MARYLAND COMMISSION ON KIDNEY DISEASE

THE CONNECTION

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MESSAGE FROM THE CHAIRMAN

You are probably aware of the recent report by the CDC extolling the impressive reduction achieved in the incidence and mortality of catheter related infections in the ICU setting. The same report stated that catheter related infections remains a significant problem for the hemodialysis population, as the rate of use of central venous catheters among patients beginning dialysis remain unacceptably high.

According to CDC estimates, 37,000 of central- line associated blood stream infections may have occurred in hemodialysis patients in 2008, making infection one of the leading hospitalization causes in dialysis patients.

When reviewing the results of our periodic surveys of dialysis facilities, infection control issues are the most common cause of deficiency citations. This has triggered the need to make infection control and prevention a major focus of the Maryland Kidney Commission for the foreseeable future. I am sure all of you agree, by addressing this problem we are likely to make a sizeable difference in reducing infection associated morbidity and mortality among our hemodialysis patients, and thereby improve their quality of life by making hemodialysis a safer procedure.

In my view, this problem can be seen as having two components we must address: first, we must reduce the incident and prevalent use of hemodialysis catheters, and second, in the dialysis unit, we must rigorously adhere to the recommended infection control guidelines.

Over the next several months we will be sponsoring a one day seminar to review this problem, and we will be also working with the Office of the Secretary of Health to help us bring this issue to the forefront in our role as custodians of the quality of care for our patients with ESRD.

I would like to invite all of you to collaborate with the Kidney Commission and State Health authorities to join us in this worthy endeavor.— ***Luis Gimenez, MD***

COMMISSION MEETINGS

The Commission on Kidney Disease will be meeting on the following dates in 2010:

April 21, 2011

July 28, 2011

October 27, 2011

The Commission meets at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Open Session of the meeting begins at 2:00pm and is open to the public. For further information regarding these meetings, please contact the Commission office at (410) 764 - 4799.

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COMMISSION NEWS

CITATION FREE SURVEYS

The Commission is commending the following citation free facilities:

- WellBound Frederick
- Good Samaritan Hospital Dialysis
- Johns Hopkins Transplant Center
- Good Samaritan @ Lorien Frankford

It is an achievable goal, and should also be the goal of each facility.

CONGRATULATIONS !

FACILITIES APPLYING FOR CERTIFICATION

The following facilities have applied for certification with the Commission, for KDP reimbursement purposes:

- Davita—Claverton
- Advanced Dialysis—Easton
- RAI—Clinton

The above stated facilities have been certified and are in good standing with the Commission.

FALL SEMINAR

The Commission is planning a Fall Seminar which will focus on ***Infection Control*** issues in the dialysis facilities and medical director responsibilities. More information about the seminar will be forthcoming.

BOARD OF NURSING NEWS

Representatives from the Maryland Board of Nursing are working with a committee of representative from the renal care community to update the CNA-DT curriculum and examination. The committee has been meeting regularly and hopes to finalize the examination in the next month or so. The weather has been somewhat challenging, so they have had to canceled some meetings. Interested individuals should check the Board's webpage for notices or activities relative to the CNA-DT by going to the webpage, www.mbon.org and clicking on public meetings.

In addition to the examination, the committee will be looking at the possibility of drafting regulations just for the CNA-DT as that is a population that seems to be rather unique and may need to be separated out from the larger CNA population. This is a tentative plan for the future.

COMMISSION WEBSITE

www.mdckd.org

Find the latest Commission information: meeting dates, new facility information, complaint forms, regulations, Governor's report and past and current newsletters.

KIDNEY DISEASE PROGRAM

The Kidney Disease Program (KDP) has developed a website with information and updates relative to the Program. The address of this website is http://www.dhmh.state.md.us/healthcare/medhealthins.htm. This website includes helpful information, such as: KDP Notices of updates/changes, Information Resources, Web Links, Phone Numbers, E-Mail Address for Questions about KDP, Billing Instructions, KDP COMAR Regulations and the KDP Drug Formulary. This website will undergo continuing development in an effort to provide the renal community with the most up to date information available in regards to the Kidney Disease Program. Enhancements and system developments to the KDP electronic claims management system (eCMS) and the ACS pharmacy point-of-sale system (POS) continue in an effort to provide more efficient and timelier processing of claims. These systems continue to allow KDP to accept and return HIPAA compliant transactions from Medicare trading partners and all participating providers.

In addition, ESRD providers of service now have access to the KDP Portal. This portal allows providers to check on claims' status and view detailed payment information, which includes, check numbers, check dates and voucher numbers. This information assists providers in maintaining an accurate and up to date accounts receivable system and minimizes duplicate billing.

Customer service in the area of patient certification continues to improve. KDP personnel strive to assist KDP recipients, in processing applications as quickly and efficiently as possible and provide education to members of the renal community to assist them in receiving the most accurate information possible.

USE OF PATIENT BEHAVIORAL AGREEMENTS

As healthcare workers, we have certain legal, ethical and human responsibilities that can be neglected when dealing with challenging patients. "Contracting" with patients has been practiced for a number of years as a way to attempt to change or control nonadherent and disruptive behaviors. The involvement of corporate legal departments in the creation of these documents, has led to the inclusion of legal and punitive jargon that ultimately renders an ultimatum to the patient. Should we be surprised when patients who are asked to sign these contracts become defensive or refuse to sign? Are we not potentially provoking the patient and inviting an escalation of angry/aggressive behavior?

The word "contract" has a negative connotation. In recent years, the recommended approach has changed to the use of "behavior agreements" where two or more parties outline the expectations of all parties involved to reach the agreement goal. The agreement is two-way in that all parties involved agree to the changes to be made by each participating party. The document should be as brief and to the point as possible. It is important to ensure that the patient is able to accomplish the expectation of the agreement. It should be written in positive, expected terms such as, "Patient will ask for requests in a conversational tone and respectful manner." The document should be drawn up with success in mind as the objective, not punitiveness. Goals should be reachable and concrete (measurable, if possible). Be clear -- if it is decided that the patient gets one warning if he/she becomes verbally abusive and if it happens again is taken off for the day, then state it. And then reinforce it consistently over time and across staff. Additionally, a balance should be maintained so that for each responsibility the patient is deemed to have, the next item should be a responsibility of the facility staff. For example, if the patient is agreeing to express his/her concerns by speaking directly with the social worker or the facility administrator (vs. yelling at the PCT or nurses on the floor), then that should be put as an item; the next item would say that the social worker and the facility administrator agree to check in with the patient at least once per week on different days to hear any concerns the patient might have.

Agreements should be time limited; no more than six months for a behavioral agreement is recommended. Agreements should be reviewed on a scheduled basis (at least monthly up to 3 months and then quarterly) to determine progress or barriers. This keeps it fresh and at the top of the patient's mind and the teams' collective mind instead of the agreement being stashed in the medical chart somewhere and then pulled out a year later when the patient has long passed pushed the limits and surpassed what was agreed upon. Once goals are met, the agreement can be retired. Renegotiations should occur when expectations or goals are not being met to explore ways to resolve this and to identify the changes that all parties need to make to accomplish the goal of the agreement. Thorough documentation of all steps taken to resolve the situation must be completed.

AN AGREEMENT SHOULD NEVER BE USED FOR THE PURPOSE OF TERMINATING A PATIENT. Keep in mind that termination of dialysis services should be the last resort in resolving a situation. It is imperative that all possible interventions be explored before the facility takes steps towards discharging the patient. The Network collaborates with state survey agencies on facility decisions to involuntarily discharge patients and facilities should be prepared to share documentation demonstrating a good faith effort to resolve problematic issues with patients.

Managing difficult patient behaviors is a team effort. Staff should be instructed regarding best practices for interacting with particularly disruptive individuals and empowered with information that reinforces the value of communicating with administration and one another when managing challenging patient situations. Education should be provided about boundaries, professionalism and skill building (teaching empathic responding and active listening vs. reactive responding such as challenging, arguing, inciting, and provoking). (Visit http://esrdnet5.org/resources.asp for staff training resources and involuntary discharge guidelines.) Network staff is available to provide resources and feedback regarding the management of difficult patient situations. Call Renée Bova-Collis at 804-794-3757 or email rbovacollis@nw5.esrd.net.

NKF KEY SCREENINGS

As part of NKF-MD's mission of early detection and early intervention, The **National Kidney Foundation of Maryland** (NKF-MD) will hold several free KEY (Kidneys: Evaluate Yours) health screenings this year.

KEY screenings identify early markers for high blood pressure, diabetes and kidney disease. Appointments are not needed and any adult can participate. Lasting about 20 minutes, the screening includes a blood test, as well as blood pressure and weight checks.

One out of every nine Americans has or will develop chronic kidney disease, and most affected do not realize it until the condition

has progressed. In fact, 200 of the 600 people screened last year by NKF-MD demonstrated significant results.

NKF of MD is appreciative of all offers.

NKF of MD is appreciative of all offers to help staff the screenings and any assistance in spreading the word about scheduled screenings. Please direct questions to Brenda Falcone, Director of Community & Patient Services at:

bfalcone@kidneymd.org.

For more information and a complete schedule, visit **www.kidneymd.org**.

MARYLAND COMMISSION ON KIDNEY DISEASE

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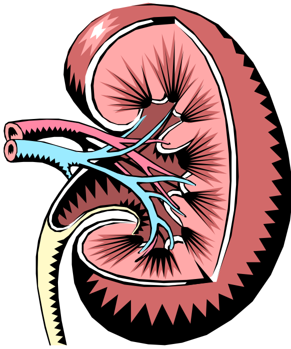

WE ARE ON THE WEB

HTTP://WWW.MDCKD.ORG

Kidney Transplant Evaluation: When to refer a Patient for Renal Transplantation

Deciding when a patient should be referred for transplantation can be challenging. As you know, all patients diagnosed with renal failure are dealing with a unique set of problems both medically and psychosocially. Some patients find the idea of organ transplantation extremely overwhelming and rely on the guidance from the transplant liaison at their respective dialysis unit for direction and support.

Every patient who is on dialysis should consider renal transplantation. It is important to discuss the option of transplantation with all patients and provide them with the necessary resources should they wish to purse this line of care. Traditional barriers such as age, history of cancers, HIV status, Hepatitis C, etc. are no longer absolute barriers and are dealt with on an individualized basis. It is important to maintain an open working relationship with the faculty/staff at the transplant center. Good communication between the dialysis unit and the transplant center will ensure that patients are given the best experience possible.

The process from referral to evaluation to addition to the kidney waitlist, to transplantation takes time. There is a great deal of testing, assessment, insurance coordination and other work required to determine if a patient is in fact a candidate for transplantation. Encouraging your patients to start the process early, and to keep in communication with the transplant center nurse coordinator, can only be beneficial to ensuring that this process goes smoothly. transplant than if they decide to stay on dialysis. Secondly, an individual's quality of life can dramatically improve with transplantation. Patients can gain back the freedom and independence they once had before dialysis.

While the process from referral to evaluation can be arduous for both the patient and transplant liaison, it is very important that all patients are given the chance to explore this option. Organ transplantation is a very serious procedure but the benefits far outweigh the risks. Take the time to highlight the benefits of organ transplantation and encourage your patients to see if transplantation is right for them. Please feel free to contact the Johns Hopkins Hospital 410-614-5700 or the University of Maryland Medical Center 410-328-5408 for additional information about transplantation or to refer a patient for transplant evaluation.

— Amy Morris,
JHH Transplant Outreach Coordinator

FIVE KIDNEY WALK EVENTS THROUGHOUT MARYLAND & DELAWARE

The **National Kidney Foundation of Maryland (NKF-MD)** will hold its signature 2011 Kidney Walk events this spring, presented by the Charles T. Bauer Foundation. Kidney Walk is a fun, inspiring, community fundraiser which calls attention to the prevention of kidney disease and the need for organ donation. It provides an opportunity for patients, family, friends and businesses to come together to support the millions of Americans with chronic kidney disease. Each walk is 1.5 to 3 miles in length and will feature refreshments, entertainment and activities for the whole family. Funds raised through Kidney Walk will directly support NKF-MD's patient services, education and research efforts. The first Walk will be held at Killens Pond State Park in Felton, DE, Sunday, April 10th. On Sunday May 1st, two walks are scheduled: one at the Maryland Zoo in Baltimore and the other at Winterplace Park, in Salisbury, MD. The Western Maryland Walk will occur at Greenbrier State Park, in Boonsboro, MD, Sunday May 15th. The final Walk will be at Quiet Waters Park in Annapolis, MD, Sunday June 5th.

To pre-register or receive information about sponsorship or volunteer opportunities, call **410-494-8545** or visit **www.kidneymd.org**