

Kidney Community Emergency Response (KCER) Program Deliverable 63: Annual Summary

May 31, 2022





KCER Base Period Annual Summary

Overview

HSAG was re-awarded the KCER Program contract in June 2021 and has now completed the Base Period of the contract. The vision for KCER is to build on its current foundation while continuing to follow the concepts, principles, and best practices of an all-hazards comprehensive emergency management program to support the ESRD community during major crisis or disaster.

KCER plays a leadership and coordinating role at the national level for the Centers for Medicare & Medicaid Services (CMS), and the End Stage Renal Disease (ESRD) Network Program, related to emergency and disaster situations. Specifically, KCER is charged with the centralized coordination of efforts to ensure the safety of ESRD patients, through the development and maintenance of an emergency management infrastructure, whose primary mission is to coordinate access to, and continuity of, care and services. The KCER Program collaboratively develops, disseminates, implements, and maintains a coordinated emergency/disaster preparedness and response program and functions as a leading nationwide authority on emergency preparedness, by providing organization and guidance that seamlessly bridges emergency management stakeholders and the ESRD community.

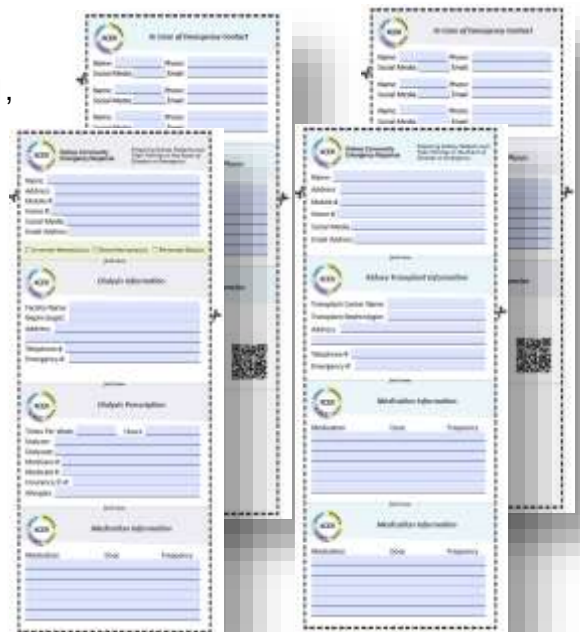
National KCER Patient and Family Engagement Learning and Action Network (N-KPFE-LAN)

The involvement of the patient subject matter experts (SMEs) in the N-KPFE-LAN ensures that the patient voice is incorporated into all KCER activities and encourages a patient perspective for emergency and disaster preparation. During the Base Period, the N-KPFE-LAN had 25 members consisting of patients, family members, and caregivers, drawn from across the ESRD community.

The N-KPFE-LAN Kickoff Meeting took place in August 2021, with subsequent bi-monthly meetings. Patients were able to join the meetings by teleconference or WebEx.

The N-KPFE-LAN members worked together to create a patient centered Quality Improvement Activity (QIA) with two resources called [KCER Communications Plan—Dialysis](#) and [KCER Communications Plan—Transplant](#). The two wallet-sized resources were designed to assist dialysis and kidney transplant patients with having vital information on hand in the event of an emergency or disaster.

Additionally, between scheduled meetings, the N-KPFE-LAN utilized the online platform Basecamp to encourage SMEs to remain engaged in sharing ideas and resources. The Basecamp platform allowed the KCER team to pose questions and discussion topics to the N-KPFE-LAN members on issues impacting the ESRD community to





help ensure that the patient voice was incorporated into all KCER activities. Utilizing Basecamp, N-KPFE-LAN members also shared stories on how they educated patients, providers, and caregivers on preparing for an emergency or disaster, including posting resources on a facility bulletin board, and sharing printed resources at the facility.

Education and Technical Assistance

KCER works directly with the ESRD Networks, dialysis facilities, and patients to improve the care and services provided to during disasters and emergencies through the provision of educational webinars, educational tools and resources, and technical assistance. KCER developed an Educational Plan that was approved by CMS in July 2021. The Education Plan serves as a guide for conducting and providing education at the Network, provider, and patient levels, and will continually incorporate feedback from stakeholders.

KCER is continually reviewing existing resources to determine if updates are needed to ensure that the resources better meet the needs of the dialysis community. During the Base Period, KCER reviewed and updated multiple resources and shared the updated versions with the dialysis community. Updated KCER resources included: *Emergency Management and Dialysis*, *Save A Life*, and *Considerations for Triage: Dialysis Patients in Evacuation Shelters*.

Save a Life
What You Need to Know About Emergency Preparedness for Individuals with Kidney Disease

Kidney failure, often called end-stage renal disease or "ESRD," is a life-threatening condition. There are nearly half a million individuals with kidney failure in the U.S. Individuals with kidney failure require other medications to prevent buildup of a harmful toxin, or, if they have not received a transplant, regular hemodialysis treatments to clear the blood toxins on a regular basis. Missing even a few treatments can result in severe illness or even death for an individual with kidney failure needing dialysis.

The Kidney Community Emergency Response (KCER) Coalition includes public and private partners representing clinical care, medical professionals, dialysis and transplant facilities, medical and support services and institutions, patient representative groups, ESRD Networks, and Federal, state, and local emergency responders. The Coalition creates tools and resources for these providers and Federal, state, and local emergency responders directly placed to help meet the life-saving medical care needs of individuals with kidney failure.

Basic Requirements for Dialysis Treatment

- Access to an electricity source
- Electrical power to run the equipment of electricity is not available, use the machine would require a 1,550W also generator – an average facility has 35-40 machines and a water treatment system will require at least a 150W generator
- Dialysis machines
- Potable water for use in the treatment (each treatment requires a minimum of 100-1200 gallons of treated, potabilized water)
- Water treatment equipment (carbon filtration and other reverse osmosis or dechlorination)
- Supplies (dialysis, blood lines, tubing, medications, etc.)
- Personnel qualified to perform dialysis
- A physician's general letter for dialysis and medical records to support the treatment
- Hospital or other medical equipped system and a means to transport a patient if complications occur while providing dialysis

Kidney Community Emergency Response

Emergency Management and Dialysis

What emergency planners need to know about End Stage Renal Disease (ESRD), dialysis patients, and the facilities that treat them.

Considerations for Triage: Dialysis Patients in Evacuation Shelters

During an emergency, dialysis patients may present at local evacuation shelters. While completing the triage process, shelter staff should ask questions if they are dialysis patients, and a thorough record should be kept of all dialysis patients housed in the shelter.

Consider grouping dialysis patients together in a designated shelter or using a unique identifier to identify all dialysis patients.

Doing triage with dialysis patients has many steps to help ensure their best dialysis in a shelter.

- Ask questions if they have been in contact with their dialysis facility.
 - If they have not, please contact their facility to learn emergency procedures to access for all patients following an emergency or disaster.
- Obtain the patient's best recent stage of dialysis.
 - ESRD diagnosis
 - Urea index
 - Increased time of treatment
- Review the patient's vital signs.
 - Blood pressure (is not one dialysis access used)
 - Temperature
- Review the patient's long-term health.
 - Is there a sign of infection?
 - Is the dialysis access "hot" or "thrombosed"? (Yes, this may be a sign of fluid overload)
- Review the patient's recent records.
 - Is the fluid balance positive or negative? (Negative fluid balance may be the result of missed dialysis treatments)
- Weight the patient.
 - Complete current weight with last recorded post-treatment weight. If the last recorded weight is not available, use the patient's weight from another "dry" weight.
 - If the patient has a significant weight gain, and a fever, weight might be a possible sign for severe treatment.
 - If the patient has been following their emergency dialysis plan of dialysis in the home, shelter, or work?
- Assess the condition of the patient's dialysis access the stage of infection.
 - Is the patient's dialysis access used around the dialysis access?
 - Are there any signs of redness, swelling, or drainage?
 - Does the dialysis access to the dialysis?
 - Signs of infection are present. Report symptoms to medical attention of infectious transmission.

Be sure that dialysis access is not used for anything other than dialysis treatment!

If a patient with ESRD (ESRD) patient presents to the shelter:

- Assess the quantity of their dialysis access and equipment.
- If all supplies and equipment are available, the patient can continue to have their dialysis treatment in a private room or tent, if available, and use it.
- If supplies are not available, assess the patient's access (dialysis equipment, and Stage 5 End Stage Renal Disease (ESRD) Network, or the Kidney Community Emergency Response (KCER) Program.
- Assess the patient's access to further prescribed medications.

Based on the feedback obtained through the ongoing collection of information, KCER is continually evaluating current educational needs for patients, providers, and other stakeholders. During response activities related to recent major disasters, including Winter Storm Uri and Hurricane Ida, it was identified that dialysis providers needed additional training and education on how to communicate and request assistance through the local/state/federal government during disasters. Based on this feedback, KCER partnered with Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) to present during the 2022 Annual KCER Summit on April 20, 2022. The presentation, titled *The National Response Framework Public Health and Medical Emergency Support Function (ESF-8)*, included an



overview of the National Response Framework’s Public Health and Medical Emergency Support Function-8 and local to federal process for assistance requests under Stafford Act federally declared emergencies and disasters.

Additionally, KCER partnered with the American Nephrology Nurses Association (ANNA) to participate as panel member discussing the Winter Storm Uri response at the 2021 Fall Conference Health Policy Workshop. The session, titled, *The Texas Freeze: Case Study on Emergency Preparedness*, included panel members from Harper University Hospital, Memorial Hermann Health System, Baylor St. Luke’s Medical Center, American Renal Management, National Dialysis Accreditation Commission and KCER, discussing dialysis community response and recovery efforts related to Winter Storm Uri.

2022 KCER National Exercise Week was held from February 22—25, 2022. During KCER National Exercise Week, the 18 ESRD Networks participated as part of six different exercise groups, with each group completing a scenario-based table-top exercise. Each of the six table-top exercises addressed response and recovery operations and allowed the 18 ESRD Networks to demonstrate the ability to execute their roles, responsibilities, and procedures in sustaining dialysis in response to emergency or disaster situations. All 18 Networks participated in the drill and actively tested their ability to respond to a major emergency or disaster.

Exercise Group	Scenario
Networks 1, 2, 6, & 9	Hurricane
Networks 3, 4, & 5	Hurricane
Networks 7, 13, 15, 17, & 18	Flooding
Networks 8, 11, & 14	Cyber Attack
Networks 10 & 12	Earthquake
Network 16	Earthquake

KCER encouraged the ESRD Networks to increase stakeholder participation by inviting organizations to attend as exercise participants, observers, and/or evaluators. This increased emphasis on stakeholder engagement led to over 200 outside organizations participating across the six table-top exercises, including representatives from emergency management, public health, healthcare coalitions, dialysis facilities, and dialysis patients. Exercise participants were highly engaged throughout the table-top exercises, and feedback provided during the overall exercise hotwash was very favorable.

Response to COVID-19 Pandemic

The Centers for Disease Control and Prevention (CDC) confirmed the first COVID-19 case in the United States on January 20, 2020, and the spread of this infectious respiratory disease caused by the SARS-CoV-2 virus was characterized as a pandemic by the World Health Organization (WHO) on March 11, 2020. This disease outbreak has accordingly impacted society at large and has been considered a particular threat to outpatient care settings in the US, such as dialysis clinics. According to the CDC, the ESRD status of dialysis patients is a top vulnerability indicative of [increased risk for severe illness from COVID-19](#). The dialysis providers, ESRD National Coordinating Center (NCC) and the ESRD Networks, federal public health agencies, professional associations, and the KCER program, responsible for managing dialysis care during disasters, faced a unique call to action and stepped up to respond.

KCER was initially activated on March 2, 2020, when response activities related to COVID-19 began. The team remained partially activated through the contract Base Period in response to the COVID-19 pandemic. Throughout that time, KCER coordinated national-level preparedness



and response activities, including leading monthly emergency status calls, reporting on COVID-19 patient and staff data, and collaborating with CMS, Networks, dialysis organizations, and other stakeholders to identify and address issues related COVID-19.

From June 1, 2021—April 30, 2022, the KCER team coordinated 11 monthly national COVID-19 KCER Status calls with the ESRD Community. The calls were used as a platform for providers to discuss gaps and unmet needs with KCER, the ESRD Networks, CMS, CDC, and HHS ASPR. In addition to facilitating the calls, the KCER team tracked action items and provided detailed meeting minutes following each call. During this same time period, KCER submitted a total of 48 incident reports to CMS related to COVID-19. Additionally, KCER, in coordination with the 18 ESRD Networks and ESRD NCC, provided weekly COVID-19 Emergency Situational Status Reports (ESSRs) to CMS, CMS EPRO, and HHS ASPR, which included a nationally compiled report of all outpatient dialysis COVID-19 case data from the National Healthcare Safety Network (NHSN) Outpatient Dialysis COVID-19 Module.

Coordination of Response Efforts

KCER provides support and guidance to ESRD Networks, providers, and other members of the ESRD community during actual emergencies and disasters. All response efforts are tracked by the KCER team, using the KCER Incident Report Tracking Tool, to ensure that all appropriate response actions are carried out. The tool tracks each incident response from the date that the initial request for assistance is received, until the event is over, and the last incident report is distributed. During the Base Period, KCER provided outreach for a total of 43 incidents that resulted in changes in facility status, including closures and altered schedules, and the team sent out over 70 incident reports related to the events.

Incident Reports		
June	6	8%
July	9	13%
August	10	14%
September	12	17%
October	5	7%
November	4	6%
December	6	8%
January	4	6%
February	4	6%
March	6	8%
April	0	0%
	71	100%

Incident Type		
Tropical System	11	26%
Earthquake	1	2%
Flood Event	5	12%
Monsoon	0	0%
Gas Leak	0	0%
Winter Storm	2	5%
Power Outage	0	0%
Severe Weather	10	23%
Tornado	1	2%
E-coli	0	0%
Chemical Spill	0	0%
Water Outage	0	0%
Wildfire	8	19%
Pandemic	1	2%
Other	4	9%
	43	100%



During the Base Period, KCER responded to one additional major event during the COVID-19 pandemic. Following a formal request for assistance from CMS, KCER was activated from August 27—September 17, 2022 in response to Hurricane Ida. During this time, KCER coordinated national-level preparedness and response activities, including leading daily emergency status calls, reporting on facility operational status and needs, and collaborating with CMS, ESRD Networks, dialysis organizations, and other stakeholders to identify and address patient access to care issues.



Ida was a major hurricane with widespread impacts across the southern Gulf Coast, Southeast, and Northeast. Hurricane Ida made landfall on Sunday, August 29, 2021, near Port Fourchon, Louisiana, as an extremely dangerous Category 4 hurricane with maximum sustained winds of 150 mph. Hurricane Ida continued on a northeastwardly path, impacting much of the Southeastern and Northeastern US, before moving off the Mid-Atlantic coast on Friday, September 3, 2021. Hurricane Ida had maximum sustained winds of 150 mph during its initial impact with Louisiana producing dangerous storm surge, strong winds, extreme rainfall, and flash flooding. Widespread evacuations were ordered for thousands of residents along the Gulf Coast of Louisiana.



Hurricane Ida impacted Network 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont), Network 2 (New York) and Network 3 (New Jersey), Network 4 (Delaware and Pennsylvania), Network 8 (Alabama, Mississippi, and Tennessee), and Network 13 (Louisiana, Arkansas, and Oklahoma), with close to 150 facilities treating roughly 10,000 patients, with reported changes in their operations status due to the storm. Four facilities in Louisiana and two facilities in New Jersey received significant damage and remained closed long-term. An additional eight facilities were closed for close to one month following the storm due to power and water outages and staffing shortages. The event was problematic with widespread disruptions in all infrastructures (e.g., power, water, roads, transportation, 911 system) within the impacted areas.

Hurricane Ida's Impact on ESRD Community	
Dialysis Patients 	10,000
Dialysis Facilities 	150

Stakeholder Collaboration

KCER improved ESRD community stakeholder relationships by continually striving to enhance collaboration opportunities within these groups. Building and sustaining positive relationships among partners is imperative to ensure continuity of care and services for ESRD patients during emergencies or disasters.

During the response and recovery efforts for Hurricane Ida, KCER worked directly with many new and existing stakeholders to improve the overall outcome and recovery for the ESRD patient population. KCER provided daily reports to local, state, and federal partners outlining the status of the incident response, and the operational status and needs of dialysis providers.

KCER participates as an SME on monthly ASPR Critical Infrastructure Protection Program (CIP) Healthcare Sector Coordinating Council (HSCC) calls. The HSCC is a diverse organization that engages all areas of the healthcare sector. Members gain up-to-the-minute access to critical information about threats, protection issues, and security resources. The HSCC also effectively



voices member opinions and needs, acting as a major advocate, and resource for, government involvement in the healthcare sector. KCER also participated in emergency calls with the CIP HSCC during the response to COVID-19 and Hurricanes Ida. Attendance of these calls served to elevate the profile of KCER and brought the status and unmet needs of the ESRD community to the group.

Treatment and Medicine Recall Notifications

KCER has developed a process to monitor medical updates for treatment and medication recall notices related to ESRD services. All KCER staff members are registered for the Food & Drug Administration (FDA) MedWatch program to receive e-mails regarding medication and recall alerts. Each alert is reviewed by a nephrology nurse, and if it is determined to be relevant to the ESRD community, it is sent via email to the KCER Safety Alert Distribution List. From June 1, 2021 to April 30, 2022, KCER issued 33 treatment and medication recall notifications to the ESRD community.



Social Media Outreach

KCER utilizes two social media accounts, Twitter (@KCERProgram) and Facebook (KCERCoalition), as additional outreach for communicating important preparedness information, along with resources and education pertaining to emergency management topics, and events for members of the ESRD community. Account postings are also made daily with topics ranging from disaster preparedness to current infectious disease statuses. The social media accounts also play a major role during response and recovery. KCER uses social media during emergencies or disasters as a tool to provide situational updates, current information and relevant messaging to the ESRD community in a timely and effective manner.

Summary

KCER will continue to build on its current foundation and follow the concepts, principles, and best practices of an all-hazards comprehensive emergency management program to support the nation's ESRD organizations and patients during emergencies or disasters. KCER will focus on continually enhancing engagement with the N-KPFE-LAN to ensure that the patient voice is incorporated into all KCER activities. Technology continues to play a major role in disaster response and recovery, and KCER utilizes these technologies to continually evolve and improve situational awareness through continued integration of social media platforms during all phases of an emergency or disaster. Additionally, KCER will continue to facilitate enhanced Network and stakeholder relationships by offering additional collaboration opportunities among these groups. Building and sustaining positive relationships among partners is imperative to ensure continuity of care and services for dialysis patients.