

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MEETING MINUTES
Thursday July 26, 2007
The Conference Center at Sheppard Pratt

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, July 26, 2007 at the Conference Center at Sheppard Pratt in Room 055. The Chairman, Dr. Roland Einhorn called the meeting to order at 2:10 PM. Commission members present were: Drs. Kenneth Yim, Luis Giminez, Jeff Fink, Dean Taylor and Jose Almario and William Frederick, RN, Anne Marie Sullivan and Mrs. 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, Dee Spanos and Pat Nowakowski, Medicaid Operations, Barbara Fagan and Maria Krasnansky, RN, Office of Health Care Quality.

Guests present were:

Donna Atwell, Davita	Carol Miller, Davita
Ivy Simmons, Good Samaritan	Marc Allegro, Good Samaritan
Joan Guest, Davita	Karen Wiseman, RAI
Brenda Falcone, NKF	Kathleen Kelly, FMC
Mary Keller, DCA	Brenda Redilla, Amgen
Maria Mursin, Artificial Kidney	Marie Bomedicus, Artificial Kidney
Elena Balovlenkov, Davita	Debbie Iacovino, Davita
Hilda Lively, Bon Secours	Marion Willis, Bon Secours
Andrene Samuels, Holy Cross	Theresa Butcher, Community Dialysis
Toba Hausner, FMC	Johny Niles, Holy Cross
Jamie McNeill, Davita	Genevieve Murray, Davita
TriDonna Brandford, Davita	Carletta Jackson, Holy Cross
Ehtisham Hamid, Davita	Toni Moore-Duggan, Davita
Naomi Elcock, Ultimate Renal Care	Tara Matthews, Davita
Al Wurm, Davita	Janice Weber, DCA

I. APPROVAL OF April 26, 2007 MINUTES

The minutes were approved as submitted.

II. CHAIRMAN'S REPORT

Dr. Einhorn welcomed everyone to the meeting. He stated that he hoped that the morning's nursing conference was successful in reviewing the nurses' responsibilities in the dialysis setting. He noted that the three regulatory bodies, the Kidney Commission, Office of Health Care Quality (OHCQ) and the Board of Nursing (BON) are working collegially and collaboratively to address these issues. He noted that these entities have a responsibility to the patients' needs and also the needs of the public.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz thanked everyone for attending today's conference and the Commission meeting. She noted that Barbara Newman from the BON had agreed to stay to answer any further questions and that questions could be submitted in writing to the Commission. A formal document would be disseminated at a later date.

Ms. Newman noted that there was a great turnout for today's nursing conference. She hoped that this meeting will drive dialogue in the future.

Kathy Kelly, FMC questioned when the CAN-DT could practice independently. Ms. Newman answered that the CNA-DT could practice independently when their certification information validated on the BON's website.

Donna Atwell, Davita asked if the BON would consider expanding the role of the LPN in the dialysis facilities to support the role of the RNs. Ms. Newman stated that there could be more dialogue about expanding the LPNs role and that the types of assistance that could be allowed would have to be identified. She noted the BON allows the LPN to administer IV push medications in the dialysis facilities but that other states do not allow this practice.

IV. OLD BUSINESS

A. Charge Nurse Responsibilities

No further discussion on this subject.

B. Nursing Practice Issues

- **CNA-DT Training Records**

This topic was not discussed.

V. NEW BUSINESS

A. Kidney Disease Program

- **Statistics and Budget**

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

She reported that 3.7 million dollars have been encumbered for 2007 services for the 2008 budget and that they were working to get all bills paid.

B. Protocols for Managing Disruptive Patients

Anne-Marie Sullivan, LCSW-C, reported that the Commission has been in receipt of multiple complaints from facilities requesting permission to discharge violent and disruptive patients. She noted that the documentation submitted by the facilities is often missing a "trail". She noted that the Commission wants to protect the patient and facility staff. She suggested that the facility staff identify and refer the abusive patients early, utilize their social work services appropriately, begin documentation to address patient needs as soon as they arise, and start a true paper trail of issues that exist. Ms. Sullivan noted that the Commission is looking to assure that the facility is referring these patients for appropriate services, utilizing behavioral contracts and involving the families.

Toba Hausner, FMC questioned whether a facility had an obligation to accept a patient who had been discharged against their will from another facility. Ms. Sullivan noted that there is no obligation for facilities to accept patients who have been discharged from another facility however that facilities could be creative in accepting these patients by setting up treatment plans and requiring psychiatric consultation and care for these types of patients.

Dr. Einhorn noted that once these patients are discharge they become "tainted" after being discharged for abusive and violent behavior and that many times other facilities will not admit them.

C. Improving Patient Compliance

Tara Matthews, LPN, Davita presented tips for improving compliance among patients that "no show" for treatment. She discussed her facility's accomplishment of decreasing their no show rate from 8% to 4% by offering monthly support groups, assisting patients to make appointments including appointments to behavioral and drug counseling clinics, calling the "no show" patients the day before to encourage them to come for treatment, offering patient mentors that encourage patients to come for treatments, provide a fun environment by playing games during treatment, rewarding patients for meeting goals and offering reading materials including popular magazines.

D. Proposed Collaborative Task Force (CKD+NKF) Early Identification of Individuals with CKD

Brenda Falcone, Director of Community and Patient Services for the NKF of Maryland, discussed forming a task force to explore ways to identify patients at risk for renal failure early and provide early diagnosis of end stage renal disease. She noted that the NKF would like to partner with the Commission in this endeavor and that a meeting has been scheduled for September 27th and all interested in attending and working on the task force should let her know if they can attend.

E. Transplant Symposium

Mrs. Adcock reminded everyone that the 2nd Annual Transplant Symposium is scheduled for September 18th at the UMBC Technology Center.

Mrs. Schwartz noted that the Commission has been working collaboratively with the transplant centers on this program that is designed to provide education and develop relationships between the transplant centers and the dialysis facilities. Registration forms will be mailed in the near future.

F. Complaints

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

- Written
 - Complaint that the facility's RN left the facility while patients were being treated
 - Complaints regarding dangerous and abusive patients
 - Complaint regarding the air quality at a facility
 - Complaint regarding patient not taking off enough weight during treatment

- Verbal
 - Complaints regarding facility staffing
 - Complaint regarding the facility's temperature
 - Complaint regarding the facility's lack of air-conditioning and properly functioning scale
 - Complaint regarding a facility not assisting a patient to transfer to another facility
 - Complaint regarding unprofessional behavior at a facility

G. New Facilities

Mrs. Schwartz reported that the following facilities have been certified by the Commission since last meeting:

Davita – Seton Drive

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

I. Surveys (19)

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

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	1
Governing Body and Management	7
Medical Supervision	0
Long Term Program and Care Plan	11
Patient Rights/Responsibilities	2
Medical Records	7
Physical Environment	8
Transmissible Diseases	2
Reuse	1
Affiliation Agreements	0
Director of Dialysis Center	0
Staff of a Renal Dialysis Facility	10
Minimal Service Requirements	3
Transplant Centers/ Affiliation Agreement	0
Abusive and Dangerous Patients	0

J. Surveys Completed (19)

The following facilities have been surveyed since the last meeting:

- | | |
|-------------------------------|----------------------------------|
| Deer's Head Hospital Dialysis | FMC – Salisbury |
| Davita Cottage City | Davita Elk River |
| UMMS Transplant | JHH Transplant |
| Davita Rivertowne | Good Samaritan Dialysis |
| FMC White Marsh | FMC Rockville |
| Johns Hopkins Harriet Lane | FMC Washington |
| Davita North Rolling Road | Davita Bertha Sirk |
| Davita Whitesquare | RAI – Oxon Hill |
| Davita Wheaton | Good Samaritan – Harford Gardens |
| Davita Falls Road | |

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

GOAL		Q1	Q2	Q3	Q4
ANEMIA	Hgb \geq 11 (85%)	26%	40%		
ADEQUACY	URR \geq 65/Kt/v \geq 1.2 (90%)	32%	40%		
FISTULAS	40%	47%	64%		
FISTULAS	50%	35%	36%		

Mrs. Adcock reported that these results are representative of the surveys completed last quarter. She noted that the anemia results may be lower because some of the Medical Directors at surveyed facilities report they are being cognizant of the black box warnings issued regarding Erythropoietin Stimulating Agents (ESA). Some physicians are not as aggressive with ESA dosing as in the past.

The group discussed issues surrounding barriers to achieving larger percentages of patients with fistulas including patients living longer on dialysis, patients with exhausted access sites, co-morbid conditions and lack of surgical expertise in some areas.

Dr. Taylor questioned how Maryland facilities compare with other Network 5 facilities. Mrs. Adcock stated she would research this information and report at the next meeting.

CLOSED SESSION: Pursuant to Maryland State Government Annotated "10-508", on a motion made by Dr. Roland Einhorn, the Commission unanimously voted to close its meeting on July 26, 2007 at 3:05 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.