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?

Keep Calm and Run Around Like a Headless Chicken
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?