Advisory Group on Dialysis  
Meeting Minutes  
March 5, 2018, 10:00 a.m.

Members Attending: Barbara Douglas, Board member and Chair; Diane Wish; Teresa Sheppard; Felicia Lambert; Julia Colavincenzo; Timothy Thompson; S. Carlton Betts (arrived 11:09 a.m.)

Members Absent: Ashley Lutz

Staff Attending: Lisa Emrich; Lesleigh Robinson; Kristie Oles; Lisa Hashemian; Anita DiPasquale; Tom Dilling; Chantelle Sunderman

Guests Attending: None

Call to Order and Welcome
Barbara Douglas, Chair, called the meeting to order at 1:00 p.m. and welcomed those in attendance. The Advisory Group members introduced themselves.

Approval of Minutes
Chair B. Douglas confirmed that members had reviewed the October 5, 2017 meeting minutes. The minutes were approved by general consensus as submitted.

Discussion: Certification exam, timeline, and DTI
Lisa Emrich summarized the discussions from previous meetings with respect to the timeframe by which a Dialysis Technician Intern may attempt the national certification examination, and the inclusion of a third examination that allows individuals with six months of dialysis experience to test. L. Emrich asked for discussion or consensus regarding this. Advisory Group members agreed by general consensus to the following:

- Individuals who complete a Dialysis Technician Training Program should be authorized to take a Board of Nursing approved national examination after six months of dialysis technician experience, rather than twelve months of experience as currently required by the Nurse Practice Act. This will require a statutory amendment.
- Once the above statutory amendment is achieved, the Nephrology Nursing Certification Commission (NNCO)'s Certified Clinical Hemodialysis Technician (CCHT) examination, which requires a minimum of six months of dialysis experience, may be approved by the Board to meet requirements for the Ohio Certified Dialysis Technician (OCDT) certificate.
- The Advisory Group has supported continued Board of Nursing oversight of individuals after they complete their dialysis technician training program and until they obtain certification as an OCDT, rather than a training or education exemption for that period of time. Advisory Group members have discussed the creation of a
registry to identify and track these individuals. The current process of issuing the Dialysis Technician Intern (DTI) certificate is established and provides a comprehensive review of qualifications that support public protection. Rather than creating a new registry, the Advisory Group is recommending continuation of the DTI certificate and its current requirements.

**Certification Statistics**
Lesleigh Robinson presented an update and a report showing there are 373 DTIs and 1,647 OCDTs. Diane Wish commented that the numbers have generally remained the same because it reflects the capacity of available dialysis technician positions.

**Legislative Report**

*HB 332: Cultural Competency in Dialysis Care*
Tom Dilling discussed a new law that requires various boards to identify and publicize cultural competency education. He stated he has found that nursing has incorporated education towards cultural competency, and he is continuing to collect information. He asked the Advisory Group if there were any formalized cultural competency courses in the dialysis technician training programs or as part of continuing education required by employers.

Advisory Group members stated that employers provide cultural competency education during new-hire orientation or offer it as a yearly continuing education. Individual members agreed to forward specific information to T. Dilling.

*State Ballot Issue: Dialysis*
Diane Wish stated that she was aware of a ballot issue regarding dialysis. She summarized that it addresses dialysis care profits and staffing ratios as advocated by Service Employees International Union (SEIU). Originating in California, she stated the campaign is a way to unionize more health care workers. The legislative amendment would set a limit to the cost of care for dialysis and if a provider exceeds that cost by more than fifteen percent, then the provider would be required to issue a rebate to the insurance company. However, the cost of care did not include medical directors, facility managers, head nurses and other significant costs of providing care. Currently, signatures are being collected as required to get an initiative on the ballot. D. Wish expressed concern about the possibility of dialysis care providers closing due to the initiative.

**Future Meetings**
All agreed to the following new meeting dates and time for 2018: July 23 and October 29 at 1:00 p.m.

**Adjournment**
Having no further business, the meeting adjourned at 1:41 p.m.