

Kidney Community Emergency Response (KCER) Program Deliverable 93: Annual Summary

November 29, 2017





KCER 2017 Annual Summary

2017 Overview

HSAG was awarded the KCER Program contract in March 2016, and has now completed Option Year One of the contract. The vision for KCER is to build on its current foundation, and to continue to follow the concepts, principles, and best practices of an all-hazards comprehensive emergency management program to support the renal community during a major crisis or disaster.

The KCER contractor plays a leadership and coordinating role at the national level for the Centers for Medicare & Medicaid Services (CMS), and the ESRD Network Program, related to emergency and disaster situations. Specifically, the contractor is charged with the centralized coordination of efforts to ensure the safety of dialysis patients through the development and maintenance of an emergency management infrastructure whose primary mission is to coordinate access to, and continuity of care and services, for dialysis patients. The KCER contractor collaboratively develops, disseminates, implements, and maintains a coordinated emergency/disaster preparedness and response infrastructure for the kidney community. The KCER contractor functions as the leading authority on emergency preparedness for the kidney community by providing organization and guidance that seamlessly bridges emergency management stakeholders and the ESRD community nationwide.

Response Team Workgroups

KCER is responsible for the coordination of seven workgroups that assist in the development and oversight of a national emergency and disaster program for the ESRD Network Program. The workgroup team members are comprised of representatives from across the kidney community who volunteer to provide support, guidance, and expertise in the development and implementation of an infrastructure to support the dialysis community in times of emergency and disaster.

- **Communications Workgroup:** This workgroup improves and enhances the use of communications technologies to assure that information is available to assist the kidney community in providing continuity of care during the response and recovery phase of an emergency or disaster. During the current year, the workgroup collaborated to update the CMS patient booklet “Preparing for Emergencies: A Guide for People on Dialysis.” The Workgroup also provided outreach regarding the new CMS Emergency Preparedness Final Rule, as well as promote participation in local Health Care Coalitions.
- **Clinical Practice Workgroup:** The workgroup’s goals are to expand outreach, increase involvement of physician groups, and increase the number of states participating in the nursing compact. During the current year, the group created a grid that provides the state requirements for out of state nurses to obtain emergency licensure to work in a non-compact state during an emergency.
- **Executive Oversight Workgroup:** The Executive Committee is comprised of all workgroup leaders and meets two times per year to discuss workgroup projects and update the others on progress, potential overlaps, challenges, and successes. As a result of Executive Committee discussions, concerns of the Physician Expert Workgroup were forwarded to and addressed by the Assistant Secretary for Preparedness and



Response, who attended several workgroup calls following notification of the physician concerns.

- **Facility Operations Workgroup:** This workgroup facilitates cooperative planning among the wide variety of dialysis facilities, ESRD Networks, and community disaster planners, as well as assisting with facility preparation, response, and recovery efforts. During the current year, the workgroup developed an After-Action Report/Improvement Plan (AAR/IP) template for facilities to utilize following response to an actual emergency or disaster. Facilities will have the opportunity to submit the AAR/IP to KCER, and KCER will compile the submitted reports and create a resource on the KCER website where facilities can view the lessons learned from facilities that responded to actual emergencies or disasters.
- **Pandemic and Infectious Disease Workgroup:** This workgroup develops and disseminates plans to help the kidney community maintain its ability to care for patients in the event of emerging and widespread infectious disease. The workgroup collaborates with Federal, state, and local agencies, along with KCER and other stakeholders, to ensure that emergency management plans and pandemic preparedness plans may be implemented in the event of a public health crisis. The discussed and shared different resources on the seasonal influenza virus, and KCER incorporated these resources. Additionally, the workgroup provided expertise and guidance for educational resources for the KCER website and social media sites.
- **Physician Expert Workgroup:** This workgroup provides nephrology expertise and management of kidney failure and transplant patients during a large-scale crisis. During the current year, the workgroup provided physician expertise in the review of After Action Reports from KCER response to the 2016 Louisiana Flooding incident and Hurricane Matthew. The workgroup offered solutions and action steps to address the opportunities for improvement that were identified in the After Action Reports.
- **Training and Exercise Workgroup:** This workgroup focuses on the development of a training program to enhance the kidney community, including patient and provider response capabilities and development of training materials. An additional focus of the workgroup is the development of exercises and drills. During the current year, the workgroup tailored four FEMA table-top exercises to be more dialysis center specific. The four scenarios created are a hurricane, winter storm, earthquake, and tornado. These table-top exercises contain all the materials needed for a facility to complete and document a table-top exercise to meet the New CMS Emergency Preparedness Final Rule training and exercise requirements.

National KCER Patient and Family Engagement Learning and Action Network (N-KPFE-LAN)

The involvement of the patient subject matter experts in the N-KPFE-LAN ensures that the patient voice is incorporated into all KCER activities, and encourages a patient perspective within the emergency and disaster community. The N-KPFE-LAN has 32 members consisting of patients, family members, and caregivers drawn from across the kidney community.

The N-KPFE-LAN Kickoff Meeting took place in February, with subsequent meetings being held every other month. Patients were able to join meetings by teleconference or WebEx. During the initial calls, participants were asked to share the aspects of emergency preparedness that are important to them. The members also reviewed the KCER WHAT IF... campaign materials, and decided to expand the WHAT IF... campaign adding three additional scenarios including No



continually incorporate feedback from stakeholders via the N-KPFE-LAN and the Educational Plan Committee.

As part of the Educational Plan, KCER conducted a Patient and Provider Needs Assessment, to identify gaps in education and opportunities for additional tools and resources related to emergency preparedness. The results of the needs assessments will be used to develop targeted topics and strategies to address educational gaps and needs that will be tested with 10 facilities recruited from across the country to serve as pilot testers for the education plan.

KCER received more than 1,000 completed Patient Needs Assessments, including 894 hemodialysis patients and 126 peritoneal dialysis patients. Participants represented 36 states, with the most responses coming from patients that live in Florida, Puerto Rico, California, and Colorado. Over 50% of patients responding had been on dialysis for 1 – 5 years, and 98% reported in-center hemodialysis as their treatment modality.

The results of the KCER Patient Needs Assessment helped to identify gaps in emergency preparedness knowledge and opportunities for improvement related to dialysis-specific emergency planning. Over the next year, KCER will work with renal community stakeholders to come up with targeted topics and strategies to address these areas. In addition, next steps will focus on identifying the best way to engage patients in emergency planning. For example, by holding interactive educational sessions, such as patient lobby days, encouraging peer mentorship, and conducting fun activities such as challenges or games. Successful tools, resources, and practices will be shared with patient and facilities nationwide in order to improve preparedness planning for this vulnerable population.

KCER was invited to participate as a speaker on multiple educational webinars and in-person speaking events throughout the year. KCER participated as a Subject Matter Expert in roundtable discussions sponsored by Healthcare Ready on March 3 and March 31. The discussions were part of a series of discussions titled “Diseases and Disasters,” and the first two sessions were focused on cardiovascular disease and end stage renal disease. The series aimed to bring patient advocacy and community-focused organizations together with public health preparedness policy experts to share information and ideas, build relationships, and better integrate all healthcare stakeholders in public health preparedness efforts.

KCER presented to the FEMA Region IV (AL, FL, GA, KY, MS, NC, SC, TN) Unified Planning Coalition on March 9 in Charleston, South Carolina, and the Tennessee Statewide Emergency Preparedness Meeting in Nashville, Tennessee on May 17. The presentations included an overview of the ESRD Networks, the KCER program, How the KCER program works with patients, ESRD facilities, and Networks, and KCERs Response to 2016 disasters. Over 100 Public Health and Emergency Management professionals were in attendance and the two

WE WANT TO HEAR FROM YOU!

The KCER Program invites patients, families, and providers to tell us what they need—before an emergency happens.

Help facilities to prepare their patients for emergencies. Tell us:

- What kind of emergency education you think patients need?
- What kind of education does your facility already provide?

We encourage you to take five minutes to complete a short feedback form. It can be found online at www.kcercoalition.com/2017NeedsAssessment. Easier yet, just scan the quick response (QR) code below. Your answers are completely anonymous.

KCER is here to support the dialysis community. It is our mission to help patients and providers to prepare for, respond to, and recover from emergencies. We urge you to take part in this important activity. What you have to say will impact the safety and wellbeing of all dialysis patients.

Don't wait...please provide your feedback by **February 17, 2017!**
Please contact Jerome Bailey with any questions at 813.865.3542 or JBailey@hsag.com.

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meetings, offering KCER the opportunity to build partnerships and share information with stakeholders outside of the kidney community.

Additionally, KCER held a joint webinar with Healthcare Ready and the Near Southwest Preparedness Alliance to provide national education and training on the new CMS Emergency Preparedness Final Rule. The webinar was held on May 25. Over 320 dialysis providers and other community partners participated in the webinar. The participants on the call were highly engaged, as demonstrated by the fact that the call ran close to 20 minutes over due to the high number of questions asked by participants.

KCER held its annual national disaster exercise, Operation KCER NEXUS 2017, on July 27, 2016, in the Office of the Assistant Secretary of Preparedness and Response (ASPR) “War Room,” Baltimore, Maryland. The 2017 drill was an operations-based functional exercise, which included actual reactions to the exercise scenario. The scenario was based on a terrorist attack that shut down the water treatment systems in major metropolitan areas across the country. All 18 Networks participated in the drill and actively tested their ability to respond to a major disaster. Representatives from EPRO and CMS participated in the exercise as part of the simulation cell located in Baltimore. EPRO and CMS are critical Federal partners that had not been included in the exercise previously. Exercise participants were highly engaged throughout the drill, and feedback provided on the exercise evaluations was very favorable. 88% of the participants that responded to the survey either agree or strongly agreed that following the exercise, they were better prepared to deal with the capabilities and hazards addressed.

Coordination of Response Efforts

KCER provides support and guidance to ESRD Networks, providers, and other members of the kidney community during actual emergencies and disasters. All response effects are tracked by the KCER team using the KCER Incident Report Tracking Tool to ensure that all appropriate response actions are carried out for each incident. The tool tracks each incident response from the date that the initial request for assistance is received, until the event is over and the last incident report is distributed. During 2017 KCER responded to a total of 65 events that resulted in over 1,000 changes in facility status, including closures and altered schedules, and the team sent out over 200 incident reports related to the events.

During 2017 KCER responded to three major events, Hurricane Harvey in August, and Hurricane’s Irma and Maria in September. KCER was activated beginning August 24, when response activities began related to Hurricane Harvey. KCER then remained continuously activated for Hurricanes Irma and Maria, for a total of 71 days activated from August 24 through November 2. During this time, KCER coordinated national-level preparedness and response activities, including leading daily emergency status calls, reporting on facility operational status and needs, and collaborating with CMS, Networks, dialysis organizations, and other stakeholders to identify and address patient access to care issues

On August 24, KCER began providing assistance and support to Network 14 for the response to Hurricane Harvey, which was a natural weather event that included damaging winds, and extreme rainfall leading to record-breaking flooding in parts of Texas. Network 14 had a total of 132 ESRD facilities, treating roughly 7,000 patients, with reported changes in their operational status due to Hurricane Harvey. Seven facilities sustained long-term damage during the event, and all patients had to be slotted in other facilities until repairs could be made.



Immediately upon receiving the request from Network 14, KCER activated its Emergency Operations Plan (EOP) and supported Network 14 and the Texas Emergency ESRD Coalition (TEEC) with the daily Emergency Status Calls that were held from August 24 – September 2. KCER also provided daily Incident Reports to CMS, with two being provided some days due to the frequency with which information changed. KCER submitted a total of 35 Incident Reports related to Hurricane Harvey.

On September 5, Network 3 formally requested assistance from KCER in preparation for Hurricane Irma, which was projected to directly impact the US Virgin Island and Puerto Rico before making landfall along the southern portion of the Florida peninsula as a major hurricane. Widespread evacuations were ordered for nearly 7 million residents across the state of Florida, leading to one of largest emergency evacuations in American history. Network 7 had a total of 439 facilities with reported changes in their operational status due to Hurricane Irma. Network 6 had a total of 43 facilities with reported changes in their operational status due to Hurricane Irma. Network 3 had a total of 51 facilities with reported changes in their operational status due to Hurricane Irma. Roughly 50,000 dialysis patients, across the three effected Networks, were impacted by Hurricane Irma.

Immediately upon receiving the request from Networks 3 KCER activated its EOP and coordinated, facilitated, and documented minutes for daily Emergency Status Calls that were held from September 6 – 18. KCER provided daily Incident Reports to CMS, with two being provided some days due to the frequency with which information changed. KCER submitted 22 Incident Reports related to Hurricane Irma.

On September 18, Networks 3 formally requested assistance from KCER in preparation for Hurricane Maria, which was projected to directly impact the US Virgin Island and Puerto Rico as a catastrophic category 5 hurricane. Hurricane Maria left a path of destruction across the US Virgin Island and Puerto Rico, leading to the eventual evacuation of nearly all of the dialysis patient populations from the islands of St. Thomas and St. Croix. Puerto Rico also suffered catastrophic damage from Hurricane Maria, with many ESRD facilities operating on generator power and water cisterns for weeks following the storm. Network 3 had a total of 51 facilities, threatening approximately 6,200 patients, with reported changes in their operational status due to Hurricane Maria.

Immediately upon receiving the request from Networks 3 KCER activated its EOP and coordinated, facilitated, and documented minutes for daily Emergency Status Calls that were held from September 18 – October 20. Additional calls were held on October 24, 26, and 31. KCER provided daily Incident Reports to CMS, with two being provided some days due to the frequency with which information changed. KCER submitted 45 Incident Reports related to Hurricane Irma.

During the response to the three major hurricanes, the KCER Helpline received 350 calls. Callers included patients, family members, providers, patient and professional organizations, and other stakeholders. Through the Helpline, KCER provided information, education, and technical assistance to callers. In addition, KCER provided emotional support to callers that were often scared or fearful given the emergency situations. On multiple occasions, KCER worked urgently to connect patients with resources to facilitate rescues from flood and post-



hurricane conditions. KCER also supported activities to facilitate the evacuation of dialysis patients from the US Virgin Islands and Puerto Rico.

On multiple occasions, KCER worked urgently to connect patients with resources to facilitate rescues from flood and post-hurricane conditions and to assist with emergency transportation needs for dialysis treatment. During Hurricane Harvey, KCER received a call from a patient's daughter reporting that the patient was stranded on a corner in Houston, trying to get to dialysis at a DaVita unit. The daughter was not able to reach anyone at the Office of Emergency Management and the Coast Guard line was busy. KCER contacted DaVita to share the patient's location, and DaVita was able to coordinate with Houston Fire Rescue to pick the patient up and transport to the patient to treatment. During Hurricane Harvey, KCER also collaborated with Healthcare Ready to assist a dialysis patient that called into a CNN news program, providing her name and stating she was in need of rescue. Healthcare Ready located the patient and the patient was evacuated by the Coast Guard.

During Hurricane Irma, KCER worked with the Florida Health Care Association to coordinate getting dialysis treatment for 6 nursing home residents in Jacksonville, Florida. Additionally, during Hurricane Irma KCER connected DaVita with a local contact to address urgent transportation issues for patients in Georgia. Due to mandatory evacuation orders issued in Georgia, the dialysis transportation provider in the area had ceased dialysis transport operations to carry out evacuations. Working with the contact provided by KCER, DaVita was able to resolve the issue and the patients were able to get transportation to dialysis.

Stakeholder Collaboration

KCER worked diligently to facilitate community stakeholder relationships by continually working to enhance collaboration opportunities with these groups. Building and sustaining positive relationships among partners is imperative to ensure continuity of care and services for dialysis patients during a major crisis or disaster.

During the response to Hurricanes Harvey, Irma, and Maria, KCER collaborated directly with many new and existing stakeholders to enhance the overall outcome of the response for the ESRD patient population. KCER coordinated directly with EPRO and ASPR to develop and execute logistical plans related to the evacuation of patients during the multiple Hurricanes. KCER also provided daily reports outlining the current status of the incident response, and the operational status and needs of dialysis providers.

KCER collaborated with an existing partner, Healthcare Ready, to address supply and medication needs, as well as distribution issues. Healthcare Ready also assisted with patient rescues and flagged social media posts related to dialysis and dialysis patients in need, and communicated information to KCER for follow-up.

Humanity Road was engaged as a new partner for KCER during the response to the three hurricanes. The organization uses social media to identify patient needs and connect them with appropriate communities and resources. KCER partnered with Humanity Road to identify dialysis patients that were in need of treatment, which the organization found via social media searches. The organization also partnered with KCER to assist in finding family or friends to take in evacuated patients.



Treatment and Medicine Recall Notifications

KCER has developed a process to monitor medical updates for treatment and medicine recall notices related to dialysis services. All KCER staff members are registered for the FDA MedWatch program to receive e-mails regarding medication and recall alerts. Each alert is reviewed by a nephrology nurse, and if it is determined to be relevant to the ESRD community, it is sent via email to the ESRD community via the KCER Safety Alert distribution list, as well as posted on the KCER website and shared via social media. From December 2016 to November 2017, KCER issued 33 treatment and medication recall notifications to the ESRD community.

Social Media Outreach

KCER utilizes two social media accounts, Twitter and Facebook, as additional resources for communicating important preparedness information, as well as resources and education pertaining to current hot topics and events for members the kidney community. Posts are made throughout the week to share resources and information about topics ranging from disaster preparedness to current infectious diseases. The social media accounts also play a major role during disaster response and recovery. KCER uses social media during disasters as a tool to provide situational updates, current information and relevant communications messaging to the kidney community in a timely and effective manner.



Summary

KCER will continue to build on its current foundation and follow the concepts, principles, and best practices of an all-hazards comprehensive emergency management program to support the nation's ESRD organizations during a major crisis or disaster. KCER will focus on continually enhancing engagement with the LAN to ensure that the patient voice is incorporated into all KCER activities. Technology continues to play a major role in disaster response and recovery. KCER strives to improve technology related to situational awareness through continued integration of Social Media platforms during all phases of an emergency or disaster. Additionally, KCER will continue to facilitate enhanced Network and community stakeholder relationships by offering additional collaboration opportunities among these groups. Building and sustaining positive relationships among partners is imperative to ensure continuity of care and services for dialysis patients during a major crisis or disaster.