



Network 16

Disaster Reporting Requirements

Fax Back #: 206-923-0716

Response Required if Your Facility is Impacted

Northwest Renal Network is required by CMS to track the status of facility operations and patient access to treatment during emergency events. If the operations of your facility, or ability for patients to have access to dialysis are impacted by emergency events, please fax this form back to the Network right away. **Contact Lisa Hall at the Network with questions: LHall@nw16.esrd.net or 206-923-0714.**

1. Complete the following information-

Date and time	Name facility/organization
Phone number	Name of person making report

2. If your facility is not operating on a normal schedule and/or your patients are having difficulty getting to your facility, please complete the form and fax back to the Network.

Facility Operations	
Facility Status (Please circle)	Open Closed Limited
Comments-	
If closed or limited please indicate why	<input type="radio"/> Insufficient staff <input type="radio"/> Patients/staff unable to reach facility <input type="radio"/> No electricity <input type="radio"/> Limited electrical power <input type="radio"/> No water supply <input type="radio"/> Contaminated water supply <input type="radio"/> Building structure damage <input type="radio"/> Building not cleared for use <input type="radio"/> No supplies/contaminated supplies <input type="radio"/> Other _____
Anticipated return to normal operations?	Comments
Patient Status	
Have you been able to reach All of your patients?	
Were patients provided with emergency prep instruction prior to this event?	
What alternate phone # should the Network give to your patients for instructions if they call?	
Additional information for patients if they call the Network	
Do you need Network assistance? Please specify-	