

Florida Kidney Disaster Coalition

MINUTES

Date: 3/29/07		Time: 10:00 a.m. – 3:30 p.m.		Location: FMQAI – Tampa, FL		
Members Present:						
Nancy Blackburn Fresenius Medical Care		Michael Christensen Fresenius Medical Care		Stephanie Hull ANNA		
Tom Bradsell DaVita		Don Cranston TECO		Sarah Knott Fresenius Medical Care		
Carl Brueggemeyer Nephrologist - Fl Society of Nephrology		Joan Dye Fresenius Medical Care		Susan Kreuter CNSW Chair South Florida North Beach Dialysis Center		
Linda Carroll Network 7 MRB		Lisa Goodwin Fresenius Medical Care		Deuzimar Kulawik FMQAI: The Florida ESRD Network		
Margaret Carter Fresenius Medical Care		Sally Gore FMQAI: The Florida ESRD Network		Ryan Pedigo Hillsborough County Health Department		
Shelly Personette Pinellas County Health Department		Kim Schroeder FMQAI: The Florida ESRD Network		Laurie Shore LifeLink HealthCare Institute		
Brenda Tilley Independent – Central Florida Kidney Center		Cindy Woodward FMQAI: The Florida ESRD Network				
TOPIC	DISCUSSION			PLAN OF ACTION		RESPONSIBLE
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 1/30/07 meeting. 			<ul style="list-style-type: none"> The minutes from 1/30/07 were approved without revisions 		
TOPIC	DISCUSSION			PLAN OF ACTION		RESPONSIBLE

	<p>they would like information on the final report. They would like to see if any national ideas can be implemented in the state. Lisa Hall will submit a more detailed report in the near future.</p>		
TOPIC	DISCUSSION	PLAN OF ACTION	Responsible
<p>Workgroup Brainstorming Emergency planning and drills</p>	<p>One of the many objectives of this workgroup is to compile a list of back-up facilities, by county. This list could then be shared with the EOC to insure that resources are aligned to keep those facilities running in the case of an emergency. A fax blast was sent out noting the criteria that needed to be met in order to be a back-up facility. This criterion was agreed upon by the Hillsborough County EOC.</p> <p><u>Hillsborough County</u></p> <ul style="list-style-type: none"> • The EOC wants to have a representative for Hillsborough County to serve as a liaison. <p><u>Pinellas County</u></p> <ul style="list-style-type: none"> • Although Hillsborough County’s drill was very successful, such results have not been able to be duplicated with counties like Pinellas, which states it is not ready for an emergency drill. • In case of a disaster the only plan that Pinellas County has in place is for pick up and drop off of dialysis patients from a shelter to the nearest dialysis facility. Obviously, this would not be enough, especially when some facilities don’t have the appropriate emergency plans in place yet or may not have the equipment to keep working without electricity. • Pinellas has developed an information sheet for dialysis providers and the coalition has provided feedback on this. They are interested in setting up a meeting with the coalition prior to April 25, 2007. This meeting would also include the Health Department and would be a means to 		

discuss HD needs in an emergency.

Palm Beach County

- The PB County EOC stated that they are involved in a statewide drill May 7 - 11 and asked if we could participate at that time rather than schedule another drill. (It's Hurricane ONO, Cat 5, tornadoes, and worst-case scenario.)
- FP & L is involved in this drill as well. Some of the information requested by FPL to identify facilities quickly in case of a disaster is the meter number.
- Other Palm Beach activities:
 - Sue Rottura has been asked to join the local Hospital Emergency Response Coalition, representing the PB County EOC Dialysis Liaison.
 - PB is getting involved with the EOC Dialogics emergency notification system
 - Is working on a tool to aid communication with hospitals. Is meeting with the Boca Raton Community Hospital to create the tool.
 - Sent fax blast to promote upcoming PB meeting. Also created a job description for an EOC Liaison and a communication tool for providers to submit to the EOC.

Sarasota County & Duval County

- Neither of these counties have committed to a date. They have shown interest but are not moving on it.

Brainstorming ensued on how to get more county EOCs involved. Linda Carroll had the idea of sending out an "Adopt a County EOC" to the Coalition to have coalition members pick a county EOC they would be interested in working with more intensely.

<p>Experiences from the field</p> <p>✧ Volusia County Tornado</p>	<p>Finally, Linda Carroll also noted how successful the individual facility drills were in Hillsborough and would like to do these in other counties. Funding is an issue, however. Sarah Knott wondered if coalition members might be able to train facility staff to do these as well.</p> <p>The DaVita Divisional Biomedical Administrator, Mr. Johnson and the DaVita Area Manager, Mr. Sparks started their presentation on their disaster response experience with an introduction, which was followed by a detailed narrative of events.</p> <p><i>Friday February 2nd, 2007</i></p> <ul style="list-style-type: none"> • At 4:02 the tornado hit Deland • After the tornado hit, key DaVita personnel were notified and arrived at the scene to help • In the early afternoon hours the building was declared unsafe and guards were posted at the entrance • Removed items were transported to a storage facility in Daytona • All of the medications found were delivered to DaVita Orange City • Most patient's records were located and secured <p><i>Saturday February 3rd, 2007</i></p> <ul style="list-style-type: none"> • Remaining patient files and paperwork were secured • Several staff members helped remove thousands of dollars of undamaged supplies and transport them to DaVita Orange City facility <p><i>Sunday February 4th, 2007</i></p> <ul style="list-style-type: none"> • Kraig Johnson DBA, Jeff Sparks ABC and Paul Gilbert BMT assessed the remaining supplies and building condition • Contractor used by DaVita Dialysis arrived and began to secure the windows and roof 		
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Monday February 5th, 2007

- Jeff Sparks ABC met with InStar for inventory and removal of all remaining equipment
- Damage to the facility after several days of rain and after the equipment had been removed was extensive

Patient summary

- DaVita Deland pre-tornado census was 62 chronic & 21 PD patients
- 60 chronic Hemo patients transferred to DaVita Orange City Dialysis
- 2 chronic Hemo patients transferred to DaVita New Smyrna Beach Dialysis
- 21 PD patients transferred to DaVita Greater Daytona Home Training
- DaVita Orange City Dialysis facility will adjust its schedule to accommodate the DaVita Deland patients.

Challenges and solutions

- Patient transportation was another problem faced as we had to schedule patient treatments on a fourth shift at DaVita Orange City Dialysis
- Approximately 90% of our Medicaid patients are Share of Cost and cannot get transportation services after 6 pm through Voltran (Volusia County Transportation provider). This made patient scheduling even more challenging. Voltran was extremely accommodating, but were not able/willing to break their 6 pm pick up ruling

- If issues like these can be temporarily waved immediately following a disaster, this would help assure patients get their treatments without facing the transportation dilemmas
- All teammates were contacted by the end of the first day. No teammate had any problems and all teammates were able to report to work at DaVita Orange City Dialysis
- Cell service was also unreliable and full service wasn't restored until late in the following week
- Our DaVita Hurricane Preparedness was very helpful with this type of disaster. Key personnel had access to patient and teammate contact information and were able to make phone calls from remote locations. Keeping updated patient and teammate contact information offsite is crucial for communication during a disaster such as a tornado
- Gambro Renal Products was also able to accommodate DaVita by providing an emergency delivery in order to assure enough supplies until assessment could be made on the increased needs and arrange for other deliveries
- Some of the crucial emergency supplies DaVita has at its disposal include 3 disaster response trucks used to transport supplies and distribute generators to hub facilities scattered throughout the state
- DaVita Orange City Dialysis was dialyzing 60 displaced patients and FEMA would not allow DaVita personnel to pick up and take needed food

	<p>and water to some of these patients. FEMA was giving out supplies, but were requiring the patients to be at the distribution site in person, in order to receive these supplies making it nearly impossible for dialysis patients to get FEMA supplies</p> <ul style="list-style-type: none">• To compliment the DaVita Hurricane Response Manual, Kraig Johnson DBA and Jeff Sparks ABC have developed a disaster response procedure for DaVita BMT's outlining specific procedures to follow in the event of a natural disaster such as a hurricane or tornado• DaVita Facilities have been asked to purchase Weather Warning Radios so they may stay abreast of impending severe weather		
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<p>Workgroup Brainstorming Educational Seminars</p>	<p>This group reported that engaging stakeholders for presentations has been extremely challenging. Specifically, Dade County has not been receptive at all. There have been good contacts with the Miami-Dade EOC in the past but they are no longer there and no one at this time is willing to take ownership in working with dialysis patients/providers.</p> <p>The group feels they need someone from the “top” to push down on the EOCs and insist that they cooperate. Mike Jacobs was identified as a possibility; however, even he has been skeptical about the Dade EOC in the past.</p> <p>Sally Gore and Don Cranston mentioned to the group that utility companies might be a good place to start rather than the EOC. They usually have emergency planners whose job it is to outreach to vulnerable populations they serve. Mike Christensen suggested that he had a contact with FP & L in Palm Beach and maybe they would have some influence over the Miami FP & L representatives. This would also help the Education – Communication Group as they are sending out a kit suggesting that facilities contact their local EOC. If these planners were getting presentations regarding dialysis at the same time facilities were calling these activities could compliment each other.</p> <p>Additionally, a presentation is needed to fit this audience. However, this will now be addressed by the subgroup that volunteered to create one based on past presentations.</p>	<p>Provide FP&L contact information to Susan Krueter</p>	<p>Mike Christensen</p>
<p>Education – Communication Group</p>	<p>This group is currently working on an “Emergency Communication Kit”. The group reviewed the contents and found them to be acceptable and of value.</p> <p>Concerns were raised by several members that when</p>		

<p>Coalition Funding</p>	<p>these toolkits are mailed out, no one is getting them or using them.</p> <p>The group identified several issues and possible solutions:</p> <ul style="list-style-type: none"> • Facilities are not using them b/c they conflict w/ corporate policies and procedures – Address this by putting a disclaimer in the toolkit noting that these are references intended only to supplement corporate P & P. • The community does not know who FKDC is or what it has to offer - Add a “Did You Know” piece. Highlight that the coalition is available for disaster audits, review disaster plans, educational materials and presentations • Facilities don’t see the value in the tools - Highlight how this kit could be a great QA piece for hurricane season and possibly add a pre-populated QI template. • The toolkits aren’t getting to the right people or aren’t encouraged to use them by their corporations <ul style="list-style-type: none"> ○ Distribute to Social Workers via CNSW ○ Distribute to Area Managers (Fresenius) ○ Distribute to Lead Social Workers (DaVita and ARA) <p>The coalition will be able to benefit from the FSN’s tax identification number and receive funding under the FSN’s non-profit organization status as long as the FSN administers the money. Using donated money from vendors does not have to be a conflict of interest as long as it is administered by a non-profit organization such as the FSN. This is being done by NW 14 already</p> <p>Funding would be earmarked for travel expenses mainly. Some communities have space at their disposition that</p>	<p>Distribute toolkits to CNSW members once completed</p> <p>Contact other CNSW Chairs for distribution once toolkit complete</p> <p>Provide Sarah Knott with 15 toolkits for her April 23-24 SW meeting. Also provide her with 80 for distribution to Area Managers once complete.</p> <p>Contact Norma Gomez and Sue Rottura for information on Lead Social Workers in their organizations</p>	<p>Susan Krueter – Miami / Ft. Lauderdale</p> <p>Sally Gore</p> <p>Education – Communication Group</p> <p>Education – Communication Group</p>
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	<p>can be used for seminars. Some examples of space that can be used may include churches, schools, etc. Some employers of the members of the coalition might be willing to pay for traveling expenses of their employees, but this will likely not go on indefinitely. Other ideas regarding funding that were addressed include:</p> <p><u>Selling advertisements</u> – Sell small ads to put into our toolkit mailing. Make this into a “resource guide” and use a disclaimer that these are not endorsements, only resources. This could be several (6 to a page) business card like ads selling for \$500 each. Would only pursue disaster related vendors such as:</p> <ul style="list-style-type: none"> • Disaster clean up / storage • Home Depot / Lowe’s • Aquio Systems • Satellite Phones • Portable generators • Water Storage (the bladder) • Window films • Storm Shutters • Sarah has a book for the governor’s conference w/ more vendors <p>In order to address conflict of interest, design a disclaimer to be included with any advertising explaining that the products are not endorsed by the FKDC.</p> <p><u>Mail solicitation</u> – Send a one time mailing to the above vendors soliciting a one-time donation to fund coalition activities (see NKF letter). In return, we will note them as sponsors on our flyers and note them during the presentation.</p> <p><u>Other</u> –</p> <ul style="list-style-type: none"> • Have voluntary contributions during presentations. • Use exhibit space – might not reach enough 	<p>Contact NW 14 to discuss funding</p> <p>Discuss funding options with CMS Project Officer to identify any conflict of interest issues.</p>	<p>Sally Gore</p> <p>Sally Gore, prior to next Coalition Funding Meeting</p>
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<p>Workgroup Planning Next Steps</p>	<p>people or the right people.</p> <ul style="list-style-type: none"> • Grants / drug companies (takes too long and need specific dates in place) • LDOs • Communities <p><i>Review of Action Items</i></p> <ul style="list-style-type: none"> • Will check on funding possibilities to make sure there aren't any liability or conflict of interest issues. • Improve the current presentation to get the audience more involved. • Find ways to get patients more involved in emergency planning and recruit patient members • The presentation on the FSN website needs to be kept up to date • Get the State as well as the EOC more involved. Possibly use the soon to be updated Conditions of Coverage a as a "hook" for providers. • Target areas with larger populations of dialysis facilities and patients 		
<p>Adjournment</p>	<p>Sally Gore adjourned the meeting, thanking all the Coalition members for their participation. Next meeting will be an in-person meeting at the end of May.</p>	<p>Email date of next meeting to coalition members by April 15, 2007</p>	<p>Sally Gore</p>

