

The KCER Coalition and Fresenius Medical Care Lead the Way in Disaster Preparedness For Dialysis Patients and Facilities

By Gordon Lore

Following the catastrophic events wrought by Hurricane Katrina in August 2005 and after mulling over the positive and negative aspects of the responses to that disaster by providers of dialysis services, officials at the Centers for Medicare & Medicaid Services (CMS) contracted the FMQAI—the Florida ESRD Network 7—to convene a National Disaster Summit on January 19, 2006, “to review lessons learned post Hurricanes Katrina and Rita,” develop and review best practices, and “plan for the future.” Representatives of over 50 organizations from 25 states and the District of Columbia participated in the summit. It was during this important meeting that plans for the Kidney Community Emergency Response (KCER) Coalition were developed.

Developing “a Nationwide Disaster Response Plan”

On July 26, 2006, CMS announced that it, along with other federal agencies, had joined with renal disease organizations and healthcare providers to form KCER and “develop a nationwide disaster response plan.” The federal agency stressed that “going without dialysis for even a short time can result in severe illness or even death for an individual with ESRD [end-stage renal disease].” It added that the KCER “will ensure that national resources are in place to assist state and local response efforts in meeting the life-saving medical needs of individuals with kidney failure in the event of a disaster.”

In July 2008, KCER mailed out 450 Community Partner Packets to various state and federal emergency management entities, centers for public health preparedness, “and other key stakeholders in disaster planning and response.” The packets contained information about the 18 ESRD Networks, a briefing book aimed at state and federal policymakers, KCER and Save a Life brochures, and a feedback form.

Technical Assistance

In accordance with its contract with CMS, the KCER Coalition “conducts activities to support ESRD Networks for disaster preparedness and response.” The types of technical assistance KCER provides include:

- Toll-free information phone line;
- Sharing emergency information;
- Instituting conference calls among kidney community members; and
- Providing the status of open and closed dialysis facilities immediately following a disaster.

One of the individuals responsible for leading the formation of the KCER is Seth Holloway, MPH, CPH, FMQI Management Specialist, and the Emergency Management Specialist for the KCER. He agreed to a comprehensive interview with *Renal Business Today*.

“A Coordinated Team Effort”

Renal Business Today: *Most state and local governments do not have a disaster preparedness plan that takes into account the special needs of dialysis patients. Would you recommend that states and local governments formulate such plans? If so, what should these plans contain?*

Holloway: Effective emergency preparedness requires a coordinated team effort focused on the needs of individuals, with [the] collaboration of community partners at the local, state, and at times, national level. Because we serve a special needs population, the kidney community must place added emphasis on fostering outreach and communication with local and state emergency officials in order to ensure that patient care needs are recognized as a top priority.

Following Hurricane Katrina in 2005, it became apparent that state and local emergency management agencies must develop and implement plans to address individuals with special needs who would be at high risk... Though much has been done at the state and local level since that time, ongoing opportunities exist to incorporate kidney patients, practitioners, and providers in planning any response efforts.

Instead of waiting for another disaster to [highlight] the need for special needs planning..., the kidney community... can proactively engage emergency managers in their areas. [They] can share information about ESRD and key challenges faced in providing the... life-saving therapies... The KCER Coalition... works to bring understanding to emergency management agencies nationwide to help integrate the needs of the individuals requiring dialysis treatment or special transplant medications into local, state and national disaster preparedness and response planning.

Improving the Program

RBT: *How can the entire disaster preparedness program for dialysis patients as it exists today be improved?*

Holloway: Efforts made to improve patient and facility preparedness at the local level will yield the greatest direct value. Disaster plan education, drill participation, and collaboration with emergency management officials, transportation providers, and utility companies

will improve readiness and response. The better equipped that patients are to deal with their own care needs..., the better they will be at dealing with the challenges of potential treatment disruptions.

RBT: *How can a Grade A emergency disaster plan help improve a dialysis center's finances and business and expansion plans?*

Holloway: Benefits include identifying and evaluating weak areas [before] a disaster to allow preemptive corrective action, reducing future risks and costly redundancies and inefficiencies in response and recovery efforts, limiting the likelihood of a disaster forcing closure for an extended period, protecting key physical assets vital to continuity of operations, mitigating the potential for legal liability, and increasing the potential of the continued operation of the facility...

Water Treatment

RBT: *On average, dialysis requires up to 100 gallons of purified water per patient for a single treatment. Do you have any thoughts on the importance of how this water can best be purified following such a disaster?*

Holloway: In a dialysis facility, simply having a part of the water system fail is a disaster itself... Advance planning is key for water testing, restoration of the water supply in the event of a disaster, and continuity of patient treatments at an alternative facility... Facilities can take proactive steps before a water issue occurs to minimize potential patient impact. These actions include [partnering] with the municipal water supplier, [educating] the supplier about the importance of water to your patients [and] about your water treatment system and its limitations, and [knowing] how the city treats your source water. Ask the city to notify you [of any proposed changes] such as increasing the chlorine level or switching from the use of surface water to... ground water... [Dialysis providers can also get their facilities placed on their] water supplier's high priority list. This will help ensure that, if a water

main breaks, the municipality will work toward restoring your service before that of lower priority users.

Locating Alternative Facilities

RBT: *If a dialysis clinic is suddenly closed due to an emergency, how can patients quickly find a center away from the disaster zone where they can dialyze?*

Holloway: Facilities are required to have... a back-up plan for patient care in the event [of] a disaster. Patients should be provided with important contact information [prior to a disaster], but [they] can also find hotline information for groups of dialysis facilities at the KCER Coalition's website, www.kcercoalition.com, or by accessing the ESRD Network Coordinating Center's website at www.esrdncc.org. Additionally, the website www.dialysisunits.com lists open/closed facilities in a particular state, county or city...

Coordination Efforts

RBT: *What specific coordination efforts would you advise for patients and staff to follow in arranging emergency dialysis in other clinics?*

Holloway: Prior to a disaster, facility staff need to review their disaster plans with patients and share information on the name and location of a... back-up facility... Staff should also provide patients with a corporate hotline contact number and a copy of their current treatment order/prescription... If a patient is unable to seek treatment at the... back-up facility, [his/her] ESRD Network or provider disaster hotline [can] help [locate] a functioning facility nearby. Because hospital emergency rooms [ERs] are often overwhelmed with trauma victims after disasters, it is critical that dialysis patients know where to get replacement dialysis and only seek care at an [ER] if back-up unit(s) are not able to accept them...

Seeking Help

RBT: *How can patients, staff, families & others best locate safe shelter, clothing, food, and emergency financial aid immediately following a disaster?*

Holloway: Before a disaster threatens, patients should make plans to stay either with family/friends or at a local special needs shelter... The American Red Cross provides shelter and food in the days and weeks following a disaster... The American Kidney Fund... has a Safety Net Grant program that can provide financial assistance to help patients...

Key Tasks of the KCER Coalition

RBT: *Please tell us something about the key tasks of the KCER Coalition.*

Holloway: The Coalition is dedicated to increasing emergency preparedness and planning activities [for] the renal community... Key tasks include development of resources and processes for preparedness and response, raising public awareness of the critical needs of individuals with kidney failure and the providers who serve them, and planning ahead to ensure that life-saving dialysis services are available and obtainable in the event of an emergency and/or disaster. The KCER Coalition consists of eight Response Teams that address key areas of disaster preparedness and response, [including] patient assistance, coordination of staff and volunteers, physician assistance, communication, patient/facility tracking, facility operations, federal response and pandemic preparedness.

Formulating a Disaster Response Plan

RBT: *How far along are you in completing a nationwide disaster response plan?*

Holloway: KCER has successfully responded to multiple disasters since 2006, including five weather-related events during 2011... KCER [also]

constantly participates in outreach activities to raise awareness of the special needs of kidney patients and providers...

Is Terrorism a Threat?

RBT: *How can the threat of terrorism affect dialysis facilities? What can dialysis units do to formulate effective survival plans?*

Holloway: The threat of terrorism is a reality that should be considered by facilities as part of an all hazards approach to disaster preparedness. Individual facilities must consider terrorism as they develop their own disaster plans, and the recently updated CMS publication, *Disaster Preparedness—A Guide for Chronic Dialysis Facilities, Second Edition*, includes guidance in this area. Facilities can also educate their local emergency management agencies on the needs of their patient population in the event of a terrorist attack. Taking such action will help to make dialysis patients and facilities an integral part of the overall community response planning for all threats, including terrorism.

The Key Role of ESRD Networks

RBT: *What can the 18 ESRD Networks do together or separately that they are not doing now to help dialysis patients cope with a disaster?*

Holloway: All disasters begin at the local level, and the ESRD Networks play a key role in both preparedness and response for any disaster affecting patients or facilities... KCER [supplements] those efforts... when a disaster affects a... greater number of patients...

RBT: *Is there anything else you would like to add that dialysis patients, staff and family members should know during and following an emergency?*

Holloway: Preparing for a disaster *before* it strikes is key for both facilities and patients. Preparedness... must include connecting with

local community partners... to ensure that both facilities and patients have their needs met after any disaster...

The FMCNA Plan

The nation's largest provider of dialysis services, Fresenius Medical Care North America (FMCNA), has also opened its pocketbook to organize a sweeping nationwide plan to help dialysis patients and staff during a disaster or other emergency. Heading the provider's Emergency Task Force [ETF] is Bill Numbers, FMCNA's Vice President of Operations Support and Incident Commander for Disaster Response and Planning, who believes that "it is very important for every dialysis patients to make sure they have backup plans in case a disaster strikes." An important aspect of Fresenius' program is that it not only helps FMCNA patients, but other dialysis patients who need assistance regardless of provider affiliation.

"In a time of crisis, we make it a priority to provide our staff with necessities like generators, food, and even RVs," Numbers reiterated. "Our national, regional and local managers have clear procedures to follow so we can mobilize at any level to help [all] patients..."

FMCNA took its cue from local governments by implementing an incident command structure. In May 2011, in preparation for the hurricane season that year, the company held a disaster planning and training summit for its ETF comprised of crack management and staff experts.

The ETF quickly springs into action when a disaster strikes in order to coordinate its efforts with those of local government officials and organizations. This includes arranging for extra treatment shifts and working closely with patients "to discuss alternate treatment plans and

safety information.” The Task Force also has a patient hotline at (800) 626-1297.

Babajide Solako, MD, FMCNA’s Director of Global Pandemic Response Operations, leads the day-to-day operations of the ETF. From his office in Washington, DC, he agreed to an interview with *Renal Business Today*.

Creating the Task Force

RBT: *When and how did the FMCNA Emergency Task Force begin?*

Dr. Salako: The [ETF] was created in 2003, in the aftermath of a widespread power outage in the Northeast. FMCNA realized that it needed a plan in place to ensure that patients were safe and able to receive dialysis treatment as soon as possible in the wake of a disaster. The plan also ensured that clinics, staff and their families have access to generators, water and food.

The company realized it needed a plan to deal with situations like this, so the CEO called for the creation of an emergency task force... FMCNA also reached out to FEMA [the Federal Emergency Management Agency] and other aid organizations to better understand disaster response models and how the company's response would fit in with other groups’ efforts.

Staging Areas

RBT: FMCNA is maintaining several “staging sites in disaster-prone regions of the U.S. where it can quickly distribute emergency supplies to affected areas. These warehouses hold generators, food, fully-equipped campers, 18-wheelers, medical supplies and more.” Where are these staging areas located?

Dr. Salako: We have the ability and resources to stage anywhere in the world when a disaster strikes.

RBT: *How does Fresenius distribute emergency supplies from its staging sites to those clinics that need them?*

Dr. Salako: FMCNA has an extensive... network to immediately move resources to staging areas all around the U.S. [This allows] us to provide the best care possible to patients and staff anywhere in the country in a timely manner... [In addition to creating the ETF], FMCNA also reached out to FEMA [the Federal Emergency Management Agency] and other aid organizations to better understand disaster response models and how the company's response would fit in with other groups' efforts.

Getting the Ball Rolling

RBT: *What are the first things you do to get the task force ball rolling immediately following the onslaught of a disaster?*

Dr. Salako: If a disaster is predicted..., FMCNA begins taking steps in the pre-planning stage, [including] distributing safety tips to local media outlets and ensuring clinic staff review these tips with their patients... The task force holds daily calls... FMCNA's... teams are fully prepared for these situations and have experience dealing with similar [past] events... If support is needed outside the disaster zone, the company provides resources no later than 24 hours after the disaster occurs.

Aiding Hurricane Victims

RBT: *How did the ETF aid the victims of Hurricanes Katrina and Ike?*

Dr. Salako: Hurricane Katrina was a pivotal moment in FMCNA's response program, and we had approximately 70 clinics down in the wake of the storm. The company did not spare any resources in caring for our patients, as well as dialysis patients from other facilities...

One of our first steps was to deploy generators, RVs, food and water to our facilities and other staging areas... FMCNA also set up remote dialysis villages in [safe] places... Our goal was to care for all the dialysis patients who needed help, their families, as well as our staff and their families...

RBT: *How did the task force save the lives of patients and/or staff?*

Dr. Salako: Dialysis is a life-saving process, and there is a significant risk to the health of patients if they do not receive treatment. Many patients are displaced after a disaster because their homes and clinics are destroyed, so we provide care in instances where patients would otherwise not receive the treatments they need. Our goal is to ensure that patients don't miss more than one treatment after a disaster and are able to get treatment within 48 hours. [Many other providers] do not have the resources we have, but as the largest dialysis provider in the U.S., we feel that it is our responsibility to ensure that the dialysis community, whether they are FMCNA patients or not, is taken care of in the wake of disasters.

ETF Activities

RBT: *What are the main activities of FMCNA's ETF?*

Dr. Salako: The ETF spends most of its time developing extensive plans that are activated when a disaster strikes. We look at best practices and other disaster plans and then revise our own plan each time the task force is activated. Planning and coordination is vital so [we] can ensure our response is prompt and well thought out... We review reports on each situation and look for ways to improve our response efforts, provide recommendations and share information with various groups, including the dialysis community, contractors and employees.

Patient Involvement

RBT: *How are the patients themselves involved in this process?*

Dr. Salako: FMCNA’s patient education program is very robust and patients are trained [annually] on their local clinic’s disaster plan and what to do during a crisis... In areas prone to hurricanes, our clinic staff gives necessary information to patients at the beginning of the hurricane season every year. Patients are also involved in clinic drills... Finally, all patients are provided with a card that has our emergency disaster hotline number and safety tips...

The Importance of Planning

RBT: *Is there anything else you may wish to add that may benefit patients and staff during a disaster?*

Dr. Salako: FMCNA always tells people to plan, plan, and plan some more. If patients and staff plan well, the response will be much easier and more effective. Our goal is to have all of our patients, staff and their families well prepared, so when it comes time for a response, everyone knows their role.

Conclusion

Following the disastrous events hurled upon the people and property of residents along the Gulf Coast of the United States by Hurricanes Katrina and Rita, “FMC assisted more than 8,000 dialysis patients, 1,600 of whom were non-FMC patients... More than 100 [of] FMC’s clinics were affected by the storms, 80 of which were restored to operational status within the first 48 hours.”

Emergency Management Resources

AKF: (800) 638-8299, www.kidneyfund.org/news-releases/akf-disaster-relief-program.html

American Red Cross: www.redcross.org/services/disaster/beprepared,
www.redcross.org/metadata/safeandwell/safeandwell.html

California Dialysis Council: www.caldialysis.org/earthquake.htm

CDC: (800) CDC-
INFO, www.cdc.gov/niosh/topics/emres/sitemgt.html

CMS: www.medicare.gov

DaVita: (800) 400-8331

DCA: (866) 927-2107

DCI: (800) 969-4438

DPC: www.dialysispatients.org/emergency-and-disaster-preparedness-for-dialysis-patients

FEMA: (800) 621-3362, www.fema.gov,
www.hazards.fema.gov

FMCNA: (800) 626-1297, www.ultracare-dialysis.com

FMQAI – ESRD Florida

Network 7 Helpline: (800) 844-0795

Provider Access: (811) 564-7490

Forum of ESRD Networks: www.esrdnetworks.org

KCER Coalition: (888) 335-4363 www.kcercoalition.com,
www.kidney.org/help

National Emergency

Registry & Locator System;

Register Search: (800) 588-9822,
<https://asd.fema.gov/inter/nefris/home.htm>

MedicAlert Bracelets: www.medicalert.org/

NKF: (888) 335-4363,
[www.kidney.org/atoz/pdf/disaster_preparedness.p](http://www.kidney.org/atoz/pdf/disaster_preparedness.pdf)
[df, www.kidney.org/help/](http://www.kidney.org/help/)

NRAA: (215) 320-4655, www.nraa.org/Disaster_Prep.php
OSHA: www.osha.gov

References

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Gordon Lore is the former Editor of Contemporary Dialysis & Nephrology and the Founding Editor of KidneyTimes and Nephrology INCITE. He was also nominated for the American Association of Kidney Patients' first annual Medal of Excellence for his effort to aid dialysis and renal transplant patients as Editor of For Patients Only.