Home Care Accreditation Webinar
Emergency Preparedness
August 20, 2015
Q&A Follow-up

Standards-Based Questions

Can you provide an example of how a smaller agency would be able to cater to patients during these major emergency situations? Seeing that a smaller agency would not be able to have extra vehicles or get a contract from the local gas station, etc...

An emergency in a health care organization can suddenly and significantly affect demand for its services or its ability to provide those services. Therefore, it is important that organizations consider the effects of emergencies on their ability to care for their patients. Because some emergencies that affect an organization originate in the community, small, medium and large organizations need to take advantage of opportunities where possible to collaborate with relevant parties in their communities in their planning efforts. The majority of community organizations are willing to collaborate with small, medium or large home care organizations to ensure that the needs of vulnerable residents are met during an emergency. For example, the mobilization of resources may include, but are not limited to, partnering with other home care agencies, local fire departments, gas stations, rental car agencies, equipment vendors, and volunteers. (See EM.01.01.01).

What is the best practice when telephone lines are not an option for communication?

Communication is a crucial component during an emergency. Thus, maintaining reliable communications capabilities for the purpose of communicating response efforts to staff, patients, and external organizations could minimize the effects of the emergency. Some examples may include utilizing bulletin boards, fax machines, satellite phones, Amateur Radio, text messages, local radio stations, local/national television stations, or having staff periodically come to a designated location for debriefing. See EM.02.02.01.

Any suggestions on how to geographically "map" patient locations and comply with HIPPA?

By identifying internal and external information needs, organizations can make information available when and where it is needed. Organizations can decide to geographically map patients locations utilizing patients' demographic information, however, this information should be protected utilizing HIPPA guidelines and only shared with individuals who are directly involved in assisting patients during an emergency. Geocoding Mapping software and apps are commercially available. A simple internet search will yield several Geocoding Mapping products. An alternative to utilizing demographic information could include utilizing a numbering system.

Does a hospital based home health and hospice program that is actively participating in the hospital Emergency and Disaster prep team need to Develop, Document and Test a unique focused emergency operations plan?

Developing and testing a separate emergency plan or drill for the home care or hospice team may not be necessary provided the hospital's emergency plan and drills sufficiently covers the scope of service and type of disasters that may be encountered by the home care provider.

What about Agencies that do not provide supplies or car stock? We are a private pay agency and do not have a stock of supplies other than PPE kits and gloves for our staff. Patients are to have any supplies they need in their homes.

Organizations that continue to provide care, treatment, or services to its patients during emergencies need to determine how resources and assets (that is, supplies, equipment, and facilities) will be managed internally and, when necessary, solicited and acquired from external sources. The organization should also recognize the risk that some resources may not be available from planned sources, particularly if patients are responsible for providing their own supplies. The organization can educate/assist patients and caregivers on appropriate supply inventories to have on hand and alternative means of obtaining necessary supplies during prolonged emergencies. See EM.02.02.03.

I am a new Director of Operations for a Home Health agency. Is there a manual I can use as a guide to ensure our current EOP is up to standards?

The “Emergency Management” (EM) chapter is organized to allow organizations to plan to respond to the effects of potential emergencies that fall on a continuum from disruptive to disastrous. Utilizing all the standards and Elements of Performance in developing the Emergency Operation Plan would assure compliance with Joint Commission standards. Other resources that can be utilized to strengthen the EOP include: FEMA emergency preparedness plan, National Association for Home Care and Hospice emergency guidelines. The National Associated of Boards of Pharmacy, Home Care Magazine; Disaster plans are some resources, however FEMA has a more comprehensive approach that organizations can utilize to customize to address the scope of services.

Please clarify what is meant by EM.02.02.03. EP1. The EOP describes how the organization will obtain and replenish medications and related supplies that will be required in response to an emergency. This is required for home health agencies and is problematic for agencies not licensed to dispense, nor manage, actual medications outside of the home.

Home health agencies, for example, would never dispense medications, but rather may deliver medications dispensed from a Pharmacy. This EOP is applicable only if the organizations stores critical medications and other related supplies onsite for patient use. Patient emergencies occur frequently in health care settings. The organization, therefore, needs to plan how it will address patient emergencies and what medications and supplies it will need. Although the processes may be different, the organization treats emergency medications with the same care for safety as it does medications in nonemergency settings. See standard MM.03.01.03 for more information on how to safely manage emergency medications.

Panelists Questions

What do you include in your patients' emergency supply kit supplied on admission?

Barbara Benzio, MPA, BSN, RN
Manager, Professional Development
VNA of the Treasure Coast

At admission, patients receive a checklist of items for their own home emergency kit. Our checklist is similar to the FEMA emergency supply list at Ready.gov. If the patient is registered for the Special Needs Shelter by the agency, they receive a list of items to take with them to the shelter during evacuation. When a patient is admitted to our agency, supplies necessary for care are ordered and drop shipped to the patient home. While preparing for a tropical storm or hurricane, home medical supplies are assessed and an overnight drop ship is scheduled so that the patient has a 5-7 day supply on hand. The emergency supplies provided to the patient would be individualized to the patient's needs. Often, we must provide patients with emergency wound care supplies. In the case of a tropical storm or hurricane, we also assess for (at least) a two week supply of medication and adequate oxygen supply.

Which supply company do you use to drop ship?

Barbara Benzio, MPA, BSN, RN
Manager, Professional Development
VNA of the Treasure Coast

Home Healthcare Solutions

Deborah Hagopian, BSN, RN
Regional Program Director
SunCoast Hospice, Empath Health

We use Home Healthcare Solutions. Their website is www.hh-solutions.com

Has anyone had a tabletop drill that involves loss of electronic medical record access and how those patients were then managed without this ability?

Deborah Hagopian, BSN, RN
Regional Program Director
SunCoast Hospice, Empath Health

We have not conducted a tabletop. We have utilized our "downtime plan" that includes paper documentation tools, redundant pathways to forms needed and specific laptops maintained for this purpose.

Thomas French, BS, RRT, RCP
Manager Clinical Regulatory Compliance
Apria Healthcare

Table top exercises specific to power failure or loss of access to IT system records have not been deemed necessary for our organization due to extensive actual experience with a wide range and scale of emergencies managed across the country each year. In the event a branch or a central center loses power leading to temporary limited access to IT systems containing patient records there are multiple options to address. Examples: Access to patient information needed by field staff is transmitted as needed via mobile devices from centralized dispatch centers and other functioning neighboring locations which are all on a common platform. In addition, the affected location may use laptop computers with wireless access. Critical centralized systems each have automatic generator back-ups for power failure and redundant data storage at separate locations in different parts of the nation. The IT department completes routine testing of back-up systems. The IT department monitors all locations to detect if any go off-line due to power failure to redirect recourses as needed. In a very large scale event such as Hurricane Sandy or Katrina, the organization has experience with partnering with the government to use emergency communications capability when there was large scale loss of existing communications infrastructure.

Laurie Foster
Director of Operations, Retired USAF
BrightStar Care

Loss of electronic medical records: we are backed up to a portable server that we can take to go off site if needed. My RNs keep a binder with the current plan of care, current medication/DME and emergency activation plan.

Can you discuss how you all are working and collaborating with regional healthcare coalitions for more effective planning, preparedness, response and recovery? How do you all work with local emergency management?

Barbara Benzio, MPA, BSN, RN
Manager, Professional Development
VNA of the Treasure Coast

We work very closely with our county emergency management office and state Health Department. The county Emergency Management Coordinator is a Director on the regional healthcare coalition. We attend annual meetings at the emergency operations center and special needs shelter tour/training with the Health Department. Our Hospice inpatient unit evacuates to the special needs shelter and we have a team who works in the shelter during an emergency. We subscribe to the county emergency alert system and plan our agency response in coordination with emergency management and the Health Department.

Deborah Hagopian, BSN, RN
Regional Program Director
SunCoast Hospice, Empath Health

Our organization participates in a coalition of healthcare providers, regional and county emergency management as well as other support systems within our community. This provides the opportunity to regularly network, train, and further develop a comprehensive and integrated emergency management community response. We participate in the development of an annual one day conference for community health care providers. We are also involved in the county Response Operations Committee which holds in person meetings, training and calls when we have a potential or actual event. Lastly, we work closely with emergency management regarding special needs patients through meetings, training and when opened, we provide staff for three special needs shelters to assure our patients have the care they need. FEMA has a document that provides emergency management in integration with community providers. http://www.fema.gov/media-library/assets/documents/23781?id=4941. If your community does not already have an integrated approach this could be a great tool to utilize.

Thomas French, BS, RRT, RCP
Manager Clinical Regulatory Compliance
Apria Healthcare

In some states there are requirements to make written contact with the county emergency management committee and in some cases file the branch emergency operations plan. During actual large scale emergencies, in addition to handling our patients, our organization has been requested to assist with providing oxygen and equipment to emergency shelters, hospitals, and other healthcare facilities who lost or exhausted their immediately available resources. In cases where national disasters impact large geographic areas we are able to stage resources just outside the direct impact area which allow a more rapid response to our patients and the capacity to offer community support.

Laurie Foster
Director of Operations, Retired USAF
BrightStar Care

We regularly talk to Emergency services, ambulance, disaster prep personnel, etc. All are very happy to share their best practices with us to help the elders in their community.

Regarding the example of having before, during and after teams, are there any other examples of staff organization roles that any of you have established that have worked well?

Barbara Benzio, MPA, BSN, RN
Manager, Professional Development
VNA of the Treasure Coast

We have clinical roles for before, during and after the storm that have worked well. We are now developing specific roles and responsibilities related to incident command and business continuity.

Deborah Hagopian, BSN, RN
Regional Program Director
SunCoast Hospice, Empath Health

During events involving evacuation of patients we designate schedulers to assist with the coordination of staff who work in our special needs shelters. This same concept of centralized scheduling could be useful when coordinating staff resources especially if they are being utilized in roles that may only arise before or after an event.

Thomas French, BS, RRT, RCP
Manager Clinical Regulatory Compliance
Apria Healthcare

The organization leverages the existing infrastructure and our highly experienced functional teams to provide the necessary resources to meet the scale and scope of an emergency. Team members are brought in from outside the affected area with off duty relief support.

What kind of checklists for staff roles and responsibilities do you utilize?

Deborah Hagopian, BSN, RN
Regional Program Director
SunCoast Hospice, Empath Health

Our template guides departments to list tasks by pre event, during event and post event, includes a column for owner of each task and a column for noting completion and comments. This allows for immediate review during exercises and events. The template includes some tasks that are universal to all areas. For example, a directive is included on all department checklists to wait to enter facilities or service centers until damage assessments are completed and re-entry is authorized.

I have some issues with my personal text not going through for an hour or more during a normal day (non-emergency). Have you had any issues with this?

Laurie Foster
Director of Operations, Retired USAF
BrightStar Care

Texting is not a fool proof method. There are many variables that contribute to delayed messages and during any type of storm, it is compounded. We had a 5-day power outage that left people with little to do other than text. The towers were overloaded, texts were delayed and there was no way to prioritize. What we have learned is to have a multi-tiered notification list for each field employee. Phone text, SMS messaging (knowing the carrier), emergency contacts, and alternate phone numbers.

If you have questions or want to know more about becoming accredited please contact us by email at homecare@jointcommission.org or by phone at 630.792.5070.