



**Kidney Community Emergency Response Coalition  
Drill Report**

**12.09.2010**



## Table of Contents

Overview .....	3
Purpose .....	3
Structure .....	3
Participants .....	4
Results .....	5
Next Steps .....	6
References .....	7

## Overview

---



The Kidney Community Emergency Response (KCER) Coalition was formed in January 2006 in an effort to minimize disruption to life-sustaining dialysis and transplant services in the event of any type of emergency or disaster. The Centers for Medicare & Medicaid Services (CMS), through contract with FMQAI: The Florida End State Renal Disease (ESRD) Network, convened a National Disaster Summit on January 19, 2006, to review lessons learned and to plan for the future. During the Summit, KCER was formed to assist state and local efforts in meeting the needs of individuals with kidney disease. The Coalition is comprised of partners from the kidney community representing patient and professional organizations; practitioners serving the patient with kidney failure, such as nurses, technicians, dietitians, social workers and physicians; independent dialysis and transplant facilities; large dialysis organizations; hospitals; suppliers; ESRD Networks; state emergency and survey representatives; as well as CMS and other Federal agencies such as the Food and Drug Administration and the Centers for Disease Control and Prevention.

The goals of the KCER Coalition are to:

- Raise public awareness of the critical needs of individuals with kidney failure and the providers who serve them, and the need to plan ahead to ensure that life-saving dialysis services are available and obtainable in the event of an emergency and/or disaster;
- Promote and disseminate tools and resources so that these are available to individuals with kidney failure, dialysis facilities, and federal, state, and emergency workers;
- Test and refine the national response strategy that has been put into place to assist federal, state, and local efforts in the event of an emergency and/or disaster; and
- Plan for a possible flu pandemic.

## Purpose

---

To achieve the goals of the Coalition, KCER is tasked with assisting all ESRD Networks in preparing for emergencies and/or disasters. As part of this task, each year the Coalition hosts a mock disaster drill or exercise. This activity promotes training, education, and testing among ESRD Networks, providers, and other stakeholders. Lessons learned from the mock drills influence continuous quality improvement and guide future KCER activities.

## Structure

---

The 2010 KCER Exercise was held on October 21, in conjunction with The Great California ShakeOut. The drill was created to increase awareness among both public and private entities to the very real and present threat posed by earthquakes. Initially developed as a collaborative effort between both the California Department of Emergency Management and supporting local non-profit organizations, the drill has evolved since its inception in 2008 to become the largest self-administered earthquake drill in the country<sup>1</sup>.

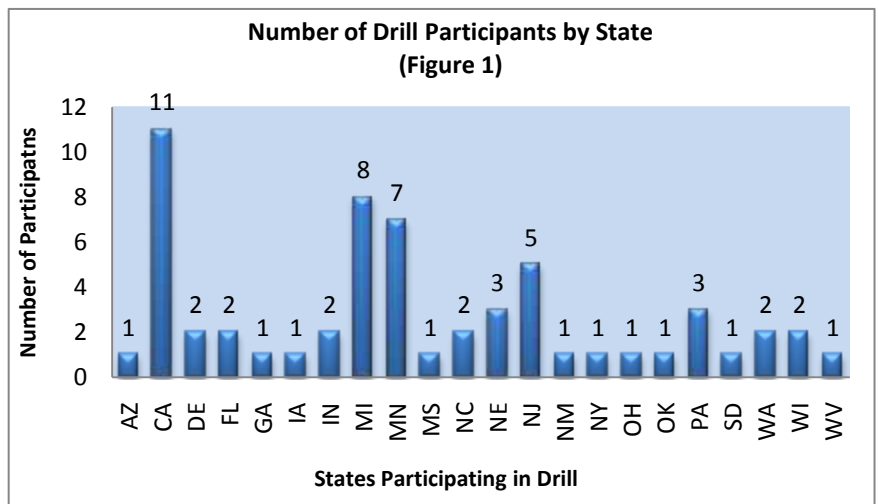
The 2010 ShakeOut drill drew record participation, with over 7.9 million people across the country registered to take part<sup>1</sup>. KCER garnered interest among the renal community for the drill by advertising on the Coalition website ([www.kcercoalition.com](http://www.kcercoalition.com)) and by promoting the drill with the collaboration of ESRD Networks across the country. Flyers for the drill were provided to each Network for dissemination to their local providers. Interested organizations were asked to register to participate in the drill at the official ShakeOut website ([www.shakeout.org](http://www.shakeout.org)). Once registered, detailed drill manuals were made available for each organization to download. Given the diversity of disaster preparedness experience among participants, each organization was able to choose from among any of three progressively more detailed drills in order to find one that best matched their current level of experience and proficiency.



In order to obtain a more complete understanding of the perceived and inherent value of the drill, providers and other renal-related organizations were also encouraged to participate with KCER by completing voluntary pre-and-post drill questionnaires. Information derived from the questionnaires was utilized by KCER to enhance future drills and improve service outreach to providers.

## Participants

In total, KCER documented participation from 59 renal facilities/organizations from over 21 states. The majority of participants were located in California, Michigan, and Minnesota (*Figure 1*). The greatest percentage of dialysis facility involvement was found to be with Large Dialysis Organizations (40%), followed by Independent Dialysis Organizations (34%).



## Results

KCER utilized pre-and-post drill questionnaire feedback to identify overarching challenges and lessons learned as communicated by drill participants. Below, general data from the pre-drill questionnaire is provided, followed by information regarding the greatest perceived challenges facing providers:

### Pre-Drill Provider Feedback

- 97% of respondents indicated their facility/organization had a comprehensive disaster plan in place;
- Of those who indicated they had a comprehensive disaster plan in place, only 29% had plans that specifically addressed earthquakes; and
- 77% of respondents reported having made contact with their local emergency manager during the past year.

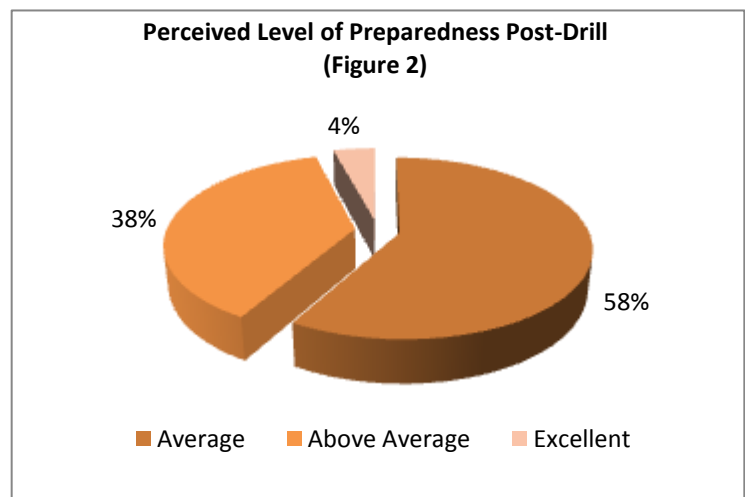
### Pre-drill Challenges Perceived by Providers

- Time restrictions;
- Carrying out drill tasks during treatment;
- Patient comprehension of drill information;
- Coordination of staff;
- Coordination with other agencies; and
- Assisting patients on dialysis during the drill.

The post-drill questionnaire provided an opportunity for providers to relay any successes, concerns, and/or obstacles encountered while carrying out the drill. As with the pre-drill feedback, general significant findings from the post drill are provided below, followed by encountered obstacles, and concluding with lessons learned.

### Post-Drill Provider Feedback

- Approximately 83% of respondents indicated participating in the drill was a productive use of their organization's time and resources;
- 52% of providers responded that the drill increased their awareness of the need to connect and engage with their local emergency management agency; and
- All responding providers indicated their facility's level of preparedness after completing the drill was average or better as indicated by Figure 2.



## **Post-Drill Challenges Experienced by Providers**

- Having staff take the drill seriously;
- Negotiating time constraints;
- Standardizing drill expectations in all facilities;
- Maintaining patient care while conducting the drill; and
- Knowing the appropriate steps to take in order to leave the building safely.

## **Best Practices**

Perhaps most importantly, questionnaire responses also helped to identify best practices associated with successful earthquake preparedness:

- Incorporating and practicing readiness activities regularly throughout the year;
- Having a leader demonstrate/roleplay first to increase staff buy-in;
- Having a clear, detailed disaster manual that any staff member can follow;
- Maintaining contact with local emergency management;
- Conducting regular drills so that staff are aware of disaster plans;
- Being ready at all times and having necessary disaster resources readily available/easily accessible; and
- Having contact numbers for state emergency disaster agencies readily available for assistance in assessing needs and coordinating response.

## ***Next Steps***

---

Among planned next steps, the KCER Patient Assistance and Response Team will be developing a patient-centered preparedness brochure that will provide patients with techniques and tips for protecting themselves in the event a earthquake occurs while the patient is on dialysis. Other efforts are also being focused on modifying the design of future drills by encouraging providers to conduct disaster drills over a period of days rather than on a defined date, to ensure all facility shifts have an opportunity to participate. Given the overall success of the Great California ShakeOut, another ShakeOut drill has been organized for April 2011 focusing this time on the New Madrid Fault Line which runs through portions of the Central United States. As with the Great California ShakeOut, KCER plans to publicize this event and encourage providers and patients from across the county to participate.

Overall, the ShakeOut drill proved to be a very effective preparedness tool by engaging the renal community in a disaster scenario many hope to never confront. On a basic level, the drill provided an opportunity for providers to gain real-time experience implementing their emergency planning and identifying potential areas of deficiency. By acting in a coordinating capacity, KCER was able to bring the importance of earthquake awareness to the forefront for many providers and patients and reemphasize the necessity of being ready for any potential disaster situation. The lessons learned from this drill provided the KCER Coalition with quality improvement opportunities to advance the preparedness of the kidney community.

## ***References***

---

<sup>1</sup>The Great California ShakeOut, Website 2010. <http://www.shakeout.org/>