MARYLAND COMMISSION ON KIDNEY DISEASE Thursday July 25, 2013 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 25, 2013 at 4201 Patterson Avenue. Commissioner, Dr. Bernard Jaar called the meeting to order at 2:07 P.M. Commissioners' Dr. Kulwant Modi, Dr. Edward Kraus, and Kim Sylvester, R.N. were also present.

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

Commission Counsel present: Leslie Schulman, AAG

DHMH staff present: June Bowman, RN, Surveyor and Barbara Fagan, Program Manager from Office of Health Care Quality(OHCQ)

Guests present were:

Kathryn Taylor, JHH Stuart Lessner, Union Memorial

Martin Melson, FMC
Laura Conroy, JHH
Mary Keller, USRC
Pam Earll, Davita

Jessica Quintilian, NKF
Tracey Sease, WMHC
Susan Leon, Bon Secours
Naomi Elcock, Community

Terri Jenkins, Advanced

I. REVIEW AND APPROVAL OF THE MINUTES OF THE PUBLIC SESSION OF April 25, 2013

Dr. Kraus motioned to approve the Public Minutes from the April 25th session; Dr. Modi seconded the motion, and the Commission voted unanimously to approve the minutes of the April 25, 2013 Public Session.

II. CHAIRMAN'S REPORT

Dr. Jaar provided the report. He discussed CMS' proposal to cut 9.4% from the dialysis facilities, and how this may affect the facilities and possibly further decrease competition. Dr. Jaar noted that even the large dialysis organizations may close facilities that are not profitable; forcing patient's to travel further for treatment. He noted that the House of Representatives have sent a letter to CMS stating that they feel the 9.4% cuts are too harsh.

Dr. Jaar shared a best practice from one of his facilities. He reported that the dietitian created a list of patients with high potassium and fluid issues, updated the list on a monthly basis, and forwarded it to the medical director and administrator. Thus, in the event of an emergency, the list would provide information for triaging patients for treatment.

Dr. Jaar lead the discussion on severity of facility deficiencies and how quickly the Commission may expect critical deficiencies to be corrected.

III. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz welcomed everyone to the meeting. She noted that the Commission has a vacancy for a consumer member, who is lay to the field. She reported that historically the consumer member has been a dialysis or transplant patient. Ms. Schwartz requested that any names for consideration be sent to the Commission's office.

Mrs. Schwartz also reported that the Commission is interested in presenting a Transplant Liaison Symposium in the fall. Discussion ensued. Other treatment options may also be considered. The Commission would also consider partnering with the local ANNA Chapter

and/or MARC. She requested that any ideas be sent to herself or to Donna Adcock at the Commission's office.

IV. OLD BUSINESS

Pilot Study to Reduce Bloodstream Infections

Kathryn Taylor, RN from the Armstrong Institute at the John Hopkins Medicine presented preliminary findings from the Pilot Study to Reduce Bloodstream Infections. This was a 12-month project funded by DaVita that was built on Armstrong Institute's previous success in reducing central line-associated bloodstream infections in ICUs. In the study, they worked with 26 Davita outpatient clinics in Maryland and introduced the Comprehensive Unit-Based Safety Program (CUSP) for safe dialysis. The preliminary results indicate that the participating Davita clinics decreased their event rate to a greater extent than the non-participating Davita clinics. She noted that the Armstrong Institute is still recruiting for the new CUSP program which is being funded by the Maryland Patient Safety Center. The kick-off is scheduled for October 2013. Information and the Commitment Letter were made available to guests.

V. NEW BUSINESS

A. Kidney Disease Program - Stats and Budget

In Ms. Manning's absence, Mrs. Adcock presented the KDP statistics and budget.

B. Network Report

Mrs. Adcock directed the guests' attention to Attachment C. The first document summarizes the primary activities that the Mid-Atlantic Coalition ("MARC" or, "the Network") will continue working on through the end of the year. The second document introduces the launch of a new Patient Engagement Initiative, and the third document includes instructions for joining the Healthcare-Associated Infections (HAIs) Learning and Action Network (LAN). MARC would like to increase participation with facilities and to solicit the Commission's support. Commission members are also invited to join the LAN.

Mrs. Adcock also presented, in Ms. Bova-Collis' absence, the Network's report of second quarter grievances, involuntary discharges, and patients who were deemed failure to place:

- 21 grievances were reported to the Network in the second quarter of 2013; 4 were related to MD facilities and concerned issues of professionalism, communication, and access to medical records.
- 17 patients were reported to the Network as involuntarily discharged in the first half of 2013; 3 were related to MD patients
 - Unstable mental health (1)
 - On-going disruptive behavior (2)
- 11 patients were reported to the Network for failure to place in a permanent facility; 4 were related to MD patients
 - Mental Health concerns (1)
 - o No coverage (2)
 - Behavior history (1)

Mrs. Schwartz reported on the on-going difficulty of placing patients who have been discharged from facilities. She noted that large organizations typically deny placement to each of their facilities, leaving these patients with little option but to receive dialysis in emergency rooms. She urged the organizations to give the patients a chance and to not block admissions in this fashion.

C. Services offered by NKF of Maryland

Jessica Quintilian, Director of Programs and Advocacy for the National Kidney Foundation of Maryland (NFK), discussed the many services offered by the organization. Services include, but not limited to, education of primary care providers, free screening programs, kidney health risk assessments, patient emergency assistance funds, emergency

transportation funds, renal nutrition program, Beyond Dialysis Program, community outreach, advocacy, and a Medical Advisory Board.

D. OHCQ Report

Emergency Contacts and Personnel Update

Barbara Fagan, Program Manager noted that during severe weather events OHCQ would continue contacting the dialysis facilities. She reported that a few of the email contacts provided by the facilities have bounced back and, therefore, she urged the facilities to keep the information updated with her office.

Ms. Fagan also reported that Vivian Connard, RN has rejoined OHCQ and will be performing ESRD surveys. Maria Bayer has been reassigned and is now overseeing another program.

CMS Core Survey Process

June Bowman, RN, Surveyor provided highlights of the new Core Survey Process. She noted that CMS would like facilities to focus on safety and openness and include detailed documentation in their QAPI meeting minutes. The OHCQ surveyors will be using the Dialysis Facility Reports, Network data and survey history to focus their efforts. For more information and documents on the Core Process for ESRD, facilities can go to CMS' website.

E. Dialysis Station Disinfection

Mrs. Adcock reported on a CDC webinar that she had participated. She also noted that, during surveys, infection control remains a highly cited area. The webinar provided an overview of a facility's pilot where the dialysis machines were not set up for the next shift patient until the current patient was gone from the station. The participating facility reported that the process had improved patient and staff satisfaction, and decreased cross-contamination, but did lengthen the day by about 15 minutes. A checklist and notes from the webinar were provided.

F. Citation Free Surveys

Dr. Jaar acknowledged the following facilities for having citation free surveys:

- Davita Washington County (PD only)
- Davita Carroll County
- University of MD Transplant
- Johns Hopkins Transplant

G. New Facilities

Dr. Jaar reported that the following facilities have been certified since last meeting:

- Davita Glen Burnie Home (10/10/2012)
- FMC Middle River (7/1/13)
- Davita Rock Creek (5/10/13)

Mrs. Adcock noted that certification dates may reflect the facility's licensure date.

H. Categories of Complaints

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

- Written
 - Facility compliant regarding a threatening patient
 - Hospital concern regarding placing patient in the community
 - Facility concern regarding a non-compliant patient

Verbal

- Patient complaint regarding facility temperature
- Patient complaint regarding treatment at a facility including care and equipment and transportation issues after transfer
- Patient compliant regarding facility machines

I. 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
Christiana Hospital	1	0
Washington Hospital Center	9	0

J. Surveys (22)

For informational purposes, the Commission shared the results of their Survey Findings Deficiency Report for the past quarter. Dr. Jaar 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	14
Water and Dialysate Quality	4
Reuse of Hemodialyzers/Bloodlines	1
Physical Environment	1
Patient Rights	0
Patient Assessment	0
Patient Plans of Care	4
Care at Home	1
Quality Assessment and Performance	0
Improvement	
Laboratory/Affiliation Guidelines	0
Personnel Qualifications/Staffing	10
Responsibilities of the Medical Director	0
Medical Records	1
Governance	0

K. Surveys Completed (22)

The following facilities have been surveyed since the last meeting:

Davita Carroll County
Davita Washington County
Davita 25th Street
Davita Carroll County
FMC Robinwood
Good Samaritan Ho

Davita 25th Street Good Samaritan Hospital Dialysis
Davita Southern MD Good Samaritan at Coldspring
FMC Ft. Foote USRC N. Baltimore

FMC Ft. Foote
Renal Care Seat Pleasant
Union Memorial Hospital Dialysis
Davita Dulaney Towson
Davita Germantown
FMC Princess Anne
USRC N. Baltimore
ARA Universal
FMC Anne Arundel
Davita Lanham
Davita Calverton
FMC Princess Anne
FMC N. Salisbury
University of MD Transplant
FMC N. Baltimore
ARA Universal
FMC Anne Arundel
Davita Calverton
FMC N. Salisbury
JHH Transplant

There being no further public business, upon motion made by Commissioner Kim Sylvester and seconded by Dr. Modi, the Commission unanimously voted to adjourn the Public Session at 3:50 pm.