



The Critical Role of Home Care Providers in Emergency Preparedness & Response

It's more than just a fire drill!

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Is This Your Emergency Preparedness Plan?





Agenda:

- Purpose of an Emergency Plan
- Steps to Design an Emergency Plan
 - Vulnerability Assessment
 - Understanding Four Phases that Emergency Plans assist:
 - Mitigation
 - Preparedness
 - Response
 - Recovery
- Evaluation of Emergency Plan



New Rule for Medicare Home Health & Hospice Providers:

December 2013 a new Federal Register proposed regulation was published:

- Federalregister.gov search # 78FR79082
- Comments are still being accepted until **March 31, 2014**
- The guidelines include additional requirements for home health agency, agency that provide outpatient therapy in patient's home along with other healthcare facilities
- Focus is on coordination of emergency preparedness with local, state and federal agencies
- Setting standards that are applicable regardless of accreditation



Purpose of an Emergency Preparedness Plan: Will Your Company be Ready?

- Disasters often happen quickly and without warning
- Ensures providers react according to plan which will promote safety of staff and patients
 - *We take care of vulnerable patients*
- Educate staff members and patients on appropriate steps to follow
 - Reduces stress during the emergency
 - Creates environment of consistency



Steps in Creating an Emergency Plan



Vulnerability Assessment: “Environment”

- Identify the high probability of an event occurring for your location and the amount of disruption that this event would have on your business
- Examples of Events:
 - Natural Events (floods, snow storms, earthquake, etc)
 - Technological Event (utilities, informational system failure)
 - Human Events (Influenza/Pandemic Viruses, terrorism, civil disturbance, etc)
- Examples of High Disruption Patient Population:
 - Ventilator/Oxygen Dependent
 - Requiring daily skilled care
 - No alternative caregivers
 - New patients on service



Mitigate:

- Lessen the severity of the event by completing the following:
 - Orientation of staff
 - Ongoing education/reinforcement of staff
 - Develop education materials for patients
 - Use already developed materials, but distribute
 - Coordinate with external resources
 - Know local and federal resources
 - Review Emergency Plan annually and modify as needed



Preparedness:

- Activities an organization undertakes to build capacity & identify resources that may be used
- For the Patient: Educate the following
 - Storage of basic living supply and medical supplies
 - Educate on medical equipment that requires electricity
 - Educate on back up power sources for life support equipment
 - Emergency Contact Information
 - Evacuation routes
 - How and when to communicate to providers



Preparedness:

- For the Employee: Educate the following
 - Patients should be assigned a Priority ranking upon admission
 - Allows you to triage in a systematic fashion
 - Remember to re-evaluate patients and their priority level
 - Develop an Incident Command Structure for your Organization
 - Roles that staff assume in an Emergency
 - Set up a strong communication system for staff
 - Who to call when: Phone Tree System or Single “blast” message
 - Standardized template messages prepared ahead of time
 - Different modalities of communication



Response:

- Actions taken and procedures implemented by the organization when an emergency occurs. Allows for quick reaction
- Providers should develop a Command Structure
 - Regular briefings to assess the following
 - Operational status
 - Needs from Staff to meet patient needs
 - Communication plan to staff/patients/media
 - Documentation of events/actions taken



Recovery:

- Strategies, actions and individuals responsibilities necessary to restore the organization's services after an emergency
 - May need to move into Business Continuity Planning
 - Evaluate the effectiveness of the Emergency Plan
 - Revise plans on lessons learned from Event



Evaluate: At Least Annually

- If Emergency Plan is Implemented:
 - Document all actions taken
 - Meet with Staff and review:
 - What did not work (correct in plan and test in a drill)
 - What did work (celebrate and communicate)
- If No Emergency During Year:
 - Perform a drill/table top exercise or
 - Participate in a local disaster training.



Looking Forward:

- Many organizations already have well-established and tested Emergency Preparedness plans, but some do not.
- Our aim is to bring the best practices in Emergency Preparedness for homecare to *all home care providers* in Maryland.
- Please share your best practices as network activities continue.
- Stay tuned for targeted Webinar trainings for Private Duty providers and a “best practices sharing” among DME and Medicare-certified home health agencies in Spring 2014 that reflect the new final rule.



Questions?