

Disaster & Emergency Planning



February 1, 2012
Pre-Conference Workshop
Heartland Kidney Conference: Kansas City, MO

KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

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Objectives – Part I

- Understand the role federal, state, local, and corporate emergency management entities play before, during, and after an emergency occurs.
- Recognize the importance of dialysis facilities making contact with their respective Local Emergency Management Agency on an annual basis and completing additional CMS Conditions for Coverage regarding emergency preparedness.
- Incorporate important emergency preparedness resources and best practices into pre-existing facility preparedness plans.

Part I: Preparing for the Storm

**Highlights of 2011 Weather Emergencies:
Iowa, Kansas, Missouri & Nebraska**

- Severe Winter Storms
 - Groundhog Day Blizzard (Jan 31st- Feb 3rd)
- Missouri River Flooding
 - Due to the release of six dams by the Army Corps of Engineers (June-October)
- Tornadoes
 - Joplin, MO (Part II) and Sedalia, MO

**ESRD Conditions for Coverage
Emergency Preparedness**

V408(d) Standard: Emergency preparedness.

The facility must implement processes and procedures to manage medical and non medical emergencies that are likely to threaten the health or safety of the patients, the staff, or public.

- Each facility must have a facility-specific disaster/emergency plan.
- 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.
- Dialysis facilities must consider the potential of and develop a plan for natural disasters in their geographic locations.
- Responsible staff and patients should be knowledgeable regarding the emergency plan, should the facility be non-operational after a disaster.

V409 (1) Emergency preparedness of staff.

The dialysis facility must provide appropriate training and orientation in emergency preparedness to the staff. Staff training must be provided and evaluated at least annually and include the following:

- (i) Ensuring that staff can demonstrate a knowledge of emergency procedures, including educating patients;
- (ii) Ensuring that, at a minimum, patient care staff maintain current CPR certification;
- (iii) Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.

V412 (2) Emergency preparedness patient training.

The facility must provide appropriate orientation and training to patients. Patients should...

- o Have sufficient knowledge of emergency procedures to know how to handle emergencies, both in and out of the facility.
- o Be instructed about the facility disaster/emergency plan.
- o Know how to contact their facility during an emergency.
- o Be provided an alternate emergency phone number in case the facility phone is not answered and/or the facility is not functioning during a disaster.

V412 (2) Patient training (continued)

- o Be able to describe what they would do if they were not able to get to their regular dialysis treatment, including dietary precautions.
- o Understand they must seek treatment promptly in the event that a natural or man-made disaster results in the closure of their facility.
- o Be able to verbalize how they would disconnect themselves from the machine and evacuate the facility, or if unable, how they will be evacuated if an emergency occurred in the facility.

- **V413 (3) Emergency equipment.**
Emergency equipment must be on the premises at all times and immediately available.
- **V414-416 (4) Emergency plans.** *The facility must:*
 - (i) Have a plan to obtain emergency medical system assistance when needed;
 - (ii) Evaluate at least annually the effectiveness of the emergency and disaster plans and update them as necessary; and
 - (iii) Contact its local disaster management agency at least annually to ensure that such agency is aware of dialysis facility needs in the event of an emergency.

V768 (g) standard: Emergency coverage.

- (1) The governing body is responsible for ensuring that the dialysis facility provides patients and staff with written instructions for obtaining emergency medical care.
- (2) The dialysis facility must have available at the nursing/monitoring station, a roster with the names of physicians to be called for emergencies, when they can be called, and how they can be reached.
- (3) The dialysis facility must have an agreement with a hospital that can provide inpatient care, routine and emergency dialysis and other hospital service, and emergency medical care which is available which is available 24 hrs./day, 7 days/week. Must:
 - (i) Ensure that hospital services are available promptly to the dialysis facility's patients when needed.
 - (ii) Include reasonable assurances that patients from the dialysis facility are accepted and treated in emergencies.

Facility Documentation

Staff- Orientation for all staff must include emergency preparedness training and annual training thereafter.

Patients- Medical records should include evidence of education in emergency evacuation and emergency preparedness.

Plan-

- Annual Review of plan
- Include how the facility will Prepare, Protect & Recover
- Include any emergency drills
- Annual Contact- Local Emergency Management Agency

Panelists

- **Gay Jones** – FEMA Region VII, Disability Integration Specialist
- **Bill Nugent** – Missouri Department of Health and Senior Services
- **Babjide Salako** – Fresenius Medical Care, Director of Global Pandemic Response Operations
- **Tony Moehr** – Jasper County Public Health Department Administrator

Panelist Questions

- What impact did severe weather or flooding have on the dialysis population in your area?



Panelist Questions (continued)

- What “access to care” related challenges did these events cause?
- What steps did you or your organization take to address the challenges?



Panelist Questions (continued)

- What is the greatest challenge faced by special needs populations during disaster situations?
- What preventative actions can dialysis facilities and patients take to lessen impacts of a disaster?



Panelist Questions (continued)

- Have recent severe events caused you or your organization to reconsider any aspect of disaster readiness?
- What recommendation would you like to share to enhance emergency/disaster planning?



Panelist Questions (continued)

- How important is communication between dialysis facilities and emergency managers?
- What resources are available to assist with planning efforts, in the facility as well as from other agencies?



Disaster Plan Q & A

Attendees' opportunity to:

- Ask specific questions regarding their disaster plan (i.e., mitigation, preparedness, response, recovery, community collaboration)
- Discuss and share ideas between panelists and audience members

For More Information

- <http://www.heartlandkidney.org>
- <http://www.kcercoalition.com>
 - The Kidney Community Emergency Response (KCER) Coalition recently released the CMS publication, **Disaster Preparedness: A Guide for Chronic Dialysis Facilities – Second Edition**, located on the KCER website. The new guide includes a Word document containing customizable forms from the appendix.

BREAK

Objectives – Part II

- Identify impacts of the 2011 Joplin, MO, tornado on dialysis facilities and patients.
- Obtain an understanding of how local dialysis facilities in Joplin, MO, responded to the event through collaboration with the Federal Emergency Management Agency (FEMA), the Missouri State Agency, and the Heartland Kidney Network.
- Describe the important response steps taken by each facility to get back up and running within 48 hours after tornado.

Part II: Joplin, MO - Lessons Learned from One of America's Deadliest Tornadoes



5:41 p.m., Sunday, May 22, 2011

Joplin Tornado Video Images

Devastation By The Numbers

http://www.noaa.gov/news/2011_tornado_information.html

- Joplin tornado was categorized as EF-5 on the Fujita Scale
- Packed wind speeds in excess of 200 mph
- Over ¼ of a mile wide, with a track spanning 6 miles
- Deadliest tornado since modern recordkeeping began in 1950
- Total damage in excess of 1.3 billion dollars
- Estimated 157 dead as a result of the storm

Impacts to the Renal Community

Dialysis Units (3 units)

- **FMC Joplin West**
(41 patients, 13 chairs)
Was severely damaged and permanently closed.
- **FMC Joplin East**
(75 patients, 19 chairs)
Accommodated additional patients by running 3 shifts daily and a Tues-Thurs-Sat nocturnal shift.



FMC Joplin West Dialysis

Impacts to the Renal Community

- Freeman Dialysis
(94 patients, 17 chairs)
Was not physically impacted; assisted with taking in patients.
- Freeman Hospital assisted with community response, including providing acute dialysis care and taking in critical patients from St. John's Regional Medical Center.



St. John's Regional Medical Center

Impacts to the Renal Community

- Water issues- FMC and Freeman shared water supplies, once available.
- Both facilities re-opened on Tuesday, May 24th.
- Both also made plans for dialysis with units in Miami, OK, Monett, MO and Pittsburg, KS for displaced patients.



FMC Joplin East Dialysis

Impacts to the Renal Community

ESRD Patients

- 210 patients affected
- All patients accounted for; three deaths – 1 having died in the tornado and 2 nursing home patients passed away following a transfer out of Joplin.
- Facilities reached out to PD patients as well.
- Some patients requested transfer to other facilities due to lost housing.

Impacts to the Renal Community

Heartland Kidney Network

- Assisted with Communication
 - Outreach to impacted facilities' Disaster Contacts.
 - Information and status updates to Centers for Medicare & Medicaid Services, Missouri Department of Health & Senior Services, KCER, ESRD Network 13, and impacted / neighboring facilities in AR, KS, MO and OK.

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- **Bill Nugent** – Missouri Department of Health and Senior Services
- **Tony Moehr** – Jasper County Public Health Department Administrator
- **Babajide Salako** – Fresenius Medical Care, Director of Global Pandemic Response Operations
- **Sue Emmert** – Freeman Nephrology & Dialysis Center, Director of Dialysis Services

Panelist Questions

- What was the greatest impact experienced by the community following the tornado?
- What was the impact on dialysis facilities or other health care providers?



Panelist Questions (continued)

- How did you or your agency respond to the storm?
- How did you work with community partners during and following the storm?



FMC Modular Dialysis Unit

Panelist Questions (continued)

- What steps were taken to ensure dialysis patients or other vulnerable persons were able to access needed care?



FMC Modular Dialysis Unit Interior

Panelist Questions (continued)

- Describe key lessons learned and what you would do differently in preparedness and response.



Questions?



For More Information

- <http://www.heartlandkidney.org>
- <http://www.kcercoalition.com>

Thank you for your participation!

Please remember to complete and return your meeting evaluation forms.



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