



## KCER: KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

### ATTENDEES

<i>Shane Perry (NW4)</i>	<i>Cathy Long (NW12)</i>	<i>Glenda Harbert (NW14)</i>	<i>Kelly Brooks (NW5)</i>
<i>Leah Skrien (NW16)</i>	<i>Sandra Woodruff (NW13)</i>	<i>Sherilyn Burris (NW7)</i>	<i>Bob Schlichenmaier (NW11)</i>
<i>Jenni Binns (NW7)</i>			

### KCER MEETING MINUTES

<b>Date:</b> March 27, 2009	<b>Time:</b> 2pm Eastern	<b>Location:</b> Teleconference	<b>Team:</b> Patient/Provider Tracking
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TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
North Dakota Flooding and Patient/Provider Tracking	The Red River flooding is impacting Fargo, North Dakota. The river should crest tomorrow. Sand dikes were built to 42 feet but the crest projection is expected to be 43 feet. Three facilities in Grand Forks will not be impacted for another week. The two facilities in Fargo are well prepared. Using regular patient activity report for more at-risk nursing home patients that already evacuated. Using the code "NDFLOOD" in the comments section SIMS to locate the patients later. Network 11 has not discussed deleting the code out of SIMS because transient patients can dialyze up to 30 days. The comment section is important for data mining later.	Continue to monitor the situation	ESRD Network 11
Data mining for disasters in CROWNWEB v. SIMS	Data mining will be hindered or complicated from CROWNWEB because there is no free-form text section to add comments. Will be an issue in the	Encourage discussion with LDOs on their capabilities with CROWNWeb.	Response Team to ask for participation in developing business requirements for

	<p>future.</p> <p>There will be many questions on how to effectively track patients in CROWNWeb. There should be business requirements that facilities should be responsive to tracking patients in the event of a disaster. There should be clarification and instruction to LDO's of batch data overwriting data, for transient patients. There will be a need to test/clarify this before hurricane season, Phase II.</p>	<p>Develop future educational materials for units who are using CROWNWeb to internalize formal policy/procedures in dealing with patient tracking.</p>	<p>CROWNWeb related to disaster events tracking.</p>
Team membership	<p>Should there be more Data Manager representation from the ESRD Network side? The group thinks it's a good idea to invite all data managers to the group and see the response.</p>	<p>Invite all ESRD Network data managers and more LDO involvement.</p>	<p>Response Team to promote membership during Summit presentation.</p>
CROWNWeb's impact on the KCER Team	<p>Provide educational materials to facilities. There are business rules with the DPAR but reporting the status of dialysis facilities is not clear enough. Is there a need for a standardized practice of when facilities are expected to report their status to Network?</p>	<p>The group thinks it would be appropriate to develop business rules regarding when/what facilities report to the Network</p>	<p>Response Team to add more clarification/education to the Team's webpage.</p>
www.dialysunits.com	<p>DialysisUnits.com is a public website used to track the open/closed facility status. The expectation is that this will be the single tool used by the community to determine the availability of ESRD Services. ESRD Networks will "close" a facility due to disaster if the facility is expected to remain closed due to damage or lack of utility services.</p>	<p>ESRD Networks should check their password on a monthly basis.</p>	<p>Response Team will promote checking the password during the Summit presentation, and to develop additional education related to business rules (see "CROWNWeb's impact on the KCER Team")</p>
Hurricane Ike and patient tracking	<p>Networks 13 and 14 were greatly impacted for hurricanes. Facilities voluntarily sent DPARs almost</p>	<p>Encourage LDO participation in tracking patients and</p>	<p>Response Team to promote LDO participation in Team</p>

	<p>immediately even though it's not required until after 5 days. Tracked 500 hurricane Ike events in SIMS. After five days, the LDOs did not want to do DPARs. FMC and DaVita did central lists of open/closed facilities but unable or unwilling to track patients.</p> <p>Additionally, it is unsure whether the provider 800 #s were an effective way for patients to locate the nearest facility where they could obtain treatment (in a facility that is open, has power, A/C, treatment availability without a long wait, is local to the patient regardless of corporate ownership, etc).</p>	<p>facility operational status.</p>	<p>activities.</p>
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**NOT IN ATTENDANCE**

<i>Amanda Hyre (Tulane)</i>	<i>Chris Lovell (DCI)</i>	<i>Donna Swenson (NW16)</i>	<i>Dr. Steve Fadem (Kidney Associates)</i>
<i>Jim Curtis</i>	<i>Mary Moore (FMC)</i>	<i>Paul Muntner (Tulane)</i>	<i>Steve O'Bryan (FMC)</i>
<i>Tom Scheidel (CMS)</i>	<i>Mona Bagot (FMC)</i>	<i>Patrick Ciriello (NW18)</i>	