

Florida Kidney Disaster Coalition

MINUTES

Date: 5/25/07		Time: 10:00 a.m. – 3:00 p.m.		Location: FMQAI – Tampa, FL	
Members Present:					
Nancy Blackburn Fresenius Medical Care		Michael Christensen Fresenius Medical Care		Sherilyn Burris FMQAI: The Florida ESRD Network	
Tom Bradsell DaVita		Don Cranston TECO		Sarah Knott Fresenius Medical Care	
Carl Brueggemeyer Nephrologist - Fl Society of Nephrology		Tammi Poswiatowsky Emergency Operations Planning Support		Susan McDevitt Florida Dept. of Health	
Linda Carroll Network 7 MRB		Lisa Goodwin Fresenius Medical Care		Deuzimar Kulawik FMQAI: The Florida ESRD Network	
David Bobbish Sarasota Physician's Dialysis		Sally Gore FMQAI: The Florida ESRD Network		Bruce Martin The Kidney Group	
				Diana Clynes AAKP	
				Liz Howard AAMI / DaVita	
				Laurie Shore LifeLink HealthCare Institute	
				Brenda Tilley Independent – Central Florida Kidney Center	
				Cindy Woodward FMQAI: The Florida ESRD Network	
TOPIC		DISCUSSION		PLAN OF ACTION	
Welcome & Introductory Remarks		<ul style="list-style-type: none"> Sally Gore welcomed all the members to the meeting. She reviewed the agenda, and the minutes of the 3/29/07 meeting. 		<ul style="list-style-type: none"> The minutes from 3/29/07 were approved without revisions 	
TOPIC		DISCUSSION		PLAN OF ACTION	
				RESPONSIBLE	

Updates

❖ Special needs shelter presentation

The Special Needs Shelter Meeting was held in Tallahassee at the Department of Health complex.

There were about 100 stakeholders present representing Utilities, Hospitals, EMA, DOH, Dialysis, etc.

Major discussion was the adoption of the wording for the Special Needs Shelter rules. This has been slowed to address the questions of the Joint Administration Procedure committee.

Many Issues have yet to be addressed for funding and implementation

- € ALFs have been slow to provide Registration and plans.
- € Identification of individuals in need of sheltering - including children
- € Difficulty determining how many of the identified by CMS will actually need shelter
- € Appropriate Care of Alzheimer patients as well as pts with developmental issues.
- € Communication to General Public re the requirements for SpNs
- € Registration is cumbersome requiring that info go to the EMA>DPH>EMA> then to the DOH just prior to Disaster
- € Funding issues if No State of Emergency is called.
- € Need for central computer system to cross county lines
- € Issues with HIPPA
- € Dialysis issues were discussed and information given out.
- € Working with a wide variety of County, State and Federal Agencies

Animals in Shelters continues to run into problems (i.e.

<p>❖ KCER</p>	<p>Pasco Co Schools refuses to allow any animal on school grounds that is not a “Helping Animal.” Also controversy on how to determine if the animal is a real “Helping animal” or a pet.</p> <p>Discharged Planning appears to be well developed and on track. Team is sent to disassemble shelter following emergency.</p> <p>Issues regarding patients or care givers with Mental Health Disabilities. Responsibility of identifying and registering patients who may be isolated.</p> <p>Funding issues Continue. No money spent as yet. \$\$ is not going to the EMA or DOH charged with developing initiatives. Some \$\$ has been promised for hardening shelters and providing generators.</p> <p>Dialysis Patients will be admitted to any SpNs if they meet criteria. Continue to need education of DOH RNs so that the “fear factor” can be eliminated.</p> <p>Network 7 assumed the lead for administrative support of the KCER in Phase II and convened the second KCER Summit on March 1, 2007 in Baltimore, MD. There were 120 Summit participants, residing in 32 states. ESRD Networks 2, 12, 13, 14 and 17 shared lessons learned from 2006 regional disaster experiences, with emphasis on all hazards. Network 7 led a tabletop mock disaster drill, during which the Response Teams identified issues, priorities and gaps in response mechanisms. A 9th team was established - the Pandemic Preparedness Response Team. The Summit ended with a rollout of the new website www.KCERCoalition.com, which has KCER emergency contact information and links to key resources and organizations involved in preparedness and response for the kidney community.</p>		
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Activities of the 9 Response Teams are posted on the website. Briefly, the Response Team areas of focus are:

- Patient Assistance (Co-Chaired by Phyllis Ermann permann@kidneyfund.org and Kris Robinson krobinson@aakp.org)
 - Educate patients on preparedness / coordination of financial aid when needed and available
- Communication (Chaired by Gary Green garyg@kidney.org)
 - During emergencies: toll-free helpline / email listserv / conference calls
- Facility and Patient Tracking (Chaired by Glenda Harbert gharbert@nw14.esrd.net)
 - Track displaced patients and report on facility open / closed status
- Federal Response – (Chaired by Glenda Payne Glenda.payne@cms.hhs.gov)
 - Educate federal agencies and state partners / direct federal resources during a disaster response
- Coordination of Staff and Volunteers (Chaired by Norma Gomez norma.Gomez@davita.com)
 - Maintain a database of emergency / disaster volunteers and educate on deployment
- Industry Supplies and Services (Chaired by Ken Chen kenc@amgen.com)
 - Assist with plan for emergency distribution of supplies for dialysis / transplant care
- Physician Placement and Assistance (Co-Chaired by Andrew Cohen, MD ancohen@ochsner.org and Robert Kenney, MD rkenny@renalassociates.com)
 - Facilitate the provision of nephrology expertise for management of dialysis /

<p>✧ Palm Beach County Drill</p> <p>✧ Governor's Hurricane Conference</p>	<p>transplant patients during a large scale crisis</p> <ul style="list-style-type: none"> ▪ <u>Pandemic Preparedness</u> (Co-Chaired by Wendy Schrag wendy.schrag@fmc-na.com and Bill Numbers bill.numbers@fmc-na.com) <ul style="list-style-type: none"> ➤ Collaborate with federal / state agencies to coordinate ESRD services in the event of a major pandemic ▪ <u>Facility Operations</u> (Co-Chaired by Sue Rottura srottura@americanrenal.com and Larry Park Lawrence.park@fmc-na.com) <ul style="list-style-type: none"> ➤ Assist facilities with preparedness / response <p>To join a Response Team, simply contact the Chair of the team, or you may contact Jim Curtis, Project Coordinator at jimcurtis803@msn.com.</p> <p>In the event that a crisis requires assistance outside of Florida's capability, KCER resources are available (Disaster / Emergency Resource List).</p> <p>Mike C. and Sue R. were working with the Palm Beach County EOC for a drill on May 1. Though participating in the drill fell through due to privacy issues, they were invited to participate in the review of the evaluation/drill. Next meeting will focus on a dialysis clinic tabletop exercise with FPL (Dade), fire/rescue, HERC (hospital emergency community response).</p>		
TOPIC	DISCUSSION	PLAN OF ACTION	Responsible
<p>Experiences from the field</p>	<p>A video was displayed recounting the experiences of Florida Emergency Management workers responding to Hurricane Katrina.</p>		

<p>❖ Florida Responds to Hurricane Katrina</p> <p>❖ FKDC role during Hurricane Season</p>	<p>The group discussed the role of the coalition during Hurricane Season. Due to the fact that the coalition was not designed or intended to be “first responders” our role will continue to be to offer education and resources and to advocate for awareness and the needs of our patients during emergency situations.</p> <p>The group noted that, if you look at the original mission and vision set forth, we have been achieving those goals with our recent activities.</p> <p>The group also discussed the need for back-up agreements. It was discussed that, while those are necessary to have on paper per CMS regulations, they are not always feasible. The group also discussed the fact that, in an emergency event, providers would assist in taking any patient that came to them, regardless of whether or not a back-up agreement is in place.</p> <p>Gaps in current materials / activities were discussed. The following gaps were identified:</p> <ul style="list-style-type: none"> • PD patients • Patients evacuating and hospitals • Education on higher risk patients • Staff needs to care for their own families. 	<p>Provide number of PD patients per county for next coalition meeting</p>	<p>Sally Gore</p>
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<p>Workgroup Brainstorming – Updates</p> <p>Disaster Drills</p>	<p>Linda Carroll provided an update on the recent dialysis meeting held in Pinellas county on May 24, 2007. It was an excellent turnout – only 2 providers did not send representation. There was also concern that the Pinellas county Emergency Management recounted that since most of the inland parts of the county are not in a Category 5 evacuation zone, that there does not need to be as much planning.</p> <p>Transportation representatives were present, but not everyone was on the same page with who was responsible for which transportation responsibilities. Certain HMOs are responsible for transportation, which complicates the process as well. A meeting was to be scheduled with transportation, Pinellas EOC and Nancy Blackburn representing the FKDC.</p> <p>Another issue discussed in the Pinellas meeting was, “How do you identify patients and staff that need to get in/out of dialysis clinics?” However, this is a National Guard and FDLE issue, the locals will not be responsible for roadblocks. Identification is still an issue, perhaps have a standardized, inexpensive identification to include all the medically disadvantaged or disabled. Ideas regarding this included partnering with the national coalition, KCER, and possibly writing a grant that will cover the costs of providing an ID to all dialysis patients.</p> <p>Pinellas County EOC representative mentioned that he was thankful to have some education on dialysis, that shelter managers were afraid they would have to dialyze patients and there was a lot of fear going on with dialysis patients being in shelters. A contact was made with the Department of Health employee that would like to work with the coalition to create a CEU approved program for nurses that are going to work in shelters. Sherilyn noted that she had a contact she met at the Hurricane Conference that she will forward to Sally. This contact</p>	<p>Provide name of Polk County contact to Sally Gore after the meeting.</p> <p>Pursue contact at Dept. of Health for CEU presentation for Special Needs Shelter nurses</p>	<p>Sherilyn Burris</p> <p>Education Committee / Seminars Committee</p>
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<p>Education – Communication Group</p>	<p>may have an appropriate presentation for this. The education committee or seminars committee will also pursue this.</p> <p>The ability to have representation in the Pinellas EOC during an emergency was discussed at the Pinellas EOC meeting but space is limited in the Pinellas EOC (it's relatively small). However, they would like to have an FKDC volunteer available via telephone as a subject matter/technical expert. Additionally, the county health department invited Pinellas county dialysis providers to nominate a volunteer to work in their office during emergencies.</p> <p>Future plans: Duplicate efforts at the Orange County, Duval County, and Sarasota EOCs. The main obstacle for this, however, is having FKDC volunteers for the events in these areas. Other future activities include sending out press releases on upcoming events, the successful events and lessons learned.</p> <p>PETS: Pinellas County does not have a Pet Special Needs shelter but has a foster care program that will come pick up your pet and care for them while the patient is at the special needs shelter. NOTE: there are probably a lot more rules here, such as being timely registered weeks in advance, having all vaccine records, only for cats, dogs, possibly birds.</p> <p>Sally Gore reported out for the Education group. The Emergency Communications Kit will be mailed out to all facility social workers next week. Additionally, a fax blast will be sent to the attention of facility administrators encouraging use of the tools. With this task done, the group needs a focus for their next task. Discussion ensued regarding possible activities:</p>	<p>Find volunteers for Orange and Duval county drills</p>	<p>ALL MEMBERS</p>
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	<ul style="list-style-type: none"> ▪ Need for education for nurses for special needs shelters. This will allow the coalition to educate and connect, form a partnership. The current presentation is not clinical, but for CEU's it needs clinical content. PowerPoint used for Green Ribbon Health might be tweaked to focus more on triage at the local level. Examples of clinical content that needs to be included: Develop/promote information on access care for the layperson, catheter care for the layperson, assessment, different modalities, PD. General medication that patients take and what should they not take, diet. Another idea for the presentation is to take Polk County's EM special needs coordinator Gayle Cather's 101 for special needs, maybe she's got an already existing PowerPoint presentation she'd like to share for others. Additionally, Sarah had been working on a clinical FAQ sheet that could be used for callers manning an EOC after a disaster. She asked for some assistance in this since she is not clinical. Cindy Woodward agreed to assist. ▪ Possibly focus on non-renal stakeholders, outreach/awareness. Possibly create brochures for other counties/large regional offices to focus brochure on the area-specific information for dialysis patients/staff/stakeholders. Providing in-service for counties will become more popular, but the funding will be an issue. ▪ Mental health training, PTSD, signs and symptoms of stress, mental health issues, long term impacts on the "disaster mentality". Sarah Knott also discussed the idea of creating a network of social workers that would be willing to provide on-site crisis counseling to patients post disaster. Additionally, Bruce Martin noted 	<p>Look at Green Ribbon Health presentation for use as a clinical presentation</p> <p>Contact Polk County EM for possibility of using their PowerPoint</p> <p>Assist Sarah with EOC FAQ sheet</p> <p>Check on possibility of having traumatology professor speak to group</p>	<p>Cindy Woodward</p> <p>Sally Gore / Sherilyn Burris</p> <p>Cindy Woodward</p> <p>Bruce Martin</p>
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<p>Educational Seminars</p>	<p>that he may have a professor of traumatology at USF that may be willing to talk to the group about mental health post-disaster.</p> <p>The group was most interested in the CEU presentation but this may be more in line with the educational seminars group. The other priority for the next task was behavioral health. The workgroup will discuss these ideas in their next call.</p> <p>This group has been having difficulties moving forward, although there is some hope in working with Dade. Using the FPL contact provided by Mike C., the group has been able to spark interest in the Dade community. They are also moving forward with the new standardized PowerPoint. Based upon earlier discussion, this group may also get involved with the Dept. of Health to provide a presentation to nurses.</p> <p>Don Cranston also has contact information for Pasco and Polk county utilities that may be open to an educational seminar.</p>	<p>Schedule next workgroup call</p>	<p>Sally Gore</p>
<p>Coalition Funding</p>	<p>Coalition funding remains an issue. Sally Gore discussed coalition ideas with the Network Project Officer. The idea of a resource guide was immediately disregarded, but the idea of solicitation letters was not. The catch is that, per CMS regulations, if a solicitation is sent, every type of provider must have equal opportunity to respond.</p> <p>Other discussion regarding funding included:</p> <ul style="list-style-type: none"> Grant writing (may have too many requirements, only restricted monies). Search for unrestricted grants. Work with NOD to propose grant writing for the ID cards (?) though it may require much staffing. The NW7 cannot accept grants. 	<p>Provide contact information for Polk and Pasco county.</p>	<p>Don Cranston</p>

	<ul style="list-style-type: none"> • Incorporating – Per a query of other NWs, this does not seem to be a good idea. It takes much work and finances to form and also to disband the coalition if it breaks up or changes focus. A checklist was provided with all of the tasks that would need to be completed for incorporation. The group felt this was too time consuming to attain at this time. • One member with an organization that acts as the financial arm to hold/distribute monies does not require as much time, money, effort. The source of the money is still an issue. FSN has volunteered. NRA may be interested in helping as well. • While the resource guide is out, a letter of soliciting is doable. May have some sort of open-bid system where everyone has an equal rights for providing funds. Search for the vendors at GHC for potential solicitations. • Splitting the cost of the organizations via invoice directly from the vendor. • Marketing and promotional items • May be able to discuss in the upcoming Florida renal administrators meeting in July (talk with Bob Loeper to give a short talk about it). • Travel is an especially important cost. Most people at the meetings are local. • Most of the printing costs is coming out of the Network budget, though it is not a long term solution. Aim to spread the cost of the coalition between all the members. • FSN would have to be the holder of the tax id number, is a nonprofit. • Charge dialysis clinics? Perhaps solicit \$50 per clinic and transplant facility. <p><u>NEED MONEY FOR</u></p> <ul style="list-style-type: none"> • Travel expenses 	<p>Discuss new funding ideas with Project Director and Project Officer. Query other NWs on how they invoice members directly.</p> <p>Discuss funding opportunities with Fresenius (Bob Loeper) prior to July 1.</p>	<p>Sally Gore</p> <p>Sarah Knott / Sally Gore</p>
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- Marketing
- Educational seminars
- ID bracelets/cards

In light of the difficulties the coalition has had with funding, the group discussed the idea of focusing first on outreach and marketing so visibility of the coalition would increase. Most importantly, these ideas would be free. It is the coalitions hope that by increasing visibility, stakeholders may find the coalition and offer money and the coalition could get around soliciting. Additionally, forming partnerships with other associations was discussed. Ideas of associations include the American Heart Association and the Diabetic Association. Other ideas regarding marketing included:

Get known! Spread the word! Who we are, what we do.

- Logo exchange for brochures, websites?
- Press releases, write magazines, subject matter experts for articles for EM magazines - FREE PRESS RELEASES! Send out a press release per week focusing on a technical issue or summary on an achievement.
- Create a blog (with meta tags) and update weekly on a certain preparedness or disaster topic to increase web traffic to FKDC.
- Google search, pay-per-click, meta tags
- PSA's are FREE
- Partnering with PIOs – Susan McDevitt discussed importance of partnering with state PIO

Adjournment	Sally Gore adjourned the meeting, thanking all the Coalition members for their participation. Next meeting will be an in-person meeting during July.	Email date of next meeting to coalition members by June 15, 2007	Sally Gore
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