BACKGROUND

An emergency or disaster is an event that can result in significant harm to lives and/or property, as well as disruption in normal patterns of living. Emergency management officials create response mechanisms and guidelines to manage such events. But for the kidney community, emergencies and disasters can be the difference between life and death. Dialysis and kidney transplant patients must take special preparedness measures to ensure their own health and safety during and after disasters.

Over the past twenty years, on average, a federal disaster has been declared every week. These disasters vary from ice storms, flooding, earthquakes, and hurricanes to hazardous materials accidents and terrorist attacks. Life can be disrupted for one small community or an entire nation can be impacted.

The first National Disaster Summit for the kidney community was held in Washington, D.C. in January 2006. During the Summit, the Kidney Community Emergency Response (KCER) Coalition was formed in an effort to minimize disruption to life-sustaining dialysis and transplant services. The KCER is comprised of partners from the entire kidney community, representing: patient and professional organizations; practitioners serving the patient with kidney failure, such as 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 survey representatives; and federal agencies, including the FDA, CDC, NIH as well as CMS. The KCER Coalition continues to hold an annual Summit to promote emergency preparedness in the kidney community.

CONDITIONS FOR COVERAGE

The KCER Coalition supports the kidney community in developing and implementing standard levels of disaster readiness through the CMS Conditions for Coverage. Emergency and disaster-related Conditions for Coverage are outlined in the following paragraphs from §494.60 Condition: Physical environment.

§494.60 Condition: Physical environment

(d) Standard: Emergency preparedness. The dialysis facility must implement processes and procedures to manage medical and nonmedical emergencies that are likely to threaten the health or safety 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 geographic area.

(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 informing patients of--

(A) What to do;

(B) Where to go, including instructions for occasions when the geographic area of the dialysis facility must be evacuated;

(C) Whom to contact if an emergency occurs while the patient is not in the dialysis facility. This contact information must include an alternate emergency phone number for the facility for instances when the dialysis facility is unable to receive phone calls due to an emergency situation (unless the facility has the ability to forward calls to a working phone number under such emergency conditions); and

(D) How to disconnect themselves from the dialysis machine if an emergency occurs.

(ii) Ensuring that, at a minimum, patient care staff maintain current CPR certification; and

(iii) Ensuring that nursing staff are properly trained in the use of emergency equipment and emergency drugs.

(2) Emergency preparedness patient training. The facility must provide appropriate orientation and training to patients, including the areas specified in paragraph (d)(1)(i) of this section.

(3) Emergency equipment. Emergency equipment, including, but not limited to, oxygen, airways, suction, defibrillator or automated external defibrillator, artificial resuscitator, and emergency drugs, must be on the premises at all times and immediately available.

(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 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.

**ORGANIZATION**

There are currently eight Response Teams, which focus on a certain area for preparedness and response activities. Response Teams are tasked to meet bi-monthly, usually via teleconference. Response Teams post their activities and meeting minutes on this website. Response Teams are:

- Patient Assistance: Educate patients on preparedness, resources and financial aid
- Communication: During emergencies: toll free helpline / email listserv / conference calls
- Facility and Patient Tracking: Track displaced patients and report on facility open / closed status
- Federal Response: Educate federal agencies and state partners / direct federal resources during a disaster response
- Facility Operations: Assist facilities with preparedness / response
- Coordination of Staff and Volunteers: Maintain database of emergency / disaster volunteers and educate on deployment
- Physician Placement and Assistance: Nephrology expertise for management of dialysis / transplant patients during a large-scale crisis and the exploration of tools needed to assist physicians whose practices have been disrupted by a disaster
- Pandemic Preparedness: Collaborate with federal / state agencies to continue services in the event of a major pandemic

Each Team’s leadership is part of the Strategic Planning Committee, which is the steering committee for the Coalition. The Committee meets quarterly, via teleconference or in-person.

Under contract with CMS (Centers for Medicare and Medicaid Services), FMQAI: The Florida ESRD Network serves as the administrative support lead for the Coalition.
MISSION, VISION, GOALS, ACTIVITIES

Mission: Collaboratively develop, disseminate, implement and maintain a coordinated preparedness and response framework for the kidney community in the event of any type of emergency or disaster.

Vision: KCER is the leading authority on emergency preparedness and response for the kidney community by providing organization and guidance that seamlessly bridges emergency management stakeholders and the ESRD community nationwide.

Goals

- Raise public awareness of the critical needs of individuals with kidney failure and the providers who serve them, and the need to plan ahead to ensure that the life-saving dialysis services are available and obtainable in the event of an emergency and/or disaster;
- Promote and disseminate tools and resources so that these are available to individuals with kidney failure, dialysis facilities, and Federal, state, and emergency workers;
- Test and refine the national response strategy that has been put into place to assist Federal, state, and local efforts in the event of an emergency and/or disaster; and
- Plan for a possible flu pandemic.

Activities

- Continuously improving plans by learning from past responses
- Building lasting partnerships to advance national goals
- Keeping up with changing national procedures
- Urging policymakers to integrate the special needs of the kidney community into disaster planning.

Additionally, the KCER Coalition conducts mock disaster drills and exercises that serve as training tools and opportunities for continuous quality improvement; develops materials to educate and promote KCER’s mission, vision, and goals; promoting resources and tools developed by the Coalition; and raising public awareness among emergency responders.

TECHNICAL ASSISTANCE

KCER provides technical assistance to CMS, ESRD Networks, members of the kidney community (including providers, beneficiary groups, etc.) and individuals with kidney disease in preparing for and responding to emergencies. There are many types of KCER technical assistance available, including:
TOLL FREE INFORMATION LINE

- KCER hosts a kidney community toll-free emergency hotline for patients / providers at 888-33KIDNEY.
- In the event of a disaster, this hotline would serve to connect dialysis patients, their families, and healthcare providers with kidney care resources.

EMERGENCY LISTSERV

- In the event of a large-scale emergency/disaster, Networks can request that this resource be activated so that kidney community responders can exchange critical status information via email.
- The Listserv, tested quarterly, provides occasional announcements. Providers, government agencies, ESRD Networks, emergency management, kidney organizations, and disaster responders are encouraged to join the KCER listserv. Visit www.kcercoalition.com to register for the Listserv.

KIDNEY COMMUNITY CONFERENCE CALLS

- The KCER Coalition can host conference calls for national emergencies and large disasters. Notices and dial-in information will be posted on the website and on the KCER Hotline.
- The KCER Hotline is 866-901-ESRD (866-901-3773). During non-emergency times, a recorded message is available.
- This conference line is also available for use by individual Networks for coordinating pre-disaster preparedness, emergency response and recovery activities.

OPEN / CLOSED FACILITY STATUS

- KCER is available to help Networks post the open / closed status of facilities to www.dialysisunits.com.
- KCER can also assist Networks in communicating provider operational status to State Agencies, CMS and other appropriate stakeholders.

OTHER RESOURCES & ASSISTANCE

- Help identify “lessons learned” and share best practices.
- Provide assistance with continuous quality improvement techniques to address and update internal and community practices for disaster readiness and response.
- Provide emergency management education and training.
- KCER has two traveling exhibit booths available for meetings/events.