NHPCO Project ECHO

November 30, 2022

Case Presentation by:

- Sage Oak Assisted Living & Memory Care, LA
- Fortis Health, UT and IN

ECHO Session Facilitator

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Vice President Quality, NHPCO

Disclosures

Disclosure

The planners and faculty disclose that they have no financial relationships with any commercial interest.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. Completion of this evaluation is required for Quality Connections credit. We ask all participants to take the survey as it will help us to improve future clinic sessions.

Today's Agenda

- Welcome and brief introductions
- Introduction of the case presenter and subject matter experts
- Brief presentation about Emergency Preparedness and relevant resources
- Case presenter presents case details and specific questions or ponderings.
- Questions and clarifications – participants
- Final thoughts - subject matter experts and participants

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants - introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Introductions

Session Presenter

- Brian Manuel, Executive Director, Sage Oak Assisted Living & Memory Care, LA
- Cindy Frazier, Vice President of Operations, Fortis Health, UT and IN

Subject Matter Experts

- Eric Bush MD, RPh, MBA, Chief Medical Officer, Hospice of the Chesapeake/Chesapeake Supportive Care, MD
- Shannon Cooper, RN, MPH, CHPN, Director of Quality and Education, Treasure Coast Hospice, FL
- Leslie Foster, LMSW, Bereavement/Volunteer Manager, Vitas, TX
- Leslie Conner, CHC, Compliance Specialist, Housecall Providers, OR

Emergency Preparedness

Purpose: To establish procedures, policies and protocols at federal, state, local, community and tribal levels that help navigate unpredictable events and provide guidelines for appropriate allocation of resource sand continuity of care and necessary activities.

- ✓ Planning Guides can be a vital resource for providers and the whole community in systemically thinking through the start to end of a potential crisis, estimating the required capabilities during an emergency. Planning Guide also provide a framework for shifting roles & responsibilities and provide an intentional and thoughtful way for how leaders and those involved in emergency response will respond and lead through the crisis.
- ✓ A shared planning community plan is vital.
- ✓ General planning and preparedness resources are available at *https://www.fema.gov/emergency-managers/national-preparedness/plan#cpg*

CMS Guidance

Quality, Safety & Oversight Group

- Enables governmental agencies at all levels, as well as health care providers to respond to any emergency in a timely, integrated and organized manner
- Utilizes an “all hazards” approach for disruptive events – both manmade and natural, like:
  - ✓ Pandemic flu
  - ✓ Hurricanes
  - ✓ Tornados
  - ✓ Fires
  - ✓ Earthquakes
  - ✓ Power outages
  - ✓ Chemical spills
  - ✓ Nuclear or biological terrorist attach
  - ✓ Many others

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep

Hospice Regulations

§ 418.113 Condition of participation : Emergency preparedness

"The hospice must comply with all applicable Federal, State, and local emergency preparedness requirements. The hospice must establish and maintain an emergency preparedness program that meets the requirements of this section"

The emergency preparedness program, must include (at least) the following elements :

- Emergency plan
- Policies and procedures
- Communication plan
- Training and testing
- Integrated healthcare systems

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418/subpart-D/section-418.113

NHPCO Resources

- ✓ Emergency Preparedness Toolkit for Hospice Providers: Includes understanding of the disaster response system action steps for compliance, policies and procedures, cultural competency considerations and communication plan.
- ✓ Crisis Standards of Care in Hospice and Palliative Care Emergency Management: Provides a framework for catastrophic disaster response, and an overview of considerations for ethical allocation of resources during an emergency.
- ✓ State Operations Manual: Emergency Preparedness for Hospice Providers and Hospice related Interpretive guidance
- ✓ Hospice Emergency Preparedness CoP Compliance Checklist with survey guidance

https://www.nhpco.org/regulatory-and-quality/regulatory/emergency-preparedness-2/

Emergency – Not an Everyday Event

- Emergency Situations are unpredictable
- Healthcare providers, vital service, community resources and governmental agencies must continue to function through emergency and non-emergency times
- Human needs and care requirements for the ill and vulnerable sections of community are often heightened during an emergency
- During an emergency, mitigation and response are as key as preparedness and recovery

Today's Case Themes

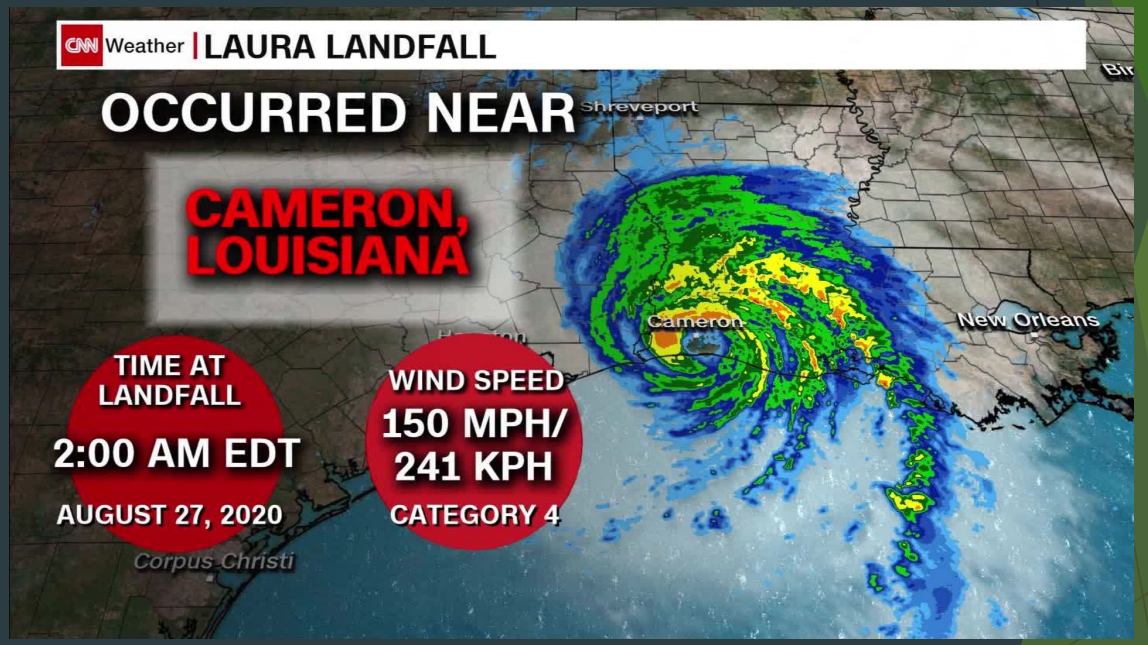
- The unfolding of an emergency
- Vital focus on communication, integration and coordination of resources
- Role of community agencies and networks
- Navigating capability and role of the interdisciplinary team (All disciplines – ALL hands on deck)
- Lessons Learned

Emergency and Disaster Preparedness

Hurricane Laura, August 27th 2020

Crisis Awaits

- Category 5 Hurricane
- August 25th a mandatory evacuation order was given for all Southwest Louisiana.
- Census of 220
  - Over 100 patients refusing to evacuate
- 91 Employees



Pre-Storm preparations

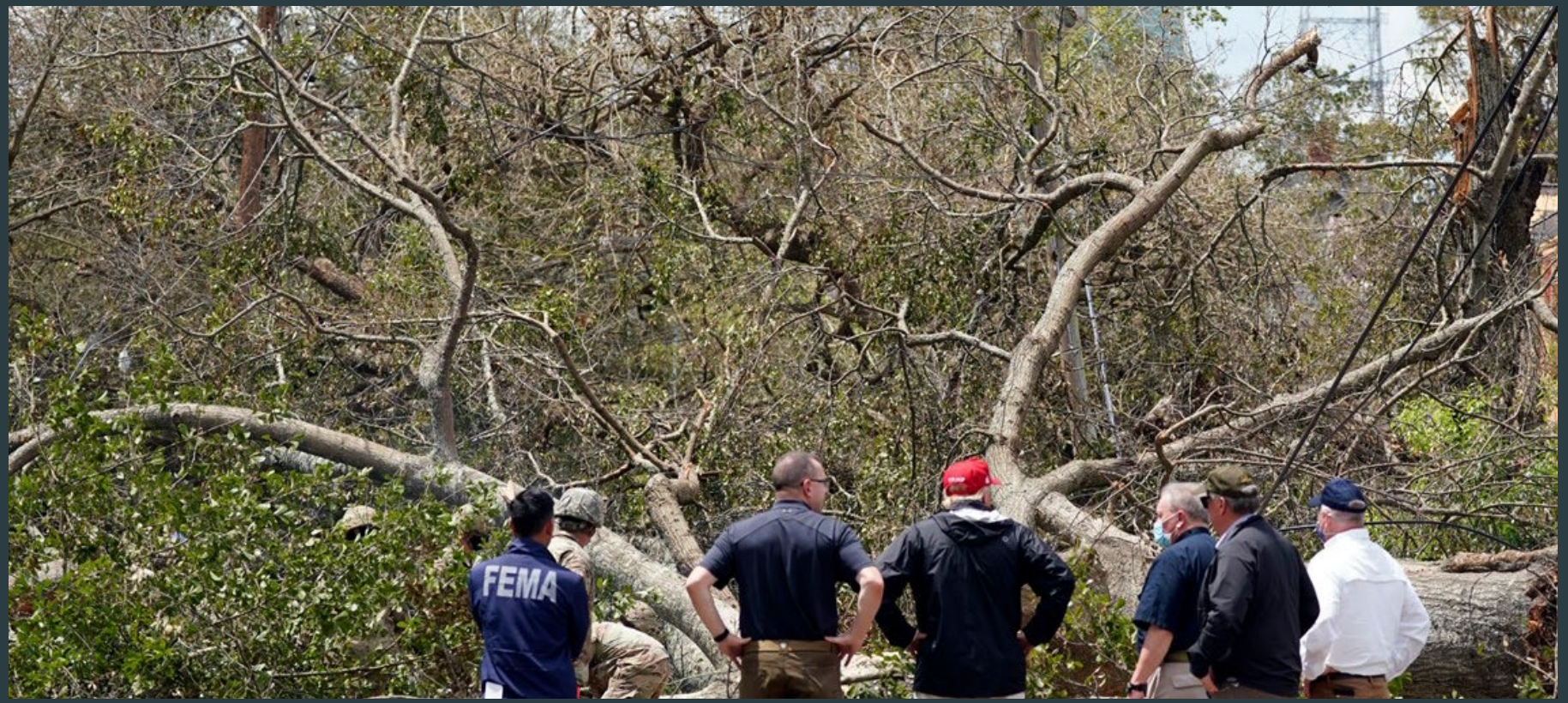
- Mock emergency drills performed before and during hurricane season
- Emergency preparedness notes updated in EMR
- Updated At Risk registration for all patients who would remain in the affected area
- Attended meeting with the Office of Emergency Preparedness to discuss community response and resources
- Prepared binders with paper charts which were given to each nurse and all members of management in the event at the EMR was not accessible
- Meetings with DME, Pharmacy and other vendors to discuss communication and post storm communication
  - Patients received 4 weeks of medication
  - DME surplus staged for easy access

Pre-Storm preparations

- Coordinated with Nursing home and ALF on facility evacuation plan and contact information.
- Daily meetings leading up to the day of the hurricane
- Employee emergency prep completed the week prior to storm
  - Established Communication lines for employee
  - Discussed roles and responsibilities of each disciplines
- Coordinated with sister agencies to maintain communication continuity
  - All calls were routed to an agency outside of the anticipated affected area

The Hard Facts

- Complete collapse infrastructure
  - 18,000 Power Poles downed
  - Distribution lines for entire region destroyed
  - Water treatment plant destroyed
  - Cell Phone communication crippled
- If an employee could manage to reach their home, there were no resources available to support them
- ALL long term care home were uninhabitable
- Roads impassable
  - No road signs
- Hospitals shut down due to lack of infrastructure
- Mandatory Curfew Issued
  - Limited our ability to provide care
  - Patients who passed would have to remain in the home overnight until emergency service could reach them


FEMA

Chemical plant on fire


NO PERSONS
UNDER 21
YEARS OF AGE
ALLOWED

The First 72 Hours

- Reestablished communication with all 220 patients and staff to update demographics
  - Patients were spread across 5 states
- Created a response team with meetings twice a days to coordinate resources
- Established a base of operation both inside and outside the affected area to coordinate care.
  - Administrators home became the base of operations due to office being inaccessible and damaged
    - Regional and corporate staff deployed to prep staging sight including tarping administrators roof due to extension roof damage
    - Gathered resources from outside the affected area to be brought in for staff and patients (Fuel, food, scrubs, DME, Supplies)
    - Flew in an electrician and large generator from out of state to operate staging area
  - Provided housing for key personal who would coordinate care and communication from outside the affected area to provide resources for those who were able to provide care

Reestablishing Care

- Social workers in collaboration with Chief Compliance Officer executed traveling contracts for all evacuated patients
- Employees who were unable to return home would make daily calls and or televists to all evacuated patients
- Remote nurses established relationship with contracted hospices for weekly updates
- Purchased satellite phones in order keep communication going
- Visited home of every staff member to determine the level of support needed
- Distributed DME and supplies to patients who remained in affected area
- Held meetings twice a day for status update
  - Inventory of resources on hand and what had to be sourced outside the area
  - Status of available staff to provide patient care
  - Daily updated census outlining location of all patients and who was providing care

Unanticipated Challenges

- Because no one could have foreseen the extent of damage, staff and patients were not prepared to be gone for an extended amount of time. Patients were moving locations daily which made it difficult to keep track of them
- Many out of state hospices were unwilling to sign traveling contracts and at times demanded that the patient be transferred for them to provide care
  - Agency who would sign contracts, refused to provide DME even though we offered to reimburse their expenses. We had to establish contracts with out of state providers to ensure that our patients had the necessary equipment
- Chief Compliance Officer had to contact the state to discuss the length of time a patient could be gone and remain on a traveling contract because no one knew if and when a patient would be able to return home.
- The number of staff homes damaged or completely destroyed severely limited the number of staff available on the ground.
- Having to admit patients days after the storm due to no other providers willing or able to provide care including hospitals. How were we to care for our existing patients must less new ones.

Lessons Learned

- More education for staff on how to communicate the roles and responsibility of the hospice provider in the event of an emergency.
- Better explanation to patients and their families on what it means to be put on an At Risk Registry and what resources would be available and not available at the time of the emergency.
- Establish relationships with providers out of the service area in advance. This would allow us to direct families where our “care network” is already established so that the necessary resources would be available to them.
- In the event that all communication is disrupted, have a list of HIPPA compliant ways to communicate with-in the affected area
- Our emergency preparedness training focused on how the agency would respond to an emergency only. An additional training should be deployed which prepares the organization to respond to the needs of other agencies in the event of a disaster.
- Establishing a policy that clearly communicates how the organization will handle HR matters in the event of an emergency
  - Staff wanted to know how long the company would be willing to pay them and at what point when they be required to use PTO.
  - Would the company be willing to provide accommodations if an employee was willing to return to work but had not means to do so.

NHPCO Project ECHO – What's Next

Join us in 2023 for the NHPCO Project ECHO DEI Curriculum

Equity Where It Matters

First session in January 2023 – Stay tuned for details!

- Access our Project ECHO webpage at https://www.nhpco.org/projectecho/
- Session Evaluation: Project ECHO Session Evaluation