



Information Sharing Webinars for Healthcare Partners

THANK YOU FOR JOINING US TODAY FOR:

**Dialysis and Disasters
Is Your Facility Prepared?**



THE PRESENTATION WILL BEGIN SHORTLY

**PLEASE REMEMBER TO:
Put phones on mute.
Complete provided roster**



Enhancing Preparedness Through Collaboration: The Florida Kidney Disaster Coalition (FKDC)



Linda Carroll, RN ; Lisa Goodwin, LCSW


Florida Department of Health - Bureau of
Preparedness and Response - Hospital Preparedness
Program Information Sharing

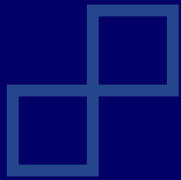
May 15, 2013

CEUs and CMEs



- **One CEU / CME is available at no cost to webinar participants.**
- Registered participants can find further information and instructions for receiving CEU/CME credit on the program information sheet. In addition, the contact for each group will receive a roster to record signatures of attendees who want to receive CEU/CME credit.
- Please contact Debbie Kelley at Debbie.kelley@doh.state.fl.us or (850) 245-4444 Ext 2060 if you have any questions regarding the upcoming program.
- ****CEU/CME – Florida AHEC Network Program Disclosure**

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- It is the policy of the Florida AHEC Network Office of Continuing Medical Education to insure balance, independence, objectivity and scientific rigor in all its individually sponsored or jointly sponsored educational activities. All faculty (presenters) and planners participating in any Florida AHEC Network sponsored activity are expected to disclose to the activity audience whether they or their spouse/partner have any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity so that AHEC may resolve these conflicts appropriately. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

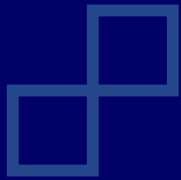


Speakers



- **Linda Carrol, RN –**
 - Chairperson, Florida Kidney Disaster Coalition
 - Served as nurse administrator in both hospital and independent dialysis units. She was a research assistant for an EPO dosing project and has many years experience as staff nurse in renal care areas.
- **Lisa Goodwin, LCSW-**
 - Licensed Clinical Social Worker with FKDC.
 - Served as LCSW in both hospital and independent renal care areas.
 - Works with both dialysis and transplant patients for psychosocial assessments, counseling and evaluation of transplant candidacy.



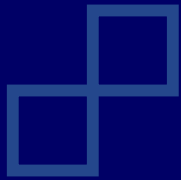


Objectives



- 1) Outline opportunities for collaboration with Florida Kidney Disaster Coalition (FKDC)
- 2) Describe key components of developing emergency response plans that address the renal community.
- 3) Identify FKDC tools and resources that can be used for emergency response planning.



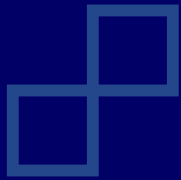


FKDC



- Mission: Establish and facilitate partnerships that provide a framework for disaster readiness and continuity of care for the renal community.
- Vision: FKDC is the model disaster planning and readiness organization for kidney patients by collaborating with community partners to ensure timely access to quality care.





FKDC Priorities



■ Communication

- Review and incorporate national concepts
- Develop statewide communication tool

■ Coordination

- Engage all stakeholders and gain participation
- Develop and implement mock disaster drills

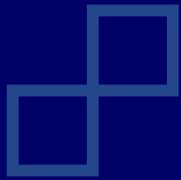
■ EOC involvement

- Encourage facility participation with EOC
- Develop guidelines for disaster response

■ Education

- Develop patient toolkit for disasters/emergencies
- Identify key materials for providers and stakeholders



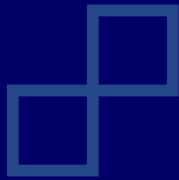


Strategic Partners



- Network 7
- FKDC
- Kidney Community Emergency Response (KCER) Coalition
- CMS
- State Survey Agency
- Emergency Operations Center
- Dialysis and Transplant Providers
- Utility Companies
- FEMA
- Red Cross
- Transportation
- Nursing Homes
- Nephrologists
- Government / Legislators





FKDC Members



Agency for Health Care
Administration



American Association of Kidney
Patients



American Nephrology Nurses
Association

American Renal Associates

Central Florida Kidney Centers

Council Nephrology Social Workers

DaVita

Doctors Hospital of Sarasota

Florida Council Renal Nutrition

Florida Department of Health

Florida Department of
Transportation

Florida Health Care Association

Florida Hospital Association

Florida Renal Coalition

Florida Society of Nephrology

FMQAI: The Florida ESRD Network

Fresenius Medical Care

Hillsborough County EOC

Tampa General Hospital

North Beach Dialysis Center

Physicians Dialysis

TECO Energy



Renal Advantage

University of South Florida









What is End Stage Renal Disease?

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- Kidneys cannot function well enough to sustain life
 - Often there are no symptoms until the kidney has lost more than half its function
 - Loss of kidney function in ESRD is usually irreversible and permanent
 - Fluid and toxins accumulate in the blood





National ESRD Facts



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- Over 400,000 dialysis patients
 - Approximately 175,000 kidney transplant patients
 - More than 80% have diabetes and/or high blood pressure
 - Most patients have multiple co-morbid conditions
 - Greater than 5,700 dialysis facilities
 - More than 270 kidney transplant centers
- 



ESRD in Florida

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- 
- Over 24,000 dialysis patients
 - 352 dialysis facilities and 7 transplant centers representing 15 different affiliations
 - Dialysis facilities are located in 79% of Florida counties
 - 21, 582 (89%) of patients receive dialysis treatment in an outpatient dialysis facility
 - 2,593 (11%) of patients receive dialysis treatment at home



Facility Demographics



- 82% - Corporate owned

- ARA
- DaVita
- DCI
- DSI
- Fresenius Medical Care

- 17% - Independents

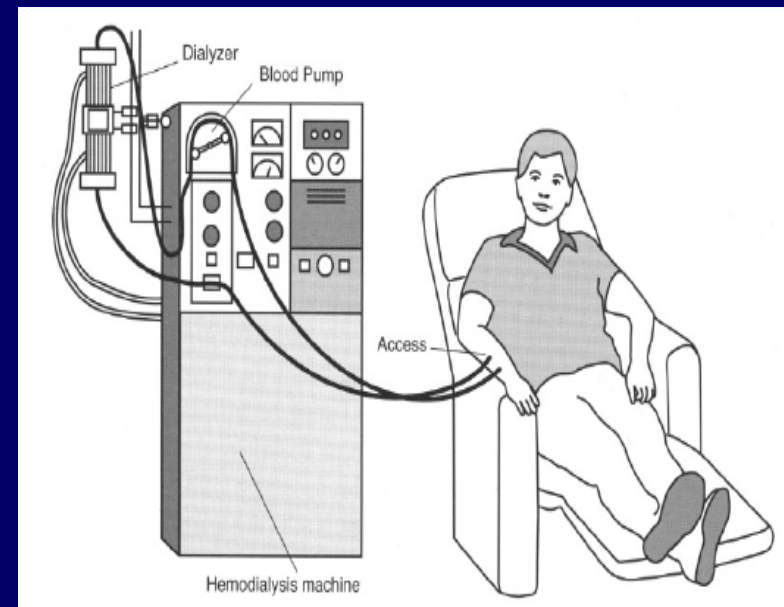
- Small regional chains
- Hospital-based
- Other free-standing clinics

- 1% - VA facilities





Hemodialysis (HD)

- Cleans blood using an artificial kidney and an HD machine
- Occurs at least 3 times per week, for 3-4 hours each treatment
- Each treatment requires a minimum of 100 gallons of water



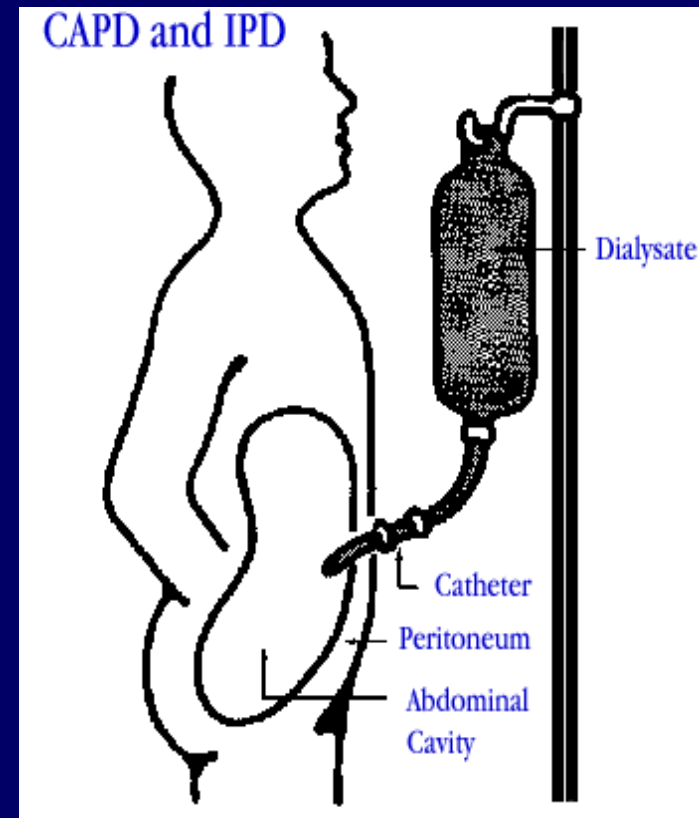


Hemodialysis

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- In-center
 - Home
 - Daily or every other day
 - Treatment time varies by patient
 - Nocturnal – Home or In-center
- 



Peritoneal Dialysis (PD)

- Is done at home
- Uses the patient's peritoneal membrane as a filter
- A special solution (dialysate) flows through a catheter into the abdominal cavity



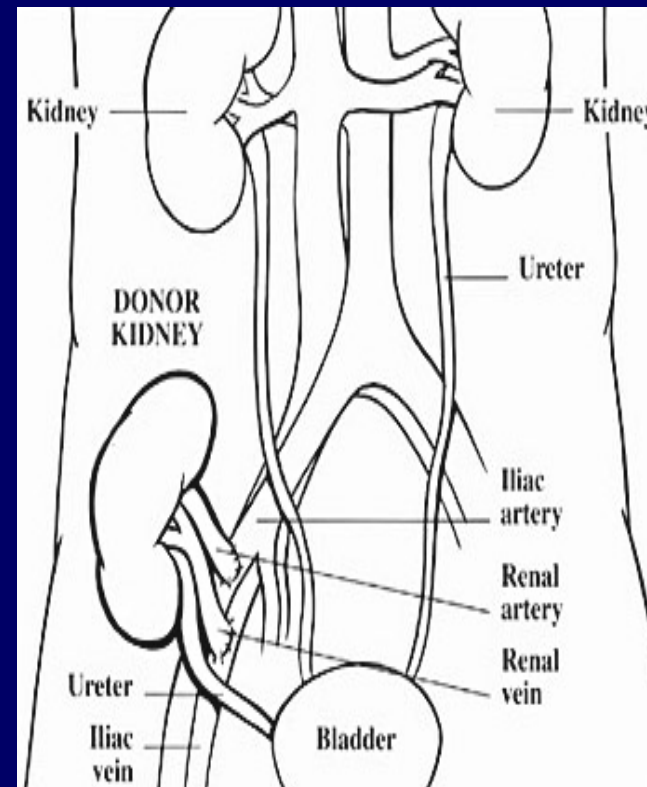


Peritoneal Dialysis

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- Continuous Ambulatory PD (CAPD)
 - Manual with no machine involved
 - Performed 24/7
 - Approximately one 18" x 11" x 8" case of supplies is used daily
 - Continuous Cycler PD (CCPD)
 - Automated using a delivery machine
 - Usually done only at night (6 -7 nights/week)
- 






Transplantation

- Special medications are required to prevent kidney rejection
- Some medications diminish the body's ability to fight infection
- Exposure to infections must be avoided







ESRD Emergency Considerations

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- Patients require regular, repeated dialysis
 - Space to conduct treatment
 - Electricity to run equipment
 - Dialysis machines
 - Safe/potable water – 100 gallons per treatment
 - Supplies
- 



ESRD Emergency Considerations (cont.)

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- Specially trained staff
 - Medical records (i.e., dialysis prescription)
 - Generators – not all facilities have them
 - Time to set - up temporary facility or to restore existing facility
 - Sheltering – no dialysis in shelters



Barriers to ESRD Care



■ Transportation

- Pre and post emergency
- County transportation can be limited

■ Power outages

- ESRD clinics need to be level 4 status

■ Water shortages

- Approximately 80 - 100 gallons of potable water per patient per treatment are needed

■ Generator/fuel issues





Barriers to ESRD Care (cont.)



■ Communication

- Contacting emergency management/utility companies
- Locating patients

■ Security/shelter

- Moving past police check points
- Securing generator/fuel



■ Poor facility planning/implementation

■ Renal Diet







Overview of Emergency Management

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- The Emergency Operations Center (EOC) is the managing agency for countywide emergencies
 - **Non-Emergency:** The EOC assists community partners to prepare for emergencies
 - **Emergency:** Assists in coordination of evacuation centers, public safety, infrastructure, and human services
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Federal Conditions for Coverage Requirements 10/2008



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- Emergency preparedness – Implement processes and procedures to manage medical and non-medical emergencies
 - Staff and patient training – including what to do, where to go, and who to contact
 - Emergency phone number for patient instructions
 - Emergency plans – Evaluate/update annually, make contact with area emergency management office
- 



Dialysis Facility Disaster Planning

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- Develop a facility plan (i.e., identify back-up facilities, emergency contacts, staff credentialing)
 - Emergency contracts for water, ice, etc.
 - Facility preparedness (i.e., shutters, generator, fuel)
 - Test plan and document preparedness
 - Personal preparedness (emergency kits)

Dialysis Facility Disaster Planning (cont.)

■ Things to consider:





- Geographic region
- Economic and social factors
- Type of disaster
- Could the facility experience a direct hit or be affected by overflow from another area

■ Plan components:

- Education
- Communication
- Transportation
- Supplies and equipment
- Staffing
- Utilities
- Back-up facility
- Strategic partners





Managing Dialysis Patients

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- Access Preservation
 - Arteriovenous fistula (AVF)
 - Arteriovenous graft (AVG)
 - Central vein catheter (CVC)
 - Protect from injury
 - No blood pressures, IVs, or lab draws in access arm
 - Do not carry heavy items on access arm
 - Access is for dialysis only
- 



Clinical Assessment

- 
- 
- Ask when patient received their last dialysis treatment
 - Listen to the lungs
 - Do they have rales or rhonchi?
 - Are they short of breath?
 - Assess for:
 - Fluid status
 - Is there periorbital or pedal edema?
 - May not be unusual for this patient




Clinical Assessment



■ Cardiac status



- Take blood pressure and pulse
- Do not use access arm
- Are the BP and pulse “normal” for the patient?
- Is the heart rate regular?

■ Infection

- 
- Is the patient’s temperature elevated?
 - Is the CV catheter site clean and dry?
 - Is the PD catheter site clean and dry?
 - For PD patients: is the abdomen firm, tender to touch?





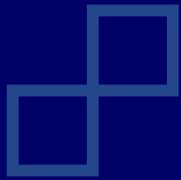
Diet and Fluid Restriction

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- Fluid is anything that is liquid at room temperature
 - Fluid should be limited to two cups per day
 - Patients are instructed on emergency diet and encouraged to bring acceptable foods with them
 - Food high in potassium and salt should be avoided
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What is your hospital's plan?

- 
- Is your acute dialysis unit coordinated and/or staffed by a contractor or by hospital staff?
 - Does your hospital include an outpatient dialysis unit?
 - Is there available staff for both units if needed?
 - Do staff know who to communicate needs to?
 - How will supplies be delivered?
 - Does the hospital generator cover the acute and/or outpatient units?
 - Is there extra storage space?
 - Water supply and sewer system?
- 



Internet Help





- www.fkdc.org
- www.kcercoalition.com
- Free continuing education at www.fmqai.com/ESRD
 - All-Hazards 1: Identifying and Preparing for Potential Emergencies and Disasters (1 CEU)
 - All-Hazards 2: Disaster Preparedness and the Conditions for Coverage (1 CEU)
 - Caring for ESRD Patients in a Disaster (1 CEU)

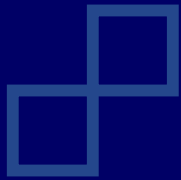




Internet Help (cont.)



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- www.nhc.noaa.gov
 - www.fema.gov
 - www.flash.org
 - <http://www.floridadisaster.org/index.asp>
 - www.petwelcome.gov
 - <http://ahcaxnet.fdhc.state.fl.us/essweb>
 - www.ahca.myflorida.com
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Tools & Resources



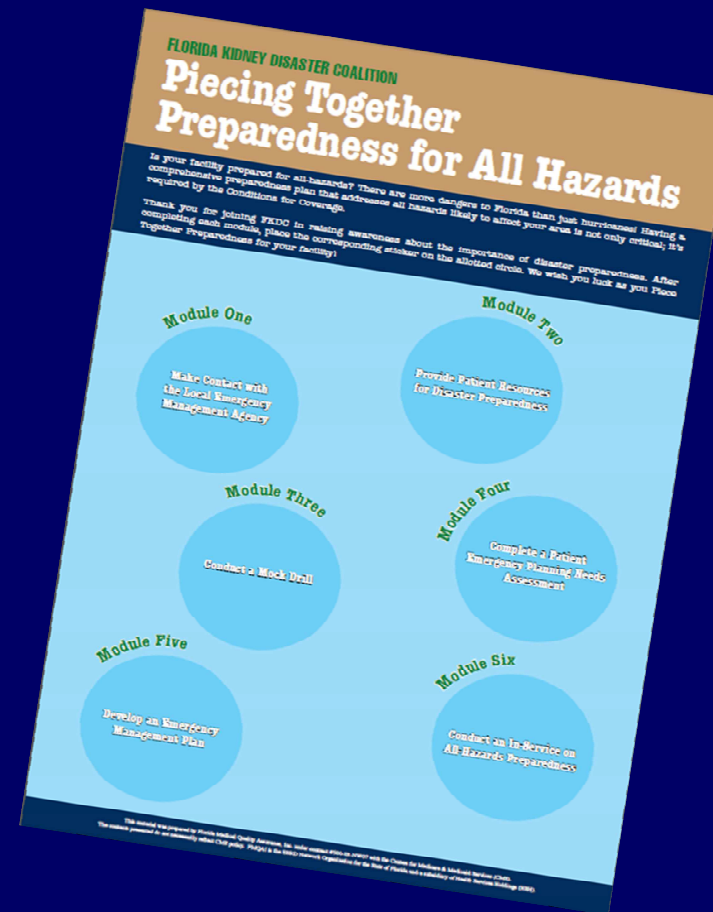
- “Are You Ready?” poster
- Vital Information Cards
- Patient “To Do” checklist
- CDC - Boil Water Advisory
- Emergency contact information sheet
- CDC Infection Control Guidelines
- Sample public service announcement
- Shelter signs for emergency diet
- Recommendations, considerations, and resources for treating dialysis patients
- Post-traumatic stress information
- Triage guidelines
- Dialysis Facility Compare
- FDA Advice for Reopening Facilities
- Patient education links including AKF, NKF, AAKP



Florida Kidney Disaster Coalition



PIECING TOGETHER PREPAREDNESS PROGRAM

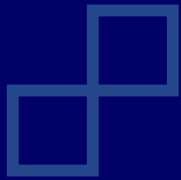
Available at www.FKDC.org





Piecing Together Preparedness Program

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- **Six modules to choose from:**
 1. Conduct a Mock Drill
 2. Conduct an In-Service on All-Hazards Preparedness
 3. Make Contact with the Local Emergency Management Agency
 4. Complete a Patient Emergency Planning Needs Assessment
 5. Develop an Emergency Management Plan
 6. Provide Patient Resources for Disaster Preparedness
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ESRD Network 7




- Provides education and technical assistance to the patient and provider communities regarding emergency planning
- Tracks open/closed status of dialysis facilities
- Assists ESRD patients with access to care
- ESRD emergency information
 - <http://fmqai.com/esrd-emergency-info.aspx>
 - Roster of facilities
 - CMS guides for patients and facilities
- Contact Network 7 at 813-383-1530





Join the Florida Kidney Disaster Coalition





For more information contact:

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FMQAI: The Florida ESRD Network

813-865-3321

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Questions



This material was prepared by the Florida Kidney Disaster Coalition, and distributed by FMQAI, the ESRD Network for Florida under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. FL-ESRD-NW7-20137GR14-4-769