



Kidney Community
Emergency Response



Kidney Community Emergency Response (KCER) Program

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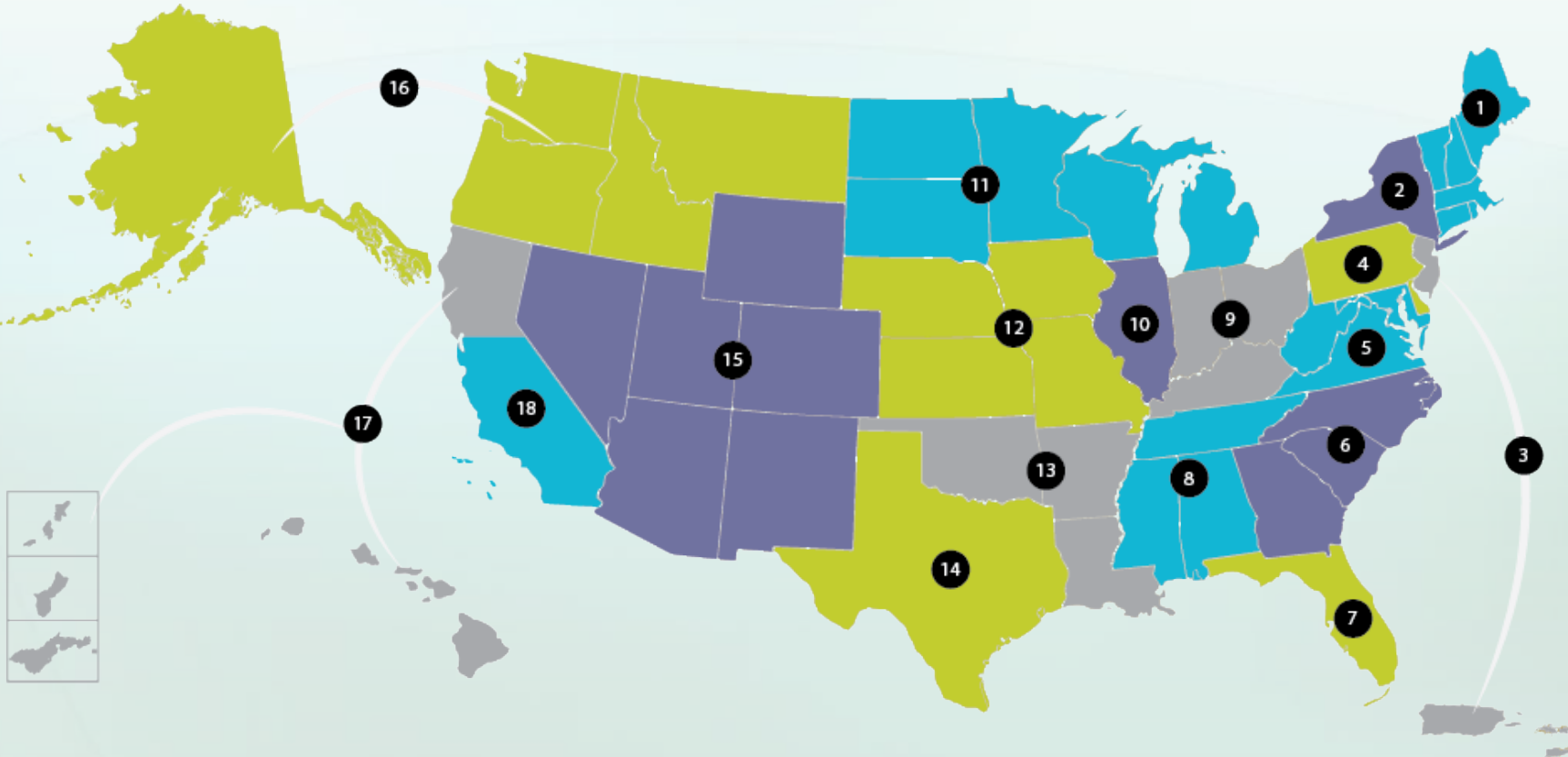
Today's Agenda

- Provide an overview of the End Stage Renal Disease (ESRD) Network Program
- Provide an overview of KCER's history, mission and vision, objectives, and activities
- Provide an overview of how KCER works with patients, ESRD Facilities, and ESRD Networks
- KCER Response to 2016 disasters and barriers to ESRD care during these disasters
- Discuss emergency preparedness requirements for dialysis facilities
- Questions?



Welcome to the ESRD Network Overview!

About ESRD Networks





CMS Goals for Networks

- Increase focus on patient-centered care
- Improve quality and safety of care
- Improve independence, quality of life, and rehabilitation
- Resolve grievances and improve patient perception and experience of care
- Coordinate emergency preparedness and response activities
- Improve collection, reliability, timeliness, and use of data



Welcome to the KCER Program Overview!



History

- The first National Disaster Summit for the kidney community was held in Washington, D.C., in January 2006. During the Summit, the KCER Program was formed in an effort to minimize disruption to dialysis and transplant services during emergencies.
- The KCER Program is made up of partners from, and represents, the entire kidney community:
 - Patient and professional organizations, nurses, technicians, dietitians, social workers, and physicians
 - Providers, including independent dialysis facilities, large dialysis organizations, and transplant facilities
 - Hospitals
 - Suppliers
 - ESRD Networks
 - State emergency and State Survey Agency representatives
 - Federal agencies, including CMS
- The KCER Program continues to hold annual Summit meetings to promote emergency preparedness in the kidney community.



Mission and Vision

- Develop, manage, and maintain a coordinated preparedness and response program for the kidney community
- Serve as the leading authority on emergency preparedness and response for the kidney community by providing structure and guidance that address the needs of emergency management officials and the ESRD community nationwide



Objectives

- Coordinate continuing care and access to services for dialysis patients during emergencies or disasters
- Provide technical assistance to the ESRD Networks, kidney organizations, and other groups
 - Emergency Information Sharing
 - Kidney Community Conference Calls
 - Report Open/Closed Facility Status
 - Additional Resources and Assistance
- Ensure timely and efficient disaster preparedness, response, and recovery for the kidney community
- Incorporate the patient's voice in all activities and within the emergency community, as a whole

KCER Activities: Foster Patient and Family Engagement (PFE) in Emergency Planning



- Convene the National KCER PFE Learning and Action Network (LAN)
 - N-KPFE-LAN
- Provide the patient perspective in the efforts to improve emergency planning
- Support the development of a national emergency quality improvement activity (QIA) or campaign
- Participate in planning for the KCER National Summit

KCER Activities: Technical Assistance for Networks, Facilities, and Patients



- Support the Networks in fulfilling their contract responsibilities
 - The KCER contractor and the Networks will work together during actual emergency and disaster situations to support the provision of care and services by dialysis facilities for patients.
- Conduct an educational needs assessment to determine gaps and areas of opportunity
- Develop and implement an educational plan based on the needs assessment analysis
- Recruit facilities for pilot testing of materials and methods of distribution for at least one national emergency/disaster QIA or emergency/disaster campaign
 - Topic must be patient-selected topics
 - Best practices, tools, and resources must be provided

KCER Activities: Responsibilities for Emergency and Disaster Management



- Convene and coordinate national stakeholders in an organized approach to ESRD emergency management
- Plan, facilitate, and conduct an annual national emergency preparedness exercise with all Networks participating
- Support Networks, providers, beneficiary groups, patients, and other stakeholders during an emergency situation
- Partner with stakeholders to ensure patient access to care following an emergency situation

KCER Activities: Responsibilities for Emergency and Disaster Management (cont.)



- Provide a template for the standardized reporting of activities during emergency/disaster situations and educate the Networks on its use
 - The Emergency Situational Status Report template shall include, at minimum, the following information:
 - Number of facilities and patients affected by the emergency situation
 - Facilities' open and closed status
 - Alternate treatment schedules
 - Brief situational awareness narrative report
 - Functional status of the affected Network(s)
- Post the Emergency Situational Status Report template on the KCER website

KCER Activities: Treatment and Medicine Recall Alerts



- Monitor for treatment and medical recall notices related to dialysis services and inform community as appropriate
- Gather input from stakeholders to enhance the process as the needs of the community evolve



2016 Incident Response: Louisiana Flooding

- More than 30 inches of rain was experienced within an area with existing water (i.e., swamps, bayous, rivers) and limited drainage. Flooding caused damage to existing power plants, roads, availability of “treated” water, etc.
- Flooding affected twenty-seven parishes within southern Louisiana including the cities of Baton Rouge, Lafayette, Denham Springs, and New Iberia
- The impacts of this event were specific to 70 dialysis facilities and their 3,686 patients

2016 Incident Response: Louisiana Flooding (cont.)



The Entities Involved in the Emergency

- KCER serves as a centralized coordination point for the ESRD community during emergencies.
- Network Involvement – Primary
 - ESRD Network 13
- Network Involvement – Secondary (as back up)
 - ESRD Network 7
- Partner Involvement
 - CMS
 - Louisiana Department of Health and Human Services
 - Louisiana State EOC
 - FEMA National Business Emergency Operations Center (NBEOC)
 - Healthcare Ready
 - KCER
 - KCER Response Team Workgroups
 - University of Iowa
 - Large Dialysis Organizations
 - Small Dialysis/Independent facilities

2016 Incident Response: Louisiana Flooding (cont.)



KCER Assistance Provided

- Daily KCER Emergency Status calls
- Daily event Network/state-specific EOC electronic briefings
- Daily electronic updates to providers as applicable
- Daily website updates for providers and patients
- Assisted large dialysis organizations (LDOs) with getting help locating transportation for patients impacted by flooding
- Assisted with requests to locate a FEMA contact who could assist with providing training to staff regarding how to complete aid applications

2016 Incident Response: Hurricane Matthew



- Hurricane Matthew affected widespread areas within Florida, Georgia, South Carolina, and North Carolina
- Dangerous storm surges, strong winds, record rainfall and flash flooding were expected
- Parts of North and South Carolina experienced extreme flash flooding in the week following landfall, which caused damage to existing power plants, roads, availability of “treated” water, etc.
- The impacts of this event were widespread and effected over 369 dialysis facilities and their 23,353 patients

2016 Incident Response: Hurricane Matthew (cont.)



- Disruptions in infrastructure resulted in:
 - Ongoing community-wide rescue/recovery due to the major flooding
 - 911 system was overloaded
 - Transportation was affected by roads, private/public services suspended
 - Power/water supplies affected by flooding
 - Disrupted provision of dialysis due to closed or altered operations within dialysis providers
 - Dialysis supplies for both providers and self/home-care patients were disrupted

2016 Incident Response: Hurricane Matthew (cont.)



The Entities Involved in the Emergency

- KCER serves as a centralized coordination point for the ESRD community during emergencies.
- Network Involvement – Primary
 - ESRD Network 6
 - ESRD Network 7
- Network Involvement – Secondary (as Back up)
 - ESRD Network 10
 - ESRD Network 13
- Partner Involvement
 - CMS
 - Florida Department of Health
 - Georgia Department of Public Health
 - South Carolina Department of Health and Environmental Control
 - North Carolina Department of Health and Human Services
 - Florida State EOC
 - Georgia State EOC
 - South Carolina State EOC
 - North Carolina State EOC
 - KCER
 - KCER Response Team Workgroups
 - Large Dialysis Organizations
 - Small/regional Dialysis Facilities

2016 Incident Response: Hurricane Matthew (cont.)



KCER Assistance Provided

- Daily KCER Emergency Status calls
- Daily event Network 6/state-specific EOC electronic briefings
- Daily electronic updates to providers as applicable
- Daily website updates for providers and patients
- FEMA assistance with application processing training and state Board of Nursing contacts for the affected areas
- Assisted with some access issues facilities were having while trying to get staff through checkpoints to clinics
- Assisted with obtaining an available contact in the North Carolina State Agency to provide subject matter expert opinion regarding the use of a facility's uncertified stations (5) due to a recent expansion
- KCER researched and shared information on the locations where FEMA was setting up relief tents
- KCER assisted with researching the possibility of having a Tide Loads of Hope truck go to a Lumberton, NC area clinic



Barriers to ESRD Care

- Transportation
 - Pre- and post-emergency
 - County transportation can be limited
- Power outages
 - ESRD clinics need to be level 4 status
 - Water shortages
 - Approximately 80–100 gallons of potable water per patient, per treatment are needed
- Generator/fuel issues



Barriers to ESRD Care (cont.)

- Communication
 - Contacting emergency management/utility companies
 - Locating patients
- Shelters
- Moving past police/military check points
- Securing generators/fuel
- Poor facility planning/implementation
- Renal diet

Federal Conditions for Coverage Requirements 10/2008



- **Emergency preparedness:** Implement processes and procedures to manage medical and non-medical emergencies
- **Staff and patient training:** Train and orientation, including what to do, where to go, and who to contact
- **Emergency plans:** Evaluate/update annually, make contact with emergency management
- **Emergency phone number:** For patient instructions

CMS ESRD Conditions for Coverage (CFCs)



- Regularly-scheduled treatments are essential for dialysis patients.
- In the event of a natural or man-made disaster, immediate action must be taken to ensure prompt restoration of these treatments or to plan for the safe transfer of patients to alternate location(s) for their treatments.
- Each dialysis facility must have a facility-specific disaster/emergency plan and be able to respond accordingly.
- Disaster/emergency plans should address failure of basic systems such as power, source water, air conditioning or heating systems, as well as treatment-specific failures such as the facility water treatment system or supply delivery.



CFC Standard: Emergency Preparedness of Facility

- The dialysis facility must have processes and procedures to manage medical and non-medical emergencies of the patients, the staff, or the public.
- These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's area.



CFC Standard: Emergency Preparedness of Staff

- The dialysis facility must provide training and orientation in emergency preparedness to the staff.
- Staff training must be provided and tested at least yearly, ensuring that staff can demonstrate a knowledge of emergency procedures, including informing patients of:
 - What to do
 - Where to go; including instructions for occasions when the dialysis facility must be evacuated
 - Who to contact if an emergency occurs while the patient is not in the dialysis facility
 - How to disconnect themselves from the dialysis machine if an emergency occurs

CFC Standard: Emergency Plans



The facility is required to:

- Test the effectiveness of the emergency and disaster plans annually and update them as necessary
- Contact the local emergency management agency, at least once annually, to make sure that the agency knows what the dialysis facility needs in the event of an emergency



The KCER Website Review

www.KCERCoalition.com



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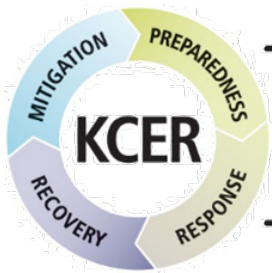
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