

# What Do Dialysis Patients Need to Know About Emergency Preparedness?

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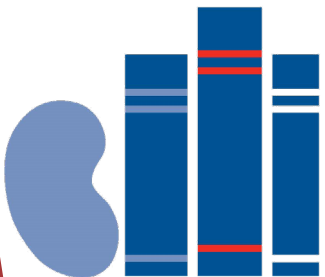
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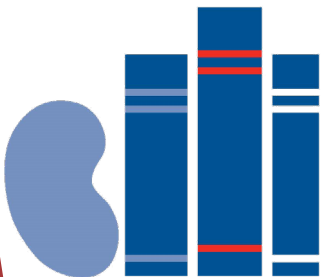
# Reminders

- All lines are muted and this webinar is being recorded
- Ask questions or make comments through the Chat Box
- Written questions will usually be answered at the end of the program
- You will receive the link to the **recording** and **slides** within a week
- Please complete the feedback form at the end of the program



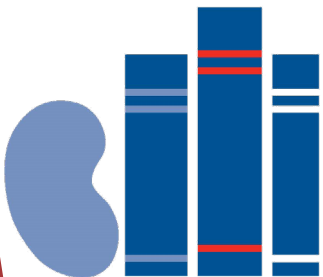
# Today's Presenters

- **Danielle Daley, MBA, CPHQ** is an Executive Director in the IPRO ESRD Network Program, with over two decades of experience implementing innovative programs to ensure that patients receive appropriate, timely, and equitable care. Ms. Daley leads a team of social workers aimed at improving experience of care for individuals with renal failure. Additionally, she fosters collaborations with dialysis providers, state health departments, transportation agencies, office of emergency management, and healthcare coalitions to develop and implement emergency preparedness plans that support access to care for dialysis patients.
- **Julia Dettmann, BSW** is the ESRD Network Program Emergency Lead and Patient Services Coordinator. Ms. Dettmann works with a team of social workers to process grievances, ensure access to care and coach facilities on working through behavioral challenges. Ms. Dettmann has a background in working with individuals with mental health and substance use.



# Today's Presenters

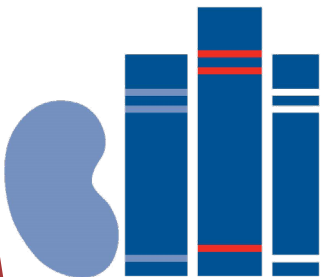
- **Michelle Prager, MSW, LSW** is the quality improvement project lead for home modalities in the IPRO ESRD Network Program. Ms. Prager has ten years of dialysis experience with four of those years in Social Work and six as a Facility Administrator.
- **Nealand Lewis, PMP, PhD, PSAE, MPM, M.A.Ed., MBA, CICA** experienced kidney failure in 2010 and has been both a home hemodialysis and in-center patient. Mr. Lewis is a member of the IPRO ESRD Network of the South Atlantic Medical Review Board, Patient Facility Representative Alliance, and ESRD National Coordinating Center Affinity Group serving as a subject matter expert and quality improvement champion. In addition to his work in the ESRD Community, Mr. Lewis has been guest speaker at numerous community and private events held throughout the U.S, Europe and Canada. His key areas of focus have been Project Management, Professional Development, Human Interaction, and Effective Communication Skills.



# Presentation Objectives

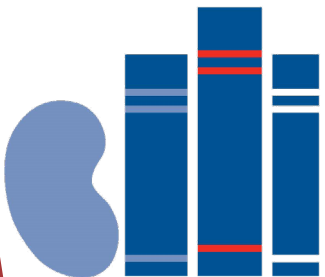
- Emergency preparedness is essential for patients to ensure continuity of their care. It is important for people on dialysis to plan ahead for emergencies and disasters in order to stay safe. This webinar provides information that will help dialysis patients understand:

- Types of emergent events
- How travel can impact care
- What to ask your team
- What supplies may be needed
- Benefits of home dialysis
- Patient personal experience

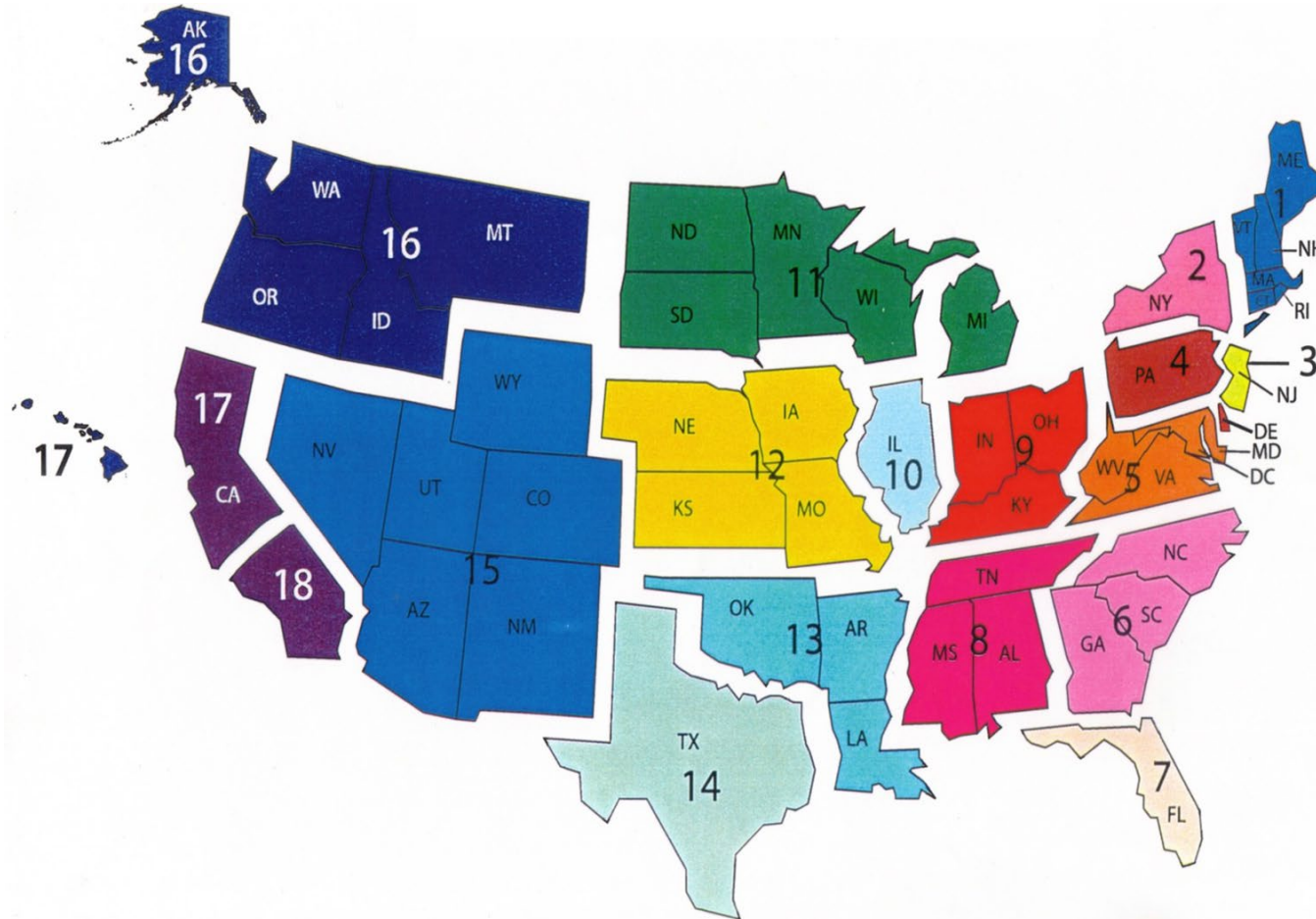


# Why Is Emergency Management Important in Healthcare?

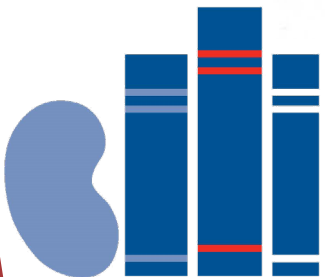
Danielle Daley, MBA, CPHQ  
Executive Director; Emergency Management Incident Commander  
IPRO ESRD Network Program



# What Are ESRD Networks?



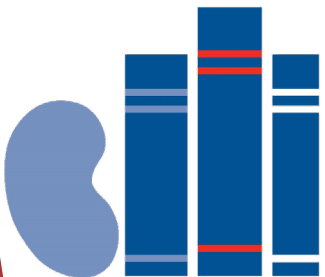
- ★ Puerto Rico and Virgin Islands are part of Network 3
- ★ Hawaii, Guam, American Samoa are part of Network 17





# What Are ESRD Networks?

- Improve quality of care for ESRD patients
- Provide assistance to ESRD patients and providers
- Encourage patient engagement
- Evaluate and resolve patient grievances
- Collect data to measure quality of care
- Support emergency preparedness and disaster response

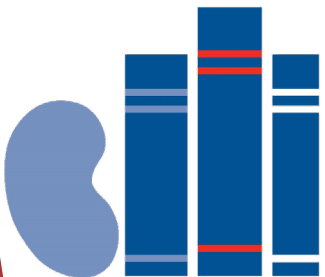




# ESRD Network Emergency Responsibilities

## Preparedness, Mitigation, & Response

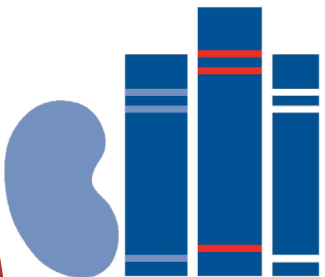
- Networks are the foundation of ESRD Emergency Management in collaboration with the Centers for Medicare & Medicaid Services (CMS) and the Kidney Community Emergency Response (KCER)
- Networks monitor conditions that impact a facility's ability to provide service to dialysis patients
- Networks establish relationships with state emergency management officials and healthcare coalitions
- Networks work to identify challenges and barriers impacting patients and facilities



# ESRD Network Emergency Responsibilities

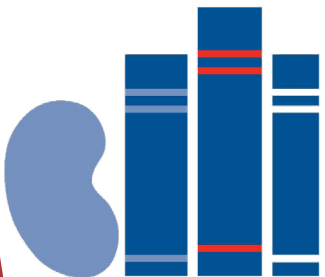
## Preparedness, Mitigation, & Response

- Watch and activate internal staff
- Email warnings/alerts/reporting reminders to ESRD providers and partners
- Collect open/closed/altered treatment status from facilities
- Provide to KCER an Emergency Situation Status Report (ESSR) for all facilities in impacted area
- Ensure CMS is aware of all challenges and barriers
- Ensure that all patient and facility needs are identified and that resources are located during emergent events



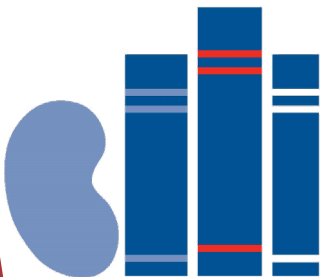
# Conditions for Coverage (CfC) for Facilities

- ESRD facilities are certified for inclusion in the Medicare Program under the Conditions for Coverage
- Survey and Certification provides initial certification of each dialysis facility and ongoing monitoring to ensure that facilities continue to meet requirements
- Code of Federal Regulations <https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol5/xml/CFR-2018-title42-vol5-part494.xml#seqnum494.62>
  - § 494.62 Condition of Participation: Emergency Preparedness



# CfC Emergency Preparedness Requirements

- Federal, State, and local emergency preparedness compliance requirement to manage fires, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters
- Establish and maintain an emergency preparedness program that meets the specified requirements
- The emergency preparedness program must include, but not be limited to, the following elements:
  - Emergency Plan, including Communication Plan
  - Policies and Procedures
  - Training and Testing Exercises: Full-Scale, Functional, Drills, Table-top
  - Integrated Healthcare Systems
  - Memorandum of Understanding with a backup facility
  - Contact Network and Department of Public Health (DPH) about interrupted service



# Updated CfC Guidelines

- On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published updates to the Medicare and Medicaid Programs

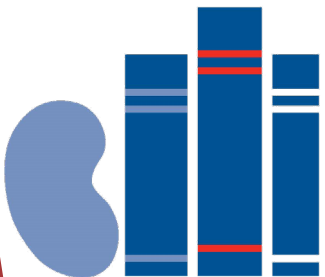
<https://www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and>

- Guidance related to the Emergency Preparedness Testing Exercise Requirements- Coronavirus Disease 2019 (COVID-19)

<https://www.cms.gov/files/document/qso-20-41-all.pdf>

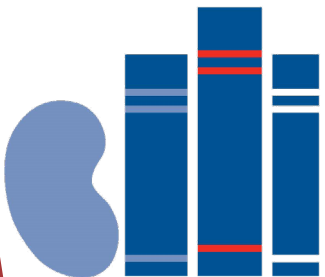
- Updated CMS Emergency Preparedness Final Rule (effective March 26, 2021)

<https://esrd.ipro.org/wp-content/uploads/2021/05/aspr-tracie-cms-ep-rule-esrd-requirements.pdf>

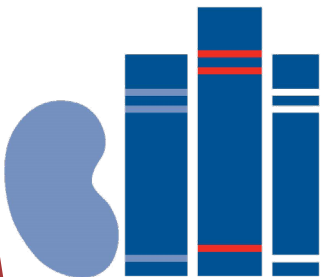
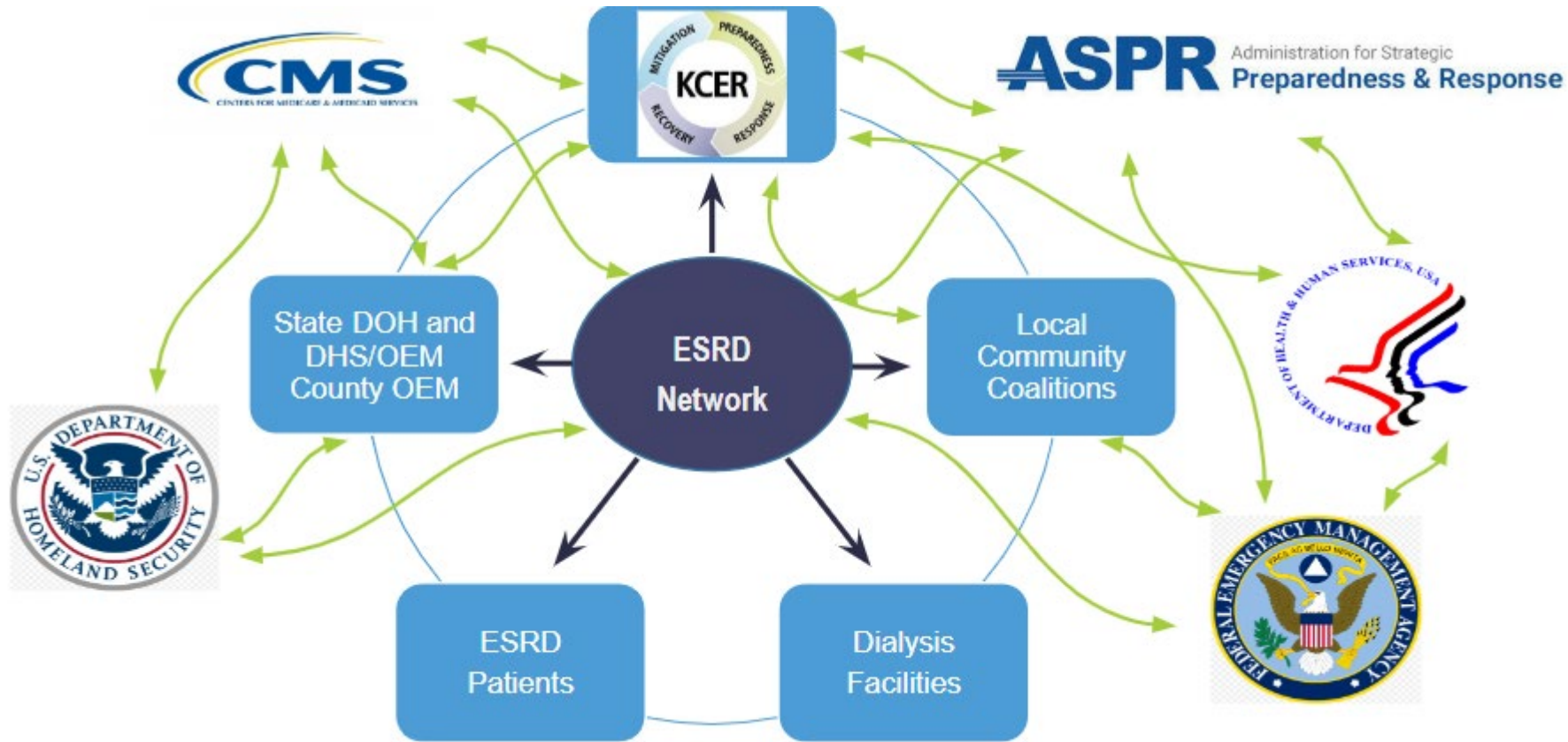


## Polling Question - Answer in Chat

Has your facility provided  
education about their  
emergency plan?



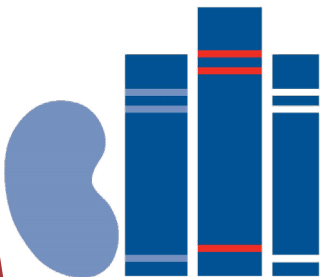
# Emergency Management Partners





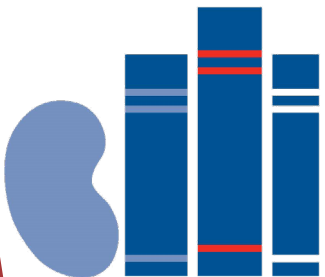
# Federal Partners

- Centers for Medicare & Medicaid Services  
<https://www.cms.gov/>
- Federal Emergency Management Agency (FEMA)  
<https://www.fema.gov/>
- Administration for Strategic Preparedness and Response (ASPR)  
<https://aspr.hhs.gov/>
- U.S. Department of Health & Human Services  
<https://www.hhs.gov/>



# Local Partners

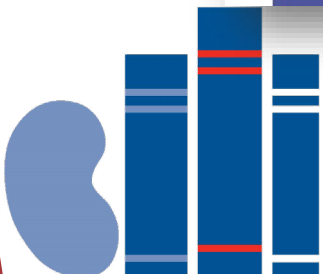
- State Department of Public Health (DPH)
- Healthcare Coalitions
- Police and Fire Departments
- Electrical Utility Provider
- Water Service Provider



# Kidney Community Emergency Resource (KCER) Coalition



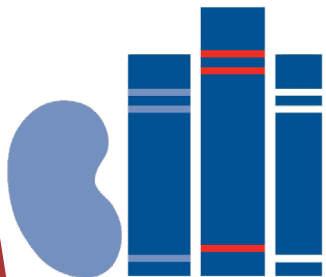
<https://www.kcercoalition.com/>



# American Kidney Fund (AKF)

- Chronic dialysis facilities and patients are usually not included in state and local disaster plans and must therefore plan for their own survival
- Because dialysis facilities provide life-sustaining treatment to patients with renal failure, it is imperative that they be as prepared as possible in the event of an emergency
- Patients should likewise prepare themselves for emergency situations that may prevent them from getting to their dialysis treatment

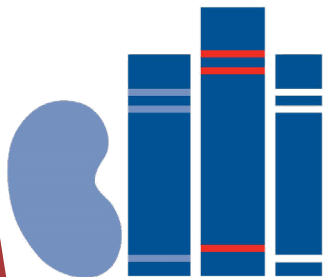
*Helping Dialysis Patient and Providers*



# AKF Financial Assistance

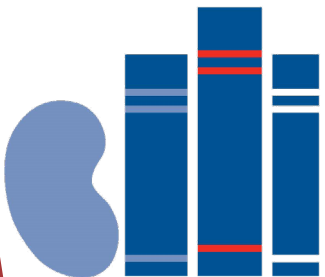
*“We can't always predict when something will happen to derail treatment plans. There are some simple steps patients can take to make sure they are prepared and have access to the things needed to stay healthy in the event of a disaster.”*

- If you are living with kidney failure and are unable to afford treatment-related expenses, the American Kidney Fund (AKF) may be able to help.
- Patients who demonstrate financial need may apply for assistance through the AKF grant programs
- AKF distributed grants as funding becomes available by going to <https://www.kidneyfund.org/get-assistance/disaster-relief-grant-program>



# How to Handle Emergency Events Being a Dialysis Patient

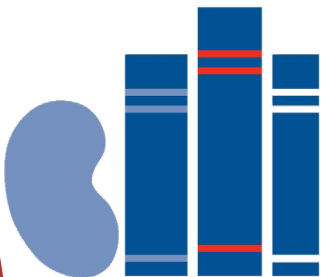
Julia Dettmann, BSW  
Patient Services Coordinator; Emergency Management Coordinator  
IPRO ESRD Network Program



# What is an Emergency?

Emergencies can be Local, State Level, Regional or National.

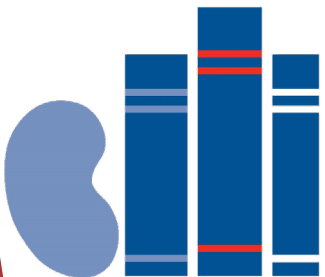
- Weather Event
- Facility Closed/Altered (Water, Power, Structural)
- Public Health Issues (COVID-19)
- Man Made Event (Terrorism, Supply Shortage)
- Transportation Event (Weather, Bridge Collapse)
- Communications Event (Phone/Internet Outage)





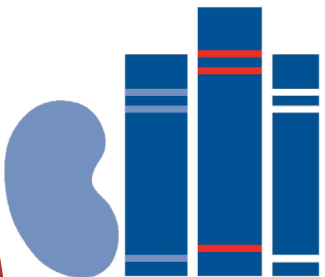
# Weather Event

- Blizzard/Snowstorm
- Flooding
- Tornado
- Wildfire
- Hurricane
- Earthquake



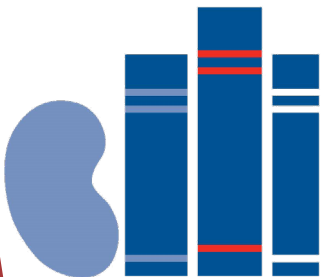
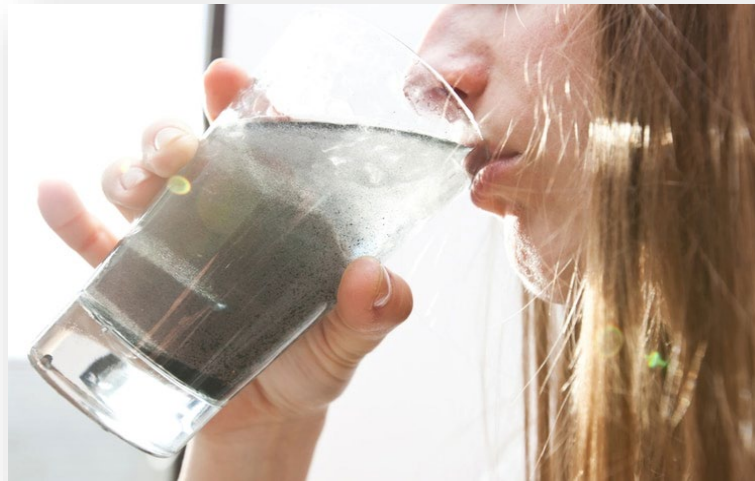
# Facility Closed/Altered

- Staffing Shortages
- Structural Damage
- Power Outage
- Water Issues (pipes bursting)
- Air Conditioning/Heat



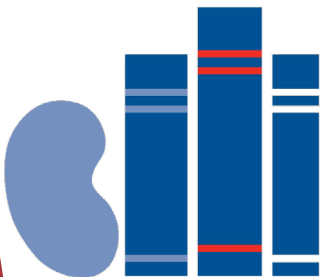
# Public Health Emergency (COVID-19)

- A Public Health Emergency is defined as an event, either natural or manmade, that creates a risk to the public
- Natural Disaster
- Disease Outbreak
- Contaminated Drinking Water
- Chemical Threat
- Radiological Threat



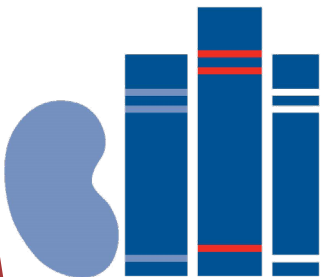
# Man Made Hazard

- Supply Shortage (medications, saline)
- Terrorism
- Active Shooter
- Biological



# Transportation

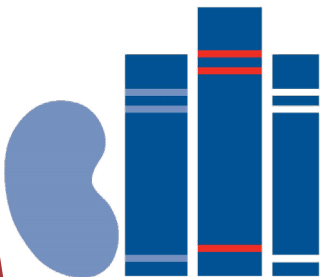
- Flooding
- Large highway accident
- Train Derailment
- Travel Ban





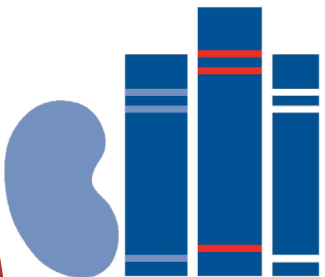
# Basic Requirements for Dialysis

- **Space** to do the treatment
- **Electrical Power** to run the equipment
- **Dialysis Machines**
- **Portable Water** for use in the treatment (each treatment requires a minimum of about 100 gallons of treated, pressurized water)
- **Supplies** such as dialyzers, blood lines, saline, medications, etc.
- **Personal** qualified to perform dialysis
- A **physician's prescription** for dialysis and medical records to support the treatment
- A **hospital** or other similarly equipped system and means to transport a patient if complications occur during treatment



# What to Ask Your Team

- What is my facility's emergency plan?
- How will my facility contact me if there is an emergency?
- How will I receive dialysis if my facility is unable to open?
- How can I best prepare my home for an emergency?
- What should I do if an emergency happens during treatment?
- Where is my closest medical needs shelter?

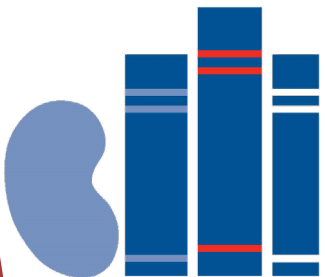




# Resources and Supplies Needed

Have a “to-go” bag ready with essentials such as:

- Water and food
- Health Documents
- Emergency Tools
- Clothes and Toiletries



# Shopping List

## DRINKS

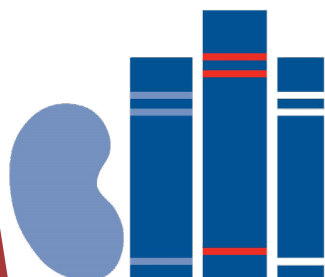
- ✓ Water is the best choice to drink.
- ✓ No sport drinks or beverages that contain phosphate

WHAT TO BUY	HOW MUCH TO BUY
<b>DRINKS</b>	
Distilled or bottled water	1 to 2 gallons
Dry milk OR evaporated milk	3 packages of dry milk OR 4 cans of evaporated milk (8 ounces each)
Cranberry, apple, or grape juice	6 cans or boxes (4 ounces each)
<b>FOOD</b>	
Cereal. <b>No bran, granola, or cereal with dried fruit or nuts.</b>	6 single-serving boxes (or 1 box)
Fruit, or "fruit cups," with pears, peaches, mandarin oranges, mixed fruit, applesauce, or pineapple packed in water or juice. <b>No heavy syrup, raisins, or dried fruit.</b>	12 cans (4 ounces each)
Low sodium asparagus, carrots, green beans, peas, corn, yellow squash or wax beans. <b>No dried beans such as pinto, navy, black, ranch style or kidney. No potatoes or tomatoes.</b>	6 cans (8 ounces each)
Low sodium or No-salt added Tuna, Crab, Chicken, Salmon, or Turkey	6 cans (3 ounces or 4 ounces each)
Unsalted peanut butter or almond butter	1 jar
Mayonnaise	3 small jars (or 8 to 12 single-serve foil wrapped packs)
Jelly (if you don't have diabetes)	1 small jar
Sugar-free Jelly (if you have diabetes)	1 small jar
Vanilla wafers, Graham crackers, or Plain unsalted crackers	1 box
Sugar-free candy, like sourballs, hard candy,	1 package

jelly beans, or mints	
Sugar-free Chewing Gum	1 Jumbo Pack
<b>FOOD THAT WILL SPOIL</b>	
This should be rotated before its expiration date.	
White bread	1 loaf
<b>NOTE:</b>	
If you have diabetes, you may wish to avoid the following foods. Speak to your dietitian.	
Sourball candy, hard candy, jelly beans, or mints	1 package
Honey	1 small jar
White sugar	Small box (or box of sugar packets)
Marshmallows (optional)	1 bag

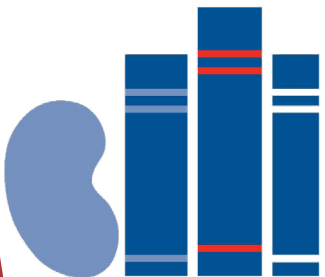
## OPTIONS TO SEASON YOUR FOOD

- ✓ 1 small bottle of olive or vegetable oil, plain or flavored
- ✓ 1 small bottle of balsamic or flavored vinegar
- ✓ Salt-free seasonings, spices and dried herbs such as cinnamon, dill, oregano, rosemary, garlic powder, and onion powder



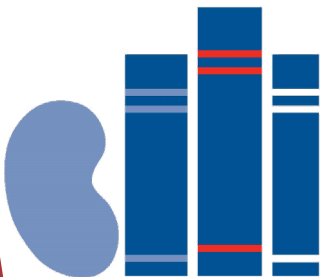
# Resources

- Kidney Community Emergency Response (KCER)  
<https://www.kcercoalition.com/>
- Federal Emergency Management Agency (FEMA)  
<https://www.fema.gov/>
- Red Cross  
<https://www.redcross.org/>
- National Kidney Foundation (NKF)  
<https://www.kidney.org>



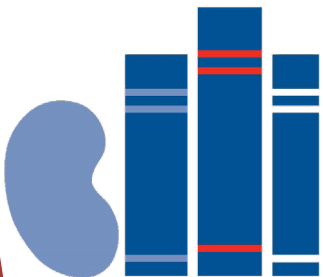
## Polling Question - Answer in Chat

What other things do you think  
would be helpful to have in a  
“to-go” bag?



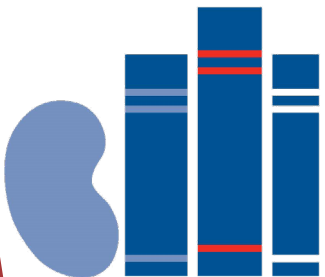
# Home Modalities and Emergency Management

Michelle Prager, MSW, LSW  
Home Modalities Quality Improvement Project Lead  
IPRO ESRD Network Program



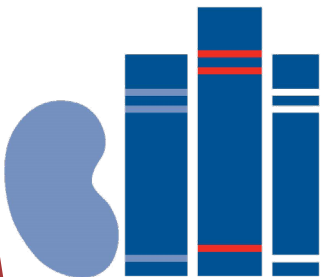
# Key Points

- Home Modalities
  - Peritoneal Dialysis
  - Home Hemodialysis
- Benefits of Being on Home Modalities
- Emergency Management and Home Modalities



# Peritoneal Dialysis

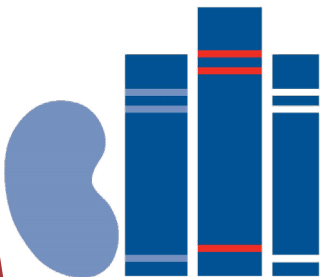
- Uses the inner lining of your abdomen (peritoneum) as a filter to clean the blood
- During treatments, a cleaning fluid called dialysate is put into the abdomen through a small flexible tube placed in the patient's peritoneum called a PD catheter.
- There are two types of PD:
  - CAPD - Continuous Ambulatory Peritoneal
  - CCPD - Continuous Cycling of Peritoneal Dialysis





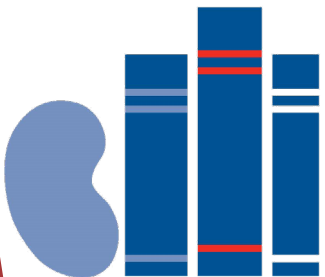
# Continuous Ambulatory Peritoneal Dialysis CAPD

- No Needles!
- Manual exchanges are performed 4-6 times per day
- Exchanges are completed every 3-6 hours
- Exchanges take 30-40 minutes
- Peritoneal Dialysis catheter is required to perform the exchanges
- No machine is required
- No partner is required



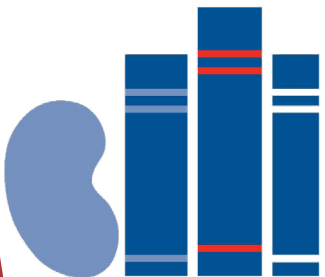
# Continuous Cycling Peritoneal Dialysis CCPD

- Peritoneal Dialysis catheter is required
- CCPD is performed at night while the patient is sleeping
- Usually, the treatment lasts 8-10 hours
- An additional manual exchange during the day may be required based on clearance
- A partner is not required



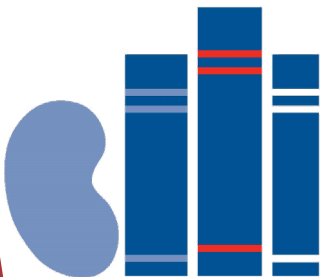
# Home Hemodialysis

- Hemodialysis at home is performed by the patient or care partner in the patient's home
- The dialysis machine is compact
- Your blood is filtered outside of your body through a dialyzer to remove unwanted waste, toxins and excess fluid
- Hemodialysis uses dialysate to remove the unwanted substances from your blood
- Cleaned blood is then returned to your body



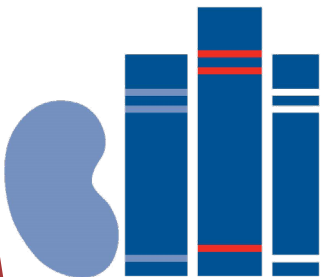
# Home Hemodialysis

- 4 - 7 times per week for about 2.5 to 4 hours per treatment
- Improved clearances
- Schedule your treatment days and times
- Shorter more frequent treatments, gentler on heart
- May or may not require a care partner
- Draw labs on your own
- Typically one clinic visit per month



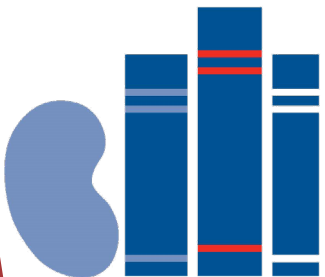
# Benefits of Home Modalities

- Improved Clinical Outcomes
  - Ability to achieve higher Kt/V
  - Better phosphorus control
  - Better management of comorbidities
- Quality of Life
  - Ability to work and go to school
  - Ability to travel
  - Spend more time with loved ones
  - Fewer diet and fluid restrictions
  - No one takes better care of you than you”
  - Decreased Mortality
  - Decreased Hospitalizations



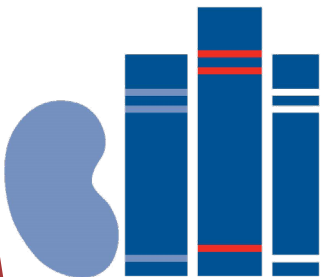
# Benefits of Being on Home Modalities During an Emergency

- Reduced travel in bad conditions to get to a facility
  - PD and HHD is usually once a month visits.
  - HHD once a month visits
  - For both PD and HHD you can use telehealth for two of the monthly visits out of 3!
- You can remain receiving treatment at home until the worst of the emergency is over!
  - Using telehealth can keep you connected to your dialysis team.



# Benefits of Being on Home Modalities During an Emergency

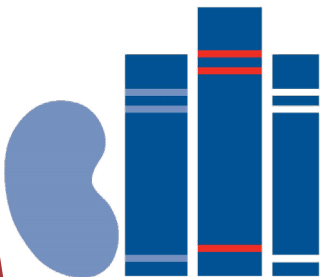
- If there is a power outage, you could collect the machine and supplies and hook up to a generator or go to somewhere that has power.
  - The dialysis machine (HHD) typically come with a travel case to move if needed.
- Smart devices like Alexa, or Google Home can be used to call 911 if you cannot get to a phone.
- You can set up with your local Fire Department to have access to your home with a lock box if there is a problem





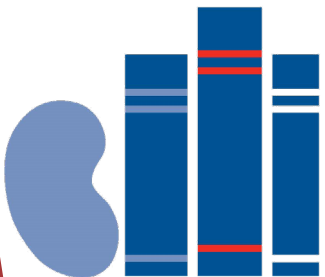
# Peritoneal Dialysis :What Can You Do To Prepare for an Emergency?

- Keep two-week stock of PD supplies
  - Make sure you are checking expiration dates regularly and replacing supplies
- Emergency medication pack and include a five day supply of antibiotic that your doctor orders for peritonitis
- Register with your power and water companies so they are aware you need services restored as soon as possible
- If you use the cycler, you should also know how to use the CAPD exchanged just in case you are unable to use the cycler
- Routinely review the instructions from your dialysis team about how to safely disconnect if you lose power while dialyzing. Have those instructions nearby to reference.



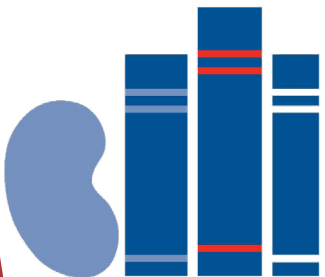
# Home Hemodialysis: What Can You Do to Prepare Yourself For An Emergency?

- Keep a two-week stock of supplies
  - Check expiration dates regularly
- Register with your local water and power company to get service restored as soon as possible
- Learn to be comfortable with taking yourself off the machine in an emergency
- If you lose power, follow the instructions to stop dialysis and disconnect given by your dialysis team
- If you are not able to continue your dialysis treatments at home, contact your dialysis team or provider to make arrangements



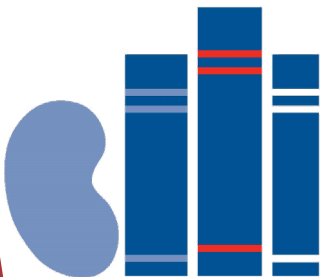
## Polling Question - Answer in Chat

Has your nephrologist  
talked to you about  
home dialysis  
as a treatment?



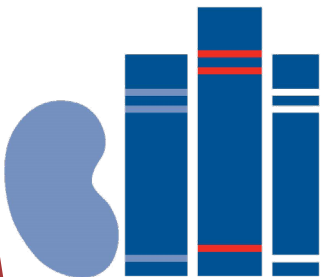
# Emergency Management: A Patient's Perspective

Nealand Lewis, PMP, PhD, PSAE, MPM, M.A.Ed., MBA, CICA  
Patient Subject Matter Expert; Medical Review Board Member  
IPRO ESRD Network Program



# Nealand Lewis

- History
- Awareness
- Education
- Experience



# Questions?

Please use the Chat Box



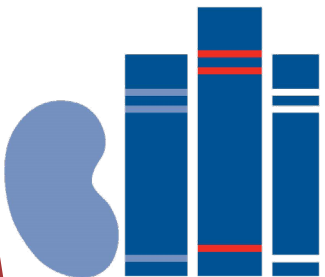
# Thank You for Attending Today!

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Join us next month – on March 23, a pre-recorded presentation will be available:

Calories for losing, maintaining, or gaining weight



**Calorias  
para perder,  
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