

**MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday July 28, 2005
4201 Patterson Avenue, Room 108-109**

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, April 28, 2005 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, Ms. Tracey Mooney, CPA, Ms. Marianne Andrews, RN and Ms. Margery Pozefsky. 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; Pat Nowakowski, Lisa Kulishek, and Dee Spanos, RN, Medicaid Operations; and Barbara Fagan, OHCQ.

Guests present were:

Pearl Lewis, MPAG	Bill Frederick, Holy Cross
Diane Johnson, GHC	Debora Evans, UMMS
Laura Gearhart, Davita	Eric Thompson, UMMS
Amanda Bayless, GHC	Vanessa Sanders, FMC
Marc Allegro, Good Samaritan	Chris Simon, IDF
Rodney Carter, Union Memorial	Karen Lambrecht, Amgen
Jon Hazman, NSG Services	Brenda Redilla, Amgen
Tanya Crockett, GHC	Towanda Maker, GHC
Brandi Mayberry, GHC	Anne Marie Gregory, FMC
Juathawala Harris, Liberty Dialysis	

I. APPROVAL OF APRIL 28, 2005 MINUTES

The Commission approved the Open Session minutes as submitted.

II. CHAIRMAN'S REPORT

- Transplant Committee

Dr. Fink welcomed everyone to the meeting. He discussed the transplant committee and reported that they had just completed their first teleconference. He noted that his vision for the committee was three fold: To determine elements for the surveyor to investigate during transplant surveys, to work on issues between the transplant centers and the dialysis facilities such as referrals and communication, and to determine grievance channels for patients with transplant issues. He reported that this process will take about a year and encouraged added participation.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz welcomed everyone and asked Ms. Nowakowski to introduce Ms. Kulishek who is the new Director of Beneficiary Services. Mrs. Schwartz introduced Leslie Schulman, Assistant Attorney General, as the Commission Counsel.

Mrs. Schwartz thanked everyone for informing the Commission regarding the impending discharges of abusive patients. She noted that there have been several calls regarding abusive patient discharges. In order for the Commission to evaluate and if appropriate to support such discharges, the facilities are required to submit supporting documentation to justify their request for discharging a patient. Request and approval from the Commission MUST be done before the discharge, NOT post discharge. She reported that many times the facilities do not immediately send the documentation as requested, raising the question of the credibility and timeliness of the documentation. She requested that the facilities reconsider how they approach these volatile situations and document the incidents immediately. Mrs. Schwartz noted that appropriate discharge criteria **COMAR 10.30.01.05 C** must be met before the Commission will consider approving any patient discharges.

IV. OLD BUSINESS

A. Social Work Task Force Update

Mrs. Adcock reported that the current average social work minutes per patient per week are twenty two point five (22.5). Discussion ensued regarding the minutes per patient per week concerning what that number means. Ms. Gregory reported that the number does not include meetings and other responsibilities the social worker may be assigned.

Mrs. Adcock directed the group's attention to the Social Work Recommendations document. This document was created in collaboration with the social work task force. Mrs. Schwartz noted that the Commissioners would discuss this document in the Executive Session and that they may vote to make these recommendations guidelines for social work practice. Ms. Gregory noted that these recommendations would be a resource for new social workers and framework for employers.

B. KDP Formulary Updates (Forsenol/Prosource)

Mrs. Adcock reported that the Commission voted last meeting to add these drugs to the KDP formulary. Mrs. Manning had the drugs added as of April 28, 2005. She noted that they are not listed on the formulary at this time but they are covered.

C. Early Intervention with Potentially Abusive Patients

Mrs. Schwartz discussed the importance of training staff to deal with abusive and dangerous patients and the necessity of early social work intervention.

D. Interpretive Guidance Regarding the Definition of Monitoring

Mrs. Adcock reported that the memo defining monitoring had been mailed to all facility administrators. She noted that facilities that utilize their charge nurse in the 3:1 patient to staff ratio must assure that the nurse is putting the patients on dialysis, monitoring the patients during dialysis and taking those patients off. Mrs. Schwartz stated that the Commission regulations and the Office of Health Care Quality dialysis centers' licensing regulations are identical regarding staffing ratios, thus questionable compliance will be cited and the law will be enforced.

V. NEW BUSINESS

A. Kidney Disease Program- Statistics and Budget

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. Ms. Nowakowski noted that in mid FY 2006 Medicare Part D should decreased KDP pharmaceutical expenditures.

B. Continuity of Care Issues

Ms Schwartz advised all present, that the Commission requests that all facilities institute policies regarding accepting patients back into the facility after hospitalizations.

Another issue is the necessity of a complete and comprehensive discharge summary, and the need to disseminate this information to a dialysis facility. A complaint was filed with OHCC, which stemmed from a patient who had been receiving antibiotics at the hospital but did not receive them at their outpatient dialysis unit and subsequently died. Discussion ensued regarding the difficulty of obtaining discharge summaries, patients not disclosing hospitalizations, care given at hospitals from other nephrologists and other communication issues.

Dr. Fink noted that this is just one example of the need for the electronic medical record. He stated that some patients utilize diaries that they have physicians write a few lines of information regarding their hospitalization.

C. MARC Goals/Recommendations

Mrs. Adcock directed the group's attention to the ESRD Network 5's Goals and Recommendations for 2005-2006. She noted that all facilities should incorporate these goals into their facility's practice.

Dr. Fink reviewed a portion of Network's Annual Report, which discusses and compares data and outcomes for Network 5 and other Networks.
 Ms. Evans reported on UMMS' work to alleviate issues regarding the timely HLA specimen collection for transplant patients.

E. Maryland Patient Advocacy Group- Re: Medicare Part D/Pearl Lewis

Ms. Lewis reported that a seminar for the community would be scheduled regarding Medicare Part D. Effective November 15, 2005, patients may start to sign up for specific pharmacy plans. She encouraged DHMH to participate in this program and specifically report on how Medicare Part D may affect KDP patients.
 Ms. Kulishek noted that she would get back to Ms. Lewis and looks forward to working with her. She reported that DHMH is still trying to determine how Medicare Part D will affect Medicaid and KDP.

Ms. Nowakowski reported that CMS has provided some training for some agencies, and they should have more information in October. She noted that Medicare Part D is a CMS program not a State program and that they are trying to envision all the challenges that it may create.

F. New Certifications

Mrs. Schwartz reported that the following facility has requested and received approval for certification:

- Good Samaritan-Lorien Frankford

G. Facilities Closed

Mrs. Schwartz noted that the Commission has been notified that the following facility has closed on 7/01/05:

- Maryland General Renal Laboratory

Mrs. Schwartz reminded everyone of the importance of notifying the Commission regarding the decision to close a facility, so that the Commission may assure the orderly transfer of patients.

H. Complaints

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

Written

- Hospital complained facility would not re-admit patient
- Physician complained about an abusive patient
- Complaints from facilities regarding abusive patients

Verbal

- Facility complaints about abusive patients

I. Citation Free Surveys

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

Good Samaritan-Cromwell, Davita Baltimore County, IDF Deaton and FMC Waldorf

J. Commission Approval/Disapproval for KDP Transplant Reimbursement

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

Hospital	Granted	Refused
Washington Hospital Center	2	0
Inova Transplant Center @ Fairfax Hosp	0	0
Georgetown University Hospital	0	0
UPMC Health System/Presbyterian	0	0

Mrs. Schwatz noted that the Commission approves KDP out of state transplant on the basis of continuity of care and/or geographic proximity.

K. Surveys (18)

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	4
Medical Supervision	0
Long Term Program and Care Plan	9
Patient Rights/Responsibilities	0
Medical Records	7
Physical Environment	5
Transmissible Diseases	1
Reuse	1
Affiliation Agreements	0
Director of Dialysis Center	0
Staff of a Renal Dialysis Facility	2
Minimal Service Requirements	1
Transplant Centers/ Affiliation Agreement	2
Abusive and Dangerous Patients	0

Mrs. Adcock reported that the increased number of violations regarding Long Term Program and Care Plans and Medical Records continues. She and Mrs. Schwarz encouraged the group to focus on those areas.

L. Surveys Completed (18)

The following facilities have been surveyed since the last meeting:

Good Samaritan-Cromwell	FMC-Hyattsville
IDF Trinity	Holy Cross-Woodmore
Holy Cross Hospital Dialysis	GHC-Pasadena
GHC-Baltimore Geriatric	Davita Cambridge
Davita Easton	GHC – Catonsville
GHC – Silver Spring	Davita Greenspring
GHC – 25 th Street	Davita Baltimore County
Davita Kidney Care Largo	FMC Leonardtown
FMC Waldorf	FMC Greater Baltimore

Mrs. Schwartz thanked everyone for they prompt response regarding submission of plans of correction.

CLOSED SESSION: Pursuant to Maryland State Government Annotated “10-508, on a motion made by Dr. Jeffrey Fink and seconded by Dr. Dean Taylor, the Commission unanimously voted to close its meeting on July 28, 2005 at 3:40 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.