Continuity of Care for Dialysis and Home Health Patients

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Objectives for Today

1. Describe challenges in contacting home health care patients and providing uninterrupted care during emergencies
2. Discuss how business continuity plans can be used for staff safety/patient safety and improving hospital readiness
3. Identify key components to include in a home health care plan
4. Introduce specific hospital response and continuity tools
Disaster Commonalities

What do all disasters have in common?

Every road leads to…

Disaster Commonalities

…PEOPLE!!!
**Populations in Jeopardy**

**Vulnerable Populations:**
Groups that are not well integrated into the health care system because of ethnic, cultural, economic, geographic or health characteristics. This isolation puts members of these groups at risk for not obtaining necessary medical care, and thus constitutes a potential threat to their health.  
*The Urban Institute*

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**Populations in Jeopardy (cont.)**

**At Risk Populations:**
Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities, live in institutionalized settings, the elderly, children, are from diverse cultures, have limited English proficiency or are non-English speaking, or are transportation disadvantaged.  
*The National Response Framework*  
*The Comprehensive Preparedness Guide (CPG) 301*
Populations in Jeopardy (cont.)

At Risk Populations:
Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency.

US Department of Health and Human Services
The Association of State and Territorial Health Officials (ASTHO)

What The Joint Commission Says

The Emergency Operations Plan describes...

How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

EM.02.02.11, EP4
Examples

Hurricane Katrina — August 2005

- 5,800 Gulf Coast kidney dialysis patients
- 44% of hemodialysis patients missed one or more dialysis sessions (normal is 5–9%)
- Forced closure of 94 dialysis units
- Within a month, 148 dialysis patients perished
- Evacuees in Houston
  - 41% had chronic health conditions (heart disease, hypertension, diabetes, asthma)
  - 43% ran out of prescription medications
  - 38% could not evacuate on their own or were caring for someone they could not evacuate

Examples (cont.)

Hurricane Sandy — October 2012

- End-Stage Renal Disease Network 2
- 130 independent dialysis facilities worked together
- Patients received information before the storm:
  - Emergency renal diet
  - Additional prescriptions
  - Copies of recent orders and flow sheets
  - Patient Hotlines
- 13,000 dialysis patients impacted
- 7 dialysis centers catastrophically impacted
- 3,000 dialysis patients displaced
- Loss of power to 8.5 million people in 21 states
- Many elderly residents went weeks without pain or cancer medications
Dialysis-Related Fines

- 2000
  - $486 million to settle federal and civil criminal fraud charges
  - Disputed payments, not quality of patient care

- 2013
  - Bay Area hospital fined $75K for giving a dialysis patient the wrong medication causing gangrene to patient’s toes and fingers

- 2014
  - $389 million to settle allegations of kickback scheme
  - Partial ownership of 28 dialysis centers sold to doctors

Kaiser Permanente

Vulnerable Populations

Dialysis  Home Health Care  Other

Vulnerable Populations
Kaiser Permanente (cont.)

**Home Health**
- 19 home health agencies
- 3/4 million annual patient visits in west coast & Hawaii
- One of the nation's larger providers

**Dialysis (Northern California only)**
- 56 home hemodialysis patients
- 3,483 in-center hemodialysis center patients
- 1,032 peritoneal dialysis patients

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**Kaiser Permanente (cont.)**

**NCAL Total ESRD Prevalence Counts 2009 - 2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>Transplant Prevalence</th>
<th>Dialysis Prevalence</th>
<th>Total ESRD Prevalence</th>
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<tbody>
<tr>
<td>2009</td>
<td>1006</td>
<td>4042</td>
<td>7081</td>
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<td>2010</td>
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<tr>
<td>2013</td>
<td>2582</td>
<td>4306</td>
<td>7868</td>
</tr>
</tbody>
</table>

*Transplant Prevalence* = count of patients who have had a Kidney, SPK or PAK transplant
*Dialysis Prevalence* = count of patients requiring chronic dialysis treatment

*Dialysis population has been growing at about 3.5% per year*
Vulnerable Populations

Commonalities:

Disaster Care Issues

Challenges & Dependencies During Crisis:

Staff
Assistance
Location
Resources
Triage
Safety
What’s at Risk?

Why should we care??

• The Joint Commission
• CMS — Medicare and Medicaid
• Higher patient satisfaction
• Hospital readmissions

It’s the right thing to do!!

Home Health

Case Study: A new mission for KP Homecare

• KP came into action by the onset of public disclosure of patients’ satisfaction scores and rankings. In the spring of 2012 the Centers for Medicare and Medicaid services began reporting of data from the home health consumer assessment of health care providers and systems (HHCAHPS) survey.

• KP believes that higher patient satisfaction leads to better clinical quality. Decreasing patient anxiety increases their compliance with treatment and makes them open and honest which can lead to improved clinical results.

Ref: Case Study: A New Mission for KP Home Care, © 2011 Press Ganey
Planning is Paramount

Share Best Practices & Lessons Learned

**Colby Wildfire**

**Key Facts**
- Started on Jan. 16, 2014
- 1,952 acres burned
- 5 homes destroyed
- 870 homes & 3,600 people evacuated
- 98% contained as of January 25, 2014
Colby Wildfire (cont.)

Key Issues
- January fires unusual in Southern California
- Became "Red Flag" danger situation
- Contributed to poor air quality
- Impacts to Vulnerable Populations
  - Home health
  - Dialysis

Colby Wildfire (cont.)

Lessons Learned?
- Effective communication can help expedite coordination
- Earlier engagement
- Advanced planning of critical departments
- ICS can be structured for vulnerable department-level response
Leading Causes of Kidney Failure

1 Diabetes is the leading cause of kidney failure

- Diabetes causes 38.4% of all cases of kidney failure. In 2009 it was the primary diagnosis for 214,909 kidney failure patients.

2 High Blood Pressure is the 2nd leading cause of kidney failure

- High blood pressure causes 25% of all cases of kidney failure. In 2009 it was the primary diagnosis for 139,910 kidney failure patients.

Kidney Disease Statistics

- Kidney disease is the 8th leading cause of death in the United States
- An estimated 31 million people in the United States (10% of the population) have chronic kidney disease (CKD)
- 9 out of 10 people who have stage 3 CKD (moderately decreased kidney function) do not know it
- CKD is more common among women, but men with CKD are 50% more likely than women to progress to kidney failure (also called end-stage renal disease or ESRD)
- Some racial and ethnic groups are at greater risk for kidney failure — relative to whites, the risk for African Americans is 3.8 times higher, Native Americans is 2 times higher, Asians is 1.3 times higher, and Hispanics also have increased risk, relative to non-Hispanics
Dialysis Project

Percent of Population with New Cases of CKD, by Age Group

- Medicare ages 85+
- MarketScan ages 20-64

*MarketScan represents data from employer group health plans.

Dialysis Project (cont.)

Adjusted Incident Rates of ESRD
5 Requirements for Facilities Providing Dialysis

1. Space
   - Clean, adequate space is required to conduct dialysis to reduce contamination or infection

2. Supplies
   - Dialyzers, dialysate, blood lines, saline, medications, needles, etc.

3. Personnel
   - Specialized, licensed or certified staff with experience in dealing with CKD patients
### 5 Requirements for Facilities Providing Dialysis (cont.)

4. **Power**
   - Access to power is a critical component when planning for hemodialysis patients

5. **Water**
   - Dialyzers typically have a flow rate of 400 ml/min at the lowest and 800 ml/min at the highest
   - At the highest flow rate a patient would consume approximately 192 Liters or 49.5 gallons of water per treatment
   - For each gallon of water purified, typically half to all of the water goes down the drain

### Dialysis Project

**Problem:**
- Many dialysis facilities may be inoperable
- Outpatient access to utilities and supplies may become scarce
- Local communications and transportation can be disrupted

**Objectives:**
- Improve response capability for hospitals
- Improve dialysis department business continuity capabilities
Scope:
• 38 medical centers
• 61 dialysis care/nephrology departments

Stakeholders:
• Hospital Emergency Managers
• Nephrology Peer Groups
• Regional Leaders

Tools:
• Template Dialysis EOP
• Template dialysis/nephrology department Emergency Response and Recovery Checklist
Lessons Learned?
- Earlier stakeholder buy-in
- Broader stakeholder development participation
- Get clinical champion

Next Steps:
- Include templates in all medical centers and dialysis/nephrology departments by Q4 2015
- Include as objectives during future exercises
Resources

- Kidney Community Emergency Response (KCER)
  - http://kcercoalition.com/
- The National Forum of ESRD Networks
  - www.esrdnetworks.org/
- ESRD Network 18 of Southern California
  - www.esrdnetwork18.org/
- Western Pacific Renal Network (ESRD 17)
  - www.esrdnet17.org/
- Centers for Medicare & Medicaid Services
  - www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis.html

Resources (cont.)

- The National Kidney Foundations, Inc.
  - www.kidney.org/
- Fresenius Medical Care Disaster Response
  - www.ultracare-dialysis.com/FreseniusMedicalServices/DisasterResponse.aspx
- DaVita Emergency Services
  - www.davita.com/services/emergency-services
- Association for Home and Hospice Care of North Carolina
  - www.homeandhospicecare.org/disaster/home.html
Your Next Steps

• Review scope and gaps of current plans for vulnerable and at risk populations — is this a stand-alone plan or is it an appendix to your EOP?
• Identify who needs to be involved in developing plans for your vulnerable populations
• How will you test your plans?

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