



End-Stage Renal Disease
Network Program

Emergency Management Response for Patients on Dialysis

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Agenda

- ESRD/Dialysis Overview
- Introduction to the KCER Program
- ESRD Network Program Role in Emergency Management
- Dialysis Population Needs in North Carolina
- Key Considerations/ Lessons Learned



End Stage Renal Disease (ESRD)

- Kidneys do not function well enough to sustain life
- Fluid and toxins accumulate in the blood
- Requires special diet and medications
- Without regular dialysis treatment or a kidney transplant, death is imminent



Hemodialysis

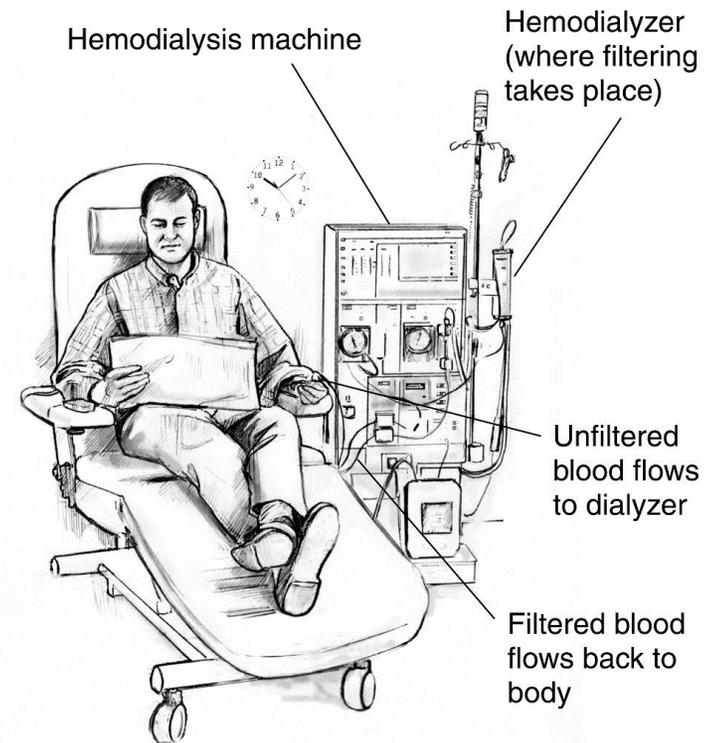


Requirements for in-center treatment

- Functioning dialysis treatment center
- Source of electricity
 - municipal power or generator with fuel
- Source of potable water
 - 80 to 100 gallons of potable water per patient, per treatment is needed
- Adequate plumbing for disposing of waste water
- Adequate staffing and supplies

Requirements for home hemodialysis

- Source of electricity
- Source of potable water with adequate water pressure
- Adequate plumbing for disposing of waste water
- Dialysis machine and supplies

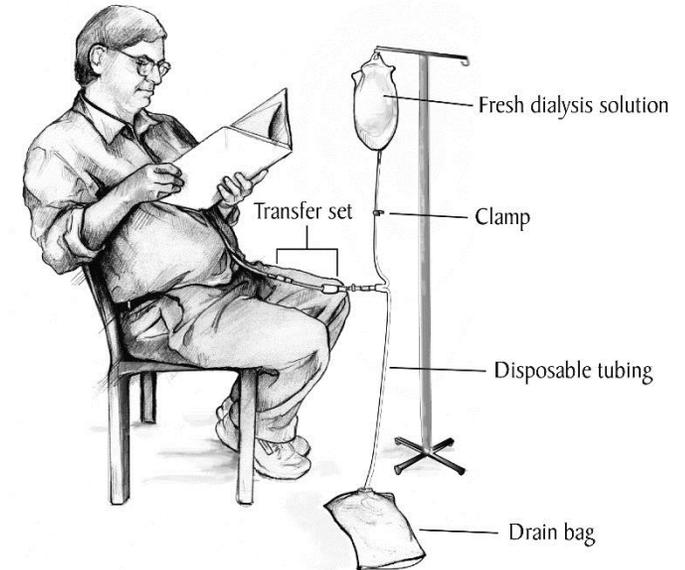


Peritoneal Dialysis



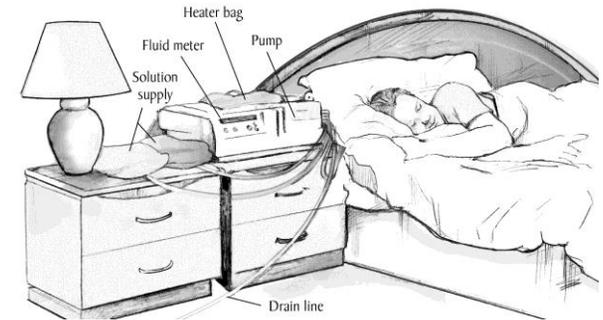
Continuous Ambulatory PD (CAPD)

- Manual with no machinery involved
- Performed 24/7
- Exchanges done by hand in a clean, well-lit place
- Approximately one 18" x 11" x 8" case of supplies is used daily



Continuous Cycler PD (CCPD)

- Automated using a delivery machine
- Usually done only at night (6-7 nights/week)
- Source of electricity needed
- All patients are trained on how to switch to CAPD in the event of a power outage.





KCER Program Overview

History



In the United States, disaster planning for dialysis patients was significantly increased by the experience of **Hurricane Katrina** in 2005

History



Jeffrey B. Kopp et al. CJASN 2007;2:814-824

- E and F - The Dialysis Clinic, Inc. –facility on Canal Street heavily damaged, 3 wk after Hurricane Katrina
- 45 (out of 94) IHD clinics closed for >10 days
- 2,500 Dialysis patients displaced
- Patients missed treatment >1 week
- National Disaster Summit for the Kidney Community was first held in Washington DC – January 2006

Kidney Community Emergency Response (KCER) is formed



Federal Agencies

- Centers for Medicare & Medicaid Services (CMS)
- CMS Emergency Preparedness and Response Organization (EPRO)
- Department of Health and Human Services Assistant Secretary for Preparedness and Response (HHS ASPR)

Stakeholders

- Patient and professional organizations
- Other healthcare settings
- Emergency management and public health departments
- Transportation, electric, and utility companies
- Equipment and supply distributors

KCER Actions for Preparedness and Response



- Provides technical assistance, tools, and resources for the renal community
- Monitors the status of emergencies impacting the renal community before, during, and after the event to identify patient access to care issues
- Assesses emergency situations to determine the need for federal response and assistance and communicates to CMS
- Coordinates data and situational updates from Networks and LDOs to provide daily (at a minimum) reporting to CMS

2017–2018 Disasters: ESRD Patients and Facility Impacts



Hurricane Harvey—2017	
Dialysis Patients 	14,000
Dialysis Facilities 	260

Hurricane Florence—2018	
Dialysis Patients 	42,270
Dialysis Facilities 	568

Hurricane Irma and Maria—2017	
Dialysis Patients 	36,000
Dialysis Facilities 	500

Hurricane Michael—2018	
Dialysis Patients 	4,700
Dialysis Facilities 	90

How KCER Reporting is Used



HHS ASPR uses data to drive senior level decisions related to:

- Evacuations (including access to wrap around services)
- Staging and supply needs
- HHS personnel and Federal Medical Shelter deployments

HHS Geological Information Services (GIS) uses information to create maps for:

- Senior leader and HHS Secretary Briefings
- Determining proximity to shelters
- Supply chain requirements
- Other



ESRD Network Program

ESRD Networks Responsibilities



- Increase focus on patient-centered care
- Improve quality of care for ESRD Patients
- Promote patient engagement / patient experience of care
- Support ESRD data systems, data collection, analysis and monitoring for improvement
- Provide technical assistance to ESRD patients and providers
- **Support emergency preparedness and disaster response activities**

ESRD Network's Role During an Emergent Event



- Work with Federal, State and local government agencies as needed to assist with patient safety and ensure dialysis facilities are prioritized to be open.
- Assist with, track and report patient access to treatment.
- Report and publish the status of facility operations during emergency events.
- Be prepared to transition responsibilities to the back-up Network if Network operations are impacted.

Four Phases of Emergency Management



Mitigation; Preparedness; Response; Recovery

Mitigation/Stage 1a &1b: Watch and Prepare

- Schedule Communication
- Liaison with Federal, State and Local Agencies
- Distribute Education Information
- Assess facility preparedness

Preparedness/Stage 2: Imminent Threat

- Continue Communication
- Activate Disaster Plan
- Monitor Facility and Patient needs
- Active outreach to all facilities in affected areas for status report
- Report on Local, State and Federal Levels

Four Phases of Emergency Management



Response; Recovery

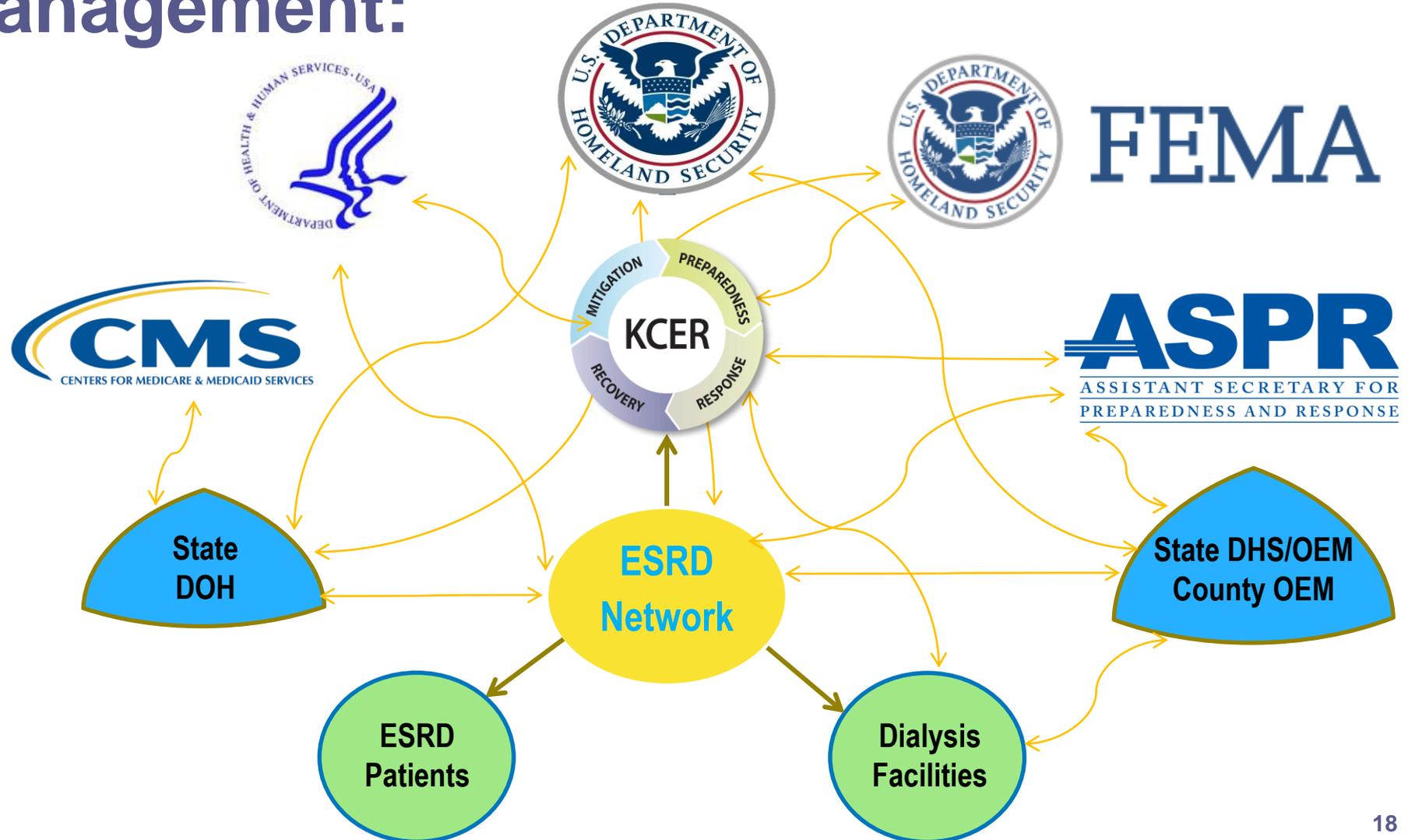
Response/Stage 3: Emergency Situation Communication

- Monitor Facility and Patient needs
- Active outreach to all facilities in affected areas for status report
- Report on Local, State and Federal Levels

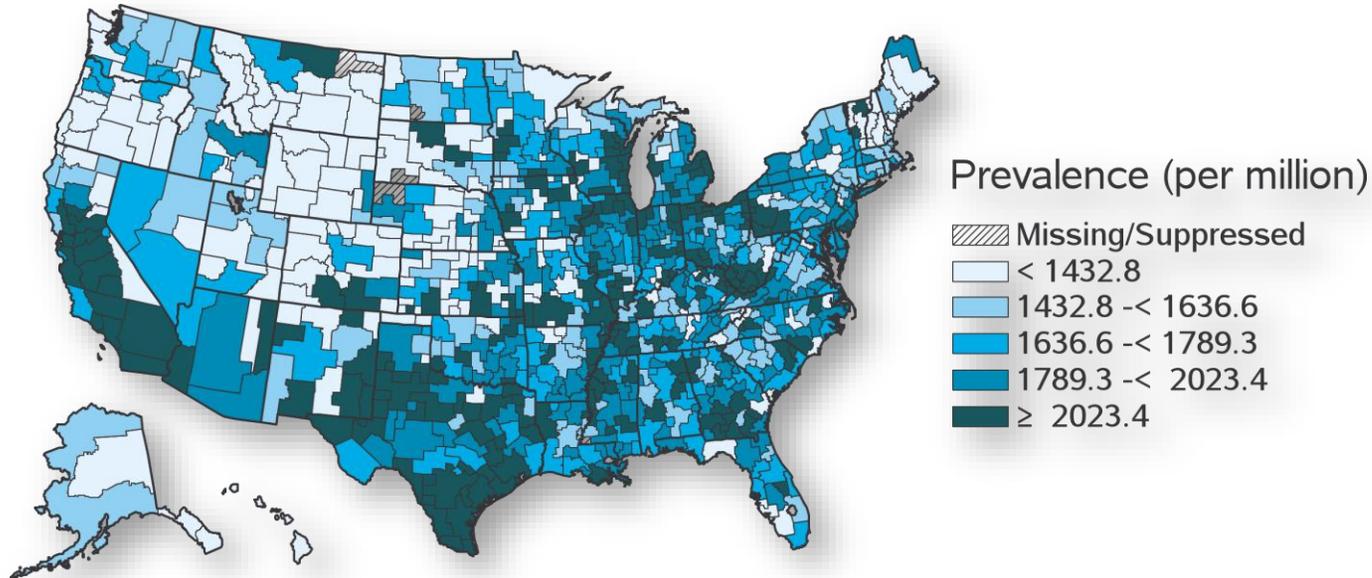
Recovery/Stage 4: Disaster Recovery

- Assist with relocating/tracking/continuity of operations planning (COOP)
- Coordinate transportation relief and resources
- Publicize Information
- Active outreach to all facilities in affected areas for status report
- Report on Local, State and Federal Levels

Approach crisis events using the four phases of emergency management:

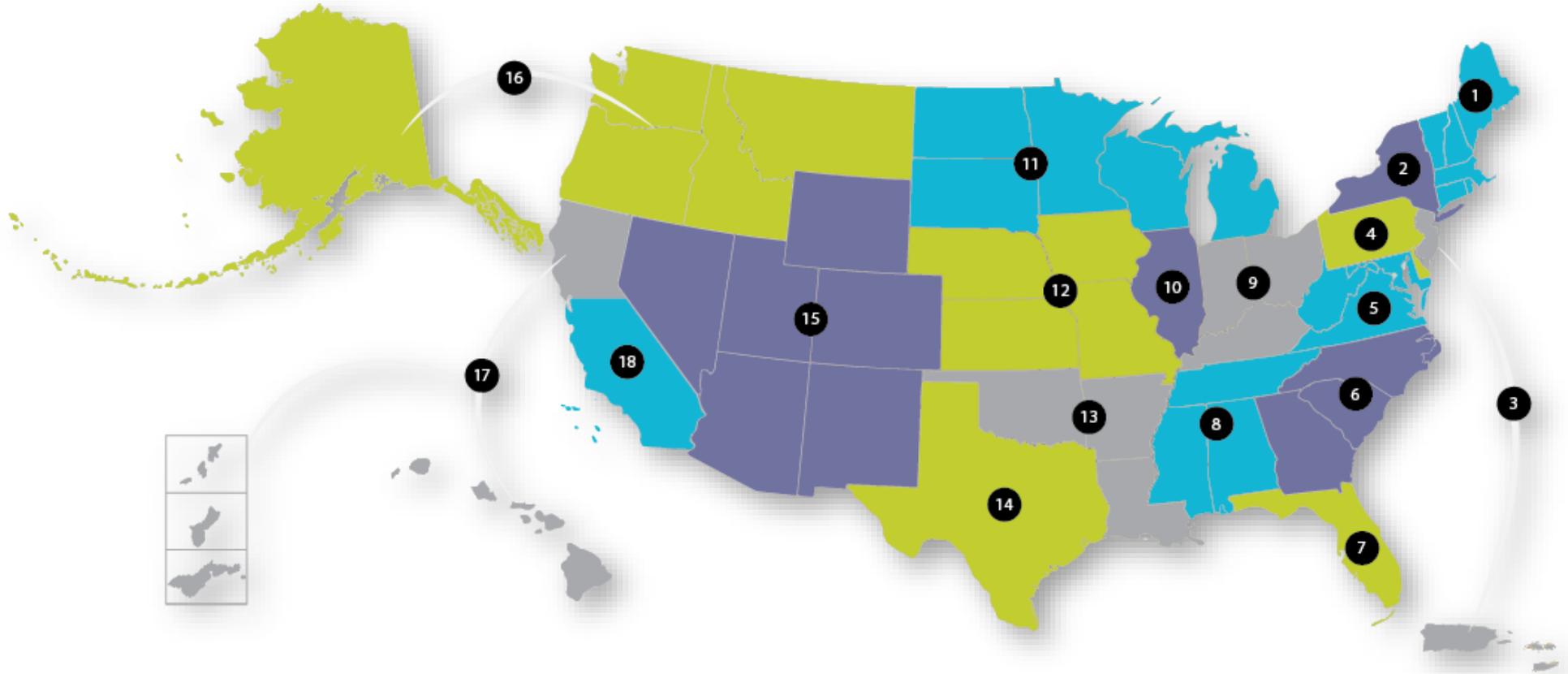


ESRD in the United States



- **726,331 dialysis patients**
 - In-Center: 461,530
 - Home Dialysis: 62,179
 - Transplanted: 222,848
- **6,284 dialysis facilities**

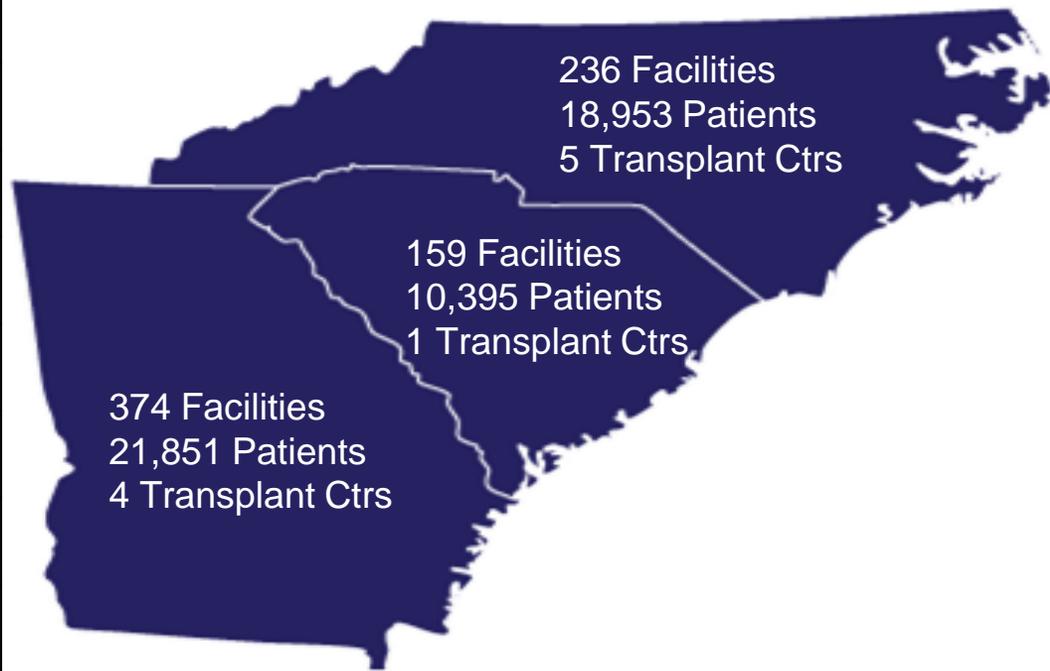
ESRD Networks



IPRO ESRD Network 6 Service Area by Facility Ownership (October 2019)



Ownership	Patients	Facilities
FKC	21,921	294
DaVita	17,658	286
US Renal Care	2,484	49
DCI	2,324	39
American Renal	2,331	32
Wake Forest	1,908	19
Independents	2,474	47
VA	99	3
Totals	51,199	772



IPRO ESRD Network 6 Service Area North Carolina State



North Carolina Healthcare Coalitions



Mountain Area Healthcare Preparedness Coalition



	Mountain Area	Triad	Metrolina	Duke	MID	Capital RAC	Eastern Healthcare	Southeasten Healthcare
Patients	950	2,287	3,714	1,855	3,338	2,467	2,879	1,060
Dialysis Units	13	22	46	24	35	27	33	14

Dialysis Organizations

North Carolina



Ownership	# of Dialysis Facilities (NC)	Emergency Patient Phone Line	Corporate Contact	Corporate Contact
Fresenius Medical Care	115	1-800-626-1297	Bob Loeper	813-843-4423 Bob.Loeper@fmc-na.com
DaVita	94	1-800-400-8331	Tom Bradsell	727-992-1015 Tom.Bradsell@davita.com
Wake Forest Dialysis	20	N/A	Marshia Coe	336-721-4603 mcoe@wfopd.com

Critical Asset Survey (CAS)



- Released annually to all dialysis facilities in the service area
- Captures vital facility information
 - Emergency POC
 - Generator status
 - Electric provider
 - Water provider
 - Transportation
 - Back-up treatment facility

End-Stage Renal Disease
Network of the South Atlantic

909 Aviation Parkway, Suite 300
Morrisville, NC 27560
(800) 524-7139

Emergency Messaging Channel
Dedicated to maintaining high standards of care
for ESRD patients before, during and after emergencies

IPRO ESRD Network of the South Atlantic Critical Asset Survey (NW6 - NC)

Emergency Preparedness: Facility Information

About the Critical Asset Survey (CAS):

The ESRD Network of the South Atlantic releases 1
area to assess the Emergency Preparedness Plan

Benefits of the CAS:

The purpose of the CAS is to identify facility and pe
be provided to local emergency management offici
emergency preparedness. Survey results will also
operations and assist emergency management lea
needed to support access to medical care.

Cooperation and Collaboration:

ESRD facilities should complete a risk assessment
an emergency plan. These policies and procedur
process for cooperation with local emergency man
these officials will support an integrated response
emergency preparedness officials and regional he
outlined in the CMS conditions for coverage. Colla
facilities emergency plan and build relationships to
continuity of care for ESRD patients.

Emergency Preparedness & Readiness Tips: B

Survey Instructions:

One completed Critical Asset Survey is required for each dialysis facility in North Carolina. Within 45 days of the completion of the survey collection process, your facility will be emailed a summary report of the information to keep on file in your emergency management plan. State Surveyors will be notified when the reports are released to facilities and may ask to review the report during site evaluations.

- Answer all questions marked with an asterisk (*).
- Read each question carefully, some questions require one answer only, while others may require more than one answer.
- Incomplete forms or those missing required fields cannot be processed and will be removed.
- The survey will be complete when you click the "Done" button at the end and you should be redirected to the ESRD of the South Atlantic Emergency website page.

1. Select your Facility Name and CCN:

*** 2. Contact information of person completing this form.**

First and Last Name:

Email Address:

Phone Number:
(xxx-xxx-xxxx)

*** 3. List contact information for all Emergency Contact Personnel at this facility.**

(1) Emergency Contact Name:

(1) Emergency Contact E-mail:

(1) Emergency Contact Mobile Phone:

(2) Back-up Emergency Contact Name:

(2) Back-up Emergency Contact E-mail:

(2) Back-up Emergency Contact Mobile Phone:

CAS Summary Report



Emergency Preparedness
Critical Asset Survey
Summary Report



Facility CCN: 110095

Facility Name: TIFT REGIONAL MEDICAL CENTER DIALYSIS CENTER

Contact Information			
Contact Name	Paula Davis	Emergency Contact Name	Patricia Reese
Contact Email	paula.davis@tiftregional.com	Emergency Contact Email	patricia.reese@tiftregional.com
Contact Phone	229-359-6350	Emergency Contact Phone	229-646-3690
Back-Up Contact Name	Paula Davis		
Back-Up Contact Email	paula.davis@tiftregional.com		
Back-Up Contact Phone	229-402-3396		
Can emergency contacts receive texts?	<input type="checkbox"/> Yes	Has the emergency contact information for staff been updated in CROWNWeb?	<input type="checkbox"/> Yes

Facility Information	
How many isolation rooms does your facility have?	5
Does your facility have an electrical generator quick connect transfer switch capability?	Yes
How much fuel do you keep on hand in hours/days?	
Does your facility have a functioning generator?	Yes
What type of fuel does your facility generator use?	Diesel
How much fuel do you have on-site at your facility (in hours)?	48

Utilities Information	
Electric Provider Name	Colquitt Emc
Electric Provider Phone Number	229-386-2278
Water Provider Name	City of Tifton
Water Provider Phone Number	229-391-3957
Does your facility have water treatment back-up capabilities? (i.e. DI tanks, water delivery, etc.)	Yes
Does your dialysis facility have a back-up communication system if the phones are not working? (i.e. Radio, Nextel, emergency text messaging system)	Emergency Text Messaging System
Other (please specify)	

Collaborations and Participation (2019)

- GA – 98.4% - Georgia DPH Dialysis Workgroup
- SC – 96.2% - Healthcare Preparedness SC
- NC – 100% - *We look forward to a collaboration!*

Data Distributed

- Facility Level Report
- State Survey Agencies and Healthcare Coalitions

Facility Communications



Patient & Provider Awareness

- Email updates
- Website updates

Resources Provided

- 3 day emergency diet
- Disaster tip sheet
- KCER – Kidney care in Emergencies brochure
- KCER – Patient ID Card

E-mail Content:

Attention Dialysis Facility:

Hurricane Florence will potentially be impacting NC and there are indications that this event will likely create challenges for dialysis facilities and patients in the Network service area. In order to better support you after the event we are asking that you complete the Emergency Preparedness Critical Asset Survey at the following link: [IPRO ESRD Network of the South Atlantic Critical Asset Survey \(NW6 - NC\)](#)

Please consider distributing the attached resources to assist dialysis patients, family/caregivers and staff with emergency preparations.

- Kidney Care in Emergencies – Community Considerations
- Disaster Tip Sheet
- Patient Wallet ID Card
- Three Day Emergency Diet – English/Spanish

The following information is currently known:

From the National Hurricane Center, there is an increasing risk of life-threatening impacts from Hurricane Florence: storm surge at the coast, freshwater flooding from a prolonged and exceptionally heavy rainfall inland, and damaging hurricane-force winds. While it is too soon to determine the exact timing, location, and magnitude of these impacts, interest at the coast and inland from South Carolina into the mid-Atlantic regions of NC should closely monitor the progress of Florence and ensure that they have a hurricane plan in place following advice from local officials.



How the team prepares?



Annual Trainings

- Annual review of roles and responsibilities
- Review CEMP
- KCER National Drill
- Conferences

Real Experiences

- Hands-on during events

Building Relationships

- Collaborations with stakeholders



National KCER Functional Exercise

Player Information Handout

Thursday, November 7, 2019

Sponsored by:

KCER
Kidney Community Emergency Response

HSAG
Health Services Advisory Group

IPRO ESRD Network of the South Atlantic
(Network 6)
Comprehensive Emergency Management Plan



2019 – 2020

Government Emergency Telecommunications Service
Office of Emergency Communications

Your Name
NW6 IPRO ESRD NETWORK OF THE SOUTH ATLANTIC

Dial Access Number: **1-710-627-4387**

After Tone, Enter PIN: **9046 4577 8349**

When Prompted, Dial: **Area Code + Number**

Tools & Access to Information



Access Database

- Dialysis Units/Organization Data
- CAS Data
- CROWNWeb Data
- Google Maps

ESSR Files

- Standardized file from LDO's

The screenshot displays the Microsoft Access interface for the 'Emergency Management Database'. The 'All Access Objects' pane on the left lists various tables and queries. The 'Target_Countries' table is currently selected. To the right, a text box provides instructions on how to import data from external sources like CAS, DaVita, and FKC into the ESSR system. Below the text box, a map shows the geographic distribution of dialysis facilities, marked with colored pins (red, green, and blue) across a region including parts of North Carolina and South Carolina.

All Access Objects

Emergency ESSR Instructions

Import tables from CAS, DaVita and FKC. Run remove hyphen in data query to remove hyphen
Use the query called DaVita Query that takes DaVita data and formats it in to ESSR. This uses CAS facility data that is coming from CROWN Facility
Use the Query called FKC query that takes the FKC data and formats it in to ESSR. This uses CAS facility data that is coming from CROWN Facility
The union CAS, DaVita and FKC.
Use this union query to populate data for ESSR. This one has the header that is for ESSR. Export it as Excel or pdf.

Tables

- CA Survey - GA
- CA Survey - NC
- CA Survey - SC
- CAS_NW6
- Clinic Listing
- 'Clinic ListingS'_ImportErrors
- CROWN Facility
- DaVita
- Facility Personnel
- FKC
- PERIOD_PREVALENCE
- Target_Countries**
- Target_Facilities

Queries

- CA SurveyQuery - GA
- CA SurveyQuery - NC
- CA SurveyQuery - SC
- CAS - Home Programs
- CAS Report Excel - GA
- CAS Report Excel - NC
- CAS Report Excel - SC



Key Considerations for ESRD Community Planning, Response, and Recovery

Lessons Learned from Previous Events:



Mandatory Evacuations

- Keeping facilities operational as long as possible / Allowing re-entry ahead of general population for both staff and patients

Shelters

- Renal diet, transportation, where to send them for treatment
- Accommodate patients close to opened dialysis facilities

Transportation

- Some patients are in wheelchair/stretchers
- Pre- and post-emergency, county transportation can be limited
- When diverted to other areas, disrupts dialysis transportation.
 - This ultimately creates **med serge** of patients calling 911 to go to ER.

Lessons Learned from Previous Events:



Water Shortages

- Water shortages, portable water tanks

Communication

- Established Communication Plans with Patients
 - Understanding impacts of not evacuating
 - Clear instructions on where to establish treatment services post event
 - Knowing the phone number of the person that may call them after the event

Power Outages

- ESRD clinics should be considered a priority for power restoration
- Securing Generator/fuel issues

Lessons Learned from Previous Events:



Living Arrangements

- Long Term Care/ Nursing Home
- Homeless/ Unstable Housing

Blue Sky Periods

- Use to establish plans / relationships with local emergency management
 - Environmental scan of dialysis facilities assets
 - Plan natural shelters with dialysis patients in mind near facilities that have generator, water/gas tanks and likely to remain operational
 - Plan emergency management staff with knowledge of ESRD patients

Lessons Learned from Previous Events:



Data Management

- Updated contact, address, emergency contacts and evacuation plans for tracking patients post event

Certificate of Needs (CON)

- ESRD Network can recommend expediting process for opening a facility if needed

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Supporting Patients through Boundless Partnerships



End-Stage Renal Disease
Network of the South Atlantic



Thank You!



**FRESENIUS
KIDNEY CARE**



Questions or Comments?

