



**KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION**

# **Disasters and Dialysis**

## *Conference Summary*

**February 22, 2011  
Phoenix, AZ**



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## **Introduction**

Each year, the Kidney Community Emergency Response (KCER) Coalition hosts a meeting to provide disaster focused outreach and education to members of both the kidney and emergency management communities. Community partners play an important role in the development and implementation of disaster mitigation, preparedness, response, and recovery efforts which address the needs of kidney patients. Whether representing the private or public sector, community partners are vital to the needs of individuals with End Stage Renal Disease (ESRD) being incorporated in local, state, and national disaster planning. As a volunteer-based coalition, KCER recognizes the value of emergency preparedness partners to help shape and direct kidney community preparedness through all stages of the emergency management continuum.

On February 22, 2011, KCER held a Community Partner Meeting titled, *Disasters and Dialysis*, in conjunction with the Annual Dialysis Conference (ADC) in Phoenix, AZ. The meeting facilitated the development of community partnerships through education and information sharing between all stakeholders in attendance. Specific goals of the meeting were to:

- Educate stakeholders to ensure thorough preparedness and efficient response in the kidney community;
- Encourage stakeholders to incorporate the special requirements and needs of the kidney community into their jurisdiction's emergency and disaster plans; and
- Enhance partnerships between emergency management and the ESRD community.

## **Introduction to End Stage Renal Disease**

*Presented by: Martha Hanthorn, MSW, FMQAI: The Florida ESRD Network / KCER*

For many community partners in attendance, the Community Partner Meeting represented an introduction to ESRD, both as a chronic disease state and as a vulnerable population. For this reason, the meeting began with an introduction to this important population and why the care of individuals with ESRD is an issue which warrants special disaster planning attention. Ms. Hanthorn shared that:

- Over 580,000 people living within the United States are currently diagnosed with ESRD and require either dialysis or a transplanted kidney to live.
- Dialysis patients typically receive 3 treatments per week, lasting anywhere from 3 to 4 hours per treatment.
- Approximately 5,000 dialysis facilities provide care to this population.
- Going without treatment is not an option for dialysis patients, as not being able to access even one treatment can result in complications or even death.

- The kidney community is especially vulnerable to the impacts of disasters, which can disrupt and impede necessary care and access to resources for significant durations of time.

The overarching purposes of the meeting described included:

- Minimize the disruption of dialysis and transplant services to ensure that ESRD patients receive their life-sustaining treatments, especially during times of disaster.
- Proactively brainstorm Acute Kidney Injury (AKI).

## The ESRD Network Program and KCER

*Presented by: Seth Holloway, MPH, CPH, FMQAI: The Florida ESRD Network / KCER*

The Centers for Medicare & Medicaid Services (CMS) partners with the 18 ESRD Networks covering specific geographical regions across the country to ensure patients receive “The Right Care at The Right Time.” These Networks serve as coordinating points for a variety of essential functions including: quality improvement, community information and resources, administration functions, and data reporting requirements. They also play a significant role in disaster preparedness and response efforts by efforts such as:

- Providing support to dialysis facilities in developing plans for local emergencies.
- Coordinating activities with providers and emergency management personnel to ensure patient access to care.
- Maintaining a toll-free patient hotline.
- Communicating with facilities and tracking the availability of services.
- Educating patients and providers on disaster preparedness.
- Providing information, including dialysis facility contact names and numbers, and the number of patients per zip code, as requested.



Information for the Network serving a specific state and/or region can be found at [www.esrdncc.org](http://www.esrdncc.org). If assistance is needed to find a specific Network emergency contact person or resource, e-mail KCER at [kcer@nw7.esrd.net](mailto:kcer@nw7.esrd.net) or call (813) 383-1530 (ext: 3310).

Initial work on disaster preparedness and response efforts focused on the kidney community began in response to the active hurricane season of 2004. A year later, the devastating impacts of Hurricane Katrina served to reinforce efforts and cement the need for a national coalition focused on disaster preparedness and planning for individuals requiring dialysis or transplant to survive. In 2006, a National Disaster Summit was held in Washington, D.C., and the KCER Coalition was established. As a volunteer-based coalition supported by CMS, KCER works to accomplish numerous tasks, including:

- Developing and promoting resources targeting facilities, patients, staff, government agencies, and emergency management entities.
- Maintaining a national website ([www.kcercoalition.com](http://www.kcercoalition.com)).
- Conducting mock disaster drills and exercises with the community.
- Raising awareness of the needs of individuals with kidney failure among the public and emergency responders.
- Providing technical assistance to all stakeholders.
- Coordinating disaster response activities when requested by CMS or an ESRD Network.
- Developing an AKI protocol for dissemination to the kidney community.

## **Emergency Preparedness for Home Dialysis Patients and the ESRD Conditions for Coverage**

*Presented by: Mary Fenderson, RN, MHA, FMQAI: The Florida ESRD Network / KCER*

In the kidney community, disaster preparedness plans must take into account a variety of settings and treatment modalities. In particular, home dialysis therapies, including peritoneal dialysis and hemodialysis, are administered outside of the facility environment; placing patients and home dialysis assistants in primary roles for planning and coordinating emergency preparedness and response efforts. Dialysis preparedness planning for home patients should entail:

- Developing a disaster plan that is periodically reviewed with the facility's home dialysis coordinator.
- Knowing the location of a back-up facility in the event resources are disrupted.
- Identifying an alternative means of communication if telephone service is unavailable.
- Keeping utility company contact information current.
- Developing a personal plan.
- Notifying the facility of necessary evacuation.

In addition, dialysis facilities should:

- Provide home patients with educational materials on disaster preparedness, available at [www.kcercoalition.com](http://www.kcercoalition.com).
- Contact the local emergency operation center (EOC) in the area to inform responders that there are home dialysis patients within the county/area of service and what these individuals' needs and plan will be during a disaster.

In 2008, the ESRD Conditions for Coverage, which are the minimum health and safety rules that all Medicare and Medicaid participating dialysis facilities must meet, were modified to include emergency preparedness requirements. These new requirements make facilities:

- Ensure the emergency preparedness of staff.
- Contact the local emergency/disaster management agency in the area annually.
- Provide emergency preparedness training to patients.
- Have emergency equipment on premises at all times and available immediately.
- Develop and annually evaluate a comprehensive emergency/disaster plan.

For detailed information on the ESRD Conditions for Coverage as they relate to emergency preparedness, please go to [https://www.cms.gov/CFCsAndCoPs/13\\_ESRD.asp](https://www.cms.gov/CFCsAndCoPs/13_ESRD.asp).

## **Kidney Community Response to an Upsurge in Acute Kidney Injury (AKI) Following a Disaster**

*Presented by Dr. Babajide Salako, Fresenius Medical Care*

In January of 2010, the Caribbean nation of Haiti was struck by a major earthquake of magnitude 7.0 which devastated the city, leaving more than 200,000 dead and close to 300,000 injured. In the days following this horrific disaster KCER, acting in collaboration with other kidney organizations and public/private entities, worked to coordinate response efforts directed at providing much needed dialysis resources to those directly impacted.

Much of the kidney response effort was directed at identifying and treating those with crush injuries that had been trapped under rubble and were experiencing severely impaired renal function/AKI. Dr. Salako stated that 19 such patients had been identified in the days following the earthquake, and that with appropriate treatment, those who survived the initial injury eventually recovered normal kidney function.

Though catastrophic and tragic, the Haiti earthquake served to increase awareness in the United States and around the world of the potential for major earthquakes to cause significant cases of AKI. In particular, lessons learned from Haiti included:

- The need for multi-agency coordination and participation before and after a disaster.

- The need for immediate availability of resources and the logistical coordination to launch an appropriate response.
- The importance of early fluid resuscitation.
- The value of the iSTAT point-of-care device for early diagnosis of elevated serum potassium.
- The need to develop an AKI protocol for dealing with potential AKI disasters.

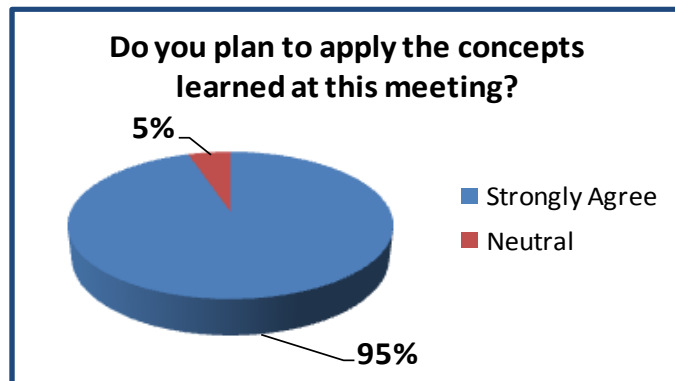
With earthquakes of various magnitudes occurring throughout the United States on nearly a daily basis, it is not a matter of “if” but “when” a major earthquake occurs on domestic soil. To address this identified area of need, KCER is working in collaboration with representatives of the kidney community, locally and internationally, to develop and disseminate an AKI protocol that can be used by the kidney community to respond to such a disaster.

## **Evaluation Summary**

Thirty-five stakeholders attended the 2011 KCER Community Partners Meeting. Post meeting evaluations indicated the meeting was well received, with an average score of 4.8 out of 5.0 (strong agreement).

Notable feedback on program objectives included:

- 95% strongly agreed or agreed that program objectives were met.
- 95% strongly agreed or agreed that program objectives and content reflected current practice issues.
- 90% strongly agreed or agreed that the teaching methods selected (lecture, demonstration) were effective.
- 90% strongly agreed or agreed that the program met their professional educational needs.
- 90% strongly agreed or agreed that the program’s physical/technical environment was conducive to learning.
- 95% strongly agreed or agreed that they would recommend this program to other colleagues.



Opportunities for improvement, as stated in the evaluations, included:

- Provide more information and examples of how to implement an effectively organized disaster plan.
- Provide information on patient 3 day emergency diet.
- Incorporate visual video and case studies to discuss implemented response and how it was resolved.
- Provide additional time to cover subject matter.
- Provide more specific information on getting home dialysis programs ready for a disaster.
- Provide an opportunity for interaction between participants to facilitate the development of relationships to enhance coordination of care in future disasters.

## **Summary**

The 2011 Community Partner Meeting furthered KCER efforts to increase disaster awareness and encourage the development of coordinated planning and preparedness efforts focused on the needs of the kidney community. Topics discussed during the meeting covered a broad range of important issues including AKI and implementing preparedness planning within a home dialysis setting. For next steps, KCER is focusing on important community driven projects including:

- Disseminating an AKI protocol and sharing related educational resources with the community;
- Developing educational resources regarding the transportation and treatment needs of patients during times of emergency/disaster; and
- Adding federal and state disaster resources to the KCER website in an accessible format.

Once completed these resources will be shared with community partners and made available at the KCER website.