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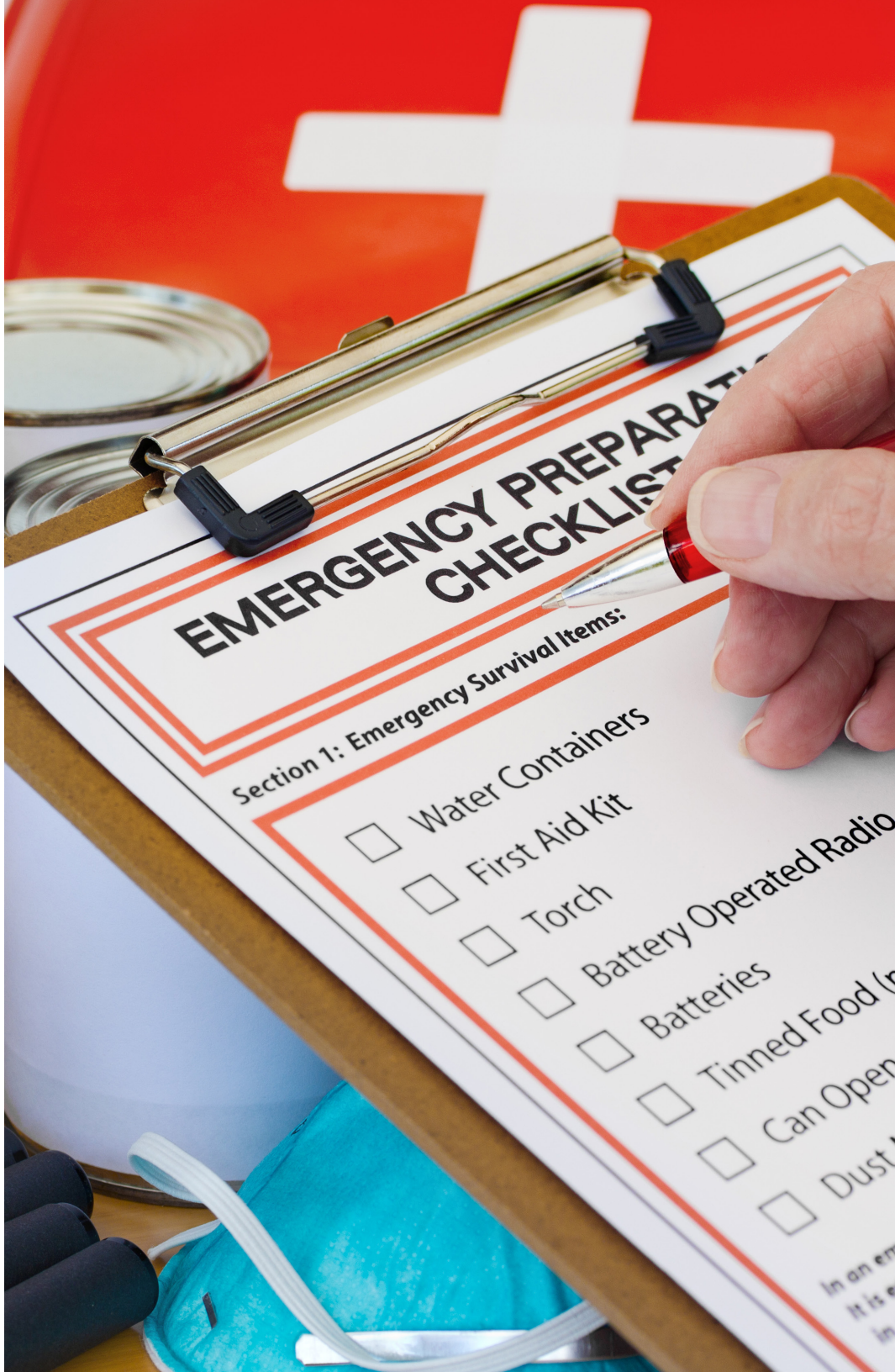
ALWAYS SAFE, NEVER SORRY:

Emergency and Disaster Preparedness for Long-Term Care Facilities



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Disaster plans: perfect on paper

Kaiser Health News

It does not take a hurricane to put nursing home residents at risk when disaster strikes.

Around the country, facilities have been caught unprepared for far more mundane emergencies than the hurricanes that recently struck Florida and Houston, according to an examination of federal inspection records. Those homes rarely face severe reprimands, records show, even when inspectors identify repeated lapses.

In some cases, nursing homes failed to prepare for basic contingencies.

In one visit last May, inspectors found that an El Paso, Texas, nursing home had no plan for how to bring wheelchair-dependent people down the stairs in case of an evacuation. Inspectors in Colorado found a nursing home's courtyard gate was locked and employees did not know the combination, inspection records show. During a fire at a Chicago facility, residents were evacuated in the wrong order, starting with the people farthest from the blaze.

Nursing home inspectors issued 2,300 violations of emergency-planning rules during the past four years. But they labeled only 20 so serious as to place residents in danger, the records show.

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In addition, a third of U.S. nursing homes have been cited for another type of violation: failing to inspect their generators each week or to test them monthly. None of those violations was categorized as a major deficiency, even at 1,373 nursing facilities that were cited more than once for neglecting generator upkeep, the records show.

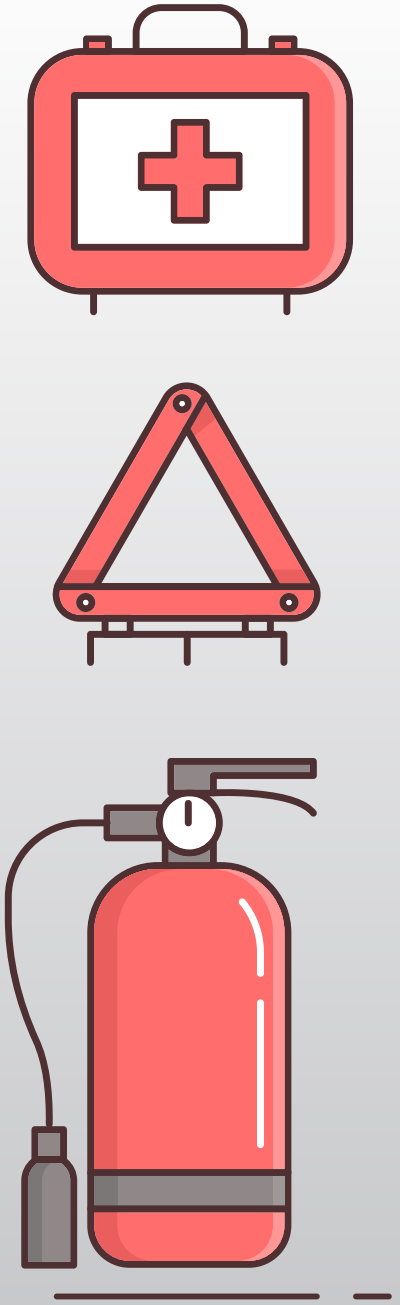
"That's the essential problem with the regulatory system: It misses many issues, and even when it identifies them, it doesn't treat them seriously enough," said Toby Edelman, a senior policy attorney at the Center for Medicare Advocacy. "It's always the same story: We have some pretty good standards and we don't enforce them."

In the wake of eight deaths at Rehabilitation Center at Hollywood Hills, Fla., following Hurricane Irma, heightened attention has focused on new federal disaster-planning rules, with which nursing homes were to comply by mid-November 2017. Those were prompted by nursing home and hospital deaths during Hurricane Katrina in Louisiana in 2005.

Dr. David Gifford, senior vice president for quality and regulatory affairs at the American Health Care Association, a nursing home industry group, said facilities have gotten better at handling disasters after each one. Most evacuations go smoothly, he said.

"After each one of these emergencies we've learned and gotten better," Gifford said.

But advocates for the elderly say enforcement of rules is as great a concern, if not greater.



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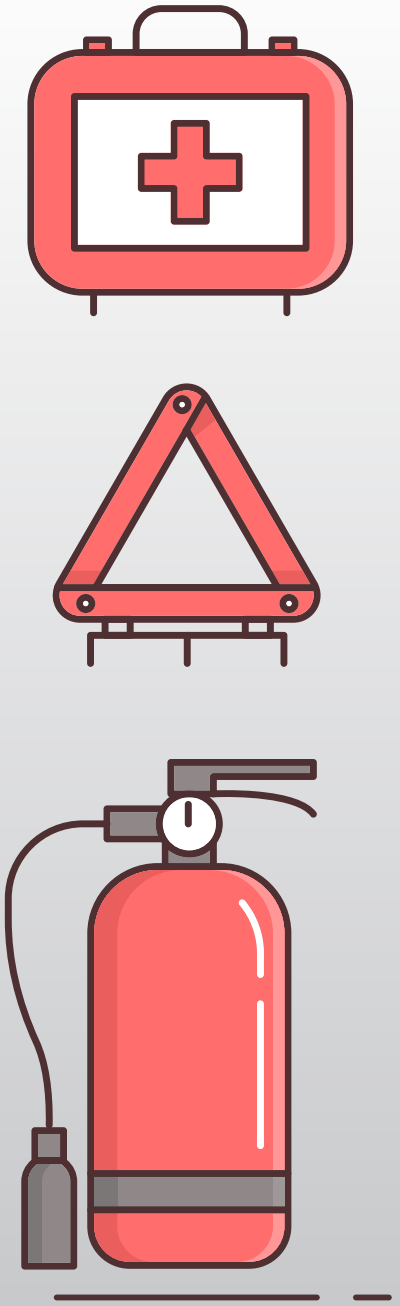
Dr. David Marcozzi, a former director of the federal emergency preparedness program for health care, said that inspectors — also known as surveyors — should observe nursing home staff demonstrating their emergency plans, rather than just checking that they have been written down.

"If you have not implemented and exercised plans, they are paper tigers," said Marcozzi, now an associate professor at the University of Maryland School of Medicine. "The emphasis from the surveyor has to be 'Show me how you do this.'"

Gifford said pre-planning and drills, which are important, only go so far in chaotic events such as hurricanes.

"No matter what planning you might have, what we have learned from these emergencies is these plans don't always work," he said. Nursing homes take surveys seriously and face closure if they do not fix flaws inspectors identify, he added.

Inspection results vary widely by state, influenced sometimes by lax nursing homes or more assertive surveyors, or a combination, according to an analysis of two types of emergency-planning deficiencies. In California, 53 percent of nursing facilities have been cited for at least one of two types of emergency-planning deficiencies, and a quarter have been cited in Texas. No nursing home in Indiana, Mississippi or Oregon was issued violations for those two emergency-planning violations during the past four years.



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Asked to explain the rarity of severe citations in emergency preparation, the federal Centers for Medicare & Medicaid Services, which oversees inspections, referred a reporter to its emergency-preparedness mission statement on its website.

The danger of high temperatures for elderly residents, which the Hollywood Hills case shows can be disastrous, has been well known. In a heat wave in 2000, two nursing home residents in a Burlingame, Calif., facility died and six others suffered severe dehydration, heat stroke or exhaustion.

During the past four years, inspectors have cited 536 nursing homes for failing to maintain comfortable and safe temperature levels for residents. Inspectors deemed 15 as serious, including two where patients were harmed, records show.

"There is undoubtedly little, if any, enforcement of the laws since we see the same tragedies repeated time and again," said Patricia McGinnis, executive director of California Advocates for Nursing Home Reform.

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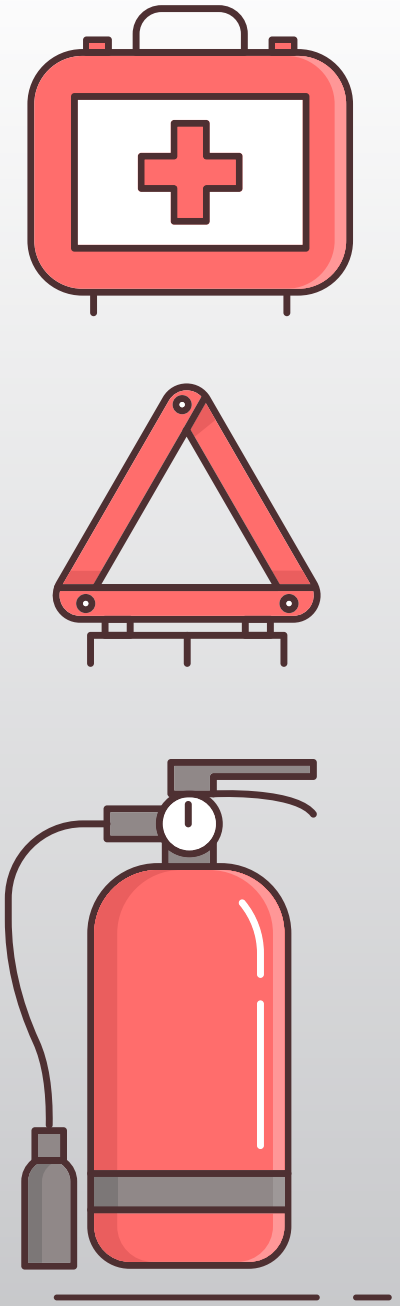

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Plan for a tornado emergency

Mark Gray, Ruben Bearer

Tornadoes are one of nature's most violent storms. Every year about 1,000 tornadoes are reported across the United States, resulting in an average of 80 fatalities and more than 1,500 injuries. Damage paths can be wide and lay waste to entire neighborhoods and towns.

Inverness Village, a continuing care retirement community in Tulsa, Okla., is located in the middle of "Tornado Alley." The highest months of recorded twister touchdowns occur in the spring. In March, we are already practicing tornado drills, ensuring both residents and staff understand and follow procedure.

Long-term care providers should not wait to ensure that preparations and procedures are in place to keep the residents they serve—and their valued employees—safe. Is your facility ready to weather the storm? Start by asking the following four questions:

What communication system do we have in place?

Reliability is key. In our main building, an intercom system allows us to inform assisted and independent living apartments, along with skilled nursing residents and staff, to be aware of a tornado watch or warning. However, that does not mean all employees and residents on our campus are aware of the threat.

We recently instituted a one-call system to reach residents and staff outside the main building. This system allows us to record a message and reach all additional residents and staff by phone within less than one minute. If the resident or employee does not answer the phone, the system continues to reach out until the individual receives the safety warning.

It is important to update all residents and staff of the procedures in place. Send e-mails and newsletters that give a detailed explanation of the difference between a tornado watch and a tornado warning, as well as what to do when either emergency occurs. Practice an evacuation drill involving all residents and employees at least once a year. Hold a Q&A to make sure the community understands what to do in an emergency and to offer reassurance to all.

If an evacuation has taken place, perform a roll-call to make sure everyone is together and safe, and that no one has been injured. This involves calling all residents in their homes that are not in the main building. We have emergency lists of all residents and phone numbers that can be grabbed on the go in case of an evacuation.

Are we prepared to assist all residents with health needs?

One of the most pressing concerns we have when the threat of bad weather surfaces is making sure our residents' health needs are met, particularly when individual prescriptions and medications are involved. Asbury Communities, Inc., operates a pharmacy on each of its five campuses. These pharmacies strictly maintain proper inventories of all medications either prescribed to those who live at our community or that we know are frequently used. This allows us to keep track of what is available and what is needed. We are responsible for ensuring the pharmacy is fully supplied

with those medications; however, in the case of severe weather, we have an agreement with the local community pharmacy to retrieve backup medications and supplies.

When a tornado warning is announced, residents in independent and assisted living units are asked to carry an "emergency kit" consisting of a blanket and pillow, flashlight, medications, portable battery-operated radio and other necessities to a secure location. Nursing staff ensure that those in skilled nursing have what they need. In fact, when a tornado watch is issued, these associates begin immediate safety preparations by removing glass and breakable items from surfaces, closing privacy drapes around residents in bed and in case of a tornado warning, locating medicines, health charts, blankets and flashlights.

While mobile residents may be able to move independently to the safest gathering place—be that a bathroom on the first floor of a building or the basement of a parking garage—nursing staff must be ready to help others to shelter and remain with them until the emergency has ended. Because of our location in Oklahoma, Inverness Village has two secure locations within our building: one for independent living and assisted living residents, and one for those in skilled nursing. These large rooms have walls of reinforced concrete and steel doors with multiple locks for added safety. In the houses on campus, residents will find a large, steel safe room in the master bedroom closet.

Senior living communities need to consider the amount of time it takes to transfer residents from apartments, homes and rooms into a safe, secure area. Because some residents may need additional help, even personnel who are not directly involved in the daily care of residents must pitch in to get residents to shelter. Give yourself a time cushion that will ensure all residents are safe.

What will happen if we lose power?

When the electricity goes out, residents and staff are at risk. Without light, there is a greater likelihood of falls. According to the CDC, falls are the leading cause of both fatal and nonfatal injuries in older adults. It is important for residents' safety to keep the power on, but it is a challenge to run all lights, equipment and other devices at 100 percent. Rather, we identify the most critical utilities for Inverness Village residents and supply the power to run them through a backup emergency generator in the main building.

For example, we ensure that all bathrooms in the community are supplied with light to prevent potential resident falls, especially at night. Our kitchens and dining areas will also have power. Our generator ensures that every fourth light in our main buildings can be turned on. The guardhouse, which keeps watch on the weather during storms, is fully supplied with power so they are able to alert residents if safety is an issue.

What if we need Plan B?

Thoughtful, strategic and executable plans are extremely important to keep residents safe amidst a disaster. It is equally important to make secondary plans, which should involve other organizations you trust and consider a partner within your community. Plan B is always necessary. The Asbury system collaborates with the local communities where our campuses are located to provide an additional safety net in case of an emergency. We work with local EMTs and fire departments to practice our safety drills each year, and they provide objective, helpful feedback that we take into account when adjusting our plans.

The local American Red Cross organization is available to provide us with volunteers in the case of an evacuation. They become an extension of our staff during times when the number of residents who need physical support to leave the building outpace the number of employees on campus. The local pharmacies are on call if our own community pharmacies do not have the necessary medications and supplies for our residents. We also work with the hospital and assure our residents that if a health-related event were to occur, they will be taken care of quickly and efficiently. We have an understanding with the local community that what matters most is working together to provide support to the people for whom we care.

Summary

When weather conditions endanger our communities, nothing is more important than keeping our residents and staff safe from harm. That's why everyone—from employees to the residents themselves—should understand what will happen under these circumstances. Borrow good ideas from others to put into practice. Our residents deserve to have confidence in knowing we will meet their needs, whether those are medical, nutritional, or even activities of daily living. With a solid plan that includes even minute details, we can communicate the processes and procedures that allow our communities to place their trust in us.

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Emergencies are inevitable: Will you and your staff be ready?

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If there were a fire, do you know exactly how many minutes it takes to evacuate all residents, visitors and staff? If the water main broke outside your community and was not able to be repaired for three days, do you know exactly how much potable water per person you would need until fresh, clean water flows again?

After recent natural disasters and research after older nursing home disasters, such a Hurricane Katrina, CMS discovered that many providers and suppliers have emergency preparedness requirements, but those requirements did not go far enough in ensuring that providers and suppliers are equipped and prepared to help protect those they serve during emergencies and disasters.

Therefore, the Centers for Medicare and Medicaid Services (CMS) established national emergency preparedness requirements for Medicare and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters. The requirements were first published in September 2016 and are included in the recent update to the State Operations Manual released in late 2017. The requirements for health care facilities are built on four common pillars to provide structure: an emergency plan, supportive policies and procedures, a communication plan, and training and testing the plan. The requirements are intended to assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency

situations and to provide consistent emergency preparedness requirements, enhancing patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and to establish a more coordinated and defined response to disasters.

There are minor variations in the rules for the seventeen different types of affected health care providers defined in the final rule. For skilled nursing facilities additional requirements include accounting for missing residents, tracking during and after the emergency the location of on-duty staff and sheltered residents, a method to release information about relocated residents consistent with HIPAA privacy rules, generators as an alternate power source, and sharing the emergency plan with residents, families, and representatives. This final rule addresses the three key essentials necessary for maintaining access to healthcare services during emergencies:

safeguarding human resources,

maintaining business continuity, and

protecting physical resources.

For long term care skilled facilities, an emergency plan must be developed and encompass an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach and must include missing residents. The emergency plan must specify the population served within the facility.

Five definitions laid out in the regulations are applicable to all health care facilities. These definitions are essential to perform a facility's facility assessment, gap analysis, and develop an adequate emergency plan and emergency preparedness plan.

Emergency Plan: An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.

All-Hazards Approach: An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

Facility-Based: The term "facility-based" means the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location (hurricanes, earthquakes, ice storms, etc); is dependent patient/resident/client and community population; facility type and potential surrounding community assets- i.e. rural area versus a large metropolitan area.

Risk Assessment: Risk Assessment is general terminology that is within the emergency preparedness which describes the process facilities are to use to assess and document potential hazards within their areas and the vulnerabilities and challenges which may impact the facility.

Full-Scale Exercise: A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. "boots on the ground" response activities (staff treating mock patients).

Facilities are expected to properly plan to identify patients who would require additional assistance, ensure that means for transport are accessible and available and that those involved in transport, as well as the patients and residents are made aware of the procedures to evacuate.

The emergency plan must also address the types of services that the facility would be able to provide in an emergency. The emergency plan must identify which staff would assume specific roles in another's absence through succession planning and delegations of authority. Succession planning is a process for identifying and developing internal people with the potential to fill key business leadership positions in the company.

Facilities must be able to provide for adequate subsistence for all patients and staff for the duration of an emergency or until all its patients have been evacuated and its operations cease. Long term care facilities have to install generators to assure a continued energy source in order to provide heating and cooling of their facility during an emergency situation if there were a loss of the primary power source.

To begin the facility assessment, CMS and professional and commercial health care organizations have created tools such as emergency planning checklists and a list of required policies and procedures. While some designated staff are performing the assessment, other staff can begin compiling and evaluating existing emergency-related/health-safety policies and procedures.

Every long-term care facility is required to develop or review policies and procedures specifically listed in the final rule. At a minimum, the policies and procedures must address:

- A system to track the location of on-duty staff and sheltered patients in the care during an emergency.
- When on-duty staff and sheltered patients are relocated during the emergency, the facility must document the specific name and location of the receiving facility or other location
- Facilities must have policies and procedures which address the needs of evacuees which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance

- The facility should also consider in development of the policies and procedures, the evacuation protocols for not only the evacuees, but also staff members and families/patient representatives or other personnel who sought potential refuge at the facility.

- Policies for a means to shelter in place for patients, staff, and volunteers who remain in the building.

- Policies for a communication plan that complies with both federal and state law. Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems. The communication plan must also provide sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.

- Policies to support a system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. These policies and procedures must also be in compliance with the Health Insurance Portability and Accountability Act (HIPAA)

- The facility must have policies and procedures in place to facilitate volunteer. During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training.

- Facilities must consider in their development of policies and procedures, the needs of their patient population and what designated transportation services would be most appropriate. Facilities should consider their triaging system when coordinating the tracking and potential evacuation of patient/residents/clients. For instance, a triaging system for evacuation may consider the most critical patients first followed by those less critical and dependent on life-saving equipment.

- LTC facilities must have policies and procedures that address the need to sustain pharmaceuticals during an emergency, for example, maintaining proper temperature storage and humidity for medications and vaccines.

Additional information on the emergency preparedness cycle can be found at the CMS and Federal Emergency Management Agency (FEMA) National Preparedness System web sites.

The development of policies is pointless unless they are well known, well understood, and well tested. CMS requires a facility develop and maintain an emergency preparedness training and testing program. A well organized, training program must include initial training for new and existing staff in emergency preparedness policies and procedures as well as annual refresher trainings to demonstrate knowledge of emergency procedures and competency. The facility must also conduct drills and exercises to test the emergency plan to identify gaps and areas for improvement.

Implementing a modern emergency plan is time consuming and costly. But the cost of not being prepared is unthinkable.

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5 must-haves for emergency preparedness planning

Martie Moore

During a recent facility visit, I was shown the locked supply closet where the emergency preparedness supplies are stored. In exploring their process for activation, I learned the person who could choose to activate and who held the key for the supply closet was the facility administrator. The administrator's decision tree was built upon the hypotheses that business would operate as normal in an emergency, and he/she could get into the facility in a timely manner. That theory has some fundamental flaws when it comes to emergency preparedness. A well-thought-out plan holds no bias about roles or specific people. It is designed to use the skills and abilities of the people there in a moment of need.

Emergency preparedness used to mean planning for natural disasters, fires, mass casualty or other types of patient surges or care needs. The general belief was if you had plans for fire, flood and earthquake, you were sufficiently prepared. Additionally, emergency preparedness focused primarily on the acute care delivery system, as it would be the first line of impact. The threat of infectious diseases, mass casualties and large-scale events in recent years has prompted an examination of the whole healthcare delivery system and the need to be prepared and work in an organized manner.

The Centers for Medicare & Medicaid Services has finalized a rule that requires nearly 20 types of healthcare providers, including long-term care, to advance their ability to respond to local, community, regional and national needs. The deadline to meet regulatory requirements is rapidly looming. While having a plan is the first step, actively testing and refining the plan is the most important action organizations can take. To assure preparation is more than words on paper, facilities need to incorporate five key elements into their plan.

1. Build muscle memory with staff

Facilities must conduct routine exercises to test the emergency plan, including unannounced employee drills across all work shifts. This may include full-scale exercises that are facility or community based. Routine practice will build muscle memory and help staff know exactly what to do and when to do it if an emergency arises. Muscle memory through simulation is what helped Orlando Health respond to the 2016 mass shooting at Pulse Nightclub, which is located just down the street from the hospital.

2. Push your plan to the point of failure

Use the drills to expose potential points of failure. Don't be caught in the web of validating what is right in the plan. You want to know what is missing or doesn't work before you find yourself needing to trust its procedures in an emergency.

3. Assign specific roles and responsibilities

Administrators may not always be available in an emergency. Someone else always needs to be prepared to take on the emergency leadership role. How can you support communications with remote personnel? Who will assume the key roles and how well trained are they in working with emergency medical services (EMS), and local and state officials?

4. Leverage partnerships with supply vendors

Healthcare providers are under increasing pressure to reduce costs. However, facilities must be willing to invest in supplies that enhance resident care. They are required under the new regulations to have memoranda of agreements with their supply vendors. Facilities need to test the full cycle of supply chain agreements, including how to obtain needed emergency supplies from their partners. Remember, an emergency is not business as usual, and the people at the facility might not even know whom to call. Make sure communication systems and contact information are up to date and staff are trained how to access them.

5. Consider the ethics of response

In an emergency, facilities must uphold certain clinical principles, such as meeting standards of care, informed decision making and preservation of human dignity. However, when faced with an emergency, your staff may be forced to make decisions that can violate those principles. For example, crisis standards of care may require prioritizing medications, care and treatments.

Another example is the decision to evacuate. Triaging who will be taken out of the building first often raises moral questions for responders. Additionally, emergency situations often cause significant tension between agencies overseeing the activation and response and the medical professionals who are personally experiencing the emergency. Providers assume they have created plans that cover every potential scenario, but when a situation arises that there isn't a policy in place for, someone is responsible for making ethical, moral and business judgements. Leaders need to consider the impact that disaster activation can have on themselves and those they work alongside. Ethical considerations also need to be built into drills to help the response team talk through guiding principles such as the philosophy of the greater good and its application in an emergency.

Emergencies happen at a moment's notice. Being passionate about preparing your facility will help ensure it will be ready for any situation.

Ready for anything

Pamela Tabar

If nothing else, 2017 has taught senior care providers the importance of being prepared for anything—and not just on paper. The deep south and Puerto Rico suffered structural damage, excessive flooding and long-term evacuations thanks to Hurricanes Harvey, Irma and Maria, which occurred within weeks of each other. Unbelievably, some parts of Louisiana and Mississippi were smacked by wind damage and flooding from both Harvey and Irma two weeks apart—a double whammy that has set back recovery for months.

Hurricane Harvey dumped record-breaking rains, flooding parts of Texas for weeks—including all the escape routes. Fourteen long-term care residents in Florida survived Hurricane Irma only to perish days later from the sweltering heat as their facility's air conditioning system sat inoperable from the power outages.

Meanwhile, record heat and fierce Santa Ana winds set most of the Pacific Northwest and western states on fire. The quickly changing fires had senior care communities in Sonoma County, California, on edge for most of October, ready to enact evacuation plans if the fire lines blew their way.

One way or another, senior living organizations got a year-long reminder in the importance of solid emergency planning. That means being ready for anything, anywhere, any time. The three biggest disaster planning lessons of 2017:

- No one can ever say, "That sort of thing wouldn't happen here." Just ask the tiny Ohio town whose new police chief and two local nursing home employees were killed by a gunman. Or, the people who had hundreds of bullets rain down on them while they attended a country music concert in Las Vegas.

- Administrators, staff and even residents need drill-based training on what to do in an emergency. It's not just about telling staff where to take residents if the local tornado siren sounds. Practice, practice, practice. Able-bodied residents can feel empowered by participating in emergency drills and learning the emergency procedures. Non-mobile residents will be confident that the staff is prepared and in control.

- As many facilities learned the hard way: Three days of food, water and medical supplies isn't enough to qualify as "prepared." Organizations that choose to shelter in place better have enough resources to serve residents safely and completely for far more than the usual week, just in case that crisis isn't the only one you'll see that month.

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The Centers for Medicare & Medicaid Services (CMS) has been working on more detailed policies for long-term care emergency preparedness for several years, including requirements for an "all hazards" approach to emergency planning, deeper site risk assessments, better coordination and alternate power sources (i.e., generators) that can operate air conditioning and heating systems to maintain safe temperatures even during extended power outages.

The new CMS regs are finally in effect, but Mother Nature, criminals and circumstance have already demonstrated why it's necessary to be ready for anything.

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