



KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

2011 KCER Summit Report

March 30, 2011

Boston, MA



Table of Contents

Introduction	3
Kidney Community Response to an Upsurge in Acute Kidney Injury (AKI) Following a Disaster.	4,5
Earthquake Collaboration Exercise	5,6
Severe Winter Weather Panel	7,8
Volunteer Award.....	8
Evaluation Summary.....	8,9
Meeting Summary.....	9

The work upon which this publication is based was performed under Contract Number HHSM-500-2010-NW007C, entitled End Stage Renal Disease Networks Organization for the State of Florida, sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. The content of this publication does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

The author assumes full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by the Centers for Medicare & Medicaid Services, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this contractor. Ideas and contributions to the author concerning experience in engaging with issues presented are welcomed. Ideas and contributions can be sent to KCER@nw7.esrd.net. Publication Number: FL-ESRD-2011KCR1-9-12454

Introduction

The Kidney Community Emergency Response (KCER) Coalition was formed in response to the devastating hurricanes of 2004 and 2005. In the years since, numerous volunteers from the renal community have provided invaluable patient education and compassionate response to disaster victims.

The KCER Coalition is comprised of partners from the entire kidney community, representing patient and professional organizations; practitioners serving the patient with kidney failure, such as nurses, technicians, dietitians, social workers, and physicians; providers, including independent dialysis facilities, large dialysis organizations and transplant facilities; hospitals; suppliers; end stage renal disease (ESRD) Networks; state emergency and survey representatives; and federal agencies, including the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Centers for Medicare and Medicaid Services (CMS).

The KCER Coalition supports CMS and the ESRD Network Program and provides technical assistance to ESRD Networks, provider organizations, and other groups to ensure timely and efficient emergency preparedness, response, and recovery for the kidney community.

KCER Mission: Collaboratively develop, disseminate, implement, and maintain a coordinated preparedness and response framework for the kidney community in the event of any type of emergency or disaster.

KCER Vision: KCER is the leading authority on emergency preparedness and response for the kidney community by providing organization and guidance that seamlessly bridges emergency management stakeholders and the ESRD community nationwide.

Summit Goals: The 2011 KCER Summit was held in conjunction with the American Nephrology Nurses Association (ANNA) National Symposium on March 30, 2010 in Boston, MA. The primary Summit goals were to:

- Promote awareness of the special requirements of the renal community to prepare for and respond to disasters.
- Encourage stakeholders to incorporate the special requirements of the kidney community into their jurisdiction's emergency and disaster plans.
- Provide education and networking opportunity necessary to build cohesive community partnerships.

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 7.0 magnitude earthquake which devastated the city, leaving more than 200,000 dead and close to 300,000 injured. In the days following this large scale disaster, KCER, acting in collaboration with other kidney organizations and public/private partners, worked to coordinate response efforts directed at providing essential 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 exhibiting symptoms of Acute Kidney Injury (AKI). Dr. Salako shared that 19 such patients had been located in the days following the earthquake, and that with appropriate medical treatment all survivors were able to recover normal kidney function.

Though catastrophic and tragic, the Haiti earthquake served to increase awareness both 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 distribute an AKI protocol for dealing with potential AKI disasters.



Recent earthquakes have increased awareness of AKI

Dr. Salako further discussed the impacts of the recent earthquakes in New Zealand and Japan, and how kidney facilities in each area dealt with the challenges presented. Pictures were shown of a Fresenius dialysis facility in L'Aquila, Italy, which was seriously damaged during an earthquake in 2009. Though dialysis infrastructure in the area was heavily damaged, a temporary facility

was set-up in a large military style tent enabling 780 treatments to be performed while reconstruction efforts took place.

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

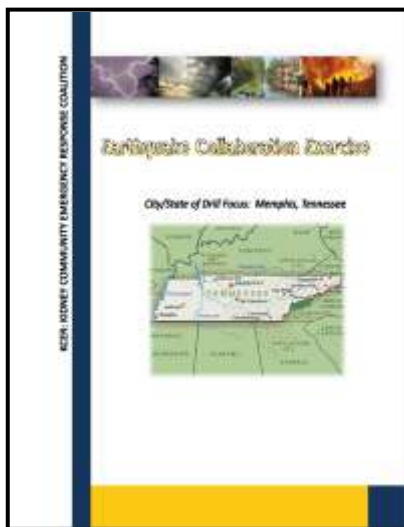
Earthquake Collaboration Exercise

Presented by Seth Holloway, Emergency Management Specialist for the KCER Coalition

In recent months, powerful earthquakes in New Zealand and Japan have served as yet another stark reminder of the need to plan and prepare for the damaging impacts that often accompany such disasters. With five currently active fault zones throughout the United States, and images of Japan’s crisis continuing to make headlines, KCER developed an Earthquake Collaboration Exercise designed to increase awareness of the potential for a major earthquake occurring directly in the United States.

The purpose of the Earthquake Collaboration Exercise was to:

- Increase understanding of potential impacts a major earth might have on the renal community.
- Identify opportunities to improve disaster preparedness and response capabilities.
- Create a shared learning environment with collaboration between kidney and emergency management representatives in attendance.



KCER Earthquake Collaboration Exercise

The exercise centered in Memphis, Tennessee, near the New Madrid Seismic Zone (NMSZ) are utilized multimedia videos from the National Emergency Management Association (NEMA) available at <http://www.emacweb.org/?2154> to provide background on the threat potential and lay out key points of the exercise scenario.

The earthquake measured magnitude 7.7 on the Richter scale. Exercise participants were provided with specific information relating to the status of the critical infrastructure (i.e. water, power, communications, transportation, and special facilities) following the event, as well as data specifically relating to impacts on the dialysis community in Memphis.

Breaking down into groups of 7-8 people, participants were then provided 25 minutes to review a series of critical thinking questions centered on identifying primary issues and action steps needed to address challenges facing the kidney community. A representative from each team then shared key team findings/ideas which included:

- Mitigation
 - Identify potential vulnerabilities in facility layout/infrastructure and take steps to minimize risk.

- Preparedness
 - Communicate with the local Emergency Operations Center (EOC) regarding the ESRD patient population, facility emergency plan, and urgency of need to quickly restore treatment capacity following an event.
 - If not already developed, create an earthquake specific disaster plan which can be added to pre-existing facility emergency plans.
 - Provide patients with information on the importance of adhering to a 3 day diet.
 - Distribute resources that allow patients to have their medial needs easily distinguished from others (i.e. KCER Lavender Patient Cards).
 - Review and share methods of identifying open/closed status of facilities (i.e. dialysisunits.com, KCER, TV and radio stations) with staff and patients.
 - Review back-up/support plans with other facilities (i.e. generator availability, access to water).
 - Confirm resource agreements with vendors/contractors.
 - Look into the availability of ham radios/walkie-talkies.
 - Encourage staff to develop personal and family preparedness plans.
 - Incorporate how the facility will provide food and lodging for staff following a disaster into planning.

- Response
 - Address injured staff and patients.
 - In safe and functioning facilities, triage and treat patients according to urgency of need.
 - KCER, ASN, and ESRD Networks conducting daily status update calls and work with private organizations and local, state, and federal responders to coordinate kidney community response efforts.

Severe Winter Weather Panel

Panelists: Natalie Grant, Boston Public Health Commission; Bill Numbers, Fresenius Medical Care; Danielle Daley, ESRD Network 1; Aaron Battle, ESRD Network 2, Alexis Kane, Patient Advisory Committee (PAC) Member/ESRD Network 1

The winter of 2010-2011 impacted a large portion of the country with a seemingly endless barrage of severe winter weather. From the Southeast to Northeast, Pacific Northwest to the Mid-Atlantic, heavy snow, dangerous ice, and gusty winds were as frequent as they were unrelenting. The kidney community was not spared the brunt of this severe weather, as Networks, providers, and facilities were at times temporarily forced to halt operations and reschedule patient treatments around approaching storms. Fortunately, due in part to careful planning, effective communication, and teamwork, patient care was minimally affected during these occurrences.

In an effort to help lessen the impacts of severe winter weather on the provision of dialysis services in the future, KCER invited panelists representing a diverse cross-section of the kidney and emergency management communities to participate in a town hall style discussion regarding the winter weather impacts of the past year.

Questions/inquiries asked of panelists included:



The 2010-2011 winter storms were unrelenting for much of the country.

- Please share your observation of the impacts severe winter weather had on the dialysis population in your area.
- What access to care related challenges did the winter weather cause?
- Can you identify the greatest challenges faced?
- What steps did you or your organization take to address this challenge?
- Describe any new processes developed to effectively deal with future severe winter weather events.

Each panelist provided thoughtful feedback to the questions presented, as indicated by the following observations:

- Winter weather for 2010-2011 was particularly challenging due to the number and intensity of storms.
- Transportation to and from treatment was identified as a primary prohibitory factor to patients being able to receive treatment during winter storms.

- A need exists to develop educational outreach resources directed at state transportation entities.
- Best practices identified by Networks prior to storm impacts included:
 - Sending weather alert notices to facilities and state Emergency Operation Centers (EOC).
 - Reminding facilities of the need for early preparation/review of disaster plans.
 - Encouraging facilities to adopt early treatment schedules in advance of incoming storms and ensure backup agreements are up to date.
 - Developing branded weather alerts that are easily identifiable by both facilities and EOCs.
- Emphasis was placed on being better able to manage storm responses by establishing advance lines of communication with staff and other stakeholders.
- Patients need to be made aware in advance of alternative treatment sites should they not be able to access regular means of treatment.

Volunteer of the Year Award

In order to recognize the significant contributions of our volunteers, KCER has instituted an annual Volunteer Award. The many volunteers that contribute their time and expertise to developing resources, as well as plans for disaster preparedness and response, are critical to KCER's success.

This year's volunteer award was presented to the Patient Assistance Team for their continued efforts and contributions to the renal community over the past year. Holding team calls on a monthly basis, the Patient Assistance Team is currently working on numerous disaster preparedness projects that will be of substantial benefit to the kidney community, including both a Patient Preparedness Video and File of Life Card tailored to the needs of kidney patients. In addition to resource development, the team has worked tirelessly to promote KCER drills such as the Great California ShakeOut and more recently, the Great Central US ShakeOut. Their continued vigilance and dedication is a testament to the resolve of the kidney community and the recognition that preparedness is a continuous process that requires ongoing commitment.

Evaluation Summary

40 community stakeholders attended the 2011 KCER Summit. Post meeting evaluations were very positive with an average score of 4.8 out of 5.0, indicating a high level of overall satisfaction.

Notable feedback on program objectives included:

- 96% strongly agreed or agreed that program objectives were met.

- 96% strongly agreed or agreed that program objectives and content reflected current practice issues.
- 100% strongly agreed or agreed that the teaching methods selected (lecture, demonstration) were effective.
- 100% strongly agreed or agreed that the program met their professional educational needs.
- 100% strongly agreed or agreed that the program physical/technical environment was conducive to learning.
- 100% strongly agreed or agreed that they would recommend this program to other colleagues.
- 100% strongly agreed or agreed to apply the concepts learned at this event.

Opportunities for improvement, as stated in the evaluations include:

- Provide information on how KCER will follow-up on things discussed at the event; and how ideas discussed will be translated into practice.
- Reduce severity level of the earthquake exercise to allow for increased response capability.

Summary

The 2011 KCER Summit provided an opportunity for community stakeholders to come together and examine important emergency and disaster related issues identified throughout the year. Held just weeks following a massive earthquake in Japan, Summit presentations focused on AKI and actions needed to prepare and respond to a major earthquake event. In addition, the final session of the day reviewed the impacts and challenges faced by the community during the widespread severe winter weather of the past year. A panel of Network, provider, patient, and emergency management representatives shared their personal experiences and identified opportunities to proactively prepare for similar winter weather events in the future.

KCER is currently working to develop educational resources intended to bring awareness to the providers of patient transportation regarding the acute health impacts discontinued service can have on the kidney population. Once completed, these resource tools will be shared with the community for further dissemination to key patient transportation stakeholders throughout the country. KCER has also started developing AKI educational resources for the community that will provide insight and guidance on how to prepare for and respond to kidney injuries resulting from earthquakes.