



Kidney Community  
Emergency Response



# Dialysis During Disasters: The Kidney Community Emergency Response (KCER) Program

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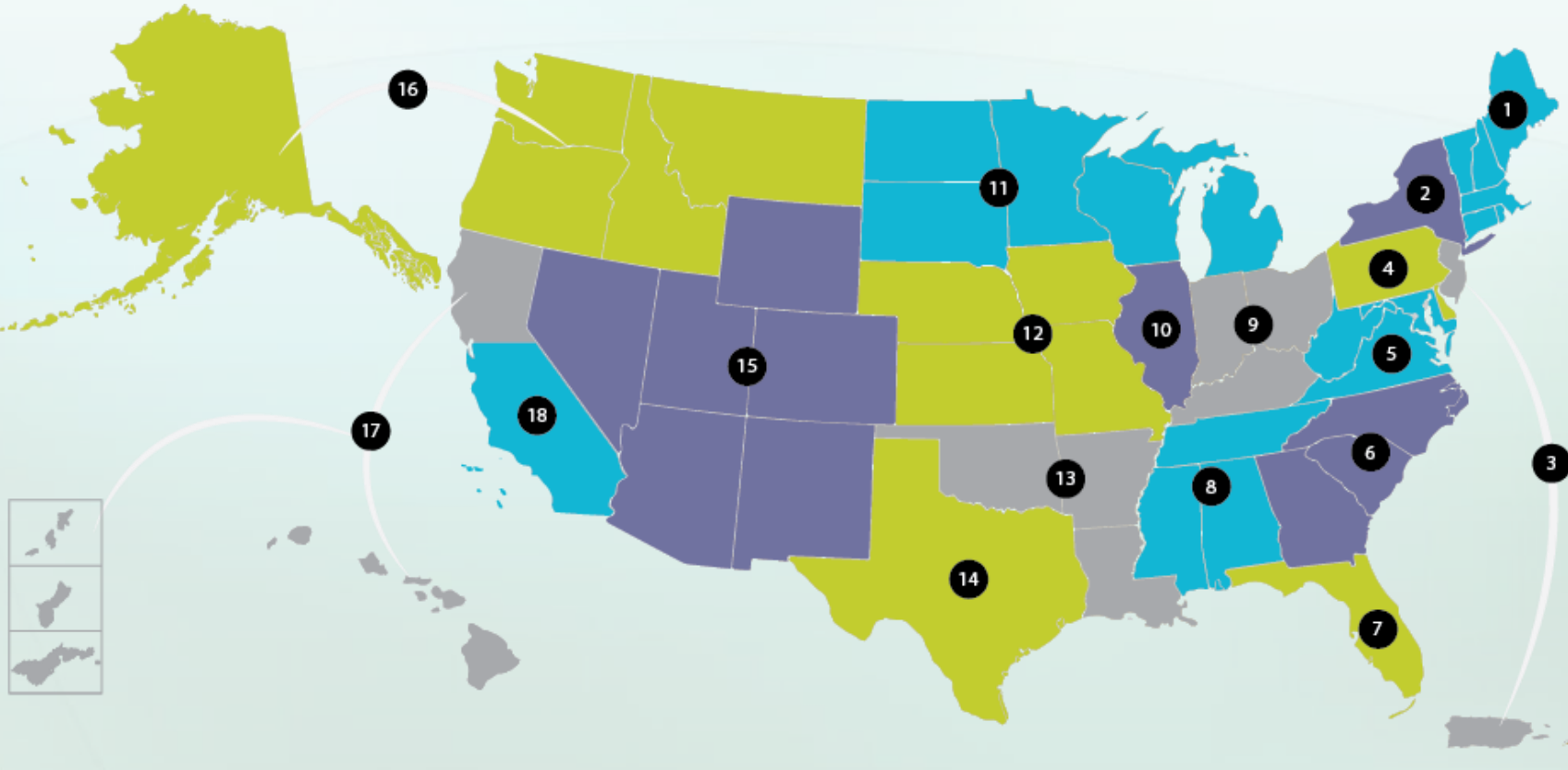
# Today's Agenda

- Provide an overview of the End Stage Renal Disease (ESRD) Network Program
- Provide an overview of KCER's history, mission and vision, objectives, and activities
- Provide an overview of how KCER works with patients, ESRD Facilities, and ESRD Networks
- KCER Response to 2017 disasters and barriers to ESRD care during disasters
- Discuss emergency preparedness requirements for dialysis facilities
- Questions?



# Welcome to the ESRD Network Overview!

# About ESRD Networks





# CMS Goals for Networks

- Increase focus on patient-centered care
- Improve quality and safety of care
- Improve independence, quality of life, and rehabilitation
- Resolve grievances and improve patient perception and experience of care
- Coordinate emergency preparedness and response activities
- Improve collection, reliability, timeliness, and use of data



# Welcome to the KCER Program Overview!



# History

- The first National Disaster Summit for the kidney community was held in Washington, D.C., in January 2006. During the Summit, the KCER Program was formed in an effort to minimize disruption to dialysis and transplant services during emergencies.
- The KCER Program is made up of partners from, and represents, the entire kidney community:
  - Patient and professional organizations, nurses, technicians, dietitians, social workers, and physicians
  - Providers, including independent dialysis facilities, large dialysis organizations, and transplant facilities
  - Hospitals
  - Suppliers
  - ESRD Networks
  - State emergency and State Survey Agency representatives
  - Federal agencies, including CMS
- The KCER Program continues to hold annual Summit meetings to promote emergency preparedness in the kidney community.



# Mission and Vision

- Develop, manage, and maintain a coordinated preparedness and response program for the kidney community
- Serve as the leading authority on emergency preparedness and response for the kidney community by providing structure and guidance that address the needs of emergency management officials and the ESRD community nationwide





# Objectives

- Coordinate continuing care and access to services for dialysis patients during emergencies or disasters
- Provide technical assistance to the ESRD Networks, kidney organizations, and other groups
  - Emergency Information Sharing
  - Kidney Community Conference Calls
  - Report Open/Closed Facility Status
  - Additional Resources and Assistance
- Ensure timely and efficient disaster preparedness, response, and recovery for the kidney community
- Incorporate the patient's voice in all activities and within the emergency community, as a whole

# KCER Activities: Foster Patient and Family Engagement (PFE) in Emergency Planning



- Convene the National KCER PFE Learning and Action Network (LAN)
  - N-KPFE-LAN
- Provide the patient perspective in the efforts to improve emergency planning
- Support the development of a national emergency quality improvement activity (QIA) or campaign
- Participate in planning for the KCER National Summit

# KCER Activities: Technical Assistance for Networks, Facilities, and Patients



- Support the Networks in fulfilling their contract responsibilities
  - The KCER contractor and the Networks will work together during actual emergency and disaster situations to support the provision of care and services by dialysis facilities for patients.
- Conduct an educational needs assessment to determine gaps and areas of opportunity
- Develop and implement an educational plan based on the needs assessment analysis
- Recruit facilities for pilot testing of materials and methods of distribution for at least one national emergency/disaster QIA or emergency/disaster campaign
  - Topic must be patient-selected topics
  - Best practices, tools, and resources must be provided



# KCER Activities: Responsibilities for Emergency and Disaster Management

- Convene and coordinate national stakeholders in an organized approach to ESRD emergency management
- Plan, facilitate, and conduct an annual national emergency preparedness exercise with all Networks participating
- Support Networks, providers, beneficiary groups, patients, and other stakeholders during an emergency situation
- Partner with stakeholders to ensure patient access to care following an emergency situation

# KCER Activities: Responsibilities for Emergency and Disaster Management (cont.)



- Provide a template for the standardized reporting of activities during emergency/disaster situations and educate the Networks on its use
  - The Emergency Situational Status Report template shall include, at minimum, the following information:
    - Number of facilities and patients affected by the emergency situation
    - Facilities' open and closed status
    - Alternate treatment schedules
    - Brief situational awareness narrative report
    - Functional status of the affected Network(s)
- Post the Emergency Situational Status Report template on the KCER website

# KCER Activities: Treatment and Medicine Recall Alerts



- Monitor for treatment and medical recall notices related to dialysis services and inform community as appropriate
- Gather input from stakeholders to enhance the process as the needs of the community evolve



# 2017 Incident Response: Hurricane Harvey



**August 23, 2017**

Hurricane Harvey regenerates in the Gulf of Mexico

**August 24, 2017**

Hurricane warnings issued for Texas Coast

**August 25, 2017**

Initial landfall on San Jose Island

**August 26, 2017**

Second landfall on northeastern shore of Copano Bay

**August 27—August 29, 2017**

Harvey hovers over Texas Coast, moving slowing southeast towards Houston.

Catastrophic flooding occurs across southeast Texas.

**August 30, 2017**

Third and final landfall, just west of Cameron, Louisiana



# Hurricane Harvey— ESRD Impact



## Texas

- More than 14,000 patients impacted
- More than 260 facilities Impacted
  - Nine received damage resulting in long-term closures
  - three remain closed to date





# 2017 Incident Response: Hurricane Irma



## **August 31, 2017**

Tropical Storm Irma forms in the South Atlantic

## **September 4, 2017**

Hurricane warnings issued for U.S. Virgin Islands and Puerto Rico

## **September 6, 2017**

Irma makes landfall in the U.S. Virgin Islands and Puerto Rico

## **September 8, 2017**

Hurricane warnings issued for Florida

## **September 10, 2017**

Irma makes landfall in Florida



# Hurricane Irma—ESRD Impact



## US Virgin Islands

- 240 patients impacted
  - 120 patients from St. Thomas evacuated to Puerto Rico on September 9–10, 2017
- 4 facilities impacted
  - 2 facilities on St. Thomas received extensive damage and remain closed to date

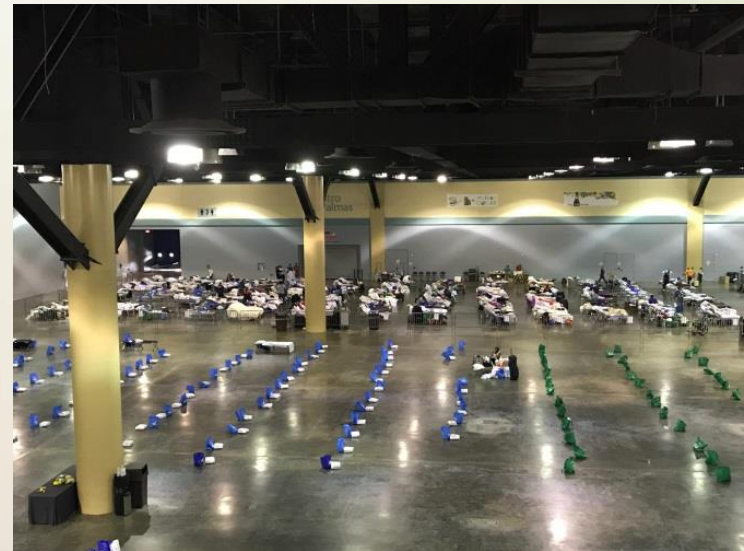


## Puerto Rico

- 6,000 patients impacted
- 48 facilities impacted

## Florida

- 30,430 patients impacted
- 449 facilities impacted



# Hurricane Maria



## **September 16, 2017**

Hurricane Maria forms in the Western Atlantic Ocean

## **September 18, 2017**

Hurricane warnings issued for U.S. Virgin Islands and Puerto Rico

## **September 20, 2017**

Landfall in U.S. Virgin Islands and Puerto Rico





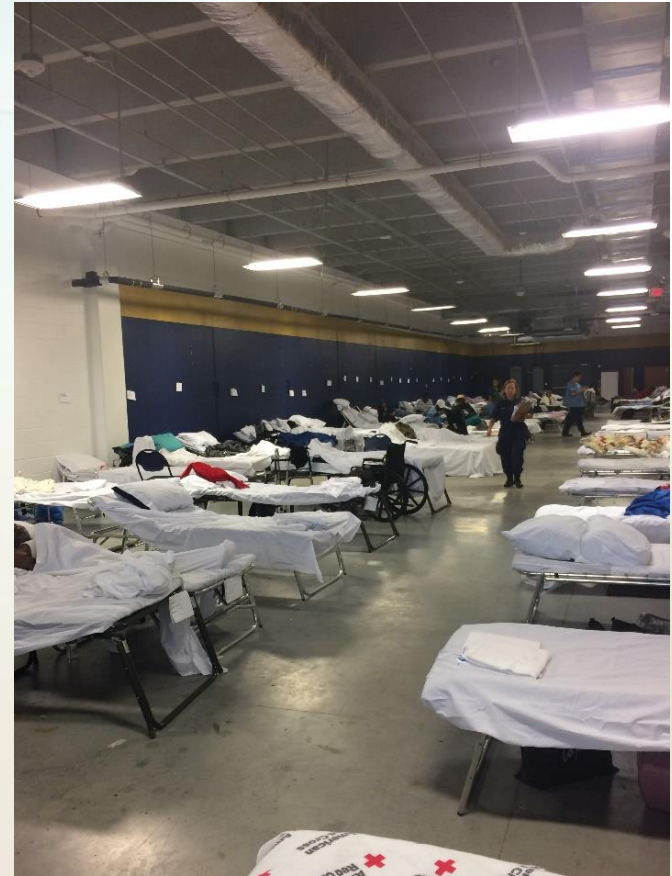
# Hurricane Maria – ESRD Impact

## U.S. Virgin Islands

- Out of 120 St. Thomas patients, 84 evacuated from Puerto Rico to Miami on September 19, 2017
- 96 patients from St. Croix evacuated to Atlanta, Georgia, from September 24–30, 2017
- 2 facilities on St. Croix received extensive damage and remain closed to date

## Puerto Rico

- Over 6,000 patients impacted
  - More than 400 patients self-evacuated to the mainland
- Out of 48 facilities, 3 facilities remain closed to date





# Barriers to ESRD Care

- Transportation
  - Pre- and post-emergency
  - County transportation can be limited
- Power outages
  - ESRD clinics are not considered a priority for power restoration
  - Water shortages
  - Approximately 80–100 gallons of potable water per patient, per treatment are needed
- Generator/fuel issues



# Barriers to ESRD Care (cont.)

- Communication
  - Contacting emergency management/utility companies
  - Locating patients
  - Patients contacting facility
- Shelters
- Moving past police/military check points
- Securing generators/fuel
- Poor facility planning/implementation
- Renal diet



# Overview: CMS Emergency Preparedness Rule

# Overview



**Purpose:** To establish national emergency preparedness requirements, consistent across provider and supplier types.

2016

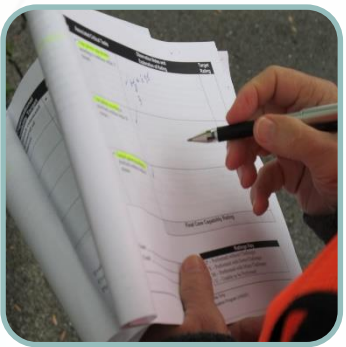
- **September 15:** Rule published
- **November 15:** Rule goes into effect

2017

- **June 2:** Advance Copy of Interpretive Guidance released
- **November 15:** Rule must be implemented



# Four Core Elements



## Emergency Plan

- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

## Policies and Procedures

- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

## Communications Plan

- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

## Training and Exercise Program

- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises

# CMS ESRD Conditions for Coverage (CFCs)



- Regularly-scheduled treatments are essential for dialysis patients.
- In the event of a natural or man-made disaster, immediate action must be taken to ensure prompt restoration of these treatments or to plan for the safe transfer of patients to alternate location(s) for their treatments.
- Each dialysis facility must have a facility-specific disaster/emergency plan and be able to respond accordingly.
- Disaster/emergency plans should address failure of basic systems such as power, source water, air conditioning or heating systems, as well as treatment-specific failures such as the facility water treatment system or supply delivery.



# Mandated Components of the Rule

# Risk Assessment and Emergency Plan



- Perform a risk assessment using an “all-hazards” approach
- Develop an emergency plan based on the risk assessment
- Update emergency plan at least annually



## ESRD Provider Requirement:

- **Must contact local emergency preparedness agency annually to ensure dialysis facility’s needs in an emergency (existing requirement)**

# Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan
- Policies and procedures must address a range of issues, including:
  - Evacuation and shelter in place plans
  - Tracking patients and staff during an emergency
  - Medical documentation
  - Use of volunteers and emergency
  - Processes to develop arrangements with other providers/suppliers
- Review and update policies and procedures at least annually



# Policies and Procedures: ESRD Requirement



- Policies and procedures must include (but are not limited to) emergencies regarding:
  - Fire equipment.
  - Power failures.
  - Care-related emergencies.
  - Water supply interruption.
  - Natural disasters.
- Tracking during and after the emergency applies to on-duty staff and sheltered patients.





# Communication Plan

- Develop a communication plan that complies with both Federal and State laws
- Coordinate patient care within the facility, across healthcare providers, and with state and local public health departments and emergency management systems. The plan should include:
  - Contact information for staff, entities providing services under other arrangements, patients' physicians, other hospitals, and volunteers
  - Current contact information for regional or local emergency preparedness agencies
  - A means, in the event of evacuation, to release patient information
- Review and update plan annually

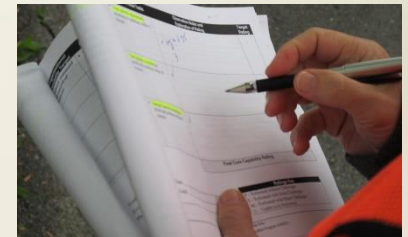
## **ESRD Provider Requirement:**

- **Does not need to provide occupancy information**

# Training and Testing Program



- Develop and maintain training and testing programs; to include:
  - Initial training on emergency preparedness policies and procedures.
  - Training for all new and existing staff, including volunteers, and maintenance of documentation of training.
- Demonstrate staff knowledge of emergency procedures.
  - Provide training at least annually.
- Conduct drills and exercises to test the emergency plan.





# Training and Testing Program – ESRD Requirements



The dialysis facility must conduct:

- Training on patient orientation in emergency preparedness with staff.
- Staff training at time of onboarding and at least yearly thereafter.
  - Ensures staff can demonstrate a knowledge of emergency procedures, including informing patients of:
    - What to do
    - Where to go, including instructions for occasions when the dialysis facility must be evacuated
    - Who to contact if an emergency occurs while the patient is not in the dialysis facility
    - How to disconnect themselves from the dialysis machine if an emergency occurs
- Required exercises

## Training and Testing

Ensure staff demonstrate knowledge of emergency procedures, informing patients what to do, where to go, whom to contact if emergency occurs while patient is not in facility (alternate emergency phone number), how to disconnect themselves from dialysis machine. Staff maintain current CPR certification, nursing staff trained in use of emergency equipment & emergency drugs, patient orientation (existing requirements).



# The Exercise Requirement

- “Community based” vs. “Facility based”
- Full Scale
  - A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).
- Tabletop
  - A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.
- Response to an actual emergency event

# Auditing and Enforcement

## How will rule be audited?

- Compliance monitoring
  - State Survey Agencies (SSAs)
  - Accreditation Organizations (AOs)
  - CMS Regional Offices (ROs)

*Use IGs and State Operations Manual*
- Checklists for surveyors and State Agencies, as well as for providers
- ESRD specific surveyor guidance tool
- Survey Certification Group (SCG) developing web-based training for surveyors and providers and suppliers

## Consequence for not complying?

- Same process for CfCs → termination of agreement with Medicare and Medicaid



# The KCER Website Review

[www.KCERCoalition.com](http://www.KCERCoalition.com)



@KCERProgram



www.facebook.com/KCERCoalition



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# Thank you for joining us today!

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