more cases have been identified. She noted that the researchers visited a dialysis facility in Baltimore as part of their research.

Mrs. Schwartz noted that when this research began last year the Commission and DHMH issued educational information to facilities but it appears that even with education if the patient begins bleeding at home that they are unable to stop the bleeding. She noted that the researchers alleged that the majority of the cases were caused by eroded accesses. She requested that the facilities assure that the clinical nurses are assessing the patients’ access sites, notifying the physician of any abnormalities, assuring the patients are referred to vascular surgeons as appropriate, and document their efforts.

Mrs. Schwartz requested input from the guests. Discussion ensued. Mr. Lessner noted that the access centers will provide inservices for facility staff. Mrs. Schwartz requested that the facilities be proactive regarding this issue and educate patients and staff.

**V. NEW BUSINESS**

**A. Kidney Disease Program**

Ms. Manning presented the KDP budget. She noted that the department is aware that due to the backlog the KDP budget should be approximately \$12 million, not \$8.3 million. She and Ms. Nowakowski reported that the KDP has not realized any savings from patients having Medicare Part D. Ms. Manning noted that there is no danger of bills not being paid from KDP.

**1. Promoting Best Practice**

- Clinical Nurse Responsibilities
- Medical Director Responsibilities

**Mrs. Schwartz noted that in Maryland most facilities are owned by large entities. She reported that while some facilities do very well on surveys others from the same entity do poorly. She noted that responsibility and follow-up are concerns in some facilities. She requested that facilities with successful surveys share their successes with sister facilities so that everyone may reach the same level of excellence.**

**C.Verification of Dialysis Prescription Pre-Treatment**

Mrs. Adcock reported that during surveys she has noticed that there continues to be issues regarding facility staff not assuring that patients are receiving prescribed treatments. She noted that the charge nurse is ultimately responsible to assure patients are receiving prescribed treatments and the facilities are being cited under Staff of a Renal Dialysis Facility when these problems are identified during surveys.

**D.Charlie Narwood Living Donation Act**

Mrs. Pozfsky reported that the Charlie Norwood Living Donation Act has been passed. This bill clarifies that paired transplant of compatible living donors and recipients do not violate the National Organ Transplant Act's prohibition of "valuable consideration" in return for organ donation. She noted that with the passage of this bill UNOS will be able to coordinate paired transplantations.

**E.On-Line CPR Re-certification**

Mrs. Adcock noted that she has been receiving concerns regarding staff renewing their CPR on-line. She reported that she contacted Roy Shaw at ProCPR to discuss their process. Mr. Shaw noted that staff must complete the skills portion to receive the appropriate certification. Clients take the test on-line and do the skill evaluation locally. The evaluation is sent to ProCPR and a CPR card is then issued. The card will contain two signatures, one from the instructor and one from the skills evaluator. Mrs. Adcock requested that the facility managers assure that all staff are appropriately CPR certified.

**F.Governor's Report**

Mrs. Schwartz directed everyone's attention to the Commission's annual Governor's Report that is distributed to the Governor, Secretary, Legislators and libraries. She requested comments on the document.

Mr. Simon commented that on page 6 of the document the KDP portion includes a paragraph that states "Customer service in the area of patient certification continues to meet standards". Mr. Simon questioned whether in light of the payment and staffing issues if it this statement is appropriate.

Ms. Manning maintained that, on average, KDP meets the 45 day patient certification standard.

The Commission agreed that the wording should be changed in light of on-going payment issues.

**F. Citation Free Surveys**

Dr. Yim commended the following facilities for receiving citation free surveys: Davita Southern Maryland and Renal Care Seat Pleasant. Ms Joan Guest , RN, Regional Director, was in the audience representing DaVita Southern Maryland.

**G. Complaints**

Mrs. Schwartz reported that the Commission received and investigated 31 complaints last year. She noted the following types of complaints have been received since the last meeting:

- **Written**
  - Facility complaints against abusive patients
  - Patient complaint regarding being discharged from facility
- **Verbal**
  - Patient complaint regarding being discharged from a facility
  - Facility compliant regarding abusive patient

**H. Commission Approval/Disapproval for KDP Transplant Reimbursement**

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

Hospital	Granted	Refused
Washington Hospital Center	4	0
Georgetown University Hospital	0	0
Inova Fairfax Transplant Center	0	0

**I. Surveys (22)**

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

**Deficiencies**

Compliance with Federal, State and Local Laws and Regulations	0
Governing Body and Management	8
Medical Supervision	1
Long Term Program and Care Plan	7
Patient Rights/Responsibilities	1
Medical Records	10
Physical Environment	12
Transmissible Diseases	0
Reuse	2
Affiliation Agreements	0
Director of Dialysis Center	4
Staff of a Renal Dialysis Facility	9
Minimal Service Requirements	3
Transplant Centers/ Affiliation Agreement	1
Abusive and Dangerous Patients	0

**Mrs. Schwartz noted the large number of Physical Environment citations. She reported that many of these citations include issues surrounding the monitoring of the water samples in the facilities. She requested that each facility appoint a person on-site to follow-up on water sampling results. She noted that in many facilities the biomedical technician is tasked with this duty but may have multiple facility responsibilities and may not be able to immediately follow up on abnormal results.**

**J. Surveys Completed (22)**

The following facilities have been surveyed since the last meeting:

Davita Landover	Davita Rockville
DCA Chesapeake	FMC LaPlata
Davita Chestertown	FMC Anne Arundel
FMC Ft. Foote	Davita Owings Mills
Davita Southern Maryland	FMC Leonardtown
RCP Prince Frederick	FMC Robinwood
Davita Pasadena	DCA Rockville
IDF Parkview	UMMS Dialysis
Davita Aberdeen	Union Memorial Dialysis
Davita Carroll County	Davita Dundalk
Renal Care Seat Pleasant	ARA – Ellicott City

**Percent of Surveyed Facilities Meeting MARC’s Anemia, Adequacy and Fistula First Goals for Hemodialysis Patients**

Mrs. Adcock reported that these results are representative of the surveys completed last quarter.

GO		Q1	Q2	Q3	Q4
AL ANEMIA	Hgb ≥ 11 (85%)	26%	40%	45%	24%
ADEQUACY	URR ≥ 65/Kt/v ≥ 1.2 (90%)	32%	40%	45%	71%
FISTULAS	40%	47%	64%	58%	71%
FISTULAS	50%	35%	36%	21%	53%

**CLOSED SESSION: Pursuant to Maryland State Government Annotated “10-508”, on a motion made by Dr. Kenneth Yim, the Commission unanimously voted to close its meeting on January 31, 2008 at 3:20 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.**