

TEXAS ESRD EMERGENCY
COALITION (TEEC)

Newsletter 2007



Administrative Guide and Newsletter

TEEC

Texas ESRD Emergency Coalition

Harvey Sanders RN Co-Chair

Elizabeth Kappell RN Co-Chair

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TEXAS EMERGENCY ESRD COALITION
TEEC



Texas ESRD Emergency Coalition (TEEC) has accomplished quite a lot over the past year and we could not have done it with all of you. In 2006 we received tremendous support and participation from the ESRD community. Everyone came together to create a cohesive team, regardless of corporate lines or affiliation. There was one very clear goal of all the participants of the coalition “to put a system into place to assist ESRD patients and facilities during an emergency or disaster.”

As the coalition work began in December 2005 there were 3 work areas that clearly emerged from the group discussions. The 3 workgroups: *Access to Care, Data and Information and Pre-Event Planning*; initially brainstormed attainable goals to accomplish through the coalition. An update of the work accomplished by these workgroups is attached.

We are excited to continue the coalition work in 2007 and extend an invitation to anyone interested in working with us to join our coalition. The 2007 schedule is listed below for you to mark your calendar. The specific location with directions of each meeting will be sent out one month prior to the meeting and will also be posted to the Network website (www.esrdnetwork.org) and the TEEC website (www.texasemergencyesrd.org). Please check either location for more information about the coalition.

2007 Meeting Schedule

2/2/07	Houston
3/8/07	Brownsville
4/12/07	Austin
5/10/07	El Paso
6/14/07	San Antonio
7/12/07	Galveston
8/9/07	Corpus Christi
9/13/07	Lubbock
10/11/07	Dallas
11/8/07	South Padre Island

Steering Committee:

Harvey Sanders RN - Co-Chair

Elizabeth Kappell RN - Co-Chair

Geli Brown- Network 14 Staff Liaison

Glenda Harbert, ED Network 14

Jeff Thompson, M.D.

David Burke, MD

Minnie Malone, RN

Narendra Singh

Christina Denman, LMSW

Connie Oden, RN

Larry Sultenfuss

Doug Havron, RN

Eugenia delos Reyes, RN

Balbi Godwin, RN

Derek Jacovich

Jane Guerrero, RN

Karen Walton, RN

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 30,200 kidney dialysis patients in Texas of which over 11,000 reside in the Tier 1 Coastal areas.** Individuals with kidney failure require either medications to prevent rejection of a transplanted kidney, or regular repeated kidney dialysis treatments to clean the blood supply, as frequent as three to four times a week, if they have not had a transplant. Missing even a few treatments can result in severe illness or **even death** for an individual with kidney failure needing kidney dialysis.

Federal, State, and Local Emergency Responders Need To:

- **To include provisions for individuals with kidney failure** in all plans, and involve ESRD Networks and dialysis facilities in all planning efforts.
- **List dialysis facilities as high priority locations for restoration of all services** such as power; water, and phone services.
- **Designate dialysis facility as high priority for emergency services** such as generators; fuel; and tanker water.
- **Give priority to dialysis personnel** for limited supplies such as gasoline and housing.
- **Establish clear contacts** in each response area and make contact information known to ESRD Networks and dialysis facilities.
- **Encourage early evacuation** of individuals with kidney failure if they are on dialysis, with appropriate family members (where possible). Since services are needed on a frequent basis, the individual should be triaged, provided urgent care, and evacuated to a location where services can be provided frequently in a safe environment.
- **Allow dialysis facilities to provide dialysis to all their patients before an evacuation** if at all possible prior to mandatory evacuation.
- **Facilitate delivery of supplies** to dialysis clinics.
- **Provide security assistance** to protect dialysis facility staff, emergency generators, and fuel used to run the dialysis equipment.
- **Allow to cross roadblocks and travel during curfews-** patients and staff with appropriate identification in order to get to and from dialysis clinics.
- **Provide alternate sites for treatment** if dialysis clinic operations are impacted by the disaster - work with dialysis providers, state agencies and the End Stage Renal Disease Network organization 972-503-3215 (www.esrdnetwork.org) in establishing appropriate locations.
- **Routinely screen for kidney failure** when individuals seek shelter in disasters. Add: “Do you require dialysis?” and “Do you have a transplanted organ?” to all screening tools.
- **Recognize that individuals with failed kidneys have unique medical needs** and will need to limit fluid intake and use caution in consuming foods high in salt and potassium (such as MREs) during periods of limited access to dialysis; as example, public service announcements may need to be edited to recognize these restrictions.
- **Ask shelters to group individuals needing dialysis** in a specific area of the shelter, and to consider arrangements for transportation to dialysis in transferring these individuals to another shelter.
- **Designate a few shelters** as the “go to” locations for dialysis patients to make transportation to dialysis treatment easier. These shelters can also be used for others.

Basic Requirements for Dialysis Treatment

- **Space** to do the treatment
- **Electrical Power** to run the equipment (if electricity is not available, one machine would require a 1.65KW size generator – an average facility has 16-20 machines and a water treatment system will require at least a 50KW generator)
- **Dialysis machines**
- **Potable water** for use in the treatment (each treatment requires a minimum of ~100 gallons of pressurized water)
- **Water treatment equipment** (Carbon filtration & either reverse osmosis or deionization);
- **Supplies** (dialyzers, blood lines, saline, medications, etc.)
- **Personnel** 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 a means to transport a patient if complications occur while providing dialysis

Being without dialysis for as few as 2-3 days could result in death.

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**Memorandum of Understanding
Provision of Disaster Assistance**

This *Memorandum of Understanding* (MOU) between the Department of State Health Services (DSHS) and the End Stage Renal Disease (ESRD) Network of Texas concerns the sharing of responsibilities for disaster management for ESRD facilities. The ESRD Network does not expect, nor will it receive any compensation from DSHS or the State of Texas for the services, resources or support it may provide under this MOU.

1. Definitions

1.1 Multi-Agency Coordination Center (MACC)

A physical location at which DSHS convenes to establish and carry out response strategies and the deployment of resources in the event of a disaster. Operations are coordinated with the DSHS representative at the State Operations Center.

1.2 WEB EOC

A web based portal which allows participants to share information, make decisions, run reports, provide a permanent record of events and deploy resources without the requirement to be physically present in the command center.

1.3 EMSystems

A real-time web based communications and resource management system utilized to enhance preparedness and response to medical emergencies, mass casualty events, and public health incidents in Texas.

2. Services and resources to be provided by the ESRD Network of Texas to DSHS and the Texas public prior to, during, and following a disaster include:

2.1 Assure that a network representative is available to DSHS 24 hours/day during disaster situations.

2.2 Serve as the conduit for communications from DSHS to all ESRD facilities in the state and from ESRD facilities to DSHS during a disaster situation.

2.2 Provide daily reports on the status of ESRD facilities to include needs such as generators, fuel, and water, operational issues, station availability, damage, staffing, and access to impacted areas etc., unless prohibited by law.

2.3 Participate in disaster planning activities, including exercises. Included among planning projects are:

2.3.1 Assist DSHS in identifying critical evacuation issues for Texas ESRD facilities and in the development of a standard reporting structure for ESRD facilities to use for patient tracking and repatriation as permitted by law.

2.3.2 Assist DSHS in identifying acceptable standards whereby ESRD facilities would be willing to accept credentialed health care volunteers in a disaster situation.

2.3.3 Assist DSHS in the revision of current laws/regulations relating to ESRD facilities disaster preparedness activities.

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2.5 Participate in post-incident review activities.

3. Services and resources to be provided by DSHS to the ESRD Network of Texas prior to, during, and following a disaster include:

3.1 Access to EMSystems, the Health Alert Network, and WEB EOC.

3.2 Access to DSHS funded phone conference bridges to allow for regular conference calls with stakeholders during a disaster.

4. General Provisions

4.1 Duration

This *Memorandum of Understanding* commences on June 15, 2006, and continues in effect until May 1, 2008, or on the date this MOU is withdrawn, modified, or superseded as provided below, whichever occurs first.

4.2 Termination or modification

DSHS and the ESRD Network of Texas mutually agree that either party can withdraw from this *Memorandum of Understanding* for any other reason.

4.3 Understanding limitations

This *Memorandum of Understanding* represents the total understanding of DSHS and the ESRD Network of Texas with respect to information providing assistance in times of state disasters.

4.4 Status of Parties

The ESRD Network of Texas is not acting as an employee or agent of DSHS in providing the services and resources described in this MOU.

4.5 Duplicate Originals: DSHS and the ESRD Network of Texas agree that this *Memorandum of Understanding* may be executed in duplicate originals.

Department of State Health Services

ESRD Network of Texas

By: _____
Bob Burnette
Director,
DSHS Client Services Contracting Unit

By: _____
Glenda Harbert
Executive Director
ESRD Network of Texas

Date: _____

Date: _____

APPROVED AS TO FORM:

By: _____
Office of General Counsel

Pre-Event Planning and Education Workgroup

The Pre-Event Planning and Education workgroup has been quite busy this year. There were several areas of concern that our workgroup wanted to address through the coalition. The first area of concern was to provide patients in Tier I facilities (those closest to the coast of Texas) with fanny packs to maintain their important records and medication during an emergency evacuation. Patients are to be given a fanny pack and instructed to put their medical records and medications in the packs prior to evacuation. Another area we wanted to address was to improve the education of patients. The workgroup developed a patient education packet entitled "Are You Ready." This informational packet discusses what to do in case of an emergency evacuation. It contains a checklist to ensure that the patient has everything that he/she needs with them while evacuating. It also discusses diet and fluid management. We hope that it will be a helpful resource to both the patients and facilities in emergency preparation.

To address the needs of facilities during an emergency evacuation the workgroup also developed a one page nursing assessment form. This document should prove helpful during a situation where facilities are accepting large numbers of evacuees. It is a quick tool that can give you all the necessary information to render care to a patient. We are so happy that we were able to develop such useful tools for patients and facilities to use during emergency situations. Please feel free to download the documents that we developed from EMSsystem or www.texasemergencyesrd.org or www.esrdnetwork.org.

Access to Care Coalition Article

WOW! What a year for the Texas Emergency ESRD Coalition (TEEC). Likewise, the Access to Care Committee for TEEC has had a year of filled with accomplishments. This would not have been possible without the dedication of the entire committee, including:

Larry Sultenfuss
Jane Guerrero
Yolanda Solis
Bobbie Knotek

Doug Havron
Karen Walton
Connie Oden
Elsa Gongora
Harvey Sanders

The Access to Care Committee members embraced a mission to create redundant communication and operational command centers for the coordination of the ESRD community assets and response needs during disasters and/or other public health emergencies.

Step one was to implement EMResource to augment the operational needs of TEEC during disasters, as well as support the daily activities. EMResource is a web-based communications and resource management program, which provides 'real time' information and resource identification during a medical emergency, mass casualty event or natural disaster. Through massive efforts of Network 14, all dialysis centers have been added to EMResource, allowing first responders, hospitals, public health workers and emergency managers access to concurrent dialysis capacity and capability throughout Texas.

Additionally, the committee members took on the task of finding a location to support the TEEC disaster activities during large-scale disasters or other public health emergencies. The location must provide redundant communications, backup power, and be self-sufficient for a period of days. The committee continues to refine this center's tasks and standard operating procedures.

Lastly, the Access to Care Committee would like to thank everyone for your efforts toward increasing preparedness in your personal lives and in your clinics. The individual dedication to preparing one's personal life and the professional dedication to keeping EMResource and emergency procedures current, allows the ESRD profession to respond more efficiently and effectively to disasters or other public health emergencies. For that, we thank each of you!

For more information or details about EMSystem, please log onto www.texasemergencyesrd.net or www.esrdnetwork.org.

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FACILITY _____

NURSING HISTORY AND ASSESSMENT

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Patients Name:				Phone Number:					
Admission Date:				Social Security:					
Nephrologist:				Phone Number:					
MODE OF ARRIVAL:									
PRIVATE CAR		STRETCHER		WALKER					
CARE B		OTHER B		WHEELCHAIR					
WEIGHT:			VISION IMPAIRED:			HEARING IMPAIRED:			
HEIGHT:			YES		NO	YES			
BEHAVIOR: ALERT CONFUSED RESTLESS LETHARGIC									
COMMENTS:									
PSYCHOSOCIAL: READS ENGLISH SPANISH OTHER WRITES:									
COMMENTS:									
SOCIAL SUPPORT SYSTEM ADEQUATE:				CAREGIVER NAME:					
YES NO									
STAYING AT HOTEL/RESIDENCE?				AVAILABLE FOR EMERGENCY					
STAYING AT SHELTER?				NAME OF AGENCY:					
COMPLAINTS OF ANXIETY INSOMNIA DEPRESSION									
PHYSICAL ASSESSMENTS									
RESPIRATORY		YES	NO	COMMENTS	CARDIOVASCULAR		YES	NO	COMMENTS
COUGH					HX. OF ARRHYTHMIA'S				
DRY					ANGINA				
PRODUCTIVE					DISTENDED NECK VEINS				
HX. OF TB					PACEMAKER				
HEMOPTYSIS					HEART RATE REGULAR				
ORTHOPNEA					EDEMA				
SOB									
LUNG SOUNDS									
SKIN		YES	NO	COMMENTS	MUSCULO/SKELETAL		YES	NO	COMMENTS
PALE/PALLOR					JOINT PAIN				
DIAPHORETIC					WEAKNESS				
JAUNDICE					NUMBNESS				
SCALY/DRY					PARALYSIS				
ABRASIONS					ROM LOSS				
DISCOLORATION					AMPUTATIONS: LEG: LEFT RIGHT				
					AKA BKA				
					ARM: LEFT RIGHT				

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MEDICAL HISTORY							
HEALTH PROBLEMS	YES	NO	COMMENTS	SURGICAL HISTORY	YES	NO	COMMENTS
DIABETES				PARATHYROIDECTOMY			
COPD				NEPHRECTOMY:			
SEIZURES				LEFT			
ASTHMA				CABG			
ALLERGIES:				OTHER:			
MEDICATION	YES	NO	COMMENTS	MEDICATION	YES	NO	COMMENTS
REVIEWED/UPDATED				PATIENT HAS MEDICATION?			
LISTED ON SHEET				# OF DAYS SUPPLY?			
REQUIRES INSULIN				MEDICATION LIST WITH PT?			
ADMINISTERS /SELF							
DEMONSTRATES UNDERSTANDING OF MEDICATION							
YES NO							
COMMENTS:							
DIALYSIS DATA							
MODALITY: HEMO CAPD CCPD							
ACCESS: TYPE _____ DATE OF PLACEMENT _____							
LOCATION OF ACCESS: _____ CONDITION OR PROBLEM _____							
DEMONSTRATES KNOWLEDGE OF ACCESS CARE: YES NO							
DEMONSTRATES UNDERSTANDING OF EMERGENCY PROCEDURES YES NO							
RE-EDUCATE _____							
HEPATITIS STATUS _____ MRSA CARRIER _____							
VRE _____							
NURSES SIGNATURE AND TITLE:						DATE:	

Memo To: Administrator
DON
From: Glenda Harbert, Director
Date: July 14, 2006
RE: Disaster Readiness

The purpose of this memo is to ensure your awareness of the expectations of the ESRD Network and the Department of State Health Services (DSHS) regarding your facility's disaster readiness and participation in the statewide EMSsystem.

DSHS- Two enclosures describe expectations and requirements:

- A letter from Derek Jacovich, Manager Patient Quality Care Unit, Regulatory Services Division of the DSHS, describes their expectation that each facility will utilize the EMSsystem.
- The DSHS ESRD Licensure Rules for Facility Disaster Plan describe the clear regulatory requirements.

ESRD Network: In keeping with the Network Goals & Objectives to ensure the provision of safe and effective care for ESRD patients, the Network expects the following:

- Appoint a NW facility Disaster Representative:
 - Each facility must designate a disaster representative and provide 2 contact mechanisms, one of which must be a non-facility contact.
 - This representative may be a regional administrator if desired.
- Use of EMSsystem (see instructions below)
 - Register and receive a password from the Network office
 - Complete contact information
 - Update the information whenever a change occurs or at least monthly
 - Use EMSsystem in real time during disasters
- Disaster preparations
 - Educate patients for disaster readiness
 - Provide emergency records for evacuation
 - Arrange transient dialysis in advance in evacuation situations whenever possible
 - We encourage participation in the Texas Emergency ESRD Coalition and use of the TEEC armbands and fanny packs for evacuation.

EMSystem Instructions

- Log onto www.emsystem.com
- Click on your facility name to update contact information (please provide 2 names for emergency contact with after hour information)
- Click on **“dialysis status”** to update the current status of your clinic and the type of patients treated by your facility (hemodialysis, peritoneal or both)
- Click on **“number of dialysis patients”** to update the current patient population
- Each facility will be required to verify and update their facility status by the **8th of each month**. Reminder emails will be sent through EMSystem.
- Click on **“Preferences”** and update the way in which each emergency contact would like to receive notices for events or emergencies.

If you need assistance or have regional oversight for multiple facilities please contact Geli Brown, Outreach Coordinator to have customized usernames and passwords set up for oversight of your facilities.

Thank you for your cooperation.