



Emergency Preparedness Challenges Facing Long Term Care

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Major Objectives for Today's Session

- ❖ Discuss Pay for Performance and Performance Measures in the LTC Setting
- ❖ Learn about challenges facing LTC's as they develop enhanced Disaster Plans
- ❖ Review the draft CMS Emergency Preparedness & Response Plan and discuss status
- ❖ Examine awareness of NIMS and ICS in LTC
- ❖ Learn about security concerns for LTC's when disaster strikes

Emergency Preparedness Challenges Facing Long Term Care

Pay for Performance and Performance Measures in the LTC Setting

Pay for Performance in Nursing Homes

Department of Health and Human Services (HHS) Secretary Michael Leavitt has outlined his commitment to Pay for Performance (P4P) in all healthcare settings. Value-based purchasing for healthcare services in the nursing home setting will be tested in pilot programs in four or five states starting in 2008, and the Centers for Medicare & Medicaid Services (CMS) wants 50 nursing homes to participate in the pilot project.

P4P is about how the cost of care meets positive outcomes. It is the use of payment methods and other incentives to obtain patient-focused, high-quality care at the most reasonable cost. The impact of these concepts in the long-term care setting is beginning to be seen in the way surveys are conducted.

Data Sources for the Pay for Performance Project:

1. Minimum Data Set (MDS)-based measures, including a subset of MDS quality measures posted on Nursing Home Compare, MDS post-acute care measures, and resident immunization rates
2. Outcomes from surveys
3. Staffing levels, including licensed and certified nursing assistant hours per resident day and rewards for high staff retention and/or low turnover
4. Potentially avoidable hospitalizations--both long-stay and short-stay residents

Quality Measures <http://www.cms.hhs.gov/NursingHomeQualityInits/>

Nursing home quality measures have four intended purposes:

1. to give information about the care at nursing homes to help you choose a nursing home for yourself or others;
2. to give you information about the care at nursing homes where you or family members already live;
3. to get you to talk to nursing home staff about the quality of care; and
4. to give data to the nursing home to help them with their quality improvement efforts

The current quality measures have been chosen because they can be measured and don't require nursing homes to prepare additional reports. They are valid and reliable. However, they are not benchmarks, thresholds, guidelines, or standards of care. They are based on care provided to the population of residents in a facility, not to any individual resident, and are not appropriate for use in a litigation action.

Nursing Home Quality Measures

Percent of Long-Stay Residents Given Influenza Vaccination During the Flu Season

Percent of Long-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination

Percent of Residents Whose Need for Help With Daily Activities Has Increased

Percent of Residents Who Have Moderate to Severe Pain

Percent of High-Risk Residents Who Have Pressure Sores

Percent of Low-Risk Residents Who Have Pressure Sores

Percent of Residents Who Were Physically Restrained

Percent of Residents Who are More Depressed or Anxious

Percent of Low-Risk Residents Who Lose Control of Their Bowels or Bladder

Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder

Percent of Residents Who Spent Most of Their Time in Bed or in a Chair

Percent of Residents Whose Ability to Move About in and Around Their Room Got Worse

Percent of Residents with a Urinary Tract Infection

Percent of Residents Who Lose Too Much Weight

Percent of Short-Stay Residents Given Influenza Vaccination During the Flu Season

Percent of Short-Stay Residents Who Were Assessed and Given Pneumococcal Vaccination

Percent of Short-Stay Residents With Delirium

Percent of Short-Stay Residents Who Had Moderate to Severe Pain

Percent of Short-Stay Residents With Pressure Sores

Emergency Preparedness Challenges Facing Long Term Care

Disaster!
Do we have a plan?







10 Sep 2004 10:54 GMT / 10 Sep 2004 06:54 AM EDT



Key Issues Facing LTC's

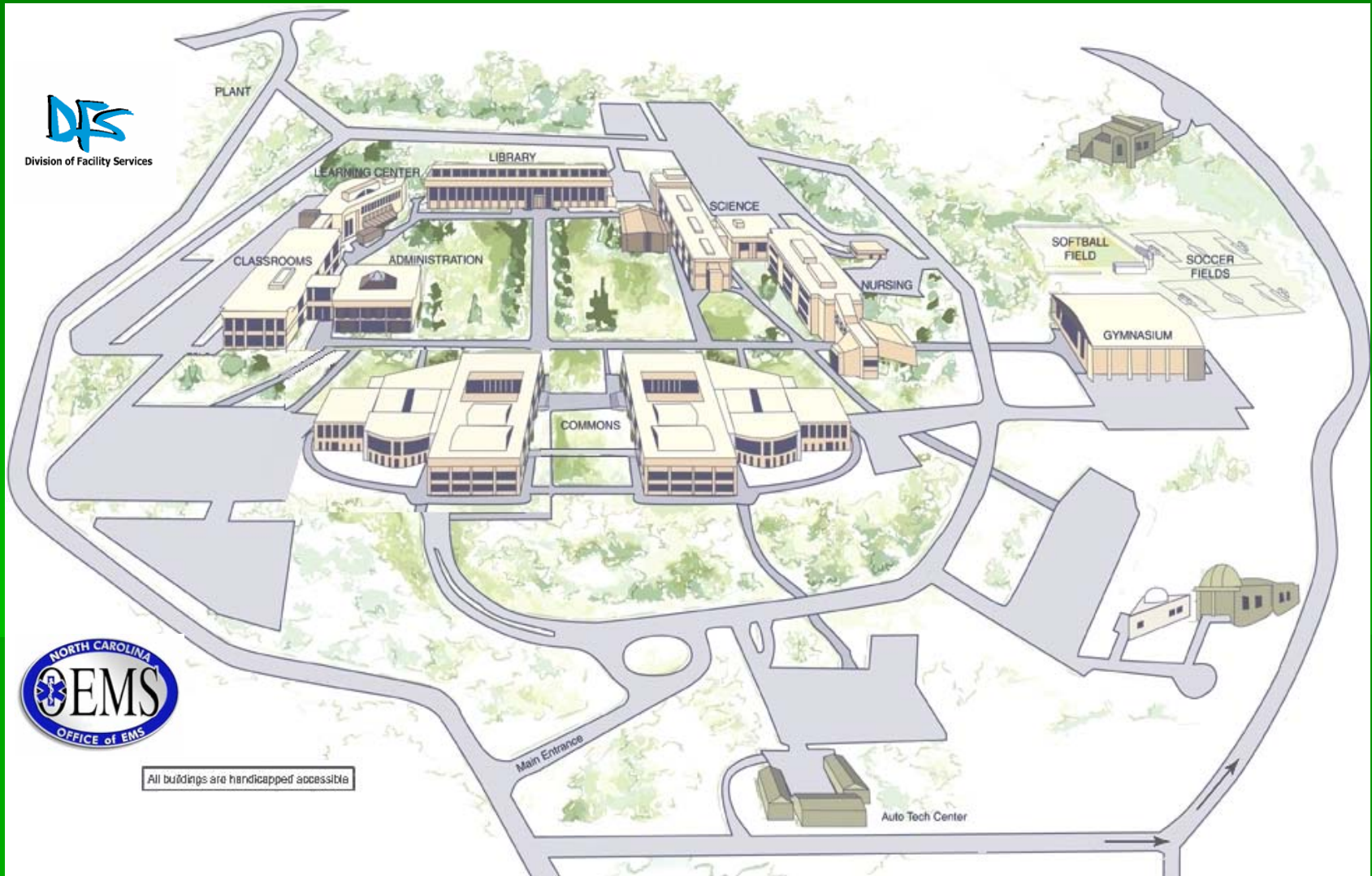
- ❖ Outdated plans with no annual review protocol
- ❖ Low awareness level of NIMS/ICS and Surge Plans
- ❖ Few “All Hazards” plans
- ❖ Multiple contracts with same vendors; trans, energy, food
- ❖ Little involvement with local EM resources
- ❖ “Shelter in Place” not incorporated in many plans
- ❖ No/few “Family Evacuation” elements of plans
- ❖ Little or no awareness of CMS draft Emergency Preparedness & Response Plan
- ❖ No system to track residents, meds, belongings (Evac)
- ❖ No security management plan in place

LTC Disaster Plan Best Practices

- ❖ Key information distribution to staff and emergency providers
- ❖ Resident special needs and acuity levels for evacuation
- ❖ Plan Elements: Mission, Purpose, Executive Summary – Customize, Applicability and Scope – Customize , Record of Distribution, Organizational Chart/Recall Roster, Emergency Information, Key Contacts Information, Succession of Command
- ❖ NIMS/ICS Incident Command Post
- ❖ Developing Relationships & Partnerships With Emergency Resources
- ❖ Alternate Facility (Relocation Site) Assessment
 - ❖ At least two relocation sites, with one being at least 50 miles away from facility (proposed CMS guidelines)
 - ❖ Must provide same level of care or higher
 - ❖ NC Community College Initiative



North Carolina Community College Concept



Community College Concept

North Carolina DE²SC



- BONUSES
- Allied Health
- Internet
- Telemedicine
- Food Preparation
- Water

Triage/Registration
 Medical Social Workers
 Nurses – Veterinarians
 Paramedics
 Discharge Planners



June 14 2007 at NC Community College

❖ Four Objectives

❖ **Triage**

- ❖ Color Coded determination of destination

❖ **Tracking**

- ❖ Residents are tracked who are treated on site

❖ **Transport**

- ❖ Inter- and intra-facility transfers

❖ **Treatment**

- ❖ Levels of care and appropriate staff
- ❖ Appropriate equipment

Disaster Preparedness in LTC:

Tips to Implementing/enhancing a Disaster Plan in LTC

What Are We Seeing in the Field?

- ❖ - Strong "Stated" Commitment to Overall Program**
- ❖ - Poor to Average Implementation of Overall Program**
- ❖ - Good Focus on Obvious Threats and Perils**
- ❖ - Good Compliance with Fire and Life-Safety Issues**

LTC Issues

- ❖ Facilities attempting to create plans independently with or without County support
- ❖ Lack of consistency among facility plans and levels of readiness
- ❖ Tragic events of Hurricane Katrina and Rita that brought national attention to the lack of coordination and planning for long term care facilities and their residents

Challenges To Achieve Higher Level Disaster Preparedness in LTC

- ❖ Create an All Hazards Plan to consider various hazards and disaster scenarios
- ❖ Incorporate a Hazard Vulnerability Assessment (HVA)
- ❖ Incorporate proposed CMS guidelines
- ❖ Standardize Color Code System
- ❖ Incorporate Incident Command System (ICS)



Implementation



- ❖ The implementation process must be managed by senior managers with involvement from the whole team
- ❖ Utilize Safety/Risk Committees to assist in completing this Plan
- ❖ Should be a joint effort with facility staff members and the governmental agencies
- ❖ Share efforts with residents and family members

Emergency Preparedness Challenges Facing Long Term Care

DRAFT - Survey & Certification
Emergency Preparedness &
Response Plan
August 2006

DRAFT - Survey & Certification - DRAFT Emergency Preparedness & Response Plan



HEALTH CARE FACILITY CHECKLIST FOR EFFECTIVE EMERGENCY PLANNING

Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> ● Develop Emergency Plan: Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to: <ul style="list-style-type: none"> ✓ Copies of any state and local emergency planning regulations or requirements ✓ Facility personnel names and contact information ✓ Contact information of local and state emergency managers ✓ A facility organization chart ✓ Building construction and Life Safety systems information ✓ Specific information about the characteristics and needs of the individuals for whom care is provided
			<ul style="list-style-type: none"> ● All Hazards Plan: Develop a plan for all potential hazards (hurricanes, floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could affect the facility

DRAFT - Survey & Certification

Emergency Preparedness & Response Plan

22 Key Components

A- Develop Emergency Plan

B- “All Hazards” Emergency Management

C- Collaborate with Local Emergency Management Agency

D- Collaborate with Suppliers/Providers

E- Analyze Each Hazard--HVA

F- Decision Criteria for Executing Plan

G- Communication Infrastructure Contingency

H- Develop Shelter-in-Place Plan

I- Develop Evacuation Plan

J- Transportation & Other Vendors

K-Train Transportation Vendors/Volunteers

DRAFT - Survey & Certification Emergency Preparedness & Response Plan

L- Facility Re-entry Plan

M- Residents & Family Members

N- Resident Identification

O- Trained Facility Staff Members

P- Informed Residents & Patients

Q- Essential Provisions

R- Res tracking-reporting

S- Review Emergency Plan

T- Conduct Exercises & Drills

U- Contact Ombudsman Program

V- Loss of Resident's Personal Effects

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

DRAFT - Survey & Certification All Hazards Emergency Preparedness & Response Plan July 2007

EMERGENCY PLANNING CHECKLIST RECOMMENDATIONS FOR PERSONS IN LONG-TERM CARE FACILITIES, INCLUDING FAMILY MEMBERS, FRIENDS, PERSONAL CAREGIVERS, GUARDIANS, & LONG-TERM CARE OMBUDSMEN

Part I: For Long-Term Care Residents, Including Family Members, Friends, Personal Caregivers, & Guardians

Target Date

Date Completed

1. • **Emergency Plan:** Prior to any emergency, ask about and become familiar with the facility's emergency plan, including:

1. Location of emergency exits
2. How alarm system works and modifications for individuals who are hearing and/or visually impaired
3. Plans for evacuation, including
4. How residents/visitors requiring assistance will be evacuated, if necessary
5. Evacuation route for facility
6. Where they will go
7. How their medical charts will be transferred
8. How families will be notified of evacuation

IS-700 National Incident Management System (NIMS)

On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents. You can also find information about NIMS at <http://www.fema.gov/nims/>

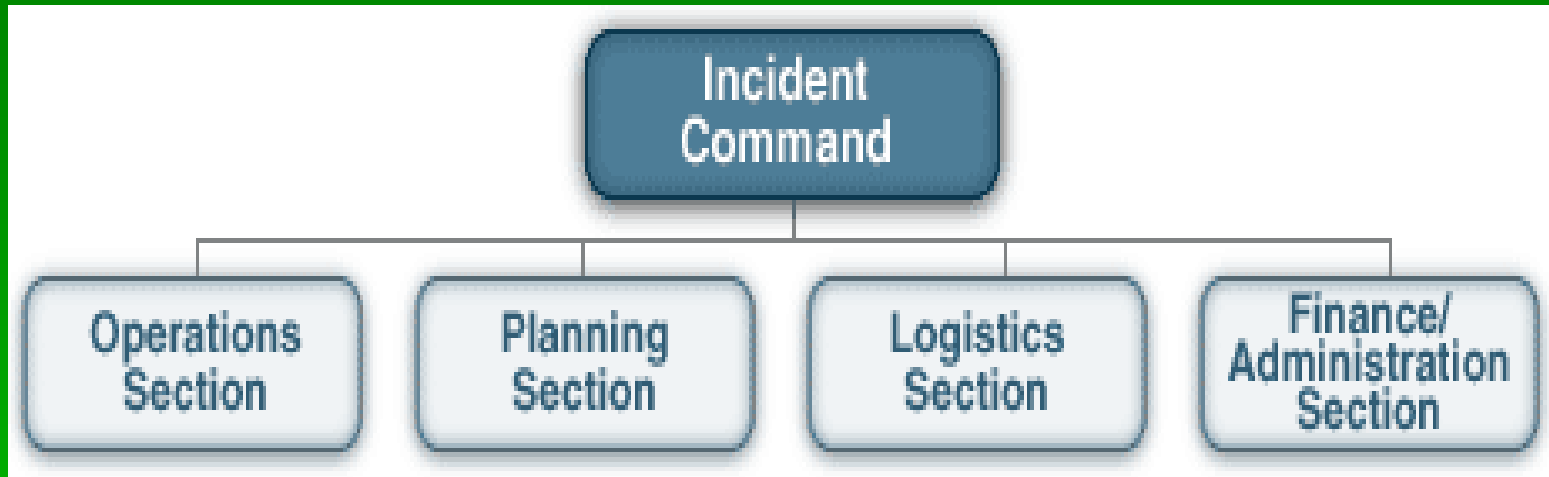
NIMS and the Incident Command System (ICS)

The way this nation prepares for and responds to domestic incidents is about to change. It won't be an abrupt change; best practices that have been developed over the years are part of this new comprehensive national approach to incident management known as the National Incident Management System (NIMS). But it will change – and for the better. Developed by the Department of Homeland Security and issued in March 2004, the NIMS will enable responders at all jurisdictional levels and across all disciplines to work together more effectively and efficiently. Beginning in FY 2006, federal funding for state, local and tribal preparedness grants will be tied to compliance with the NIMS. **One of the most important 'best practices' that has been incorporated into the NIMS is the Incident Command System (ICS), a standard, on-scene, all-hazards incident management system already in use by firefighters, hazardous materials teams, rescuers and emergency medical teams.** The ICS has been established by the NIMS as the standardized incident organizational structure for the management of all incidents.

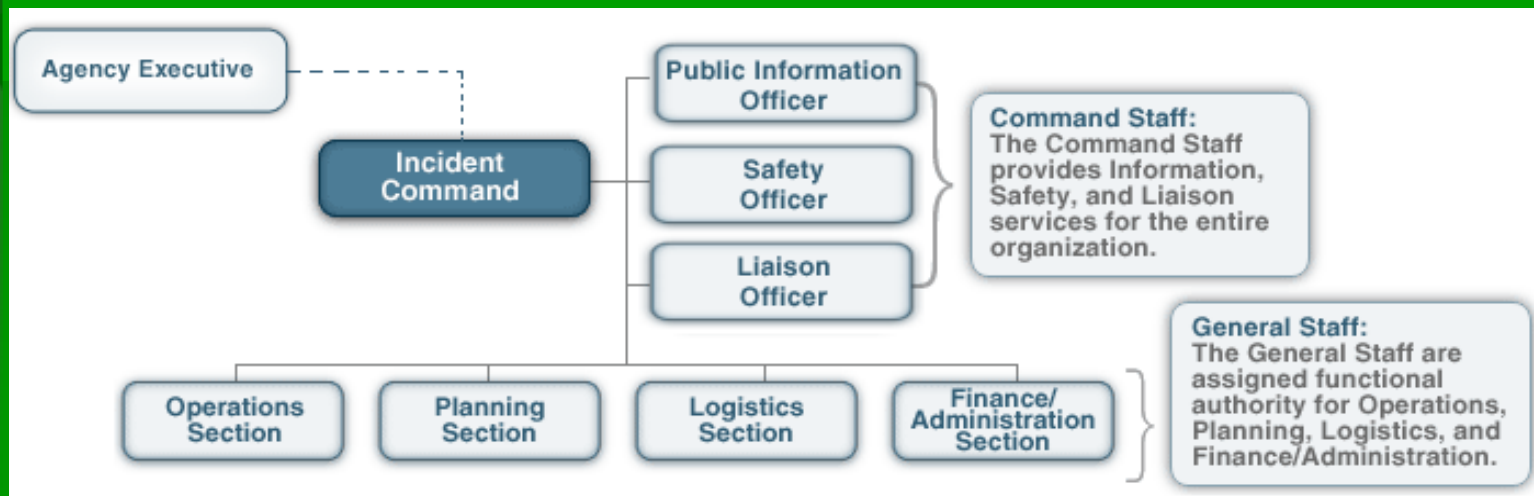
http://www.fema.gov/txt/nims/nims_ics_position_paper.txt

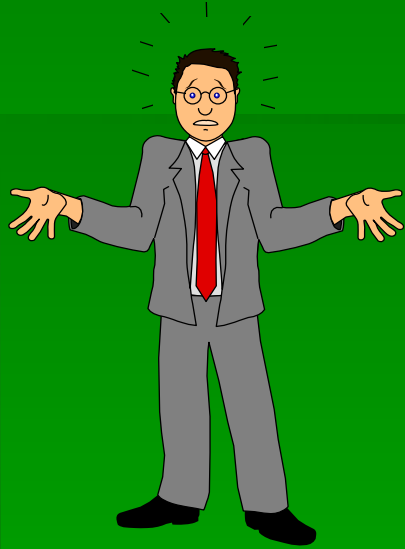
Emergency Response

Basic Incident Command Structure



Expanded Incident Command Structure





**What does
“prepared”
look like?**

“When Disaster Strikes”

What LTC’s can do to Prepare:

Emergency Preparedness Challenges Facing Long Term Care

Security Considerations

- Security management plans to include
 - Written directives
 - Emergency guard service
 - Assignment of “auxiliary” security officers
 - Interaction with law enforcement

Emergency Preparedness Challenges Facing Long Term Care

P2T2® for Facility Security

- **People – Assigning the right people to the right security tasks**
- **Programs – Written management plan in place and rehearsed**
- **Training – All staff trained on facility security and methods of protecting residents, staff, and property**
- **Technology – Making sure the right technology and equipment are available**

Vulnerability Assessment and Mitigation

- ❖ Each facility will have threats unique to them, thus it is vital to conduct a:

Hazard Vulnerability Assessment (HVA)

- ❖ Evaluating:
 - ✓ *Probability*
 - ✓ *Risk*
 - ✓ *Preparedness*

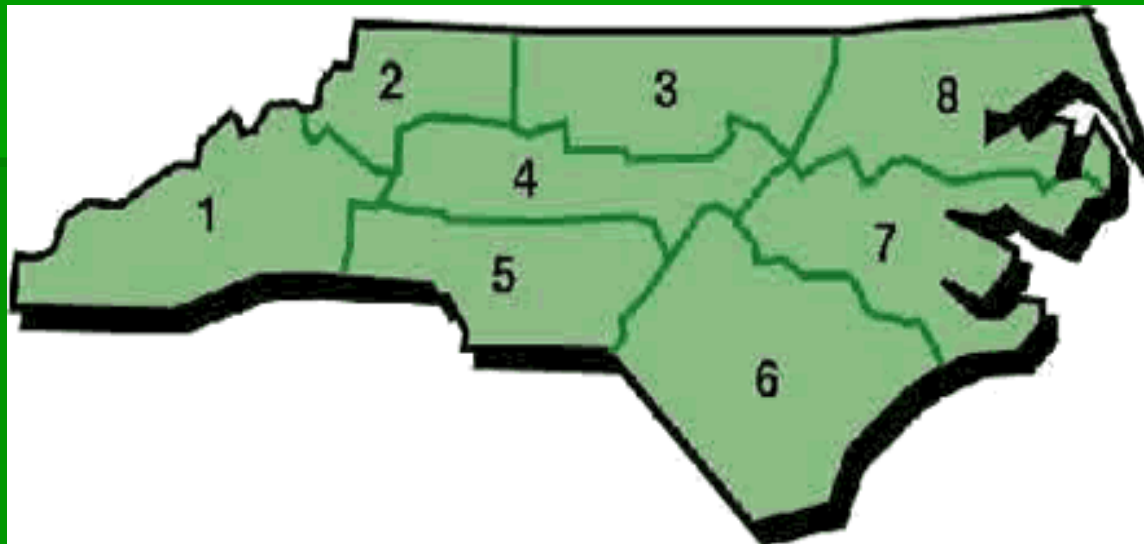


Vulnerability Assessment and Mitigation

Hazard Vulnerability Assessment (HVA) Tools

North Carolina Example

- www.ncem.org (Programs, Hazard Mitigation, Risk Assessment)
- **Hazards by County – Eight Climate Regions**
Reviews eight natural events with probability of Low, Moderate, or High



Vulnerability Assessment and Mitigation

Hazard Vulnerability Assessment (HVA) Tools

North Carolina Example

- ❖ County Hazards History – Important in completing HVA
- ❖ Flood Mapping



Security Concerns for Long Term Care Facilities “When Disaster Strikes”

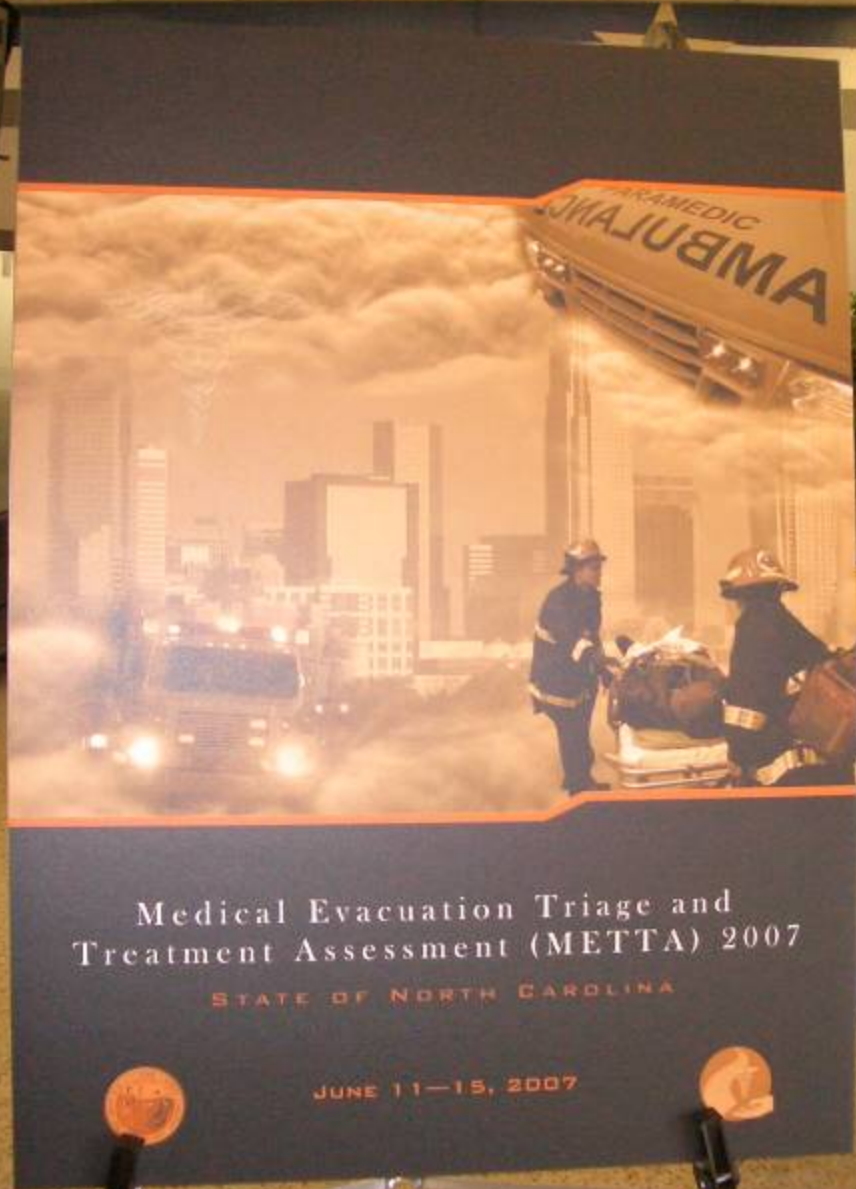
LTC's have everything a rogue individual or rioting group could want...

- ❖ Food
- ❖ Water
- ❖ Power (All SNF's have generator systems)
- ❖ Drugs
- ❖ Shelter

Medical Evacuation Triage and Treatment Assessment

STATE OF NORTH CAROLINA





Medical Evacuation Triage and Treatment Assessment (METTA) 2007

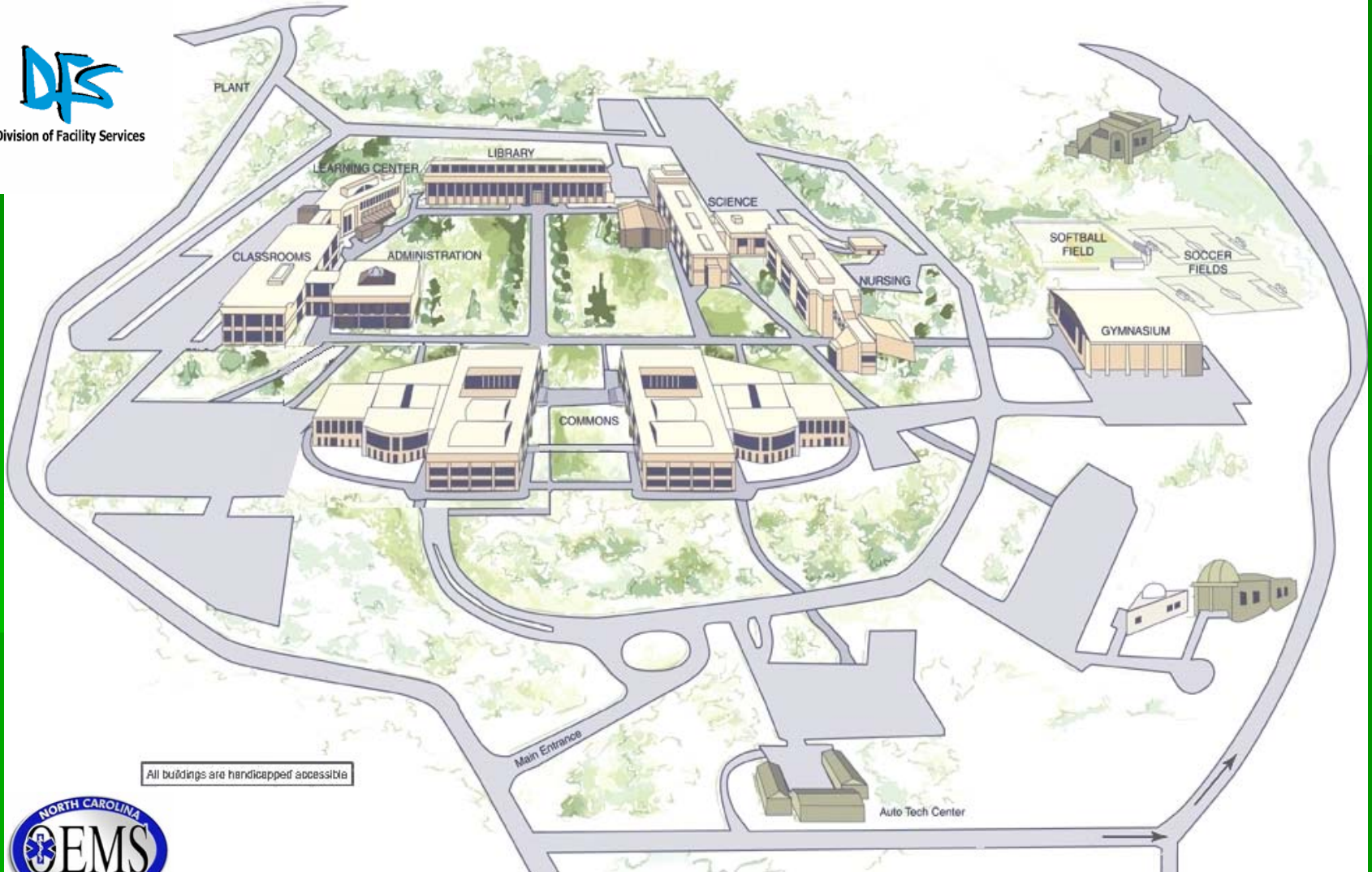
STATE OF NORTH CAROLINA

JUNE 11-15, 2007





Division of Facility Services



All buildings are handicapped accessible





Important Plan
of public agencies
"Horticultural survey"
and study
rehabilitation (top)
Cultural Level
(for study)
50% in other
areas











Medical Evacuation Triage and
Treatment Assessment (METTA) 2007

STATE OF NORTH CAROLINA



WELCOME
PARTICIPANTS



JUNE 11—15, 2007

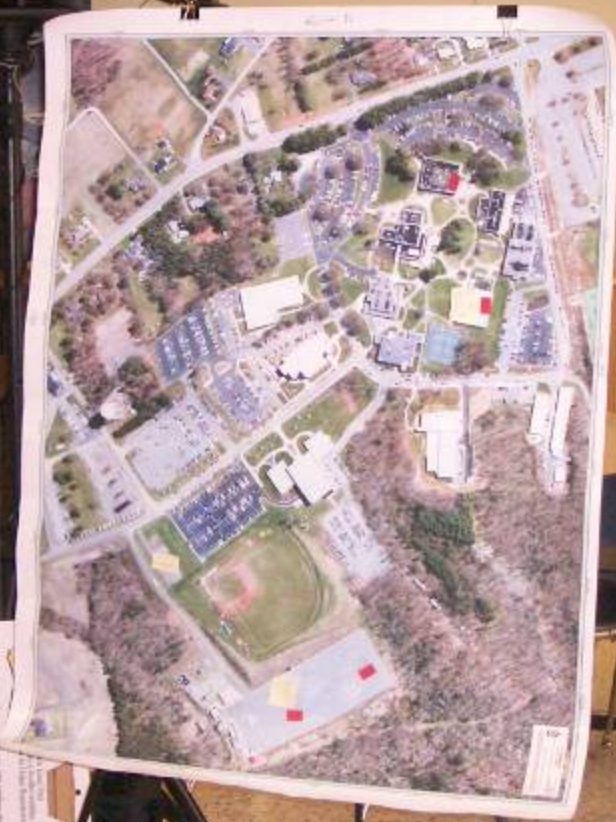


NO WEAPONS
Concealed or
Otherwise



**NO
SMOKING**

NOTICE
NOTICE



WE
[Illegible text and images, possibly a poster or brochure]





















Community College Initiative


Lessons Learned



Emergency Preparedness Challenges Facing Long Term Care

- ❖ LTC staff unprepared for mass regional evacuation
- ❖ Plans do not address “All Hazards”
- ❖ Weak resident tracking systems
- ❖ Little awareness of impact of “Surge” plans that are in place now
- ❖ Evacuation processes affected by lack of communication tools regarding resident transport needs with first responders
- ❖ Lack of NIMS/ICS protocols
- ❖ No/weak staff family evacuation plans
- ❖ Weak Security Management Plans





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EM Alliance www.EMAllianceUSA.com

BOOTH 505

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Thank you!