NEW JERSEY HEALTHCARE COALITIONS

National Healthcare Coalition Preparedness Conference (NHCPC) 2024

Compendium of Presentations and Associated Materials Categorized as

Special Interest Groups

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Presented By:

MESH

Navigating National Disaster Medical System (NDMS) & Coalition Relationships

Presenters:
Amanda Hunter, MPH EMT
Janine Edelen

HERA

TEAM KENTUCKY

KENTUCKY ESF-8

DISCLOSURES

This presentation alludes to the ReadyOp platform and its subsequent use in patient tracking as part of a collaborative response within the National Disaster Medical System (NDMS). Ms. Hunter & Mrs. Edelen have no significant or financial relationships with ReadyOp Communications Inc., or other industry or commercial sponsors to disclose.

As such, Ms. Hunter & Mrs. Edelen have no actual or potential conflicts of interest in relation to this presentation.

Views expressed do not represent the views of any/all respective federal entities referenced, including that of the Veterans Affairs Medical Center (VAMC), and the National Disaster Medical System (NDMS) leadership.

LEARNING OBJECTIVES

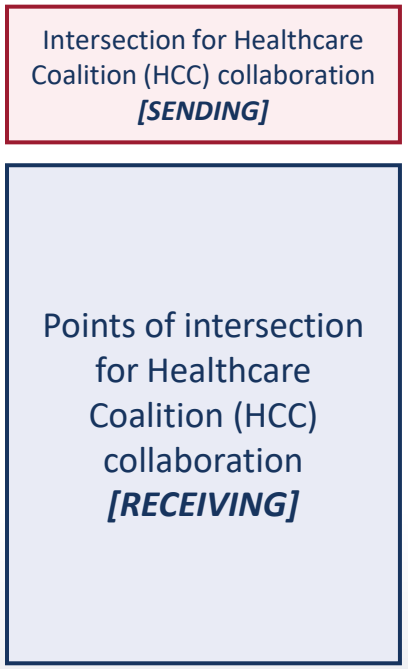
Image: Robley Rex VAMC Staff Photographer. (2024).

Upon completion, participants will be able to:

- Describe key elements of a shared mission, furthering the impact of both healthcare coalition and National Disaster Medical System (NDMS) objectives.
- Conduct more robust Federal Coordinating Center (FCC) exercises with functional, real-world elements.
- Identify continued collaboration and mutual aid opportunities between federal and local partners.

SETTING THE STAGE: NDMS FRAMEWORK

National Disaster Medical System (NDMS)– at a state's request, provides "personnel, equipment, supplies, and a system of partner hospitals that work together with state and local personnel to provide care when Americans need it most."



- *Emergency Medical Response*
- *Patient Movement & Evacuation*
  - Coordinated through 64 Federal Coordinating Centers (FCCs) across the country, managed by DoD and VA– including Lexington and **Louisville, Kentucky.**
- *Joint Patient Assessment Tracking System (JPATS)*
- *Aeromedical Evacuation*
- *Definitive Care*

Most common alerting has surrounded hurricanes and environmental disasters.

SETTING THE STAGE: LOUISVILLE METRO

Image: GISGeography. (2022, June 2). Louisville Reference Map [Map].

Image: Louisville Office of Tourism. (2022). Welcome to Bourbon City [Photo].

- Population: **~1.5 million– roughly 1/3 of the overall state population.**
- Sits along Ohio River, bordering Indiana
- (19) metropolitan healthcare facilities, including Level I- Trauma & Level I- Pediatric Hospitals.
- **Healthcare Emergency Response Alliance (HERA)** supports region, along with 14 other Kentuckiana counties.

HERA COALITION

#NHCPC24

SETTING THE STAGE: LOUISVILLE FCC

Federal Coordinating Centers (FCCs) receive, triage, stage, track and transport inpatients (affected by a disaster or national emergency) to a participating NDMS medical facility capable of providing care.

As of October 2024, the Louisville FCC has (16) associated frontline facilities under the current MOA, with an additional (5) healthcare centers also under agreement, and expansion expected within 2025.

FCC components include:

- Regular information sharing– for KY, specifically with Gulf States.
- Patient movement *(under FCC Activation)*
  - Patient tracking
  - Medical transport coordination
  - Acuity-appropriate placement for definitive care
  - Short-term sheltering
- Patient reunification

Image: Robley Rex VAMC Staff Photographer. (2024).

NDMS/HCC RELATIONSHIP

BASELINE: Initial relationship was adequate, but not robust.

- Minimal collaboration on FCC exercise every 1-3 years.
- Peripheral partner during healthcare coalition (HCC) activities.
- Limited discussion during possible alert/activation of FCC site– and limited situational awareness.

VISION: Whole community engagement in NDMS, highlighting shared mission.

- Collaboration and exercise of functional elements throughout 1-3-year cycle.
- Strong partnership alongside frontline and non-ED health centers.
- Partner in community assessment for viability of FCC site to receive.

VAMC ENGAGEMENT

"Shared mission impacts success."

- **Leveraging clinical buy-in–** connecting VAMC with specialty staff at NDMS facilities for digital consults and triage support under activation.
- **Regional training support–** training together for stronger partnerships; cross-training in state patient tracking system (ReadyOp) and JPATS.
- **Exercise collaboration–** utilizing opportunities to test patient movement outside of NDMS exercise schedule.
- **MOU updates as opportunity–** developing relationships to link non-ED healthcare departments to NDMS response.
- **Healthcare coalition partnership**– providing additional insights for functional/access needs patients (FAN) in community planning, and wider scope of healthcare continuum representation.

Image: Robley Rex VAMC Staff Photographer. (2023).

BUILDING TO EXERCISE

Image: Robley Rex VAMC Staff Photographer. (2024).

Primary focus on patient movement; success defined through collaboration and not "losing" a patient during transport and placement in (community) definitive care.

Challenges we anticipated, building to functional exercise (FE) and full-scale exercise (FSE):

- Networking two distinct, separate patient tracking systems
- Understanding patient reception center "flow" based on acuity
- Articulating where (state-level) patient tracking fits in "flow," as partner agency
- Clarifying the shift in role of clinicians in receiving evacuees vs. patients
- Developing shared triage criteria, and when brief triage should be utilized

PATIENT MOVEMENT

Mission matters: evacuee deployment vs. patient deployment

Image: Robley Rex VAMC Staff Photographer. (2023).

Image: Robley Rex VAMC Staff Photographer. (2024).

EVACUEE DEPLOYMENT	PATIENT DEPLOYMENT
(Largely) **non-medical evacuees**, airlifted from the path (or potential) of an incident.	(Largely) **stable inpatients**; similar to a transfer between facilities.
50+ pts./flight *[C-5/C-17/C-130]*	20-30 pts./flight *[C-5/C-17/C-130]*
(Largely) ambulatory persons	(Largely) non-ambulatory patients with specific transport needs
Unique family reunification needs: family sheltering, kenneling, grief counseling	*Unique family reunification needs:* non-medical attendant sheltering, psychological first aid
EX: 2008 Hurricane Gustav– acceptance of ~1700 displaced persons (New Orleans).	***EX:*** Movement of a floor of hospital inpatients, ahead of hurricane landfall.

PATIENT TRACKING

Kentucky's state-level system is hosted through *ReadyOp*, a secure web-based platform using a digital form/ledger.

- Used for ESF-8 coordination and/or when monitoring patient movement is a priority.
- Developed specifically to reach beyond county/regional boundaries; not limited to one agency's internal tracking system.
- Utilized in load-balancing/offset of medical surge.
- *Live* database, updating in real-time.

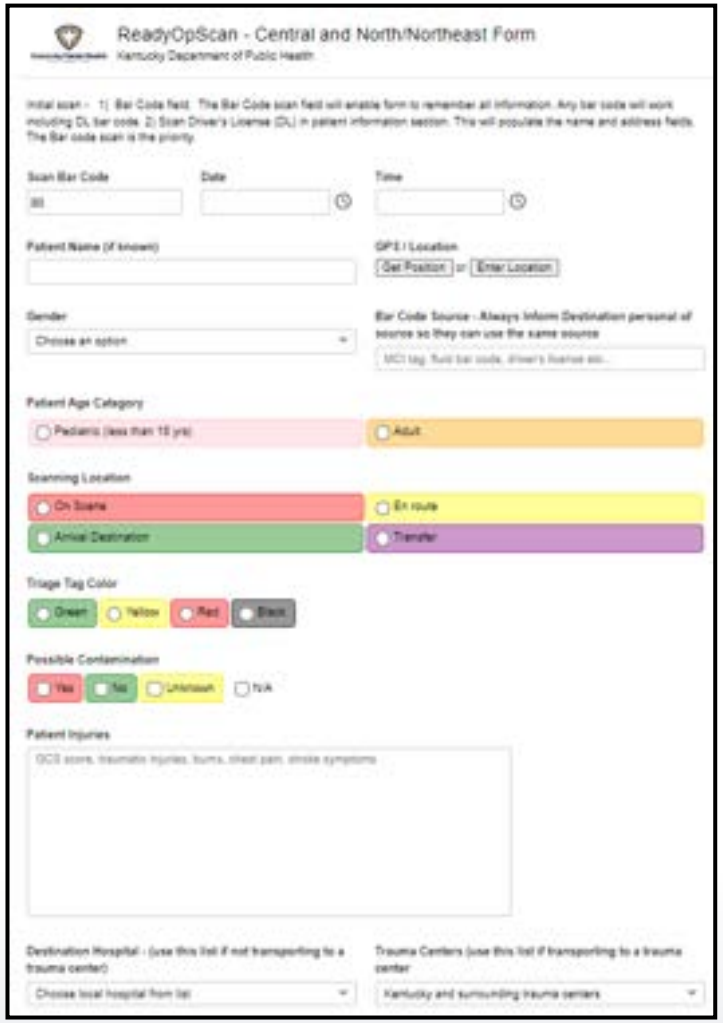


Image: ReadyOp. (2024, September 30). Central & North/Northeast Form [Screenshot of Digital Form].

PATIENT TRACKING COLLABORATION

Federal patient movement means utilization of two *distinct* patient tracking systems– JPATS and the state-level ReadyOp tracking system.

*Working in tandem is **critical** to making sure information is correctly reflected for patients— in both systems.*

Image: Robley Rex VAMC Staff Photographer. (2024).

- These systems do not “talk”; the VA system is entirely closed off behind federal firewalls.
- KY’s patient tracking system is more agile, with less protected health information (PHI) collected initially.
- JPATS requires more just-in-time training (JITT); KY’s system is more user-friendly in the field– and can be used on a mobile device.
- Data extraction is simpler in KY’s system; JPATS teams have to navigate multiple lists within system.

EXERCISE OUTCOMES & NEXT STEPS

PATIENT DEPLOYMENT

- Assigning transport/destination hospital was opportunity for coalition to offset medical surge
- Tracking patients in *real-time* through partner facility admission possible through collaboration
- Listing the NDMS partner facilities and their patient specialties helped triage move efficiently
- Documenting information clearly and in plain language reduced delays in transport
- Empowering coalition coordinators to serve as liaisons reduced stress for healthcare partners
- Increasing situational awareness prior to FCC “activation” allowed for resource pre-positioning
- Networking of VAMC staff through coalition increased general exercise buy-in/participation

Image: Robley Rex VAMC Staff Photographer. (2024).

SUCCESS FROM PARTNERSHIP

Moving away from the baseline, a dynamic relationship locally—

- developed into strong state-level ties—and among other FCCs.
- provided HCC leverage/input in determining the ability to receive patients.
- clarified understanding of how VAMC can support local facility evacuation, how they support deployed NDMS patients, and roles they can play as community partners.
- provided “non-traditional” perspective from unique patient population.
- allowed for early situation awareness projections, and standing up of resources.

Image: Robley Rex VAMC Staff Photographer. (2024).

OPPORTUNITIES FOR FUTURE GROWTH

- Engagement of VMAC in city/county family reunification efforts
- Collaboration of exercise with coalition's Medical Response & Surge Exercise (MRSE)
- Use of After-Action Report (AAR) items to identify education opportunities to discuss issues that affect multiple response partners
- Training/cross-training of patient tracking systems

Image: Robley Rex VAMC Staff Photographer. (2024).

- *Full* participation of area healthcare centers in NDMS program

QUESTIONS?

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Amanda Hunter, MPH, EMT, is a skilled public health practitioner specializing in emergency preparedness, disaster response, and risk mitigation, currently serving as the Regional Resilience & Response Coordinator for the HERA Coalition located within the heart of Kentucky's largest city. Ambitious, creative, and determined, her passion for biosecurity and resilient patient care systems has been repeatedly demonstrated through advising and leading strategic planning activities directly with the executives of major healthcare providers and first responders across Louisville Metro, her 15-county Kentuckiana region, and the Commonwealth. Ms. Hunter brings her previous experience as an EMT and hospital administrator to her current role, as well as service in numerous Planning Chief, Deputy Operations Chief, and ESF-8 lead roles during disease outbreaks and real-world incidents.

Janine Edelen

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Janine Edelen is a Regional Response and Recovery Coordinator for 15 counties across North Central Kentucky. Her career and passion for emergency preparedness started in 2016 when she began working for Kentucky Emergency Management before transitioning to the Kentucky Department for Public Health. Janine is responsible for the training, readiness planning and disaster response assistance needed to support EMS, regional hospitals, Emergency Management, and public health staff in all incidents. She also ensures the Healthcare Coalition partners' response resources and capability requirements are fulfilled according to State and Federal guidelines. Janine is an Air Force retiree, bringing 20 years of Active-Duty operational knowledge and experience to the Kentucky ESF-8 team.

REFERENCES

ASPR. (2018, June). National Disaster Medical System (NDMS) Federal Coordination Center (FCC) Guide. Health.mil. https://health.mil/Reference-Center/Publications/2021/08/18/NDMS-FCC-Guide-2018

ASPR. (2022). Joint Patient Assessment & Tracking System Overview Fact Sheet. https://files.asprtracie.hhs.gov/documents/jpats-overview-and-factsheet.pdf

GISGeography. (2022, June 2). Louisville Reference Map [Map]. https://gisgeography.com/louisville-map-kentucky/#Reference

Louisville Metro Department of Public Health & Wellness. (2008). Hurricane Gustav Evacuee Shelter, Kentucky Fair & Exposition Center (8/29/20228-9/9/2008)- After Action Report & Improvement Plan. Louisville Metro Department of Public Health & Wellness.

NDMS | Deploying with NDMS. (n.d.). Aspr.hhs.gov. https://aspr.hhs.gov/NDMS/Pages/deploying-ndms.aspx

NDMS | Home. (n.d.). Aspr.hhs.gov. https://aspr.hhs.gov/NDMS/Pages/default.aspx

Robley Rex VAMC. (2022). New Madrid Patient Reception TTX- After-Action Report/Improvement Plan. Department of Veterans Affairs.

Smith, M. Sgt. M. R. (2019). Air Guard members airlift, assist thousands of Gustav displaced. National Guard. https://www.nationalguard.mil/News/Article-View/Article/573505/air-guard-members-airlift-assist-thousands-of-gustav-displaced/

Image: Robley Rex VAMC Staff Photographer. (2024).

Response Plan for the Management of Dialysis Patients in Puerto Rico during Emergencies

Ensuring Continuity of Care

December 12nd, 2024

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State Coordinator for the Access and Functional Needs Population
At Risk Population Liaison DOC-PRDoH

Division of the Public Health Preparedness and Response

Speaker

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Organization: Division of the Public Health Preparedness and Response (DPHPR)

Puerto Rico Department of Health (PRDoH)

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US Territory (Island)
Population: 3.2 millions of American citizens.

43% of the Population Live Under Poverty Level est. 1,400,958

Geographic Area:
100 x 35 miles

Main Objective

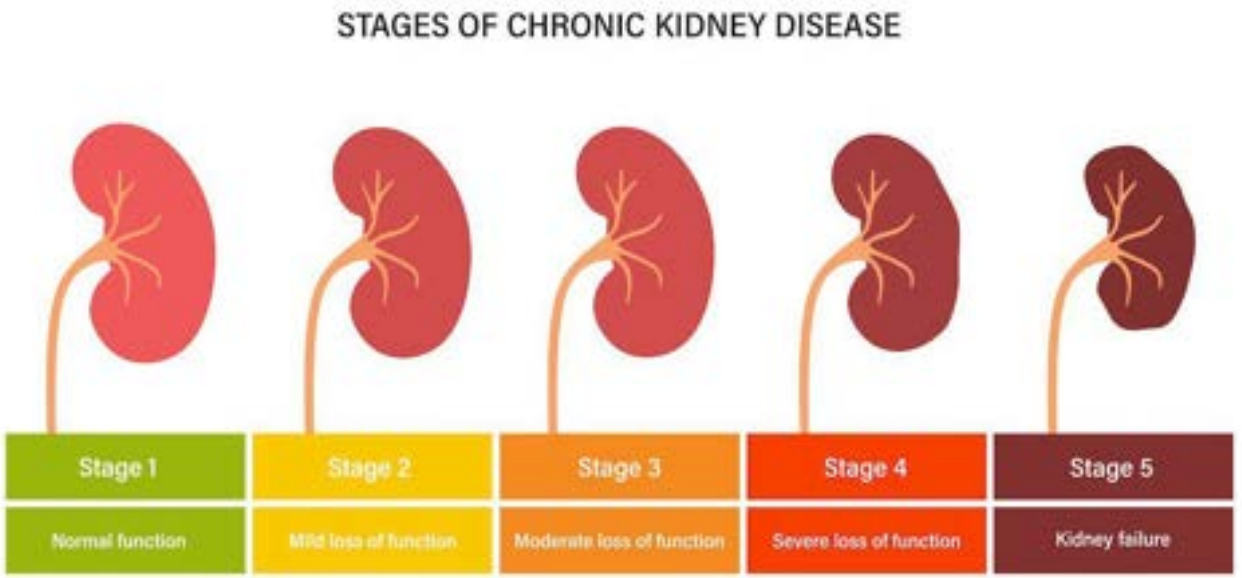
To ensure the safety and continuity of care for dialysis patients during emergencies.

Secondary Objectives:
Importance of Dialysis Care during the Emergency

- Who is a kidney patient?
- Needs of dialysis patients.
- Social determinants of health.
- Emergency situations: Impact on the health of the kidney patient by the fear of losing treatments.
- Cases.
- Contingency plans.
- Recommendations.

A little overview about… Chronic Kidney Disease

- The kidneys are two bean-shaped organs located on each side of the spine, just below the rib cage. Each of them is about the size of a fist.
- Its main function is to filter and remove waste, minerals and fluid from the blood through the production of urine.
- When the kidneys lose their ability to filter, unhealthy levels of fluid, electrolytes, and waste can build up in the body.



Symptoms

At the onset of chronic kidney disease, you may have no signs or symptoms. As chronic kidney disease progresses to its end stage, signs and symptoms may include the following:

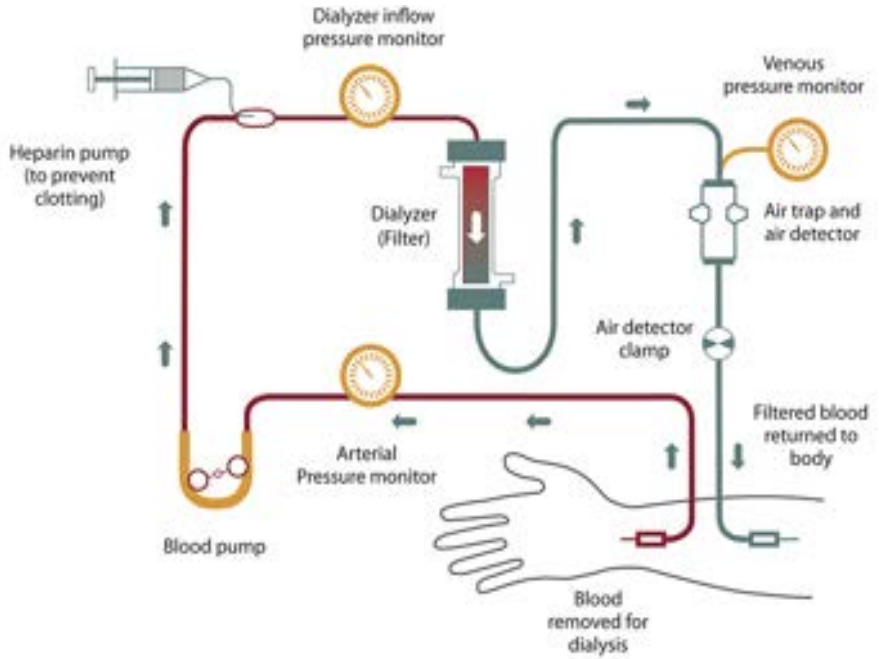
✓ Nausea	✓ Constant itching
✓ Vomiting	✓ Headaches
✓ Loss of apetite	✓ Difficulty sleeping
✓ Fatigue and weakness	✓ Decreased mental acuity
✓ Change in the amount of urine	✓ Muscle twitches and cramps
✓ Chest pain if fluid accumulates in the lining of the heart	✓ High blood pressure (hypertension) that is difficult to control
✓ Swelling of the feet and ankles	✓ Metallic taste in the mouth
✓ Shortness of breath if fluid builds up in the lungs	

Important notice:

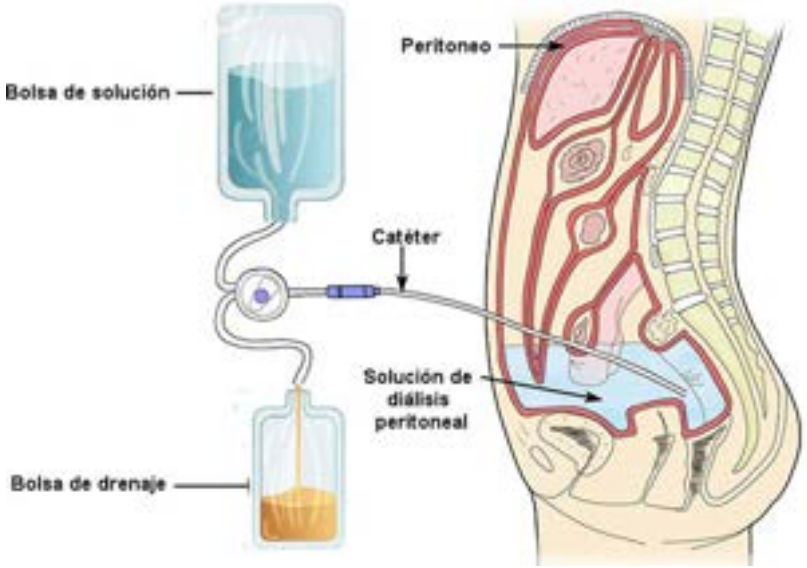
The signs and symptoms of kidney disease are often nonspecific, meaning they can also be caused by other diseases. Because your kidneys can compensate for the loss of function, signs and symptoms may appear only after irreversible damage has occurred.

Dialysis Process

Hemodialysis



Peritoneal Dialysis



Strugling with the condition

Once kidney damage occurs it cannot be reversed. Possible complications can affect almost any part of the body and may include, among others, the following:

- Fluid retention – swelling in the arms and legs, high blood pressure, or fluid in the lungs (pulmonary edema)
- Heart diseases - Low blood pressure (hypotension), high blood pressure (hypertension).
- Hyperkalemia - A sudden increase in potassium levels in the blood.
- Hyperphosphatemia – Elevated phosphorus levels. Weak bones and increased risk of fractures.
- Anemia - Problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues
- Decreased sexual desire, erectile dysfunction or reduced fertility.
- Pregnancy complications that pose risks to the mother and developing fetus
- Damage to the central nervous system, which may cause difficulty concentrating, personality changes, or seizures.
- Lower immune response, making you more prone to infections.
- Pericarditis - inflammation of the saccular membrane that surrounds the heart (pericardium).
- Malnutrition – Deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients.

Who is a kidney patient

The person who suffers from a chronic kidney disease (CKD and chronic renal disease) means that there's damage to the kidneys and they aren't working as well as they should.

Kidney Patient Identification

- Target Population: Puerto Rico has a renal patient population of about 320,000 people in the early stages of the condition.
- The population of kidney patients receiving dialysis in Puerto Rico as follows: 6,590 people on dialysis and 1,700 transplant patients.
- Identifying vulnerable populations:
  - Some of the factors that can increase the risk of chronic kidney disease are diabetes, high blood pressure, heart disease, smoking and obesity. Depending on the underlying cause, some types of kidney disease can be treated.
  - Kidney disease can develop at any time, but people over the age of 60 are more likely to develop it. As people age, so do their kidneys. According to recent estimates from researchers at Johns Hopkins University, more than 50 percent of people over the age of 75 are believed to have kidney disease. It has also been found that kidney disease is more prevalent in people over the age of 60 compared to the rest of the general population. It is important to emphasize that the elderly population is part of the population at risk of an event that could become an emergency.

Dialysis patients needs

- The instability of basic needs destabilizes the most complex aspects. The lack of security in matters related to health and protection can impact the patient's mental health. Thus, affecting their adjustment/adaptation process and limiting their self-realization.
- Patients on dialysis face a number of continuous changes that affect their daily lives, routines, and family and individual environments. Including your well-being and quality of life.
- Kidney disease requires lifestyle changes. Routine tasks and activities that require physical strength may be difficult to perform now. Family or friends are a very important support resource to cope with the diagnosis.

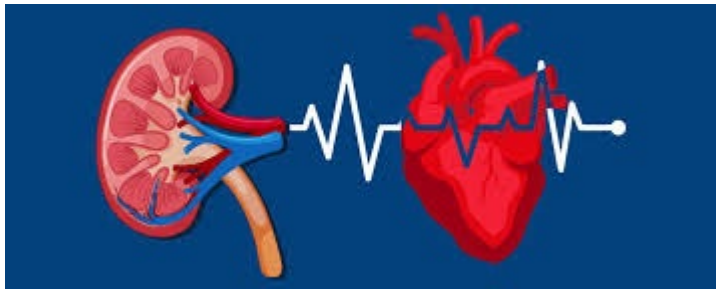
DEPARTAMENTO DE SALUD

División de Preparación y Coordinación de Respuesta en Salud Pública

Dialysis patients have many needs, including:

- Strict Diet
- Medications
- Regular treatments
- Managing complications

- Managing other health problems
- Checking for heart disease
- Treating dry skin and itching



Social Determinants of Health in Kidney Patients

The social determinants of health are factors such as income, schooling, employment, housing, transportation, and access to health services, healthy food, clean air and water. In the case of kidney patients in Puerto Rico, poor infrastructure and data transparency are factors that contribute to the burden of chronic and terminal kidney disease.

Importance of Dialysis Care: Patient Background Profiles

Dialysis patient profile

- Loss of Independence
- Neuro developmental conditions
- Education / Employment
- Mental and physical health aspects
- Limited financial resources
- Social aspects
- Disability / frustration

Dialysis patient family profile

- Rural housing
- Limited financial resources
- Limited acces to transportation
- Geographical area
- Low academic level of the caregiver
- Health conditions

DEPARTAMENTO DE SALUD

Treatment Options

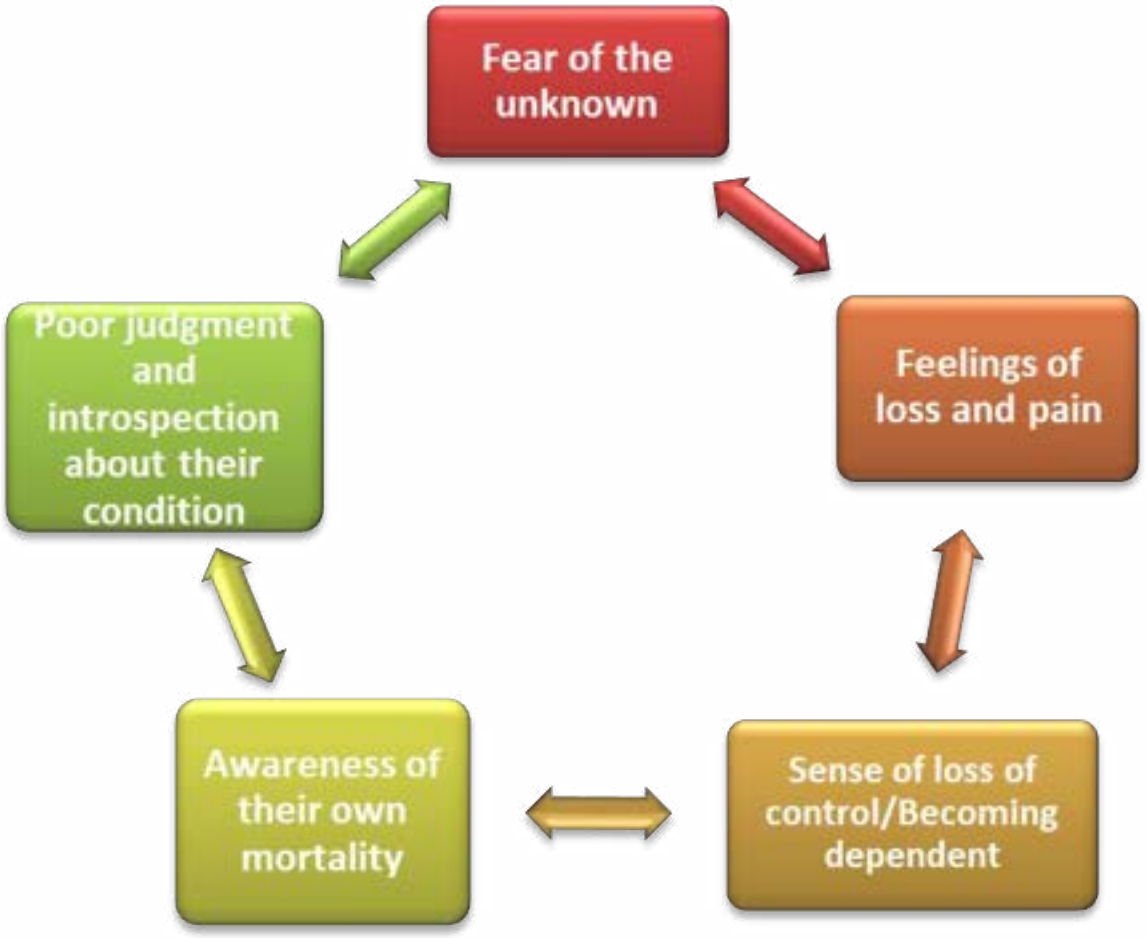
- In-Center Hemodialysis
- Home Hemodialysis
- Peritoneal Dialysis (At-Home)
- Kidney Transplant
- Patient refuse treatment

PREPARAR

Psychosocial Challenges for the Kidney Patient

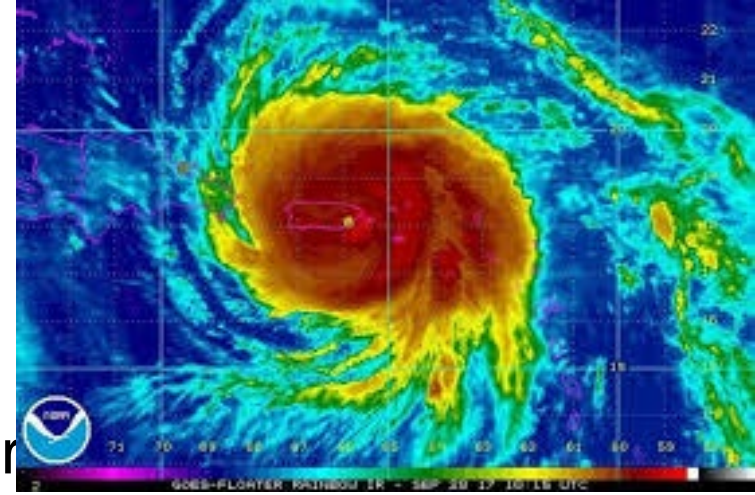
Division of the Public Health Preparedness and Response

Psychosocial Challenges



Emergency Situations

Hurricane María (September 20th, 2017).



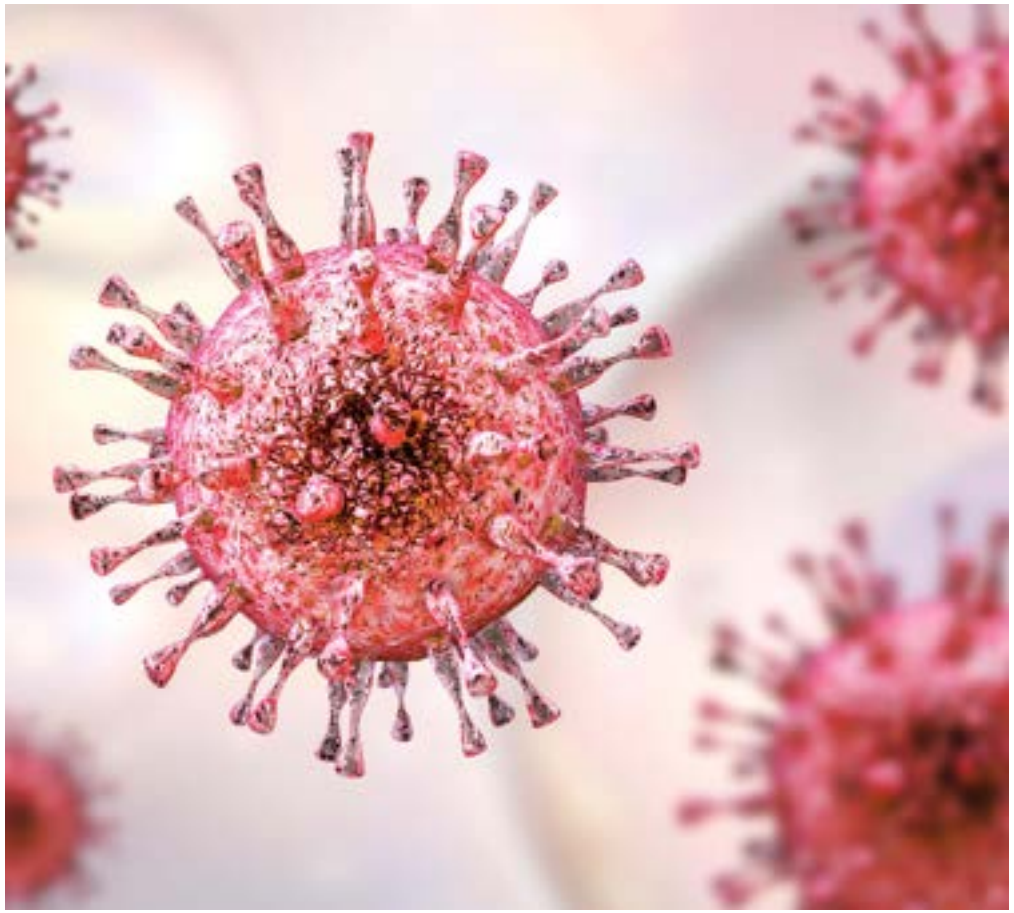
- 150 mph winds.
- Widespread damages (including dialysis treatment center
- Destroyed the electric grid.
- Rainfall of 15 to 20 inches brought flooding across of the Island.
- Interruption of the water and sanitation services for approximately 50% of the residents.

PD. 7 years after María, utility services remain unreliable in rural areas.

Earthquake in Puerto Rico (January 7th, 2020)

- Earthquake in Puerto Rico (January 7th, 2020) can have a significant impact on kidney patients, including:
  - Disrupted care.
  - Missed dialysis sessions.
  - Increased hospitalizations.
  - Mental health effects.
  - Delayed diagnosis.

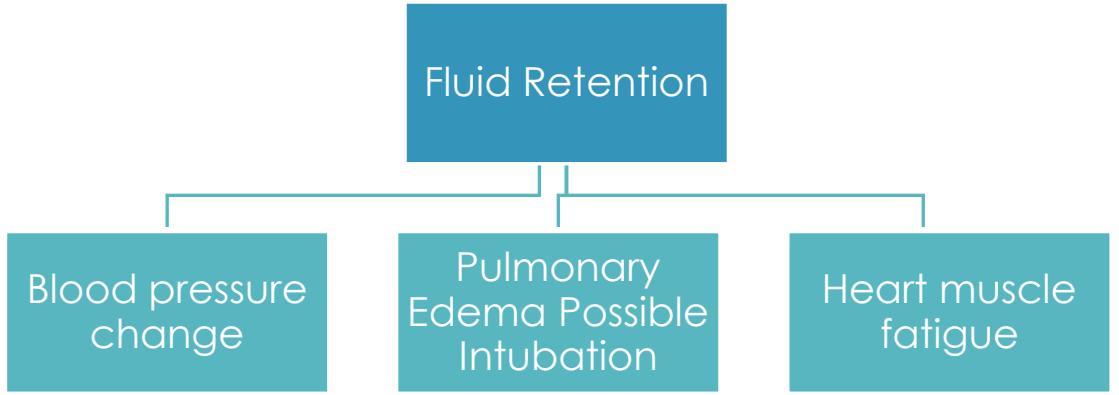
COVID-19 Pandemic (2019)



- One of the biggest challenge in the dialysis clinics, was caring for patients on dialysis during the COVID-19 pandemic. Patients on dialysis were amongst those at highest risk of death, not just because of the propensity for serious illness but also because of missed treatments.

Patient Health Impact of Losing Treatments: the biggest fear in dialysis patients

Patient non-compliance with the recommended regimen is a major problem because it affects the patient's medical condition, exacerbates patient mental health conditions such as cognitive changes, constructional praxis, altered processing level, and adds to the financial burden. A United States study reports that failure to comply with medical therapy responsibly results in 125,000 deaths each year, as well as hundreds of thousands of hospitalizations. Non-compliance with treatment in the permanent kidney disease population is a problem with significant consequences in terms of morbidity and early mortality.



Pump failure
Heart failure

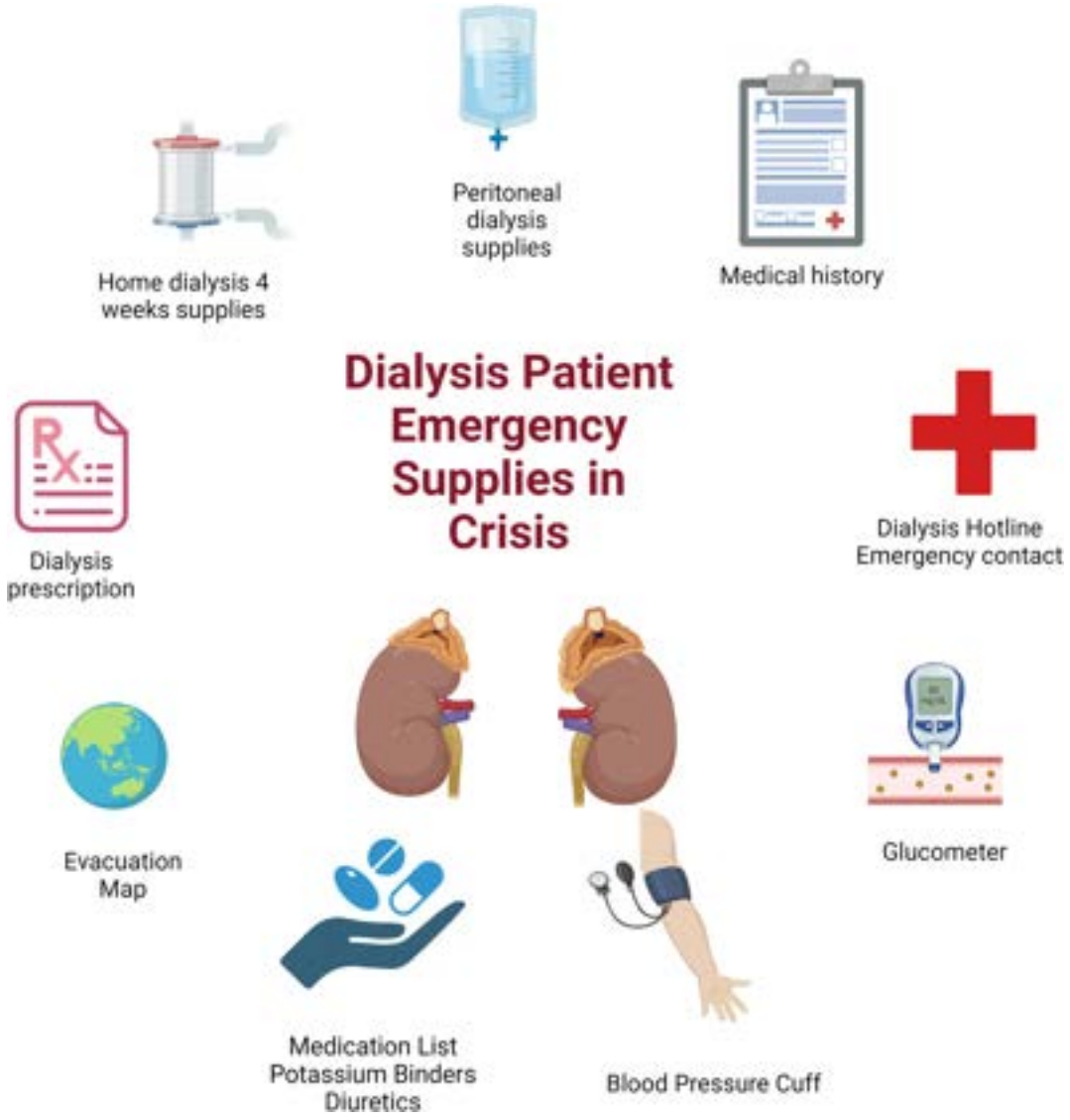
HOSPITAL

- *Reduced immune response, making you more prone to infections.*
- *Damage to the central nervous system, which may result in difficulty concentrating, personality changes or seizures.*

Communication Plan

- Communication Strategies
- Alert systems for patients.
- Coordination with local health authorities and dialysis centers.
- Use of social media and SMS for updates.

Resource Allocation



- Essential Supplies
- Stockpiling dialysis supplies (dialyzers, fluids, etc.)
- Backup generators for clinics.

Communication plan during emergency

- A communication plan for dialysis patients during an emergency should include:
  - Contact information
  - Communication methods
  - Information sharing
  - Patient information
  - Facility needs

PREPARAR-C

How does it come about?

The Puerto Rico Emergency Preparedness and Response Activities Renal Coalition PREPARAR-C brings together representatives from organizations and companies that provide dialysis services to the renal population.

After the Hurricane Maria event in Puerto Rico, the companies that manage dialysis centers and the Puerto Rico Department of Health joined forces to develop an emergency management plan focused on preparedness and response activities for the dialysis population. This will ensure the continuity of dialysis services in Puerto Rico.

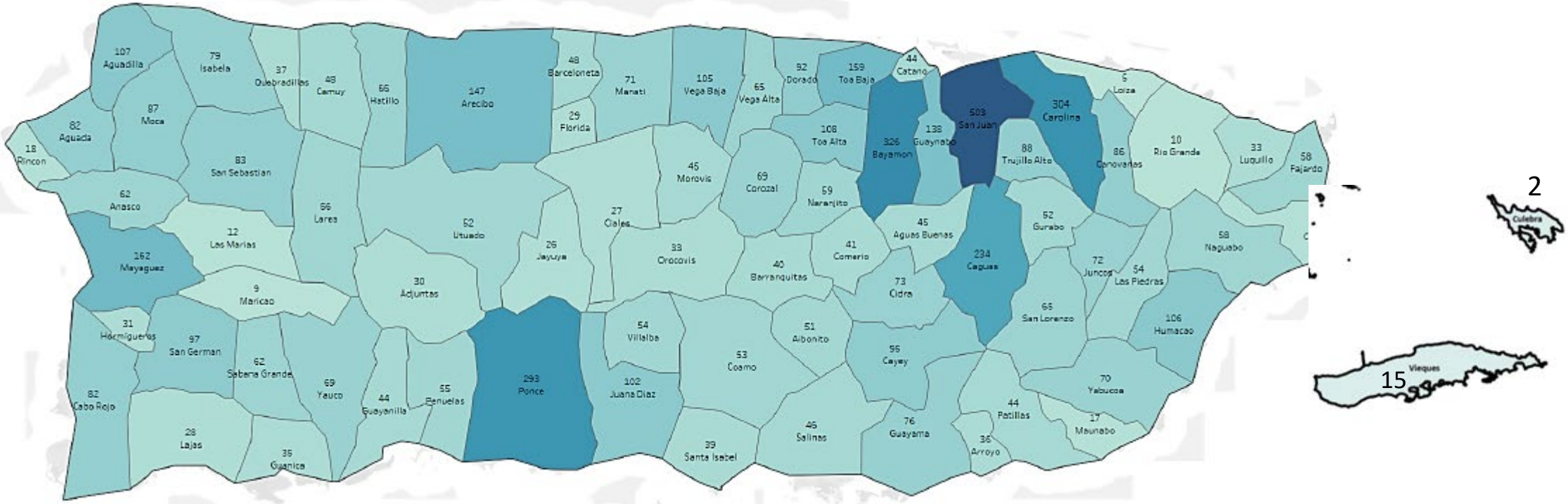
In emergencies that have arisen to date, the PREPARAR-C component has put into practice the response plan for the management of dialysis patients in Puerto Rico during emergencies.

Companies / Organizations

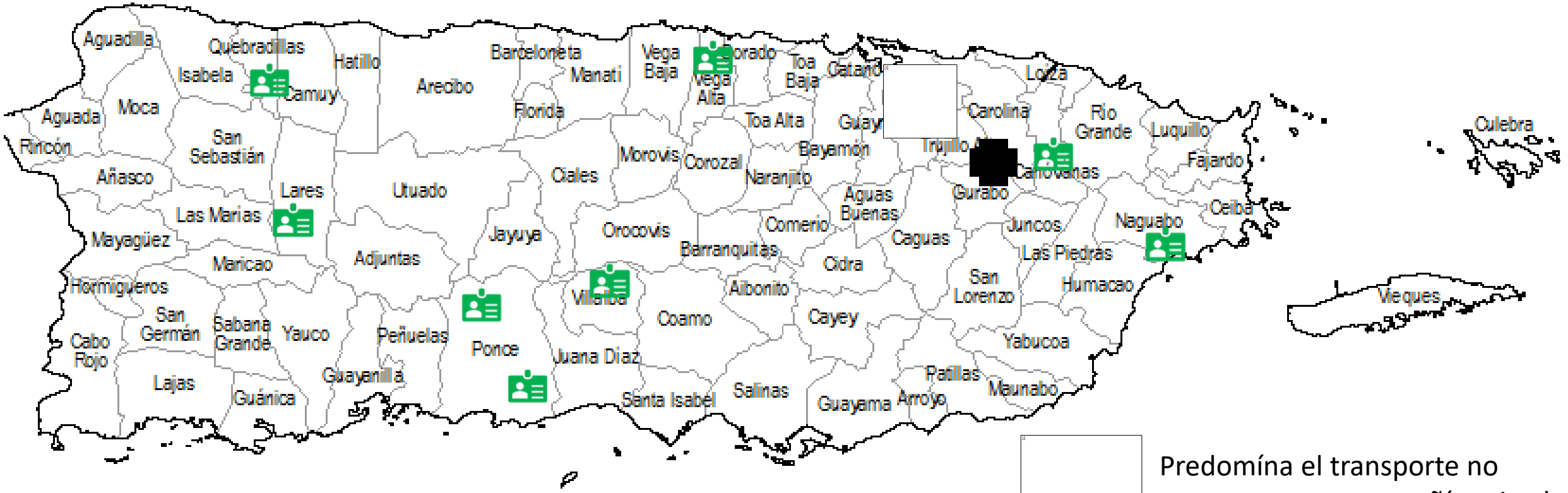
Currently, the following companies and organizations are part of this coalition:

- Fresenius Kidney Care
- Centro Renal Pediátrico
- Centers for Medicare and Medicaid Services CMS
- Centro Renal Universitario
- Pure Life Renal of San Juan
- Consejo Renal de Puerto Rico
- Fundación Puertorriqueña del Pulmón.
- Metro Dialysis Care
- Quality Insights Renal Network

Map of dialysis population by municipality



Geographic Location of Pediatric Dialysis Patients



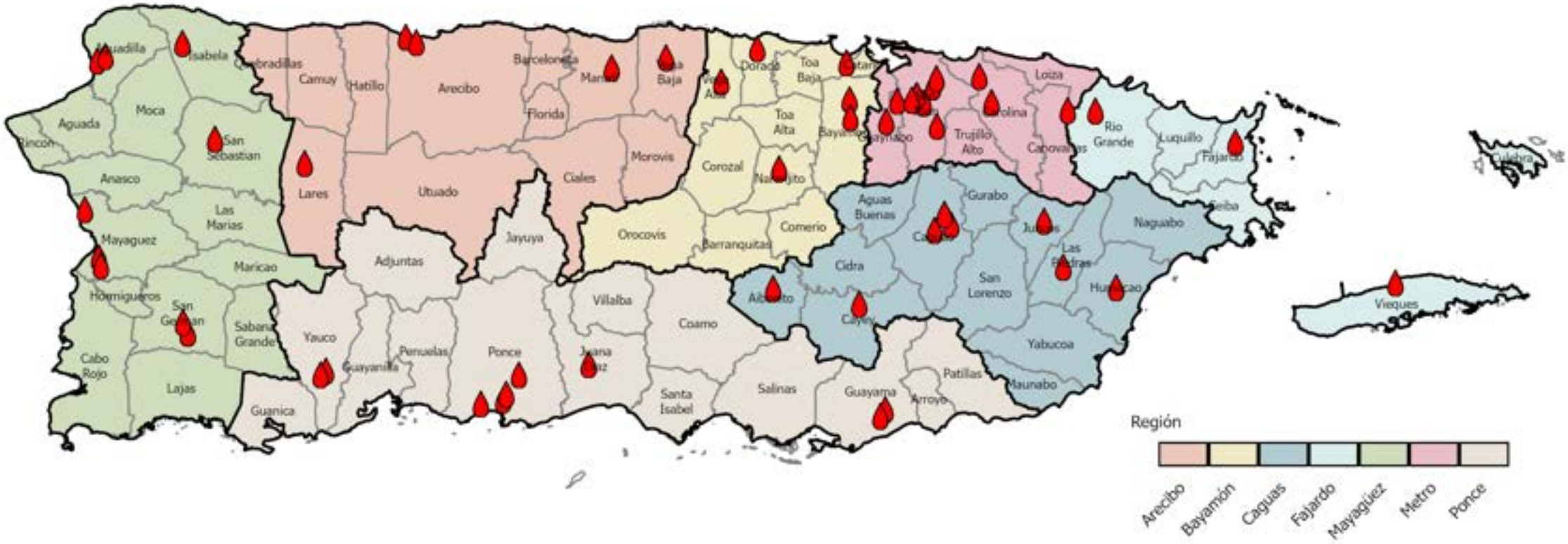
Predomína el transporte no emergente con compañía privada.

Localizacion geografica de nuestros pacientes actuales.

Transporte emergente.

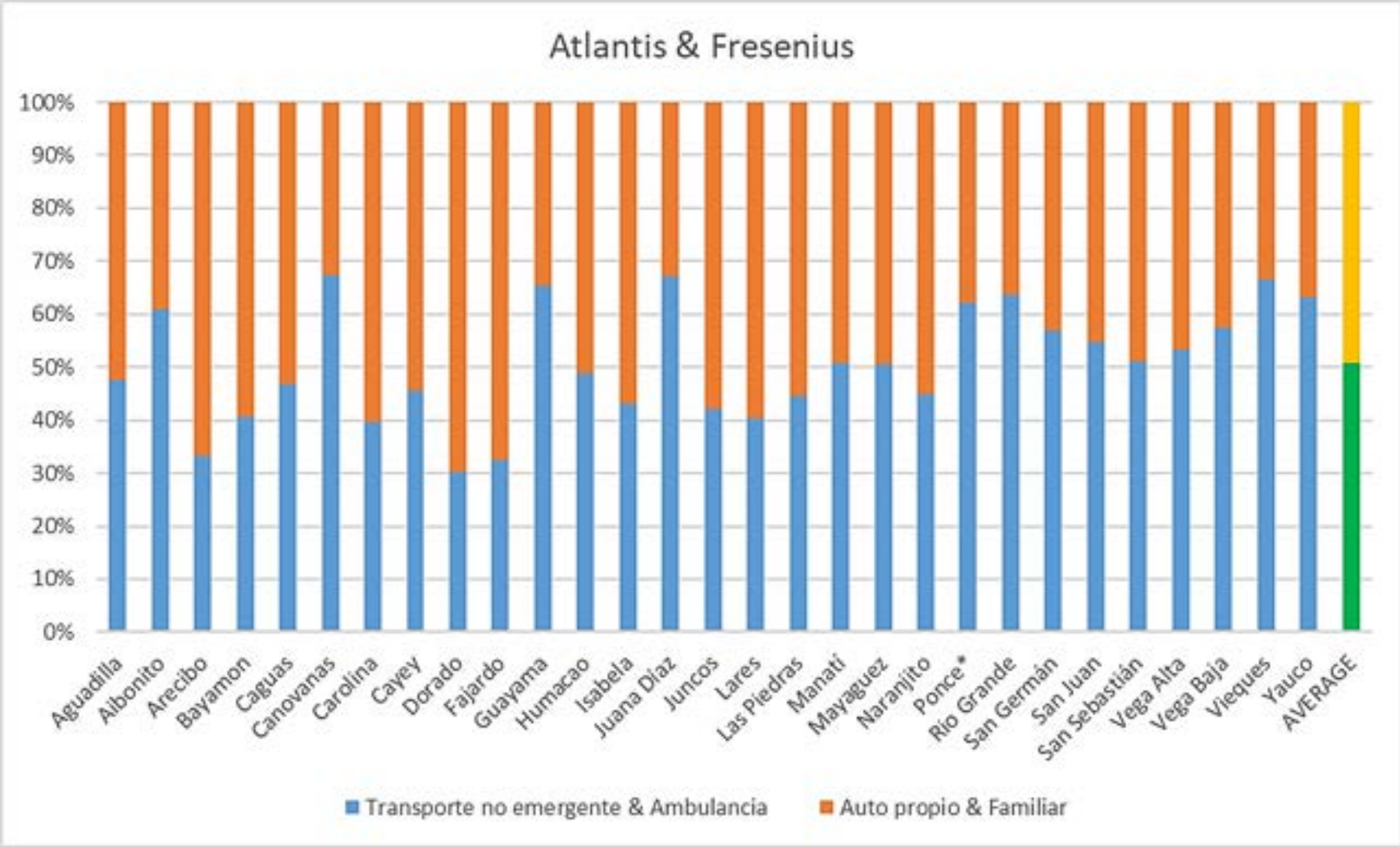
Centro de diálisis renal pediátrico.

Map of Dialysis Centers



03/2023

Dialysis Patients - Transportation Dependency



Training and Drills

- Staff Training
- Emergency response training for healthcare providers.
- Regular drills to practice emergency protocols.

Staff / Health Providers Training and Drills

- Tabletop exercises.
- EMResources platform to collect Essential Elements of Information EEI.
- HHS emPOWER platform to assist government agencies and organizations with a role in the emergency to locate people at risk during an emergency.

Puerto Rico Emergency Preparedness and Response Activities Renal Coalition (PREPARAR-C)

- Established in 2014 – ESRD Network 3 conducted its annual KCER tabletop exercise in Puerto Rico joined by dialysis and community stakeholders.
- Conducted multiple tabletop exercises and after-action reviews with all dialysis providers to test and establish improvement plans to strengthen future emergency response
- WhatsApp Group Chat!
- Group has activated several times over the years:

  2015 Drought, 2016 Large power outage, 2017 Hurricanes Irma & Maria, 2020 Earthquakes and COVID-19 Pandemic, 2022 Island wide power outage, 2022 Hurricane Fiona, 2024 Ernesto Storm.

- Joint effort with PR DOH to develop the "*Plan de Respuesta Para el Manejo de Pacientes de Diálisis en Puerto Rico Durante Emergencias*" in 2023.

- *Fresenius Medical Care (FMC)*
- *Atlantis Healthcare Dialysis Group*
- *University Hospital Renal Center*
- *University Hospital Pediatric Renal Center*
- *Metropolitano Hospital Renal Center*
- *Auxilio Mutuo Transplant Center*
- *Renal Council of Puerto Rico*
- *Puerto Rican Kidney Foundation*
- *Puerto Rico Department of Health Office of Public Health Preparedness & Response (Biosecurity)*
- *Puerto Rico Department of Health Office of Regulation and Accreditation of Healthcare Facilities (SARAFS)*
- *U.S. Department of Health and Human Services (HHS)*
- *FEMA*
- *Centers for Medicare & Medicaid Services (CMS)*
- *End Stage Renal Disease (ESRD) Network 3*
- *Trans Cita*
- *Home Care & Hospice*
- *Subject Matter Experts – Nephrologist*

Collaboration with Agencies

- Partners in Emergency Preparedness
- Collaboration with FEMA, local hospitals, and community organizations who provides services to the at-risk population.
- Establishing a network for resource sharing.

Recovery Plan

- Post-Emergency Care
  - To ensure the safety and continuity of care for dialysis patients during emergencies.
- Follow-up protocols for affected patients.
  - The importance of the trainings and drills to keep updated the protocols for the kidney population.
- Assessment of health outcomes and adjusting plans as necessary considering the magnitude of the event or emergency and the needs for the kidney population.

Conclusion

- While identifying the dialysis population and their needs during an emergency, it is important to plan, develop and practice preparedness and response plans for events that may put the renal population in Puerto Rico at risk.
- It becomes relevant the importance of preparation and collaboration to ensure patient safety and care continuity.
- It would be important to include dialysis emergency partners in the implementation of emergency preparedness and response plans.

Questions and Discussion

References

Centers for Disease Control and Prevention (CDC).
Title: Emergency Preparedness and Response
URL: CDC Emergency Preparedness
Description: Provides guidelines and resources on emergency preparedness specific to healthcare settings.

National Kidney Foundation.
Title: Disaster Preparedness for Kidney Patients
URL: NKF Disaster Preparedness
Description: Offers resources and recommendations for kidney disease patients during emergencies.

Puerto Rico Department of Health.
Title: Emergency Management and Response
URL: Puerto Rico Department of Health
Description: Local guidelines and resources specific to health emergencies in Puerto Rico.

References

American Society of Nephrology (ASN).

Title: Resilience in Kidney Care: Preparing for Emergencies

URL: ASN Emergency Preparedness

Description: Discusses strategies for kidney care providers and patients to manage care during emergencies.

World Health Organization (WHO).

Title: Emergency Preparedness and Response

URL: WHO Emergency Preparedness

Description: Guidelines and resources for global emergency preparedness, including healthcare strategies.

Federal Emergency Management Agency (FEMA).

Title: Emergency Management and Response

URL: FEMA

Description: Provides a framework for emergency management and resources for disaster preparedness.

References

National Institute of Health (NIH).

Title: Addressing Health Disparities in Dialysis Care

URL: NIH Dialysis Care

Description: Research and findings on disparities in health care for dialysis patients during emergencies.

Hernandez, E. (2020).

Title: Emergency Preparedness for Chronic Kidney Disease Patients in Puerto Rico.

Journal: Puerto Rico Health Sciences Journal.

Description: A study focusing on the unique challenges faced by kidney disease patients during disasters in Puerto Rico.

Thanks for your attention!

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