



Southern California
Renal Disease Council
INCORPORATED
ESRD NETWORK 18 ESRD

Emergency Preparedness & Response Network 18 Role and Responsibilities

In preparation for an emergency ESRD Network 18 will:

- Encourage dialysis facilities to plan for emergency situations
- Provide technical assistance in the development of emergency plans
- Provide educational materials to the patient and provider community on topics related to emergency/disaster preparedness
- Develop an internal Network Plan for preparedness and response, including arrangements with back-up Networks if local operations are impaired

During an emergency response, and per HIPAA and CMS policy, ESRD Network 18 will:

- Disseminate central contact numbers for dialysis providers in the affected area, to assist patients and providers in coordinating the provision of dialysis services
- Reflect nature of disaster on the ESRD Network 18 website at www.esrdnetwork18.org and list the closed facilities in the area
- Post information regarding open and closed status of facilities on the www.dialysisunits.com website
- Assist patients in contacting dialysis providers to arrange treatment
- Assist Family members in locating displaced patients
- Assist treating facilities to obtain necessary information to care for patients
- Work with the Centers for Medicare and Medicaid Services (CMS) or its contractor to maintain a database tracking system for patient whereabouts (dialysis centers and/or shelter locations)
- Host conference calls with CMS, Kidney Community Response Coalition (KCER), providers, vendors, and other entities to coordinate care for the patients
- Implement arrangements with a back-up Network if the operations of Network 18's office are compromised

Mission Statement

To provide leadership and assistance to renal dialysis and transplant facilities in a manner that supports continuous improvement in patient care, outcomes, safety and satisfaction.

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Medical Review Board Statement Emergency Call Systems

In 1999, the Medical Review Board, in conjunction with the ESRD Network 18 Patient Advisory Committee, undertook a study on emergency call systems in chronic hemodialysis centers. The study originally arose from a number of patient calls to the Network about the absence of call lights at the “bedside” (i.e. dialysis chair).

A brief survey of facilities showed that just over half of the respondents had call systems at the bedside. In addition, the facilities with call systems had lower mean standardized mortality ratios (SMR) and standardized hospitalization ratios (SHR) than the facilities without call systems.

Although not a rigorous scientific study, the MRB felt that the results of this survey should be made available to all facilities. The MRB also recommended that all new facilities, and facilities undergoing remodeling consider installing emergency call systems at each patient (bedside) station during the construction period.