2018 NCODA Spring Forum

Exploring Trends & Creating Value For Patients

Managing Through Chaos; Disaster Planning & Coping

Yen Nguyen (credentials, title, etc.)

Robert D. “Bob O” Orzechowski, MBA, SPHR, SHRM-SCP

COO, Lancaster Cancer Center, Ltd.

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SPRING FORUM • MARCH 1-3 • *EXPLORING TRENDS & CREATING VALUE FOR PATIENTS*

Learning Objectives

1. Identify mandates
2. Recognize concepts of emergency preparedness & risk assessment
3. Provide tools and resources
4. Describe an actual case history – anatomy – of a natural disaster

Mandates

- CMS standards of Emergency Preparedness effective Nov. 15, 2017
  - ASCs, hospitals, LTCs & others must have a Hazard Vulnerability Assessment Plan
- HIPAA/HITECH and the Security Risk Analysis ("cybersecurity")
  - Ensure ePHI confidentiality, protection from theft, unauthorized disclosures
  - Physical security
  - Administrative Safeguards
  - Technical Safeguards
- OSHA; Risk Management programs & policies
- State Specific programs and requirements

4 legs of the Emergency Preparedness Program

1. Risk assessment and emergency planning based on an “all hazards” approach.

2. Implement policies and procedures to support the risk assessment and emergency plan
3. Establish a communication plan for all relevant personnel

4. Implement training and testing programs, including drills and exercises.

5 keys to Planning

1. Identify and process the potential incidents and effects
2. Establish incident objectives
3. Develop the plan to counteract or minimize the effects
4. Prepare, disseminate and exercise the plan
5. Execute, evaluate and update the plan

Concepts of Emergency Preparedness & Risk Assessment

- The Disaster Life Cycle
  - Preparedness; planning and training
  - Response; life safety, incident stabilization, property preservation, evacuation
  - Recovery; economic, debris mgmnt., health & social services, food & water
  - Mitigation; education, hazard & vulnerability assessment; improved infrastructure

Event Scoring Tool

Event – Probability – Alerts – Severity =magnitude and mitigation

	0/1/2/3	#	Human impact	Property Impact	Business impact	Preparedness	Internal response	External response
			Possibility of death or injury	loss or damage	Service interruption	Preplanning	time, effectiveness	who, when, how
	Probablility		0/1/2/3	0/1/2/3	0/1/2/3	0/1/2/3	0/1/2/3	0/1/2/3
Hurricane								
Flood								
Power Outage								

Probability: 0 = none/1=low/2=moderate/3=high

Emergency Preparedness Rule (CMS 3178-F)
Website Resources
(To include on SCG EP Website in lieu of in Interpretive Guidelines)

South Carolina Department of Health and Environmental Control in Coordination with the South Carolina Emergency Management Division. (2013). Emergency Operations Plan Development Guide and Template for Extended Care Facilities.
https://www.scdhec.gov/health/docs/hlgeop.pdf

The resource developed by the state of South Carolina, provides a detailed overview for long-term care facilities to consider when preparing their emergency and communication plans, as well as outlining policies in procedures. The document not only provides potential situations to consider in planning, but also provides the Federal Emergency Management Agency (FEMA) critical areas of preparedness, planning, mitigation, response, and recovery. Additionally, the documents appendices provide sample checklists for long-term care facilities to be able to consider in preparation of their own plans.

Guenther, Robin, FAIA; Balbus, John, MD. Primary Protection: Enhancing Health Care Resilience for a Changing Climate. (2014). Department of Health and Human Services.
http://toolkit.climate.gov/topics/human-health/building-climate-resilience-health-sector.

The resource provides extensive research and a tool kit for providers, primarily hospital settings, in establishing the framework for emergency preparedness and planning for severe weather incidents. The website and documents, including the toolkit, provide groundwork for common understanding of climate changes; adverse events and challenges that this poses to the health care community and provides a suite of on line tools and resources that highlight emerging best practices for developing sustainable and climate-resilient health care facilities.
Resources provided by National Center for Disaster Medicine & Public Health

Several online lessons for health professionals:
Tracking and Reunification of Children in Disasters Psychosocial Impacts of Disasters on Children Radiation Issues in Children: Knowledge Check, Primer, & Case-Based Activity

Caring for Older Adults in Disasters: A Curriculum for Health Professionals. Developed through the support of the U.S. Department of Veterans Affairs, the Caring for Older Adults in Disasters (COAD) curriculum is comprised of 24 lessons in 7 modules covering topics ranging from special considerations for older adults in specific types of disasters to ethical and legal issues related to the care of the senior population during a disaster. The COAD curriculum's lessons range from 30 to 120 minutes in length based on the particular learning context. They include suggested learning activities for educators to engage their learners, as well as required and supplemental readings for both learners and educators. The curriculum can be used in its entirety, teaching all lessons in the order provided, or trainers may select individual lessons or portions of lessons most relevant to their learners. The curriculum's material can be adapted to best meet a specific setting and learner needs by substituting resources, modifying activities, or augmenting content.
A video series (currently two videos) on healthcare professionals working with individuals with access and functional needs for disaster preparedness.

To access the first video in this series, click here: It's Empowering the Community

The second video in the series: Everyone in the Community Involved

Emergency Preparedness Rule (CMS 3178-F)
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World Health Organization (WHO). (2011). Hospital Emergency Response Checklist. An Al/-Hazards Tool for Hospital Administrators and Emergency Managers.
http://www.euro.who.int/ data/assets/pdf file/0008/268766/Hospital-emergency-response-checklist-Eng. pdf

The document provides key components of command control, communication, safety and security, triage, surge capacity and continuity of operations in preparation and during an emergency within a hospital setting. This document provides checklists and recommendations to facilities to guide the emergency preparedness plan and considerations to take when preparing the elements of the emergency plan and communication plans.

Health Lawyers' Public Information Series. (2004). Emergency Preparedness, Response & Recovery Checklist: Beyond the Emergency Management Plan.
http://www.in.gov/isdh/files/AHLAEmergency Preparedness Checklist.pdf

This emergency preparedness guiding document provides information and questions to consider for facilities in planning for emergencies. Additionally, the document provides a review of key positions within the National Incident Command System (i.e. Incident Commander; Public Information Officer; Liaison Officer; Communication Officer; etc.) and what questions should be considered in the planning stages. The questions posed within this document can provide areas of consideration to guide an emergency plan, policies and procedures and the communication plan.

Murray, Rick; Elmes, Pat; Fly, Deb. American College of Emergency Physicians (ACEP). Hospital Disaster Preparedness Self-Assessment Tool.
http://www. acep. org/content.aspx?id=91205

This assessment tool can allow hospitals and other facilities to begin self-assessing their current emergency preparedness capabilities and identify additional areas which would need to be addressed in emergency planning and the creation of the emergency preparedness plans. The document provides sample checklists which could be changes to adapt to any facility and provides areas of considerations for planning and preparedness. Additionally, the self-assessment tool provides key areas of consideration, to include but not limited to the bed capacity; security and safety; logistics and emergency power; and succession planning**.**

The National Association for Home Care & Hospice (2008). Emergency Preparedness Packet for Home Health Agencies**.** **http://www.nahc.org/assets/1/7/ep binder.pdf**

This document provides a basic overview and considerations for Home Health Agencies to consider when organizing the emergency preparedness plans. The document itself includes checklists; areas for consideration in assigning roles and responsibilities as well as a sample Emergency Preparedness Plan. Additionally, the plan provides an ability for Home Health Agencies to consider potential hazards and threats given their geographical locations, which could assist in providing planning considerations in high hazard areas, such as winter storm affected areas. Agencies could use this to begin prioritizing their planning and needs assessments.

Assessment Timeline

- Assess Risk
- Create Response Team
- Create Line of Communication
- Partner with Specialty Pharmacy
- Create Timeline
- Follow-up
- Mock Drill

Assess Risk

- Patient Treatment Delay
  - Fill medications two weeks in advance
- Drugs
  - Temperature
- Cold Items
  - Is power outlet backed up to generator
- Safety
  - Alarm
  - Camera

Create Response Team

- Staff:
  - Pharmacist/Nurse
  - Technician
  - On-Call Physician
  - IT department
- Equipment
  - Cell Phones
  - Laptops
    - Download all pharmacy programs to desktops

Create Line of Communication

- Pharmacy phone lines
  - Forwarding all calls to Response Team cell phones
  - E-fax

- Creation of patient call list

- Group Text of all Team Lead of each pharmacy
  - Team Lead create group text of their team
  - Group Me App

Partner with a Specialty Pharmacy

- Create point of contact liaison
- Phone
- Fax
- Email

Create Timeline

Day -5

- Start calling patients for refills
- Prepare all equipment
  - Back up generator
  - Alarm and Camera working
  - Response Teams
    - Laptop has pharmacy programs
    - VPN is connected
    - Emails
    - Cell Phone
    - Call Log
    - E-Fax
- Create group text of pharmacy team
- Reach out of SP liaison personnel
  - Confirm communication line

Day -3

- Order additional drugs
- Confirm all refill calls completed
- All equipments are ready
- Group Text works

Day -1

- Forward phone lines to Response Team cell phones
- Make list of remaining prescriptions not picked up by patient yet and pass to Response Team

DAY

Coming Back

- Still forward phone calls to Response Team 24-48 hours
  - Allows pharmacy team to catch up
  - Return Call Log to pharmacy to close any unresolved cases

- 1 Week Follow-Up Review
  - Entire Pharmacy Team and Response Team
  - Discuss deficiencies to improve

Questions

and

- Spirited Discussion