Maryland Commission on Kidney Disease

The Connection

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MESSAGE FROM THE CHAIRMAN

Since my last communication to you, I am pleased to report that a pilot study looking at catheter related infections in hemodialysis patients is well under way in Maryland.

This study is a collaborative effort between The Johns Hopkins Armstrong Institute for Patient Safety and Quality under the leadership of Peter Pronovos, M.D. and Davita. It is anticipated that we will receive some preliminary data from this endeavor within the next year. We also want to thank the Secretary of Health, Joshua Sharfstein, M.D., for his unwavering support in this endeavor and for recognizing it to be a high priority item for improving the health, safety and quality of care in the provision of dialysis services in the state of Maryland.

We have also been in touch with the State leadership at DHMH and the Maryland Department of Environment (MDE) to address significant water quality concerns brought to the forefront during the aftermath of Tropical Storm Irene when water suppliers "shocked" the water supply with an excess of chlorine to "bring it back into EPA compliance," but did not communicate the change in water quality to the dialysis community. Pursuant to MDE requirements, water suppliers are only mandated to report water quality that fails to meet EPA standards, but EPA standards are only designed to protect the public health based on oral ingestion of the general population. The Commission believes that this current requirement is not adequate to protect the unique needs of the chronic dialysis population, whose exposure to water contaminates is several hundred-fold higher than the general population. To assure that the health and welfare of the State's vulnerable dialysis patients are not compromised, we are working closely with these state agencies to recommend guidelines and policies that will protect both our dialysis patients and the general population during these emergencies. We will continue to keep the community up to date at the Maryland Kidney Disease Commission meetings.

Bundling for dialysis payments is also well under way and we are all experiencing the logistic and financial problems associated with the implementation of the new guidelines. However, I believe that, at the end of the day, bundling will result in a more efficient and cost effective dialysis delivery for our patients without sacrificing quality of care.

As a final reminder, please keep working with us and let us know how we can help in addressing infection control issues and water quality in our dialysis centers. These two items continue to be high in the list of the most cited deficiencies during surveys of dialysis facilities.

Luis Gimenez M.D.

COMMISSION MEETINGS

The Commission on Kidney Disease will meet on the following dates in 2012:

April 26, 2012

July 26, 2012

October 25, 2012

The Commission meets at the Department of Health and Mental Hygiene, 4201 Patterson Avenue Baltimore, MD 21215. The Public 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:

- University of Maryland Transplant Center
- Johns Hopkins Hospital Transplant Center

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

CONGRATULATIONS !

SURVEY TIPS

During surveys the surveyors often cite the same violations again and again. Here are a couple of hints help your facility achieve a citation free survey:

Infection Control:

Always dispose of or disinfect items taken into the patient's dialysis station. This includes disinfection of items that stay in the station such as monitors and things hanging from the dialysis machine's IV pole. Clamps must be soaked between treatments and prime buckets must be disinfected when the dialysis machine is being cleaned. Items should not be stored in the dialysis machine's basket. Be sure to disinfect the blood pressure cuff , remote and TV. Remember any item taken

into the patient's station could become contaminated and serve as a vehicle of transmission to other patients.

Personnel Qualification/Staffing:

This area is often cited during the survey if it appears that the Nurse In Charge of Nursing Services is not providing oversight. For example many times while reviewing treatment sheets we find that patients are discharged above or below their ordered dry weight, blood pressures and heart rates are abnormal, dialysis prescriptions are not followed and interventions are taken by non-licensed staff without any documentation from licensed staff. Staff are not documenting why prescriptions are not followed or if the nurses have been made aware of the prescription changes. Nurses are not documenting their assessment of the patient in regards to abnormal findings and interventions implemented.
Consider these tips in your very busy daily schedule. Protect the patients from cross contamination and remember – if it wasn't documented it wasn't done!

FACILITIES APPLYING FOR CERTIFICATION

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

- ARA Universal
- FMC N. Salisbury
- Davita Forest Landing

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

COMMISSION WEBSITE

www.dhmh.maryland.gov/mdckd

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

NKF: NATIONAL KIDNEY MONTH

The National Kidney Foundation of Maryland encourages everyone to become aware of the risk factors for Chronic Kidney Disease

"It is extremely important for every individual to understand what their chances are of developing chronic kidney disease. Those at high risk should get evaluated and discuss chronic kidney disease with their doctor. When risk factors are identified and addressed early, chronic kidney disease can often be prevented." ,(Deidra Crews, MD, ScM, FASN- NKF-MD volunteer physician and assistant professor of medicine with the Johns Hopkins University School of Medicine Division of Nephrology.)

24 million Americans have chronic kidney disease and most don't know it. People with diabetes, high blood pressure or a family history of these conditions are at great risk along with African Americans, Latinos, Asians, Native Americans and the elderly! The NKF of Maryland offers free community health screenings that are available to all adults at no cost. The current schedule and updates are seen at: www.kidneymd.org.

National Kidney Foundation® of MARYLAND

Living Kidney Donation: What You Need to Know

Living donors have helped meet the desperate needs of many transplant patients who have endured long waits for deceased donor kidneys. Unfortunately, the number of people waiting for a transplant still far exceeds the number of donors. While transplant centers are constantly developing new ideas to help close this gap, conversations and education with individuals currently awaiting transplantation and their family members regarding living kidney donation are essential.

There are many advantages to receiving a transplant with a kidney from a living-donor. Foremost, is the recipient's ability to be transplanted sooner than they would if they were awaiting a deceased donor organ. As you know, individual with renal failure have limited options. They can rely on dialysis machines or have their name placed on the transplant waiting list. Dialysis can result in long-term health issues. It is time-consuming and limits a person's family and work life. Transplantation is the preferred option for most patients. Unlike a deceased donor transplant, the living-donor transplant can be planned ahead of time when the recipient is in better health. Most important of all, the long-term survival rates of living donor transplants are higher. On average, a transplant with a kidney from a living donor lasts about twice as long as a transplant with a deceased donor kidney. There is one more, very important advantage to living donation – using a living donor organ frees up a precious deceased donor kidney for someone else who doesn't have a living donor.

Individuals who have previously been told that they could not receive a living donor kidney due to factors such as blood-type incompatibility or sensitization against the donor from a previous transplant, pregnancy, or blood transfusions, now have more options than ever when it comes to living donor transplantation. Blood type incompatibility can be treated with a process called plasmapheresis which removes antibodies from the recipient's blood that may be harmful to the donor kidney. Individuals with blood type incompatible donors may also participate in a paired kidney exchange program which matches recipient and living donor pairs who have like blood types. This program allows for two people to be transplanted at once. Highly sensitized patients develop antibodies in their blood that can cause rejection of the transplanted kidney. Through the highly sensitized patient protocol, the recipient's blood is cleansed of these antibodies with plasmapheresis. The long-term outcomes from this procedure have been very good and patients who receive it double their survival compared to those who remind on the waitlist.

Thanks to the many options available to people considering kidney donation, the number of people interested in becoming a living kidney donor has been increasing. Please contact The Johns Hopkins Hospital Living Kidney Donor hotline at 443-287-0134 or the University Maryland Medical Center at 410-328-5408 for additional information about living kidney donation and transplantation.

Amy S. Morris
JHH Transplant Outreach Coordinator

KIDNEY DISEASE PROGRAM

The Kidney Disease Program (KDP) developed a website with information and updates relative to the Program. The address of this website is: mmcp.dhmh.maryland.gov/familyplanning/SitePages/kidneydisease.aspx.
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. The website to gain access to the KDP portal is www.dhmheclaims.org. 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. In addition, providers of service may access up to date eligibility information for all ESRD patients certified with the Kidney Disease Program of MD.
The Kidney Disease Program COMAR 10.20.01 regulations have been revised. Revision to these regulations has aligned KDP with Maryland Medicaid regulations and now provides consistency.

The Kidney Disease Program has developed and implemented the new industry standard requirements for all pharmacy point-of-sale transactions in December 2011.

Carol Manning, Chief KDP

MARYLAND COMMISSION ON KIDNEY DISEASE

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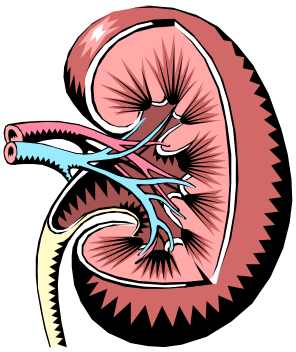

WE ARE ON THE WEB

http://www.dhmh.maryland.gov/mdckd/

HOW CAN WE HELP?

Over this past year we have seen various programs and/or services for our patients eliminated or resources reduced. Where patients were once eligible for patient assistance programs we are finding that the programs no longer exist or a ceiling may have been place on them temporarily. This is very frustrating especially when you refer a patient to a program, that you recently referred another patient, to find out the program requirements have changed or the program is no longer available to assist patients. It is at this time we begin to question ourselves "can we still help" or 'how can we help" particularly when it appears that there is no help available.
I often find help in sharing my concerns and thoughts with others. Good old "social networking". We do this almost daily with our colleagues, co-workers, and friends. Let's begin or continue to expand this network to informing one another of the changes we find with patient programs. I referred a patient to a program in the summer which they were approved for; however, in December the funding was changed and the availability of the product was very limited. Now this same program has a ceiling until further notice. I am speaking of the Abbott Assistance Program for NEPRO Supplement. Hopefully the ceiling will be lifted soon and our patients will be able to benefit from the program once again. Changes can occur to a program or service from month to month but we need to be aware of these changes when we refer our patients. Many of us are a part of our local and national Council of Nephrology Social Workers' (CNSW) "listserv"where we receive a great deal of information. I think it would be great to share with our local chapters the changes we become aware of in the process of referring our patients. In addition to our CNSW "list serv" many of the dialysis companies have a social work board or you may have formed your own network in and outside of your company. Regardless of whom you associate with or consider to be a part of your network I'm suggesting we **SHARE** the knowledge. It's a five-letter word that can extend a long way. Never forget that we can forward information to the Commission to be sent to the various units.

You may already have the following websites for resources if not I hope you find them helpful.

http://www.disability.gov/

http://www.lifeoptions.org/

www.kidneysdothat.org

Belinda B. Lindsay