



KCER: KIDNEY COMMUNITY EMERGENCY RESPONSE COALITION

ATTENDEES

<i>Larry Park</i>	<i>Wendy Schrag</i>	<i>Glenda Payne</i>	<i>Sue Kirschenbaum</i>
<i>Sherilyn Burris</i>	<i>Kelly Brooks</i>	<i>Babajide Salako</i>	<i>Danielle Daley</i>
<i>Geli Brown</i>	<i>Lana Kacherova</i>	<i>Akosua Ghailan</i>	<i>Sue Caponi</i>
<i>Linda Duval</i>	<i>Gary Petingola</i>	<i>Kathe LeBeau</i>	<i>Lynda Ball</i>
<i>Tonya Salstrom</i>	<i>Kathleen Egan</i>	<i>Natasha Avery</i>	<i>Robin Bender</i>

KCER MEETING MINUTES

Date: May 27, 2009	Time: 1:00 PM Eastern Time	Location: Teleconference	Team: Pandemic Preparedness
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Next Call: June 24, 1:00 eastern for Pandemic Team members.

TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE	DUE
Review of H1N1 conference calls	<p>HELPFUL</p> <ul style="list-style-type: none"> • Communication and information was consistent, helpful, and effective. From DPC: patients took their information and shared with others at the clinic. There was concern that if a symptomatic patient went to treatment how the facility would provide protection of the other patients. <ul style="list-style-type: none"> ○ To do: communicate with patients what the provider's plans are with dealing with suspected patient cases • Status updates from Networks, CDC, providers, and patient organizations. Having the stakeholders present was useful in identifying and 	Everyone please read comments of what the group today thought has been helpful, what needs improvement or is still confusing. Please send additional comments to Sherilyn Burris to compile.		June 24

solving problems.

- Pandemic information on the homepage. There have been 2,400 hits on the KCER website since April.
- Calls: Cutting off the call after 10 minutes, keeping the call short and useful. Continue to limit the call-in time.
- Sherilyn did a good job of managing the calls and the calls fell into a good manageable rhythm and schedule.

WORK ON or CONTINUE/ENSURE

- How the team is able to ensure that the providers (LDOs) were able to communicate with the Network, provide information in to the Network. Better unification of messaging with Networks and LDO's (make sure each know what information is needed, what information is going out). Networks should continue to send their facility fax blasts to their corporate contacts.
- Still confusion about the N95 respirators to obtain a consensus about recommendations. Will the CDC recommend mandatory use if there is a confirmed H1N1 in-center hemodialysis patient?
- Encourage Networks to host a local call with their state agencies in order to share information with their local providers and patient organizations. This will keep so many people from being on the KCER call unnecessarily.
- CDC guidelines: confusion about chairside computers. Dialysis providers encouraged to comment to CDC.
- In the beginning, there was confusion over where to send symptomatic patients but this was worked out and patients were not sent directly to ERs.
- Calls discussed whether to focus on suspected or just confirmed cases. The group today seemed to

	<p>agree focus only on confirmed cases unless there is a wider outbreak.</p> <ul style="list-style-type: none"> • Language issue in the beginning was helped by NKF translating at least one document and locating Spanish materials on pandemic.gov • Scope of who is on the KCER calls: current group of gov't agencies, Networks, providers and patients is a good scope. Wider community: encourage Networks to hold conference calls for their constituents. • Confidentiality: the minutes of the H1N1 calls are not being posted to the website due to confidentiality and also potential confusion since things were changing day to day. • Dialysis providers that don't have specific pandemic plans: hopefully have learned from this experience and are developing them. One Network sent out the KCER provider checklist and providers said this was helpful. 			
Next call:	June 24, 1:00 eastern (regular Pandemic Team call)	If necessary, additional calls prior to June 24 may be planned.		