



National Disaster Preparedness

Preparedness & Response for the ESRD Community

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Centers for Medicare & Medicaid Services

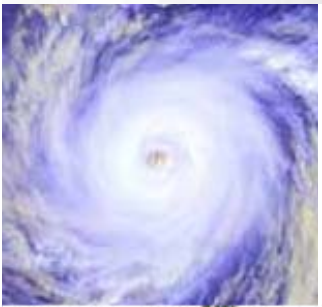


Job Well Done!

The collective, and collaborative response from the renal community was critical to ensuring that individuals in need of dialysis received the care they needed.

Other provider groups could learn more from the renal community.

Of course, there is always room for improvement and we applaud and encourage on-going efforts.



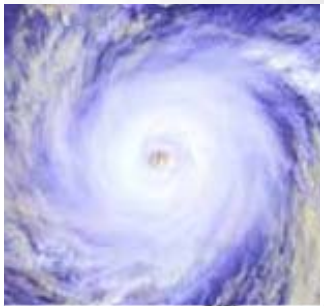
Recent Disasters - Katrina

At Storm:

- 94 facilities (9 in AL, 31 in MS, 54 in LA)
- 5,849 patients could have been affected
- Also, South Florida and the Keys

Currently:

- 22 facilities still closed
- LA: 19 units are still closed in New Orleans (as of 3/22)
 - 7 of those are permanently closed by the facilities choice,
 - One of those is the VA outpatient program, which does not plan to reopen.
- MS: 2 units are still closed post Katrina (as of 3/22)
 - one is not planning to reopen.
- AL: 1 unit is currently still closed post Katrina.



A Matter of Time?

Learn from the Past, Prepare for the Future.



Disasters Strike

- Earthquakes
- Floods
- Wild Fires
- Hurricanes
- Typhoons
- Tsunamis
- Floods
- Blizzards
- Mudslides
- Tornadoes
- Chemicals
- Terrorist Attacks
- Pandemics

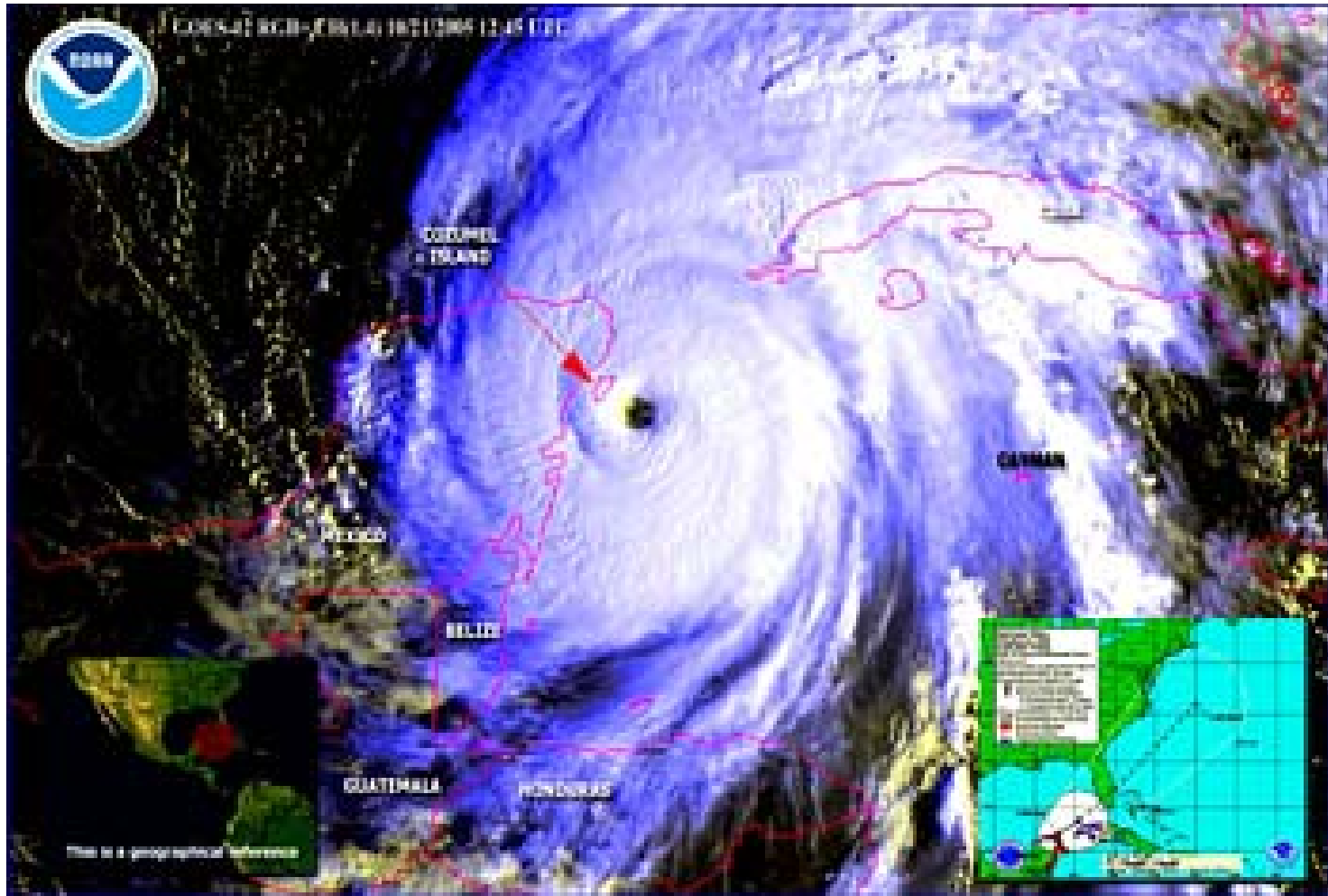








CONSULT WITH LOCAL AUTHORITIES FOR TIDE























CMS – Committed to Doing Our Part

■ Activities Under-way

- National Recovery Efforts in Hurricane Affected Areas
- Disaster Preparedness and Response
- Planning for a Potential Flu Pandemic Outbreak

Example of General Responsibilities



- Part of National Coordinated DHHS effort
- Facilitate access to, and payment for, covered services (e.g., waivers, legislative grant authority, etc.)
- Communication and education to beneficiaries and provider community
- Maintain existing programmatic operations to ensure beneficiary access to services and prompt, accurate payment for the providers of those services
- Support tracking and surveillance of Medicare patients, including high-risk and vulnerable patients
- Supply “real time” intelligence to other Federal health care agencies on the status of local, regional, and national activities
- Communicate and support state infrastructure for program operation (Medicaid & SCHIP)
- Work with State Survey Agency’s to ensure continuity of survey and certification operations (with flexibility appropriate to the situation)

Commitment - Translated to Kidney Related Activities



■ National Recovery Efforts

- Weekly tracking and reporting facility and patients
- Assisting individuals returning to the area with finding dialysis services that meet their needs;
- Facilitating renal community communication and collaboration working with providers to: (1) assist individuals affected with the storm obtain personal services (e.g., grants, medications, transportation); (2) assist facilities restore services (e.g., identification of staff, restoration of utilities, to obtain certification); and (3) in planning for future disasters/emergencies.

■ Disaster Preparedness and Response

- Revision of CMS Material (Facility and Patient Preparedness)
- Revised Network Contract
- Funded Special Project
- Participation on National Coalition

CMS Kidney Related Activities Continued

■ Flu Pandemic

- CMS participation in DHHS and CMS activities
- Networks are distributing education and preparation material to all facilities in their Network area, including references to federal tools and resources that are available.
- Network have information on their website regarding the flu pandemic, including the state plan and federal tools. Additionally, Networks are revising their site to be used as a vehicle to distribute information, to track outbreaks, and posted status of affected and open facilities.
- Networks identified a contacts for state flu pandemic efforts and are working to be updated and included in state planning efforts, with the goal of having a plan at the state and local level that recognizes the unique needs of the population and the system burden that will be caused in an outbreak (e.g., increased dependency on hospitals for dialysis services).





ESRD Network Contract Responsibilities

Preparedness:

- Provider & Patient Education
 - General preparedness (CMS & Network specific material)
 - Flu pandemic

- Facilitate and assist providers/facilities in developing plans for local emergencies/disasters.

- Maintain a phone system to ensure Network staff members can be contacted as necessitated by the emergency.

ESRD Network Contract Responsibilities



- In the event of local disasters:
 - Track availability of services
 - Assist patients in identifying dialysis facilities that can provide ESRD services
 - Track and make available to the public the open and closed status of the facilities in the effected area
 - As directed by CMS, provide information to family members and treating facilities on where a patient previously/currently is receiving services to assist in location of individuals and the exchange of critical medical information.
- Participate in national and/or regional calls with providers,
- Coordinate activities with providers and other emergency workers to ensure access to dialysis.



Disaster Special Study

*Developing Strategies & Strategic Partners
to Overcome Disasters*

Kelly M. Mayo, MS

FMQAI: The Florida ESRD Network (Network 7)



Project Strategies

- Review current disaster planning resources
- Identify challenges faced before, during and after disasters
- Identify strategies Networks can implement with partners to overcome barriers
- Develop a “best practices” checklist to assist Networks with disasters
- Conduct “mock surveys” to assist in self-assessment of readiness
- Review and suggest revisions to Facility & Patient Guides for Emergencies



Disaster Checklist

- Year-round activities
 - Staff / Network planning
 - Community education & communication
 - Dialysis & transplant providers
 - ESRD patients & families
 - Other strategic partners
- In advance of a disaster
- Disaster strikes – with or without notice
- Post-disaster recovery & assessment



Readiness Assessment

- Effectiveness of plan
 - Communication
 - Education
 - Coordination
 - Tracking
- Staff knowledge
- Key contacts with disaster response agencies
- Stakeholder knowledge of ESRD special needs
- Good working relationships
- Level of stakeholder education
- Post-disaster response & reporting mechanisms
- Post-disaster evaluation & CQI



Ultimate Goals

- Clarify the role of ESRD Networks in disasters
- Improve state-level disaster planning by all ESRD Networks
- Educate strategic partners regarding the special needs of ESRD patients
- Increase the knowledge of ESRD patients and providers
- Decrease disruption of dialysis services due to disasters
- Improve access to care, especially during emergencies



National Disaster Summit

Activities of the National Disaster Coalition

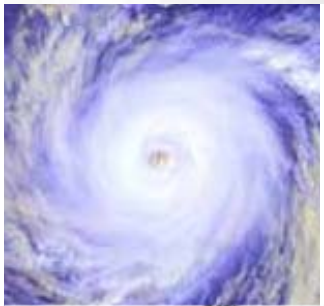
Dolph Chianchiano

National Kidney Foundation (NKF)



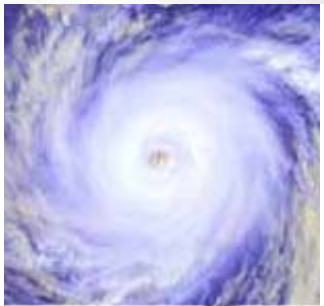
The Disaster Summit

- Initial Meeting -- All Strategic Partners Invited
- Preliminary Work -- Pre-Summit Survey on Lessons Learned & Best Practices
- Consensus on Major Issues -- Facilities Operations, Patient Tracking, State Collaboration, Volunteer Support, & Communications
- Coalition Approach Decided Upon -- To support national, state, county, local efforts
- Eight Response Teams formed
- National Kidney Foundation volunteered to be the administrative lead to support Coalition



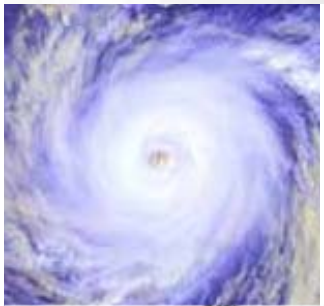
Why a Coalition?

- Inclusive, responsive, grass roots approach
- A coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal
- Participants bring resources to the table
- Enhance the other's capacity



Organizations Represented

- American Association of Kidney Patients
- American Kidney Fund
- American Nephrology Nurses' Association
- American Society of Nephrology
- Centers for Medicare & Medicaid Services
- Centers for Disease Control
- Computer Services Corporation
- Departments of Health
- ESRD Network Organizations
- Food and Drug Administration
- Forum of ESRD Networks
- Hospital Healthcare Systems
- Independent Dialysis Centers (Free-Standing & Hospital-Based)



Organizations Represented

(Continued)

- Large Dialysis Organizations
- National Association of Nephrology Technicians
- National Institutes of Health
- National Kidney Foundation
- National Renal Administrators Association
- Office of Inspector General
- Physician Medical Groups & Independent Physicians
- Renal Physicians Association
- State Survey Agencies
- Transplant Centers
- Universities
- Vendors
- Other Strategic Partners



Coalition Response Teams

- Patient Assistance & Response – AKF & AAKP
- Coordination of Staff / Volunteers – ANNA
- Physician Assistance – ASN & RPA
- Communications – NKF
- Patient & Facility Tracking – ESRD Networks
- Facility Operations & Services – DaVita, FMC & NRAA
- Federal Response – CMS
- Vendor Services – Amgen



Response Team Progress

■ Patient Assistance & Response

- No need to develop new written materials
- Patients need a “tool kit”
- Questions: funding and distribution

■ Coordination of Staff/Volunteers

- Developing plan to solicit volunteers and maintain lists with contact information
- State Boards of Nursing
- Funding needed for shelter, transportation & food for volunteers



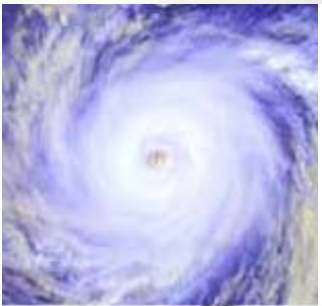
Response Team Progress *(Continued)*

■ Physician Assistance

- Planning education programs – symposium at ASN; topics in JASN
- Exploring physician workforce opportunities – medical reserve corps, national disaster medical system
- Support for physicians who have lost their practices
- Propose information system to identify & locate displaced patients – medical records

■ Communications

- Listserv
- Website
- “800” number



Response Team Progress *(Continued)*

- Patient & Facility Tracking
 - Developing minimum data set for patients, with input from provider consensus group
 - Proposing requirement for facilities to provide an emergency contact to their Network
 - Define “open unit”

- Facility Operations & Services
 - Developing checklist for facilities
 - Exploring temporary licensure for professional volunteers
 - Proposing to expand the CMS ER manual



Response Team Progress *(Continued)*

■ Federal Response

- Drafting mission statement for the coalition
- Assembling contact list at various agencies
- Developing fact sheet – “special needs” population statement

■ Vendor Services

- Need to develop a “one-stop” resource for supplies during disaster situations



Planning Committee

Role of coordination & communication

- Vehicle for two-way communication with Response Teams
 - Liaisons charged to get information to and from respective Response Teams
 - Method of gaining in-put and feedback from the entire coalition
- Identify and eliminate redundancy
- Identify gaps and assign to appropriate task force



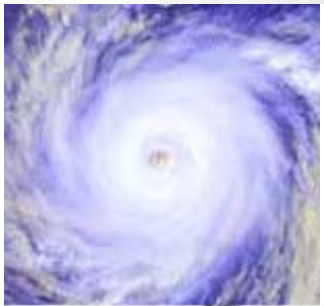
Planning Committee -- Initial Members

<u>Name</u>	<u>Organization</u>	<u>Workgroup</u>
Tom Bradsell	DaVita	Facility Operations
Sue Cary	ANNA	Coordination of Volunteers
Ken Chen	Amgen	Vendor Services
Dolph Chianchiano	NKF	Federal Response
Gina Clemons	CMS	Federal Response
Andrew Cohen, MD	ASN	Physician Assistance
Jim Curtis	NANT	Facility Operations
Preston (Tony) Englert	NKF	Communication
Phylis Ermann	AKF	Patient Assistance
Steve Fadem, MD	Nephron Information	Patient Assistance
Glenda Harbert	ESRD Networks	Facility / Patient Tracking
Robert Kenney, MD	RPA	Physician Assistance
Kelly M. Mayo	ESRD Networks	Facility / Patient Tracking
Tony Messana	NRAA	Facility Operations
Paul Miller, MD	Miller Dialysis	Communications
Bill Numbers	Fresenius	Facility Operations
Glenda Payne	CMS	Federal Response
Stuart Redpath	DCI	Facility Operations
Kris Robinson	AAKP	Patient Assistance
Kim Rucker	National Renal Alliance	Communications
Bryan Sheehan	NxSTAGE	Vendor Services



Next Steps

- Identify gaps in the activities of the Response Teams (e.g. addressing shelter)
- Point out overlap and conflicting work products (e.g. patient tracking, temporary licensure)
- Coordinate communication by and between the Response Teams



Questions

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- Kelly M. Mayo

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- Dolph Chianchiano

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