MARYLAND COMMISSION ON KIDNEY DISEASE

Thursday July 26, 2012 4201 Patterson Avenue Room 108-109

MINUTES OF THE PUBLIC SESSION

The Public Meeting of the Commission on Kidney Disease was held on Thursday, July 26, 2012 at 4201 Patterson Avenue. Chairman Dr. Luis Gimenez called the meeting to order at 2:07 P.M. Commissioners' Dr. Kulwant Modi, Dr. Paul Light, Dr. Matthew Weir, James Stankovic and Kim Sylvester, R.N. were also present.

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

Commission Counsel present: Leslie Schulman, AAG

DHMH staff present: Pat Okin, RN, Surveyor from DHMH's Office of Health Care Quality(OHCQ), and Carol Manning, Chief KDP.

Guests present were:

Ann Price, NKF Karen Lambrecht, Amgen Barbary Galloway, WMHC Sharon Kennedy, IDF Jamie Burtan, Amgen Tamara Plunkett, FMC Pam Earll, Davita Stuart Lessner, Union Memorial Johny Niles, Holy Cross Ivv Simmons, Good Samaritan David Kaplan, Davita Kristen Neville, DHMH Kimberly Morgan, Bon Secours Kenya Brown, Bon Secours Gloria Pittman, ARA Marybeth Waldner, FMC Susan Wilson, FMC

I. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF April 26, 2012

Dr. Modi motioned to approve the Public Minutes from the April 26th session; Mr. Stankovic seconded the motion and the Commission voted unanimously to approve the Minutes of the April 26, 2012 Public Session.

II. CHAIRMAN'S REPORT

Dr. Gimenez welcomed everyone and noted that he was happy to have Eva present at the meeting. He discussed the ongoing infection control citations. He requested that everyone continue to vigilantly focus and monitor infection control issues in their dialysis facilities in order to protect patient safety.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz thanked everyone for attending the meeting. She noted that infection control is an outstanding issue and suggested that facilities train and retrain staff and internally monitor infection control practices.

Mrs. Schwartz reported that Dr. Sharfstein has implemented a new policy requiring professional members of the Boards and Commission be interviewed by Dr. Lucy Wilson prior to recommendation to the Governor for re-appointment to serve a second term on the Commission. Any appointee that is a licensee will be interviewed before re-appointment to their Board or Commission.

Ms. Schwartz updated the Commission on proposed OHCQ regulations concerning freestanding kidney dialysis centers that will be discussed in the public session. She noted that when the OHCQ's regulations are adopted and become effective the Commission would endorse those regulations.

IV. OLD BUSINESS

A. Medical Orders for Life Sustaining Treatments - MOLST (www.marylandmolst.org)

Mrs. Adcock reported that OHCQ has drafted proposed regulations that address MOLST comments received from the community. She noted that once the new regulations become effective, a MOLST form will need to be completed for each patient in a dialysis facility during the admission process.

Ms. Neville noted that the MOLST regulations would be published in the Maryland Register in the beginning of August and comments will be due to Michelle Phinney, Office of Regulation and Policy Coordination, by September 10, 2012.

B. Survey Reporting/ESRD Core Survey Process

Ms. Okin reported the OHCQ surveyors participated in CMS training to decrease ESRD survey time. She noted that in some areas of the country ESRD surveys were lasting up to 200 hours. She stated that a new core process pilot study will be in effect until 9/30/12. The Maryland ESRD surveyors are participating in this process. She reported that the surveyors would be decreasing observations to one or two and spend less time in the water room. It is anticipated that a Survey and Certification Letter will be sent to the facilities on Friday, July 27, 2012. She also discussed the nature of paperwork that will be required from the facilities.

V. NEW BUSINESS

A. Kidney Disease Program - Stats and Budget

Ms. Manning presented the KDP statistics and budget. She noted that the fiscal year 2013 budget would be decreased to just under \$9 million which should be sufficient as KDP enrollment figures have not increased.

Discussion ensued regarding the unexpended KDP Program fund balance.

B. Draft - Proposed Changes to the OHCQ Regulations

The guests' attention was directed to the attached document concerning OHCQ draft proposed amendments to its regulations; *COMAR 10.05.04- Freestanding Kidney Dialysis Centers.* Ms. Okin reported that Dr. Nay is chairing this effort.

Mrs. Adcock pointed out that the proposed changes to the OHCW regulations are noted in the document in italics. The changes include updates to definitions, emergency management requirements, on-center nocturnal hemodialysis regulations and long term program and patient care plan.

Mrs. Schulman noted that the document is being circulated for informational purposes and that the regulations have not been formally proposed. She reported that the regulations would eventually be published in the Maryland Register and a 30 day comment period would be provided.

C. CDC - Free Continuing Education Course - Infection Control

Dr. Gimenez directed the guests' attention to the attached CDC Bulletin concerning a free, 1-hour continuing education course for nurses and dialysis technicians. The course is a self-guided training course offered by the Centers for

Disease Control and Prevention that reviews, among other things, CDC's infection control recommendations for outpatient dialysis healthcare workers.

D. Facility Back Up Agreements

Mrs. Adcock reported that Commissioner, Dr. Jaar has expressed his concern to Commission staff about facilities that have entered into facility back-up agreements with facilities that are distantly located. His concern is that such back-up agreements may impose hardship on patients.

Mrs. Adcock stated that (according to the CMS ESRD Basic Technical Surveyor Training, ESRD FAQS (version 1.3)) CMS will grant a waiver for hepatitis B isolation requirement if the facility enters into an agreement with another facility that will accept hepatitis B antigen positive patients and is less than 10 miles from the new facility. CMS will also consider, with input from the licensing agency, agreements between facilities that at 10-60 miles apart. She also noted that a recently surveyed facility in Baltimore had an agreement with a sister facility that was in Rockville. When questioned, the administrator explained that they wanted to be able to move the patients away from the geographic area in the event that an incident affected the entire region.

Mrs. Adcock noted that this concern could be addressed when the Commission regulations are updated.

E. Power Restoration Priority List (MARC)

Mrs. Adcock reported that representatives from the Mid Atlantic Renal Coalition (MARC) are inquiring if Maryland facilities are having difficulty communicating with their local utilities and whether the utilities are responsive in restoring power.

Discussion ensued. Overall, guests did not voice any concerns. However, Ms. Wilson, FMC representative, noted that FMC was concerned about patients not having power in their homes and the effect it could have on refrigerated food and medications. FMC investigated those concerns and found that the areas affected were located west of Interstate 495, served by Pepco.

F. Facility Performance Score Cards

Dr. Gimenez noted that CMS is requesting that each facility print and post their scores in an area where patients can view the report.

G. Citation Free Survey

Good Samaritan at Frankford

Mrs. Schwartz commended the facility and noted that a citation free survey is attainable and should be every facility's goal.

H. Nursing Practice Clarifications

CNA-DT's providing education to other CNA-DTs or nurses

Mrs. Adcock reported that according to guidance received from the Maryland Board of Nursing (MBON), it is not within the scope of practice of the CNA-DT to teach or provide in-service to other CNA-DTs or nurses.

· RNs to sign off annual skills check lists

Mrs. Adcock reported that according to the MBON, only the facility's RN should sign off on staff annual skills assessments because the RN is the license holder who is responsible for assuring and confirming competency for the CNA-DT staff to whom tasks are being delegated. Therefore, as

Mrs. Adcock pointed out, it is inappropriate for an LPN to sign off the CNA-DT annual skills assessment forms at a facility.

I. Change of Ownership

For informational purposes, Dr. Gimenez directed the guests' attention to the following changes of facility ownership:

- RAI Merger with FMC
- RAI Silver Hill, RAI Oxon Hill, RAI Clinton sold to DSI Renal
- Artificial Kidney Silver Spring sold to Davita

J. Categories of Complaints

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

Written

- Facility requests to discharge abusive/dangerous/disruptive patients
- Patient complaint (via social worker) regarding blood pressure during treatment

Verbal

- Complaints regarding facility cleanliness and lack of safety
- Patient complaint regarding another patient's lack of hygiene
- · Complaint regarding facility staffing
- Case worker's complaint regarding difficult placement of a patient into the community

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

The following hospitals have requested and been granted out of state transplant approvals:

Hospital	Granted	Refused
Inova Fairfax	1	0
Christiana Hospital	2	0
Washington Hospital Center	2	0

L. Surveys (23)

For informational purposes, the Commission shared the results of their Survey Findings Deficiency Report for the past quarter. Mrs. Schwartz noted that infection control and personnel qualifications/staffing categories continue to be the most cited areas of concern.

Citations

Citations	
Compliance with Federal, State and Local	0
Laws and Regulations	
Infection Control	16
Water and Dialysate Quality	3
Reuse of Hemodialyzers/Bloodlines	1
Physical Environment	2
Patient Rights	0
Patient Assessment	1
Patient Plan of Care	6
Care at Home	1
Quality Assessment and Performance	0
Improvement	
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	15
December 11 110 and 6 the Mar Paral Discourse	
Responsibilities of the Medical Director	0
Medical Records	0
Governance	1

M. Surveys Completed (23)

The following facilities have been surveyed since the last meeting:

Davita Largo Davita Mercy
Davita Silver Spring Davita Glen Burnie
Davita Cambridge Davita Berlin
FMC N. Salisbury Davita J.B. Zachary
RAI Silver Hill Charing Cross

Davita Downtown FMC Prince George's County
Holy Cross Davita Baltimore County

Davita Lanham DSI Clinton

USRC Baltimore FMC S. Annapolis

Holy Cross-Woodmore Good Samaritan – Frankford

Davita Baltimore Geriatric ARA Adelphi

Davita Laurel

There being no further public business, the Public Session was adjourned at 2:45 P.M.