

**MARYLAND COMMISSION ON KIDNEY DISEASE**  
**Thursday July 16, 2015**  
**4201 Patterson Avenue**  
**Room 110**  
**PUBLIC SESSION MEETING MINUTES**

The Public Meeting of the Commission on Kidney Disease was held on Thursday, April 16, 2015 at 4201 Patterson Avenue. Commissioner Dr. Bernard Jaar called the meeting to order at 2:11 P.M. Commissioners' Dr. Paul Light, Dr. Edward Kraus, Henita Schiff were also present.

Commission staff present: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor.

Commission Counsel present: Leslie Schulman, AAG

DHMH staff present: Roslyn Tyson, RN, OHCQ Program Manager

**Guests present were:**

Jonathan Hazman-HDOM

Amy Pryor- Western MD Hospital

Kristen Neville- DHMH

Pam Earll-Davita

Johny Niles-Holy Cross

Gloria Pittman-ARA

Michael Przywara- NxStage

Mary Abel- Western MD Hospital

Kimberly Morgan-BSH Renal

Jody Davis-Charing Cross

Heather Weirich-IDF

**I. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF  
April 23, 2015**

Dr. Light motioned to approve the Public Minutes from the April 23, 2015 session. Dr. Kraus seconded the motion and the Commission voted unanimously to approve the Minutes of the April 23, 2015 Public Session.

**II. CHAIRMAN'S REPORT**

Dr. Jaar discussed the hospitalization readmission ratio which is a CMS Quality Incentive Program (QIP) measure for 2017. He reported that the 30 day readmission performance measure began January 1, 2015 and will affect facility payments in 2017. Dr. Jaar noted that facilities can reduce patient hospital readmission when patients return from a hospitalization by: reassessing patients dry weights; performing medication reconciliation; obtaining and reviewing hospital discharge summaries; assisting the patients to follow up with discharge plans; and continuing prescribed antibiotics. Discussion ensued.

**III. EXECUTIVE DIRECTOR'S REPORT**

Mrs. Schwartz reported on the status of Commission appointments. She noted that Commissioners that have served their terms will continue to serve until their replacements are appointed. Four or five new appointments are anticipated. Several individuals have been vetted and are waiting for appointment at the discretion of the Governor.

**IV. OLD BUSINESS**

- **Request to update the KDP List of Commonly Prescribed Medications**

Dr. Kraus will head this sub-committee which has been on hold since last meeting. He hopes to populate the sub-committee with volunteers from the University of Maryland School of Pharmacy and nephrologists who will review the KDP formulary and make recommendations.

**V. NEW BUSINESS**

**A. Kidney Disease Program - Carol Manning**

- **Stats and Budget**

In the absence of Ms. Manning, Mrs. Schwartz reported that the KDP fund balance for FY 2015 ended with a \$1.3 million deficit. She noted that the budget has been adjusted with a fund transfer; all bills have been paid; and the budget appears to be in good shape.

**B. ICH - CAHPS Survey**

Mrs. Adcock directed the group's attention to the attached ICH-CAHPS survey questions. She noted that CMS will begin reporting facility survey results on the Dialysis Facility Compare website in the future. CMS will provide facilities with its survey results for review before they are publicly reported. Discussion ensued. Ms. Morgan noted that some patients have been receiving survey phone calls which are a challenge as a number of patients change phone numbers without notifying the facility and may not answer unknown caller calls.

**C. Requirement for Reporting Involuntary Discharges**

Mrs. Adcock reported that the Network held a webinar on the new Involuntary Discharge Packet in June. Facilities are required by the Network to submit the packet information prior to patient discharge. The webinar is available on the Network's website. Discussion ensued. The Commission will discuss endorsement of the packet in order to standardize involuntary patient discharge requests at the October Commission meeting.

**D. CMS Proposal for 2017 Quality Incentive Program**

Mrs. Adcock noted that CMS has proposed an update to the Quality Incentive Program (QIP). For the 2017 ESRD QIP, CMS has proposed changes to tracking the flu vaccine and a new measure for evaluating dialysis adequacy. Comments on the proposed changes are due to CMS by August 25, 2015.

**E. Network Update**

Mrs. Adcock stated that the Network provides the Commission with a quarterly update. The update reviews grievances, involuntary discharges, failure to place, patient engagement activities, healthcare associated infections, and their new transplant referral initiative. The update also reviews Crownweb closure dates and continuing education opportunities. The MARC Fall Council Meeting will be held on 10/22/2015. The report was included as an attachment and was also emailed to the Commission's email group.

**F. Change of October Commission Meeting Date to October 15, 2015**

Dr. Jaar reminded the group that the October meeting date has been changed.

**G. Citation Free Surveys**

Dr. Jaar congratulated the following facilities for achieving citation free surveys:

- Deer's Head
- Davita Berlin
- Davita Geri Center
- Holy Cross
- IDF Chestnut

**H. Non-Renewed Facility**

Mrs. Adcock reported that FMC Springbrook did not renew its Commission certification. Uncertified facilities and their patients are not eligible for KDP benefits.

**I. Categories of Complaints**

Dr. Jaar reviewed the following types of complaints received by the Commission since the last Commission meeting:

- **Verbal**
  - Case worker complaint regarding placement of a patient in outpatient dialysis facility
  - Patient complaint regarding inability to transfer to another facility
  - Hospital complaint regarding outpatient facility not accepting patient back into the unit after hospitalization
  - Advocate complaints regarding patient treatment at facilities

- **Written**
  - Facility complaints regarding threatening patients
  - Patient complaint regarding physician/facility discharge

**J. Commission Approval/Disapproval for KDP Out of State Transplant Reimbursement**

Dr. Jaar noted that in the past quarter, the following hospitals have requested and been granted out of state transplant approvals:

Hospital	Granted	Refused
Christiana Hospital	1	0
Georgetown University Hospital	8	0

**K. Surveys (20)**

**Citations**

Compliance with Federal, State and Local Laws and Regulations	0
Infection Control	11
Water and Dialysate Quality	2
Reuse of Hemodialyzers/Bloodlines	2
Physical Environment	1
Patient Rights	0
Patient Assessment	2
Patient Plans of Care	3
Care at Home	0
Quality Assessment and Performance Improvement	1
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	11
Responsibilities of the Medical Director	0
Medical Records	2
Governance	2

For informational purposes, the Commission shared the results of their survey findings Deficiency Report for the past quarter. Discussion ensued.

**K. Surveys Completed**

The following facilities have been surveyed since the last meeting:

FMC Annapolis	Davita Cambridge
Davita Easton	Advanced Easton
Davita Laurel	FMC Pikesville
Deer's Head	Davita Berlin
FMC S. Salisbury	Davita Harbor
Davita 25 <sup>th</sup> Street	DSI Clinton
Davita Geri Center	ARA Adelphi
Davita Cedar Lane	Holy Cross
IDF Chestnut	Davita Kidney Home
Davita Lakeside	FMC Whitemarsh

**Late Agenda Item Addition – Hospitalized Patients: Inability to Place in Outpatient Dialysis Facility**

Dr. Jaar reported that a University of Maryland Medical Center caseworker sent a letter to Chairman Gimenez requesting a meeting to discuss two complex patients who have not been able to access community dialysis. Discussion ensued. Dr. Light noted that facilities should not be mandated to accept complex disruptive patients that they cannot handle. He pointed out that facilities do not have the resources to manage these types of patients, and recommended that certain patients with mental disorders should be dialyzed within a psychiatric facility or be brought to an outpatient facility with a psychiatric aide. Ms. Morgan reported that Bon Secours has accepted some of patients who have been difficult to place. She noted that at times they are not as disruptive as they appear on paper. The Commission will revisit this issue at its next Public Session.

**There being no further public business, upon motion made by Commissioner Schiff and seconded by Commissioner Kraus, the Commission unanimously voted to adjourn the Public Session 3:30 pm.**