

Dialysis Clinic Advisory Committee Meeting Minutes

Date: 01/21/2014	Convened: 1:00 p.m Adjourned: 2:15 p.m.	Room: C1D	Minutes Prepared by: Nancy Brown
Meeting Called By: Laurie Schoder		Facilitator: Laurie Schoder	
Purpose of Meeting: Monthly meeting of Dialysis Clinic Advisory Committee			
Stakeholder Attendees: Tracy Flitcraft, Brenda Gordon, Archie Jones, Cathy Meyer, Deb Sizer, Tamyra Warmack By phone: Debra Hollister, Jason _____.			
CDPHE Attendees: Carol Cambria, Cheryl McMahon, Jennie Pike, Laurie Schoder, Lorraine Dixon-Jones			

Handouts

- Copies of minutes of December 17, 2013 meeting
- January 6, 2014 Draft to Chapter XV – Dialysis Treatment Clinics

Discussion

- December 17, 2013 minutes were approved with the following correction: Section 6.1. Originally worded as “.....a clinic may *only* treat non-end stage renal dialysis patients based.....” For clarification the word “only” was moved so the sentence now reads: “.....a clinic may treat non-end stage renal dialysis patients based *only*.....”

Laurie Schoder discussed the changes highlighted in the regulation draft of Chapter XV – Dialysis Treatment Clinics dated January 6, 2014.

- Section 2, 2.8. Judy Hughes had suggested that a definition for “intermediate care provider” be included here as this is a commonly used phrase found in Section 6.5.9 of this regulation as well as in other regulations. The term “intermediate care provider” is synonymous with “mid-level practitioner.”
- Section 2, 2.10. Participants discussed that the definition for “non-end stage renal failure” should not allude to “chronic” renal failure as the term “chronic” is equated with an ESRD diagnosis. Recommendation made that the phrase “or is chronic” be stricken. Laurie Schoder will review this suggested change with Judy Hughes.
- As any regulation language using the word “should” is non-enforceable, any instances of the word “should” within the regulation have been replaced by the word “shall.”
- Section 5, 5.1.7. New section on infection control added in conjunction with Section 6.4.2(C) requiring the governing board to adopt a national standard. The standard is at the discretion of the facility. Participants discussed that the implication of this requirement could be the one-time adoption by the Governing Board that includes subsequent national standard updates.
- Section 5, 5.3.1. In the provisions establishing an organized medical staff, the term “control” has been deleted and replaced with the word “responsibilities.”
- Section 5, 5.6.8. Discussion of the requirement that all personnel shall have a “pre-employment physical examination.” This same terminology is currently used in regulations for other facility types. The suggestion was made to use the term “medical examination” in lieu of “physical examination” as the types of medical tests typically required for employment are results of TB, Hepatitis B, and drug screening tests, etc. rather than what might be considered a true “physical examination.” Laurie Schoder will review this suggested change with Judy Hughes.
- Section 6, 6.3.3. This item has been moved to Section 6, 6.3.3 from Section 6.5.9 Patient Care Plan. As the item is now under Medical Records, the group agreed that the term “patient care plans” would be amended to read “medical records.”
- Section 6, 6.3.5. This item was amended to remove obsolete references to rubber stamp signatures.
- Section 6, 6.3.6. The phrase “medical record room or other suitable medical record facility” was discussed and the group decided that an alternative could be a medical record area. As many facilities do not have a dedicated medical record room but do have other provisions for locking and storing of records it was agreed that the term “area” might be more inclusive. Regarding the term “facility” some facilities may be sending medical records off site for storage (i.e. Iron Mountain). The Department indicated that the contract with the medical records storage facility must state that all records will be kept secure, safe from fire, water damage, etc. and not intermingled with the medical records of other facilities.

- Section 6, 6.3.9. Was stricken because the language refers to the destruction of public records which is not applicable to these facilities.
- Section 6, 6.4.2(C). Discussed earlier. See Section 5, 5.1.7.
- Section 6, 6.4.2(D). With regards to policies and procedures on infection control, the regulations were amended to require the presentation of an orientation.”
- Section 6, 6.4.3. The section contains a standard that is “highly recommended.” It was removed because recommendations are not enforceable and as such do not belong in regulation.
- Section 6, 6.5.9. Incorporated all suggestions to 6.5.9(A)(2) and (3) and 6.5.9(C) and (D) from the committee’s December meeting.
- Section 7, 7.1.1. (Housekeeping Services) Discussion regarding the definition of “under the supervision of a person competent in environmental sanitation and management.” The facility would set their own requirements for supervision of housekeeping services within their policies. Anyone hired for housekeeping services at a dialysis facility, including a contracted cleaning service business, is expected to comply with OSHA requirements and have completed some training specific to dialysis facilities including bloodborne pathogen training. The role of DORA in terms of the oversight of cleaning businesses was discussed and it was clarified that DORA oversees the licensing of individual occupations but not businesses such as cleaning services. Instead, CDPHE is responsible for the oversight of building cleanliness and reviews it during every on-site inspection. References to DORA do appear in Chapter II in regards to patient rights postings at all facilities should someone wish to file a complaint against a care provider licensed and regulated by DORA.

Laurie Schoder will discuss suggested changes with Judy Hughes and then make amendments to the chapter as a final proposed draft. This March she is scheduled to go before the Board of Health to request a hearing in May to present the proposed changes. As part of the hearing process, the proposed draft will be posted to the Division’s internet for stakeholder comments.

The Occurrence Committee has been working on definitions and how they apply to each healthcare entity. As the Occurrence Committee’s next meeting is the morning of February 18 and the Dialysis Clinic Advisory Committee next meeting is the afternoon of February 18, occurrence reporting will be the next topic of discussion. The survey process will be a topic for a future meeting.

Meeting adjourned at 2:15.