Emergency preparedness and kidney disease – using KCER (Kidney Community Emergency Response) as a resource

Beverly Whittet, RN, CDN, CPHQ
KCER Coordinator

Peter Traub, BA, BS
Associate Director, KCER

Tuesday, September 20, 2016
Thanks to our speakers!

- **Beverly Whittet, RN, CDN, CPHQ**
  - 17 years of end stage renal disease (ESRD) quality improvement and nursing experience
  - Over 10 years as a Clinical Nurse Manager in an outpatient dialysis setting
  - American Nephrology Nurses’ Association (ANNA) Administrative Practice Publishing Leader
  - Patient Services Director for ESRD Network 7 and KCER Coordinator

- **Peter Traub, BA, BS**
  - More than 10 years of experience in emergency management for the healthcare industry
  - Experience providing educational programs and materials to the end stage renal disease (ESRD) community.
  - Associate director of KCER
Today’s Agenda

• Welcome and introductions
• Provide an overview of KCER’s history, mission and vision, objectives, and activities
• Discuss emergency preparedness requirements for dialysis facilities
• Review of the KCER website
• Questions
Welcome to the Community Emergency Response (KCER) Overview!

Bev Whittet, RN, CDN, CPHQ

KCER Coordinator
<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally Gore, MSW, MBA, PMP</td>
<td><a href="mailto:SGore@hsag.com">SGore@hsag.com</a></td>
</tr>
<tr>
<td>KCER Project Director</td>
<td></td>
</tr>
<tr>
<td>Peter Traub, BA, BS</td>
<td><a href="mailto:PTraub@nw17.esrd.net">PTraub@nw17.esrd.net</a></td>
</tr>
<tr>
<td>KCER Associate Director</td>
<td></td>
</tr>
<tr>
<td>Jerome Bailey, BA</td>
<td><a href="mailto:JBailey@hsag.com">JBailey@hsag.com</a></td>
</tr>
<tr>
<td>KCER Communications Director</td>
<td></td>
</tr>
<tr>
<td>Beverly Whittet, RN, CDN, CPHQ</td>
<td><a href="mailto:BWhittet@nw7.esrd.net">BWhittet@nw7.esrd.net</a></td>
</tr>
<tr>
<td>KCER Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
KCER

- History
- Mission and vision
- Objectives
- Activities
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
• 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
Activities: Workgroups/Responsibilities

• **Communications** — Improve or enhance the use of communication technologies to ensure that information is available to help the kidney community provide continuity of care during the response and recovery phase of an emergency or disaster.

• **Facility Operations** — Facilitate cooperative planning among the wide variety of dialysis facilities, ESRD Networks, and community disaster planners, and assist with facility preparation, response, and recovery efforts.
Activities: Workgroup Responsibilities (cont.)

• **Pandemic and Infectious Disease** — Develop and disseminate plans to support the kidney community’s ability to care for patients in the event of emerging and widespread infectious disease.
  - Collaborate with federal, state, and local agencies on emerging and widespread infectious disease.

• **Physician Expert** — Provide nephrology expertise and management for patients with kidney failure and kidney transplant patients during a large-scale crisis.
  - The KCER Program shall function as the conduit through which this physician group will become affiliated with the U.S. Department of Health and Human Services (HHS) and the office of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Multi-Specialty Enhancement Team (MSET) as soon as HHS completes the charter for this group.
Activities: Workgroups/Responsibilities (cont.)

• **Clinical Practice** — Composed of physicians, nurse practitioners, certified nephrology nurses, social workers, dietitians, facility administrators, and patients.
  - This group will take an interdisciplinary approach to emergency and disaster planning and response.
  - Members will serve as resident experts in the clinical arena.

• **Training and Exercise** — Responsible for the development of a training program to enhance the kidney community’s response to emergencies and disasters
  - Focus on improving response capabilities, and development of training materials.
  - Group will also develop exercises and drills to test the ability to implement the Strategic Plan.
Activities: Workgroups/Responsibilities (cont.)

• Executive Oversight — The leaders of the workgroups shall meet periodically to discuss their projects and update others on progress, potential overlaps, challenges, and successes.
  - Must include at least one patient subject matter expert (SME) per workgroup.
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
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
Activities: Responsibilities for Emergency and Disaster Management

• Convene and coordinate national stakeholders in an organized approach to ESRD emergency management
• Plan, facilitate, and conduct a 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
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:
    o Number of facilities and patients affected by the emergency situation.
    o Facilities’ open and closed status.
    o Alternate treatment schedules.
    o Brief situational awareness narrative report.
    o Functional status of the affected Network(s).

• Post the Emergency Situational Status Report template on the KCER website.
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
How You Can Get Involved?

• Join committees and workgroups
• Volunteer as a patient SME
• Be active participants in the national campaign and encourage facility participation, if applicable
• Be an emergency preparedness peer mentor for other dialysis patients
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.
CFC Standard: Emergency Preparedness of Facility

- The dialysis facility must have processes and procedures to manage medical and non-medical emergencies of the patients, the staff, or the public.
- These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility’s area.
CFC Standard: Emergency Preparedness of Staff

• The dialysis facility must provide training and orientation in emergency preparedness to the staff.
• Staff training must be provided and tested at least yearly, ensuring that 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
CFC Standard: Emergency Plans

The facility is required to:

• Test the effectiveness of the emergency and disaster plans annually and update them as necessary
• Contact the local emergency management agency, at least once annually, to make sure that the agency knows what the dialysis facility needs in the event of an emergency
The KCER Website and Social Media Applications

Peter Traub, BA, BS
Associate Director, KCER
The KCER Website Review

www.KCERCcoalition.com
We’re on Social Media!

Follow us and Like us!
@KCERProgram

www.facebook.com/KCERCoalition
¡Acompáñenos en el seminario web del mes próximo!

Enfermedad de los riñones crónica: prevención y tratamiento

martes 4 de octubre 2016, de 1:00 p. m. a 2:00 p. m. (hora del Este)

Acompáñenos para obtener información sobre:

• Definición y factores de riesgo de la enfermedad de los riñones crónica.
• Pruebas de detección y prevención de la enfermedad de los riñones crónica.
• Alternativas de tratamiento para la enfermedad de los riñones en etapa terminal (insuficiencia renal).

Haga clic aquí para registrarse