

EMERGENCY MANAGEMENT IN LONG-TERM CARE

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HURRICANE HARVEY





MONETTE, AR, 2021

3

Twenty people were temporarily trapped inside of the nursing home after the building collapsed. Some residents survived by hiding in the basement.



MATTHEWS, MO 2018



LIVE. LOCAL. NOW.

NURSING HOME RESIDENTS MOVE BACK HOME

TORNADO FORCED RESIDENTS OUT FOR MONTHS

KATRINA

- 132 nursing homes patients died during Katrina
- 15 died during the evacuation process.
- 35 drowned because they were not evacuated.
- ~82 died due to exacerbation of a disease process due to heat, exposure, being unable to be transported, etc.



https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/stepi/specialstudies/2014PopwellRatard_KatrinaDeath_PostedOnline.pdf

THAT'S MY WHY



Sinclair

GOVERNING RULES

- Center for Medicare and Medicaid Services—governs all long-term care facilities licensed under Medicare and Medicaid payment sources.
- Missouri Department of Senior Services—same as CMS but with the caveat that states can make their own requirements above federal requirements but in most circumstances, not below, federal requirements.
- Incident specific:
 - Local law enforcement/MO DHSS– stealing, bodily harm, abuse/neglect *anything that breaks the law of local/state/federal laws
 - Local public health/MO DHSS– local outbreaks, facility-specific outbreaks—sometimes guided through the MO State Infection control office
 - Fire/MO DHSS/CMS—nursing homes have specific fire code regulations that must be adhered to. Inspections have to be done by local fire departments to clear codes.

MOST COMMON CALLS TO COMMUNITY PARTNERS

- 9-11 Emergency (resident in cardiac arrest, resident has fallen and should not be moved except by EMS, occasional maintenance guy had a fight with a chainsaw and lost, etc.)
- Elopement
- Theft
- Destruction of property
- Abuse (resident-resident, resident-staff, staff-resident) *Called in our area for various abuse throughout the years ☹️

Purpose: To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
 - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
 - Different emergency preparedness regulations for each provider type



FEDERAL REGISTER

Vol. 81
No. 180

Friday,
September 16, 2016

Part II

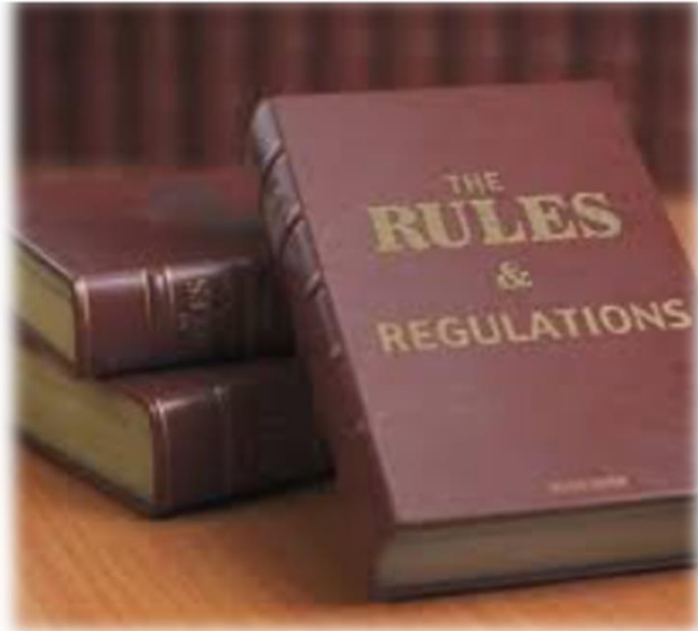
Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 400, 410, 415, et al.
Medicare and Medicaid Programs; Emergency Preparedness Requirements
for Medicare and Medicaid Participating Providers and Suppliers; Final
Rule

Bottom line: Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation's largest insurer – must demonstrate they meet new emergency preparedness requirements in rule.

OUR EMERGENCY RULE BOOK



State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance

Table of Contents
(Rev.186, Issued: 03-04-19)

APPENDIX Z

- Establishes national emergency preparedness requirements for participating providers and certified suppliers to plan adequately for both natural and man-made disasters, and coordinate with Federal, state, tribal, regional and local emergency preparedness systems.

4 CORE ELEMENTS



E TAGS

Appendix Z - Highlighted numbers represent the
Conditions of Participation that apply to Long Term Care Facilities

0001	0012	0023	0034
0002	0013	0024	0035
0003	0014	0025	0036
0004	0015	0026	0037
0005	0016	0027	0038
0006	0017	0028	0039
0007	0018	0029	0040
0008	0019	0030	0041
0009	0020	0031	0042
0010	0021	0032	0043
0011	0022	0033	0044

COMMUNITY PARTNERS

- All-hazards approach—review with community partners **annually**.
- Community partners include—fire, law, public health, other healthcare partners (hospitals, dialysis, EMS, behavioral health, etc.), SEMA, FEMA, et. al

EMERGENCY PLANS MUST INCLUDE...

In addition, the emergency plan supports, guides, and ensures a facility's ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters
- Man-made disasters,
- Facility-based disasters that include but are not limited to:
 - Care-related emergencies;
 - Equipment and utility failures, including but not limited to power, water, gas, etc.;
 - Interruptions in communication, including cyber-attacks;
 - Loss of all or portion of a facility; and
 - Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications and medical supplies (including medical gases, if applicable).

EMERGENCY PLAN MUST INCLUDE...

- Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- For LTC facilities and ICF/IIDs, written plans and the procedures are required to also include missing residents and clients, respectively, within their emergency plans.

At a minimum, the policies and procedures must address the following:

- (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following:
 - (i) Food, water, medical and pharmaceutical supplies
 - (ii) Alternate sources of energy to maintain the following:
 - (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions.
 - (B) Emergency lighting.
 - (C) Fire detection, extinguishing, and alarm systems.
 - (D) Sewage and waste disposal

EMERGENCY PLAN MUST INCLUDE...

- Safe evacuation from the [facility], 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.
- Triage
- Surge, volunteers
- Pt. tracking and security.

ALL GOOD IN THEORY, UNTIL...

- Evacuees were driven an average of **267.5** miles to sheltering nursing homes that **were not always prepared to meet the physical and mental health needs of the sheer numbers of evacuees that needed care**. These 15 deaths lead nursing home administrators to conclude that nursing home residents left to shelter in place suffer fewer complications than residents that are evacuated (Dosa et al., 2007).
- However, not evacuating nursing homes can also cause patient deaths due to loss of resources requiring water and electricity, physical damage (Laditka et al., 2008), and due to drowning (our study; Dosa, 2007)

https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/stepi/specialstudies/2014PopwellRatard_KatrinaDeath_PostedOnline.pdf



WHAT'S WORKING FOR US

- Better cooperation and collaboration with local emergency community partners
- More attention from all levels on emergency preparedness for long-term care
- More resources, education, exercises, technology

WHAT'S WORKING AGAINST US

- Bigger natural disasters and more frequently
- More expensive
- Cities getting bigger, rural areas getting less populated
- Red tape

WHAT WORKS FOR ALL OF US



LOCAL EMERGENCY PLANNING (SE REGION)

- EMAC/COAD
- Healthcare Coalition
- RHSOC
- Ozark Foothill Regional Planning Commission <https://www.ofrpc.org/counties.php>

TABLE TOPS, LIVE EXERCISES

- MO Veteran's Home modified, full-scale evacuation (wildfire in wheat field near home)
- Cedargate Healthcare modified, full-scale evacuation (tornado)
- Westwood Hills table-top (active shooter)
- Healthcare coalition, Malden, Ste. Genevieve, Poplar Bluff (pandemic influenza)
- Heartland table-top (tornado)
- Multiple active shooter and behavioral health trainings for long-term care staff by community partners

We appreciate YOU!

RESOURCES & ADDITIONAL INFORMATION

- Deaths Caused Directly by Hurricane Katrina https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/stepi/specialstudies/2014PopwellRatard_KatrinaDeath_PostedOnline.pdf
- MO Emergency Mgmt Director Listing https://sema.dps.mo.gov/reports/EMD_Listing.php
- MO Residential Care Homes <https://www.causeiq.com/directory/residential-care-facilities-list/missouri-state/>
- MO LTC Statutes <https://casetext.com/statute/missouri-revised-statutes/title-xii-public-health-and-welfare/chapter-198-convalescent-nursing-and-boarding-homes>
- LTC Emergency Preparedness Checklist <https://comagine.org/sites/default/files/resources/sqi-qin-ltpac-cms-emergency-preparedness-plan-checklist.pdf>
- ASPR/TRACIE-CMS Emergency Preparedness Tools <https://asprtracie.hhs.gov/cmsrule>
- CMS Emergency Preparedness Regulations and Guidelines <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/emergency-preparedness-rule>

RESOURCES & ADDITIONAL INFORMATION




The screenshot shows the top navigation bar of the Missouri Department of Health & Senior Services website. On the left is the department's logo, which features a shield with a white cross and a blue and orange ribbon. To the right of the logo is the text "MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES". Further right are links for "MO.gov", "Governor Parson", "Find an Agency", and "Online Services". A search bar is located on the far right of this bar. Below the search bar are social media icons for email, a multi-colored circle icon, YouTube, X (Twitter), "Follow Us", Instagram, and Facebook "Like Us". A "Select Language" dropdown menu is also present. Below the navigation bar is a horizontal menu with five categories: "Healthy Living", "Senior & Disability Services", "Licensing & Regulations", "Disaster & Emergency Planning", and "Data & Statistics".

Disaster and Emergency Planning

Disaster & Emergency Planning

Information for Medical and Public Health Professionals

- **Health Alerts, Advisories, Updates and Guidances**
- **Ebola and Other Highly Infectious Diseases Webinar**
- **Biological Terrorism/Emergencies**
- **Chemical Terrorism/Emergencies**
- **Radiological and Nuclear Terrorism/Emergencies**
- **Explosions and Traumatic Injuries**
- **Influenza (Pandemic and Seasonal)**
- **Coronavirus (COVID-19) Pandemic**
- **Medical Countermeasures/Strategic National Stockpile (SNS)**
- **Pediatric Disaster Resources**
- **Additional Resources for Disasters and Emergencies**
- **Volunteer Opportunities**
- **Continuity of Operations (COOP)**
- **Missouri Healthcare Coalitions** 
- **Emergency Response Public Information Toolkit for Local Public Health Agencies**
- **Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule Information**

Office of Emergency Coordination (OEC)

Department of Health and Senior Services
P. O. Box 570
Jefferson City, MO 65102-0570

24/7 Public Health Emergency Hotline:
800-392-0272

Telephone: 573-751-5152
FAX: 573-526-8389
Email: DRMS@health.mo.gov

RESOURCES & ADDITIONAL INFORMATION

- CMS After-Action Report Template for LTC <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness/templates-checklists>

CLINICAL EDUCATION NURSES

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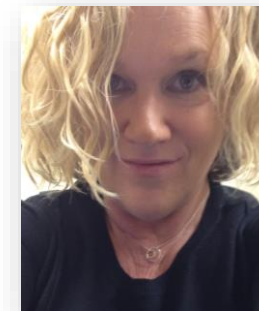
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